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

”

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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 978-1-998416-11-0

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

VOLUME THREE

| Witness Transcripts



VOLUME THREE

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Part 6 of 11: **Red Deer**



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NATIONAL CITIZENS INQUIRY

EVIDENCE RED DEER HEARINGS

NCI | CeNC

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

ABOUT THESE TRANSCRIPTS

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

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

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

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

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

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Opening Statement, Shawn Buckley

Full Day 3 Timestamp: 00:46:31–01:20:51

Source URL, <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Shawn Buckley

We welcome you back to the National Citizens Inquiry as we begin day three of three days of hearing in Red Deer, Alberta.

I'd like to always share just briefly what the NCI is. We're a group of volunteers that just came together with the vision of appointing independent counsellors and marching them across this country so that people could tell their stories: so that we could get down to the truth, and so that we could come together again.

And we're doing that, but the NCI has become something much bigger. Because along the way, just you watching people tell their stories and us encouraging you to take personal responsibility to actually start acting has made the NCI something completely different, where it's even hard to define. Because it's you and it's the actions that you take. And there's just wonderful things happening that we have nothing to do with, which is part of the NCI.

So every day it's evolving, but we're so thankful for all the little teams. There are whole teams of people volunteering on different projects. I don't even know who they are, and I don't need to know who they are. And you know, even an event like this here; we are in Red Deer, well, it was a local team that put this together. We don't have an administration where we can send people out and put an event like this on. We actually rely on just people that have said, "Hey, I will help. This is important. I'll put this together." And I mean, I can tell you it's just an incredible amount of work. And we owe gratitude and thanks to the local team that did this.

And I just cited as an example of how people can make a difference: You see a need do something. Think of just something you can do. There's a person that's going to be attending an event in Europe and wants to present about us, and asked, "Well you know I need a little, almost a commercial." And a Mr. Dahl just stepped up and did it, put it together for us. I don't even know who this gentleman is. But another volunteer, Peyman, had gotten this fellow involved, and it just happens, and it's very exciting.

Our social media team—because I always do an ask out—so first go to our website, sign the petition so that we kind of have a numbers count, to say, you know, people are behind this. And then also please donate.

As I say, this takes about \$35,000 every city that we stop in for three days. And you know, we just kind of keep up. But isn't it beautiful that we do? Because you know, we have discussions. Do we have enough to keep going? And then you guys come through and you donate and we have enough to keep going. And so here we are in Red Deer. You know when we had past discussions, "Are we going to get this far?" And next week we're in Vancouver. And the week after that we're in Quebec City. And then the week after that we are in our nation's capital, Ottawa. And it's all because you are participating, and so I thank you for that.

Our social media leader has asked—because our big problem is we don't have the media. "Where's the mainstream media here?" This should be front-page news because a group of citizens has gotten together. You have gotten together. You're here. People are online watching. We're creating this record that actually the entire world is watching what we're doing as an example. And I'd like to encourage those in every single country to band together and do the same thing. To create a record of your voices, of our voices, because we're all in this together. To create a forum where people are free to speak, to share their stories, so that we can hear them and come together. So we urge you to do that, but the media is not here.

And so we're relying on social media. The one forum that is the least censored is Twitter. Every time— And this is from my social media guy; I'm not on social media, so I hope I even say this correctly: Every time you tweet anything that is related to what the NCI is doing—COVID, censorship, mandates, freedom, Bill C-11, whatever it is—if it's anything that touches this movement,

[00:05:00]

just go hashtag NCI because that affects the Twitter algorithm, that you're including us as relevant to what you're speaking about. So that's a specific ask that we had.

Now this morning before we begin, I want to get to Bill C-11, which passed the Senate yesterday, and then lightning fast, the Governor General in Council signed it. Lightning fast because for federal laws they have to pass the House of Commons, they have to pass the Senate. They can begin in either one of those houses, but they have to pass in both. And then they're not law because the Queen is our executive—read the Constitution. And so the Queen or her representative, who happens to be the Governor General in Council, actually has to sign it before its law.

And sometimes a law will pass Parliament and it'll sit for quite some time before—I said Queen and it's King. I'm sorry I'm having to adjust. And so please forgive me, it's just been all of my life it's been Queen. So but it's King. But you knew what I meant anyway.

But you know, sometimes it'll be quite some time until it gets to the Governor General for a signature. And I don't know why that is, but I certainly noticed with interest that Bill C-11 has to be so important that it was signed the very day that it passed. I think we all should be thankful at how Johnny-on-the-spot our government is in protecting us. I tried to say that with a straight face but I don't think I succeeded.

I want to talk about a principle about reaping what we sow. And language comes out of out of the New Testament in the Bible, and it's just a basic principle that, "Don't be fooled. You will reap what you sow." And it's an agricultural analogy, which basically is saying, "Listen, if you go and plant something in the field, you're going to get what you planted." And the analogy is the same for your life, right? So if you go into a field and you seed that field with Canadian thistle, what are you going to get at harvest time? You're going to get Canadian thistle. And if you plant that seed with oats, what are you going to get? You're going to get oats, so you are going to reap what you sow. That's what this means, but it's meant to be applied to our lives. So make no mistake, what you invest your life in is what is going to come back to you.

I spoke on Day 1 about the second commandment being the foundation of our legal system, both our criminal legal system and our civil legal system. And the second commandment is just basically, love your neighbour like yourself, which just means treat your neighbour exactly how you would like to be treated. Now if you sow love—if you follow the second commandment—so if you were to sow love, basically plant love all around you, that's what you're going to get.

And if you plant hatred—so if you live your life hating and you sow hatred—that's what you're going to get back. If you sow truth, you get truth. If you sow lies, you get lies. Now this applies to you personally, but this also applies to us as a nation. If we sow love, we're going to experience love as a nation, and just the commonsense application of that is, the logic is inescapable.

If we love each other we're going to experience love. If we hate each other we're going to experience hate. We are going to experience it if we hate. If we tell the truth and insist that others tell the truth, including government and media, we will experience truth. And if we are dishonest, and we sit back and allow our government and our media and others to be dishonest,

[00:10:00]

then we are going to experience dishonesty. And if we censor, if we silence opinions that we disagree with, if we allow others to censor with all this online shaming, if we allow our government and media to censor, then we are going to experience censorship. And you can't escape the logic.

So this adage, this truth that you reap what you sow is the best—I can't say—the second best-argument that I can think of for why we have to follow the second commandment and get back to that fundamental bedrock principle that our society was based on. That we are to treat each other like we want to be treated ourselves, that we are to love each other because if we don't then we're going to be treated in a way we don't want to be treated. It's as simple as that. You have to do it for you. That's the second reason you should do it. There's a more important reason that I'm not going to speak about, but if you think about it it'll come to you.

Now I want to talk about Bill C-11, this bill that passed yesterday. Actually, I think I had Lieutenant Colonel David Redmond back on the stand, and then somebody holds up writing, "Bill C-11 passed," and so indeed it did, and I had announced it while I was up here. For those of you who aren't familiar with Bill C-11, and certainly people that are watching from other countries, and we are being watched by people in other countries: We have in Canada what's called the *Broadcasting Act*, which creates this Broadcasting Commission which has powers to basically control content. This has been around for a long time, and

we've been told for a long time that one of the prime drivers—and the purpose has changed over the years as our social values have changed, but—[is] to promote Canadian content.

Here we are, this little nation of 36 million people beside the United States which generates Hollywood, and all of that generates all this culture that's exported worldwide. And there was a concern—well, let's promote Canadian culture—but that's evolved to other things. I spoke yesterday about how dangerous it is to give the police and government powers.

What Bill C-11 does, is it brings into the control of the Commission online content. So here we've had the internet in theory, free of censorship. We all know that's not the case, and it's come out in the United States and the Twitter files—thank you Elon Musk for sharing the Twitter files with the world.

We've learned that actually in the United States, government agencies, including the White House, had been sending instruction to social media platforms to censor voices that they disagreed with. So we, literally, have evidence of government censorship in the United States.

Now, I don't think that there is a Canadian alive today—that has two neurons that are still connected so they can fire between each other—that can honestly say they believe that there has not been extreme censorship in Canada. I'm not aware of evidence of the Canadian government sending instructions, or our spy agency, or other agencies collaborating with social media platforms. But it's certainly interesting that the same types of voices that were Canadian that were being censored in the United States were being censored in Canada and the NCI experiences it.

I think we're off TikTok again; it just keeps happening, I'm not sure, but we've been pulled off; we are routinely being pulled off YouTube. It's kind of funny that in the freedom movement, I don't think you're legitimate or you've arrived unless you're censored. And we laugh because it's funny, but isn't that something, that in Canada in 2023 we come from this British legal tradition that prized freedom of expression. I mean, it's in section two of our *Charter of Rights and Freedoms* which is part of our Constitution that has become non-relevant anymore, but it was also in our common law.

[00:15:00]

The courts used to protect freedom of expression, because we had learned historically that if people cannot share their voices, then tyranny follows.

Because we believe what we believe, because we have accepted information that we've heard. And if we can't hear new information and different information, we can't change our mind. And understand that changing your mind is actually something that physically happens. So the term "changing your mind" is a very important and accurate term. We've all been in this situation, like maybe we're mad at somebody because they did something and we're mad we've invested a lot of energy in it, and then we learn that actually they didn't do it. And all of a sudden we're not mad, and we actually change our mind, we will change how we feel. And your neurons, your brain actually gets rewired, it actually gets changed.

I think that one of our fundamental freedoms, what it means for us to be humans, for us to become better and improve, and to learn more, and to become wise, is we get to change our minds. Surely, we don't believe the same things we believed when we're children, and are

we going to believe different things in 10 years or 20 years? That's what wisdom is: the changing of your mind as you experience more.

But censorship halts that. If the government has a near-total control on information and just gives one side, one narrative, and other viewpoints or opinions are censored: first of all, you're going to believe the information. You won't have a choice at first because we just tend to accept information, and then we have to be critical about it later. But how can we be critical about it later if we don't have information that's critical, so that we find ourselves in a situation where we can change our mind. And changing our mind to something that happens consciously.

This is a war for our minds, and if we don't have access to a wide range of information then basically, we become slaves to the government that controls the information. And that's why police states control information, and that's why police states censor, and that's why it used to be—past tense—that countries that we would call liberal Western democracies would privilege free speech. And that's why we based our laws on the second commandment which privileges free speech. Because if we are to treat others as we want to be treated, we don't want others saying, "no you can't speak; you can't share your opinion." Could you imagine living in a world where you can't share your opinion? Oh, wait a minute; we're in there.

The government now has the ability to control the internet and the internet is the only place that we can get our voice out, and it's the only place that you can get your voice out. Unless we start, you out there start, becoming creative and holding events and doing other things like you're starting to do, and it does this kind of in an Orwellian way.

This morning I pulled up Bill C-11 to kind of look at some of the sections, and remember it's always about your safety; there's always a good reason to take away our freedom, and in here it's our freedom to hear dissenting opinions. On its face it looks like it doesn't do that. It says things like section 4.1: it starts by saying it doesn't apply to just people posting online—doesn't apply. But then we read on, and you combine section 4.1 and 4.2, and except that they can "prescribe." So they can pass a regulation saying, "Yes, but it applies even though generally it doesn't apply to just people posting stuff online. We can pass regulations saying, 'Well, you know, but this, this, this, this, it does apply too.'"

Now they say that they're only supposed to pass these regulations in a manner consistent with freedom of expression.

[00:20:00]

This becomes Orwellian because wait a second: We're going to give bureaucrats the ability to censor our voices in a manner consistent with freedom of expression. Do you do you see how absolutely Orwellian that is?

I want you to understand the term "Orwellian" and if there's anyone out there and actually there's a lot who have not read George Orwell's book *1984*, which I think was written in 1949. You have to read it, and then first of all ask yourself, How did this guy write this book in 1949 trying to describe what things would be like in 1984? Because you are going to be spooked at how accurate it is. And one of the things, and it's written in a novel format; so it's an entertaining read in any event. It's a must-read.

But one of the things he talks about is this control of language. It's called "newspeak,"

where basically they're changing the definition of words because actually words are just concepts of meaning. If, let's say, a culture doesn't have a concept— Like there's cultures that don't have the concept of snow, because if you're a Polynesian tribe on an isolated island in the South Pacific you don't have a word for snow. But if you are Inuit, you have a whole number of words for snow. Some cultures didn't have the concept "zero."

Language matters; if we can get rid of words, we actually get rid of concepts, and then our minds and our belief systems get narrowed. And in this book, it speaks of newspeak; on how they're changing, the "Ministry of Truth" is changing language in an effort to control the population.

I read that book when I was a young university student doing my first degree, and it never dawned on me that I would ever see language being changed around us, but we're seeing it. We're seeing new definitions. We're seeing educational institutions banning certain words because they're racist or colonial, or like—this counterculture is a deliberate move. It's funny how, you know, in the name of inclusion, in the name of diversity, we have never hurt inclusion or diversity more; you see, it's newspeak. It doesn't mean what it pretends to mean.

And if you were to read Aldous Huxley's *Brave New World*, which was also written long ago about how society would be—you know, the parts and memes about open sexuality—and start comparing it to what's happening in our culture. And you see these two gentlemen, Orwell and Huxley, knew that there would be attack on the very foundations of our culture, which includes our sexual mores and values, and the family. Again, you have to ask yourself: how could they be so tremendously accurate?

But going back to Bill C-11, so bureaucrats now, the Commission—so we're back to bureaucrats—are going to have the right to pass regulations or to prescribe what areas they can regulate of our online speech. And so there'll be broad areas and then— These will be regulations passed in the regular format, so they'll be gazetted in the Canada Gazette twice and then they'll become law. And then some bureaucrat's going to make a decision that will be censoring because it's the whole purpose. You're prescribing areas of speech that they have the right to control.

And then we're right to where John Rath was talking about. So we have a bureaucrat that will censor speech. It's a bureaucratic decision made by a commission with expertise in these areas and if you were to appeal it, it will be on the basis of reasonableness, and you will have the onus of trying to prove it. And almost none of us have the resources legally to go against the government; because our system is deliberately designed to be expensive, so that the citizen can't have rule of law and can't be treated equally, it's all by design.

So it's not a mistake.

