These transcripts serve to preserve the firsthand accounts, opinions, experiences, and perspectives of those directly impacted by or involved in the issues under investigation.

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 978-1-998416-02-8

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.)

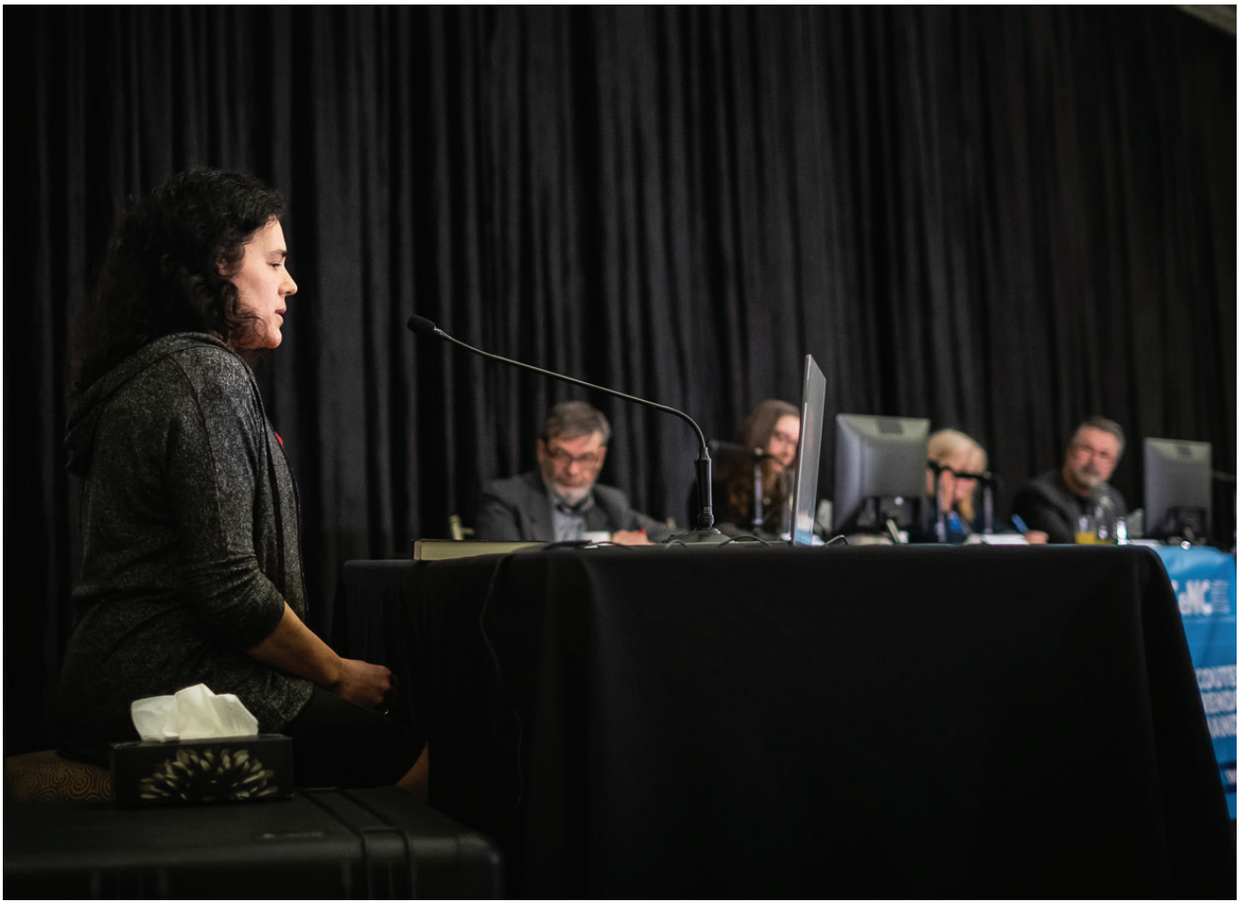
Commissioners: Kenneth R. Drysdale
Heather DiGregorio
Dr. Bernard Massie
Janice Kaikkonen

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

VOLUME THREE

Witness Transcripts

NCI NATIONAL CITIZENS INQUIRY
CANADA'S RESPONSE TO COVID-19



VOLUME THREE

Witness Transcripts

Part 10 of 11: **Ottawa, Ontario**

NCI NATIONAL CITIZENS INQUIRY
CANADA'S RESPONSE TO COVID-19

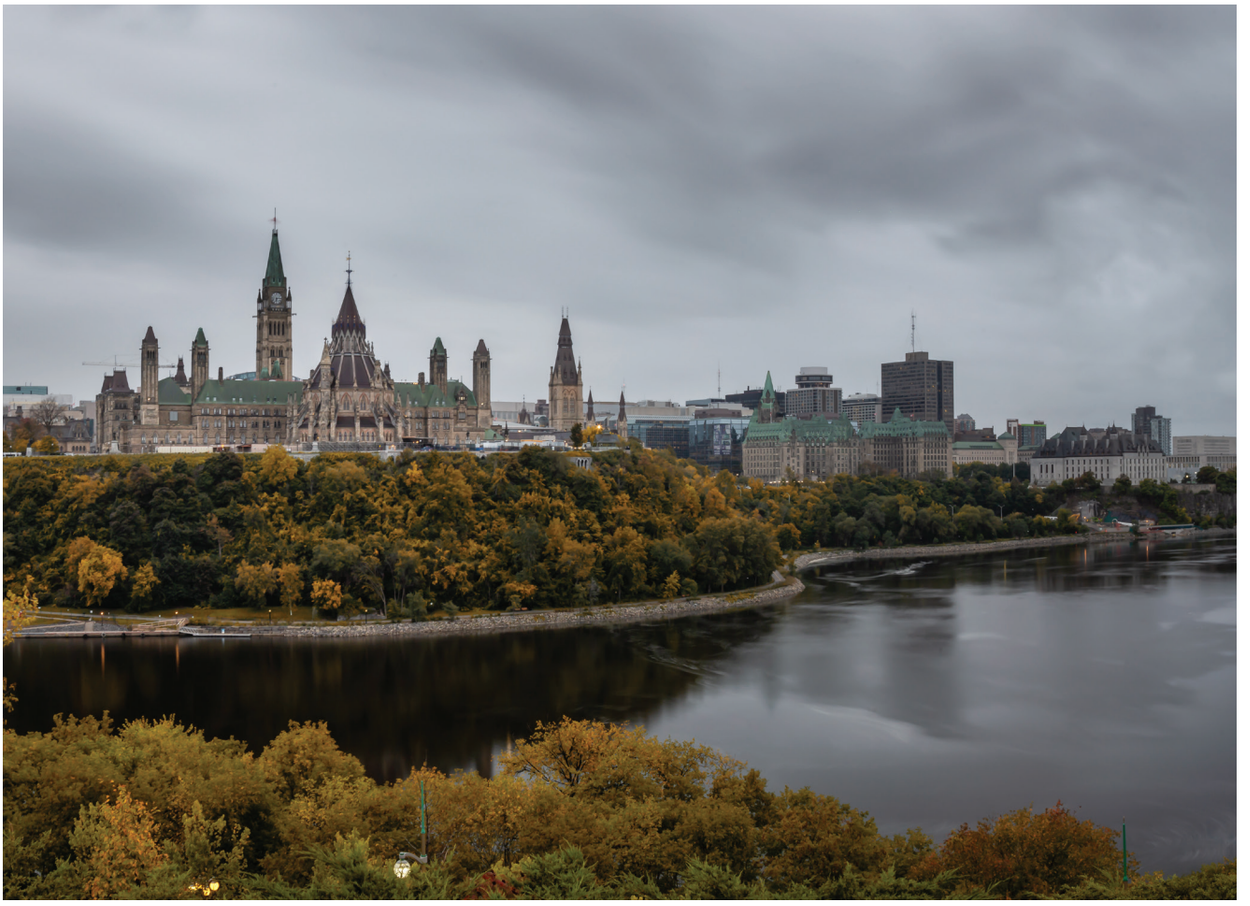


Table of Contents

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

Table of Contents

NATIONAL CITIZENS INQUIRY

EVIDENCE
OTTAWA HEARINGS

Ottawa, Ontario, Canada
May 17 to 19, 2023

ABOUT THESE TRANSCRIPTS

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

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

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

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

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

TRANSCRIPT TEAM
(English)

Managing Editor
Jodi Bruhn

Transcript Coordinators
Debbie Palmer, Erin Thiessen

Formatting and Analysis Leads
Veronica Bush, Melissa Neville

Whisper AI Transcript Creation
Madison Lowe

First Review
Anjum Ahmad-Donovan, Bill Allwright, Lisa Aschenbrenner, Anne Marie Baxter, Vanessa **Behrens-Nicholls, Pamela Boese, Yvonne Cunnington, Michael Darmody, Teresa Docksteader, Heather Domik, Rita Mae Ewanchuk, Chantal Gutfriend, Monika Harynuk, Michelle Hughes, Karen Kimmet, Kathy Ladd, Lori Morrison, Ronald Mucklestone, Melissa Neville, Debbie Palmer, Joanne Plamondon, Susan Reh-Bosch, Elisa Rolston, Tanja Shields, Ronald Simpson, Elizabeth Sleight, Al Smigelski, Darlene Smigelski, Barbara Spencer, Dawn Sutherland Dort, Christine Taylor, Evelyne Therrien, Erin Thiessen, Ada VandenBerg, Rich VandenBerg, Sally Williams**

Second Review
Veronica Bush, Elizabeth van Dreunen, Brigitte Hamilton, Rosalee Krahn, Val Sprott

Final Review
Jodi Bruhn, Anna Cairns, Margaret Phillips

NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Opening Statement: Shawn Buckley
Full Day 3 Timestamp: 00:40:35–01:08:55
Source URL: https://rumble.com/v2ood6g-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Shawn Buckley
Welcome to the National Citizens Inquiry as we commence our third and final day in Ottawa, the nation's capital. After actually walking across the land, this is the last of eight cities in our original vision of marching commissioners across Canada to seek the truth. I have to confess that I kind of feel like summer camp is ending. You know that feeling you get where you've participated in an activity, you had to get to know the people that you were sharing that activity with. I worked through a lot of experiences, literally trials and tribulations, and tears and laughter. There's been lots of tears, and fortunately, there's been some laughter. And we'll have a closing at the end of the day, but I just wanted to start by saying that I've been tremendously honoured to be a part of this and to stand with the people that I've had the opportunity to stand with. And I'm not just speaking about the commissioners and the volunteers, I'm speaking really about the entire nation, just all the support, all the prayers, the gratitude. It's been quite tremendous.

And so I'm going to ask: We have to decide what we're supposed to be doing. And I use the word "supposed" deliberately, not "decide" what we should do next. What are we supposed to be doing next? Because something's changed in this nation, as people have heard other Canadians speak and share their voices. And none of us know what that looks like going forward. We just know that there's been a change and we have to decide what to do in relation to that.

So let me start a little more formally. Commissioners, my name is Buckley, initial S. I'm attending this morning as agent for the Inquiry Administrator, the Honourable Ches Crosbie. I'm always asked by the volunteer staff: "please ask people to go to our website and please ask people to donate." So for those of you who aren't familiar with the National Citizens Inquiry, we're a group of volunteers and we had this vision of basically seeking the truth and having an independent inquiry where witnesses testified under oath and where Canadians were able to share their stories. And we just kind of started, and we just thought, "Well, we'll stop when we have to stop, but maybe we can make this happen." And it's only happened— And it has happened, and it's happening, and solely because you help us. And you volunteer, you support us, you encourage us, and you also support us financially. Each set of hearings costs about $35,000. I'm confident that I can say I'm pretty sure we don't

have the money in the bank to pay for this last one, and so we would ask that you continue to contribute and donate. We've really kind of been walking by faith, literally, on this, that you would participate and support us, and we appreciate that.

So I also have another ask. I've mentioned it a couple of times, that I think one of our biggest failings is that some people that have stood up for us in the recent past are not being supported. The truckers are the first group that come to mind, but they're not the only ones. So I'm going to be asking internally in the NCI if we would consider setting a group up to identify those. So let's say we've got some truckers that they can't afford their legal costs, or the bank accounts are frozen and things like that: like, who's in need in our group? And supporting them. It's just been a very emotional ride, this NCI, as you all know. So if there are some people that feel that they would be competent and committed to be able to spend some significant amount of time helping us to organize that, if you would send a message to the NCI through their emails for my attention on that topic, it's just something that I'm going to ask them to consider supporting.

[00:05:00]

I want to give my opening this morning. We've been talking about freedom a lot, and freedom begins in the mind. And I want you to just think about that for a moment, that your freedom begins in your mind. It's not something external, it's a state of being. And freedom is an alignment with the truth. I want you to think about that, also, because we act and we react based on what we believe to be true. You're in a situation, you're going to react based on what you believe is happening. If you have been lied to, if you've been led to believe that a lie is truth, then basically you're not free to react appropriately. Your behavior has been modified and controlled because of the deception. And so true freedom depends on you understanding what is real, what is not real, what is true, what is not true.

And we all know right from wrong. We know it intuitively. I think it was in Toronto when I was speaking about this concept, I brought up— For those of you who have read C.S. Lewis's book, *Mere Christianity*, he's at one point making the case for Christianity, and one of the points that he makes is he says: regardless of the culture, regardless of the religion, basically the moral code, the ethical code is the same. It's pretty well identical. And he brings that up to bring the point up that we all know right from wrong. Intuitively there's something happening and he would say that it's God's moral code. But it is true, we all have the same sense of right and wrong.

I have been shaken by the testimony of Sheila Lewis. If you recall, she testified on the first day. She was the lady who needs an organ transplant. And she's there, she's got the oxygen tube under her nose, she's sharing her story about how, basically, even though she's redone all of her childhood vaccination schedule to be able to qualify for the organ transplant, and even though her blood has been tested and she has natural immunity to COVID, so she's got tons of antibodies to COVID, they are refusing to give her an organ transplant because she won't take the COVID vaccine. We watched her sob and just tell us she just wants to see her grandchildren grow up. She just wants to live. And we sobbed with her but not just because we empathized with her. We didn't react just because we were empathetic; we also reacted because we knew that it was wrong. Everyone listening to her testimony knew that what was happening was wrong.

She shared with us; she said what was happening was evil. She used the word, and we all saw it.

We all know right from wrong, and we all have an intuition. We call it a gut feeling. Some of us will use other terms and explain it differently. But we know things, and when I say we know things, it's not "Oh, I was taught this." There are some things we just know. And there are some points in our life where we have great clarity. And we understand things differently. We all know that slavery is wrong, that tyranny is wrong.

[00:10:00]

We watched James Corbett testify yesterday about the World Health Organization and this One Health, what he calls a pandemic treaty, although it's been labelled as something else to deceive us. And this One Health Initiative that basically would lead to just the worst type of totalitarian control, the worst type of slavery that this planet has ever seen, that the human race will have ever experienced, if it happens. That scares us, but more importantly, we understand: It's evil. There's a difference there, do you understand that? We can react going, "this scares me; I don't want to live under this tyranny." But we also understand it's evil. And the worst part of the experience, if we allow that to happen, will be that we will know that we're experiencing evil.

See, under some tyrannies, some people live really well. There's winners and losers. We can look at every police state and those that were on the right side of it did very well. We could have this form of tyranny and some of us materially, and just quality of life, might actually find it tolerable. But our gut—our gut will tell us that it's wrong and that it's evil.

I started by saying that you can't actually be free if you don't operate on truth, if you don't know the truth. I think we need to go to a basic level here today because most of us are operating under the greatest lie: that we're a body, that we're a body, that we're a material being and that's it. And we're not a body. Some people say that we have a soul and I don't disagree with that. I just think that it's a more meaningful way of communicating to not say that you have a soul. I think it's more important for you to consider that you *are* a soul, that you have a body, but that you are a soul. That you are a person who is separate from your body, and that you are a person that is separate from your mind.

We all have the experience where sometimes we're examining our thoughts, literally, where we might even ask ourselves, why did I think that? Where we're examining our mind. We have those experiences where we actually understand that we are separate from our mind. And we have those experiences where we understand that we're just occupying a body.

This is a fundamental truth that I think we need to understand if we're going to deal with our fear—which is why I'm speaking about it. If you believe that you are a body, then living for the here and now makes sense. Keeping up with the Joneses, being concerned about just **your standard of living and all of that, it makes sense, right? You've only got a limited amount of time and then it ends. Your fear of death makes a lot of sense. Because if you're just a body and they can kill your body, that's really something to be afraid of. But if you're a soul occupying a body, then the fear of death—not only does it not make sense, it's absurd.**

[00:15:00]

It's absurd. And the slavery of pursuing wealth and keeping up with the Joneses doesn't make sense.

And so I think we need to get down to the basics and understand that the biggest lie that has been perpetuated upon the Western world is that we are basically just a material being, that we are a body, that that's all we are. And our society has been structured to operate on that principle, which is why we are on a debt- and greed-based system. And it serves the state well. Because if you believe that you're a material being that ends when your body dies, then you're going to be afraid of death. They can use that fear to control you. And the fear of death is used to control us. We all experienced that over the last three years. We all bought into it. So I need you to understand that your fear of death is based on a lie, that it's not true, that you've been tricked. And you can't fix things, and you can't address your fear unless you understand that you have no reason to be afraid.

Now, I appreciate that when we are confronted with what comes next, when we are confronted with what they've planned for us coming forward, we're going to have that physical reaction. I get that when we get information that is designed to make us afraid, we have a physical reaction that we have no control over. The hormones get pumped into our bloodstream, we go into fight-and-flight mode. We are designed to basically leave that part of the brain that is used for critical thinking. But I've told you that every time you have that physical experience of fear—I mean, even if you open the garbage and there's a hornet's nest in there, like it's something that just triggers it—use that as an opportunity to go, "Okay, I'm afraid, I'm having a physical reaction, but I'm going to keep that link to my thinking mind."

It's important for you to train your mind to remain attached to your critical thinking when we're facing fear. But it's also going to be very helpful for you to dampen your fear if you understand that you don't need to be afraid. Dying, our body dying: if, as I say, if you're just a body, it's very meaningful, but if you understand that you are a soul, dying actually is neither important nor is it meaningful.

And think about that for a second. Because we've just all been so terrified. We've all been so terrified that sometimes we feel like we don't even have any ground to stand on. But if you're a soul—and you are a soul—how is physical death meaningful? How is that important? What's important is who you are. What is meaningful is who you are at the moment you die because that's who you are when you transition. And you will know who you are, we all know who we are inside. I remember one person telling me, it was during a lecture that, you know, we have those inner thoughts: that if they could be broadcast on a movie screen for everyone in your hometown to see and watch what you really think and what you have thought, every single one of us would have to leave town. Right?

We know who we are. And it's important for us to understand who we are, so we can choose if we want to be somebody different.

[00:20:00]

But it is truly important and truly meaningful for when we transition, when we die, to be the person that we want to be. Because that's who we're going to be when we move on.

Whether you believe in the Bible or not, I shared with you yesterday—because it's a good touchstone for how we should treat each other at least—that the Bible teaches how we're going to be judged. And, you know, most people would be, "Oh, fire and brimstone." No, it's actually— It's beautiful, isn't it, what I shared yesterday? You know, the story that Jesus is going to separate the sheep and the goats. And He's going to say to the sheep, and this is the judgment. He's going to say, you know: "When I was hungry, you fed me. When I was thirsty, you gave me a drink. When I was a stranger in your town, you took me in. When I

was naked, you clothed me. When I was sick, you took care of me." And the Bible reports that the sheep are going to say, "Well, Jesus, we didn't, you weren't here. We didn't do any of that." And He's going to say, "No, but when you did it to the least of these, when you did it to each other, you did it to me."

And likewise, He's going to judge the goats. He's going to say, "When I was hungry, you didn't feed me. When I was thirsty, you didn't give me a drink. When I was a stranger, you didn't take me in. When I was naked, you didn't clothe me. When I was sick, you didn't take care of me." There's also in there, "When I was in prison, you didn't visit me." And they're going to say to Him, "Well, Jesus, we didn't, we didn't see you. Obviously, we didn't, this isn't true at all." And He'll say, "No, when you didn't do it to the least of these, when you didn't do it to each other, you didn't do it to me."

What a beautiful way to be judged. It's all, did we love each other?

When you decide who you want to be when you transition, I think it would be a beautiful thing if you're that person that loved. So I have a couple of questions. Will you be that soul that, when you leave, loved others? And will you be that soul that when you leave, you stood against the evil of tyranny and oppression? Because that's what we're facing.

I'm going to read that quote from François Amalega that I had read at an earlier opening. And he wrote, "I feel more free within the four walls of a jail cell with a clear conscience than I would standing outside whilst respecting the measures and collaborating with a lie." Let me read that again: "I feel more free within the four walls of a jail cell with a clear conscience than I would standing outside whilst respecting the measures and collaborating with a lie." François Amalega is somebody who knows he is a soul and he knows who he wants to be. Souls who want to love, who want to stand for truth, understand that that is why they're here.

Now, I just made an important point and so I'm just going to repeat it: that souls that want to love, that want to stand for truth, they understand that is why they are here. It's why you are here.

We've all felt at some point in our life that we were here for something important. That we were here to act differently. That there was something else going on and that sometimes it almost would feel like we could touch it, it was so close. And at other times, it would seem distant. And we all know, and I know it certainly happened for me, I get caught up with working,

[00:25:00]

and this and that, and taking care of kids, and you totally lose track of that feeling that we were here for something else. We lose track of that feeling that we were here for something important.

But the truth is you are here for something important. You're here to choose who you are going to be. That's why you're here. And it may sound odd, but our present circumstances are a gift. Because I was expecting to go to university, get married, have kids, work, save, maybe have a retirement cottage at the lake, then retire, watch my grandkids grow up, and then have a peaceful death. And that's not a life that makes it very clear to me why I'm here. Because I'm not here for that, I'm here to choose who I'm going to be.

But now I'm faced with a world where I see evil running wild, where I see tyranny being imposed, where I see people like Sheila Lewis sobbing because she is being the victim of pure evil. And it's clear, isn't it? Isn't it clear for all of us that we really are here to make a choice? Like it or not, we're here to make a choice. And so this is a gift, because we're not going to be confused why we're here.

And it's not all doom and gloom because the worst of times are also the best of times. You will experience the deepest friendships that you have ever experienced. You will feel peace when you look in the mirror. You will feel part of something bigger than yourself. And so, I think we need to understand that we're actually in for the best of times. It's not going to be easy. Some of us, it's really not going to be easy. But we are in for the most important and the most meaningful part of our life going forward.

And the most important thing—and the NCI has shown us this—is we're not alone. We're the majority and we stand with each other.

[00:28:32]

Final Review and Approval: *Jodi Bruhn, September 6, 2023.*

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

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

NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Witness 1: Dr. Christopher Shoemaker
Full Day 3 Timestamp: 01:09:05–01:56:06
Source URL: https://rumble.com/v2ood6q-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Shawn Buckley
I now want to turn to our first witness, Dr. Chris Shoemaker. Dr. Shoemaker, can I start by asking you to state your full name for the record, spelling your first and last name?

Dr. Christopher Shoemaker
Yes. My name is Christopher Allen Shoemaker, spelling of the last name is S-H-O-E-M-A-K-E-R, and the first name Christopher, C-H-R-I-S-T-O-P-H-E-R.

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

Dr. Christopher Shoemaker
I do so.

Shawn Buckley
Now, I'm going to introduce you and I may not do justice, so if I don't, please feel free to fill in. You are a comprehensive physician in Ontario. You're a member of the College of Family Physicians of Canada. In your 45-year career since 1977, you've worked initially in emergency medicine in both Ontario and British Columbia. You later did family practice on two military bases in Ontario, assisting in the direct care of Canadian Forces members and their families. More recently, in 2020 through 2022, you worked in direct patient care at the West Ottawa COVID Care Clinic and were part of the Eastern Ontario Response Team to COVID-19. You have been an active member of the World Council for Health and their worldwide response to COVID, including therapy protocols for vaccine-induced spike injury.

And I think that that's not a bad introduction. You have been literally in the trenches as a physician for 45 years.

Dr. Christopher Shoemaker
Yes, indeed.

Shawn Buckley
I will tell those watching and the commissioners that I've entered your CV as Exhibit OT-2.

Now, you're here to discuss—really to sum it up—vaccine issues, but there's several different issues and I don't know where you want to start. Do you want to start with your thoughts on them being safe and effective or do you want to start somewhere else?

Dr. Christopher Shoemaker
Well, I think that's certainly central to everything, but as I discuss it, we will be on other topics of course over time, including sources of the vaccine and including other measures that could have been used instead of them.

To begin with, if I may, Mr. Buckley, I'd just like to introduce myself a little bit further, a little more personally to the audience and then carry forward, if I may, for at least three or four minutes.

Shawn Buckley
Sure.

Dr. Christopher Shoemaker
Thank you. Good morning, Commissioners, I'm honoured to be with you. I've observed the tremendous work that you've been doing across Canada. I was there in the room all three days that you were in Toronto and I think this is the most important activity going on in the world right now, to bring light to all of this. So thank you. And thank you, Mr. Buckley.

I like to help people. I'm a doctor, that's what I do. If I was introducing myself to you three years ago, I would have told you of my quiet practice taking care of children with difficult symptoms of Asperger's condition, anxiety, ADHD, autism spectrum, and obsessive-compulsive disorder. That's what I was doing in the last eight years of my clinical practice. But those days are behind me now.

Because of things that I learned, I had to speak to the greatest issue of childhood mortality and morbidity ever to happen in my 70 years on this planet. We were all children once. I was a child, the oldest of four. I still have a lovely sister. I had two lovely brothers who have pre-deceased me. When I was 44, my closest brother, Frederick, got pancreas cancer. And he was gone in six or seven months from having incurred that terrible, terrible illness. So, I lost my closest amigo back in 1995. But it made me reflect upon all of us.

All of us here are talking about losses of loved ones, losses of our own good health, the frailty, in a sense, of the human body. And no one thing causes our body to become frail. It can be a large truck that hits us when we don't look the right way crossing the street. And it can be a subtle little infectious organism in us that takes over and is unable to be treated.

[00:05:00]

And additionally, it can be a poisoning of some kind, something in the environment that sets things in motion that means you're going to get quite ill with an autoimmune disease of some kind against that poison.

Essentially, what we have been forced to fight here with COVID-19 is the latter, is the last of those three things. It's a subtle, purposeful immunologic poison that's been put into our bodies and for which there was a plan—a plan that I'll outline for you a little later. I would just like to say why I'm going to be using a few videos and not speaking every word neutrally and straightforwardly. It's because it's what I did.

When I learned what I learned, I felt I had to go out and speak the real truth, even if it was just independent videographers that were covering me. And so I did that. And the reason I'd like you to see some of them is that, well, it's why the College took away my licence. The College [of Physicians and Surgeons of Ontario] decided that me speaking these truths was something that they considered not compatible with me being a licensed physician in Ontario.

So if I might ask for the first video and simply to show the commissioners and yourselves what I began to say in September of 2022 when I became fully informed. Thank you.

Shawn Buckley
Sorry, we just asked the sound to be adjusted so that you're more understandable.

Dr. Christopher Shoemaker
Very good. And in a couple of seconds, we'll have this first video.

Shawn Buckley
We always have obligatory technical issues. But actually, we've done really well and our team is just excellent. So, just bear with us.

Dr. Christopher Shoemaker
Oh yeah, no worries. I'll just set it up a little further. I was at old City Hall and new City Hall of Toronto. I was meeting with anyone that would come down to see me. I stood there and kneeled there both, for 10 straight days, as a vigil for the harm to children.

The reason that I chose to do it around that time was Denmark had just cancelled all vaccines for the children on September the 1st of 2022. And they'd cancelled them because of the added risk that was perceived and known. And they were the first country to ban vaccines for those 18 and under. They did that September 1st, 2022. We're nine months since then. And our countries here on this side of the Atlantic Ocean are still suggesting, inappropriately, that these shots be given to children of any age.

[Technician in background indicates that the videos were submitted without audio.]

Shawn Buckley
Oh dear, okay. Well, that's going to change things. And we can't actually log in with the Rumble link, right?

Okay. Dr. Shoemaker, we're just going to try Plan B technically. So we'll just have you continue. You're sharing with us actually a very important point that on September 1st of 2022, a full nine months ago, the country of Denmark actually banned using COVID-19 vaccines on children. And yet here we are in Canada: literally, our governments are still pushing vaccination on children when another country has banned them, concluding that that it's too dangerous.

Dr. Christopher Shoemaker
Yeah, in Denmark, for example, a child like Sean Hartman would still be alive because even when they were giving it to children, it was not mandated. It was available, but the parent could make their own decision and their child could attend to sports and anything to do with school without the vax. It was just determined because it was an experimental vaccine, it should be the legal choice of both the child and the parent whether to get vaccinated or not.

But they took away even that aspect. They just didn't let children get it at all as of September 1st of last year.

Shawn Buckley
Okay. While we're looking for that video, can you share with us your thoughts— Because obviously, you're against vaccinating children. And can you share with us why that is?

Dr. Christopher Shoemaker
Certainly. It's because the shots are immuno-toxic to everyone that receives it, whether you're 50 or whether you're five years of age. It's worse in childhood because the children have such a strong immune system. Strong immune systems are what react to spike being inappropriately in their cells. And if your cells, your myocardial cells

[00:10:00]

are filled up with 40 trillion— And that's the number by the way, that's the number that the video I had hoped would surprise you with. Forty trillion mRNAs are in every shot you take, 40,000 billion.

There are only 80 viral entities that are in every polio shot you take. So if you get your four shots of polio over a lifetime or circumstance as a young child, you've had 320 little viral entities enter your body. Entities that are inert. Entities that can't reproduce or make more polio spike, if there was such a thing, inside you. It just won't happen. It's just the inert shell of the virus and the body can make a proper immune response to that.

And this is bad news whether you're an adult or a child. Specifically problematic for children because their innate immune system has to develop over the first 10 years. And when you give this sludge into the bodies of children, you are making your innate immune system not develop. The kind of things that keep you safe in the sandbox. The kind of things that keep you safe as a 16-year-old moving around the world, being exposed to new things. You need a strong innate immune system that has not been hijacked by an inappropriate

item put into you at age five. So that's why it was so important for it to stop in children as quickly as it did in Denmark. And that's why it's equally important that it happen here in Canada.