[00:25:00]

And then the court will give deference to the commission that has expertise and that is how our voices are silenced, and so this is why Bill C-11 is dangerous because it basically is allowing bureaucrats to now tell us what speech is permissible and what speech isn't.

I think we have to think about what Regina told us yesterday. The lady that was part of the Solidarity movement in Poland, who was sentenced by a naval court to three and a half years of imprisonment for handing out pamphlets that contained information that went against the government narrative. So basically, she was in prison for doing what we're

doing here. We're allowing people to take the stand and give information that is inconsistent with the government narrative, and that is where censorship leads: is with witnesses that we're calling, with the people putting this on putting their lives on the line, being in prison. That's where we're going as a nation.

And she said yesterday, and she was quite adamant, she said, "You must act," and that "the time is now." So turn off the TV, get off the couch, and get going. And we cannot wait. We cannot wait because the government will not stop.

And the question is: Have you had enough? Have you had enough? Are you finally going to decide to stand up? And her point is, "while you still can." Because that cage door is almost shut and then you can stand up all you want and you can rage in your cage. But there's nothing you can do; the time is short. And the government is coming for you because they never stop until you stand up and they can't push you any further.

I have at the bottom of emails that I sent out in my law firm a quote by Frederick Douglass. Now he's been dead for well over a hundred years, but Frederick Douglass was a slave. He spent most of his life as a slave, and then he finally got his freedom, and he became an author. He wrote what I'm going to read to you, but it is a fundamental truth, and this is a man that understood. He studied governments. He was motivated because he spent most of his life as a slave. And he said, "Find out what any people will quietly submit to."

So I'm just going to stop there. You find out what any people will quietly submit to. So how much is a people going to take before they finally stand up? That's what he's saying. So find out what any people will quietly submit to, and you have found the exact measure of injustice and wrong which will be imposed upon them.

Governments will push until you stand, so you actually have to. If you're going to decide what is acceptable for me, how much freedom do I want for my kids, you can't sit on your ass and watch the government take them away, which is what's happening and has been happening writ-large for the last three years. It's been going on longer than that, but I mean, it's all visible to us now.

It's an eternal truth. You have to stand up, and if you wait until you just can't take it anymore— One thing I didn't pull out of Regina on the stand is, she said, "You know at the beginning of the Solidarity movement there's just a few of us and we're in danger, and we're trying to get this out, and we're all afraid and there's just a few of us, and the masses weren't there to support us." And I said, "Well, what changed? When did the masses support you?" And she said, "When the bread ran out. When people got hungry." That was their line in the sand: when people got hungry. So if their economy hadn't deteriorated to the point where the bread ran out, she would be rotting in jail right now. We would have never heard of the Solidarity movement and the wall wouldn't have fallen. Because they weren't willing to get off their ass and stand for freedom,

[00:30:00]

and demand freedom, and demand an end of censorship, and demand a return to the second commandment, until they were hungry.

And you're not going to stand; most people have just been silent, even though they disagree because they don't want to lose anything. Well, you're going to lose it all, and then you're not going to be able to do anything. They want to put us in 15-minute cities, do you know what that is? You can walk a mile in 15 minutes. That's the average brisk walk, 15 minutes.

So they want to section our cities into 15-minute walks, so just think of circles that are, you know, where you could walk across the circle in 15 minutes. They want to then barricade the roads, so that we can't drive: all for climate change. And I live in St Albert, we've been selected as a 15-minute city; I believe Red Deer— I mean you can go into the World Economic Forum site and get a list of the 15-minute cities.

You know, what's my property value going to be worth once people figure that they can't drive their vehicle to my house? Is it going to be worth a dollar? Who's going to buy it that isn't in a 15-minute city? And why would you set up 15-minute cities and not allow us to go from point to point? Does the word "digital passport" mean something different to you now? This is coming, and it's an eternal truth that until we stand up, we are done.

I'm going to end by just sharing lessons my father taught me when I was a child. My father is an honest man to a fault, and he doesn't like bullies, and he has some wisdom. I had one older sibling that—for whatever reason, two years older—wasn't in the cool kid crowd. And you know how school kids are right? So you're not in the cool kid crowd. Then I show up at school and I'm not in the cool kid crowd, and there was a lot of bullying. And although it might sound offensive, what I'm going to share to you was actually the only way to solve the problem. My father's belief was: the only way to stop bullying is you got to fight back, and back then that meant physically fight.

I remember one day when my brother comes running into the back door and slams the door, and there's literally about 8 to 10 kids out there that had chased him home to beat him up, as a crowd. And my brother, he's home, he's thinking, "Phew, I'm safe," but my dad actually realized he wasn't safe because he had just run away from the bullies. So my dad drags my brother out there, and he goes like, "There's a whole crowd of you. Surely that's not fair, like you know 8 or 10 to 1. You pick one. Pick your biggest guy and that guy can fight Richard." And that's what happened. And then they didn't bully him again.

And there were times where I had to fight bigger people because they wanted to—you can only run so long. And dad said, "It doesn't matter that you're going to get beaten up. You plant a couple of good shots in the nose, and it's going to hurt them. They will never bully you again because they don't want it to get to a fight." And he was right.

You have to stand up, even if it hurts. And I'm sorry, that's just the way the world is. You have to stand up to bullies. And if you don't, they're just going to keep beating you up. So I just can't get over what Regina said to us yesterday. She pleaded with us, she came to Canada to be free. She pleaded with us to stand up. And the point she was making is, the time is short and your life depends on it. So I'm going to end there.

[00:34:20]

Final Review and Approval: Anna Cairns, August 30, 2023.

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

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



NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Witness 1: Christopher Scott

Full Day 3 Timestamp: 01:20:51–02:12:52

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Shawn Buckley

We'll call our first witness. Chris, can you come and take the stand for us this morning? Just so those online know where I'm standing, I can hardly see the witness, you see a little tuft of hair there.

Chris, can you please state your full name for the record, spelling your first and last name.

Christopher Scott

Yeah, Christopher James Scott, C-H-R-I-S-T-O-P-H-E-R J-A-M-E-S S-C-O-T-T.

Shawn Buckley

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

Christopher Scott

I do.

Shawn Buckley

Now, as I understand it, you are the owner of the Whistle Stop Cafe.

Christopher Scott

That's correct.

Shawn Buckley

And what town is that in, and what's the population of this town?

Christopher Scott

The Whistle Stop Cafe is in Mirror, Alberta with a population of, last Census: 502. But I think we're about 520 now.

Shawn Buckley

Okay, hey, so it's growing.

Christopher Scott

Growing, like a weed.

Shawn Buckley

When COVID hit and the lockdowns started, my understanding is you had only owned this café for six months.

Christopher Scott

That's correct. I spent the previous close to 20 years in the energy industry as an oil field worker. And I decided that due to constant government interference in my industry, I was better off doing something like owning a restaurant where the government wouldn't abuse me as they had in the energy industry.

Shawn Buckley

And just so you guys know, there's some foreshadowing going on here. So tell us, did that work? Were you able to avoid bureaucratic interference in your business life?

Christopher Scott

No, as a matter of fact it put me on a collision course to meet the biggest bully I've ever faced.

Shawn Buckley

Okay, now my understanding is when they first locked us down and told businesses to close, like restaurants, that you actually did comply, and you did close the Whistle Stop Cafe.

Christopher Scott

I did. We complied with all the rules. I mean for the most part we went along to get along with the attitude that, you know, it's not going to be forever. We'll just get through it, and we'll just comply even though we knew it was wrong.

Shawn Buckley

Now, while locked down, while we had these restrictions, my understanding is that you started hearing stories in the community that mental health issues were on the rise. And you just made a personal decision that you should try and find something to do to help. And can you share with us what you did to try and kind of help the community that was suffering mentally because of the lockdowns and other conditions on us?

Christopher Scott

Of course. One of the blessings, and the curse, of being the hub of a community is that you hear a lot of stories and people share things with you. And one of the things that we heard very consistently was people were going stir-crazy, families were stuck without anything to do, like kids weren't doing sports, tensions were high, instances of domestic abuse were on the rise, mental health issues were on the rise, suicides were on the rise.

All of the things that don't generally take the spotlight because number one, it's uncomfortable to talk about or look at, and number two, it's just not prioritized in our society to deal with those things. But we're hearing them, and so I was thinking: well, how do we do something while following the rules—because nobody wants to get in trouble with the government, right—that will help people get out and do something with their family, have some sense of normalcy, and not get in trouble?

I don't know where the idea came from, but I ended up buying an inflatable drive-in movie screen and a projector—not much different than the one that's right there—and an FM transmitter. I set the inflatable movie screen on the roof of the Whistle Stop Cafe and then I invited everybody to come out, while following the rules. Like park six feet apart, and follow physical distancing, and wear the silly breathing barriers, and the whole nine yards. And we had hand sanitizer. We had enough hand sanitizer we could have run a Co-gen [Co-generation] plant on it.

And we offered free movies so that families could come out and do something. And the first night that we offered the movie, there was about five or six cars. I decided to do this five nights a week. We did a Monday, Wednesday, Friday, and Saturday. The second night there was 30 cars, and then the next week there was 100 cars.

[00:05:00]

And it became this tiny little bit of relief in this beautiful province of Alberta, where people could come and be kind of normal, and do something so that they could break the monotony of the mandates and restrictions. And it was all fine and dandy until we got on the radar of the bureaucracy. They actually shut us down because they didn't have a specific set of rules for that type of business.

Shawn Buckley

My understanding is eventually, after a large amount of bureaucratic effort, they came up with some rules and you were permitted to continue.

Christopher Scott

That's correct. We could offer drive-in movie services while following the rules, and people did. They were really good about that. I mean we had line-ups outside to come in and get popcorn. People were actually standing eight feet apart on their own without being asked, so it's not that people didn't want to follow the rules, they just wanted something to do. They did allow us, but one of the conditions was nobody was allowed to use the restrooms.

Shawn Buckley

Right, okay. Now, so you're complying, and how is that affecting your business economically?

Christopher Scott

Well, in a short period of time, just like most other businesses, it took me from a positive cash position to a negative and declining cash position.

Shawn Buckley

Okay, now you ended up opening on January 24th, 2021. And can you just share for us kind of what things were happening before then, that led you to open?

Christopher Scott

Sure. So as many people will likely remember— The election prior to this, we elected a government that we had a huge amount of faith in. And the premier, you know, we thought he was going to come and save us. It didn't turn out that way. In December, I watched him actually apologize to businesses for choosing which businesses were essential and which were not, basically choosing who lives and who dies in business. And they said they'd never do it again.

And I watched our premier say this, and I thought, yes, this is the guy that we elected. This is the guy that's going to get Alberta through this. And a few short days later, he returned to TV and said he was now locking us down again and closing businesses again. "But don't worry because this time it's only going to be 30 days (of a two weeks), and then we'll just get back to normal because we need to protect the healthcare system."

Now that phrase "protect the healthcare system," that struck me as odd right from the beginning, because as I looked around at all the healthy people around me, protecting the healthcare system seemed like a strange thing to ask for. If we wanted to protect people, we should be talking about protecting people's health. We should have been encouraging people to focus on their health, and make sure that they could handle sickness by focusing on their health.

But it was never about that. It was always about protecting the system. And I had a big problem with that. So the 30 days came and went. Deena Hinshaw, the Chief Medical Officer of Health, came on TV and she said, "Well, you know, we need another week. It's not quite working yet. We need you guys to stay closed for another week." And I was livid. I was livid, and I said to myself, when Jason Kenny shut us down again in December, that after this 30 days, I was going to protest this by opening.

Thirty days came and went. Another week came and went, and Deena Hinshaw returned to the airwaves. And she said, "Well, we can't let you open yet. And we really have no end in sight." And it was at that moment that I realized that number one, this was not about protecting people's health. This was not about keeping people safe. It was about control.

And if it had been about keeping people safe, the level of incompetence from our government to go on the air and say that they had no idea or no plan, that was not okay with me. At this point we had heard some devastating stories of what happened to people and their families; businesses were being lost; the damage was unbelievable. And so I decided that I was going to exercise my constitutionally protected Charter right to protest. And I opened my restaurant in protest of government policies that were not aligned with what our rights as Canadians are.

Shawn Buckley

And that happened on January 24th, 2021.

Christopher Scott

That's correct.

Shawn Buckley

So what happened after you opened in protest?

Christopher Scott

Well, I have got to say, being the only restaurant in Alberta open, you're very busy.

[00:10:00]

We had a lot of customers. We ran out of food consistently, but something else happened. I opened in protest partly because of what was going on around me and what was happening to other people. But to be perfectly honest, the motivations were more selfish because I was put in a position where it was either fight or flight. I was either going to lose my business or I was going to stand up and do something about it. And so I did that mostly for myself.

I protested mostly for myself. But as people started pouring into the café and they saw somebody standing up—they saw somebody protesting these mandates—they started sharing stories with me that completely changed the way I look at the world, the way I look at the government, and the way I looked at myself. I was forced into a position where I had to accept the fact that if we don't stand up and do something and be an example for other people that also need to stand up, nothing will be fixed. It'll never end. And so you know the authority, of course, tried to— They dropped the hammer of God on me.

Every agency in the province was on me: daily or every other: daily visit from the RCMP [Royal Canadian Mounted Police], and from environment to public health inspectors. Constant threats, constant intimidation: "Oh you're going to lose everything. We're going to take your business. We're going to take your food-handling permit. You're going to lose your liquor licence. You're probably going to lose your house."

As a matter of fact, the second time the Chief of Police, Sergeant Bruce Holliday— The second time he spoke to me, he came with the health inspector. And as the health inspector left Bruce and I, to go find some things to cite me on, which they didn't, Bruce leaned in close and he said to me, "You know, I admire you standing up for yourself, and I admire what you're trying to do, but you've already made your point. You should just close and follow the rules because you cannot win against the government."

Shawn Buckley

So I just want to make sure that I'm clear. This is the Chief of Police?

Christopher Scott

Yeah, Chief of Police.

Shawn Buckley

So it would be an RCMP officer?

Christopher Scott

Right.

Shawn Buckley

So the officer actually supports, ethically, what you're doing, but is communicating to you that as a citizen of Alberta, you don't have a chance of standing up against the government to basically have a right to protest.

Christopher Scott

That's right. And you know, the ironic thing is, he was right. A citizen cannot win against the government. I was put in a position where to fight the government, and to stand up for my rights—and after realizing what was happening, the rights of people around me—where the outlook is grim. I mean, you retain a lawyer in this province for something like this, and they want \$25,000 from you upfront, before they even do anything. It costs \$10,000 to prepare a piece of paper.

And somebody like me, there is not a snowball's chance in hell that I could stand up and do that on my own. But something amazing happened. A lady by the name of Sheila showed up at the Whistle Stop Cafe, and she's a reporter for *Rebel News*. And they had a program at the time called Fight the Fines, and they were crowdfunding so that people like me could actually stand up against the government.

So with their help, I went from a 100 per cent assured loss to, "We actually have a chance to do something now." Thousands of people, probably millions of people from all over Canada chipped in. And they stood up with people like me who were trying to stand up against the government. And all of a sudden that truth that Sergeant Bruce Holliday had said to me, that "you can't win against the government," that truth changed to "you can't win against the government, but 'we' can win against the government" if we stand together and start speaking some truth.

And we unify around the truth and move towards doing what's right; we can actually win against the government. Because that's the one thing that stands the test of time, is truth, and the truth is that what was done to us was wrong. The bureaucracy that did what they did to us did it in error, for whatever reason. It doesn't matter why they did it, but it was an incorrect path. And we're seeing that now.

I mean, we've heard testimony from everybody, from Lieutenant Colonel David Redman, who wrote the plan on how to deal with this, and watched it thrown out the window

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in lieu of following Deena Hinshaw and Cabinet's advice. We heard from him. We've heard from people that have been devastated by this, to the point where they've lost family members to suicide because they couldn't see any hope in continuing on in this country.

In this free country with free healthcare, where if you have a mental health issue you should be able to phone a doctor and get some help before you fix it yourself by ending

your own life. But we lost those things because the bureaucrats failed to uphold our civil liberties, our rights and freedoms that are guaranteed to us under the Constitution. And now, as I hear people testifying at the NCI: these are stories that I've been hearing for two years. As people flooded into the café, it wasn't just a café and a gas station in a dusty little town, anymore. It became this place where people went to because it was a symbol of freedom and hope because somebody was doing something.

Shawn Buckley

Now, Chris, it's my understanding that not only people from Alberta came to the Whistle Stop Cafe because it was this signal of hope, it was this little beacon of light in the darkness, but actually people came from other provinces to the Whistle. Can you share with us that? Because that, I think it's important to understand, that just you taking a step created hope.

Christopher Scott

Yeah, we've had people from all over the country show up there. There were people driving 8-12 hours to come and have a burger at the Whistle Stop Cafe, because they believed in what we're doing. It wasn't what I was doing. This was a conscious decision that I made after speaking with my family, and my friends, and my staff.

It was never just me. If it was just me, I would have fallen flat on my face a week after it happened. This was a "we" thing. It was dozens of people, hundreds of people even, volunteering to help through the physical parts of it. And thousands and thousands of people helping with the financial part, it was never a "me." It's never going to be a "me." It's a "we" thing. And that's why I think it's so important that people pay attention to what's going on here.

Shawn Buckley

If I can focus, because I just think you're saying something here that is tremendously important. And before we move on— Because even just going back to you buying that inflatable drive-in screen and holding those drive-ins, you explained how maybe there were five cars the first time, and then more and more, and all of a sudden, it's an event. Because it gave people something to do. And it would have helped with mental health.

That was an example, Chris, of you doing something, just deciding to do something. Do you see? And I'm just making a point of this because you set an example of how you can make a difference. It's not just you, but other people could make a difference. If you just go, "Wait a second, we have a problem here, what can I do?" and you came up with this creative idea. And you pointed out *Rebel News* that had made this decision: we've got to have crowd-funding, so that people have an opportunity to stand together against the government.

Because, as you pointed out, it can't be done alone, and I think we're all very proud of *Rebel News* for doing that. But they made that decision to do that, and then you and your team made a decision: "No, we're going to protest because we have to," and you're giving us examples that I'm just emphasizing because small groups of people making decisions make a difference.

And I think there will be a lot of people participating in your testimony today that heard about the Whistle Stop Cafe, and it gave them a little glimmer of hope that somebody was standing up while the rest of us were all cowering in fear. And so I just wanted to

emphasize that you making the decision, because it's the point you're making now, isn't it, is just people making a decision can make a difference?

Christopher Scott

Yeah, and as much as it pains me to do so, I can steal a quote from Hillary Clinton, and say "We're stronger together," and I'm not talking about what she was talking about, when it comes to stuff like this. We are absolutely stronger together.

Shawn Buckley

Now, you said that the police officer told you one person can't stand against the government, and you've told us it's true, but we together can stand against the government. Can you share with us the efforts that the government went through and are still going through, because you're still facing proceedings?

[00:20:00]

So share with us basically all the steps that the Alberta government has taken to close a café in Mirror, Alberta, a town with a little over 500 people.

Christopher Scott

Well, as you mentioned, some of this stuff is currently before the court. So unfortunately, I have to decline to get into specifics. And that is out of respect for the proceedings that are still going on. But I will say in a more general statement that the government and bureaucracy: there is no limit to how far they will go to try and crush those who oppose them. I can say that I'm disappointed and, actually, I'm disgusted by some of the things that I've seen, some of the tools that have been used against me to try and get me to stop protesting.

Shawn Buckley

Now, do you mind if I go through some of them, just to kind of highlight for people? I know you don't want to go into details, but a lot of this is public. In addition to AHS [Alberta Health Services] visits and multiple tickets, how many tickets have you been— Or they weren't tickets, you were actually summonsed to court to face charges. How many times did that happen?

Christopher Scott

I lost count when I ran out of fingers and toes, but I think it was 23.

Shawn Buckley

Okay, so 23 separate summonses to attend at court. My understanding is that basically they got the liquor licensing authorities involved and pulled your liquor licence.

Christopher Scott

They did, yeah.

Shawn Buckley

They got Occupational Health and Safety involved to come and visit you.

Christopher Scott

Yes.

Shawn Buckley

They seized liquor.

Christopher Scott

Yeah.

Shawn Buckley

They went to the person that you had a contract [with] to allow you to even purchase the restaurant. So they went to a private person to try and get them to pull the café back from you.

Christopher Scott

They did.

Shawn Buckley

So they were trying to involve private sector people. They actually seized and chained the doors of the Whistle Stop Cafe to physically take it away from you.

Christopher Scott

Yes, they did.

Shawn Buckley

So that's just some of the things. That's not all, but just some of the things. They got an injunction against you. I think you can share with us the terms of the injunction and Jane and John Doe.

Christopher Scott

Oh, of course. So what's commonly known as the "Rook Order," was an injunction sought by Alberta Health Services against me, Glen Carritt, the previous owner of the Whistle Stop, and the Whistle Stop Corporation, in addition to John and Jane Doe in Alberta. And the Rook Order basically said that it was declared illegal to attend, organize, incite, or promote any illegal gatherings.

Shawn Buckley

Right. So because John and Jane Doe were included, that applied to every single resident of Alberta.

Christopher Scott

It did, yes. And that part of it was challenged in the courts. And it was challenged successfully, and that was removed. But the named individuals are still on there. Now, as a Canadian and as an Albertan I still believe in the Constitution. I believe in the Charter of Rights. I don't think it's perfect, but I think it was well intended, and as written, I think it should protect us.

And I stood on that, and I will always stand on the fact that my right to protest is literally my only recourse against government policy that I disagree with—aside from getting into politics and doing it myself. But that's my only recourse and that should never be taken away from me. So I engaged in a protest. As a matter of fact, I advertised it as the biggest protest Alberta has ever seen. It didn't turn out that way because the weather didn't cooperate, but there was a couple thousand people there. And I was arrested and incarcerated for exercising my Charter right to protest bad government policy.

Shawn Buckley

And my understanding is you spent three days in jail.

Christopher Scott

I spent three days in jail. I was subject to sanctions of \$30,000 in fines, 18-months-probation, a compelled speech portion where the courts ordered me to tell people what the government wanted them to hear before I spoke, and I wasn't allowed to leave the province of Alberta.

Shawn Buckley

So I want to make sure that people actually understand this compelled speech part of your sentence. When you were sentenced, in addition to \$30,000 and time served—and I understand you were also put on a year and a half of probation—but you were ordered to write text that the Court gave you publicly.

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So you were to make a public statement and basically read what the Court told you to read. So not only did you not have freedom of speech but you were compelled to give a speech that the Court dictated to you.

Christopher Scott

That's correct.

Shawn Buckley

Now, going forward, and I understand, and you've made clear, that there's things you can't talk about because there's still legal proceedings, you're still facing other sanctions that aren't finished. But going forward, what could you leave us with as kind of lessons learned and what we need to do, to do this better going forward?

Christopher Scott

Well, I see there's 10 minutes and 30 seconds left, I don't think that's enough, but I'll do my best.

Shawn Buckley

Well, no, and I think you've learned watching yesterday, that our time limits are not hard and fast, and I know the commissioners are going to have questions for you also. But you do have some lessons to share with us, and you do have some thoughts.

Christopher Scott

Yes, I do.

Shawn Buckley

I'm inviting you to share them.

Christopher Scott

I'll try and be quick. So during this little adventure that I found myself on, it's become necessary for me to read a lot. You know, we tell each other in the schoolyard when we're kids—when somebody asks, "Oh, can I use that?" or whatever. And we say, "Well it's a free country, isn't it?" We're conditioned to believe that we have these rights and freedoms. We're conditioned to believe that our forefathers fought and died for our freedom so that we wouldn't have to. And during the course of this adventure, I've realized that that's a lie.

Our forefathers didn't fight and die for freedom so that we wouldn't have to. They fought and died for our freedoms so that we would have the opportunity to keep them, and that comes with a hefty responsibility. And I learned this as I went through some legislation that was being used to try and stop me from earning a living, from exercising my civil liberties, including the right to protest; I learned that there is legislation out there right now, and Jeffrey Rath talked about it yesterday. I think Lieutenant Colonel David Redman, he alluded to it a little bit in his testimony.

There is legislation out there right now that allows the bureaucrats to strip our rights and freedoms away without justifying that they need to do it. And that's exactly what happened to me. Bureaucrats decided that it was unsafe for me to pour coffee and serve hamburgers, in a café with a capacity of 40 people that was generally maybe 10 to 15 people in there. They told me that it was unsafe for me to earn a living, and they did that without ever proving or justifying in a court of law, or with any scientific evidence presented in our province where this legislation exists.

And they used that legislation to strip away my rights. Now you might think, "Okay, well, we need that, so that if there's something that's going to harm the people of Alberta, we can step in and deal with it quickly, and I would agree with that. But if you look into legislation like the *Public Health Act* of Alberta, that is a very, very dangerous piece of legislation. And I'll explain why, better after this. But that legislation says that, and I'm going to paraphrase here; this is the best I can remember, "In fulfilling her duties to protect the health of the people of Alberta, the CMOH [Chief Medical Officer of Health] may at any time, as long as it's in good faith, take any steps necessary to do so, including seizing property, personal or private."

That means if the CMOH, or anyone acting under her orders to promote the health and safety of the people in Alberta, if they think that your house needs to be seized and used as a vaccination clinic, they can do that under the law. And you have no recourse except for to pay a lawyer \$50 or a \$100,000 and go to court. And two, or three, or ten years down the road prove that they shouldn't have done it. That's what that legislation allows. The wording is very specific in public or private; your private property is not off-limits.

As a matter of fact, we saw that during the pandemic. We saw people reporting their neighbours for having their grandkids over for Christmas dinner, on private property. We saw police showing up at people's houses and issuing them tickets for having their friends over. I don't mean to sound crass, but this can go anywhere from having a church service in your house, the police will be involved in that because it applies to private or public, to having a swinger's party in your bedroom.

The government can literally shut you down for anything that you do in your kitchen, in your bedroom, in your church, in your restaurant, in your café. Even more dangerous than this, now we have a federal government— We have Theresa Tam, the top doctor for Canada,

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alluding to the fact that climate change is one of the most serious risks to health.

Now, if climate change is a serious risk to health, and our health authority can take any steps necessary, any steps they think is reasonable, as Jeff Rath pointed out yesterday, in order to combat these things for our health, what does that tell you about what the federal government can do, going forward?

The federal government has said that, in their opinion, capitalism and liberties need to be dismantled for our health. And there's legislation that allows our provincial governments to do almost anything they want to us in the name of public health. Where does that put us as Canadians? There's another piece of legislation that can be used in the same manner, and Jeff talked about it yesterday. And that's the Civil Emergency Measures Act [*Emergency Management Act*], I think it's called.

Our government and our bureaucrats have unlimited power against us, and even worse than that, the judiciary that's supposed to protect us against these things has failed because that judiciary defers to those who are doing these things to us, as the experts, to justify their actions. The onus is on me to prove that my actions were justified in pouring a cup of coffee in my restaurant, and if I can't prove that, if I can't prove my innocence, I'll be fined into oblivion or maybe jailed.

Right now, we have four men who are jailed; they've been jailed for over 450 days. They haven't had a trial, they haven't had their day in court, they're innocent, and yet they sit in jail because they spoke against the government. They stood up for their rights. They're in jail because bureaucrats have decided that their civil liberties need to be removed to protect the bureaucracy. And this is the free country we live in, this is the free country of Canada, where Polish immigrants testify under oath and say that they're thinking of leaving this free country that they fled their home to—because they want freedom.

Well, I need to ask you folks, "Where are you going to flee to?" because I've thought about it. Where are we going to go as Canadians in the freest country on earth? Where are we going to go when our freedoms, and our liberties, and our rights get stripped away from us to the

point where we need to flee to live our lives as we choose? There is nowhere else to go, not one place on this planet. There might be places warmer where we can escape this for some time, but unfortunately these things catch up.

And Shawn, he asked how George Orwell knew in 1949 how these things would happen. How it could be so prophetic? These books that he wrote: *Animal Farm* where the animals looked in the window and they couldn't tell the difference anymore between the pigs and the humans. The bureaucracy, those who were standing up for them, became the bureaucracy they're fighting against. How did George Orwell know that?

George Orwell was a democratic socialist. He knew where that led. He also liked history. And the one thing I've learned—aside from we don't live in freedom, we're only free when the government says we are—the one thing I've learned is that history will repeat itself over, and over, and over again. And we are no more enlightened today than we were 5,000 years ago. We still are subject to the same things: greed, lust, gluttony, all those things. The same things have been used to control us for thousands of years.