Shawn Buckley
Right. And so when you use the word immuno-toxic, you're meaning basically that it harms the immune system rather than helps.

Dr. Christopher Shoemaker
Yes. And if I could give you a picture of it. Everyone, we all understand transplants. We understand if someone's kidney is put into you or someone's heart is put into you, your own natural immune system would attack the heck out of that transplanted kidney or attack the heck out of that transplanted heart if the surgeons and internists didn't give a great degree of immune suppression. Very heavy drugs that would make your immune system basically go to sleep, so that that new heart or that new kidney could settle into your body.

Here's the problem with spike protein. When spike protein goes into your body, you got 30,000 billion cells in your body. You got 40,000 billion mRNAs, enough to go into every cell of your body. So they're all going in and they're all creating a flag. They are all creating the fact that your body recognizes your heart is no longer your heart; it's a transplanted heart. Your kidney is no longer your kidney; it's a transplanted kidney, the body thinks.

And that's why the body goes after it and that's why the attacks are so varied. That's why one person could be suffering massively from a hepatitic or a kidney ailment and another person will have a dissection in the aorta: because the aorta is being inflamed by the attack. Or the heart, the typical one is myocarditis in children: young adolescents, male and female, getting pain and troponin elevations and all the features of myocarditis. It's because your immune system is— It's not the spike itself that's harming you, it's your immune system going after the spike that has changed the genetic image of your heart. And your body thinks it's not your heart and that's why it attacks the heck out of it. This is basic immunologic science.

The makers of this immuno-toxic vaccine knew this; they knew this for a purpose. You can't make something this damaging to humanity without doing it on purpose. That is actually my major message of my talk today. I accuse someone, I can't name them right now, but I accuse some entity of highly purposefully making things in the fashion that they did. Because it would not be as toxic as it is, it would not be so able to hijack your immune system, to kill you slowly or quickly, if it was not done purposely. It has been done purposely.

Shawn Buckley
And just so people watching your testimony understand, you use the polio vaccine as an example. And some people don't understand what a traditional vaccine is. So in the case of polio, a shot would contain 20 pieces of the polio virus that is inactive.

Dr. Christopher Shoemaker
That is correct.

Shawn Buckley
And so, we're talking 20 pieces.

Dr. Christopher Shoemaker
Eighty sorry, was the number, 80.

Shawn Buckley
Okay, 80. And then so those pieces are enough for your immune system to look at and go, "Oh, this is foreign, let's make an antibody against this." And that's how in the theory of vaccination, you would become immune.

But the COVID-19 vaccines, it's not 80 pieces. You used— How many? Like, you used the word trillion.

Dr. Christopher Shoemaker
Forty trillion. Everybody knows the trillion; governments talk about trillions of dollars all the time. But 40 trillion factories. It's factories that were sent into us, that's what a strand of mRNA is.

[00:15:00]

It's a factory and it produces whatever its product says to make. Whatever its genetic code says to make, it makes, and it makes these spike proteins and those have a life to them. Spike protein, once it's physically in a cell, is as alive as the cell, so that's very, very different.

One terribly important thing to add, and this is probably the best time to mention it. In the last three to four weeks, it has been spoken out extensively by Canada's PhD Dr. Jessica Rose and Sasha Latypova from the United States. They have made extremely clear that actually, it's one-third DNA that's in the weight of the shots and two-thirds RNA. So fine, two-thirds RNA is only 27 trillion. Meanwhile, there's 13 trillion actual DNA capsids: DNA, deoxyribonucleic acid, the kind of stuff that can get into the nucleus of your cell and change that part of you. So now not just the flag from the RNA is on the surface, there's actually changed DNA physically inside the nucleus of your many, many, cells. The reason that's there is ostensibly its poor design, poor manufacturing.

The Department of Defense in the United States, which assisted in manufacturing this, didn't care that it didn't meet vaccine standards. In fact, they did paperwork that specifically described the injection as—I don't want to use the wrong word here—a military countermeasure, a military countermeasure. They didn't call it a bioweapon, but they did call it a military countermeasure. And they specifically didn't call it a vaccine. And the reason was that if you call it a vaccine, it has to be made to vaccine standards, proper world standards for vaccines.

By calling it what they did, saying that there was an urgency to it, "We'll just call it a military countermeasure," the standards can be dropped. And so what if there's one-third as much DNA in this as there is RNA? And this happens when they stir the soup. When they make this stuff in great big kettles and cauldrons, there's going to be sludge. There's going to be the original DNA inside of a bacteria that's helped to make the RNA, but it was allowed to have inefficient and painfully, painfully almost soiled— What's going into you is

one-third DNA, two-thirds RNA, and that is the truth from Dr. Jessica Rose and Dr. Latypova, if I have the name correct. Horrible.

Shawn Buckley
While we're waiting to see if they can pull that video up, one thing that we haven't had a lot of evidence on is the effect on pregnancy and reproductive issues. But I'm getting the signal that we think the video's good to go, so we'll put that question on hold for a second and see if we can run that video now.

Dr. Christopher Shoemaker
Thank you.

[Video plays briefly, is still inaudible.]

Shawn Buckley
Oh, okay, so we're going to be out of luck on that.

Dr. Christopher Shoemaker
Would that be the case for all of the videos or just this particular one?

Shawn Buckley
David, do you want to check with the other ones that we had done last night? We apologize for those, Dr Shoemaker. We did ask our team to download those videos from the links you sent.

Dr. Christopher Shoemaker
No need to worry. We'll just go ahead as you're saying.

Shawn Buckley
So, I was kind of switching gears because one of the areas that we haven't had much evidence on is effect on pregnancy and potential effect on reproduction And I know that you have some thoughts on that and you've looked into that.

Dr. Christopher Shoemaker
Yes, indeed. Pregnancy. The Golden Rule of pregnancy: never use an unproven drug in pregnancy and never vaccinate in pregnancy. Never. Somehow "never" went away; "never" went away during COVID. That golden rule was broken. The last people that should get new drugs, unproven drugs, or vaccines should be pregnant women and the fetus inside them. They should be 10, 15 years out if you've got a wonderful new vaccine to use.

Polio would not have been given to pregnant mothers in the early days—not a chance—and actually has been discouraged ever since.

You don't vaccinate pregnant mothers. It's medical malpractice. Why have we allowed ourselves to do a medical malpractice, ostensibly recommending it?

[00:20:00]

And what has been the result? What has been the result? Well, Pfizer knew the results just as things were rolling out. They did a post-marketing analysis. And in their post-marketing analysis, there was a specific— There was about 300 people that they didn't tell you what happened to the other 270 or so. They didn't give the answer back. But they did give the answer for 29 pregnant mothers. And the 29 pregnant mothers that they gave the answer to, what happened to the pregnancy?

And it's published; it's part of the 75,000 pages of Pfizer data. And the published data by Pfizer showed that of the 29 pregnancies that they were willing to say what the results were (and the others that they hid), 28 out of 29 lost the pregnancy. A horrific number. Ninety-seven per cent of the fetuses were lost of those 29 that they were willing to tell us about. Of course, they weren't really willing to tell us about it because they thought that these data would be hidden for 75 years.

But the truth, when Dr. Naomi Wolf and others got to the truth, is that this cache of dear families who lost the ability to have this child in a ratio like that, 97 per cent in that group lost. The actual real-world data, the real-world data where it's really being spoken of and proven: hospital systems in Florida, hospital systems in other parts of the States that are being honest about it show that 50 to 67 per cent of pregnancies— Where the woman has received the vaccine while pregnant, 50 to 67 per cent of those pregnancies are lost, either early or late.

Incredible numbers. Anyone in the obstetrical units really knows the truth. They've seen stillbirth numbers that are obscene. They've seen early pregnancy losses, extra bleeding, spontaneous bleedings, and spontaneous abortion losses that have happened that are obscene numbers. And this is what happens when you break the Golden Rule of pregnancy. You never break the Golden Rule of pregnancy. Do not vaccinate—and especially do not vaccinate with a toxic spike protein into a viable human who's only this big.

A little viable human that's only this big and nanoparticles take the toxic stuff across through the placenta and into the cord and into the baby and into the baby's brain. And the mother received the shot when the baby was three months old inside her body because society was telling her, "That's the way you can protect yourself. That's the way you can protect grandma. You just do it too."

We were lied to. We were lied to. We didn't know if it was safe or not. We now know absolutely that it's not safe. And one of the biggest evidence that it's not safe was in this highly risked population: mothers and the children within them.

Shawn Buckley
I just want to make sure that people understand: so you're talking about the Pfizer data. This is the data that Pfizer would have submitted to the Food and Drug Administration in the United States to get their so-called emergency authorization and that Pfizer didn't want that disclosed to the public. There actually was a fight in court for it to become publicly available. And that's kind of your first clue, there's a problem. But now there's a team of doctors and scientists that I understand—I mean, it's thousands analyzing this data. And so this is actually Pfizer's own data that they record. There're 300 females in pregnancy that get the shot, but they don't report on 271 of those. They only report on 29.

Dr. Christopher Shoemaker
And those 29 were of the ratio of loss that I just described to you. Virtually, the vaccine functioned more efficiently as an abortogenic drug than RU-82.

Shawn Buckley
Okay. And then when you're talking about states like Florida, this is government data reporting basically a stillbirth rate of 50 to 60 per cent in mothers that are taking the vaccine during pregnancy.

Dr. Christopher Shoemaker
Again, I will say that, yes, that's government data and information from actual individual hospital boards and circumstances taken into totality. Yes.

Shawn Buckley
Now, I believe we have your video up, so we're going to try again.

[VIDEO plays but is barely audible. Dr. Shoemaker's videos are available on the NCI website as Exhibits OT-2a, OT-2b, OT-2c, OT-2h, OT-2i, OT-2j, and OT-2k.]

Dr. Christopher Shoemaker
To be honest, I think we could drop this video. I think we've touched the points that are on this. The key point ladies and gentlemen

[00:25:00]

is that skilled immunologists, skilled virologists, skilled pathologists have stated that the 100 micrograms of RNA and DNA combined—100 micrograms, the weight of a thyroid pill—is enough for 40 trillion virtually weightless mRNAs. These extremely small, have of course minuscule weight. You don't need tons of it. You just need 100 micrograms. And 100 micrograms is 40,000 billion viral entities. It's on their labelling. They say on the label how much is going into you. And that is how much is going into us every three to six months, if we keep listening to the morons above us.

Shawn Buckley
Now one of the things that we've been told when we're being told to take this vaccine is that we should really take one for the team. So that, and you already used the example for a **pregnant mother, "Take one so grandma doesn't get sick." The whole idea is, at least as communicated, that we're supposed to take these vaccines so that we're protecting others: we're not catching COVID and we're not transmitting COVID.**

And I'm wondering if you can share with us whether that is truthful messaging or false messaging—what your thoughts on that are.

Dr. Christopher Shoemaker
Well, very good. Just as I begin, could I ask David to see if he can bring up slide two and perhaps put it in the background on the screen? If what we call slide two, that's in the bar

graph with the angled look [Exhibit OT-2e], that would be the one. If that can be brought up onto the screen it will allow me to speak to your question. Very good.

So the topic is—Are we protecting others, are we reducing infection in ourselves, is the vaccine working? This is from the Cleveland Clinic, which is a group of five or six hospitals in Cleveland. It has 40,000 staff—40,000 staff in this huge hospital system. In September of 2022, for 90 straight days, they followed the symptomatology of all 40,000 staff at the Cleveland Clinic.

The black line at the bottom that starts at zero cases and wanders its way up to a fairly low number—I won't try to quote it right now, but that's the unvaccinated staff. Unvaccinated staff at the Cleveland Clinic had very, very, very little, low numbers of COVID events in themselves. Each line above it is more and more vaccinations. The red line was one shot, the green line was having had two shots, the purple line above that was having had three shots, and the pale orange line at the top was having had four or five shots.

So they had a spectrum of numbers of shots that people had taken who worked in the clinic. And in an absolutely arithmetic progressive way, you went from whatever was the rate for the unvaccinated—very modest down there at the bottom right—it was doubled and tripled and 3.5. Once you'd had four shots you were 3.5 times, as a staff member, more likely to be carrying COVID, having COVID, passing it on to patients, having positive PCR tests, getting sick, going to the ICU. Every factor went up by a factor of 3.5 when you were highly vaccinated.

If you were left alone— And they did have 8,000 staff who worked unvaccinated in the hospital. And don't you dare blame them that they were somehow the source of all this; forget it, they weren't. They were healthy. They had the least amount of time off for illness themselves. They were like most unvaccinated people. They had an innate immunity. They weren't having COVID nearly as long as their colleagues.

And this 3.5 to 1 ratio: being more likely to transmit it to granny, more likely to transmit it to the patient, more likely to transmit it within your own family the more vaccinated you got. This is settled science now, ladies and gentlemen. It's settled science that the more you get vaccinated with this non-vaccine—and it is a non-vaccine—the sicker you are and will be of many diseases, but especially sicker when it comes to COVID itself.

Shawn Buckley
It's just interesting that you had to add "and don't say that the unvaccinated were causing this." Because one thing I've never been able to get my mind around with all the hysteria to force people to take the vaccination, is that, well, logically, if the vaccine worked, if it protected you from getting COVID, then why would you care if anyone else is vaccinated? You could be the only one in the herd and you shouldn't care—if it works, right?

[00:30:00]

It's just interesting that you added that. So when we're being told the vaccine is effective, "effective" means, at least in the public mind, "Well, I'm less likely to catch COVID and transmit COVID, if I get vaccinated." But the truth is it's really negative efficacy: So with each shot, you're more likely to catch COVID and hence more likely to spread COVID than if you hadn't had any shots.

Dr. Christopher Shoemaker
That is exactly what we have learned and found. And what we learned and found was enough to turn everything off in September of 2021. In September of 2021, these data—not from the Cleveland Clinic but from other sources—were beginning to show up. And they absolutely knew before they started giving it to children. And they absolutely knew before they moved into mandates in 2021, September. It was absolutely known that this was the trend. The vaccine was not working as a vaccine. It was doing zero to prevent you from getting COVID.

A true vaccine means—forget about symptom-lowering—a true vaccine means you don't get the disease. When you get a rabies vaccine, is the dog or cat expected to get rabies? No, not at all. It's supposed to be totally 100 per cent effective. And this is negatively effective. It makes you more likely to get the disease. It's tragic. We'll move on to other things, but that's the best I can describe it.

Shawn Buckley
Let's move on to other things. Which topic would you like to cover next?

Dr. Christopher Shoemaker
I guess just briefly to ask, would any of the videos be available, or basically not? Okay, that's fine. Okay, so I'll just speak to one topic that I was going to be speaking on. On two short videos that were connected. And that topic is: Who made this and why?

In its origins, it originated when Dr. Fauci was told by Barack Obama, President of the United States, "Do not do gain of lethality research anywhere. It's too dangerous." The year was 2014. The year was 2014, Dr. Fauci was told, "Do not do this kind of research anywhere." He specifically went around what the president told him. He specifically went to the military within the U.S. and asked if they could do it. They were incredulous. They said, "What are you coming here for? You know that you've been told by the President not to do it. You can't do it. You won't do it under our aegis. You won't be doing it anywhere, Dr. Fauci." So that was the second time he was told, "Do not do this."

He went around them. He took it to EcoHealth Alliance. He took it to Peter Daszak. He said, "Peter, this sucker that I got working with Dr. Baric out of North Carolina, we really want to do gain of lethality research on coronaviruses. Could you take it over to Wuhan? Could you generate it there?" They exchanged emails over those three or four years as it was being worked on initially. And then in December of 2015, after knowingly for one year working in Wuhan to create something that was perhaps dangerous or toxic or testable, whatever the ostensible purpose was, they exchanged a final email where Peter Daszak said, "We've got it."

And what "we've got it" meant was that they had an impressive improvement in lethality of the coronavirus with the genetic genomes that we're now also familiar with.

And what happened after 2015 is that those same genomes were brought back to the States. Because, of course, it was to a degree a U.S. product and they wanted any vaccine that was related to this genetic genome to be produced in the United States. And so it was worked on in the United States for the next three years. Between 2016 and 2018-19, during those three years, they continued in Wuhan to make whatever it was that could be released in an aerosolized form or a fashion that was going to create a version of flu. That was happening over there.

Meanwhile in the U.S., Fauci, Baric and now at that point, the U.S. Department of Defense, which was cooperating with them—those three entities had the vax being worked on at the ready. So, it was not Operation Warp Speed that just started suddenly in 2019-20 to get a vaccine within a year. No. The purposefully damaging non-vaccine was being worked on for four years, between 2015 and 2019. Maliciously worked on because everybody who was in the real know about this—Pfizer, Moderna, and especially the U.S. Department of Defense knew that they were creating something that if it went into the human body would harm the human body

[00:35:00]

and would make it more likely to have that tragic immune reactivity that I talked about 12 minutes ago. So there it was, not Warp Speed [but] a three-year program to make a dangerous immune-damaging and, basically, body-damaging shot.

What their reasons were, I'll have a comment at the end as to what I think the entity really is. It isn't just Fauci, it isn't just the Department of Defense. There is a different entity that's actually in charge of all of this, and I'll share that at the end of my talk.

Shawn Buckley
And just by way of timing, we've got about nine and a half minutes left. I want to allow time for commissioners to ask you questions also because I anticipate there's going to be some of those. What I'd like to do is ask you a specific question and then have you go into what you were just speaking about.

But you had sent me some notes about these lipid nanoparticles that surround these RNA and DNA packages. And I want you to comment on those and what happened to the animals that were tested. Because I think people need to understand what they knew before they rolled out this program.

Dr. Christopher Shoemaker
And can I just ask is the microphone adequate for the room? Is it okay? Okay.

Lipid nanoparticles, LNPs. RNA or DNA cannot move from place to place unless it's got a little vehicle to travel in and this vehicle was invented by a Canadian company. The company was Acuitas [Therapeutics] out of British Columbia. And neither Pfizer, Moderna, nor the U.S. Department of Defense would have been able to use any of these carriers—lipid nanoparticles or plasmids, which is another version of it. They would not have been able to use either of them to carry RNA or DNA into the human body unless they paid a royalty to Acuitas. Acuitas has been paid. Acuitas continues to get paid. It gets lots and lots and lots and billions and billions of dollars for their intellectual property.

Sadly, when these lipid nanoparticles were tested for danger and for safety with no RNA in it, with no DNA in it, just to see, what does it really do to animals, can it be used liberally? All the animals died. All the animals. They're a lot smaller than humans, but they died, a hundred percent. Because the LNPs were going to their brains. It would go into their hearts, it would go into their kidneys, it would go into their ovaries. Within a few days, every animal given LNPs was deceased.

Therefore, we are using a carrier that is known to be lethal on some level. And we're using it without, certainly, having proved its true safety in humans because we sure as heck

didn't prove its safety in animals. And it doesn't matter the names attached to the invention of this.

The fact is that the science and Dr. Roger Hodkinson showed it. Roger Hodkinson has told us about the hundred-fold elevation of density in the ovaries compared to the body in general. These lipid nanoparticles are good at crossing two or three barriers in particular. They go across the ovary barrier and the testes barrier into the reproductive system, massively, and they go across the brain barrier into all structures of the brain, massively.

Do they go anywhere else with some degree? Well of course they do. We have a blood system and the blood system can take these lipid nanoparticles to heart and to liver and to other areas of body, of course. But the highest density—the three places, our genetic productive system of ovaries and testicles and our brain cognitive system—and that's what LNPs do. They are toxic to those areas even with nothing in them and they sure as heck are toxic when they're carrying spike or the mRNA/DNA to create spike.

Shawn Buckley
And I'll just ask, because we've got six minutes left, if you want to switch to— There was something that you wanted to make sure was covered.

Dr. Christopher Shoemaker
Oh, thank you. Actually, it's on this general topic that we're into, as it were, right now. Just give me a moment to collect my thoughts. Because we've had quite a different presentation than we originally thought.

So, how could it go well? Lies after lies with people not taking direction from the people who, in a true chain of command, should have had control over them.

[00:40:00]

President Obama should have had a true control over this rogue, Dr. Fauci. He just didn't. Dr. Fauci did what he did. Certain people had Dr. Fauci's ear. And this is why I would like to give a name to this "they" that we talk about. "They" do this, "they" do that. We never know who "they" is. Well, I'm going to give they a name. They are the unelected-people-control-entity. Unelected-people-control-group or -entity. The unelected-person-control-group or -entity. That entity clearly exists because that entity is above the U.S. Department of Defense. That entity is above any specific prime minister that we have in this country.

That entity has arms and tentacles. That entity is the World Economic Forum. That entity is the WHO [World Health Organization]. And that entity is the Bill and Melinda Gates Foundation. And that is the entity that is driving, and has always driven, this malicious creation of a toxic agent to go into humanity. So to that entity I say, "We don't know you right down to the core puzzle who you are, but we've got a pretty good picture. We know who could have had massive influence and financing and assist to this program. A program that had no scientific merit, zero scientific merit, and has had massive scientific human negative effect."

So to the UPCE, the unelected-person-control-entity, I say to you, "Shame on you. Shame on you." We people who had to yell and scream in our speeches, the dear people who have been at this table talking about the hemorrhagic events happening to them after a shot, or after shedding, or the deceased child that they mourn for. The ladies who spoke of their

mother who died within 10 minutes of getting a COVID shot in the pharmacy in Saskatchewan.

I mean, every one of these cases have a source. And the source in the true, true sense of the word is the unelected-person-control-entity.

And it's time for the world to march in the streets. It's time for the world to realize this is not just a medical problem. It is a medical problem: fifty million extra deaths a year is a medical problem. And that's what the numbers are showing. Numbers out of Germany, numbers out of the U.S., numbers out of the United Kingdom just in the last week showing that all-cause mortality elevation is creeping up every month, another few percentage points higher. So if it's 45 per cent or 100 per cent more than it should be now, well, it's going to go to 200 per cent; it's going to 300 per cent; it's going to go to 400 per cent. These are slow, immune, toxic, lethal shots. I call on the world to stop them. And that I think, is where I'll end.

Shawn Buckley
Thank you, Doctor. So Commissioners, we only have two minutes left for questions because we do have to be tight. Are there any questions?

And there being no questions, Dr. Shoemaker, I apologize that we had technical difficulties. It was not for lack of trying on our team.

Despite that I can assure you, you gave some really valuable testimony to us and shared some very important things we hadn't heard specifically. Some things come to mind about the sheer numbers and about the animal deaths and your contribution on the pregnancy thing was information that we were lacking. So I'm just telling you that you've made a valuable contribution.

Dr. Christopher Shoemaker
Absolutely Shawn. And if I could just take 60 seconds then just to conclude if I may.

Shawn Buckley
Yes.

Dr. Christopher Shoemaker
We talked about numbers in animal labs and why lipid nanoparticles with royalties in Canada should never have been used for anything. And they should now never be used to go into pork or cows or anything in the world. They just shouldn't be. We should get real about this.

And it does have a Canadian aspect to it. This company, Acuitas, and the foundations that supported it: I invite people to look very carefully at which foundations, a foundation, that specifically profited from backing Acuitas and continues to profit with every shot. I leave it to lawyers and RCMP folks to look into who supported this nefarious research and ultimately nefarious research in Canada.

Shawn Buckley
And Dr. Shoemaker, I just want one more comment from you.

[00:45:00]

Because, according to worldfamilydoctorday.org, today is World [Family]Doctor Day. And I would ask, what message you would send to the doctors of the world today, May 19th, 2023?

Dr. Christopher Shoemaker
Well, on World Doctors Day, I send to my colleagues, and we are colleagues—
My medical school graduation was 1975. My first days in clinical practice, post internship and residency were in 1977. We've all been working at this for a while and many of us for fewer years. We should take pride in looking at real science. We should take pride at protecting the true health of our patients. This is tough to look at. It's tough to point and say, "The emperor has no clothes." It's tough to say that the people above us, the medical agencies above us, have been fooled into advising us incorrectly. But their advice to not speak on these topics, to have us not speak on this topic, was illogical advice and it was advice that they were tricked into.

So dear doctors of the world, let's none of us be trapped. Let's none of us be tricked. We are tricked no more. We will help the human population. We will refuse to put these shots into our shoulders. We'll refuse, like Denmark did. And Denmark, by the way, bans it now for adults as well. Things have moved along. Denmark now bans it for just about everybody in their country to get these shots. So let's ban it for ourselves. Ban it for ourselves by taking back our shoulders, taking back the recommendations, doctors.

We know that it's creating turbo cancers in patients. We know it. There're other slides I would have showed you of cancers just exploding in people because they've had a shot [Exhibit OT-2f]. Their MRI goes from looking pretty neutral and 10 days after the shot, their whole body is blacked out with metastasis because it's 10 days after they just received this death vax.

So that is my message to my fellow doctors of the world. Again, thank you to the NCI.

Shawn Buckley
Thank you, Dr. Shoemaker. On behalf of the National Citizens Inquiry, we sincerely thank you for coming to testify.

[00:47:39]

***Final Review and Approval:** Jodi Bruhn, September 6, 2023.*

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

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

NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Witness 2: Melanie Alexander
Full Day 3 Timestamp: 01:57:12–02:12:48
Source URL: https://rumble.com/v2ood6g-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Wayne Lenhardt
Could you give us your first and last names and spell them for us, please? And then I'll do an oath with you.

Melanie Alexander
My name is Melanie Alexander and it's spelled M-E-L-A-N-I-E A-L-E-X-A-N-D-E-R.

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

Melanie Alexander
I do.

Wayne Lenhardt
I think as you've just heard, we have some fairly strict timelines today. So I think what I'd like to do is do a timeline on your husband, and then we can come back and discuss it.

I'll lead you a bit here if I might. In March of 2020, your husband was diagnosed with cancer, correct?

Melanie Alexander
Yes.

Wayne Lenhardt
And he received treatment. And by November of 2020, he had gone into remission.

Melanie Alexander
That's correct.

Wayne Lenhardt
In June of 2021, he got the first dose of the Pfizer vaccine, correct?

Melanie Alexander
Yes.

Wayne Lenhardt
And this was in the Ottawa General Hospital?

Melanie Alexander
Yes.

Wayne Lenhardt
There was no reaction at that point to the vaccine.

Melanie Alexander
None at all.

Wayne Lenhardt
Then in November of 2021, you both came down with the Delta variant, correct?

Melanie Alexander
Yes.

Wayne Lenhardt
Okay. And you're both sick. Your husband ended up in the hospital for three months at that point.

At that point, you weren't able to see him because of the restrictions because you weren't so-called "vaccinated."

Melanie Alexander
That's right.

Wayne Lenhardt
That was in 2021. In February of 2022, your husband was discharged from the hospital. Then in March—11th to the 30th—he was back in the hospital. Then on, perhaps you can help me with the timeline here, April the 16th, he was back into the hospital.

Melanie Alexander
Yes.

Wayne Lenhardt
April the 18th. And that would have been 2022. Correct?

Melanie Alexander
Yes.

Wayne Lenhardt
April the 18th, your husband was back in the hospital. But they wanted him to test for COVID, which finally happened. After that, they moved him to a COVID ward where another patient that was ill was put into his room.

April the 20th, he got very ill. And he passed away shortly after that, correct?

Melanie Alexander
Correct.

Wayne Alexander
Okay. So perhaps you could tell me, then, what type of treatment and how it went during that journey?

Melanie Alexander
Greg— When he went back on the 16th of April, they wanted to do a COVID test right away. And he declined that. On the Sunday, the next day, he also declined a COVID test. But on the Monday, he received a COVID test. And when I asked him about it, I said, "How did that happen?" And he said, "I'd rather not talk about it." That test came back at midnight on that same day. Positive.

They woke him up in the middle of the night. He was a sick man. He had chronically damaged lungs and his body had been very dependent on prednisone. So every time they tried to reduce his prednisone, he had a setback and his breathing would get worse. But anyway, they woke him up in the middle of the night after midnight and said, "You have COVID, and we're taking you to the COVID ward." And he tried to advocate. He said, "No." He says, "I don't have COVID. I've had COVID before and I know what it's like and I don't have COVID. You're doing this against my wishes." But they took him to the COVID ward anyway. And it was a double room. And they put him in the room by himself, which was fine; he was okay with that.

But early the next morning, they wheeled in a lady who had been at home and had broken her hip. She was an elderly lady. And she explained to him that she and her whole family had been quarantining because of Omicron and they were quite sick with Omicron. So this caused Greg great distress because he knew that he could never survive a reinfection. He asked his nurse more than once. And it's actually recorded in his medical records that he wants to be discharged because he doesn't feel safe in the hospital.

When he told me about it, I said, "Call me when the doctor comes in and I'll try and talk to the doctor."

[00:05:00]

So he did that. It was before lunch. The doctor came in and I asked the doctor, I said, "What are you doing bringing a symptomatic patient into my husband's room? He's immuno-compromised because of his cancer, but he also has chronic damage to his lungs. He's very vulnerable." I said to the doctor, "You're standing here with your N95, your face shield, your gown, and your gloves. And yet you're leaving my husband unprotected." I said, "Please get my husband out of this room with this sick patient."

He said to me, "You make a good point, and I'll see what I can do." That doctor didn't do anything. My husband stayed in that room for 24 hours.

There was a very marked change in Greg's health condition on Wednesday morning. Instead of a temperature of 36 degrees, his temperature was above 39. Greg had been on four litres of oxygen. They tried giving him 10 litres of oxygen through the nasal prongs and it wasn't sufficient; they were trying to do damage control. They had to put him on the next level of humidified oxygen at 92 per cent plus a rebreather on top of 100 per cent. Greg had almost 200 per cent oxygen to try and be stabilized. They did put him in a private room on this Wednesday and they were doing damage control all day long.

On Thursday morning, they took him to the ICU [Intensive Care Unit]. Greg spent seven days in the ICU and then he died.

Wayne Lenhardt
I take it the questions that arise are first of all, he was immunocompromised because of all of his cancer treatment, so by putting him in with someone with an active case of Delta or whatever it was, that really is a serious issue, in that if he gets it, being immuno-compromised—

Melanie Alexander
Correct and if I could just say something. Greg had Delta in November, and we are talking about April of 2022 when Omicron is the variant of the day in our society. Everyone had Omicron. And so when Greg tested positive on that late Monday night, Greg and I asked the doctors— We asked the hospital to analyse his COVID test to find out what variant he tested positive for.