And you know what the number one thing is? Fear. Number two is hunger. Civilizations all over the world have fallen to tyranny because of fear and hunger, and that's where we're at right now. I'm hungry for freedom. I'm hungry to live my life as I was intended, to exercise my God-given rights that no government gives me. And the only thing I fear is the apathy that I see in Canadians and the media—the apathy and the fear that prevents them from taking a stand and doing something to prevent the things that have happened in history from happening again.

And that brings up another point. We have to stop looking around and looking for someone to save us. Nobody is coming to save you. I'm not going to save you; Danielle Smith isn't going to save you. No politician's going to save you, the only person that's going to save you is you. So before you start condemning a politician,

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or asking someone to do something for you, you need to look in the mirror and ask yourself what you're willing to do to protect your rights and freedoms. What you're willing to do to ensure that the lives that were lost to gain you the freedom that you have today, remains for your kids.

What are you willing to do? Are you willing to put \$10 in a jar? That's great! Are you willing to put your business on the line? Amazing! Are you willing to support those who are taking a stand so that they can continue to do it? Do it; do something; do anything! Because, as you heard yesterday from somebody who has lived it, there will come a day when you either look back and you say, "I wish I did something," or you look back and you celebrate the decision you made to do the work to ensure that the rights and freedoms that we're born with remain with us and remain with our kids.

It's not about a restaurant. It's not about coffee. It's not even about a passport to go in a restaurant and have lunch. It's about standing up for what humanity is supposed to be.

So we've got some pretty difficult choices, and I really hope that this Inquiry, I really hope that people pay attention to it, and they start to think about these things, because you know with what we hear of coming from the federal government right now, and knowing what legislation is there that can be used to accomplish what they want to do, I really think we're in the endgame.

Shawn Buckley

I think those are very apposite words that you're sharing with us. I'm going to ask the commissioners if they have any questions of you.

Commissioner Drysdale

Good morning.

Christopher Scott

Good morning.

Commissioner Drysdale

Can you tell me how you were treated by the mainstream media or the government media in Canada? Did you get a fair and balanced analysis of what you were doing?

Christopher Scott

Early on, I would say that it was more balanced and fair than I anticipated. But after a little while, I mean, they're like a pack of wild dogs, and they feed off each other. So I am a rebel and a scofflaw. This is sarcasm, by the way. I've been called a rebel and a scofflaw and an anti-vaxxer and an anti-masker. And the media has framed me as someone that just doesn't care about the rules. They've made the public believe that I wouldn't force people to provide papers to eat a hamburger, so obviously, I must allow rats in the kitchen.

Well, sorry, folks, but the only rats in Alberta are the ones that called the cops on their neighbours over Christmas. You know, there are some good folks in the media. There's a CTV news reporter that I actually would call a friend. And he's on side about a lot of this stuff. But unfortunately, speaking up and doing the right thing in those institutions is a death sentence for your career. So we can't count on them.

Commissioner Drysdale

How were you treated by the alternative media in Canada?

Christopher Scott

Better. Much better. Sheila Gunn Reid spent a week at the Whistle Stop Cafe sitting on the floor, doing the rest of her work in the corner while the police badgered people. And now looking back, I don't know if it was because of the fight, or the burgers. Because the burgers would be worth sitting on the floor for five days, but you know, I'm not even going to call them the alternative media, I'm just going to call them the new media. They have been very good at actually telling the truth of what people like me are doing, where no other media would.

Commissioner Drysdale

Mr. Buckley made an announcement this morning in his opening remarks about the passage of Bill C-11, which is the amendments to the *Broadcasting Act*. Do you have any comments about how those changes may affect your ability to access the new media, in your words?

Christopher Scott

Well, this is one of the things where time will tell. They say that they're not going to use this piece of legislation to silence media, but I don't believe it for one second. I mean, all you've got to do is turn on the radio and you hear the woke mob saying whatever they want, but you don't hear any conservative voices.

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And it's not supposed to be that way. The legislation was supposed to protect Canadian content.

And I was taught that as a kid. I remember going through that part of class and learning about how Canada protects Canadian music and the CRTC [Canadian Radio-television and Telecommunications Commission] is so great, and all that kind of thing, right? I think it might prove to make it more difficult to access that online. But one thing people have to remember is online isn't the only thing we have. The one thing that we lost over the last three years is the ability to gather in peaceful assembly. We still have that ability.

And Bill C-11 may just mean that we have to do more things like hold more events, and have more backyard barbecues, and get rid of that silly idea that it's impolite to talk about politics or religion. You know, the two things that affect everything. Politics affects everything in our life from before we're born, to after we die. Every single step of the way is politics. Religion affects everything else in our eternal lives. The two most important things in our lives. And yet it's considered impolite to talk about it.

So if we break down that stigma and start peacefully assembling, and having conversations again, we have the ability to share ideas similar to what they did in Poland with the Solidarity movement. I mean, it was all in people's houses and backyards. As a matter of fact, my great, great grandfather was one of the men who burned his guns, and he wouldn't fight for the Czar. And he was sentenced to hard labour in Siberia, and he wasn't released until, I think, the Czar had a son: he was so happy he released all the prisoners, whatever.

Anyway, he came to Canada and his stand against tyranny didn't stop here. He was issuing birth certificates and legal documents to people that the government said were second-class citizens and couldn't have them back then, you know? And it wasn't the media that changed things. It was people's willingness to peacefully assemble and do what they had to do, and share ideas that moved them and got them the rights that they were looking for at the time. And that may well be where we have to go in the future. And the bright side of that is there are places like, oh, I don't know, a little out of the way café where we love to have conversations with people and share those ideas.

Commissioner Drysdale

You mentioned in your testimony that you were arrested and that you were detained for, I think it was three and a half days.

Christopher Scott

Right.

Commissioner Drysdale

Did they handcuff you when they arrested you?

Christopher Scott

Of course.

Commissioner Drysdale

Can you describe what your experience was when you were detained, were you in the Remand Centre? Were you in a lockup? Were you in general population?

Christopher Scott

No, they left me in the drunk tank for three days.

Commissioner Drysdale

Can you describe that room for me please?

Christopher Scott

Oh, it was horrible! Well, there is a silver lining, and I'll talk about that in a minute. The drunk tank is a concrete room with a concrete bed, a stainless-steel toilet, which is also the sink, which is also where you get your drinking water from. The lights are on 24 hours a day. It's not a pleasant place to be. But they gave me a book, and I hadn't read a book in about two years, so that was nice. And the concrete bed straightened out my back, and I felt better when I got out. So there was a silver lining there. And I suppose if we're going to go through those things, we have to be able to find the silver linings in every tribulation. I was surprised to be stuck in the drunk tank for that long, because generally they bring you there, and then they move you to remand, and you have a bed, and whatever. But yeah, it wasn't pleasant.

Commissioner Drysdale

Were you violent?

Christopher Scott

How so?

Commissioner Drysdale

I'm just asking, if you were in handcuffs, did they put you in handcuffs because you were at risk of being violent?

Christopher Scott

No, they put me in handcuffs because they were scared of what I would do with my hands. But I think maybe next time they should probably muzzle me because my words are a lot more dangerous than what my hands will do.

Commissioner Drysdale

My last question has to do with your community of 500 or 520 people. What was their general impression? Were they supportive? Were they unsupportive? Was there a mixture? What was the general consensus there in the community about what you were doing because you were bringing attention to this small rural community?

Christopher Scott

Well, it was mixed. In the beginning, you know, it was exciting for most people, I think. There were of course those who had completely succumbed to fear, and they saw me as a vector of disease that had to be avoided at all costs because of what they were being told. In the end, after the dust settled, I think the community is probably split 50:50. Half seem to be supportive and agree with the position I took, and half don't.

Probably the line there

[00:45:00]

is the same as it would be provincially or nationally. We're divided, right? We heard things like "this is a problem of the unvaccinated." Lieutenant Colonel David Redman, he mentioned yesterday that the leadership, in this province and in this country, they did things that they should never do. They used fear as a tactic, and that fear has caused the division that we're seeing in towns like mine, and in the province of Alberta, and across the nation.

Commissioner Drysdale

You know, sorry, that was going to be my last question, but you mentioned terms and attitudes toward you, which were quite hateful. What was the source of that? Why did people think that? Why were they, in your opinion? What was feeding that in people?

Christopher Scott

In my very humble opinion, because I'm not a psychiatrist, there's a lot of reasons why people would not like me. Number one: I'm not likable. Number two: during this whole thing, a lot of people stood up, and they supported me. As a matter of fact, they supported me to the point where they helped me purchase the restaurant to remove the mechanism Alberta Health Services was trying to use to force me to stop protesting. They helped me buy it, so that that person was out of the equation. Some people didn't like that. They see me getting something that they don't believe I deserve, and they hate me for it.

Other people legitimately believe the narrative, in that I should have just followed the rules and done everything and protected everybody, and forced people to take a jab they didn't want to eat a hamburger in my restaurant—which I wouldn't do, by the way. My restaurant was open by then, and we were serving food again. I got my licences back, and the government decided they were going to bring in that vax passport. I shut down my dining room, because I was under bail conditions that said I had to follow the public health orders, and I wouldn't do it. I would never ask somebody for their papers so that I could pour them a coffee.

So I had to shut down my restaurant for that. And, you know, there are people, they don't understand that. Some people saw that as an inconvenience. "Oh, Chris, why wouldn't you just allow me to show you my vax passport so I can have a coffee here?" And the answer is

because it's not right. "Why would you not follow this part of the rules? You can be open, just only serve this select group of elite people that did what the government want." Because it's not right.

I'm not going to put my ability or potential to earn money over my principles, like that. And people didn't understand that. And so you know, they hate me for it. As a matter of fact, my friend Kerry, over there, and I, of all the things that could have happened to a guy that owns the Whistle Stop Cafe, we got hit by a train. Can you believe that? We got hit by a train, and on social media, the outpouring of concern was amazing. People were legitimately concerned for us and asking all the time how we're doing.

But there were some people that said things like, "I was so happy when I heard that. It's such a shame that you two free-dumbers didn't die." And that hit me like a freight train. The idea that in this country, where we're supposed to be free to disagree on certain issues, and our leadership is supposed to foster good relations between us, right? They're not supposed to divide us with fear. That we've come to a point where one side actually wants the other side to die because they don't have the same opinions. And it's no different in my town.

Commissioner Drysdale

Thank you.

Commissioner Kaikkonen

You alluded to the cost of court and what it costs for an ordinary citizen to fight against these kinds of government abuses. And I believe that there's a lot of people in this country who believe the same thing, that they'd like to fight on principle through the court system, but it's just unattainable, or they will lose all their assets.

What would you suggest in terms of recommendations? And yes, I'm aware that you're still in court, but what recommendations could you make, just from your own perspective that might make court more accessible to ordinary Canadians when they feel that they've been abused by government authorities?

Christopher Scott

Short of finding an organization that will help you crowd-fund, I really don't have any ideas. I mean, even a lawyer will tell their clients not to fight on principle because it's costly, it rarely wins, and in the end, you lose everything, and you gain nothing.

[00:50:00]

So standing on principle oftentimes means that you end up with nothing. One of the things that I don't talk about too much, but I'll mention it now, is part of the decision-making process for me to engage in protest, to use my Charter right to protest.

One of the decision-making process parts was that I had to ask myself, what am I willing to lose? Because it's very likely that I'll lose everything fighting the government. I've watched it happen around me numerous times. We've all seen it. And if you don't make peace with the reality that you will very likely lose the things that you find that you hold dear, like your property, for instance, you can't take on that kind of fight. So I had to very quickly have an internal conversation with myself and accept the fact that I would very likely lose the

things that I'd worked my life for. So short of doing that, and being okay with the negative outcome in that regard, and finding an organization that will help you with legal costs, there's really nothing else you can do that I'm aware of.

Commissioner Kaikkonen

Thank you very much.

Shawn Buckley

Chris, there being no further questions, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing with us today.

[00:52:01]



Final Review and Approval: Anna Cairns, August 30, 2023.

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

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Witness 2: Dr. Misha Susoeff

Full Day 3 Timestamp: 02:12:52–02:52:37

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Shawn Buckley

Our next witness is Dr. Misha Susoeff. Misha, can you state your full name for the record, spelling your first and last name?

Dr. Misha Susoeff

Yes, sir. It's Misha Mooq Susoeff, M-I-S-H-A S-U-S-O-E-F-F.

Shawn Buckley

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

Dr. Misha Susoeff

Yes, sir, I do.

Shawn Buckley

Now, by profession, you are a dentist, and you've been practicing dentistry for the last 17 years.

Dr. Misha Susoeff

Yes. I'm a dentist, I'm an entrepreneur, I'm a father, and I'm a husband.

Shawn Buckley

Now, Misha, when we were having an interview earlier in the week, you brought up a kind of a different issue with informed consent, and I'm kind of excited about you to explain that. So can you explain the position you find yourself in, being legislated by the *Health Professions Act*, and then your thoughts on informed consent?

Dr. Misha Susoeff

Over the course of the last few weeks of following the National Citizens Inquiry, I think we've had a lot of good expert testimony regarding informed consent. But I'm finding myself— As a practitioner who lives in that world, I feel that I'm inhabiting a post-consent world. And I don't understand, as a practitioner, how I move forward from that. So as we've heard previously at the National Citizens Inquiry, consent is foundational. It's sacrosanct to the provision of any type of medical services. And in Alberta, we are the different health care professions legislated under the *Health Professions Act*. We are self-regulated, and we design our own regulations.

Now, every health profession in Alberta will have within their professional standards, guidelines surrounding consent. And consent is a multi-factorial, multi-layered concept, and if you remove one component of consent the entire pillar collapses. And what I've watched happen in my province, in my country, and frankly around the world, is that the concept of voluntary consent has been ignored. And voluntary consent is the concept that there can be no outside persuasion in the medical decision-making of any patient. So that means from their health care professional, their doctor, their chiropractor, their dentist, nor from a policeman, nor from a politician, nor from a hostess at a restaurant, and if at any point that the voluntary nature of that person's medical decision is violated, there is no consent. The consent is repudiated.