Well, the result came back that he tested positive for Delta, which suggests that he did not have Omicron at the time. So he didn't have COVID when they took him to the COVID ward. He didn't have Omicron, and yet they brought a sick person who was symptomatic into his room.

Wayne Lenhardt
And I assume you were not able to even visit him because you were not classified as quote "fully vaccinated" at the time.

Melanie Alexander
That's correct. Do you mind if I explain a little bit about that? Is that okay?

Wayne Lenhardt
Sure.

Melanie Alexander
So we had started our ordeal with the hospital and with COVID— It was COVID that was really hard on us. It had been five months by the time Greg died. I found out in January that patient advocacy and the ombudsman have no authority. They totally defer any decision to be made to the nurse manager on each floor. So I had found that out in January already. So when Greg went to the ICU, I left. I called his nurse every single day, numerous times a day saying, "Please let me see my husband. I need to be with him, he's very sick. Please leave a message for your nurse manager telling her that I want to come in and be with Greg." They assured me they'd leave a message for the nurse manager. I asked the ICU doctor as well, "Please advocate for me, please ask the nurse manager for permission for me to come in and be with my husband."

We had been married 34 years and we'd done life together. And now he was dying slowly and painfully, and they were not allowing me to be in because I only had one shot. I also left messages on the nurse manager's voicemail pleading in tears saying, "Please let me be with him."

As the week progressed, Greg got worse. They had to put a feeding tube in his nose and he couldn't Facetime me anymore; he wasn't strong enough to hold the phone.

I remember, one day I messaged him. I said, "I just need to hear from you to know that you're doing okay. Please let me know." And I got two words back from him in a text; he said, "Call nurse." He couldn't call me; he couldn't speak to me. So eventually I got a phone call back on Wednesday morning, the 27th of April, from the nurse manager. She said to me "I'm not allowing you into the hospital for two reasons. Firstly, because you're not vaccinated and that is the hospital policy and I'm upholding the policy.

[00:10:00]

Secondly," she said, "I've gone to and spoken to your husband's nurse. I've looked at his chart and I've looked into his case. And he's not palliative at this moment, so we're not allowing you to come in."

How can that possibly be that he was not palliative? It was barely 12 hours later I was called by the doctor on duty in the night, at about three in the morning. So just the same day, I was called by the doctor on duty saying, "Your husband is asking for comfort measures because he cannot take it anymore. He's suffering, he's gasping for breath, and he's exhausted. And he wants comfort measures. We explained to him that if we give him comfort measures, he's going to die. And he's okay with that because he's so exhausted, he can't keep battling to breathe. But he's very concerned about you and he wanted me to call you and tell you that this is his choice, that he's choosing this." And I must be okay with this.

The doctor called to Greg and said, "Greg, is this your choice, to have comfort measures?" And I heard Greg shout out, "Yes, it is my choice."

I resent enormously that I wasn't allowed to be there with my husband these last seven days in the hospital as he's suffering and dying. And he was definitely palliative, on a feeding tube, not able to even hold a telephone. I resent that I wasn't able to be with him.

But I have a bigger question for the hospital. I have a bigger question. My question is, how can they explain to me what protocol or what policy justifies them bringing a symptomatic patient, someone who's already so compromised, into his room? Even if they believed that he had COVID because of that test, even if they actually believed he had COVID—which he didn't; we found out afterwards that he didn't have COVID; he didn't have Omicron—how do they justify bringing a symptomatic patient into his room and not protecting him?

I believe—this was Greg's third admission to the hospital—that he was seen as a drain on the system. He was costing too much. I actually found a text from a friend yesterday. She was a friend. She wrote a text to me on January the 31st last year. And she said to me, "Melanie, love you to bits, but you really have your head in the sand. Thousands of dollars have been spent keeping Greg alive. I work in healthcare and have seen firsthand the effect of non-vaccinated people. People can't come to church out of fear of getting sick because of the unvaccinated."

To be in the hospital in 2021 and 2022 was a horrendous situation for an unvaccinated person. The hatred, the animosity, the anger was very real. Greg never felt safe in the hospital. In January he was receiving terrible care. And I was getting very upset about it. I said "Greg, I need to complain. I need to ask for better care." He said, "No, Mel," he said, "Don't complain. I do not want to raise the ire of the medical staff any more than they already feel toward me." He didn't want me to complain because he felt at their mercy.

It was a terrible time to be in the hospital as an unvaccinated person. And I do question the hospital, how they justify putting a sick person in my husband's room.

Wayne Lenhardt
I'm being reminded of the time. But let me perhaps fill in a couple more facts and then we'll ask the commissioners if they have any questions.

It was back in November of 2021 where both you and your husband, you think, came down with the Delta variant. And you recovered from it in November 2021. When your husband went back into the hospital in April of the following year it related to, apparently, the prednisone that he was taking, which was part of the cancer therapy. And you had been told to reduce that over time. And his oxygen level had gone down to 88 at that point, which is why you had him in the hospital. It wasn't because he had COVID.

Melanie Alexander
That's correct. During his COVID illness, it wasn't a cancer treatment. Greg was totally in remission. He had been declared in remission in November of 2020. But to treat his COVID, he was given a high dose of prednisone and his body had become quite dependent on it. And the goal of the medical staff was to reduce the prednisone, so I had been told to reduce it at home.

And with the reduction, each day his oxygen levels got lower and lower. And that is why he went to the hospital. He didn't have a fever. He didn't have a cold. He didn't have a sore throat, no cough, no symptoms. And that's why he declined the COVID test.

Wayne Lenhardt
Okay. I'm going to ask the commissioners if they have any questions.

No questions? I think our time is essentially up.

On behalf of the National Citizens Inquiry, I want to thank you very much for coming and giving your testimony.

Melanie Alexander
Thank you for having me.

[00:15:36]

Final Review and Approval: *Jodi Bruhn, September 6, 2023.*

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

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

NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Witness 3: Dr. Kyle Grice
Full Day 3 Timestamp: 02:14:14–02:37:17
Source URL: https://rumble.com/v2ood6g-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Kassy Baker
First things first. Mr. Grice, can I please have you state and spell your name for the record?

Dr. Kyle Grice
It's Kyle Grice, K-Y-L-E G-R-I-C-E.

Kassy Baker
Now do you promise that you will tell the truth, the whole truth, and nothing but the truth during your testimony here with us this afternoon?

Dr. Kyle Grice
I do.

Kassy Baker
Very good. Now I understand that you are here to speak to us about community response. It's a bit of a, hopefully, more optimistic look towards the future than we have sometimes been hearing about during the Inquiry.

Can you begin by just telling us a little bit about yourself? Where are you from? Are you married?

Dr. Kyle Grice
Yes. I'm from Milton, Ontario. And my family is there; two teenage boys and my wife live there. I'm a chiropractor in Toronto. I have a family practice there with my sister.

Kassy Baker
And that's you.

So just to clarify: you are a chiropractor, but you are actually not here speaking as a chiropractor or on behalf of the chiropractic community, is that correct?

Dr. Kyle Grice
That's correct, yes. This is more about my community engagement and some of the endeavors that have happened from that community engagement.

Kassy Baker
Very good. With that introduction, if you would like to start your slide presentation, I believe that we're ready.

Dr. Kyle Grice
I'm not going to start it yet because I was asked to actually tell the story of how I got to being involved in the community.

And what inspired me was actually the harms that I was seeing.

I was seeing harms in my family. My father had an injury in 2016 and became a quadriplegic. From that time, he worked like an Olympian to regain his mobility. And he had limited mobility, but he was able to walk. And he had a safe place to walk and that was in his community centre. It was a flat, open track, and he would call me up and say, "Hey, son, I did two laps today without having to sit." In 2020, he was continuing to improve his mobility and his function. And with lockdowns, they closed that community centre.

With closing that— It was the only safe place for him with his walker to walk. And there was a significant, rapid decline, as an 84-year-old man, in his capacity to walk. To this day now he has such trouble, he can barely transition from his chair to his chair. He's not able to regain the function that he lost because of that.

My wife's mother developed breast cancer in the spring of 2021. She had successful surgery to remove the cancer and was instructed to have radiation therapy. Because of COVID measures, there was improper follow-up to her radiation. And what ensued was the burning of her left lung and her left heart from the radiation. This caused her to have to be hospitalized for this. And the nine days that she was alone in hospital, with difficulty breathing and hearing impaired, it was hell for her. She would call my wife every night crying, not knowing what was going on with her, not understanding what was happening, and just wondering when she could come to the hospital. When my wife did finally get to see her— The decline in her health was significant when she did eventually get to see her. She did succumb eventually to those injuries from the radiation.

There were also dozens and dozens of stories that we were getting in our practice from patients, just revealing what they were experiencing and the stresses they were going through because of the COVID response. We were helping them through that as best we can.

One such gentleman I remember, a married father of two, lost his job because of his choice. And he said, "I'm okay about that." But I realized he wasn't. He was recognizing the greater picture of what was going on

[00:05:00]

and he was significantly stressed. This man—from the beginning when I met him: healthy, strong, he was a wrestler—declined significantly in that year. He lost body weight, lost lean body mass; he developed a bowel disorder, it seemed like it was an inflammatory bowel disorder from the stress. That has yet to be diagnosed, but there was a significant decline in his health.

We all heard stories like this; we just got repeated stories. My life's work has been about helping people. I've dedicated my life to helping people. And when I was seeing this go on, it compelled me to get more involved. That's when I started to get involved in the community. I was hearing of these meetings that were going on all over Ontario. And I started attending these meetings.

And if I could start the slide show now [no exhibit number available].

It was quite amazing, actually. People were coming together because of COVID response. These were people who lost relationships: they lost relationships with their family; they lost relationships with their friends; they lost their ability to socialize in the establishments that they could once go to. They lost their ability to go to their churches. They were, in essence, excluded from society.

When they were coming together and I was meeting with them, the fear that I had with these people, that I felt from these people and heard: they were talking about what was in the news—with perhaps the loss of healthcare that they might have, that was put through the news. These people got afraid of that. They thought, they've been shut out of all these other establishments, what if they shut us out of the grocery store? This is what these community people were feeling.

And what they started to do was they started to come together. They found a place to socialize. Because society excluded them, they came together through this network of support. They started to develop solutions of, "Where will we get our healthcare if they take that away? Where will we get our food if they take that away?" They started making connections to local farmers and getting these food hubs organized. And it was amazing because, in essence, they were building community.

In one of these meetings, I met Dr. Jeff Wilson. He will be testifying after me. And I met several other scientists and professors during these meetings as well. In one of them, we ran a designed thinking process through the guidance of Dr. Jeff Wilson, where we did a National Consensus Conference on COVID Response.

This was using the process that I'll talk about later. It's called community network integration. I learned this from Dr. Jeff Wilson. What it does is solicit insights from the experts, stakeholders, and the public. It's bringing people together to come up with the solutions we need to do in order to overcome what is happening. We created a report based on the summary of this designed thinking process. The results of this are being written up in a summary that we are submitting as a joint submission to the *Canadian Journal of Veterinary Medicine* and the *Canadian Journal of Public Health*. That's ongoing right now.

What's interesting: when the COVID measures began to wane, these communities that were coming together, they stayed together. And they started to look at what happened; what was going on; who's responsible—how do we not let this happen to us again? They stayed meeting. And still to this day, all over Canada, there are people in communities that are coming together—and I'll talk about that in a little bit, what's formed.

They recognized some of the same players that brought us COVID response are now also involved in these international institutions like the WHO and the UN. They are ushering in community solutions. They see this transition, and it is called Agenda 2030, the Sustainable Development Goals. Interestingly enough— I didn't put it in my presentation; I didn't have time to change it, but I just spoke with one of the principal investigators yesterday. Because he wrote a Substack this week that piqued my interest and I had to speak with him about it before today. Because what's happening is that the UN, the Government of Canada, and the Canadian Health Research Institutes are also funding and giving research money to look at COVID recovery.

[00:10:00]

This particular investigator, this researcher, has now been given a nice lump sum of money to look at COVID response. And the first place they're starting is by looking back at the last three years, doing an evidence-based approach to investigating what happened, what went right, what went wrong. They actually, in this grant, have been asked to submit this to the United Nations as one of the grant's requirements.

It's interesting, I've been looking at— The UN Research Roadmap [for the COVID-19 Recovery] is what they have because there is this interest in investigating what's happened and what we need to do about it. And they are putting a lot of emphasis on Agenda 2030 and the Sustainable Development Goals as part of COVID recovery. And we're doing our best—and I'll talk about this, how we are going to bring everybody together. That's our motion, is bringing those in the UN, those in the public, the researchers, the stakeholders together. Our process that we're doing—and I'm working with Jeff Wilson and many others across the country—is to bring people together so that we can design these solutions together.

One of the concerns—I'm sure this has been talked about in other testimony—of those in the community that I've been meeting with on a regular basis is the WHO pandemic treaty. Canada has signed on to this treaty and the people in the communities are fearful and distrustful that they may not handle a pandemic properly. There's evidence through— They feel the COVID response has been mishandled. They're leery of giving up sovereignty of a pandemic response to the WHO. And Dr. Jeff Wilson, who's speaking after me, is going to be talking about outbreak response. And that Canada has the expertise; we have the **knowledge; we have the manpower to make our own pandemic response that's Canadian-made and will suit what we need to do for Canadians.**

This is just more about— The UN and the World Economic Forum did make a strategic partnership in 2019. And this was about putting forward Agenda 2030, the Sustainable Development Goals. When we look at those goals, they are noble goals to have. And people in communities, though, are concerned: What are we going to be doing and how are we going to be achieving these goals? That's vitally important. What measures and what initiatives will we be putting forward for us to achieve these goals?

This is a big concern. People do not want to be dictated to. They don't want a top-down centralized control mechanism telling them how to run their communities. They'd like to be part of it. This, I feel, is the epitome of public interest, is involving the public in this process.

This just shows that partnership— The 17 Sustainable Development Goals, which is being rolled into COVID recovery as far as the UN and Canada is concerned— This is one of the ways in which they're bringing about these Sustainable Development Goals, this ICLEI, it's I-C-L-E-I. If you look up their website, it's an international organization of local governments for sustainability. Canada has its own chapter of this institution, and there are different regions, cities, and communities that have signed on as members of ICLEI Canada. And this is where the people in the communities are working to collaborate with these organizations to be part of what the solutions are, rather than being dictated to. This is how the UN and the World Economic Forum are getting into our local communities.

[Witness moves forward to slide entitled Canada Smart City Challenge]: Canada is participating in this. I'm just going to show a couple of examples of this. This just reminds me too— Sorry, I didn't mention this earlier, but I completed my master's in Integrative Population Health through doing that pandemic response paper. I looked into things like this as well: the Canadian Smart City Challenge. Different municipalities participated across Canada, looking at how to build infrastructure to meet the Sustainable Development Goals.

Most of it was geared around technology. And here's a list of the technology of putting this in place in the cities. You may have seen different things happen in your city: the new lights, there's all the different LED lights that are connected to the network. Just little simple things like that, augmented reality, Internet of Things, the list is there. This is what initiatives are happening as infrastructure to Canada.

[00:15:00]

I like this quote from Albert Einstein, "We can't solve problems using the same kind of thinking we used that created them."

There is a transformation that's happening; it is written all over the United Nations Roadmap to Research. They're talking about transformation. They're talking about, "Are [we] going to go back to 2019 as the status quo?" And this isn't me talking, this is quoted from them: "Are we going back to the status quo of 2019 or are we going to do things differently?" There is a social reorganization that's happening. And Canadians in the communities that I'm connected to are concerned: How we are going to do that?

And we feel we've brought forth some solutions.

This is happening already, there's a national collaborative network. Those communities that were coming together across Canada, that built their community and they're staying together: there's a national collaborative network of them across this country. It's actually across the world, but we're connected mostly to your local regions and further. We're using the process called Community Network Integration [CNI]. Dr. Jeff Wilson will talk a little bit more about that in his testimony as well.

You can see it's a leaderless network of communities and people that are coming together to solve these big problems that we're having in our society.

Another such example of this Community Network Integration is the National Poultry Network. I happen to be in that network. I do not know much about the poultry industry, but for whatever I do know, I can provide some support to this network.

This CNI approach is bringing together all the stakeholders: the business owners and the government is coming on board. We've got— The Canadian Food Inspection Agency is on this network. PHAC, the Public Health Agency of Canada people are there to help with their input, right down to chicken farmers and all the stakeholders in between. Because there's a problem with avian influenza potentially. Dr. Jeff Wilson will talk more about this, but there's the development underway of outbreak response for avian influenza, respecting the pillars of outbreak [response]. Also what's going on in here is looking at regenerative agriculture practices that we can implement in the poultry industry.

In this format, if we do a collaborative process like this, this industry can solve any problems that they're faced with, in our opinion.

This one is my favourite. Food security has been talked about. This is part of the Sustainable Development Goals. And that word "sustainability" has been thrown around a lot; it's been used a lot, "sustainable." And it is noble. It is— In essence, its definition is to do less harm now so that we have resources for the future. It's a noble cause. But what I've found— My family has purchased a farm and what we've done is we have implemented a regenerative farming practice into that. We have connected with people in regenerative agriculture. And what I've found through doing this is that there is a network of people across the country involved in regenerative agriculture. And it's different than sustainability.

Kassy Baker
Just, sorry, if I can interrupt you for one second. Can you just explain what you mean by regenerative agriculture?

Dr. Kyle Grice
The principles of regenerative agriculture are looking at restoring and rejuvenating the natural world and respecting the laws that God put in place for how nature has created life on earth and has the abundancy that it has. There's certain laws and rules that apply that nature provides us. And it's respecting those rules in how we grow our food.

Kassy Baker
Can you give us an example of one of those rules?

Dr. Kyle Grice
I'm just learning this process myself because we've just done that, but it's about how— And I took ecology in university. And it's just the circular nature of all aspects and the interrelationship of living organisms. For instance, we breathe out carbon dioxide and trees breathe in carbon dioxide. We all know this, we all learned this in Grade 6—that there's this cyclical nature to how it works. And it's respecting those laws in how we grow our food.

Our industrialization of food production has been fantastic for providing food for us,

[00:20:00]

although the UN is also talking about this. We have to change the way we're doing things. And they're going to use COVID recovery to do this. We've brought together a national regenerative agriculture network bringing people together to see, how we can scale up regenerative agriculture to meet the food needs of our nation?

One of the other principles of regenerative agriculture is to increase productivity out of a square footage or square acreage or hectares. So there's less that goes into regenerative agriculture because it's based on principles of recycling and reusing. And then it intensifies the food production per square acreage of an area. So as a business model, this is a fantastic business model. Less in, more out, right?

It also makes sense as far as wanting us to meet our goals of— Whatever sustainable goals that we have put before us, whatever that might be, regenerative agriculture is one of the answers to this.

And we've created a network to come together to create these solutions. There's so much that's gone on and it is so hopeful for what we've seen in the communities, of what's transpired, what's motivated. We're connecting to people who've been working on things for decades, people who've been working on removing hunger and removing poverty and increasing well-being and health for people.

We're connecting all these people and we hope— We know. Actually, we know. We're going to bring trust, cohesion, and collaboration back together with the public, the stakeholders, the government, the agencies. We have to do it if we're going to solve these problems. And what's amazing is it's already happening. So I'm incredibly hopeful.

I've heard some of the testimony of the harms that people have experienced, and I can only imagine that there are several feelings that people might have. I know that there's anger. There's a lot of anger in the community. There's also a lot of despair. People feel helpless and hopeless against these big things and those are the people we don't see. But I hope we can reach out to them to say, "You know what? There's things happening. And there's a way for you to get involved. And don't let what's happened to you go to waste. Let's do something about it. Get out there and help."

That can probably help some of the despair that they're feeling. It can help to create some energy and channel that anger into some fruitful endeavours. We feel that's happening. It's naturally happening, we want more people to get involved.

Kassy Baker
And if people do want to get involved, what steps specifically can they take to work towards this model?

Dr. Kyle Grice
Across Canada. And no matter what community you're in, there will be people that are coming together. You have to just start talking to people. Just start talking to people. And that's all I did. To get connected to the community, I just started asking. I just started asking around and people just started connecting— That's how the network works, they just start connecting to people. And it won't be hard, it won't be too far away.

And if you don't find it, create one yourself, right?

Kassy Baker
Very good. Is there anything else that you would like to add at this time?

Dr. Kyle Grice
No, I think that's it.

Kassy Baker
Very good. Are there any questions from the commissioners?

Kassy Baker
Okay, I think that's everything.

We thank you very much for your testimony, Mr. Grice. And on behalf of the National Citizens Inquiry, we'd like to thank you.

[00:24:04]

Final Review and Approval: *Jodi Bruhn, September 6, 2023.*

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

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

NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Witness 4: Dr. Jeff Wilson
Full Day 3 Timestamp: 03:04:40–03:36:45
Source URL: https://rumble.com/v2ood6g-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Kassy Baker
Mr. Wilson, welcome. Can you please state and spell your name for the record?

Dr. Jeff Wilson
Yeah, it's Jeff Wilson, J-E-F-F W-I-L-S-O-N.

Kassy Baker
And do you promise that you will tell the truth, the whole truth, and nothing but the truth this afternoon—or morning, pardon me?

Dr. Jeff Wilson
I do.

Kassy Baker
Very good. Now I understand that you're here to talk to us today about the pillars of outbreak response. Before we get into that can you please just give me a little bit more information about yourself, including your education and your career up until this point?

Dr. Jeff Wilson
Yeah. By training I'm a veterinarian. I also have doctorates in pathology and I have a PhD in Epidemiology, Public Health, and Infectious Disease. I was a professor of public health/epi. at the University of Guelph for nearly 18 years. I was cross-appointed to what's now the Public Health Agency of Canada [PHAC], started the group which does foodborne, waterborne, and zoonotic disease epidemiology, including outbreak response.

And particularly, I think why I'm here is I'm one of the very few people in Canada who actually understand outbreak response—how it's done. And I may be the only one who's actually stepping forward and talking about it in the context of COVID.

I just add, understanding what to do about COVID and understanding how to prepare for subsequent pandemics is— In order to do that, it's absolutely essential to understand how to run an outbreak. Without that, we will just continue to swirl indefinitely—complaining about government, complaining about pharma, recounting our tragic stories, but nothing will change. That's why I'm here.

Kassy Baker
Very good. Now I understand that you in particular were involved with the outbreak in Walkerton. Can you briefly tell us a little bit about that as we go into your presentation?

Dr. Jeff Wilson
Sure. Anybody over 30 probably has heard of the Walkerton outbreak. Before COVID, it was the most famous outbreak in Canada. Seven people died; half the town got violently ill.

I had taken the PHAC field epidemiology training program for two years and then I was heavily involved in managing those outbreaks. I was asked by the medical officer responsible for Walkerton to come in and help out with the epidemiology, so we ran the epidemiology for it.

Kassy Baker
Okay. Now of course that was a waterborne illness.

Can you explain to us just briefly—and perhaps you'll get into this in a little bit more detail—how that is different, or alike, with a respiratory illness such as COVID?

Dr. Jeff Wilson
Right. It's one of these things. All outbreaks are fundamentally the same and their management is fundamentally the same, but they all have differences. But the key to managing outbreaks is not to focus on the differences, it's to focus on the commonality of the process.

Walkerton was a waterborne disease outbreak. It's what we call a point source outbreak. Person-to-person transmission was not a major part of it. It was mainly caused by drinking water. And it was caused by a bacterium, not a virus.

Kassy Baker
Those are all my questions. Are you prepared to start your presentation [Exhibit OT-8] at this point?

Dr. Jeff Wilson
Sure.

I know there's a time crunch so I'm going to move through reasonably quickly here. I'm president of Novometrix now, that's my company. It's a social enterprise. We link networks together to solve complex problems. Because of things like COVID, they have to be solved by bringing people together—including people who have differences of opinion, which is also key to management of this whole thing.

As we work through an outbreak—and particularly as we're coming now into the "lessons learned" phase—it's very important to recognize that we have to move from the critical evaluation phase, i.e., "What went wrong?" That's important, but it's not enough.

We have to now move into the "What do we do now?" phase. The world is just starting to get thinking in my opinion, about what we're going to do now.

We can make a bunch of recommendations out of a group like this or from the federal government or anything else.

[00:05:00]

The problem is: How do you get the recommendations implemented? This is critical. Without that we will just all be frustrated. And what happens in the future? It's not good enough simply to— Even if we could fix up the COVID situation, what if there's a new bug, a new drug, or yet another novel form of government or corporate or citizen dysfunction? How do we solve those problems? Well, I'll flip through this.

Basically, how [do] you solve problems that are new? And Canadians largely are. When they're working with things like COVID, it's new to most Canadians. It's not new to somebody like me because I've done it many times before. What you do when you're dealing with something new, you talk to people who actually have done the thing. Doctors, physicians are normally not trained in outbreak response. Nor are immunologists. Nor are politicians.

There's a very small group of people who are trained in how to do this. They have training in outbreak response. This is not just patting myself on the back. We need to listen to actually how to do this and how to prepare for the future or we will fail, potentially with very disastrous consequences.

Fortunately, there is a very well-established protocol for how you manage outbreaks. Canada has managed hundreds and hundreds of outbreaks successfully, like Walkerton. Thousands have been managed successfully around the world. There are textbooks written on this. The Public Health Agency of Canada has a two-year mentorship program on how to do this. It's known what to do. What happened in Walkerton was we simply didn't do it.

In order to change this, what we want to do is start focusing on what we do want, which is proper outbreak response, not simply churning our pain and frustration and description of what we didn't like or what didn't appear to work. It's important, but now we need to move on. So that's what I'm about. We call the process the Pillars of Outbreak Response.

These are the pillars. Build proper leadership teams. If you think about it, you may recall there was never identified a leadership team for COVID. Those leadership teams have to be transparent. They have to include all of the correct people who know how to do this: the medical community, business community, all the different players. We didn't do that. If we don't do that, we will fail.

Once you've put in place proper leadership— And this is absolutely known in outbreak response, so in Walkerton, this is job one: Make the leadership team. Make it transparent. Make it inclusive. Have the right people around the table. Then after that, a lot of it's technical. It's based on proven principles.

Then I go, "Okay. My problem with this is, I'm one of maybe five people in Canada who have actually done this, who actually can see that with COVID, it failed." Most of those people I know are people that I trained. Also my boss, who helped to train me.

It's essential that we get this into the minds of people, like in this group but also in public health and the public in general and the media. So people can actually understand what to do. Otherwise, we'll just repeat; we're absolutely destined to repeat what we're doing in a new form.

So my question is: How do I do that? How do I explain how to properly manage an outbreak? Well, what I've decided to do is I'll show you how we ran Walkerton and why it worked. And then we'll go, "Now this is what we should have done with COVID." COVID is done now, largely. Now we have to prepare, put in place all the tools so we can do this nationally in preparation for the next one, or whatever other debacle we encounter.

So I'm going to talk briefly about Walkerton. I think everybody knows it was a bad outbreak caused by bad water. As I'm doing this, what I'm hoping is, the bells can go off and people can go, "Oh, there's actually a known process that we could have done with COVID,

[00:10:00]

and we for some reason didn't do it?" Yes. The answer is not mysterious, it's not even complicated. So as you're working through this in your mind, you can think, "Okay, could this apply to COVID? Could we do that? Could we have done this with COVID? Can we do this with influenza if that's the next one? Can we do it with another one?" If we don't start thinking this way, we're done. And we could easily have a next one which is vastly more virulent than COVID.

We got off—I know it was ridiculous, it was bad—but we got off easy because it was a relatively non-virulent bug. Now that's not— Obviously anybody who suffered from this, I totally accept that and empathize with that. But the reality is that is nothing compared to what is on the table, okay? And that's just— That's well known within the medical community.

So we built the leadership team. How do we do this? We actually connected out to these people in Walkerton: local public health, physicians, pharmacists, local government, public health agency, Ontario Public Health, the Ministry of Agriculture, multiple academics. We actively sought out multiple academics with different opinions so we could figure out what was going on. This is standard, standard practice in outbreak response.

We had to bring in the RCMP because there was a bunch of malfeasance going on. We brought in local politicians—but the relationship with them was managed. Because everyone running an outbreak knows you can't have the mayor or the premier running an outbreak because it will fail. Because they don't know anything about outbreak response, of course, or rarely do they and they have ulterior— They just have, they're incentivized differently. Because they're primarily incentivized to get votes, not to solve problems actually, of any kind. I'm not trying to insult politicians, I'm going: that's the system we've got.

Then we started building an evidence base. We got the right tests in place. You've heard about the PCR test for COVID. That's not— I'm not an expert in the PCR test, but I know enough about it— I'm able to talk to a lot of different people because my job is outbreak response, which is mainly a management and leadership job, not a "knowing every answer" job. It's bringing in the right people, not prescriptively saying, "Hey, this is the best vaccine" or what have you. So you have to get the right test in place, then you have to start building an evidence base.

I'll go through what that means. You actually have to find out: who's sick, how many people are sick, what is causing it? How can you put in place interventions if you don't actually know what is causing the problem? Does that make sense?

So the tests. The main bug was *E. coli* O157. A PCR test was available, but everybody in the field knew that it wasn't nearly as good a test as simply culturing the bacteria on a plate because that's well established and has much lower problems with false positives and false negatives. So you have to actually put that in place.

If we're going to be preparing for the next bug, we have to have an ability to get the right experts together and find those right tests based on the evidence. Based on the evidence, not based on what you're reading in the paper, not based [on] what your sister-in-law says, but on the actual evidence.

And as a community, the people need to understand this: Politicians will not do this for us. Pharma will not do this for us. The church will not do this for us. We have to do it. And that means we the people have to understand this stuff—or we are done. Because we have to build an accountability for it and it has to be done community by community. There's nobody out there that's going to fix this for us.

You bring together the right literature. So that means the team comes together once a week. They start looking at the problem. They start going, "Okay, what's known about this in the literature?" They bring in the proper literature and it's all stored in one place. If you do that, then you don't get alternative sides hurling their literature over the ramparts to attack the other person. It's all in one place and it's transparent, under transparent leadership.

[00:15:00]

You have to bring the data and the papers together. This is critical stuff. Whether or not to vaccinate is critical, but without this, it will be impossible to determine whether to vaccinate and it'll be impossible to get consensus on what to do about vaccination.

That's what happened during this thing. It was primarily a leadership and management debacle, where I consider all of us to be complicit. Because we're members of the public and we didn't see this coming and we bought into a system, which some of us are not buying into any more. But we were complicit in allowing this to take place.

No more. It's about leadership. All of us have to take leadership—personally. And that means we have to understand how this works or we're potentially dead.

Very briefly, as you bring a leadership team together and you have proper tests, you can start testing people in the community. And then you can find out who's actually sick, who's actually dying. Not sick with *E. coli*, but sick due to *E. coli*. This is critical. And actually infected—not a false positive. You start building out that as a series of spreadsheets with

actual people's names. This is exactly what we did in Walkerton and this is the kind of thing that must be done in— We have to be prepared for this for the next pandemic.

Then we start asking people about what are called "risk factors." We simply question them about—Did you drink the water? Did you play in a swimming pool? Did you squirt water with a squirt gun at your brother? Did you eat hamburger? Did you pet a calf? All of that data, hundreds and hundreds of variables, all went into a coherent database that was shared with the whole leadership team, which represented all the key stakeholders.

With that in place then they just— Our team simply started doing some simple correlations. They found, "Oh look, being actually infected with *E. coli* is correlated with 15 measures of exposure to the water." But it wasn't correlated with drinking bottled water, or swimming in a swimming pool in a neighbouring county. People are, "Okay, this is definitely looking like the water."

Then some things came up like, well, it seems that eating hamburger is a minor risk factor for this. And so is having a kid in daycare. Then what happens— And again, you never saw in this thing, although it's basic, basic stuff at the health unit level to run those associations, they're called attack rate tables. They all know it. I can tell you right now they're running out foodborne disease outbreaks and they're doing those things. But they never did it with COVID. Why is another question. But anyway, we have to now start having these things done.

Then they did a multivariable model where they put all this stuff into a big model, and the only one that came up positive was the water. Now they knew that it was the water. You can't possibly manage something like Walkerton if you don't know where it's coming from. There's no point in guessing that it's coming from a cow or that it's person-to-person and then putting in place an *E. coli* vaccine program or something ridiculous. If you follow the steps—starting with a leadership team and then collecting the right data and doing the analysis—all the things fall out into place.

Briefly, in Ontario certainly a huge deal was made about using predictive spreadsheet modelling. I'm an epidemiologist. I have a PhD in this. Spreadsheet models are good for some things. They are not very good at all for predictive modelling of infectious diseases where we know nothing about the disease or the risk factors. This movement to using spreadsheet models as predictors, it's just— Like, this is actually a first-year epidemiology undergraduate exam question.

Disinformation, there was lots of misinformation. People lied. There were lawsuits.

The interventions. Once we could tell what it was,

[00:20:00]

we didn't have to run around and try and fix up daycares and stop you from touching cows. The medical officer just put in a boil water order. The cases went down. Then we put in place more of this epidemiology and we found out the exact—analytically, where it was coming from. Then they shut down the well. It was over.

Communications, the fourth pillar. Everybody who runs outbreaks knows that communication has to be complete; it has to be correct; it has to be transparent. This is all in textbooks. This is all in the PHAC field epidemiology training program. That's where I learned it from some of the best in the world. It has to be multidirectional by everybody.

Might Walkerton have descended into chaos? Absolutely. It could have been just an utter debacle. Why wasn't it? Proper leadership by people who understand the pillars of outbreak response.

It's literally like if you had your grandmother in the kitchen and a bunch of the neighbours came together in the family and said, "We think she needs brain surgery." They're starting to say, "Well, anybody know anything about brain surgery?" "Well, I watched it on TV once. I think we should just start opening up her head." A brain surgeon is actually in the room and he says, or she says, "I don't think that's a good idea." That's what the pillars of outbreak response are. This is why people need to understand this.

COVID? I would just go, "every pillar was violated, every single one, by people who know better."

The details matter. It doesn't count to say some leadership meetings happened, some data were collected, some interventions were tried, some communications happened. The pillars only work when they're done properly by people that know what they're doing. With a proper leadership team for something like COVID—of course vaccination as an option comes onto the table, but it's managed coherently based on the risk factor data. And then it's implemented with a coherent team that includes not just vaccine proponents but other people who know a bunch of stuff about vaccines.

Kassy Baker
I just wanted to let everyone know that we do have a hard stop at noon today, which gives us ten more minutes. I'm sure that we'll have some questions that— I just want to make sure we save a bit of room for the commissioners. Thank you.

Dr. Jeff Wilson
In the interest of brevity, the question then becomes: Can you run something as big as COVID like we ran Walkerton?

I'm here to say, the main difference between Walkerton and COVID is the size. It's the number of people. When you have something that's big, all manner of opportunities for confusion, malfeasance, gaming the system, fear, and whatnot come into play.

What you need to do then is to actually have a way to bring the people of Canada together. Starting with groups like this but also like-minded people within the public health system, the academic system, and members of the public. You might go, "Well, that sounds like a hard thing. How are we going to bring everybody together?" It is a hard thing and it's a new thing, but it's absolutely essential. In Walkerton, we brought a hundred people together to manage this. In Canada, we've got thousands to help millions.

What our company did was: After watching things like Walkerton and working as a pharmaceutical consultant and an academic and a whole bunch of other stuff, I realized that our primary problem is that all the easy problems are solved. We know how to chlorinate the drinking water. What remains are wicked problems. They're complex. And to solve them, you need to bring together a lot of stakeholders.

What we did was we developed a process, which is part business process, part social psychology, to bring people together coherently to solve these problems. We call it CNI

[Community Network Integration]. I've been working on this with our team and multiple networks across Canada like Kyle alluded to.

[00:25:00]

To start showing people how to do this. One of those, as Kyle mentioned, is the avian influenza network. Now you might say, what does avian influenza have to do with COVID? Well, let's think. What might be the thing? Well, it might be the next pandemic, right?

What I discovered was that I could start bringing together the— I've already begun, and our team is going to bring together the public health people to solve things like COVID.

But COVID is so triggering for people, if I go to the mayor of Guelph or the head of the poultry association and say "COVID," the word makes them go apoplectic. What we did was we said, "What issues would you like to work on?" Because I know a lot of people in the poultry network and I could see it's very parallel to solving COVID. They said, "We want to work on avian influenza." It turns out, now, we've brought together most of the major players across Canada in that network. It's solving a chicken disease problem, but it's also a potential public health problem. Everything that I described that we did in Walkerton, we have the leadership teams coming together. We have the data frameworks coming together. We have the initial pilot projects. We even have ways to fund it through industry, through crowd funding, because we're setting it up so it actually makes money. We even have pharma as part of it—but they're on a tight leash—and they're funding it.

I wanted people to see this is very real. This is the kind of thing that— Theresa Tam, who I know quite well, connected me to Howard Njoo. PHAC is now a part of this because they want to bring in and understand better how to manage outbreaks.

Kassy Baker
Sorry, just on that note, we have three minutes left. I think I have to—

Dr. Jeff Wilson
It's all good. If there are any questions, I'd be happy to answer them.

Kassy Baker
Very good. Do we have any questions? Okay. We have one.

Dr. Jeff Wilson
And I apologize for my stridency, but anyway—

Commissioner Massie
Yeah, I have a couple of question which— I really like your model. I think it can work except for the one variable which is very difficult, which is the human element. And I'm going to bring something that was mentioned by many other witnesses at this Commission, which is the conflicts of interest that really corrupt a well-functioning or well-intended process. Because people that are at the table—that have some expertise and knowledge that can contribute—are trying to move the agenda towards what they would want to see

for their own benefit. So how do you ensure that the conflict of interest of such a fantastic network is not going to be derailing the network?

Dr. Jeff Wilson
I'll try to give a brief answer. There's a few moving parts to it.

With the poultry network, for example, what we did was we decided we're running this network. It's going to be collaborative and transparent, and we simply will not allow conflict of interest—there's always some, but significant conflict of interest—in the network. I simply started connecting to people across the network—so people in public health, animal health—and I told them, "Here's what we're doing." I said, "You know how this avian influenza thing is a big problem and we're only going to solve it if we come together." And I brought together, to begin with, the people who psychologically don't like to do conflict of interest. We started at that point, but some of them are major players in the industry and in public health. They all said, this is exactly like you're saying: "Jeff, this is a good idea. We have to stop this."

The first step was, we simply named it as part of the leadership framework: "Everything here will be transparent—excluding, you know, proprietary secrets that are legitimate. It's all going to be transparent and we simply won't allow— We love you dearly, but we're not going to allow backstabbing, cheating, lying, stealing, or any of that stuff."

And you know what people said? They said, "Excellent,

[00:30:00]

what an amazing idea."

And then we started building it out from there. So I broached people in pharma. I've worked in the pharmaceutical industry for years. There are really good people in pharma and there are really bad people in pharma. I reached out to a bunch of them who I know are good people and I explained what we're doing. And they said, "Excellent. Finally, someone who's disrupting all the malfeasance across our industry, including from pharma."

Now they like that. And they also can see they can be part of a network which will help with their sales, for example, but only if they are transparent and actually work to contribute to the whole. And you might go, "Why would that work?" I'd say, "Come join our poultry network and I'll show you." And I'm quite serious.

Commissioner Massie
My second question, which I think you illustrate in your model at Walkerton, I think it's a very nice illustration. Because we had other people at the testimony that were talking about this whole notion of epidemic versus pandemic.

And the question was: Given the environment, the complexity of the environment, the territory, the people there, and all of the encounters of—in the case of COVID—the respiratory virus, how can we propose a one-size-fits-all model top-down?

Dr. Jeff Wilson
You can't. It makes no sense.

Commissioner Massie
And why is it that we've been trapped in that mindset?

Dr. Jeff Wilson
Mass stupidity, I would say. I'm being irreverent obviously; there's different names for it. But I kind of think the level of fear and greed and just overwhelm came to the point where it normalized highly dysfunctional destructive behaviour, which is now threatening to take down pharma. And the federal government.

Is that helpful at all?

Shawn Buckley
Commissioners, I'm sorry to interrupt, but because we have to vacate this room at six o'clock and the schedule that we have— You'll see that with every witness, we've been really tight on the timeline. I had to apologize to Dr. Shoemaker, I apologize to you.

I'm going to suggest that we do take a lunch break but a truncated one for 35 minutes. And commence early. Because some of the estimates on our witness schedule you'll see are not very optimistic and we have a hard stop. And we want to protect those closing statements from several people. So I'm going to adjourn us to 12:35.

[00:32:48]

***Final Review and Approval:** Jodi Bruhn, September 6, 2023.*

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

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

NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Witness 5: Dr. Daniel Nagase
Full Day 3 Timestamp: 04:29:20–05:02:20
Source URL: https://rumble.com/v2ood6q-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Wayne Lenhardt
Hello, Dr. Nagase. Good afternoon. Can you hear me?

Dr. Daniel Nagase
Yes, I can hear you clearly. Thank you for having me on.

Wayne Lenhardt
I can hear you as well. First of all, if you could spell your full name, I'll do an oath with you.

Dr. Daniel Nagase
I'm Dr. Daniel Nagase. D-A-N-I-E-L N-A-G-A-S-E, all rights reserved.

Wayne Lenhardt
Do you do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony today?

Dr. Daniel Nagase
I promise to speak only the truth.

Wayne Lenhardt
Thank you. Okay, Dr. Nagase, I gather you have some slides today. You're a bit of a hard person to get a hold of on the telephone. I know that you're going to deal with censorship today and not much else.

If you could give us a snapshot of what you're going to talk about today and then we'll let you launch into your presentation.

Dr. Daniel Nagase
I don't have any slides actually for today. The reason is I'm dealing mainly with patient medical records, which wouldn't be appropriate to put online. But I will be speaking to facts documented in medical records and perceptions of what has happened to me in my medical practice.

I graduated from medical school in 2004. I'm 47 years old and I was an emergency doctor for my entire medical career. And in the course of treating three elderly patients who were critically ill in Rimbey Hospital in northwestern Alberta, I decided that the balance of benefits and risks favoured trying ivermectin to help with their COVID pneumonia.

All three elderly patients were critically ill. And from my emergency experience, they were about four to six hours away from needing mechanical ventilation. That is, they were failing to get enough oxygen into their lungs by breathing using their normal respiratory muscle. So doing everything possible, I gave the patients ivermectin and hydroxychloroquine, vitamin D, zinc. And I gave them standard therapy for viral pneumonia, which is bronchodilators such as Ventolin and Flovent and nebulized medications. Also, for the patients that seem to have fluid overload in the lungs, I also gave them a diuretic to help remove the fluid to help improve their oxygenation.

Less than 18 hours after receiving ivermectin, these patients made a remarkable clinical turnaround. Now again: this is based on data that had been published throughout 2020 and 2021 because this was September 11th, 2021 that I treated these patients with ivermectin. The scientific data was abundant.

The next day I was removed from my medical duties as the ER doctor on call in Rimbey Hospital in Alberta. All the work I had scheduled for the rest of the year was rescheduled and I was left without work for the rest of 2021. For a further shift in 2022, Alberta Health Services refused to schedule me for any further shift.

Furthermore, the Director of the Central Zone in Alberta—so the Central Zone of Alberta Health Services—Dr. Jennifer Bestard, filed a complaint with the Alberta College against me because I had successfully treated three patients who recovered from COVID pneumonia following my treatment with ivermectin and hydroxychloroquine. And her complaint to the College [of Physicians and Surgeons of Alberta] was that I had used a medication that I was not supposed to use, despite the medical and scientific evidence showing its immense benefit in the treatment of COVID-19 pneumonia.

So subsequent to the complaint initiated by Alberta Health Services, the Alberta College investigated me and put restrictions on my practice. These restrictions that the Alberta College put—allegedly for patient safety—was that I was not supposed to treat anyone with COVID or suspected COVID. So given that the symptoms of COVID pneumonia or COVID illness can be anything from a belly ache to a cough,

[00:05:00]

that effectively ended my ability to practise emergency medicine within the province of Alberta. However, at that time I still did hold a British Columbia medical licence. However, a month and a half later the British Columbia College [College of Physicians and Surgeons of BC] investigated me in spite of the fact that I had not taken care of any patients in BC for years. And they took action that they suspended my British Columbia medical licence, allegedly for being out of province.

Wayne Lenhardt
Can I stop you for a minute, Dr. Nagase? Ivermectin and hydroxychloroquine have been used in various parts of the world in order to treat this type of an illness for some time, have they not?

Dr. Daniel Nagase
Yes, they have. This was September 2021, so these medications had been used for over a year in the treatment of COVID pneumonia.

Wayne Lenhardt
So you used them successfully and what you got in return was an investigation by your college. Is that—

Dr. Daniel Nagase
And although Alberta Health Services refused to state that they fired me, effectively they did fire me by refusing to allow me to pick up extra shifts in the emergency department and cancelling all the shifts that I had scheduled to effectively leave me without work.

And in order to put a roadblock in my ability to work further, they filed a complaint with the Alberta College and the Alberta College placed restrictions on my practice, basically making it impossible for me to work as an emergency doctor—

Wayne Lenhardt
Okay.

Dr. Daniel Nagase
Any patient that I saw could not be treated by me if they had any symptoms of COVID or even a bellyache, for example.

Now I tried to push the issue with the Alberta College of Physicians and said this restriction they put on my practice—that I'm not allowed to see any patient with COVID or suspected COVID—would be a violation of the *Canadian Human Rights Act* because they would be forcing me to discriminate against my patients based on their illness.

The Alberta College had no response to that and they maintained their restriction. They refused to acknowledge that by placing a restriction on my medical licence, forcing me to **discriminate against people, they were in violation of the *Canadian Human Rights Act* from 1976 I believe, if I'm quoting the date correctly. So again, a gross violation but the medical college here in Alberta has no qualm—and to this date has not been reprimanded for—violating the *Canadian Human Rights Act* by trying to force me to discriminate against patients.**

Wayne Lenhardt
What was the reason that they gave for preventing you from using ivermectin and hydroxychloroquine? Was it that there was something wrong with your treatment protocols or what?

Dr. Daniel Nagase
No, they offered no explanation other than their policy that ivermectin was not to be used in the treatment of COVID. And this was a policy that they published shortly after I had successfully treated the three elderly patients in Rimbey. So I believe this policy came out in October of 2021 and shortly thereafter, British Columbia came up with the same policy.

So then because I had not treated any patients in British Columbia, the British Columbian College could not suspend me for any patient work that I did. In fact, they suspended me allegedly for the reason that I was out of the province for too long.

Since my college licence was suspended in BC and restricted to the point of being unable to work in Alberta, I did not renew my Alberta or British Columbia licence, as the cost would have been significant to try and renew both licences. Shortly after not renewing my licence in British Columbia with the College of Physicians and Surgeons of BC, the College of Physicians and Surgeons of BC sent me a demand letter that I must renew my licence even though it was suspended or face a penalty of $100 a month.

[00:10:00]

I said, "Well, that would be certainly a first that a membership organization can charge a penalty for not renewing membership." It seemed absolutely ludicrous. But the BC College insisted that if I wanted to not be charged a $100 per month penalty for not renewing my suspended BC licence, I would have to resign or retire from the BC College. So I filled out their resignation and retirement form.

However, about eight months after my retirement and resignation, the British Columbia College served me with a disciplinary notice. They were initiating a disciplinary proceeding against me because I had made a speech on December 9th, 2021 warning about the dangers of mRNA injection and the safety of ivermectin in the treatment of COVID-19 illnesses.

Because of the content of a public speech I made, the British Columbia College, even though I no longer held the licence—I had retired from the college—was pursuing for disciplinary action. Under the British Columbia *Health Professions Act*, if I fail to attend a disciplinary hearing for a college for which I am no longer a member, the British Columbia College of Physicians and Surgeons can apply to the Supreme Court of BC to have me confined for contempt. That's written into the legislation in BC.

So I attended their hearing. Ironically enough, when I submitted my evidence to the British Columbia College explaining the justifications for the statements I made publicly, the British Columbia College of Physicians and Surgeons wanted an adjournment to the hearing that they had scheduled—from February 21 to 24th of this year. I said to the BC College, **"Adjournment is refused. If you don't have the evidence in February of 2023 that any of my statements from December of 2021, a year and a half prior, are in any way incorrect, then you can't— I refuse an adjournment. I'm not going to give you guys another six months to try and dig up evidence, or try and make up evidence, that any of my statements were factually inaccurate."**

Every statement I made in December of 2021 during that public speech in Victoria, BC turned out to be true. I refused adjournment. The British Columbia College disciplinary committee declined to show up at their own disciplinary hearing. So I conducted the disciplinary hearing without them, hosted online publicly as per the BC *Health Professions Act*. And public record already exists now for that disciplinary hearing for which I refused

adjournment. Yet the British Columbia College is still trying to reschedule another hearing, in spite of the fact they failed to show up to their first hearing.

So these are the— This is the cancel culture. This is the rotten, corrupt actions of these regulatory bodies, both the BC College and the Alberta College.

But one of the things more important to my heart— Because from my own personal perspective, I really don't like to dwell on my own personal grievances. Because when I look at the awful treatment, the criminal negligence, and perhaps even worse than criminal negligence that patients have suffered—patients who have died because of COVID hysteria from medical professionals—these people have suffered far worse.

And the two cases I wanted to touch on today was one case of a 47-year-old father of five who was transferred to Edmonton hospital, the University of Alberta. So one of only two university hospitals in Alberta: one is the University of Calgary, one is the University of Alberta in Edmonton. And the emergency doctor, without any medical reason— And I poured through this patient's medical record for hours looking for some, any indication why a 47-year-old with no prior lung problem,

[00:15:00]

with oxygen saturations of 93 per cent throughout the airplane transfer flight before being sent to Edmonton. And while in the emergency department in Edmonton, this patient was awake, alert, responsive, with pre-physical signs of having enough oxygen to sustain all the normal activities of life. And yet for some reason Dr. Craig Domke—and I named his name because his name needs to be mentioned—put this healthy 47-year-old, whose only medical issue was that he was suffering from a COVID-19 pneumonia. Stable vital signs, adequate oxygenation, Dr. Craig Domke put him on a ventilator.

And this was in November of 2021, after there was almost two entire years of evidence showing that ventilators caused harm in COVID pneumonia. Therefore, unless somebody had inadequate oxygenation there is no reason to put someone on a ventilator, which in most cases according to the scientific evidence, hastened the decline and deterioration of patients with COVID pneumonia.

Yet that wasn't the end of it. After the patient was put on a ventilator for no medical reason, an infectious diseases specialist from the University of Alberta—this is the ivory tower of medicine in Alberta— Dr. Brittany Kula put this 47-year-old man on a medication called baricitinib, a medication that is no longer used by rheumatologists because it has such deadly side effects of blood clots. This medication was originally developed to reduce inflammation in the lung that some rheumatoid arthritis patients get. For some reason, this subspecialist of internal medicine, Brittany Kula, put this patient on baricitinib for no medical indication.

The patient had stable oxygenation before being put on a ventilator. And while the patient was on the ventilator in the emergency department, his oxygen saturation remained stable. If this doctor had literally done nothing, this patient would probably still be alive today. A day after being taken off the ventilator, five days after starting baricitinib, this 47-year-old without any prior lung problem died. And the autopsy shows massive bilateral—that is both sides—blood clots in his lung: the exact black box warning that is on the medication, baricitinib.

From my perspective, if multiple individuals—the emergency doctor, Craig Domke and the infectious diseases doctor, Dr. Brittany Kula—took action that hastened, that resulted in, the death of a patient, and they had no medical reason to start the medication baricitinib or put the patient on a ventilator? To me, that appears to be a homicide. Yet as far as I last checked on the Alberta Health Services website, neither Alberta Health Services nor the Alberta College is investigating either of these two doctors in the death of a healthy 47-year-old patient. Yet I have been put through the wringer—being investigated by Alberta Health Services and the Alberta College—and all three of my patients survived.

Where is the justice in that? Individuals calling themselves doctors working in the ivory towers of medicine take actions that result in death, no investigation? But you save three lives and you get investigated and run out of the medical system? It's as if this public health care system that I've known for my entire life has turned into a death care system.

But the criminality does not end there. That's just one example in Alberta. In British Columbia, the head of ICU in Trail Hospital in BC, Dr. Peachell: Seven days after a 69-year-old woman

[00:20:00]

recovered from COVID pneumonia, she was seven days off of a ventilator. Remarkably, she survived COVID pneumonia despite being on a ventilator. Was put on a T-piece, which is one of the recovery surgeries where they have you breathing through a little port in your neck that they put in any situation where a patient needs extended mechanical ventilation. This patient recovered to the point where she was off the ventilator completely for seven days. Dr. Peachell then orders the patient to get the Pfizer mRNA injection. This is with the background knowledge of an internal medicine specialist who is the head of internal medicine at Trail Hospital.

Every family doctor, every medical student even, knows: You never give any vaccination while a patient is still ill. This patient was less than a week off of a mechanical ventilator and the head of ICU orders an mRNA injection for COVID-19.

Four days after ordering this deadly injection, the doctor, Dr. Peachell, makes a verbal order to the nurse to remove COVID-19 vaccination from the medication administration record. Unless I had seen this medical record with my own eyes, I would not believe that any doctor would be so criminal as to try and forge and remove a medical record that showed evidence of deliberate harm to a patient who just recovered from a ventilator.

Later that week, the patient died. As far as I know, Dr. Peachell in British Columbia, head of the ICU, still has his British Columbia medical licence and is practising.

Wayne Lenhardt
Okay, I think at this point I'm going to ask the commissioners if they have any questions of the doctor.

Yeah, Ken.

Commissioner Drysdale
Good afternoon. If I understand your testimony correctly, you had three elderly patients and you administered a protocol for COVID-19 and each and every one of those three patients got well and survived. Is that correct?

Dr. Daniel Nagase
That's correct. I had to supply the ivermectin to the patients because Alberta Health Services refused to dispense ivermectin to the patients. So I had to supply the patients directly for themselves so they could take the medication on their own, as nurses in the hospital refused to administer the medication and do their job.

Commissioner Drysdale
And those patients— Prior to your treatment you said they were probably a few hours or days away from having to go on a mechanical ventilator. Is that also correct?

Dr. Daniel Nagase
In my emergency department knowledge and having examined and listened to their lungs, they were approximately four hours away from needing life support: that is, having a mechanical ventilator try and put enough oxygen into their lungs because they were not able to get enough oxygen into their lungs through laboured breathing, through their own—

Commissioner Drysdale
So you were— And I apologize for kind of jumping in, we're on a tight schedule I'm told. And you were punished for doing that.

Dr. Daniel Nagase
Yes.

Commissioner Drysdale
We seem to have a lot of testimony from Alberta.

And have you got any commentary on the lady that testified here in the last several days? She was waiting for a transplant, which I'm not allowed to say what it was, but she's waiting for a transplant in Alberta. And the doctor— The hospital is refusing to give that lifesaving transplant unless she takes the COVID-19 vaccine. And not having that transplant is likely going to result in her death.

Can you comment or contrast that to what you've gone through?

[00:25:00]

Dr. Daniel Nagase
From what I've witnessed reading medical charts of patients, it is a consistent—I have no other word to describe it other than "criminality" or "homicidality." These injections are

known to be unsafe, known to have deadly side effects. And to try and coerce a patient, "Take one deadly medication, or die," that's criminal. I have no other way to describe it.

For the head of an ICU to give a patient a substance that— Every medical student, you should never give any vaccination when a patient is still recovering from an illness. And to deliberately do so with foreknowledge and then to try and tell a nurse to remove the record of COVID-19 injection from a patient who already has COVID-19 antibodies and is still in the recovery phase, and then the patient dying? That is criminal.

For an emergency doctor— I don't care how tired an emergency doctor is at 2 a.m. If a patient is talking to you and has oxygen saturations of 93 per cent, you leave them alone. You say, "I'm going to come back and check on you in half an hour, while I see all the other emergency patients to make sure no one else in the department is critically ill or dying." The number of times I have put somebody on a mechanical ventilator who is able to speak a full sentence in my entire career is zero.

And the doctor, Craig Domke, in his own emergency department note, says a time out was made for a compassionate phone call to the patient's family. So I talk to the patient's wife. Yeah, the doctor didn't call the wife. The patient himself called the wife. And his last words to his wife was, "They are putting me under," all spoken in one breath. Anyone who can speak a full sentence in one breath does not need a mechanical ventilator. And yet that's exactly what Craig Domke did.

And once the patient was paralyzed, on a ventilator, unable to refuse a dangerous experimental medication, baricitinib, Dr. Brittany Kula, infectious diseases specialist at the University of Alberta in Edmonton, comes along and orders baricitinib. And guess what? Five days later, the patient is dead from the exact black box warning for baricitinib.

Commissioner Drysdale
I just want to—

Dr. Daniel Nagase
I only have one description for this type of behaviour.

Commissioner Drysdale
I only have a minute or so left. My next question has to do with informed consent. Is it permissible under informed consent to withhold treatment in order to get the patient to agree to a different procedure? In other words, can you say, "I will not give you this operation unless you do XYZ," unrelated to that operation?

Dr. Daniel Nagase
Well, I'd go one step higher than informed consent. That's just unethical. It's completely immoral. I know people get fixated on catch terms in ethics like "informed consent." The CMA [Canadian Medical Association] Code of Ethics is pages and pages of, I hate to say it, drivel. Ethics is simply morality. There's no such thing as medical ethics. There's just ethics, based on morality, which is based on reason, which is based on humanity.

There's no different ethics for medicine and a different ethics in a church. All ethics is based on humanity. And to say that, "Well, informed consent is a special subset of ethics," no, that

is wrong. Ethics is simple. It's right versus wrong. And to try and coerce someone upon the threat of death or harm that you aren't going to get this medication to save you unless you take this deadly injection? That is just wrong.

[00:30:00]

And I don't want any party to try and claim, "Well, informed consent was denied." Because by using the term informed consent, it's almost like, "Well, they didn't commit a real crime of coercion, coercion, threat, extortion. Oh, they just made a violation of informed consent."

I'd like us all to get rid of that term and call it for what it is. If it was a thug on the street that said, "Take this cocaine or else I'll shoot you," that's basically what medical doctors have been doing here in Canada in the public health system, getting paid for it, with the mRNA injection.

Let's call it for what it is: an actual crime. Not an informed consent violation, an actual crime.

Commissioner Drysdale
Thank you. Thank you, sir.

Wayne Lenhardt
Are there any other questions from the commissioners? Any more questions? No.

Okay, any last words?

Dr. Daniel Nagase
If I could summarize just briefly, you know, a big concern for me is: How is it that colleagues that I've worked with for years have come to do such awful, unconscionable acts? And as far as my deep soul searching and trying to figure out my colleagues has gone, thus far I've boiled it down to three issues: fear, a lack of reason, and obedience.

And that combination of fear—fear of losing your job, fear of not making enough money in a year—is combined with a lack of reason and this unreasonable blind obedience to hospital administrators and policy that every doctor knows will cause harm to their patients.

And yet between the fear, the obedience, and the complete lack of reason causing a complete lack of morality: this is a deadly triad resulting in the deaths of mothers, fathers, men, and women. And this is— This is unbelievable.

Wayne Lenhardt
We're getting close to our time limit. But yeah, I'll add— One more thing is that I think this is the mark of a profession, where you are able to make an informed decision within your profession without having somebody else tell you exactly how to do it.

Anyway, in any event, thank you for your testimony today on behalf of the National Citizens Coalition [sic]. Thank you again.

Dr. Daniel Nagase
Thank you for having me on.

[00:33:33]

Final Review and Approval: *Jodi Bruhn, September 6, 2023.*

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

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

NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Witness 6: Pascal Najadi
Full Day 3 Timestamp: 05:02:45–05:36:00
Source URL: https://rumble.com/v2ood6q-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Shawn Buckley
Our next witness is joining us virtually, Pascal Najadi. Pascal, can you hear me?

Pascal Najadi
Yes, sir. I can.

Shawn Buckley
Okay, and I can hear and see you. Pascal, can we begin with you stating your full name for the record, spelling your first and last name?

Pascal Najadi
Yes, my name is Pascal Najadi.

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

Pascal Najadi
Yes, I promise to tell the truth, nothing but the truth, so help me God.