Shawn Buckley

Now, one thing that jumped out at me when we were having a conversation is: You said that you can't provide medical services to anyone if you think there's a third party in the decision. And it's the way you phrased it as "a third party in the decision" that I found so interesting. And I think that's what you're talking about: as a medical practitioner, if you think they're doing this because a spouse is forcing them so that they can travel, or an employer is forcing them just to keep in a job, that literally there's a third person in the room when you're trying to assess consent.

Dr. Misha Susoeff

Exactly. And at that moment when there's a third party involved making a decision for the patient, as a health care practitioner, you no longer have consent; it's been vitiated.

Shawn Buckley

I really appreciated that you brought a new term to the table. Because that is a different way of us thinking about it: that there's literally a third party in the room, and that that's something that healthcare practitioners need to be mindful of. Now, as this pandemic hit us, you were involved in doing some social posts. And I'm wondering if we can switch gears and have your thoughts— share with us kind of what happened with some social posts that you were involved with.

Dr. Misha Susoeff

Yes, sir.

[00:05:00]

I was watching in horror as the public discussion around mandatory vaccination was being tested in the media. And because of my background, a little bit, I was particularly sensitive

to this. So because of my familial history—my grandmother was raised in a residential school, and through other unrelated circumstances, I was raised on a First Nations reserve in interior British Columbia—and because of my familial history, and having had a front-row seat to the cruelty that Canadians were historically able to subject each other to, I saw what was coming as a really big error.

Now, this was at the time, if you'll recall, when we as a country were mourning the discovery of bodies at the residential school outside of Kamloops, and across the country the flags were at half-mast. So when I looked out the window of my office, I could see that we were currently mourning our last atrocity, and we were hurtling straight towards the next one. Now, to answer your question about social media, I made some public posts about this, and I tried to educate the people who followed me about— Canada holds a dubious distinction of being—before COVID—one of a few countries in the world who had an internal passport system. And by that I would mean like North Korea, for example, or East Germany, or Venezuela, where you have to show your papers to move.

Shawn Buckley

In fact, before you go on and explain who this applied to. My understanding is that before South Africa came out with their apartheid program, they came to Canada to see how we did it concerning this population, and I'll let you carry on.

Dr. Misha Susoeff

Yes, sir. Maybe a little-known fact: Canada, around 1880, instituted an internal passport system called the Indian Pass, which kept Native North Americans incarcerated upon their reserves. If they wanted to leave the reserve and trade, for example, they would have to beg a pass, a passport, to leave the reserve and move freely amongst the population. So I tried to bring this to the attention of people around me and I said, "Look this isn't the first time we've done this. And we're still mourning it now a hundred years later, and we're about to make the same mistake."

Now, it was around this time that we were starting to see some of the early physicians who had stood up publicly, some of them whom have testified at the Inquiry—Dr. Francis Christian comes to mind—who had asked a couple of simple questions and had been censored. Not just censored, but they had potentially lost their livelihoods because of it. And a lot of my social media following is employed within the medical community. And one thing that told me about the type of censorship that we were experiencing, what we're about to experience, is my social media post got zero traction: not one single "like," not anything. However, I got a lot of private messages. People who said, "Yes I totally agree with you," but were afraid to say it publicly. So already at that point the self-censorship within the medical community at large had begun.

Shawn Buckley

So and I just want to make sure people understand. So you're basically posting to draw the analogy of what we had done before with internal passports and the like.

Dr. Misha Susoeff

Yes, sir, internal passport version two.

Shawn Buckley

And people are afraid to like your post because they're afraid of being attacked. They'll tell you privately that they agree with you, but publicly they won't identify at all with what you're sharing.

Dr. Misha Susoeff

Exactly. And it was at that moment I realized that we were in big trouble.

[00:10:00]

Shawn Buckley

It's interesting. One of the things that came up in the Saskatoon hearings is we would have witness after witness speak against the current vaccine, but then volunteer that they're not anti-vax, and so it just seems that we're self-conditioned not to go against certain memes, and we have a fear to stand up. So I'll let you continue. I want you to talk about the economic harm that you experienced with the pandemic.

Dr. Misha Susoeff

As an entrepreneur, my wife and I run multiple businesses, and I feel almost guilty bringing this up. But the economic consequences for all of us were real. I'm blessed that we managed to skate through the pandemic response largely unscathed with our health, which is different than what a lot of the witnesses at NCI have attested to.

We did have a business that we had to close; it was no longer viable. The business was a seasonal business. It made most of its money over the Christmas season, and it was closed for two consecutive Christmases in a row, so that business was no longer viable. It had to be closed: the employees laid off.

Also, as an entrepreneur, we had deep roots within our community. And as Mr. Scott mentioned earlier, you didn't have to look too far across our borders to see jurisdictions that put value upon the individual sovereignties, or maintained the value of individual sovereignties, and their judicial systems were working for them. So we started to sell our assets in Canada, and we were looking across the border to find a different place to live.

Shawn Buckley

So you're actually so concerned with what was going on that you were selling assets with the view of potentially having to leave Canada.

Dr. Misha Susoeff

Yes, sir, sadly.

Shawn Buckley

Now, can you tell us about changes that you have seen in your dental practice after the vaccines were introduced?

Dr. Misha Susoeff

There have been many changes. I mean, frankly, dentistry was thought to be a very high-risk profession early in the pandemic. We were all very scared to go to work. We thought every patient interaction was going to lead us to hospitalization. So that was a challenging thing. As time went on, our sensitivity decreased, but we found that our patients were damaged. And I'm in an interesting position where I get to have 20 or 30 short social interactions a day. I get to know people. And I saw how badly damaged people were on both sides of the continuum. You know, regardless of how you felt about the pandemic response, there were people on both sides that were really being affected by it.

And I can think of, for example, some people—very lovely, intelligent, smart, high functioning people—who were so afraid to sit down in my chair. They'd come in covered with garbage bags and kitchen wash gloves, rubber gloves, sanitizing them with alcohol swabs, wearing an N95 mask over their nose and trying to hold their breath during a dental appointment. So the fear was palpable from those people. And it was sad to watch.

Shawn Buckley

Now, in the dental practice, there's some procedures that kind of go on for a while. So for example, if somebody was to get an implant, you've got to pull the tooth, wait for the bone to grow back, and then put in the implant and wait for it to set. And then put on the tooth that is going to sit on the implant.

So prior to vaccination, had you ever had a patient die mid-treatment? So you've got one of these types of treatments that is going to be stretched out over several months or a year.

Dr. Misha Susoeff

Prior to the pandemic, I don't recall that ever happening.

Shawn Buckley

Okay, now did that change after the vaccine rollout?

Dr. Misha Susoeff

Yes, sir, I would have patients disappear mid-treatment, not to return.

[00:15:00]

Shawn Buckley

Okay, and how often has that happened to you now?

Dr. Misha Susoeff

Sir, when we spoke on the phone the other night, I estimated three. Now, I'm hesitant to say this because I went into my database yesterday. My database isn't designed—you can't make any inferences from this statement—but in the past three years it's been 17.

Shawn Buckley

Seventeen.

Dr. Misha Susoeff

Yes, sir.

Shawn Buckley

So now you've been practising as a dentist for 17 years. Prior to the vaccine rollout there had never been a single patient that had died mid-treatment. And you've had 17 patients since the vaccine rollout.

Dr. Misha Susoeff

Yeah, exactly. To my recollection prior to the pandemic.

Shawn Buckley

Now, have you had patients who've— Basically, have you seen changes in their health conditions in a way that would be different than pre-vaccine?

Dr. Misha Susoeff

Yeah, and I'm going to corroborate the testimony of— We had a wonderful embalmer on. I think she was in Winnipeg. She described herself as the God's gift to embalming, so I thought she was really cute. And she testified how the people that she was seeing were not keeping up with their basic hygienic care of their bodies.

Shawn Buckley

And I think that was Laura Jeffries and she testified in Toronto. Just so if anyone wants to track down her evidence. It was Toronto. But I'm sorry to interrupt. You were sharing.

Dr. Misha Susoeff

Yeah, so it's difficult for me to attribute that to anything in particular other than the fact that the basics of these people's care for themselves was diminished. And then, also, a lot of people were absent for a long period of time; they just didn't come in and see us.

Shawn Buckley

Now, you are a medical practitioner, and as a dentist you have to know what's going on medically with your patients because some of the treatments of yours might be contraindicated. Were patients coming up with different diagnoses, and were any of them attributing causes?

Dr. Misha Susoeff

Yes, sir, and I'm going to contradict the testimony of Dr. Gregory Chan—I believe he was here on the first day of the Red Deer hearing—where he said that patients were hesitant to make a correlation between a vaccine injury and a new medical condition. So when I see a patient, every time I see a patient, we update their medical history. And I have been and still am, seeing patients with new medical issues. And it's surprising to me how readily, or how often, they will attribute it to their vaccination. And this is spontaneous. So they'll tell me, "Oh, yeah, well, I got a pacemaker after my second vaccination, and it was probably the

vaccine. But can you imagine how crazy those people are who don't get it?" So that was an interesting thing.

Shawn Buckley

Can you just say that again because that sounds almost unbelievable what you just explained? So you're saying that you actually had a person come in. They needed a pacemaker. They blamed it on the vaccine. So they recognized at least in their minds that it's a vaccine injury.

Dr. Misha Susoeff

They at least accepted the possibility.

Shawn Buckley

Right, and they're volunteering this, right?

Dr. Misha Susoeff

Yes, sir.

Shawn Buckley

And yet they they've made a comment how stupid people are who aren't vaccinated.

Dr. Misha Susoeff

It's unbelievable.

Shawn Buckley

But you are reporting to us that people are commonly telling you that their new medical conditions are associated with the vaccine. I am curious if people are more willing to do that now than perhaps a year ago. If you've seen kind of a change in attitude, or if that's been consistent throughout.

Dr. Misha Susoeff

In my recollection, I would say in my practice that was consistent throughout, and it just happened yesterday.

Shawn Buckley

Right.

So you've had basically—

[00:20:00]

You've observed staff members and family of staff members basically be negatively affected from the vaccine. What can you tell us about that, and we don't need to describe anything in any way that would identify people, but—

Dr. Misha Susoeff

Of course. Again, I'm hesitant to attribute any injuries to the vaccination. However, this is what people are telling me. I do have a very highly valued staff member, and her and her husband at the time, I believe, had a five-year-old daughter. And they were facing the same kind of pressures that we all faced, and they made a difficult decision as a family. So he was mandated through his work to become vaccinated, and she wanted to be able to continue to take her daughter to her dance lessons and it was very, very important. And they made a difficult decision as a family that they were going to go ahead with it, but they were going to mitigate their risk because they felt it was risky, and they didn't want to go ahead with it. So one of the couple took the Pfizer vaccine, one of the couple took the Moderna vaccine, just so there would be a parent left for the daughter, just in case something happened.

Shawn Buckley

And did anything happen?

Dr. Misha Susoeff

Yes, unfortunately, and again there's a temporal correlation—but I can't attribute this to vaccination—but the father almost immediately developed a fairly aggressive cancer and spent the rest of the year receiving treatment for that. And thank God, everything so far has turned out fine.

Shawn Buckley

And my understanding is that you've had a couple of other staff members develop medical conditions. Again, you can't attribute it, but one with diabetes and another with tinnitus.

Dr. Misha Susoeff

Yes, sir. And they both have their suspicions, or they will vocalize their suspicions that because of the temporal correlation that those injuries are due, or those new medical conditions, are due to vaccination.

Shawn Buckley

Before I open you up to questions by the commissioners, I wanted to ask you how you have been affected by this. How has this experience affected you personally?

Dr. Misha Susoeff

I'm really sad. I'm really angry; I don't recognize my profession, the medical profession. I think we've been let down. The concept of informed consent is beaten into our heads throughout our training. And I've spent maybe six years as a clinical professor, assistant clinical professor, at the University of Alberta, and I've trained students. And it's not optional. It's not an optional concept.

And I think we've really been abandoned by the medical profession. And as I saw the mandates— And don't get me wrong, I think that potentially, vaccination could have been a part of the mosaic of our response to COVID, not the only response, or else. But when I saw the concept of mandatory vaccination working its way through the media, I sat back smugly in my chair and I crossed my arms behind my head and I said that doctors will never let it happen. And they disappeared.

The first couple stuck their necks out and then their heads got chopped off. And I insist to this day that the streets of Ottawa should not have been packed with trucks, it should have been the Mercedes and the Escalades, and it should have been the doctors honking and waving flags. They should have been there to protect us. But I think what happened is those payments on those Mercedes and the Escalades were more important than standing up for the basic pillar of medical professionalism.

Shawn Buckley

I think you're sharing a really important point. And remember our last speaker, Scott. I mean, his point is: together we can do a lot. Remember, he said that one person can't stand up. And I wonder also—exactly as you said—a couple of doctors stood up, and to use your words, they had their heads chopped off. So basically, they got attacked in the media and their licences to practice taken away. But if all the doctors had stood up, what was the government going to do?

[00:25:00]

Fire all the doctors? Label all the doctors as misinformation spreaders? The thing that I think we forgot as a society is if we stand together, and we don't participate in the social shaming, if we stand together, we could do something, and you thought the doctors were going to stand up.

Dr. Misha Susoeff

I was convinced it couldn't happen, and I was floored, and I'm still floored that we've gone this far.

Shawn Buckley

Thank you. I'll ask the commissioners if they have any questions.

Commissioner Kaikkonen

Good morning. Thank you for your testimony. You testified that dentists update their patients' medical records on every dental visit. So personal health records are current within your office. But would you also recommend that all healthcare stakeholders, for example, the ER physicians like Dr. Chin, do the same? Or do you see some issues emerging from extensive documentation by the bureaucrats within Alberta Health Services, for example, as we've also heard some negatives from testimony?

Dr. Misha Susoeff

So ma'am, let me see if I understand your question. Are you suggesting that the collection of personal medical information could be problematic?

Commissioner Kaikkonen

Just when it gets to the Alberta Health Services' online version. When they get to decide after the fact whether an adverse event reaction is valid, they look at somebody's personal records. So not from the perspective of you as a dentist, or from any doctor who's trying to stay current in a patient's medical history, but when it gets online and it's in the system.

And the bureaucrats, as you said before, get to make decisions as to whether that adverse event is valid or not based on what they see in the computer.

Dr. Misha Susoeff

In my opinion, the information should be collected solely for the provision of medical services for that individual, based on the relationship between the doctor and the patient. And I don't believe that information should be accessible by a bureaucracy—maybe if it were anonymized—but we are very heavily regulated as far as how we manage patient information.