Shawn Buckley
Now, I'm going to try and introduce you, but if I don't do you service, please add. Because I want people to appreciate that you kind of have travelled in other circles than most of us.

You are a Swiss-born British citizen, so you have dual citizenship. Your great grand uncle from your mother's side was the president of Switzerland during World War II. His name was Rudolf Minger. You have served in the Swiss Air Force. You were an investment banker

with Merrill Lynch International in New York and London. You were a director on the management board of Dresner Bank AG London and was in charge of advising heads of state and ministers in strategic, advisory, and crisis. The territories were Central Europe, Central Asia, the Russian Federation, the Middle East from Lebanon down to Oman, including Saudi Arabia and the African continent.

Does that fairly introduce you or should we add some more?

Pascal Najadi
No, that's perfectly fine. Thank you very much, sir.

Shawn Buckley
Okay. And again I just wanted, because there'll be people watching you online and there'll be people here that won't know your background. And you're testifying from Switzerland today.

Pascal Najadi
That is correct, yes. This is from Switzerland, live.

Shawn Buckley
Now, I wanted to start because you have a personal story to share concerning the COVID-19 vaccine. And so if you want to share that with us and then we'll move on to some of the legal activities you've been involved with.

Pascal Najadi
Okay. Sir, if I could just ask you the time maybe that I have please.

Shawn Buckley
Oh, so we've got 45 minutes.

Pascal Najadi
Okay, wonderful.

Shawn Buckley
Yeah. So actually, take your time. Because, like I say, there will be many people that are not familiar with your story.

Pascal Najadi
Sure. Thank you, sir. Well, first of all, I'd like to say the following, if I may, as an intro. I would say dear honourable judges, experts of the National Citizens Inquiry, dear ladies and gentlemen, dear supporters, friends, and colleagues, and victims of COVID-19 vaccinations from Canada and around the world: I greet you all warmly from Switzerland. It's a great honour for me to give you my testimony here today.

Before I start, I wish to share with you my thoughts and essence about this genocide of Biblical dimensions against humanity—

Shawn Buckley
Pascal, can I interrupt you a little bit? Is it okay if we not read and we just have more of a dialogue?

Pascal Najadi
Sure.

Shawn Buckley
Yeah, because it's just we're in a format where, you know, it truly is testimony. Some people get uncomfortable with that, but I know when we've spoken in person that you're very animated and very good at communicating.

Pascal Najadi
Sure. Sorry, I just wanted to greet everybody. And the personal story is the following.

Like many people, unfortunately billions, I trusted my Minister of Health, the Swiss Minister of Health, Mr. Alain Berset—who is now also President and still Minister of Health of Switzerland—when he came on board after the psyops started, showing people dying and people on ventilators in hospitals; saying that there is good news, that there is a vaccine coming, and it's safe, it is tested like any other vaccine, and it's effective.

And we then got introduced and pushed into a vaccine mandate with a QR code on the telephone, whereby people with a vaccination—or with an injection, I dare say—got the QR code, the green pass, to go and have a normal life. Whereas the un-injected people were discriminated [against] and many of them in some companies lost their jobs, like the pilots or cabin crew of Swiss International Airlines that were not agreeable to get injected with an experimental substance.

[00:05:00]

The consequence was that me and my family—my mother included, she's 81—agreed to the injections. We got three times Pfizer mRNA into our bodies. And we did not, at that moment, have any second thoughts. Because again, the whole system—all multilateral channels of communication by the government, by the media mainstream—were saying, **"You must vaccinate; you must protect others and yourself; it's good; it's effective; it's tested."**

The shock I got was on the 10th of October 2022, when Janine Small, a senior manager of Pfizer Inc., was called into the European Parliament and had to testify and had to answer questions to parliamentarians. One—I believe he was a Dutch parliamentarian—asked a very simple question. He said, "Mrs. Small, could you please give me a direct answer, a yes or a no: Did you test the vaccine before you went to market?"

He switched off the microphone and then the lady said, "Of course not, we had to go with the speed of science." So—

Shawn Buckley
Now, can I just interject because I think— That's a pretty famous video and I think you just inadvertently left out— She was being asked, if I remember it correctly, whether or not they tested it for transmission, whether it would protect against transmission.

Pascal Najadi
The end points, so the end points: immunity and transmission. Correct.

Shawn Buckley
Right. So how did that affect you? Because you had three shots and you're watching her basically say it wasn't tested for that.

Pascal Najadi
Yes, for me it was clear. What she was telling me was, "The stuff doesn't work." Okay. Then I got worried. I start to calculate in my head that I have something experimental here. What was the purpose of it, I didn't know.

I went straight through the messages of the Swiss Ministry of Health. I didn't go to newspaper reports. I went backwards in communication statements given to us by the Ministry of Health.

First, I started December 2020. The video's still there. Alain Berset saying, "We have a vaccine, it's safe, it's effective, and it's tested like any other vaccine according to the Swiss regulator's standard." Then I went on and on where the same message was "safe, effective, vaccinate, safe, effective." And then I came to the official press conference, which is still in the website of the Ministry of Health, where Dr. Virginie Masserey, the Director of Infection Control of the Swiss Ministry of Health, Public Health said— That was the 3rd of August, 2021, she said—end of July, I believe it was the 26th of July, 2021—they received a report from CDC of the United States saying that vaccinated people transmit the virus as easy and often as unvaccinated people.

Then a journalist interjected in the press room—it's all on video—and said, "Dr. Masserey, can you confirm this? Is this really true?" And she said—it was in French she replied—she said, "Yes, vaccinated people transmit as easily and often as unvaccinated people." So I made a note. That was 3rd of August 2021.

I went on towards my time, towards the present time. And on the 27th of October 2021, a few weeks before the COVID law of Switzerland was going for public vote to be prolonged or not, the Swiss Minister of Health, Alain Berset, on primetime live national TV, Channel One, said: "With the certificate," means you are injected, "you can be sure that you are not contagious." Okay, so I made a note.

There were lies in the room. Now who was lying? Was it the CDC of the United States and Dr. Masserey and the experts of the Ministry of Health? Or was it the Minister of Health himself trying to promote the COVID law with the Swiss voters? I didn't know.

[00:10:00]

I took the consequences: I went to the Swiss police in my city and I went to file criminal charges against Alain Berset. It was the 2nd of December 2022 when I filed, at the police

station, the police report for criminal charges for Article 312 of the Swiss criminal code: "Abuse of office." Because clearly, I wanted this to be investigated. How come a Minister of Health, who is in charge of eight million people in the country, claims that it protects when his own Director of Infection Control, three months earlier, and the United States said that it does not protect?

This criminal charge report went to the state level—we have cantons like you have provinces or states in the United States—went on that prosecution level for about seven days. And then it ascended to the federal prosecution level, where federal prosecutor Nils Ekman confirmed to me in writing that he has given me a case number, in writing of course, and that he is in charge of these criminal charges to be investigated: whether or not they will open a procedure against Alain Berset—by then become president, in January 2023, of Switzerland.

He also asked me to supply him with more evidence or more causality regarding my own consequences. Unfortunately, I had to supply to him my blood reports. I had my own blood, six vials, taken in early March by my doctor, Dr. Weikl. And we transported them within 48 hours to the special laboratory of Professor Dr. Brigitte König in Magdeburg, Germany. She has established the most modern lab process to find out what the damage is of these mRNA injections. And three vials for evidence went, or are now still in cryonic freezing, and three vials were used for the lab tests in the laboratory.

The results are devastating because the nanolipids are the packaging of both Moderna and Pfizer mRNA. The nanolipids are toxic. You can Google that. They are synthetic; you can buy them; they are traded for laboratory, for tests for research. And they're labelled, 'Toxic, Not for Human Use or Animal Use." Clear. So we have a toxin already in the packaging. Every shot delivers about 15 billion nanolipids into your body. They are charged positively electrically; the blood cells of your body are negatively charged. What happens, the nanolipids shoot into your blood cell, go inside, and destroy your energy system.

Professor Dr. Bhakdi, who many of you know worldwide, one of the leading experts, made me the expert report—unfortunately, reading 10 pages of complicated laboratory language which I don't even understand—and concluded that I have lost at least 20 years of my life. And that the nanolipids have done the first damage: three shots cumulative 15 billion or 20 billion each, between 50 and 60 billion nanolipids hitting my blood cells. We unfortunately also determined one year and three months after the last shot that I still have 183 MPO [myeloperoxidase] per millilitre of my blood, of spike proteins running through the body, attacking my organs and systems.

Shawn Buckley
I just want to slow down to make sure that people understand. So how many years of your life did Dr. Bhakdi predict you're likely to have lost?

Pascal Najadi
Twenty.

Shawn Buckley
Twenty. And one year and three months after your last injection, they're finding spike protein circulating in your blood.

And I'll just let both the commissioners and those watching your testimony know that you've consented to your medical records forming part of this record. And so the report on your blood with spike protein is now Exhibit OT-3c and the letter from Dr. Bhakdi is OT-3a. And thank you for consenting to that. Because it verifies what you're saying and I think it's important for people to realize,

[00:15:00]

your body is still obviously manufacturing or retaining spike protein after 15 months.

Pascal Najadi
Yes. The regulators wrote to me by email that it will be gone after three to six weeks. Obviously not. The doctors who have administered those injections have violated the criminal law in Switzerland because they were giving to me injections without informed consent. They should have had a form where they should have read out to me the severe possible consequences or side effects, and on the same page, there should be a line to sign that I understood the above. That would go into a ten-year saving of my medical history. That didn't happen. Therefore, I have also filed criminal charges against the two medical doctors, Swiss medical doctors, that have given me those jabs without informing me.

Shawn Buckley
I'm going to ask you what's happened with that. But we're curious, what did your doctors tell you? I mean, you are telling us for sure they didn't give you informed consent, but do you recall what was said to you when you were vaccinated?

Pascal Najadi
Yeah, it was like in a train station. We had to wait in a tent and then one after the other was going through—green light, red light—into a box. You could sit down. I remember I had a pullover and he said, "Please, you want it here or here?" I said, "here." And I said, "Does it hurt?" He said, "No. Maybe you have a bit of a swelling today or tomorrow but don't worry." And he went on with the disinfectant and the jab was not painful and I was given the pass—no, not the pass. I had to leave the box to go and pick up my vaccination certificate booklet and went out.

Shawn Buckley
Okay, so what happened with— You charged the doctors. Can you share with us what's happened with that?

Pascal Najadi
Okay, so I filed those charges as well as a whole package to the federal prosecutor.

I said, "The whole line is defunct because obviously promoting it as safe and effective for protecting, it was obviously not true by the Minister of Health statement in television." I said, "The doctors didn't ask for informed consent and signature, which they should." I also submitted the lab report and the spike report. And Professor Dr. Bhakdi sent directly, in German, his conclusions.

I've done all the job actually, what the justice should have done. But it then got rejected. All of these three charges got rejected. The federal prosecutor rejected [them] a few weeks ago saying that the Minister actually did publicly, on several occasions, say that it's not quite effective and that it could be dangerous.

Shawn Buckley
I just want to put that into context. So the public prosecutor isn't saying that you're incorrect about him lying publicly on the occasion you complained about, but he didn't break the law on other days, so he's not going to proceed with charges.

Pascal Najadi
Correct.

Shawn Buckley
I used to practise defence law. I'll have to try that on a judge and see how far I get.

Pascal Najadi
Yeah, so the federal prosecutor came back with a different statement. I said, "How come in August 2021, the Director of Infection Control says it doesn't protect and it's not— et cetera? And how come three months later, in October 2021 the Minister says it protects?" That was my point. That was not answered or investigated or anything.

So I've taken a criminal lawyer in Zurich and we have now taken this—filed within the deadline, comfortably fine—to the federal criminal court of Switzerland. And it's now there, where my lawyer has written a piece proving that the entire COVID vaccination policy was a lie and was fake. I mean, wrong. And we are now at that stage.

With the two doctors, we took them to the cantonal—in your case would be provincial—supreme court proving well that informed consent was necessary. Why? The prosecution claimed it was not a poisonous injection;

[00:20:00]

therefore, I should have given these criminal charges within three months after the jab. But if it's a poisonous injection—that's our argument—we have 10 years. And the nanolipids on the packaging, that's clear: nanolipids are toxins. Therefore, it's a toxic injection. Therefore, you know, we will see where this goes now, but it's at the Supreme Court of Lucerne.

Shawn Buckley
It's curious, we had a witness this morning, a Dr. Shoemaker, that was telling us with regards to those lipid nanoparticles that basically a hundred percent of the animals, the mammals, would die in animal testing. So it basically didn't even get to human testing until our current vaccine rollout.

Pascal Najadi
Yeah, I'm not an expert, but that's what Professor Bhakdi told me about the nanolipids. Yes.

Shawn Buckley
Now, you're also involved in a civil lawsuit in the state of New York.

Pascal Najadi
Yeah.

Shawn Buckley
Can you tell us kind of how that came about and what that case is about and how it might apply to us in Canada?

Pascal Najadi
Yes. Well, I got in touch with Ana McCarthy; she's Panamanian American citizen. She's not an attorney, she's not a lawyer, but she studied law. And she has filed two active cases that are now active at the New York State Supreme Court in Manhattan. These are cases 101048/22, filed in November 2022, Ana *McCarthy v. Pfizer, Inc.* New York. And the case I'm involved is case 100197/23, filed on the 6th of March of this year, 2023, at the same court. Both cases are active. The justice assigned is Honourable Justice Lori Sattler.

These cases are very important. Why? Because Ana McCarthy argued, correctly, that actually President Biden's national emergency and vaccination mandate of the 9th of September, 2021 in the United States—that was Order 3414042—was unconstitutional. Because the U.S. Supreme Court has ruled on the 13th of January '22—remember that's the same power like the White House, the U.S. Supreme Court—that under the First Amendment of the United States Constitution, there is exemption for religion. This was not communicated by Biden to his own military and his own people or all of the nations worldwide.

That means there is an exemption: it's religion. Which means you don't have to specify. If you're on American territory or anywhere in the world, the injection—no matter which vaccine—is a U.S.-manufactured, U.S.-patented, U.S. company product, you can say the simple thing: "I don't vaccinate. I am religious." You don't have to say which religion, you don't have to say if you're a priest or not, you just say, "I feel religious." That's fine.

Shawn Buckley
And I just want to slow this down. Because this is important, what you're talking about. Now my understanding is—and this is from an earlier conversation—that by U.S. law, U.S. companies have to obey U.S. law, even abroad. So U.S. companies acting abroad, they can be **subject to court proceedings in the United States.**

Pascal Najadi
They are not allowed to violate U.S. law that prevails at home abroad. Very simple. The United States did not have a nationwide vax mandate which made a two-tiered society between vaxxed and unvaxxed. Yet in my example, Switzerland—I'm Swiss-British—or Britain, Pfizer came to our country, violated those rules by selling their product, making money in a two-tiered or apartheid market, vaxxed/unvaxxed. Already that as well is a violation because in the USA, everybody is the same in front of the law. Okay?

In Switzerland with the COVID law, not. Because if you're not vaxxed, you cannot go to the restaurant. So it's apartheid. If you're vaxxed, you can, you could. They are not allowed to violate U.S. laws abroad.

[00:25:00]

It sounds simple, but it was a lot of work to file. And it only was possible because I'm Swiss and British; I could attach the criminal filing—not the procedure, just the criminal filing in Swiss precedent—to this case, 100197/23. And I was able to attach a ruling that files a loss in London in the administrative court in '22 for frivolous marketing. I could attach that ruling as a British citizen onto the case that we submitted, or she submitted, into the New York State Supreme Court in Manhattan against Pfizer.

Shawn Buckley
Right. And again, I'm just going to try and explain this because I want people to understand. What you're saying is that U.S. companies, so Pfizer acting in Canada is subject to U.S. law, not just Canadian law but, according to the U.S. system, U.S. law. So they can be held liable for violating U.S. law as they act in Canada and so that would require a religious exemption.

And it would also prevent a two-tiered system; you call it an apartheid system and that's quite appropriate, actually: identity papers for the state to grant you privileges to access certain activities. So that's basically why you believe this is an important case.

Pascal Najadi
It's very important.

Shawn Buckley
Yeah, I just, I'm trying to make sure people understand what you're saying.

Pascal Najadi
Yeah, sure. And don't forget, people can also sue the U.S. president now because he did not communicate on the 13th of January 2022 that actually every human being on the planet has a right to say, under the First Amendment of the United States of America, "I don't need to vaccinate."

Shawn Buckley
Right.

Pascal Najadi
One more legal fact. On the 23rd of March of this year, President Biden lost in the Fifth Circuit Court of Appeals of New Orleans. He lost the claim, his claim. He said, "I'm the CEO of the United States of America. Like a company CEO, I have the right to force-vaccinate my employees of the federal agencies." Well, the judges ruled, "No U.S. president has such authority." And they reaffirmed in their decision that on U.S. territory, vaccinations are an exclusive affair between the doctor and the patient. Been ruled on the 23rd of March, 2023, in the Appeals Court of New Orleans. He cannot go to the U.S. Supreme Court with this because he lost already in '21 with the same question at the U.S. Supreme Court.

Shawn Buckley
Which is likely why he lost in New Orleans the second time around. So, okay. Now you were telling me about something happening in Germany regarding their military.

Pascal Najadi
Yeah, the German Ministry of Defence is still force-vaccinating their soldiers and officers. That is obviously in violation of what I just told you. Ana McCarthy has—and I witnessed this call—called the Ministry of Defence a few days ago and has made them aware that they are in violation by using, in our case, Pfizer U.S. product force-vaccinating soldiers, or under vaccination mandate. Ana McCarthy also has issued temporary restraining orders, has notified Pfizer—via their lawyers, Davis Polk in New York—and the judges in New York that the German military is still doing that.

We are now watching every day to see when the German military, the *Bundeswehr*, will stop this illegal activity.

Shawn Buckley
So it's another example of using the U.S. courts to try and influence what is happening in other countries.

Pascal Najadi
Well, it is clear: it's a violation. I mean, it's not just trying to influence. We report them and say, "This is a violation." This is serious. It's not trying to—they have been notified. The TROs [temporary restraining orders] have been issued. They are in force.

We will see, but the German government cannot continue with this. Impossible.

Shawn Buckley
No. And you see, you're describing a procedure that Canadians don't appear to have attempted. We've had a lot of lawyers speak in frustration about our constitutional rights being overlooked during this in court cases, but we haven't actually heard of attempting to use U.S. law to influence what happens in Canada.

[00:30:00]

And that's why I'm kind of going over this again and again, just so that we get to understand that.

Now, you had kind of presented a presentation and I stopped you from reading it. Are there some points that you wanted to cover that I haven't asked you about yet?

Pascal Najadi
No, it was just maybe my closing remarks, but I can wait. I'm here for questions, really.

I've said what I had to say, what I have done, attempted to do, and the Swiss criminal charges are now at the Swiss criminal court and the two Swiss doctors are in the Lucerne Supreme Court. I will update people—you, maybe—as soon as we get more information

through my channels. My Twitter is @najadi4justice and I update and make legal statements there.

Shawn Buckley
And I'll also indicate that some of the court proceedings that you've referred to we've entered as exhibits for the commissioners and the public to access, so that they have a better understanding of what you're referring to [Exhibits OT-3, OT-3a to OT-3g].

I will open you up then to the commissioners, if they have any questions. We're doing decently for time.

Pascal Najadi
Thank you.

Shawn Buckley
No, and the commissioners don't have any questions.

So Pascal did you want to just share briefly some of the remarks that you had for closing?

Pascal Najadi
Yes, I would like to, if I may.

Shawn Buckley
Yes.

Pascal Najadi
I call this The Devil's Rules Explained. But we are battling always that recognition that we have been duped. How do you get someone to admit that they have been duped and triple-injected or double-injected with an mRNA bioweapon substance? How do you get someone to admit that they have been duped into giving these injections to their own children? This psychological trap makes the duped the guardians of the dogma. These, the duped, have been placed in the position of having to lie to themselves in order to maintain psychological equilibrium and avoid harming themselves. This trap of pride makes the Machiavellianism of their crimes, they have been allowed to harm themselves.

This is—for the bad, evil people—the perfect genocide, is perpetrated through the victims themselves. But no, we will break this and obliterate these rules, with strong determination have begun to stop this genocide, promoted by truth. Thank you.

Shawn Buckley
Thank you, Pascal. And Pascal, we really appreciate you. I know you're in a different time zone and you've been very kind to attend.

On behalf of the National Citizens Inquiry, I want to sincerely thank you for participating and sharing this important information with us.

Pascal Najadi
Thank you, sir, and thank you for the Commission and thank you to everybody. Greetings to Canada and all over the world, thank you.

[00:33:15]

Final Review and Approval: *Jodi Bruhn, September 6, 2023.*

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

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

NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Witness 7: Aidan Coulter
Full Day 3 Timestamp: 05:36:21–05:44:10
Source URL: https://rumble.com/v2ood6q-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Wayne Lenhardt
Our next witness is going to be Aidan Coulter. So Aidan, if you could give us your full name and spell it for us, I'll do an oath with you.

Aidan Coulter
Aidan Coulter. So that's A-I-D-A-N C-O-U-L-T-E-R.

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

Aidan Coulter
I promise that the evidence I give today will be the whole truth and nothing but the truth.

Wayne Lenhardt
Okay, we're going to talk for ten minutes about the problems you had when you were about to enroll at Ryerson [University] when the mandates came into place. So you were going to enter your first year, your freshman year, at Ryerson?

Aidan Coulter
Mm-hmm.

Wayne Lenhardt
And that was in the fall of 2021, correct?

Aidan Coulter
Yes, correct.

Wayne Lenhardt
So tell us what happened.

Aidan Coulter
I had applied and gotten an acceptance letter for the Fall of 2021 semester. And then about a week or two before, that would have been July 2021, I received a response back from my application to residency and paying for residency. And they said that in order to attend residency, one would have to be fully vaccinated in order to interact with their peers and the residency community.

I did not have any intention of taking an experimental gene therapy that had at that point been untested. They said there was a form that you could fill out. And that form, ordinarily, would be for a person with a disability who is seeking a human rights accommodation. So I modified that form and sent it to them, saying that they were basically breaking various healthcare laws, so that was the personal private healthcare information act [Ontario's *Personal Health Information Protection Act*], the Nuremberg Code, and the Helsinki Declaration, among others. And saying that this request to have me have an experimental gene therapy was against the law.

They responded back saying that there was nothing that they could do about that, that I had not given them sufficient evidence or sufficient documentation. But by that point, the deadline to apply for residency had passed. I had to find very last-minute co-op housing within the Toronto area to live.

Wayne Lenhardt
And at that point, were you able to go to classes?

Aidan Coulter
Two out of my four classes were promised to be hybrid; these were classes that required a technical component because I was taking film. I was film and visual and media design. So that was film tech and silent film that required a technical component—were promised to be hybrid, meaning that there would be an in-person component. The first day of in-person classes, I attempted to attend being aware that there was a screening requirement, like an app that you had to fill out and also that you would have to test yourself.

Wayne Lenhardt
You completed one semester then, is that right?

Aidan Coulter
Yes, that is correct.

Wayne Lenhardt
And what happened during second semester?

Aidan Coulter
The second semester, or the fall semester: basically, the upshot was that, for the winter, they said that my classes were frozen and they would not provide me with automatically signing me into my coursework for Winter 2022.

Wayne Lenhardt
Okay, so you basically went back home for the second semester because of the situation.

Aidan Coulter
Yes.

Wayne Lenhardt
Okay. After you got back home, how did you fare?

Aidan Coulter
So primarily due to the stress and isolation that was inflicted upon me and not being able to access equipment during the winter and fall semesters, I had an episode of psychosis. That would have been, sorry— May 2022, I had a brief episode of psychosis, which consisted of intrusive thoughts and basically, kind of synchronicities or making connections that weren't there.

So basically, I was in an unstable mental condition. And I went to the hospital to receive psychiatric evaluation. I was put under a Form F,

[00:05:00]

which would mean 72 hours under the observation of an overseeing psychiatrist. And in order to be admitted into hospital, I would have had to take a PCR test.

I initially refused because the cycles that they're normally run on mean that the likelihood of a false positive was very high. But in order to be admitted, I had to take the PCR test and I resulted in a positive—or false positive as I understand it—for COVID-19, meaning that I could have been contained for more than the 72 hours in the hospital.

Wayne Lenhardt
Okay. And you never had an episode of psychosis before?

Aidan Coulter
Prior to this, never.

Wayne Lenhardt
Great. Have you had any since, just that one?

Aidan Coulter
I was put on a Abilify, which is a mood stabilizing drug. And had a brief episode a little bit later. But since then, I have fully recovered, yes. I was on for about— It was nine months that I was on the drug.

Wayne Lenhardt
In September then of 2022, did you go back to university or college, or what did you do?

Aidan Coulter
No, I was worried about a reintroduction of the mandates since in the public consciousness, it's still perceived to be an emergency and that the measures warranted in regards to the mandates were valid.

So I was worried about a return of the mandates. And then also due to my own mental health.

Wayne Lenhardt
In other words, you worked at a provincial park. You never did go back to Ryerson, is that right?

Aidan Coulter
No, I did not return to Ryerson due to their treatment of me.

Wayne Lenhardt
And you are going to go back to a college this September, though?

Aidan Coulter
Yes.

Wayne Lenhardt
Tell us about that.

Aidan Coulter
I applied to King's College University in Halifax. They have a foundation year program that studies classical literature. And that sort of narrative is as close to film as I can get. I'm a bit nervous because they still have a masking policy in effect, so we will see how that goes.

Wayne Lenhardt
Just out of curiosity, any of your Ryerson courses that you got in the first semester, are they transferable?

Aidan Coulter
Not to my understanding, no.

Wayne Lenhardt
No. Okay, at this point do the commissioners have any questions?

Is there any anything we've missed with respect to the problems you had during this period?

Aidan Coulter
No.

Wayne Lenhardt
Okay. On behalf of the National Citizens Inquiry, I want to thank you for coming and giving us your testimony today. And good luck in Halifax next year.

Aidan Coulter
Have a great day, thank you.

[00:08:17]

Final Review and Approval: *Jodi Bruhn, September 6, 2023.*

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

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

NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Witness 8: Navid Sadikali
Full Day 3 Timestamp: 05:45:08–06:20:59
Source URL: https://rumble.com/v2ood6q-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Wayne Lenhardt
The next witness is going to be Navid Sadikali, I hope I pronounced that correctly. And I see him on the screen.

Good afternoon, Navid, my name is Wayne Lenhardt and I'm going to be doing an oath with you and asking you some questions today. Could you give us your full name, spell it for us, and then I'll do an oath.

Navid Sadikali
Navid Sadikali, N-A-V-I-D S-A-D-I-K-A-L-I.

Wayne Lenhardt
Do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony today?

Navid Sadikali
I do.

Wayne Lenhardt
Okay. I understand that you have some slides that you want to show us.

Navid Sadikali
Yes, I do.

Wayne Lenhardt
Sure, if you want to just launch into it and—

Navid Sadikali
Absolutely.

Wayne Lenhardt
And we'll stop if we need to along the way.

Navid Sadikali
Absolutely. So just to give some background on myself and then I'll jump into my slides. Like many of you, I've been navigating the world of some complex decision-making in health care and other matters for the last few years. But unlike some of you, I have experience leading innovation in healthcare firms, and that's for 23 years.

In some sense we're already connected. If you go into most hospitals in the world, there's technology that I designed in the radiology department, cardiology department, so I'll tell you a little bit about that. Then we're going to go into something quite exciting and stay to the finish because there's a really optimistic ending to this.

I'm going to share my screen now. I hope this comes through okay. All right. Has that come through?

Wayne Lenhardt
Okay. I believe you have a slide with all your credentials on it. I wonder if we could have that one next.

Navid Sadikali
Sure. Yeah, I'll tell you a little bit about myself and then we'll go through the rest.

In a sense I started after going to school in the United States, being recruited for rowing there, to Brown University. I got two degrees there and I went to University of Waterloo for my master's. I have experience in science and in computer science technology and so the integration of that was medical imaging. I helped to disrupt the world medical industry, which was all film in the early 90s. And it's Mitra, and then at Agfa, which— We were purchased as a startup. We ended the medical film industry and it all became digital.

And since then—for like I said, 23 years—I've been leading product design at different companies, most recently Canon Medical, where we had a $200 million portfolio. I designed big imaging systems used across the world in pretty much every hospital and many clinics. It impacts at least 200 million patients a year today. Those are products in radiology, cardiology, oncology, and surgery.

We started with this, which is— Here are some of the hospitals I've been in.

Why does this matter to you? Well, basically, I've had to go into pretty difficult environments where there's— Both fun and difficult, where there's a lot of opinions. Experts are at play and my job is to figure out what we should do as a company, where we should take medicine forward. We don't just listen to experts because we're the experts in medical device creation and that's me. And so I have to sort of integrate many perspectives. And to do that you have to be quite open-minded, to listen to all sorts of opinions. And if

you go to an academic teaching hospital versus a regular community hospital, things are very different.

Medicine looks many different ways in many different places. And my job as designer and the scientist is to bring that all together and help the engineers build the right products. So just to show you what that looks like, this is some of the technology that I've designed. So stroke imaging, cardiology imaging, general radiology. And so these are actual products where I've been in surgical wards to figure out how to push surgery forward. And I've seen many interactions with patients and oncologists to understand what we need to do better. So that's my background.

I want to really focus it on us, which is you. And our goal today is to cut through the complexity—which is what I have to do anyway in medicine, right? To cut through all the complexity because most physicians aren't interested in academic stuff, they've just got to get their work done.

There's six stories I'm going to be telling. And those bring together three business stories and three scientific stories. And if you understand those, the world will be a very different place.

[00:05:00]

It'll be a safer place. And if we can get the doctors out there—there's a million doctors roughly in North America—if we get them to understand these stories in these 20 minutes, we won't have another pandemic like we did. In fact, we may not have any more in some sense. And we'll have to get into the specifics to see what I mean by that.

The first story I want to tell is just that in October 2019, "The Business" was preparing for a pandemic. And Event 201—some of you may not know about it; watch on YouTube— was an economic and business event to prepare for a coronavirus pandemic. They actually ran it like a war game; they ran a simulated pandemic for coronavirus.