It's even within our ethical guidelines for advertising. So say, for example, if my dental clinic makes an advertisement and somebody responds to it on a social media, I can't acknowledge that response because that would indicate that, yes, in fact, they are a patient of record in my office, which is unethical. I can't do that because that's disclosing some of their own personal information. So the maintenance of those records is very important and keeping them private.

Commissioner Kaikkonen

And my second question is about informed consent. I, personally, believe that everyone should complete the Tri-Council Research Ethics Certificate program online, if only to be informed. But do you believe, as a dentist, or just in your personal experiences with ordinary Canadians, that most hardworking Canadians either truly understand the tenets of informed consent, or how do we get them to learn?

Dr. Misha Susoeff

I don't know if it's up to the layperson to understand consent. It's up to the medical practitioners: our responsibility. We are proposing in many instances irreversible changes to a person's body. And you need their express permission. First of all, their understanding about what they're giving you permission to do, and like I mentioned earlier, that's a multi-factorial, multi-layered process. It's just not a one-time event.

Commissioner Kaikkonen

Thank you very much.

Dr. Misha Susoeff

Thank you.

Commissioner Drysdale

Good morning, Doctor. Thank you for your testimony. During your testimony, you talked about you had made certain social posts concerning vax passports and the passes that were issued to Aboriginal people in the earlier part of the century. My question is: Have you had any blowback? Have you had any issues with the professional association that governs your profession?

[00:30:00]

Dr. Misha Susoeff

No, sir. So far, I've managed to fly below the radar and God willing, I will continue to do so. Although this is my coming out, so to speak, publicly, and so it did take a lot of courage to sit in this chair today.

Commissioner Drysdale

You know, I'm a little confused with some things. I hear the term "guidelines." I hear the term "mandates." I hear the term "regulation." The term "law." Is informed consent, is a definition of that and the requirement for that, within the Act that governs dentistry?

Dr. Misha Susoeff

Yes sir. Within every health profession, within every self-regulated health profession, as legislated by *The Health Professions Act* in Alberta.

Commissioner Drysdale

But we hear a great deal of testimony from both patients and all kinds of doctors that that requirement has not been lived up to. And I'm wondering why I haven't seen any action by the professional organizations?

Dr. Misha Susoeff

Sir, the professional organizations are required by legislation, if they receive a patient complaint, to initiate an investigation into that event. And if there were to be justice done, I believe, in this country, everyone who sat down in that chair in front of their pharmacist, or their doctor, or their nurse, and said, "I'm here because of my work," or "I'm here because I want to travel," or "I'm here for any other reason," that consent was not obtained. And that individual who made that injection violated their professional standards. There should be a complaint made to the regulatory body of that profession. There should be millions of complaints made right now.

Commissioner Drysdale

We've heard from previous testimony, I think it was a pharmacist and I can't recall where, but they had sought out the insert, that's the informational booklet that would come along with a medication, for instance the vaccine. And that it was blank. Given that the inserts were blank, might that be a defence to a practitioner who didn't really give any information about side effects to a patient? Or is there a higher requirement for them to seek out that information independently?

Dr. Misha Susoeff

That's a complicated question. The products were approved for use on an emergency use authorization and I believe because of that fact the requirements for the package inserts were lessened. Now, that's something that, obviously, when a patient is making an informed decision that's probably something that they should know.

Commissioner Drysdale

Thank you.

Commissioner Massie

Thank you very much, Doctor, for your testimony. I was wondering: Given the high risk of contamination in your profession, when you are seeing patients, you must have put in place some measures to minimize the risk of contamination. Did you track over the past three years the number of incidences where you could have had contamination during the practice in your business?

Dr. Misha Susoeff

Well, every day. So we treat people with universal precautions. So, for example, we don't turn away a patient who has HIV [Human Immunodeficiency Virus] or hepatitis. We treat everyone the same way. When the pandemic began, I mentioned that dentistry was thought to be the highest risk profession because we're bathed in oral aerosols all day long. Our regulatory bodies did put in place enhanced personal protection. So we donned disposable gowns, face visors, N95 masks. At the beginning of the pandemic, obviously, the PPE [Personal Protective Equipment] was hard to come by. So we were reusing masks. I had a couple of N95s that I just luckily happened to have in my garage, and we reused those masks for weeks at a time.

[00:35:00]

I read just recently in a publication from my regulatory body that as far as we know, however, there have been no documented cases of COVID transmission between patient and dental staff in Alberta. So the protection that we used was effective. And I was watching carefully as the pandemic progressed, within my office, and as far as I know there was not a single case of transmission not only between staff and patient, but between staff and staff.

So all of my staff got sick eventually, but we could always trace the infection from a daycare, for example. So I had lost my staff one at a time. I thought that if I had someone get sick, bring it into the office, that we'd all be out. It didn't happen that way. It happened gradually over the course of a year.

Commissioner Massie

Thank you very much.

Commissioner Drysdale

Something in your answer to Dr. Massie caused me to want to ask you this question, and that is: I believe you said that in your practice, regularly you treat all patients, whether they have HIV infection, whether they had any other kind of infectious condition, you treated them, and you took precautions for that.

Dr. Misha Susoeff

Yes, sir.

Commissioner Drysdale

But we heard a great deal of evidence that in the medical profession, as a matter of fact, I think we had evidence here in Red Deer, that someone was denied a lung transplant, a life and death operation, because they didn't have a vaccine. How do we square that you can provide dental care to patients that may be vaccinated or unvaccinated, or might have HIV

infection and you still provide that service, but on the other side of that medical profession, we have testimony that says that they were being denied service?

Dr. Misha Susoeff

I'm aware of that case and I'm not sure how somebody in a healing profession can rationalize that decision other than it being political.

Commissioner Drysdale

Thank you.

Shawn Buckley

Misha, before I thank you, I just think that it's appropriate to expand on something you had said.

So when you were explaining to us in your testimony that First Nations people needed, literally, a passport, they needed permission to leave the reserve, you spoke about when that started. But I think it's important for people to understand how recent it is that it ended. I recall I was at a gathering on the Poundmaker Reserve some years ago and listening to elders speak about how you had to get, yes, your written papers from the Indian agent, even if you wanted to go to the adjacent reserve to visit a relative. So you literally were prisoners in your reserve, and you had to get written permission to be able to leave. And that did not end until Prime Minister Diefenbaker brought in the [*Canadian*] *Bill of Rights*, and I forget now when that was, I think it was 1956 or something like that, which is very recent [The *Canadian Bill of Rights* received Royal Assent on August 10, 1960].

So you can still find First Nations elders who can explain to you that they were prisoners for most of their lives on the reserve and had to get written permission to leave, much like when they bring in the 15-minute cities, we will need to get permission to leave. So this is a recent part of Canada. When you're saying to yourself, well, it can't happen here, what do you mean? We've had it already. It's actually been a short period of time where it hasn't happened here.

So on behalf of the National Citizens Inquiry, we so thank you for coming and sharing your testimony and giving us actually a couple of new things to think about that haven't been presented.

Dr. Misha Susoeff

Thank you.

[00:39:45]

Final Review and Approval: Anna Cairns, August 30, 2023.

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

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Witness 3: James Coates

Full Day 3 Timestamp: 03:03:58–03:56:25

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Wayne Lenhardt

Good morning, Pastor Coates. Can you hear me?

I see your lips moving, but I can't hear any sound.

James Coates

Okay.

Wayne Lenhardt

There.

James Coates

I'm not sure how to mitigate that.

Wayne Lenhardt

I think we have you. We've got sound now. Okay, could you give us your full name, and then spell it for us, and then I'll do an oath with you.

James Coates

Yes, my name is James Coates, J-A-M-E-S C-O-A-T-E-S.

Wayne Lenhardt

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

James Coates

Of course.

Wayne Lenhardt

Okay, just for our audience who may not be aware, I do recall that at one point you were interviewed by Tucker Carlson on his show, and you've had a certain amount of publicity, so I think I'll just turn you loose. Let's start in March of 2020 and start telling your story, and I will intervene if I think of something relevant.

James Coates

Yeah, sure, and just a word of correction: it was actually my wife that was on Tucker Carlson. So I was in prison at the time, and she was on Tucker's show and interviewed by him. And we think that may have been instrumental in my release, but I can put that aside for a moment.

So when the pandemic began, like everyone, we didn't know the full extent of the severity of the virus. And we were in the same place everybody else was as far as the information that was being given and trying to, you know, anticipate the severity of this thing. So when churches were ordered to close, shut down, limit gatherings, we opted to comply. We did that reluctantly, but we complied with nearly all of the guidelines that were in place for services. So we went to live stream. We were limiting to the capacity number that was given. We were, for the most part, reasonably socially distanced and all of that.

So we were largely in compliance, and during that time, during that first public health emergency, we were gathering data. All of us in the leadership were assessing the severity of the virus, evaluating the government's handling of the pandemic and the lockdowns, and the effects of them. So when the premier at the time, Premier Kenney, announced the end of the public health emergency in June of 2020, we were at that point in time prepared to open our doors and let our people decide whether or not they were going to return to normal, in-service gatherings. So we did that, and our people to some degree came back—not everyone—and our doors were open at that point in time. There were still guidelines in place; because the emergency had lapsed there was really no teeth in the legislation to penalize us for that.

And for the most part we were smooth sailing, as far as our services were concerned. We had a couple of cases of individuals coming to our gatherings—who were mildly symptomatic and then subsequently tested positive for COVID-19—and then did our own, internal contact tracing to see to what extent there was spread. And we had no evidence of any spread in our gathering, in either case. And we opted for two Sundays. During that time that we had opened up, we decided to go just to live stream for two Sundays, just to make sure that we weren't in some sort of ongoing spread of the virus. And again, this was still pretty early, so we're back in the summer of 2020.

But after those two Sundays, we had determined there was no ongoing spread of the virus, and so we reopened again. And that would have been in July, as I recall—July 2020—and we were open all the way until we ultimately were locked out of our facility in April of 2021.

Now, when things really kind of got dicey was in the second declared health emergency that was announced in November. At that particular point, our gatherings were getting some scrutiny from the community around us. Complaints were being made to AHS

[Alberta Health Services]; AHS was then contacting us. And we knew, come Sunday, December 13th, 2020, that AHS would be coming to our facility, and we were anticipating that. It turned out that they came that day with the RCMP [Royal Canadian Mounted Police]. We were trying to be, just, very transparent with our people, to give them as much information as possible

[00:05:00]

to be able to navigate the very awkward circumstances that we were finding ourselves in. And so we sent an email ahead of December 13th and let our people know what they could expect. I found out later that that email was leaked to AHS, and so that's why AHS brought the RCMP to ensure they'd get entry into our facility.

So on December 13th, 2020, we had AHS and the RCMP in our services, standing on our balcony as we began our services. And we actually honour the RCMP; we actually believe that law enforcement is really important and realize that law enforcement officers are, you know, scrutinized pretty negatively—and especially with what was going on at that time in the U.S., south of the border of us. So we stood and gave a standing ovation to the RCMP, and honoured them and did that for multiple Sundays, in fact. And ultimately, we began our services, and they would kind of get the evidence that they needed and they would leave.

And so AHS, at that point in time, was driving the investigation. They came back on December 20th. I preached a sermon on that Sunday called, "The Time Has Come." In that sermon, I laid out a theological defense for why the church ought to be open. I also did get into some of the medical and legal aspects of the whole issue at play. And it was that sermon that really dialed things up because that sermon went viral. It made the six o'clock news on Monday, where they took an excerpt from that sermon, played it on live TV. And really, from my perspective, picked a phenomenal excerpt because the excerpt climaxes in the statement that Jesus Christ is Lord. And he is Lord! And so we were thrilled that they had selected that excerpt to use on the six o'clock news.

And so yeah, I mean, I spent that week wondering if I was going to get a knock on my door and whether I'd be with my family for Christmas. So things were dialing up. So I was already, at that point in time, concerned that there might be repercussions to me legally and that I could be potentially arrested for the fact that we were just opening our doors.

I mean, all we were doing as a leadership was opening our doors and letting our people decide whether or not they wanted to be there. They wanted to be there, and as shepherds of the flock, as shepherds of Christ, we're not going to tell people they can't come to the gathering. We knew, at that point in time, that the virus wasn't nearly as serious as they were making it out to be, that the measures that were in place were definitely government overreach. We knew at that particular point, in our obedience to Christ, that we had to stand and keep our doors open. That to capitulate at that point in time would have been born out of fear, would have been born out of any one of a number of motivations that would, ultimately, just be summed up as disobedience to Christ. We had to be obedient to Him, to honour Him, to glorify Him, so we took that stand.

And in the days and weeks subsequent to December 20th, I would say that the government utilized every possible tool they could to force us into submission. They used the court of public opinion through the media because we were severely treated in the media. They used the court system. The Court ordered us to comply with this health order that we had been given on December 17th.

And so at that particular point we had to decide what are we going to do? Are we going to appeal this? If we appeal it, then it's going to be, like, an eight-week wait for the appeal. And in theory, if you're going to appeal something, then you really ought to be complying with the legislation in place leading up to that appeal. We just did not feel we could do that. And so we opted to continue to meet—and could have been held in contempt of court, which can come with up to two years in imprisonment.

I mean, I can remember the Saturday where it was the Sunday before that Sunday that we would be in contempt of court, and I asked my lawyer at the time, James Kitchen, I said: "What's the likelihood of me doing jail time for this?" And he said, "Pretty likely." And I said, "How much?" He said, "Well, probably a couple of months." And that was a heavy Saturday. I mean, that was a really heavy Saturday. The pressure that was on me at that particular point was immense and difficult, in this moment, to describe.

[00:10:00]

But we're here wanting to obey Christ and willing to lose it all for Him. So by God's grace, I was able to settle that turmoil that I was in that day, complete my sermon. And we met that following Sunday and could have been held in contempt of court—which AHS never took us back to court to do—which, at that point in time, seemed to indicate that they weren't ready to jail a pastor.

And so they basically ordered us to close our building unless we were going to comply with the *Public Health Act*. We just thought, well, that's kind of a lateral move. I mean, we've been having that discussion all the way along. So we were expecting them, in the week following that one Sunday where we would have been in contempt of court for them to take us back to court, but they were just ordering us to shut our doors, which is kind of what they were doing anyway. So we just continued to meet.

Things changed on February 7th because, at that point, the RCMP came into our building without AHS, on a Sunday. So that was a significant change for me; I knew things were different at that particular point, and that meant that the RCMP was now driving the investigation. So we had the RCMP in our gathering, on our balcony, on February 7th. And following that service, I was informed by one of the members of our leadership that they were going to arrest me, and so sort of up to me to determine when that would be. Would I turn myself in, or how would that look? And I just said, "Well, let's just do it now. I mean, let's not wait." So the RCMP came back to our facility—within about 15 minutes actually—and we went into the office. I was read my rights; I was arrested. I was released in the same moment, but officially arrested and served with what's called an "undertaking." The undertaking was ordering me to comply with the *Public Health Act*. I indicated to the officers, at the time, that I could not agree to the terms of the undertaking, so they wrote "refused to sign" where my signature would have gone and then indicated they'd be back next week, which meant they knew I'd be back next week.

Which was an amazing week because that following week I was doing—

Wayne Lenhardt
Excuse me?

James Coates
Yeah.

Wayne Lenhardt

Do you recall exactly what the undertaking was?

James Coates

Well, it was an undertaking ordering me to comply with *the Public Health Act*.

Wayne Lenhardt

Oh, okay. Okay.

James Coates

That was the whole thing the whole way along, they were trying to utilize every tool they possibly could to get us to comply with *the Public Health Act* and we're saying we can't do that. And we can't do that because it's in violation of the Lordship of Christ. Christ is head of His church. He dictates to the church the terms of worship. You know, initially when the pandemic broke, given our ignorance around the virus and even the new circumstances that we were dealing with at that time and our call to be submissive to the governing authorities—Romans XIII—we complied initially. But by that point in time, compliance with the government would have been disobedience to Christ, and so we knew that we couldn't comply with the *Public Health Act*.

Wayne Lenhardt

Okay. Carry on.

James Coates

In that following week, I did a funeral. So I'm doing a funeral in the following week. So I've got the RCMP in my services, I'm doing funerals, and I'm just thinking to myself, does the government really want to jail a pastor who's just doing exactly what the Bible commands him to do?

So anyway, that following week we met, I preached a sermon called "Directing Government to Its Duty." That sermon went viral, as well. That sermon, I think, has over a hundred thousand views, if I'm not mistaken. And so that sermon went viral and it was on the heels of that sermon that I was going to be arrested again. I would need to turn myself in on the Tuesday because the Monday was Family Day. So I had two more sleeps in my bed and would turn myself in on Tuesday.

I turned myself in, and was brought before the justice of the peace. I had two hearings. The first was adjourned, and the second was going to result in my release. Ultimately, the Justice didn't think that it was necessary to imprison me, and he didn't think that imprisoning me would actually prevent our church from continuing to gather—and he was right, obviously—, and so I'd be released. So at that point in time, the question was for me at that point, I'm just in waiting: What kind of condition am I going to get?

[00:15:00]

Like, am I going to be released and given a condition or am I going to have to agree to my condition to be released? And I knew I wouldn't be able to agree with the condition to be

released. So both myself and the RCMP officer were just kind of waiting to see how the condition would be written.

And the release of my bail condition required that I agree to the terms and I just couldn't do that. I couldn't agree to the terms because that would— Basically, the bail condition was, any time that I set foot on Grace Life Church property, I would need to be in compliance with the *Public Health Act*; which would mean that I can't just open our doors and host church services because we wouldn't be socially distanced. I'm not going to mandate the people mask and so forth. We'd be over the capacity limits and everything. So I just said, "Well, I can't agree to that condition." And at that point in time, I therefore couldn't be released. And so I was going to be held overnight until the morning, when I'd be taken to a courthouse.

In the middle of the night as I recall, it was about 3 a.m., I was woken up to be printed and my mug shot to be taken; which I thought was very strange in light of the fact that all I had to do was sign my condition, I'd be home. So I thought that was unusual.

To get to the courthouse the following morning, I was shackled and cuffed. Again, seems a bit strange in light of the fact that I'm not a flight risk. I mean, all I have to do is sign my condition and I can go home, so I don't need to be shackled. But I was brought to the courthouse the following day on, I guess it would have been, the 17th, Wednesday, of 2021, and it was determined at that point in time that I'd be taken to Remand Centre. And we would obviously appeal the bail condition that I was given, but there would be a period of time between that day and when that bail hearing would take place.

So later that day, I was taken to the Edmonton Remand Center. I spent 35 days in Edmonton Remand and was released on, I believe, Monday, March 22nd, 2021. I was released because the Crown adjusted the terms of my release and gave me terms that I could agree to. And so there was a deal that was struck between my legal team and the Crown to give me terms that I could agree to. I agreed to those terms, was released, and then we had our first service now that I'm out.

What's very interesting is that, during the entire time that I was imprisoned, AHS did not attempt to get into the facility, nor did the RCMP, but on the first Sunday that I'm back, they wanted to come in again. And we had two gentlemen from our church—wonderful men—who used Section 176 of the Criminal Code to keep them from interrupting our worship service and they were successful. And so we had that gathering. And in the following week, would have been, now— I think it was April 7th when this happened, Wednesday, April 7th, 2021. In the following week after that service—my first service back—I believe it's the RCMP, they broke into our building, changed our locks, locked us out, put up three layers of fencing around our facility so we couldn't access the property at all. There was 24/7 security surveillance of the property. There was security staff that wouldn't let us on our facility, and we were locked out.

So at that point in time, we went underground, and were going from location to location in undisclosed service locations. And we were just continuing to do exactly what we're called to do in obedience to Christ, is worship Him, and we did that. And you know, on the one hand, that was a really sweet time of worship because we were truly just worshipping, in the hundreds, the Lord, under the blue sky and out enjoying the elements. What was not so wonderful about that is that the government, law enforcement was, you know, dogging our steps. So had we not moved at one point, very likely that our entire leadership would have been arrested, had we gone forward with that gathering. Because we know that they were where we were the week before and there was apparently a canine unit.

And so anyway, we were pretty sure that that would have resulted in an arrest. In fact, I think that would have been the same weekend that Tim Stephens got his first arrest. And that was all revolving around the court order that AHS got in conjunction with the Whistle Stop—

[00:20:00]

Is it Chris Scott, who was just on a moment ago? Anyway, so that's when AHS was using that dirty court order and using it very liberally. When it was for a particular purpose, they were using it for everyone. And of course, thankfully, the court system did rectify that. A higher court ruled that that was an unlawful use of that court order, which is wonderful.

And so we just basically were the underground church until we received our building back on July 1st—when everything opened up on Canada Day—and had our first service in our building on July 4th. And then just continued to meet.

And everything was, again, going along rather smoothly, until the third declared public health emergency took place. And you know, we just didn't know exactly how the government was going to handle it at that point in time. That was in September of 2021. And the question on our minds was, did the government want to have round two of that same battle or not? And it turns out that they didn't; they completely left us alone. There was no media coverage. AHS wasn't there, RCMP. We were left entirely alone at that point in time. There may have been an RCMP vehicle in the vicinity a couple of times during that period of time, but, for the most part, we were just entirely left alone and able to meet in peace as we had always intended.

Wayne Lenhardt

So at this point, you pretty much got back to normal, but it took until about September of 2021, am I right?

James Coates

Well, I mean— It's a good question because we were still meeting during a public health emergency. So is that normal? Like, we were meeting, but our government, on paper, wasn't permitting it. And I'm trying to recall now when that emergency ended. I can't even recall right now when the third one ended. I can't. So that would have been normal.

Wayne Lenhardt

I don't exactly recall, either.

James Coates

So normal would have been we're meeting, and we can't be penalized, arrested, fined for meeting. That's normal, and that didn't happen until later; probably into 2022 sometime.

Wayne Lenhardt

Okay, so is there anything else still pending that you want to tell us about?

James Coates

You know, the only thing that is still kind of pending would be the legal stuff. And everything is hinging on the Ingram case at this point in time, which is another case that's currently in the court system—and has been for over a year now—that we're waiting for a decision to be made on that. Once that decision falls, then a number of other dominoes will fall in lower courts, and we'll deal with my stuff personally. Which, at this point, the worst-case scenario is I'd be on the hook for a \$1,200 fine; which is really nothing at this point in time. The piece that remains for me personally is more symbolic, in the sense that I'm contesting the Charter right violation.

As far as our church is concerned, we could be on the hook for tens of thousands of dollars. But, again, you know, we'll just consider that money well spent because it was spent to worship our Lord and Saviour, Jesus Christ.

Wayne Lenhardt

At this point, do the commissioners have any questions?

Commissioner Kaikkonen

I'm going to feel like the mayor in Texas at the beginning of COVID, who demanded that they get all the sermons from the ministers in that town. I'm just asking if, the two sermons that went viral, if we can have it introduced as evidence?

Sorry, Wayne, can we have the two sermons that went viral introduced as evidence?

Wayne Lenhardt

I suppose we could, if we have a copy of it.

Commissioner Kaikkonen

Are you okay if we have a copy of those two sermons that went viral?

James Coates

Yeah, actually, there's two ways you can go about that. So the sermons are on our YouTube page. You can do that. I also have a book that I've co-authored, called *God vs. Government*. Both those sermons are in that book. They've been modified slightly for the nature of it being a book and not a sermon. But the record of those two sermons, in effect, is in that book,

[00:25:00]

God vs. Government, that I've co-authored with Nathan Busenitz. Otherwise, there might be a way to get a transcript of the sermon itself.

Commissioner Kaikkonen

Thank you. And I'm sure that when you were in the wilderness, you felt like the church in the wilderness in Moses' time. So when the government was dogging your steps, how did you feel as a person—as an individual and a pastor—but, also how did the congregation feel?

James Coates

You know, it's difficult for me to be able to speak to how the congregation felt because I think that there would have been a variety of different responses to what was taking place. In some cases, there might have been excitement. In some cases, there might have been more concern, more turmoil. I think at that particular point, the congregation wasn't experiencing the heat of the government oppression.

If there was any sort of heat they were experiencing at that point in time, it would have been more from co-workers, employers, family members. Because our church had been made so public, in terms of what we were doing, that it did impact the work environment for certain folks and, certainly, the family relationships that would have existed in extended family. So I don't know that the congregation would have been feeling much, in way of — There would have been certain congregants who might have been involved in actually making their location available, and so they would have felt a little bit of cost in all of that, for sure.

But I think, you know, in my case, I can remember one Sunday in particular that we were heading out to a location, and we were trying to be discreet and fly under the cover, which is hard to do when you're, you know, three, four, five-hundred people, and it just seemed like we were blowing it at every point. And so you know, when all was said and done—

I'll tell you this story. So we were driving into a particular location and we can see that there are residents in the area who are there and watching us drive in, on their phone, not looking happy at all. And I'm just going, "Oh, we're finished. We're toast. I mean, this is it." So I'm going in thinking we're done and this is during the time that AHS had that court order they were using. It's the same Sunday, as I recall, that Tim Stephens had his first arrest, and it's the same Sunday that we would have been arrested had we met at the other location.

So anyway, we had one of our members go and speak to this this family and just say, "Hey, listen, we're a church and just let us know if you're going to call the cops and, you know, we'll leave." And they were thrilled! When they found out we were a church, they were thrilled. And then when they found out we were Grace Life Church, they were even more thrilled. And then they said they were going to phone all the neighbours and make sure all the neighbours knew everything was okay. Which was great in one sense, but probably gave that location away in another.

But, yeah, there were moments. It was hard. The whole time was hard. I mean, the level of intensity! There's no question, the government oppression, the intensity that we were experiencing on a, basically, daily basis was out of this world. I mean, our nerves were shot by the end of all of that. It was exhausting, but it was necessary because we believe there's a cost in following Christ and our desire is to bring honour and glory to His name.

Commissioner Kaikkonen

And in terms of AHS, they would have had all the legal resources at their fingertips, and financial resources, as well, to get proper legal opinions that they couldn't apply that court case to every single entity, being the churches and the restaurants. What do you think they were thinking? Was it just laziness, perhaps, on the part of AHS, seeking out legal opinions that would have dug deeper, rather than having to go to a higher court ruling?

James Coates

Yeah, I mean, I think at this point in time, if I were to comment on what I believe motivated that, it's not going to be flattering for AHS. I don't think it'd be profitable for me to presume on what was in their hearts. I think, yeah, it'd probably be better to ask someone like Leighton Grey that question because he was involved, as I recall, in dealing with that whole court order being modified—yeah, the JCCF [Justice Centre for Constitutional Freedoms]. So I'm reluctant to comment on that because I think it could get me into trouble.

Commissioner Kaikkonen

It might get me into trouble, too.

[00:30:00]

I actually have two more questions; theological. A lot of the churches in Ontario where I was, were arguing Romans XIII: I and II, as their basis for staying closed. And I asked this question of a minister in Truro, so I'm going to kind of put you on the spot a little bit here, as well. I'm just wondering, how did you respond, from a theological perspective, to that argument that Romans XIII: I and II applied, and that was justification for all churches being closed, while you were still open?

James Coates

Yeah, so I mean at the outset, it's typical. I don't know that there's any theological tradition that wouldn't acknowledge that there are limits on government authority. You see that in the context of the Apostles, in Acts 5, they declare, in no uncertain terms, "We must obey God, not man." So everyone agrees that there's a limitation on government authority. There's a point where they are beyond their authority, and so that would be a good place to kind of, like, frame everything.

But if you go to Romans XIII, this gets settled because all authority is from God. So He's the source of it. He delegates that authority to spheres of authority, the government being one. And anytime God delegates anything, it's always with a particular purpose and that purpose is outlined in the verses that follow. That the government is in place to bring law and order; they're in place to praise good behaviour. The Bible defines what is good. They're there to penalize evil conduct. The Bible defines what is evil.

And so the government doesn't have unilateral, total authority to do whatever it wants in the matters and affairs of a country. They have a very particular responsibility given to them. And when they're beyond that authority, we're not under obligation to obey.

Obviously, if you choose not to obey, there are consequences that can come from that, as is evident in our case. But there are clear limits that are placed on the governing authorities. And it's not their authority to tell the church when it can worship, how it can worship, how far apart people have to be, whether a mask is to be worn while one worships, whether you can sing or not. That is outside of their jurisdiction. That is entirely within the context of the Headship of Christ over his church, and it's our responsibility, as elders, to protect and guard that Headship. And so when the government is trying to infringe on the authority of Christ by telling the church when and how it can worship, we're going, "No, you can't do that." And it's our responsibility to say no.