And then what's interesting to me, because I'm saying that business was leading, was that no physicians were invited to this simulation of a pandemic. And there's a lot more to say about this. But really what we need to say is that this is business leading the charge; some of the biggest pharmaceutical companies on earth are there. What's important is that it wasn't science leading.

Who was inviting the people to this? It was the World Economic Forum. They were the ones who took the stand, gave the intro keynote. And what Ryan Morhard, the lawyer from the World Economic Forum said, "One of these days, a pandemic, a fast-moving pandemic." That's October 27, 2019. And then, if you look at what was said on day one of the pandemic, March 12, 2020: "There's not going to be a way back to normal." That's what Ryan said on March 12, the first day of the pandemic.

This is business leading the way, because the scientific community had no idea that there was not going to be a back to normal. In fact, it wasn't really clear what was happening in terms of the scientific community at that point.

I want to move on to the second story. I already did one, it's great.

Now second story, a business story, is that December 12th, 2019—which is about three months before the pandemic was declared by the WHO [World Health Organization]—we

have a legal agreement, a material transfer agreement between the University of North Carolina at Chapel Hill, Moderna, and Fauci's NIAID [National Institute of Allergy and Infectious Disease]. And they were testing the mRNA corona vaccine candidate and this coronavirus vaccine candidate was a joint venture between Fauci's NIAID and Moderna. And the University of North Carolina received this for animal challenge testing. Here's the most well-known, prolific coronavirus spike protein researcher Ralph Baric signing this agreement. The patent holders of the spike protein that was used to create the vaccine—which has a long history and patent history, which I put links to there—was signing this. And Moderna signed.

So it's a work that was happening before. Now what does this mean? We can't really dive into that right now but just to say that, "Hey, look. Again, business was leading the way." This is a business agreement, right? To do some business.

The third business story I want to tell is that billions were spent to market a lockdown. Some of you remember the NHS's [U.K. National Health Service's] Stay Home, Save Lives campaign. There was the same type of messaging through the world, actually. Campaigns were used, "Look them in the eyes and tell them to always keep a safe distance." So quite in-your-face, hard-hitting advertising. This advertising was created in an agreement in the U.K. with the world's top—I think it's near the top—marketing agency called Omnicom, on March 2nd, 2020.

So that means they were in discussions in February to sign an agreement on March 2nd. That's all before the pandemic was declared on March 11th. There's a marketing business event happening before the pandemic started. And what's really important to note if you're an epidemiologist is: look, on March 3rd, the day after they signed a contract for lockdown or stay-at-home campaigns, there was only four cases in the U.K., and that's 68 million people, and there were zero deaths. So the U.K. spent more than even World War II on an ad blitz—proportionally even more, accounting for inflation, than World War II—to market lockdowns and the sort of measures they wanted to take. And by the way, those measures were discussed at Event 201 in October 2019.

We could go into some of the agreements that were signed: the HHS [Department of Health and Human Services] in the United States signed $1 billion dollars for advertising;

[00:10:00]

$328 million with the Omnicom Group for "Stay Home, Stay Safe," et cetera. You can see this. Nations spent heavily on lockdowns.

Now we're going to move to the science. You've kind of got three business stories that I think, for those interested in science or in academia, they could look into those more. It's a little bit of a push to spend more effort on this. So now to the science. Now the science was obviously being—had not advanced. So now we have Neil Ferguson. I won't go into the full story, but he's a modeller who's had some bad successes in the past. He works for Imperial College. And his Excel file went around the world.

He had Imperial College, which is heavily funded by a private foundation called Gates Foundation. He created an Excel file and that Excel file went around the world. And it said something that's quite dangerous: It said that we were going to have unmitigated, without lockdowns, which he was saying we needed trying to sell lockdowns— In Canada, we'd destroy Halifax, the equivalent of Halifax, in months. In the United Kingdom, it would be like 489,000, you can see their deaths. This is the Excel file, there's a link to it. And in the

United States, there'd be 2 million deaths—and we're talking about in months. Like, that would be like the city of Houston.

And so obviously that kind of a scientific message from an individual somehow—and we think it's through WHO and all the national governments— scared people. If you're going to destroy Houston, well, you probably should lock down. So that's the first scientific story. There's a lot more to dive into there, but I think you need to know that that's what actually happened.

So now we're going to go to the fifth story. We're advancing at a good pace here and I'm going to slow it down a little bit. The last two pieces, these two things are a little more technical. But everybody can understand these, so I'm going to go a little slower. And if everybody understands this, you're going to be 99 per cent ahead of all the scientists and all the physicians on the earth—probably 99.99 per cent, to tell you the truth.

We're going to go through the PCR test first. And the PCR test caused mass medical confusion. You've probably heard of this during the last few days, and I know many of the speakers have touched on it. We're going to understand a little deeper and a little more visually. And you're going to get it.

So first, you know that a virus is like computer codes; it actually is a coding system. This screen is all these letters that are proposed base pairs for coding for the length of the viral virus RNA, this proposed coronavirus. We can't find them. We actually have no technology to find them very well, at least not at mass scale. What they actually do is they find this PCR test that finds a little bit of a bigger thing and say, "Well, if I find that, that's indicative of the big thing." And that's already a bit of a hint. You're not actually looking for it, you're looking for something that looks like the thing you're looking for, right? Sort of like, a bit of a clue.

When you do a PCR swab, it's important to note: there's billions of DNA bases in that swab. If you took all those bases like a code and overlay them all and put them over seven million kilometres of highway in North America—so that's how much is coming in that little swab. DNA is really small and RNA is really small. Then how much would the PCR be looking for? We would be looking for, like, a 50-metre section of road in seven million kilometres. So we're looking for something very small. And like I said, the virus is a lot smaller; it's like 15 kilometres. We're only looking for a 50-metre section and saying, "If we see that in all that stuff, we really have a virus." What's interesting about that is, obviously that's really difficult. We can't really look with a microscope for something that small.

So what PCR is, this is what you really need to know right here: it's just a photocopier. If I take one page and I photocopy it and I get two pages, and I collate them, and I photocopy again, what am I going to get? I'm going to do one, two, I'll get four. And I take all four and photocopy each one again, I'm going to get eight, right? So we get this doubling idea, which is what PCR is. It's a photocopier just like this one, except it's doing it with this little thing I found. Let's photocopy it, make two. If I make two, I make four; and I make four, I make eight, and that's the two to the power.

[00:15:00]

If you do that 35 times, you've lined up 35 photocopiers; you'll get 34 billion viral PCR segment copies. Now really, it becomes DNA copy. It's not the virus—remember that. And if you have 35 billion of something, you can imagine: well, now you can maybe see it. And you can because they sort of tag it with a light emitting element, a chemical that is going to light

up. So basically, that's how PCR works. It works by taking something small and making it really—amplifying, amplifying, amplifying, photocopying, photocopying, photocopying.

What's the result of that? The result of that is that you take one: if I have one of these little pieces in my nose and if I duplicated that through that doubling 24 times, two to the 24[th power] is 16 million. Okay, does that mean you're sick or not? Well, actually nobody could say on the earth. If I have 60 fragments, those little 60 pieces, and I do that 24 times, I have a billion. Am I now positive? But if I have one and I do that 30 photocopying duplications, I get a billion. Oh, and is that—?

This is not a test. This is a duplication thing that through some interpretive event says, "Maybe that's a positive; maybe you're sick, maybe you're not." It's not a diagnostic test of sickness. So that's one of the first and early confusions. And obviously it was sprung across all the physicians who, "Well, I guess the test works." But they don't really know the science of it, right? Because they don't go to school for this: this is molecular genetics; it's not something they're really familiar with.

And so really, we don't really know— With this test, the problem comes about that this duplication process, we don't really know what is true or not.

Because of that, you have a lot of ways that this can be a false positive test. For example, if a kid breaks up the virus really quickly in his nose and he gets these little fragments, his snot will be positive, potentially for 90 days. That's a false positive. If you walk into hospital Tim Hortons, let's say, and you're in the coffee line: someone sneezes and a little fragment goes in your nose, the virus or even a broken piece of it, then you'll be positive. And you're going to the hospital for something. So you could actually be there with another illness, but now you're positive because you were in the hospital coffee line. Well, that's not fair.

And of course, poor lab processes lead to contamination and that happens. And then high amplification leads to bad protocols—which we can't even get into, there's so many ways that can happen. With the reagents and different temperatures. Then you can just amplify the wrong RNA or DNA. You could actually have—and some people said you could make something that's—you know, a brown trout matches, has sequenced like the one that they're looking for in the PCR test. Now is brown trout in your nose? Well, probably not. But maybe. All right, we're talking about little small elements of it.

There are many ways to get false positives. We're not going to cover them, but here's two scenarios that happened that impacted all of us. Fifty kids in a school—or all the kids in the school—are tested, but they're all exposed a month ago. None were ever sick. Their natural killer cells broke that virus up, let's say, and there are little fragments in there. You go to amplify them and they're positive. Now you've got 50 quarantined kids that have no infection. And that can happen up to 90 days after they were exposed. And so for example, if you— That is unfair because you quarantine truly healthy people because of a test that's really very iffy. It's not a test of sickness, right? It's a test of viral pieces.

The next thing that can happen is that our patient, like I said, goes into the hospital, short of breath, viral fragments in his nose; he's lined up in the coffee shop. He goes for a PCR test so they can start treating him. He tests positive. Now he's in the COVID funnel. And maybe he gets remdesivir because they think he's a COVID patient. And maybe he gets put on a ventilator because he's now tested positive. So now a whole protocol gets enacted because of a test that's not even diagnostic, a real test, itself. This is sort of like a factory system, right? And medicine has to kind of work like that, but when you put a new technology in, it

doesn't always work well. And trust me, I've done— I've built FDA [Food and Drug Administration] products in the world, so I know about safety.

Okay. I can't go into all the details. There's so much here you can see I've put links to. But what this means for us is that all COVID statistics are uncertain and overstated: We have studies used to show 50 per cent, some doctors say 90 per cent. In certain cases, in certain times, right? This is a complex thing of when,

[00:20:00]

what PCR tests. There's many vendors: some PCR tests could be completely bogus; some may be cycled less; and so, there's, you know, the number of false cases will be 50 per cent.

What that means is that we don't have any good data on cases, hospitalizations, and deaths. We know they're overstated. What would have the world looked like if there was far less cases? Would they have been able to— Would the fear have been instilled as well if there were less cases? No, absolutely not. Because the more you test, the more you're getting cases; just from the false positive rate itself, you could create a steady line of positives.

Okay. What we want to say next is: the vaccine was never going to work. So now we're going right into fundamentals. We don't have to— We can debate about statistics and we'll get into that a little bit, but what really we need to know is that when you inject into the arm, you make something called IgG blood-borne antibodies. You see that little guy with the hat? He's orange. Those antibodies are in your blood; they're circulating, I just get a portion of his body.

Now, when you get a natural infection in those cells, you get IgA antibodies. That vaccine can't put those IgA antibodies in your mucosa, which is where you start getting infected. You don't get infected in your arm, right? It goes through your mucosa and that's how the system's designed to block this. Basically, what this means is that the injection could never make IgA antibodies in your mucosa—nose, throat, intestinal tract is also mucosal entry point. So it could never stop infection; it couldn't stop transmission because that thing will never make the things you need, the IgA in your mucosa. So by first principle, it was impossible. And of course, Gates now admits that.

So how did they get efficacy? And everyone's wondering this and you're going to get the answer now. How did they get efficacy from a vax that couldn't work? How can they say "95 per cent" when you know that it couldn't even work?

What's happening here is that, when you get injected, it's an immunosuppressant, right? There's foreign technology in that shot. People have talked about polyethylene glycol and cationic lipids. And that stuff, your body's immune system is like, "Oh, that's a foreigner. I'm going to attack that." What happens is you get the immune suppression and you'll potentially get sick—especially if you're exposed. Or it's already there and you've already had it, but now you're actually weakened and now your immune system can't fight it off. So COVID cases rise after the first dose and after the second dose. We kind of can get that because it suppresses your immune system.

You get injected, you get a little bit of a fever—Israel had data that it was happening en masse to the whole population. I have to go back and look at the numbers, but it was well-documented this happened. And it has to happen because you're injecting a foreign item in your body. So all we have to do to get efficacy is withdraw those people who get that after the first week or second. Don't count those people, right? That's what happened. In some

studies, they call them "partially vaccinated"; in some they're "unvaccinated"; and in some they're actually—and I'm going to show you in the Pfizer study—we believe that some of them were just completely trashed. Like that data is not used, so they're not in the study, ejected from the study.

Let's look at the Pfizer data, which is the only— Remember, this is the only randomized control trial we have. We have 311 withdrawals in the vaccine arm and 60 in the placebo arm. Well, why would that be? Why'd you have five times more withdrawals? They call it protocol deviation. Let's say that we were injecting people and those 251 people got the— 311 minus 60, right? The vaccine had this many withdrawals. With the placebo, it's only 60. It's 251 that were just removed. If we take those 251, say, "maybe some of them got sick." Let's pronounce it: "They got sick, they got a fever, and the protocol said they have to be removed from the study."

So then what does that mean? That means that on the left, we're being told the vaccinated sickness was 9 in 169. That's actually the numbers. That's how you get— Over 18,000: you divide those numbers, you get 95 per cent, right? If you put those people back, the 251 and the 9, you have more vaccinated getting sick than placebo. You have negative 53 per cent efficacy.

[00:25:00]

I'm saying on the left is what's published, on the right is what's likely. We would want— We'd have to go back and get all of that data, all of the site's data. And what each person would happen to them out of the 260 that we're saying were perhaps withdrawn because they got sick in the first few days.

But we don't actually have to even look there. We have good published data that show this is actually happening for sure. The Government of Alberta proves that the newly vaccinated are at risk but counted as "unvaccinated." So here we have—and they published this—time from immunization date to their COVID diagnosis. And these are the first 14 days. You can see that the graph goes way up the first 14 days. These are the deaths.

So you inject someone and they die. And I'm not saying causality. But if they die in the first few days, what's important here is not causality: it's that they're removed from the study and put into "unvaccinated," right? That's what's important. The first 14 days, they're considered unvaccinated and all other days they're considered vaccinated—even though they're all injected. So when we look at their data, 56 per cent of the deaths were in the first 14 days and 44 per cent of the vaccinated deaths were in the other days. So these people are being put into the wrong bin.

If we look at Ontario, and this is right from the website: "Unvaccinated cases," by definition, are "where symptoms started between zero and less than 14 days after receiving the first dose of a COVID-19 vaccine."

This is the world's biggest problem right now. This is it. This is right into the heart of it. Because you don't have to debate statistics and say, "Well, this study shows that." If you rerun all the data—and I'm proposing that scientists do this—rerun all the data thinking about this and saying, "Well, we've binned them this way. What if we binned them the other way? What if we consider them actually vaccinated if they got injected?" This is the source of the distortion.

And there's studies coming out and people trying to talk about this. Thirty Sweden doctors published pushback on distorted mortality data in Sweden. And that link is on the bottom right. Like I mentioned, there's lots of links in this presentation that I didn't cover that you should look at.

Okay, so that covers all the six stories. The breadth of it is that there's a business cycle that's happening first, and then the scientific cycles coming, happening. It's really, there's vaccine cycles coming. And that constitutes, I think, the most important things the public really needs to understand and go, "Oh, wait, that's kind of really a bit confusing and that's not really telling me how it is."

I want to leave with a sort of an optimistic future. My key point is that if people are being sickened by this vaccine technology, then we have to reconsider: is it really ready for prime time? That's going to be up to many other people to do that. But we have to sort of be aware and mindful that potentially the statistics are leading this way—if we rerun the statistics, which we have to rerun.

But the optimistic future I want to leave is a perspective about, we're kind of under-appreciating something scientific. Not just a little bit, a lot under-appreciating something that we all believe. I think really the heroes of this, really the potential way out of this— I think, and this is the big reveal: we have a pretty amazing set of fighting systems, probably the world's greatest army we have. And it's broad and it's got a lot of pieces to it.

We have natural killer cells, which children have in some studies, five times greater than older adults. We have T cells. No one's talking about, "Hey, how many people were immune already from T cells? How many people were immune from natural killer cells? We have a lot of technologies that are already built, purpose-built for this.

The optimistic message is that if we can keep ourselves healthy and really appreciate what we already have— We need to rerun statistics but, you know what? We were actually good. And secondly, we should appreciate that, look, that T cell right there with the sword: If he sees foreigners, if he sees mRNA technology in your heart, his job is to destroy it. If he sees that in your brain, his job is to destroy it.

So you need to be more careful what you're putting in and saying:

[00:30:00]

Look, if this is causing your immune systems to fight and damage, you're fighting yourselves, right? We need to be on side with "Hey, this is, by estimation, $100 trillion technology." I don't even think mankind could recreate it. And it's extremely complex. One of the most complex systems on the earth are the way all these characters work together. I haven't even talked about neutrophils and macrophages and mast cells and B cells and helper T cells. And there's a lot of pieces, right? And we're not even talking about the complement system.

But I think, and sort of leaving it here, that if we're able to really appreciate and re-look at this scientifically—I mean physicians and scientists and the general public—we're going to come to, "Hey, we're actually good." When we look back, maybe things could have been a lot different.

Thank you for your time. And if there's any questions, I'm happy to take them.

Wayne Lenhardt
Are there any questions? Yes, Dr Massie.

Commissioner Massie
Well, thank you very much for this very lively presentation showing some pictures that are probably easier to grasp for most people. My first question is about the analysis that you show in terms of, I would say, reframing of the vaccine efficacy.

I've been following that literature for the past two years. My question to you is: When is it exactly, to the best of your knowledge, that we had initiated some suspicion about the data that was coming from the initial, I would say, advertisements from the pharmaceutical companies that we were getting these somewhat interesting protection levels in terms of efficacy? When is it that we started to question that?

Navid Sadikali
Well, I can only speak to my personal experience. That for me was quite into 2021 already. Because everyone was looking at the Pfizer data. I was in a sort of private scientific group. I don't think it's a big deal to say that people like Dr. Jay Bhattacharya was in that group. And we were discussing things. He wasn't discussing this, by the way, I'm not saying he was. But I was discussing with some other scientists, two others, and we were rerunning numbers. And we were like, "Hmm, that's really weird. And maybe that's all that's going on, is just binning things inappropriately."

I think that for the general public, they're probably still confused, like, "What did he say?" I'm going to say it very clearly now: If you injected everybody, right now, with a statistic run today and everybody died, you would have 100 per cent vaccine efficacy against death. Okay? That's how obvious this is. We don't have to look at nuances of things, this is extremely simple. It's a built-in bias in the statistics.

And you're like, "Well, how did that happen?" Well, I don't know, but I'm not the one who created these studies, right? Those pharmaceutical companies—they're very good at design of the studies to show things that they would like. So maybe that was by design. It has to be by design; someone designed the trial length.

To answer your question though succinctly: that was definitely in 2021. Maybe somewhere in 2020. I wasn't really looking in 2020. It was December when the Pfizer thing, I think, was released—and there was this study earlier than that. But anyway, 2021 is my answer for that question.

Commissioner Massie
My second question has to do with what you've shown, which I think now has been demonstrated in many studies, that with the mRNA vaccine, there are a number of ways that we can postulate that this injection will actually suppress the immune response for a window of time immediately following the injection. And that results, as we've shown in the data, in increased numbers of positive COVID infections. But the DNA vaccine with the adenovirus, would it be Johnson & Johnson or AstraZeneca: I haven't seen data that would show that following the injection, you would have this window of increased number of cases. Have you come across data like that?

Navid Sadikali
Well, I haven't run this for their trial, so that's what the first thing to do is. And the most important thing we can do is, it's like, these are randomized trials. So why don't we get the data? That should be the best data we have on the earth,

[00:35:00]

and every patient should be tracked, and we should know everything about everything that happened.

As you probably know, in some of these cases, some of these farmed out institutes had bad record-keeping and protocol deviations from their own protocols, and there's lots of things that happened there.

But I would say that the first place to start would be to have people look at the actual RCTs [Randomized Controlled Trials]. So I can't say I've seen study on the other types of vaccines with respect to the same, but I would suspect that they have adjuvants and they're going to do the same thing. The adjuvants, their job is to drive the immune system.

Commissioner Massie
Thank you.

Wayne Lenhardt
Are there any more questions from the commissioners? No. Okay on behalf of the National Citizens Inquiry I want to thank you very much for your interesting presentation. Thank you again.

Navid Sadikali
Thank you.

[00:36:24]

Final Review and Approval: *Jodi Bruhn, September 6, 2023.*

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

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

NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Witness 9: Kimberly Warren
Full Day 3 Timestamp: 06:21:29–06:35:24
Source URL: https://rumble.com/v2ood6q-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Kassy Baker
Good afternoon, Ms. Warren. Can you hear me?

Kimberly Warren
I can.

Kassy Baker
Very good. Just to start off, can you please state and spell your name for the record?

Kimberly Warren
Yes, my name is Kimberly Warren, K-I-M-B-E-R-L-Y, last name W-A-R-R-E-N.

Kassy Baker
And do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony here this afternoon?

Kimberly Warren
I do.

Kassy Baker
Very good. Now, I understand that you're here to talk to us about your vaccine injury. Is that correct?

Kimberly Warren
Correct.

Kassy Baker
Before we get into that, can you just please give us a little bit of your background information, including your current area of employment—which was also your area of employment when you were injured?

Kimberly Warren
Of course. I work at two hospitals. At the time of first vaccination, I worked at Groves Memorial [Community] Hospital and the Orangeville Headwaters Health Care [Centre] hospital.

As of the third booster, we moved to Ottawa. I work at the Ottawa Hospital General Campus and Queensway-Carleton Hospital. I am a medical administrative assistant in one of my roles. And the other role, I am a ward clerk.

Kassy Baker
Now, when you received the first dose, can you give us the reason why you received it?

Kimberly Warren
I'm sure, as everyone is now aware, health care workers were forced to have all vaccines in order to keep our employment. And many people were escorted out of our facility due to not complying with that mandated vaccination rule.

I of course was not in a position to lose my job and I complied.

Kassy Baker
I understand. Sorry, it's just come to my attention that we don't have your camera on. Are you able to turn your camera on?

Kimberly Warren
Let's see if I can do that.

Kassy Baker
Thank you. It doesn't appear to be on. Can you still hear me?

Kimberly Warren
I can and I can see you.

Kassy Baker
You can see me. In the bottom left-hand corner is there a little video camera that you can click? Should be next to the microphone.

Kimberly Warren
Yes, can you—?

Kassy Baker
I'm just looking at our tech team. I don't think we have you up yet, but perhaps I will continue at this point.

You've described to us the circumstances under which you received your first vaccination. Can you tell us when you received the second?

Kimberly Warren
Yes, so first vaccination was January 7th and then approximately just over four weeks later, February 11th, 2021, was the second. And the booster followed November 23rd, 2021.

We were one of the very first people that were given the vaccine due to being health care workers. And I worked at a COVID testing clinic, so we were sent among the first groups. After our elderly were sent, we were then sent in our area.

Kassy Baker
When you received any of the vaccinations, were you at any time told that there could be risks associated with the vaccine?

Kimberly Warren
No.

Kassy Baker
Were you at any time asked if you had any pre-existing medical conditions?

Kimberly Warren
No.

Kassy Baker
And do you have any pre-existing medical conditions?

Kimberly Warren
I did. Yes, I have pre-existing chronic kidney disease, CKD.

Kassy Baker
And just for the sake of clarity: your third dose, was that also required by the mandate? Or did you choose to have it?

Kimberly Warren
The third dose was not. We just kept getting all this—I don't know what the word is to call it—propaganda? But we kept getting emails saying that we all needed to have the booster.

The third was not mandated, however heavily suggested. And we kept getting a lot of internal literature on getting the booster.

Kassy Baker
Okay. And did you ask any questions when you attended any of your vaccination appointments?

Kimberly Warren
I did not. And in hindsight, I don't know if I would have gotten the answer I was looking for at that time anyway. To be quite frank, I went along with the narrative that this was a safe and effective vaccine and that it was required for me to keep my employment.

Kassy Baker
Okay. Now I understand that shortly, or sometime after your third dose, you started to have some complications, is that correct?

[00:05:00]

Kimberly Warren
That is correct.

Kassy Baker
Can you describe those to us?

Kimberly Warren
Yes. Since the series of three vaccinations— So after the booster, within 48–72 hours, I was having hematuria, so blood in the urine; and proteinuria, signs of that, which is foamy urine. And I was just feeling very unwell, fatigued. And I just knew something was wrong, but I didn't exactly know what. And, you know, you attribute it to— At this time as a health care worker, we were working more than 40 hours a week; we were working more like 60 hours a week. So I just attributed it to, you know, my workload.

And it was the morning— December 15th is when I was hospitalized. So that morning, I had called my nephrologist because I was in so much pain that I could hardly take a breath. And the bleeding was so— I really had no idea kidneys could bleed the way I was bleeding. I thought it was another problem, like a female problem I was having. I had no idea kidneys could bleed like that.

When I called my nephrologist, he immediately told me to get to a hospital ASAP. And he had already sent over all my file so it was there and waiting for them when I went into triage.

Kassy Baker
These symptoms that you've described: have these abated at this point or are they a continuing issue for you?

Kimberly Warren
No, they're a continuing issue. I always now have gross haematuria and proteinuria. This is a permanent condition now that will require dialysis and transplant in my future, 100 percent.

Kassy Baker
Were you able to continue working through the early stages after your third vaccination?

Kimberly Warren
I was off work for over a year: December 15th, 2021 to February 6th, 2022 I was unemployed.

Kassy Baker
Have you reported this apparent injury to your doctor and/or any other medical body?

Kimberly Warren
Yes. I was quite fortunate that my doctors immediately recognized that this was a vaccine injury. They had ruled out via CT scans, blood work; I had a kidney biopsy. During this series of three vaccines, I've had two kidney biopsies.

So with all that information, my doctors, thankfully, did report it as a vaccine injury. So I was very fortunate in that regard.

Kassy Baker
And to which body was the injury reported?

Kimberly Warren
It was reported to the Adverse— So the Ministry of Health, Public Health. My doctors filed a report of adverse events following immunization under the "special interest" category because it's an acute kidney injury.

So that report was filed off through Public Health and they also signed the paperwork for me to continue my claim with the Vaccine Injury Support Program.

Kassy Baker
And I understand that if your claim is accepted, the Vaccine Injury Support Program could potentially provide you with some compensation, is that right?

Kimberly Warren
That is correct. And this is where this journey takes a very wrong turn.

Kassy Baker
Can you please tell us about that journey?

Kimberly Warren
The Vaccine Injury Support Program and their exact wording is that, "The board considered the emerging evidence around flares of IgA nephropathy in the context of exposure to mRNA vaccines and a plausible biological mechanism for this. Although no definitive causality has been confirmed, the temporal association with this patient's flare of IgA nephropathy in the context of vaccination does suggest a causal association between the flare of IgA nephropathy and vaccination."

What this letter in essence says is that the medical review board themselves has determined, in fact, this is— They have concurred with my doctors that this is a vaccine injury. So they have taken on that ownership, that responsibility that this is a vaccine injury. However, they then—

Kassy Baker
Sorry, can I interrupt you just for one second? I just recognized you read a portion from a letter that you received, which I do have a copy here in front of me.

And I believe— It's not dated but it's entitled Appendix and the letterhead indicates that it's from the Vaccine Injury Support Program.

Just for the sake of the record, can you confirm that that is in fact what you have just read from?

Kimberly Warren
That is correct.

Kassy Baker
Okay, and we will enter that as an exhibit for the commissioners to read at their leisure later [exhibit number unavailable].

I'm sorry for the interruption. Please continue.

Kimberly Warren
That's okay.

[00:10:00]

The very next sentence, they go on to say that "fortunately this flare did not require an initiation of an immunosuppressant therapy and her acute kidney injury was managed with hydration."

And I'd like to point out that is in fact false. That is a false, inaccurate statement. They had all my medical records. I also, as a medical admin, have all my medical records. And I was definitely put on an immunosuppressant therapy. I was put on high-dose prednisone, steroids. We had a conversation, also documented, and I have the paperwork, that I had a choice of going on a chemo drug—so a chemo radiation type of drug—to enhance, to have a remission of my IgA nephropathy, or I had a choice of this high-dose steroid. And between my nephrologist and I, we decided that we would go with the immunosuppressive therapy as my treatment in order to, hopefully, get a response.

However, that did not happen. I only got a partial response after being on steroids for seven months, so this is a permanent vital organ injury.

They also stated during their medical review board—this is the Vaccine Injury Support Program—that there was no evidence of progression. Again, false. I have had two biopsies. My official diagnosis is IgA glomerulonephritis with cellular crescents and necrotizing lesions.

Take note of the word "necrotizing." That's a scary word when we're talking about a vital organ. So my diagnosis is permanent and that is evidence of progression. And they also said that I was put on prednisone for my inflammatory arthritis. And so they took—

Kassy Baker
Sorry, sorry. I'm just, we're very, very short of time here.

I just wanted to clarify for the record: at what stage is your appeal in currently?

Kimberly Warren
Well, I am in the appeal process. I have sent the appeal in as of January of this year. And the last email I received was that they "did not have doctor availability."

So they are pending doctors to have an appeal, which I also find quite ludicrous, that we've got a support vaccine injury program set up and we don't have doctors ready to review people's medical records when they've appealed. I cannot believe that.

Also the Ministry of Health: When my adverse report was sent to them, they also came back and claimed that it was okay, that I could go have a fourth one. There was no change to my immunization schedule. And my doctor had signed, saying that this is an acute kidney injury and that I was still undergoing treatment, that there was not a resolution to this situation.

My GFR [glomerular filtration rate] kidney function sits at 33. Every time I've taken one of these vaccines, I've taken a hit on my GFR by about 20 points. And when you get a GFR of 20, that's dialysis and transplant. So at 33, if I go get a booster, I am 100 per cent within three days on dialysis and on a transplant list.

I'm not sure where the disconnect is between public health and what's best for a patient in my circumstance. And how did they come to this conclusion without the medical documentation? How do they just say, "It's okay, I can go have a fourth shot."

Kassy Baker
I understand. That actually is the end of my questions, but I would just like to ask the commissioners if they have any further questions for you. We do not.

I would just like to thank you so much for your testimony here today on behalf of the National Citizens Inquiry.

Kimberly Warren
Thank you.

[00:14:12]

Final Review and Approval: *Jodi Bruhn, September 6, 2023.*

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

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

NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Witness 10: James Lunney
Full Day 3 Timestamp: 06:35:37–07:04:42
Source URL: https://rumble.com/v2ood6q-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Shawn Buckley
So our next witness is James Lunney. James, can you please state your full name for the record, spelling your first and last name?

James Lunney
James Lunney, L-U-N-N-E-Y.

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

James Lunney
I do.

Shawn Buckley
Now, you have had two, I guess, careers. You started practising as a chiropractic doctor back in 1976. And you practised as a chiropractic doctor for 24 years.

James Lunney
Yes.

Shawn Buckley
And then in the year 2000, you entered politics and became a Member of Parliament for the Nanaimo–Alberni riding, and you were first elected as an Alliance MP.

James Lunney
That's correct.

Shawn Buckley
And then later, when the Alliance Party merged with the Conservative Party, you were a Conservative MP. And you served as a Member of Parliament for that riding until 2015.

James Lunney
Correct.

Shawn Buckley
And then at that time you just resigned from politics altogether. You didn't even run.

James Lunney
I retired—five times undefeated.

Shawn Buckley
Right okay. Now I will let people know, I'm familiar with Mr. Lunney because—I don't even know, is it two decades ago? Where we met and you introduced Bill C-420, an *Act to amend the Food and Drugs Act*.

James Lunney
Yeah, it was before 2004 because it was the first term for me.

Shawn Buckley
Right. And just so— People aren't aware, so that was an act I had drafted to amend the *Food and Drugs Act* to protect natural health products. And Mr. Lunney has been a champion in Parliament literally for decades in the area of natural health and trying to protect our health rights and our access to natural health products.

James, you are here today because you want to share with this Commission your thoughts on vitamin D and how that played a role in the COVID pandemic and how we should be addressing vitamin D issues going forward.

James Lunney
Exactly.

Shawn Buckley
You have a presentation. I'm just going to let you launch in. And I'll let you know if we start running short of time.

James Lunney
The title is, you can see, "Vitamin D3 and COVID, Canada's Response." A lot has been said about vitamin D. And I hope today to give you a different perspective, an aspect that hasn't been discussed. An aspect that hasn't been caught by a lot of the good doctors because they trust the data that our regulatory authorities, all that Health Canada puts out on a variety of subjects, as authoritative.

I have three objectives here today.

One, to briefly talk about the importance of vitamin D in human health and the pandemic. But to talk about the serum levels that determine the outcomes. Your blood level is what determines the outcomes. And that's going to vary for individuals depending on your body size and the tone of your skin—I'll get to that in a minute. But the failure of Health Canada and the Institute of Medicine, which is now known as the National Academy of Sciences, to protect the public interest. And that's a real phenomenon, I'm afraid to say.

So just a quick thing about vitamin D. Look, here's an example. There's three bottles of vitamin D there. On the left is what Health Canada was permitting in Canada. It's a thousand international units (IU). That was based on an analysis of 600 to 800 and being generous, they rounded up to a thousand IUs. In the middle is a bottle you can pick up in the United States but not in Canada. At the bottom, if you can see that: on the green bottle, there's a tiny little soft gel there. The middle, 5,000 IUs and then on the right, 10,000 IUs, which are available in the United States but not in Canada.

I just wanted to say that some people might think: if Health Canada actually recommends 4000 IUs as max, that 10,000 might be a lot. Or when the French Academy of Medicine recommends 100,000 IUs to shut down the acute respiratory distress syndrome that could put somebody on a ventilator, that sounds like a lot. But I tell you what: if you knew what an IU is you might get a different perspective. The actual data has been challenged by these two research groups that met with Health Canada. And I'll want to detail that.

But the first thing I want to say is that who is most vulnerable has not been understood. And many of our good doctors that are speaking about vitamin D and saying 5,000 is part of a recovery program.

[00:05:00]

Well, for the dark-skinned people in Canada—and there's quite a few now and more coming all the time—Health Canada denies that skin colour makes a difference. And it does.

And I'll get to that.

But I'll just say up front: if I fail to get this across, I will have failed in my mission to get some information across to people, so I hope you understand this. And that is, the dark-skinned people— For example, *British Medical Journal* wrote it up first: Sweden didn't lock down and forty per cent of the early deaths were Somali immigrants, equatorial people, the darkest skinned. They were working with the mothers, beautiful dark-skinned young women, but if they'd been in the U.K. long enough to go through a winter season, your D depletes by, 35 to 42 days, fifty per cent.

Shawn Buckley
James, can I just slow you down for a sec? Because some people might not understand that vitamin D is a vitamin that the human body manufactures. And we manufacture it when we're in the sunlight. So when we're in the winter in the northern hemisphere, we're not getting much sunlight. For several reasons: it's cold and we're all bundled up and then we're in the northern hemisphere. So some people might not understand what you're trying to explain without understanding you need to be out, you need to be in the sun to actually have healthy vitamin D levels if you're not supplementing.

James Lunney
Thank you for clarifying. Exactly. We've turned away from the sun for a good part of the year in the northern climates and your D, without supplementation, will deplete by 50 per cent every 35 to 42 days, depending on your body size.

Shawn Buckley
And if I can also interject. And you may want to just explain that vitamin D is an essential vitamin for the healthy immune system. So we hear about vitamin C, but when you're going to be relating that people are getting sick by not having D, I think you need to back the bus up a little bit and explain why it's important.

James Lunney
Thank you.

Well, vitamin D drives at least 2,000 genes that are known so far. And they're involved in, so far we've identified three systems: the immune system, inflammation management, and glucose metabolism. And those three systems together are most of our chronic illness. So your blood level of vitamin D is crucial. It'll be different depending on your body size, how much body fat you have. I'll just move ahead, but thank you for putting that out there.

How do I know about this file? Well, I had a bill on vitamin D. I may get to it, I shortened my presentation and put the most important stuff first, but I would have established all these things if we had more time.

This reports here—Dr. Malone, you all know. This is a doctor from Italy; this is March. Now that COVID is over, these guys disregarded the advice from their regulatory agencies. They had a friend working in Africa who was getting brilliant outcomes. Even in Africa, there were some COVID cases where there's brilliant sunlight, but anyway, "We treat COVID at home and the mortality rate is almost zero."

They had 6,000 cases. This network of doctors, they called themselves after Hippocrates. They just followed their oath to do no harm and to keep the patient's interest first. Six thousand patients so far, at the time this report was written; mortality is practically zero. And this is Dr. Paolo Martino Allegri. And the oldest patient they treated was 95 years and they were working on somebody who's 98 with very promising results so far.

Dr. Malone put this out in his Substack. This is a quote from Dr. Malone: "Mortality risk correlates inversely with the vitamin D3 status, and a mortality rate close to zero could theoretically be achieved at 50 nanograms per millilitre." And that's American measure. In Canada, we use nanomoles per litre [nmol/L], so you have to multiply by two and a half. So that's great. At 125 nanomoles per litre, you could have zero.

And I should ask, I wonder how many people in this room have had their blood tested for vitamin D levels? I see a few hands back there. Those are informed people. Did you have to pay for it? Yeah, we have to pay for vitamin D testing. And somebody just told me in Ontario now it's $140. So that's a disincentive, I would say. You need to know what your numbers are because it'll depend on your body type. And vitamin D is fat soluble, so if you have extra weight—including me; I'm losing some weight—it's fat soluble. Some of that vitamin D will be parked in the parking garage. It will not be in circulation to help the cells that need it around the body.

Okay, so this is Dr. Malone. He says in his own words, "How many people could have been saved from just having their levels of vitamin D3 brought up to 50 nanograms per mL, or higher?"

[00:10:00]

We knew about vitamin D3. It really didn't take a randomized clinical trial to understand the link between D3 and RNA respiratory virus morbidity and mortality. Vitamin D will shut down respiratory viruses in the lung. It produces specific antiviral peptides and antibacterial peptides, meaning it actually would work for tuberculosis in a respiratory way. IF you have enough in your body. And most people in Canada are low. I'll get to that statistic in a second.

Okay, so early in 2020 as COVID terror circulated the globe, you can see this, reports from all over the world: severe infections, hospitalizations, and deaths attributed to COVID-19 directly related to the serum levels. Now I mentioned this: in Sweden, 40 per cent of the early deaths were Somali immigrants. I checked afterwards with the U.K. Very early in the pandemic, 25 per cent of the early deaths were Middle East and Southeast Asian, they have a lot of—

Shawn Buckley
I think I need to stop you again so that people understand. We've established that you need sunlight on your skin, actually on your skin, to make vitamin D. But the darker skinned you are, the pigment prevents the sunlight from getting through, so it's harder for you to make vitamin D. When you're speaking about people that immigrated from Somalia, it's because of their dark skin; they would need way, way, way, way, way more sunlight to get anywhere near that amount of vitamin D that a Caucasian person, a lighter-skinned person, would manufacture. So that people understand the meaning of what you're saying.

James Lunney
There's nothing wrong with their beautiful dark skin, it's just that that's population genetics at work. They had to upgrade the melanin production in order to protect themselves from too much sunlight that could damage the DNA. And we pale-faces come from northern climates. We had to down-regulate the melanocyte production in order to let enough sunlight in to be well. So 90 per cent of our vitamin D does not come from food, which is what Health Canada puts out there. They dismiss the importance of the sun because they're keeping us safe. The secret with the sun would be, don't burn.

This is an important thing I want to get to here. The vitamin D recommendations were made in error. It was 2010-2011, I could pull that right off the Health Canada website; it's still there. On November 30th, the recommendations came out. There were 14 experts on the panel. The data they analyzed showed 600 to 800 IUs. They limited the study to bone

health and ignored all the data that was available on autoimmune diseases being down, cancers being down, heart disease being down, mental health being up. There was lots of literature then, but the study was restricted to bone health.

Anyway, since then, scientists from the University of Alberta, University of California San Diego, and Creighton University took another look. And they found there was a problem. The problem was the data, even limited to bone health, that they reviewed showed the average person needs 6,000 to 8,000 IUs, not 600 to 800 as they proposed.

Shawn Buckley
You're meaning daily.

James Lunney
That, as a full order of magnitude, is a significant mistake. Now everybody makes mistakes. But I will witness to this because I had a bill on vitamin D that I introduced in 2012, and the top vitamin D doctors came to Ottawa May 4th, 2014 to try and persuade Health Canada to fix the mistake they made. A total of 15 doctors spoke in turn and Health Canada was represented. The man seemed rather stressed through the day.

At the end of the day, a woman went to the microphone—I found out later she was his boss—and she said, didn't the people in the room realize how hard Health Canada had been working to figure out how much vitamin D was in a cup of yoghurt and how much was in a cup of milk? Well, it's nice that there's a little bit there, but it's so low. For the needs in the body— There's 80 to 100 trillion cells in your body. Every single one of them has receptors for vitamin D. And it's doing something very important because it regulates your immune system, inflammation management, and the glucose metabolism. And possibly others that we haven't identified so far.

So the average Canadian has a blood level of about 67 nanomoles per litre. Now what Dr. Malone mentioned there was 125 nanomoles per litre. The average Canadian is at 67. But who is the lowest in Canada?

[00:15:00]

That would be the people with the darkest skin tone. And there's nothing wrong with their beautiful skin. They just need more sun access in order to get their D levels up.

And many of the people from countries with dark skin, they're very modest, they're covered most of the time. And Canadians, our numbers are actually dropping. Sixty-seven was average, but that was a while ago, way back in 2010. And they seem to be slow in coming up with new numbers because they don't seem to want to let people know how important this is.

Health Canada, look: the top line here, mysteriously, just at the beginning of COVID they revised the website. You can see the date at the top, I put it on there: "Health Canada continues to recommend that people over age 50 take a daily supplement of 400 International Units." You know, that's a baby dose. Four hundred IUs is a baby dose, one little 400 IU drop. But adults need far more than that to achieve the appropriate blood level.

Now, here we go. There was a study done in Florida, that's 37th parallel. All the way down there, that's where the division is, for dark-skinned people below that; they have a hard time north of the 37th parallel. We're at 40-45 here in Ottawa. North of the 37th parallel, they did a study in mid-Florida. They matched black males, co-matched for age and comorbidities with a white group that were not supplementing. They gave them the maximum Health Canada recommends, 4,000 IUs a day. It's tested every two months; it took a whole year to catch up with the matched group of white people that were not supplementing. A whole year. So if you want to get your blood level up, you have to supplement. Even in Florida, where there's lots of sun.

And you know, one of my heroes would be Dr. Mercola. He was in the top 10 misinformation people according to some authorities. I followed Dr. Mercola for years, but even he didn't recognize vitamin D deficiency in Florida because they had so much sunlight. It's in the dark-skinned people. If you don't check their blood levels— That's why they're overrepresented in a myriad of diseases: obesity, diabetes, thirteen different cancers. They're overrepresented because our officials misrepresented how important vitamin D is and don't tell people.

What is an IU by the way? Who knows? Anybody know what an IU is for vitamin D? I bet if they were all physicians in this room, most of you wouldn't know, because it's not a standard you can— Here we have micrograms and milligrams. You might have a chewable vitamin C as 500 milligrams. Or if you go to the hospital with a chest pain, they want you to take two baby aspirins at 81 milligrams. So an IU for vitamin D is 0.025 micrograms. And 100,000, which could have saved a life from the acute respiratory distress syndrome according to the French Academy of Medicine, that's what they recommended for people heading into acute respiratory distress. A hundred thousand IUs equals 2.5 milligrams. It is one of the safest things you can take.

If you have an organ transplant you might want to be careful, we can't overstimulate. But I do know people with organ transplants have successfully taken 5,000 IUs and several that are taking 2,000 a day. You can still take it, but that's something where you can't take massive doses. But a short-term dose, it's not clear. For two or three days, probably would not over-affect— We don't know for sure. That's the caution there should be.

All right, going on.

Vitamin D blood levels: the blood levels are so important. You should know what your numbers are. But I know, I'm talking to people here in this room, you know, attending here, who are vitamin D deficient just by the symptoms they're having. Everything is better when your D levels are up. And if you haven't tested, you don't know how bad it is. And if you go to Health Canada's website, what you will see is a misrepresentation of the truth.

Fifty nanomoles per litre will protect bone health for most Canadians. Great, but experts say raising blood levels to 100 to 150 nanomoles per litre. Dr. Malone was talking about 125 nanomoles per litre and other experts are saying between 100 and 150. It's clear. It depends on your body size, but the quicker you get your blood levels up when you're dealing with any serious illness,

[00:20:00]

the better that's going to work out for you.

Oh, this is the French Academy of Medicine by the way. Right there, 50[,000] to 100,000 IUs in the case of deficiency could help limit respiratory complications.

Okay. We knew this in Canada. This is Edmonton 2015, Dr. Gerry Schwalfenberg. Also, he called out the mistake that Health Canada had made in a letter to the Canadian Medical Association. "Regrettably, a statistical error resulted in erroneous recommendations by the Institute of Medicine leading to this conclusion. It might actually take 8,800 IUs of vitamin D to achieve this level in 97 per cent of the population." Health Canada was recommending 800. Now, this is a serious public health blunder. That's 2015 in our own Canadian Medical Association Journal.

He's an Edmonton doctor. And he and his colleagues, you might see at the bottom of the screen there, "The Vitamin D Hammer." They get the blood level over 100 nanomoles per litre, they rarely see a patient in their practice, the two of them—in the hospital, according to what he wrote. But if they do end up with one landing in the hospital, they immediately give them what they call The Vitamin D Hammer. And that would be between 50,000 and 100,000—50,000 one-time dose in one day, or 30,000 (10,000 three times a day) for three days, and it's gone.

So that's a pretty powerful medicine and virtually, it's without complications. Now this is from Medscape. The key to managing the sun is: do not burn. It's estimated if you had full-body exposure, just until you get a little bit of pink on you, that would produce 20,000 to 25,000 IUs. It'd take a long time to get there at 400 a day—a baby dose.

There's the question I already asked you, so we'll move on. You should know what your levels are and it's outrageous we have to pay for them.

By the way, the story on that is that our own physicians in Ontario persuaded the government to stop testing for vitamin D because Health Canada said 1000 is enough and they were negotiating for a fee increase. And they—actually, I couldn't believe this when I read it—they were working with the government to identify unnecessary procedures. So "save the public purse," you know? That's the story here.

Now: save lives, reduce deaths. You raise the levels between 100 and 150 nanomoles per litre, a 50 to 80 per cent reduction in breast and colorectal cancers. That's published literature. They expect a reduction of three-quarters of the deaths from breast and colorectal cancers. That's something the public should be interested in, I would think. Garland et. al. is that article on the front of the slide. It's *Epidemiology*, that's 2009.

Now, here's the issue about the skin and vitamin D. Health Canada dismisses the role of skin colour and vitamin D. This is from their own website: "Additional requirements are not required for sub-populations such as those at higher latitudes and those with dark pigmentation or those wearing heavy clothing that inhibits the sun." The lowest vitamin D levels they've measured anywhere in the world is in an area with a lot of sunlight. And they're people wearing a burka in the Middle East. They're clothed. But you see, the UV light doesn't get through clothing. It's filtered out. And that's a strange thing, but that's where it's at.

So just to illustrate this, I've jumped right ahead here in the presentation to the closing of our meat plants. Our Cargill plant was shut down. Cargill in High River, Alberta: 2,000 employees. Seventy per cent of them are Mexican, Filipino, Vietnamese and, you know, other dark-skinned people—70 per cent of the workforce. And yet it caused terror for the

town because of the test. A lot of people tested positive; a few were getting sick. The headlines are about cold, crowded circumstances there that causes this.

But, what's the vitamin D level for these people? The longer they're in Canada, they're the lowest in Canada.

[00:25:00]

And it's easily remedied and cheap. But there's no mention of that from Health Canada. Unfortunately, it's dismissed.

By the way, the Inuit would have died out if it was not for their traditional diet where they ate the mammal blubber. The mammal blubber of course is where the vitamin D is stored. I know, time is sensitive, so I'm trying to get some of this in.

By the way, in Hazleton, the meat plant quickly became the area's biggest private employer. It's an hour from New York. Largely from Dominican families like the Benjamins. And the Latino population jumped sevenfold from 2000 to 2010, to 37 per cent of the city's inhabitants, and has risen to more than 60 per cent.

And many of them in the meat plant are like this man I'm going to introduce you to here. This is Raphael Benjamin. Thousands of these workers. This man—I tell you, I wept when I read this—this man was just before his retirement. He wanted to top up his pension. His family wanted him to quit and get out of there because people were testing positive. Well, he was admitted to the intensive care unit and spent his work anniversary on a ventilator. He died on April 19th.

This is criminal and the people responsible for this need to be held accountable. Can we say it's the vitamin D level? There's enough studies to verify that dark-skinned people without supplementation are the lowest, even north of the 37th latitude.

Shawn Buckley
Now James, if we can just kind of focus this back on COVID.

James Lunney
Yes. But that's a COVID death.

Shawn Buckley
Right.

James Lunney
And I'll tell you what. In Canada, Health Canada put out statistics: Toronto and Montreal, hardest hit. They called them racialized Canadians.

Shawn Buckley
As COVID deaths.

James Lunney
COVID deaths—hardest hit in Canada.

Shawn Buckley
You're basically saying that it's a co-factor to be considered when we're assessing mortality and hospitalizations related to COVID, having a look at the vitamin D levels in the blood.

James Lunney
Well, reports go: nine out of ten COVID deaths could have been prevented if the blood level was elevated. And who's the most vulnerable? Not racialized Canadians, but people with low vitamin D. And there's some in the room here today.

So 115 meat and poultry plants reported COVID infections: 5,000 workers. That's a 500,000 workforce. There were 20 deaths amongst them. If you look at mortality, like Dr. Rancourt the other day, you won't see where this is coming from—if you only look at the deaths. But if you look at who's dying, you see that they're mostly dark-skinned people. Not always, it depends. There's lots of shut-in seniors. But the darker the skin, the lower the vitamin D, so it's your serum level. The question would be, how were their employees' vitamin D levels?

Here is just another Israeli study. All over the world, these studies were coming in. That's still 2020. Real world data. They found a vitamin D deficiency and infection relationship. Israel, like Florida, most of the physicians were not looking for vitamin D deficiency. But the deaths in Israel—

Shawn Buckley
James, I'm just I'm going to cut you short because we're short on time. So I'm going to the commissioners if they have any questions.

James Lunney
Can I finish the sentence?

Shawn Buckley
You can finish the sentence.

James Lunney
Most of the severe infections were in the people covered up. That would be the Orthodox Jewish people wearing the dark clothing and dark hats for the men and the Arabs were in the traditional galabeya and keffiyeh. So they're covered even though there's intense sunlight. Okay.

Shawn Buckley
Thank you. I'll ask the commissioners if they have any questions. And they don't.

So James, on behalf of the National Citizens Inquiry, sincerely thank you for coming and testifying today.

James Lunney
Thank you.

[00:29:05]

Final Review and Approval: *Jodi Bruhn, September 6, 2023.*

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

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

NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Witness 11: Lyne Vandenplas
Full Day 3 Timestamp: 07:24:54–07:33:45
Source URL: https://rumble.com/v2ood6q-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Shawn Buckley
Welcome back to the National Citizens Inquiry as we come to the closing part of our third day of hearings and the last day of our eight-city tour. We're going to have a presentation by a few different volunteers that have been involved in this project, sharing their different roles and perspectives, and just actually whatever they want to say. So we have Lyne Vandenplas who is attending. Lyne, can you hear us?

Lyne Vandenplas
Yes, I can. I hear you very well.

Shawn Buckley
Okay, well we can see and hear you, so you're actually just ready to do a presentation and share what your involvement was.

Lyne Vandenplas
I will do that.

Shawn Buckley
Okay.

Lyne Vandenplas
I just want to say I was responsible for creating the list of individuals who would receive a summons from the National Citizens Inquiry across Canada. I worked with another volunteer out in British Columbia and we spent most of January and February trying to identify the correct Canadian government officials that have the titles of Public Health Officer, Minister of Health, Chief Medical Officer, and of that kind.

It took us about a month to find everyone for the ten provinces and the three territories. It was particularly challenging because a lot of the individuals changed positions, went to a different government or a different ministry, a different province, and there were a lot of former ministers and so on. Finding the addresses that were not P.O. boxes, because you can't deliver a summons to a P.O. box. And finding their email was particularly challenging. It's as if they didn't want us to find them.

But finally, we did succeed and we made a lengthy list [Exhibit OT-14b]. Then I started issuing summonses as of early March 2023. There were basically eight batches. Each hearing had a different venue and different dates and everyone was invited in each province and all the territories. So basically, what I did is: I submitted a list of all the names of the individuals who had received a summons and whether they received one by email or by mail. It was registered mail—all of them were registered mail. For all of them, I have a receipt date and a signature. And basically, I have the province, the title, the name, the address, the email, and the hearing date and location that everyone was invited to.

So a total of 63 government officials were sent summonses across Canada. Fifty-seven of them received it by email and I sent it with a read receipt request. Also, I sent 58 registered mail summonses. And I also had tracking numbers that had to be tracked and I have all the received dates and signatures. And of the 57 email summonses, I only received eight read receipts, so only eight individuals actually opened it up and confirmed that they read it.

I got two responses saying they were unable to attend. I got one response stating that they were not legally permitted to attend. I got one who declined the invitation. And for the 58 summonses sent by registered mail, I got two letters that were never picked up. I have one delivery that was inexplicably delayed and remains as is. And we received two COVID responses with reports by email that had been done by that province.

My observations are: I did observe that of the 63 individual summonses, no one accepted the invitation. No one agreed to testify with the NCI. I also observed that of 13 provinces and territories, out of those 13 provinces,

[00:05:00]

there have been at least 13 changes in either the Chief Medical Officer or the Health Officer during three years. And that is it, that's my report.

Shawn Buckley
Lyne— Just before you guys clap, hang on; I'm just going to talk with Lyne a little bit. So, Lyne, you had said that a couple had indicated that they couldn't attend. Am I right that the summonses are actually drafted so we'd invite them to attend at a specific hearing, but it would include, "Hey, we're travelling across other cities and if you can't make it at this time, we'll schedule you in virtually otherwise or we could even accommodate you by scheduling you when we're not having a city and to attend virtually." That's how the summons is drafted, isn't it?

Lyne Vandenplas
Yes, it was. It was very clear in the summons that they were invited to do so virtually, or we were very willing to accommodate them. So they just decided not to—to declare they were unable to attend without asking for any kind of accommodation or interest in participating.

Shawn Buckley
Right. Can I just ask you before we let you go: how did that make you feel not to have any response? Because people may not appreciate how much work it is to send these out, get all the registered mail things done, actually get down to the post office, do all of this, and then be tracking it to see what happens. It's a lot of work.

How did it make you feel that basically no government official decided to attend?

Lyne Vandenplas
Well, they made it really obvious that they didn't want to speak with the citizens of Canada. They were not interested in coming to listen and to share their point of view. So I really felt that we were dismissed. It was not a good feeling. But the longer this went on, the less and less I was surprised; it became the expectation, which is not a good thing.

Shawn Buckley
No, and I see that you're emotional about that. I'm sorry. I didn't mean to—

Lyne Vandenplas
That's okay.

Shawn Buckley
So, are there any other thoughts that you wanted to add? We're actually so pleased that you shared this.

Lyne Vandenplas
I just think that the upside to my doing this was the fact that I met so many wonderful Canadians from coast to coast. That was the gift because the gift was not the responses or the lack thereof. And I want to thank the NCI for allowing me to participate and do something, my little bit. That would be it.

Shawn Buckley
Okay, and just so people know, Lyne also attended at the Quebec City hearings and was instrumental in helping find interpreters and things like that. She's very modest, but she has just been a tremendous help. And Lyne, we're so thankful to have you as part of the team.

Lyne Vandenplas
Thank you.

Shawn Buckley
And I know I share that— I know the team's been very pleased and honoured to work with you, so.

Lyne Vandenplas
Thank you.

Shawn Buckley
Okay. Thanks, Lyne. And now you guys can clap.

So, Lyne, you can't see it, but you're basically getting a standing ovation, so people are appreciating what you've done.

[00:08:55]

Final Review and Approval: *Jodi Bruhn, September 6, 2023.*

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

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

NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Witness 12: Jerry Managre
Full Day 3 Timestamp: 07:33:51–07:50:55
Source URL: https://rumble.com/v2ood6q-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Shawn Buckley
So the next person attending is Jerry. Jerry, can you hear us?

Jerry Managre
Yes, I can.

Shawn Buckley
So do you want to just introduce who you are and kind of your background? And then I think you've got kind of a presentation or a—

Jerry Managre
Sure, I've got a few remarks.

I live in St. Albert, Alberta. And I am retired from a career in media and in corporate communications. I worked for a natural gas utility in Alberta and I was manager of corporate communications and also director of government and customer relations. And I've had roles in the media as a reporter and news director.

My involvement with the National Citizens Inquiry began on March the 4th of this year, just about two and a half months ago. Some of my communications—some of my testimony here today—relates to communications prior to that date. So I'm relying on documents, some of which were prepared by others. However, I've gathered them and developed knowledge about them which I believe to be true. I'm also reporting on the activities of other members of the communications team, who were responsible for the internet site and our social media platforms.

The National Citizens Inquiry has issued about 18 media releases. And I'm just going to begin sharing my screen here. I say about 18 because I'm aware that one release was a duplicate, replacing one that became outdated. And the releases included information

about the establishment of the NCI; announcements about media conferences; calls for expert witnesses and witnesses with personal stories; the call for commissioners; the appointment of commissioners; media invitations to the hearings in each of the cities; and, as the hearings progressed, information about the expert witnesses that were going to be testifying. Copies of the media releases are available for filing as exhibits.

The media releases were mainly issued via email. And prior to my joining the NCI, an email list was established. Since I've been involved that email list has expanded with more than 800 emails sent to various individuals and media organizations. So the mailing list includes legacy media, alternative media, and citizen journalists. And a copy of the current email list is provided for identification as an exhibit.

It should be noted that with each mailing, there are bounce-backs, as some emails are returned as undeliverable, and sometimes it's because people are away from the office and they have an automatic response.

With searches by other NCI volunteers, as well as by me, we've located more than 100 reports by alternative media, citizen journalists, and legacy media. The bulk of the reports might be described as being produced by alternative media. Although, I have to say, that these organizations do have large audiences as well. And I'm referring here to media outlets such as Epoch News [*The Epoch Times*], Rebel News, and the *Western Standard*.

To my knowledge, only a handful of the legacy media ever attended the NCI hearings, including CBC Manitoba, CKOM Radio in Saskatoon, Bridge City News in Lethbridge and Winnipeg, and the *Red Deer Advocate*. Although CBC Manitoba and CKOM Radio carried reports about the hearings being held, neither carried stories which described the testimonies of the witnesses. A report with links to the stories will be filed as an exhibit and an update will be provided on the coverage sometime after the hearings conclude [exhibit number unavailable].

So attached to my report is a summary of the social media activities on the NCI website, which is nationalcitizensinquiry.ca, and the NCI social media channels on Twitter, Rumble, Facebook, YouTube, and TikTok. These summaries are incomplete right now because the hearings are ongoing,

[00:05:00]

and updated summaries will be provided after the hearings conclude.

For today, I'm just going to provide some highlights from the summary.

We've witnessed a remarkable surge in the social media presence. Since the inaugural hearings in Truro on March 17th, our cumulative followers have soared from 16,000 to an impressive 60,000 across all platforms as of May 19th. So I think this rapid growth is a testament to the significance of the NCI and the eagerness of Canadians as well as NCI's global audience to engage with an inquiry of this nature.

The substantial increase in impressions further highlights the broad reach of the NCI content. And over the same timeframe, impressions skyrocketed from 236,000 to well over 14 million. So this demonstrates the widespread interest in NCI's mission and the pressing need to investigate and improve Canada's response to COVID-19 and potential future health emergencies.

As we've experienced censorship in the legacy media, NCI's journey of growth has been accompanied by significant challenges from censorship in the social media platforms. Despite initial success on TikTok, where we developed 11,000 followers, we were subsequently deplatformed. Then as we attempted to re-platform, we had further bans. Basically, that has impeded our ability to showcase the analytics from these inaccessible accounts.

YouTube also played a role in censoring us. Short clips of Dr. Peter McCullough's testimony, which mirrored the content shared during the hearings, were swiftly removed under the guise of medical misinformation. NCI's account also faced a temporary suspension of seven days, resulting in the inability to stream the hearings from Toronto live on YouTube. And a second suspension followed when NCI hosted the live roundtable featuring Dr. Mark Trozzi and the embalmers who testified in Toronto and in Winnipeg. Within hours, that video was removed and the NCI account received another strike. And that led to a 14-day suspension. And now, YouTube has warned us that another strike on that account will result in a permanent ban.

More recently, the individual account's social media manager on Facebook has been suspended for 30 days. So that restricts him from posting on his personal Facebook account, as well as the NCI Facebook page. This has, without saying, resulted in a sharp decline in posting on Facebook and we're restricted to only sharing the live streams. So despite amassing nearly 20,000 followers, the NCI Facebook has encountered increasing trouble with Facebook. And they mainly cite "community guideline violations" as the reasons for our account suspensions.

Furthermore, our Twitter account has experienced shadow banning, as reported by some of our vigilant audience members. Despite being search banned, our audience has actively shared inquiry posts and that has contributed to the NCI presence and reach on the Twitter platform.

I think these censorship challenges underscore the importance and the urgency of the National Citizens Inquiry in total. And NCI remains committed to fostering open dialogue, encouraging critical thinking, and amplifying the voices of concerned Canadians. And we need to continue the mission of transparency and accountability.

I'd like to turn now to the internet site: nationalcitizensinquiry.ca. Basically, this website has performed like what you might expect from a medium-sized business. We've registered 240,000 page views over six months and 137,000 of them during the two months of hearings. So that's like, 60,000 per month, which is very respectable.

So typical website statistics: over five months,

[00:10:00]

a typical website would see about 5,000 new visitors. And the average time spent would be about 52 seconds.

When you look at how we're acquiring the people that are visiting the site, almost 120,000 of them are coming direct—that is, by typing in the URL in the URL area. That's excellent that people are finding out about the site. We're getting references from Google (about 30,000), Facebook Mobile (29,000), Facebook, itself on the internet (27,000). So when you look at Facebook itself, that's an excellent representation of referrals. Then from Twitter,

we got about 15,000. I'd also like to give a special mention to Dr. Trozzi, who was responsible for 1,000 people coming over to the website.

When we look at the acquisition of visitors to the site, if you look at the top line graph, you'll see that when the NCI was first announced, that generated a lot of activity. It kind of slowed down, with people mainly signing the petition over the summer and winter. And then as the hearings started, you see the spikes. And then if you look at the lower line graph, you get a close-up of the spikes that occurred. If you look at the lower left-hand side of this slide, then you'll see that you get the representation of that 775,000 total page views and 2.3 million human interactions. And the top three pages on the site were the homepage, NCI Live, and the petition.

When it comes to the petition, as of yesterday, we're at 68,179. And I know we've grown again today.

From a demographics point of view, we're at 232,000. And Canada is by far the majority of that, with representation from the United States and countries over in Europe, as well as Australia and New Zealand. From an engagement point of view, the people who spend the most time on the site are from Canada, the Netherlands, New Zealand, and Mexico.

From a language perspective, English is dominant with 215,000, followed by French with over 14,000. And from an engagement point of view as well, it's English, French, German, Dutch, and Spanish.

Across Canada, Ontario is in the lead position as the most populous province with 66,000, followed by British Columbia, Alberta, Quebec, Saskatchewan, Nova Scotia, and Manitoba, New Brunswick, and Newfoundland.

This is a very telling slide about how we currently operate in the world. And this tells you where we're getting the traffic from—what types of devices that we're getting the traffic from. And this indicates that about two-thirds of the people on our website are following us on their mobile devices; about a third on the desktop; and a smaller amount on tablets.

So that concludes my presentation. I just want to say that it's been an honour to be a part of the communications team here and a part of the effort overall. It's been a great experience to be involved.

Shawn Buckley
Jerry, if you don't mind me asking, why did you decide to get involved in the NCI?

Jerry Managre
Well, I guess I identified early on with— As being a former reporter, I was noticing that the reporters weren't asking the right questions, that we weren't getting the right information from people in government. As has been pointed out significantly during the hearings, the media has not been forthright in their reporting. They haven't been doing newsgathering, as has been pointed out.

And then I did research and I learned a lot of things and I just developed— I can say, too, that I've held elected office and I have been very surprised by the lack of the— All of the political parties seem to be singing from the same hymn book. And that was a red flag for me as well.

I just knew that something wasn't right. And so like everybody else, we've been impacted through family and friends. And it's just been a terrible three years;

[00:15:00]

something that we never, ever expected to experience in our home country of Canada.

Shawn Buckley
That's well said. And I think there's some people nodding with you going forward.

Is there anything you want to add before we go? Any encouragement or advice that you would have for us going forward? And by advice, I mean to people, not to the NCI. You're being watched by a fairly large group. as you know. And I'm just wondering if you have any advice for us going forward.

Jerry Managre
Well, we've gone through a very bad three years, but I can tell you that the thing I think that we can always hold on to is hope. And that one of these days we will have the breakthrough in the media. We'll get the attention of some of the political parties in Canada—federally and provincially, municipally, and through the school boards. All of these people play very important roles and we have to do what we can, particularly at the community level. I think community involvement is key in order for us to regain the country that we once knew.

Shawn Buckley
Thank you, Jerry. We'll let you go and we'll let Ches come up. I know that you're watching and I just want to say that it's been a pleasure to be serving with you and I look forward to serving with you going forward.

Jerry Managre
It's been an honour.

Shawn Buckley
Just for you guys who don't know, Jerry is just tireless. And he's kind of that calm voice when the rest of us, myself included, are getting excited. So he's the steady hand, so I've really appreciated him.

And so now it's time for the Administrator— Oh yes. Jerry, people are clapping and standing up for you. You can't see that.

Jerry Managre
Thank you very much.

Shawn Buckley
You're getting a standing ovation.

[00:17:19]

Final Review and Approval: *Jodi Bruhn, September 6, 2023.*

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

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

NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Closing Statement: Ches Crosbie
Full Day 3 Timestamp: 07:50:58–07:58:34
Source URL: https://rumble.com/v2ood6g-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Shawn Buckley
I'm pleased to have the Honourable Ches Crosbie, who is the Administrator of this Inquiry. He holds a key role of ensuring that the evidence is brought forward, that the Commission is run properly. And I've been very honoured and pleased to act as his agent, as counsel. And so, Ches, if you'd come and say some words.

Ches Crosbie
Shawn is so kind. Acting as my agent. Indeed, Shawn.

Commissioners, I gave an opening statement at the first hearings of the National Citizens Inquiry in Truro in March. I submitted that a threat to our very way of life in the democracies arose during the 1930s. It was called the Great Depression. Many were afraid, but when Franklin D. Roosevelt made his inaugural address as President of the United States in 1932, he did not tell people to be afraid. Instead, he told Congress and the free world that we had nothing to fear but fear itself.

No great nation prospers and grows strong on a platform of fear, but governments chose to ignore their own previously-approved pandemic plans in favour of fear. These discarded plans required that government should protect the vulnerable, allow others to continue their lives normally, and maintain public confidence. Instead, they panicked into a war, a futile war against a virus. And the first casualty of war is the truth.

Jordan Peterson told us in Truro that our political leaders panicked and copied the draconian SARS-CoV-2 response of the Communist Party of China. Peterson said that we don't put political leaders in office in order to panic. And every politician involved in this panic is unworthy of office. But more, these leaders told lie after lie and manipulated public opinion to use fear to impose tyranny, what James Corbett yesterday called medical martial law. To quote Jeff Wilson this morning, "COVID was primarily a debacle of leadership."

Commissioners, Mr. Peterson's statement was brief and not intended to be a full account. A fuller account would incorporate the evidence you have heard that drives us to conclude

that planning and deliberation was involved in our government's COVID crisis response and in their campaign of fear: a campaign of fear so sophisticated that Robert Malone described it to you as a military-grade psyops or fifth-generation psychological operation waged against the entire civilian population. This planning and deliberation involves sinister, deep military strategic and financial system agendas, as touched on before you by Denis Rancourt and Catherine Austin Fitts, the exact outlines of which are yet to be defined.

The evidence from Dr. Rancourt and others is that there was no COVID-19 viral pandemic. Heresy. Heresy against the COVID cult. The spread of the virus, as with numerous other so-called pandemics before it, was invisible through the lens of excess death analysis of great robustness. What caused excess death was not a virus,

[00:05:00]

but the partly panicked and partly planned response by authorities to the virus.

In particular, the injectable gene therapy products caused excess death, which Dr. Rancourt calculated in a peer-reviewed journal at 13 million worldwide and 10[,000] to 30,000 in Canada. These are human lives. Human lives. And Canadian governments market this deadly therapy today.

That brings us to the sad fact that this Inquiry is not a truth and reconciliation inquiry. It is a truth inquiry only, because none of the officeholders who managed the COVID crisis had the courage to appear before a commission of their fellow citizens and explain their actions. Witnesses before you documented this role of shame. Until there is accountability, there can be no reconciliation. There can be neither truth nor reconciliation while legacy and social media maintain a dam of censorship against the truth.

But the dam of truth has many cracks and many leaks. These cracks will deepen and become a fatal fissure. We cannot know when the dam will burst—but burst it will. And journalists who chose, or choose, to have their fingers in this dike will be swept away in the torrent of truth. While the truth dam strains and grumbles, evil remains abroad in the world and preys on fear.

The antidote to fear is courage. And as the supporters, volunteers, and truth-tellers before this Inquiry well know: Practise the habit of courage. Teach your children courage. And remember, evil knows how to divide and conquer. Courage knows how to unite and build. Thank you.

Shawn Buckley
For those of you online—and I'm not trying to stop—there was a standing ovation for the Honourable Ches Crosbie, and a well-deserved one.

[00:08:28]

Final Review and Approval: *Jodi Bruhn, September 6, 2023.*

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

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

NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 3**

May 19, 2023

EVIDENCE

Closing Statement: Shawn Buckley
Full Day 3 Timestamp: 07:59:18–08:40:53
Source URL: https://rumble.com/v2ood6q-national-citizens-inquiry-ottawa-day-3.html

[00:00:00]

Shawn Buckley
I've been given the honour of being able to be the last person to speak. We pencilled this in as a closing. And a couple of weeks ago, I realized I can't give a closing. Because I think we're at the beginning of something.

When we got together, just a small group, to just see if we could do this— You know, you start meeting, you start talking, you sort out rules of how you're going to conduct your meetings and what a quorum is and all this stuff that is really kind of tiring and tedious. And then you kind of go, "What are our goals?" and all of this. And we were just adamant we wanted to have an inquiry that was independent.

The frustration was, this was the event that had affected us more than anything else. This has been more intrusive on our rights and privileges than many Canadians experienced during the First and Second World Wars. But for our First Nations people, confined to reserves until the Bill of Rights in a shameless apartheid system, they suffered more than us. But apart from that population, which unfortunately also had to experience this with us, this was brand new. And this was a magnitude that I think confused and frightened most of us in a way that we never thought we would experience.

And this small little group, we just wanted this looked into in a fair way, in an impartial way. And so we get our rules and we get our goals and anyone can criticize what we've done. But we've really tried to do that. And we had Lyne talk about sending out these subpoenas. And, you know, we tried to get the government officials there. And the commissioners will tell you—because I was involved on the commissioner process—that before they were selected, they had to endure my lectures on impartiality. We just wanted them to understand that they needed to act differently, that they were basically taking on a semi-judicial role. That as hard as it can be, that we were charging them with the responsibility of acting impartially. And we're still entrusting them with that.

And that's kind of interesting too, isn't it? That a group of citizens that literally are just feeling terrorized and feeling afraid would decide to do this. And I can tell you, if we had any idea at all—even an inkling of an understanding of how impossible this task was—I

don't think we would even have met. Because how does a small group with no funds, like as in zero funds, we've never had— You know, you hear about groups that have a big sponsor or something; I don't believe it and I've never experienced that. And the NCI certainly hasn't.

So yeah, how do you do that? So well, we just organized. We started putting committees together—saying, "Oh, we need a communications committee. Oh, you need a committee to select commissioners. Oh well, then that committee's got to figure out, well, what questions are we going to ask? What are we looking for? What are our criteria?" Like, it just—it seems it never ends. I think if I have to attend another Zoom meeting, I'm going to break out in hives. I mean, it's just—it's crazy.

And then because almost every one of us, we had other lives and other responsibilities, every time you needed something done, you're trying to get volunteers, right?

[00:05:00]

I don't know if you've ever tried— I'm just laughing because it's so funny. So many times, I kind of— Me and another person, Dale. This wouldn't have happened without her kind of having this eye in the sky: "Oh, look at all the things that aren't working. Maybe we need to look at them." I kind of became, I felt like a fire chief. So okay, well, we've got this burning, destructive problem, or complete hole. And so you have to try and cobble together a bunch of volunteers. And there's some in the room, which is fun. So you try and get that done and you learn just how ineffective that is. So, yeah, it's terribly ineffective.

Tips for anyone going forward: if you don't have a minimum of three that agree to form a committee and you've got to charge one of them as being the one responsible, you're just wasting your time. So you know, we had to learn stuff like that. And many failures, but many blessings.

So this has been an impossible task that has actually happened. One thing I learned is—I don't think it's any secret that I think God's involved in this, from my morning openings. And I'll even share how that came about. But when you get involved in something that God's involved with, you don't know where it will lead. So this thing was really, I would say, just one crisis from another. I mean, I just looked at Michelle [Leduc Catlin], who's our public face. We were— [To Michelle] Do you mind if I share the story?

We were losing our other public spokesperson, who was also a volunteer, getting really close to our first hearings. And it's like, you've got to have a spokesperson and our social media was just in its infancy. Do you know that when we held the Truro meetings, or the first hearing date on March 17th, we had not had a Twitter account long enough to become verified? Yeah, and you laugh. Can you imagine? Because you know the media is not going to pay any attention to you. You know you rely on social media. But we hadn't organized the team yet because that hadn't been a fire yet, right? Which gives you a really clear view of kind of how we're really just kind of patching this together.

And Garrett, who's our social media guy, is sitting here; I'll get back to you Michelle in a second. I mean, I think—and this will be weeks old—but I think two weeks ago when we had a meeting, he had reported back to us that in the last 30 days, we had had 10 million impressions on social media. It's probably like 1.5 million a week or something now from— I don't know, did we have, like, 200 followers on all our platforms on March 17th? Maybe? If we exaggerate?

Getting back to Michelle. So here we are, we're approaching these hearings, we have no media presence. Or one spokesperson, who was a volunteer is having to leave. And it's like, "Oh my gosh." I'm on a Zoom call with a bunch of other freedom groups and I just say, "We need a media team. Like, we need a media team."

And I called for that. And so Jerry, who's just been an absolute blessing, who's already shared with us: both him and Michelle, from that call for help, responded. And Michelle, it's kind of funny. And I don't know, it was a couple of weeks ago, she said, "Well, why did you pick me?" You know, I just kept the poker face; I didn't say, "Well, you're all we had." So we're not going to pick somebody that we don't trust, but this was an example of God stepping in and filling the need. Because here we had Michelle, who had worked professionally in TV production and direction

[00:10:00]

and had her own program on the women's network, understood what it took to put a story together and to communicate in front of a camera and to interview people.

And so here we had this professional person volunteer: volunteer to go to all of our hearings for no charge. We reimburse her for travel expenses—but for no charge. Jerry, he's literally full-time. And it seems that media crises, we can time them to when he has an important personal event in his life for which he announces in advance, "I'm not working for the NCI that day." So we know we're going to have a media crisis that day and he's not—Like, volunteer, volunteer.

How does that happen? And always at the last minute. You know, these Quebec hearings. What was it, three days before, four days before, Philippe—who's sitting here—when we finally got some lawyers? How do you have a hearing when you're calling witnesses and not having some volunteer lawyers to help you out? And interpreters. Lyne, who was on here, helped us find an interpreter team like, literally at the last hour. And then our AV team, David, is just a miracle worker. I mean, he's creating an interpreter booth out of, I think, a drum case and plywood and Styrofoam and stuff like that. And it works. It worked.

It's just kind of been interesting that—at every time, at every turn, just at the last moment, just when we needed it—God stepped in and gave us what we needed. And right down to finances. Like, it was funny, the meeting after Truro: it's like, "It cost that much, really?" And it's not cheap to rent a venue and have an AV team travel across the country and have to fly your commissioners and other volunteers around. It adds up. It's actually quite staggering. And yet we've kept up. And we've kept up because you've participated.

But what I didn't anticipate, and why this can't be a closing but an opening is: we had this vision and then we just picked eight cities, right? Like, why eight? Why didn't we go here? Why didn't we go there? And why three days? I can tell—if anyone from another country is thinking of doing this, I will give you the biggest mistake we ever made. Why did we do this weekly? We needed a week in between.

But we have been going now for two months. We started on March 17th, 2023. First time in history that citizens in any country have appointed independent commissioners, sat them down, and started calling witnesses. March 17th, 2023 history was made. And it is now May 19th, isn't it? Life's just been a blur. So May 19th, 2023, three months later, eight cities later, 24 hearing days. I have encountered the witnesses: probably around 350 witnesses testifying under oath in front of independent commissioners. All citizen-run. That is something that I think you all should be extremely proud of.

And the most interesting part was— And I have to tell a story about my wife, Teresa. It was probably about five weeks before Truro. [To Teresa] Do you mind if I share the story?

So about five weeks before Truro, we were just so far behind in getting it together. And some of us were just like, just dusk 'til dawn. And I'm just getting stressed out to the yin yang. And I told you, we had no social media,

[00:15:00]

nothing happening.

And I had a couple of days I just couldn't sleep. Like, you know, can we actually do this? We put in all this effort; we've gone this far; do we just have to collapse it now? Because we were on the verge for so long of just having to say, "No, we can't do it." And then, why I'm not sleeping—in addition to just the stress that, "are we failing here?"—was even if we succeed on getting witnesses in front of the commissioners, if we can possibly even do that, who's going to watch? What's the point? Why are we bothering? Because we have no social media. We have no team. Our miracle worker Garrett had started, but he had no content. And we had nobody to make content, and you can't succeed on social media.

So my precious wife said to me, just really seeing the crisis that I was in: "I will give you one day." So there was a fellow at our church who—he's retired, but he used to be a video guy. And he had let me know that he'd be willing to volunteer. So Teresa arranged for 10 or 12 people to be videoed. She just tracked down people who were willing to go in front of the camera and share a story. And finally, we had some content.

And then she continued working. And there was kind of, I don't know—was it the "quote of the day" or something? I don't even remember. They're just trying to come up with little ideas. And she's literally been working day after day after day even though she's got another job and things to do. And I don't even know how many volunteers— There's a volunteer here that put together our commercial. So somebody was willing to introduce us at that World Health Council big meeting and we needed some commercial. And if we had paid 50 grand for that, we'd be going, "That was well done." And we're thankful. We're thankful, Mr. Dahl, for doing that for us.

I don't know if I have permission to mention names, but there's some people on the social media team that have taken on the role of organizing other volunteers. And there's teams that we don't even know about. The chair of our support group, David Ross: for those of you who know him, he's just a steady hand. And it's just a pleasure to work with people that are solid. And for the entire support group.

It's funny, where I have to be in the role of kind of thanking everyone because I'm giving the opening. And it's funny, whenever I talk like this, I never have gone through one of my openings once before I give them. Usually what I'm going to say comes to me at about 7:30 to 8:00 in the morning. I wish it would come earlier, but it seems to work. But when I was jotting down notes where I kind of wanted to go, after I was going to say, "This is a beginning," one of the thoughts that came to me is— You know the Matrix movie? The very first one. And we're at the very end and Neos is back in the matrix. And he makes a phone call to the machines, basically saying, "I'm here. I don't know where it goes from here." And then he flies up into the sky. But you know, it's going to have to be sorted out.

And I think that's where we are. So I've kind of shared with you kind of where the NCI started and that it's literally an act of God, a miracle that we're here. But one of the things that happened is this started resonating. Canadians watching other Canadians tell their story resonated. So it tells us that we need to hear each other.

[00:20:00]

It tells us that we need to listen to each other. It tells us that we're together.

You know, there have been days where I've had trouble keeping it together because I've just been so emotionally wrecked by some of the testimony. And we experienced that a couple of days ago. Sheila Lewis keeps coming to mind, but she wasn't the only one that day. We had— I think we had three or four in a row where I couldn't help not breaking into tears. And in interviewing witnesses— And for all the witnesses that take the stand, I mean, there's many that kind of got through the first selection process that we interview and then they drop out. And some die before we get to the hearing that we had selected them for.

Some drop out. They drop out because they're afraid of social consequences, some because they're afraid of economic consequences. Some, we don't know the reasons. But we hear their stories before they drop out and we get to know them. And then those that testify, even though they're afraid and we have to coach them through, they're grateful. I had one of the witnesses who testified earlier this week basically say, in their own way, that this was healing. That person was really apprehensive and really scared to testify and take the stand. And it helped.

So there's something about being listened to. There's something about finally being brave enough to speak. Like, what a country that we're not able to speak together. And that's been the most touching thing in my life. But we've also just been the people out there—the people on the other side of the camera. I'm not a camera guy, so you know I'm always looking around. I haven't been trained to do this correctly. But you guys, you email us and you text us and you send us messages.

I'm going to read an email. This person was so, I guess, intent on getting communication to me that it came through several sources, including a different group not connected to the NCI. I got a couple of copies of this. David, can you pull up the screen on the lawyer computer?

The email came with this picture attached. And I'm going to read to you the email.

> Dearest Shawn Buckley,
>
> I hope I am sending this email to the right address for Shawn Buckley. (And this one came from another group). I think I have finally found a place inside of me that is brave, thanks to your profound NCI presentations. I was on the fence for a long time. And thank you for shining a light on how to draw a line in the sand.
>
> How to draw a line in the sand. I took this picture with my cell phone. The sun is shining through the fence. I could not help but think this is how to draw a line in the sand.
>
> Thank you, again and again.

But that's what this is all about. I just happened to be one of the public faces of what's going on. But I'm just one cog in thousands of volunteers, and I'm very honoured to be here.

I feel, and I've said this in some openings, I feel indebted to the truckers. And I feel that we need to— Yes.

[00:25:00]

For you truckers out there, everyone in the room was standing and giving you a standing ovation.

I know that I was scared when the Trucker Convoy started. I was cowering in my home. I think that I'm here and that we're here because of you. And our governments backed down because of you. Can you imagine what it would have been like if the truckers hadn't done what they did? I mean, the mandates started dropping province after province because of them. The government was not going to drop the mandates. I forget which witness said, you know, that the plan was two years. Lock them up for two years. Now we're Canadians, we're northern hemisphere; they had to let us out in the summer or we would have blown a fuse. But we were going to be locked up again.

And I believe the only reason we're not wearing masks and having to go through the police state ritual of showing passports right now is because of what the truckers did. I think we need to understand that they showed us something. And they showed us that sometimes you just have to stand up. And sometimes you have to get punished. And sometimes you have to pay a price.

But aren't we proud of them?

And I'm proud of the NCI team. I'm proud of everyone in this room. I'm proud of all the volunteers. I'm proud that we collectively got together and helped give some people a voice. I'm proud of the volunteers and I can't mention them all. You know, there's Peyman, who is just a guy that came to mind that has been so instrumental in the social media and getting video clipping done and encouraging Teresa on many levels. And there's this whole team. There are whole teams I don't even know exist—like, I find out about them.

You know, each venue— The local team here in Ottawa, do you have any idea how much work they put in? It's not just renting a venue. There's so much that goes into this. The team that sorted out what our guidelines are and selecting commissioners and witness selection. There's— Colm, you're amazing. Like, some people have really sacrificed. Some people you know, have really sacrificed. And the witness selection: there's people in this room that have been involved in that. That's just a monumental task. And I've already mentioned the communications and social media, the support group.

We're not supposed to mention our names so I won't. Just the thinking was, is: this is supposed to be independent. And some of us are tied to other freedom groups and that's not what it was about, right? It wasn't to tout groups we were involved with; it was to try and put on an independent commission. The lawyers that volunteered, people like Lyne that were doing the subpoenas, there was a whole team. I only knew one person who catalogued—this will end up in our archive and our website—all of the government communications and all the provinces, with links. It's just— It goes on and on.

[00:30:00]

And I want to say thank you. On behalf of the NCI, for all of you out there that I know and don't know, I sincerely thank you. And I feel honoured to be here and to be able to share.

I'm not done, so just hang on. There's a danger some judges have learned over the years, that if you give me a microphone and I don't have a time limit, bad things can happen. But I wanted to talk about— Well actually, so I have to talk about my talks.

I wasn't supposed to be involved publicly at all. That wasn't what I wanted to do. I wanted to just be involved in helping to organize and kind of put the fires out. And so I had no intention on attending. I thought maybe I'd go to the Saskatoon hearing and the Red Deer hearing as a spectator. Had no plans on leading witnesses or giving openings or anything like that. And all that happened was, for whatever reason— We have a whole bunch of, I wouldn't say a whole bunch, but a reasonable number for each place of lawyers' names, who had earlier on expressed interest in volunteering. We actually weren't thinking we were going to have problems getting lawyers to volunteer once it actually got to the hearing. But it turned out that they just dropped like flies as it got closer.

And I'm very thankful for Kassy and Wayne, both who have flown in from different provinces, because we didn't have local lawyers volunteering here.

It turned out in Toronto, we didn't have a single lawyer for the first day. So I'm thinking, "Okay, now I have no choice. I have to go and do this." And the second day when we had one and so it's, "Okay, I'm doing the lawyer thing." But that just continued. I show up in Toronto on the schedule—day one—as an opening. I got to figure out what I'm going to do there. So I actually prepared for that one. It's not that I would have run through it, but I sat at least a day or two before, I kind of figured out what I was going to say. And then lo and behold, I'm there on day one and I noticed they got a slot for an opening on day two. It's like, "Okay, well I better figure out something to say on day two." And then after day two, some of the commissioners—who I won't name to protect the guilty— "Oh, we actually liked your openings. I'm looking forward to your next one." So now I felt the pressure, right?

So I just continued doing openings. And some days I feel I've walked the line. But I want you to know that I've taken that role, once that role fell on me, really seriously. And I took it seriously because first of all, there's no reason why you would listen to me at all. Like why do I have a mic and why do I get the honour of actually speaking to you? And I took that seriously.

And just so you know, I would pray that God would just tell me what to say—whether I was going to go, whatever that direction would lead. And I felt the responsibility to give people hope and to try and give us unity. And I can tell you: if you had told me before some of the things that I would be saying, that I might be sharing a Bible parable or anything like that, I **would not have believed it. And yet that's what happened. And a lot of people have commented that they have appreciated what I've said. I need to make it very clear: I didn't say anything to you. And I see some people nodding their heads and know exactly what I'm talking about. Because those weren't my words. And half the time what I was saying, I didn't have notes about. It's just what He said. And that— That is an honour.**

And we know that God is moving in Canada.

[00:35:00]

We know that people are beginning to understand that what we've been taught is an illusion. We don't even know— I'm sure there's things that we still believe to be true that

are completely false. And for the first time in our lives, we find ourselves actually not knowing our way. Just because, like I spoke this morning, if you've been lied to about something—if you don't know what's really true—you're being controlled. Because you can't decide. Your agency, your ability to decide has been taken away from you.

I actually feel that when the words would come out that we're under a spell—and again, those weren't my words—that we've been under a sleeping spell. And I think we're waking up. I think we're coming out. I think the sun is shining. I think there's a line in the sand. There's sun shining through the fence, and we know the sun is there.

We're going to have a long journey. But I think we understand that we're in a historical time. Like it's interesting, isn't it? I was a Second World War buff. It fascinated me. And when I was a little teenager, before I made a music CD for my car, I would throw in a little Churchill speech first. You know, "We will fight on the beaches, we will never surrender whatever the cost." When I used that Churchill quote the other day that he used— And you have to understand when Churchill became prime minister, everyone was expecting Britain to surrender, including his cabinet, including the King. Because it looked hopeless. And do you know what? It was hopeless. It was absolutely hopeless and yet they didn't surrender.

I read a really interesting book. I'm totally off script, so we know who's speaking. I read a really interesting book in the last year about how, when the Germans started their bombing campaign—and I mean, there's some exceptions, like when Bristol got just totally gutted—the British morale actually went up. They got used to it. They would, especially the young: they would party harder. The people, they got used to it. They got used to bombs falling on their head. And they stood tall. And then they started to feel proud. And they never surrendered.

And that's where we are. We're starting to party again. We're starting to go out again. We're starting to feel strong again. And we realize that we can't surrender. They're going to lock us down again. I don't know what that's going to look like this time. They're going to tell us to wear masks again. They're going to try and force treatments on us again. I live in St. Albert. We're designated as a 15-minute city, so they're going to eventually block off the roads so we can't drive in and out because the whole idea says you're supposed to walk. Which is why it's called the 15-minute city. You can walk a mile in 15 minutes.

All this stuff is going to happen. We watched James Corbett. But this time, we're not asleep. And there'll be times that we're afraid—but we know how to handle our fear now and we know we're not alone. And that's why this isn't the closing, it's an opening.

And what we have that we didn't have before is, we have each other. And we have an understanding that we're not alone. And we have an understanding that— We are Canadians. And Canadians don't cower.

Do you know where the word "stormtrooper" came from? It's what the Germans called the Canadians in World War One.

[00:40:00]

Stormtroopers. They didn't like going against the Canadians. And we have a reputation. One of our witnesses who had been stationed in the military in Germany related that the Germans would tell their children, "If ever you get lost, just go to the home of a Canadian stationed in Germany and you'll be okay." Because we have a reputation of treating people decently. We have a reputation of loving each other and loving others. Because that's who

we are. And I think maybe why this experience has been so traumatic for us, is because we didn't recognize that, that we lost our way.

And I'm just going to end there, saying that I don't know where it goes from here. And I don't know what stands we're going to make together. But we're not going to stand alone anymore.

It's been a pleasure and an honour. And I will say to the commissioners that I've been very honoured to get to know you guys and to help you with your role.

And I'll just end there. Thank you, everyone.

[00:41:35]

Final Review and Approval: *Jodi Bruhn, September 6, 2023.*

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

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