So everyone agrees that there are limits on government authority. So appealing to Romans XIII to justify compliance in the context of COVID is just begging the question. It doesn't

answer anything. Romans XIII needs to be accurately handled and applied to particular circumstances.

Commissioner Kaikkonen

And churches are known for their good works in the community, is that right?

James Coates

Well, they certainly ought to be. I mean, I certainly can't speak for every church. But from my vantage point, as Grace Life continued to meet, the accusation would have been that we were not loving our neighbour when, in reality, we were. There's a beautiful—

Whenever you are obeying Christ—and we were obeying Him at the context of His Headship over the church. Whenever you are obeying Him on any level, you're obeying Him on every level. So once we settled that, no, this is clear overreach. The government doesn't have this authority. Romans XIII has limitations. Christ is head of His church. This is how our worship services are to be governed. Once we checked those boxes and worked all that out, then you can go to loving your neighbour.

We did the best thing possible to love our neighbour, whether they realize that or not. So whether an Albertan loves us or hates us, whether they support what we did or don't, it doesn't matter. We did the best possible thing for our province. And ultimately, it's the Lord's judgment, to either vindicate or otherwise, that claim. We actually loved Albertans, whether they liked us or not, through and through. And I think that is a testimony of good works in the community, for sure.

Commissioner Kaikkonen

And then my final question is a little bit heart-wrenching for me to ask, but I'm going to ask it anyway. When you think of the visual of the RCMP standing while the congregation may have been sitting—before the standing ovations, where they thanked and recognized and acknowledged the RCMP in the church service—I'm just wondering how the children felt.

[00:35:00]

Here's these authority figures standing. They have guns. They are authority figures within the community. And then we take that respect that the church gave to those RCMP officers and then we take it, fast forward to the point where you were being arrested and other pastors were being arrested and the children had to watch.

I'm just wondering, has there been any conversations, either within your family or within the congregation members, where their families would be standing by and watching this where authority figures are put into their rightful place? And what, actually, they were thinking as children when these authority figures, that you readily and willingly gave respect to, suddenly changed their perspective, and said that what you were doing was not something that they acknowledged or approved of?

James Coates

Well, let me say this, that the officers that we were engaged with were guys that respected us, they treated us well. You know, we can disagree. I can disagree. I might have approached it differently if I were in their shoes.

In my estimation, the responsibility of a law enforcement officer, when an unjust order comes in, is to tell their superior, "No, we're not going to do that." Now, the superior can do a few different things at that point in time: they can fire you; they could just say, "Okay, well, you won't, another guy will." And that guy might not be as kind and nice, you know, so obviously these officers had to kind of weigh the pros and cons of being the ones that were going to be the front men on this case. But I would just say they were respectful, they were kind and gracious. And so apart from: I wish more law enforcement officers would have just said "no" to the superior above them and in unison—that would have been phenomenal. The next best thing is that they would treat us with respect, and they honoured us because we honoured them, and so I would just say that.

I think as far as the kids are concerned: yeah, it was confusing for the kids. I mean, kids grow up wanting to be police officers, right? They love law enforcement. To be a policeman is cool. So when the police are coming into your gathering and are arresting your pastor, yeah, it's confusing for the kids. But the wonderful thing is this, though: Christ is a saviour of sinners. And we are all sinners; we have all sinned and have fallen short of the glory of God.

And so as parents who love Christ and who have been saved through His death and resurrection, we are shepherding the hearts of our children and we're wanting our children to receive the saving benefits of Christ and His work on the cross. And part of that is we're shepherding their hearts and helping them understand that they need to extend forgiveness and grace to law enforcement and to honour and respect them, even if they're not being honourable.

So there's no question that there would have been discussions that would have come up at that time, but we have all the tools in the scriptures to shepherd their hearts and to help them to think through that. And to ensure that their heart toward law enforcement is what it ought to be, which is one of honour and respect. And so though it was confusing for sure, you know, we've got what we need to navigate that.

Commissioner Kaikkonen

Thank you very much for your testimony.

James Coates

You're welcome.

Commissioner Drysdale

Good morning, Pastor Coates.

James Coates

Good morning.

Commissioner Drysdale

Can you tell me how many people were in your congregation prior to 2019, and how many are in your congregation today?

James Coates

Yeah, so on a strict average as we tracked our attendance, we would have been 350 on average, annually, in the years leading up to our whole saga with AHS. And at this point in time, now, it's hard to know what the annual average is, but we're often over 900. So it nearly tripled in size.

Commissioner Drysdale

What is the physical capacity of your facility?

James Coates

Yeah, so it's a little over 600, as far as the fire code occupancy, so we have two services now to accommodate that. And so yeah, we've got two services that we're currently running.

[00:40:00]

Commissioner Drysdale

So you have 900 congregants, plus or minus. Can you describe to me who makes up that congregation? What kind of people are in your congregation?

James Coates

Yeah, I don't know how to answer that. I mean—

Commissioner Drysdale

Well, are they all tall people? Are they all short people? Are they all plumbers? Are they carpenters? Are there doctors? Are there lawyers?

James Coates

Yeah, it's a wonderful cross section of Albertans. Yeah, doctors, professors. We've had law enforcement officers. We got mothers, widows. We've got a wonderful diversity of ethnicity. Yeah, it's exactly what you would expect the gospel to accomplish, where some from every tribe, tongue, and nation come together and worship the Lord, Jesus Christ.

Commissioner Drysdale

The reason I asked you that question is because I want to get a feel for whether this is an unusual group of people, or they're representative of the people of Alberta. You know, that it could be my neighbour, or they could be the person working with me at work. So having said all of that, can you describe for me how important it is for a believer to come to church and congregate? Is it a guideline? Is it a tenet? Why is that important?

James Coates

Well, and there's different ways to answer that question because, on the one hand, it's a command. I mean, we're commanded not to forsake the gathering of the Saints: Hebrews X. So on the one hand, we could go in the direction of the command. And there's all kinds of

commands in scripture that necessitate gathering corporately as the body of Christ, from all of the commands to one another: to love one another, to serve one another, and so forth. So we could just load up a grocery list of commands that necessitate gathering, but then we can go a different route and say, if something's commanded, there's a reason why it's commanded. And the reason why it's commanded that we gather is because the corporate gathering of the church is critical to the spiritual growth and development of the believer. And so it's in the corporate gathering that all of the means that the Holy Spirit uses to strengthen the believer, to grow the believer, to make the believer more like Christ, all of the different means that he uses, are most operative in that gathering: the preaching of the word, corporate prayer, corporate singing, the fellowship that takes place before and after the corporate gathering. All of that is absolutely critical to the spiritual growth and development of the Christian.

So when the government is saying that you can't meet, not only are they telling you can't do what God commands, but they're also keeping you from all that is critically necessary for your spiritual health. And I would make the case that your spiritual health is fundamentally more important than your physical health. Because look, if you don't know Christ— Let's just cut to the chase. If you don't know Christ savingly, then when you die, you enter everlasting hell. So that's problematic. That means that you could be the healthiest person today, get hit by a car, and enter eternal judgment. All of us need to be delivered from the consequences of sin.

I think, yesterday, the Ten Commandments were read. And the law is wonderful; it is good and holy and perfect. And yet, in reality, it makes us aware of our sinfulness. I mean, when you look at the commandments, you know you come short of them. Who hasn't lied? All of us have sinned and fallen short of the glory of God. And so the law condemns; it makes us aware of our sinfulness. And that's why we need a saviour, and Christ is the saviour. God, the Father, sent His son into the world to live the life that we couldn't: the perfect holy life, die the death we deserve. Where He suffered under God's wrath, upon the cross, for the sin of all who would ever believe in His name. He died, went into the grave, and rose again, proving He had conquered both sin and death. We need to believe that message in order to be saved. And if you've believed that message, then regardless of what happens to you in this life, your eternity is secure.

So we can go from the command—you are commanded to meet—but there's a reason why you're commanded to meet

[00:45:00]

and it ties into your spiritual health. And your spiritual health is far more important than your physical health. Far more important because it has consequences for eternity.

And I would just say that if there are any who are listening to this now, who have not received Christ by faith, that they would turn from their sin and believe on Him now. What an opportunity, in this moment, to hear the saving message of the gospel and to be reconciled—

Commissioner Drysdale

I appreciate that, sir, but we have limited time, and I needed to interrupt you a little bit.

The reason I asked you that question is—I'm going to try to condense, in my clumsy way, what you were saying—essentially, this is a fundamental tenet or a fundamental belief of being a Christian.

What I'm going to ask you now is that, I don't know how much of the testimony you've been watching, but over and over and over again with the testimony that I've been watching, I've heard as a matter of fact, a previous witness, Dr. Susoeff—I'm not good with names—anyway, a previous witness who's a doctor said that one of the basic, fundamental tenets of medicine is informed consent. I heard lawyers and judges testify what the basic, fundamental tenets of justice was, and that is that two parties can appear before the court and be treated equally, and that's been violated. And I can go on and on about all of these groups who have basic, fundamental tenets, and they violated those.

And you didn't, and you went to jail. As a matter of fact, you were handcuffed and shackled, which I might want to talk to you a little bit about. But can you comment on the fact that so many of these other groups that I've talked about actually violated their fundamental requirements, and some of them are written in law—like in civil law—which is a little different than you, and yet you were in jail, and they're not. Could you comment to me about that a little bit?

James Coates

Yeah. Let me just try and get into my headspace on that. Because I had a thought, even as I was thinking about the content of the testimony of the previous dentist. There's a couple of things that I could say about that. One is that when it comes to— Yeah, you know what? I'm thinking through this. So I want to say that the government was telling me that I can't do exactly what I'm supposed to do. And so if you're telling me that I can't do the thing that I'm on God's green earth to do, and that I'm commanded to do, then we have a problem. And I'm going to have to take a stand at that particular point.

Whereas I want to say that, in the context of the medical profession, there is room for more pragmatism. There's room for more, you know, trying to stickhandle through that whole situation and try and sort of protect yourself, while still, maybe, doing what you're supposed to be doing. And maybe there isn't. I don't know.

I mean, the stand that we took is directly connected to why we exist. Maybe the doctor's in the same boat, and that's the point that the previous witness was trying to make: that they were violating their responsibility at the most fundamental level. At which point, if that's the case, if they were in the same boat that I was in but just failed to take the stand, then they may lack—

You have to realize that I'm laying my life down for Christ and He's worthy to lose it all for. If you don't have Christ then you might not navigate the situation the same way that I did. Now, I realize that that brings the whole other issue into play, as far as other pastors keeping their churches closed. But, yeah, I don't know what to say except that we wanted to obey Christ, and it was all for Him, and it would have been disobedience to capitulate, and so we just couldn't.

Commissioner Drysdale

One last thing, I just want to get a better picture in my mind. When you were arraigned—I guess that's what they call it—you were brought in with handcuffs? When you came into court, I believe you said you were shackled and handcuffed.

[00:50:00]

James Coates

Well, yeah, I mean, definitely when I was transferred from the RCMP headquarters to the courthouse Wednesday morning, after having turned myself in and having been with the justice of the peace. Yes, I was cuffed and shackled. We have video footage of it. It's made it into a documentary.

Commissioner Drysdale

Can you describe what shackles are? I think most people know what handcuffs are, but I'm not sure everyone knows what shackles are.

James Coates

Yeah, shackles, it's like cuffing your ankles. So you know, you've got to take baby steps, because you can't take a full stride, because your ankles are cuffed. It's what you put on criminals who are a flight risk. And so yeah, to shackle me and even cuff me— Yeah, it was significant. I remember sharing with my wife they did that to me, over the phone, and it got to me. It affected me significantly, that they shackled me, for sure.

Commissioner Drysdale

Were you humiliated by that?

James Coates

Oh, that's a good question. Is it humiliation? There were tears, for sure. I wept. Could I call it humiliation? Maybe. I'm not sure.

Commissioner Drysdale

Thank you, sir. That's all my questions.

Wayne Lenhardt

Are there any more questions from the commissioners?

Pastor Coates, if you wouldn't mind providing us a copy of that sermon that was requested by one of the commissioners, I think it was called "The Time Has Come," and maybe email it in. We'll enter it in on the record for your testimony and we'll make sure that it's accurate that way.

So on behalf of the National Citizens Inquiry, thank you very, very much for your testimony today.

James Coates

Thank you for having me. Appreciate it.

[00:52:27]

Final Review and Approval: Anna Cairns, August 30, 2023.

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

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





NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Witness 4: Dr. Eric Payne

Full Day 3 Timestamp: 04:38:08–06:23:33

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Wayne Lenhardt

Good afternoon, Dr. Payne. If you could give us your full name and then spell it for us, and then I'll do an oath with you.

Dr. Eric Payne

Sure. My name is Eric, E-R-I-C, Thomas, Payne, P-A-Y-N-E.

Wayne Lenhardt

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

Dr. Eric Payne

I sure do. So help me God.

Wayne Lenhardt

You have quite a number of credentials, so perhaps rather than me do this, could you just give us a quick snapshot of your expertise.

Dr. Eric Payne

Yeah, sure.

The first slide, actually, I put them all there on the bottom right so that they're there.

I grew up in Ottawa. I did a Bachelor of Science in Physical Education at Queen's, and then I did a Masters of Science at McMaster University with a view to start medical school here in Calgary.

I was in medical school from 2003– 2006. I stayed at the Children's Hospital here in Calgary to do pediatric neurology residency for five years. Then I went to SickKids Hospital [Hospital for Sick Children] in Toronto for three years to do a Neurocritical Care Fellowship and an Epilepsy Fellowship.

I did a Masters of Public Health during the summertime at Harvard during those years, and then I got recruited to Mayo Clinic for six. I was there from 2014–20, at which point I got recruited back to Calgary by the original crew. During that time, my wife and I had grown our family to three kids at that point. Two of them were born at Mayo Clinic and are American citizens.

But I got recruited back mainly because of my neuroinflammation and neurocritical care. I was given 50 per cent protected time for research. I was given three years' start-up funding, until it was removed. It really was the culmination of everything I'd worked for to get that job. I was very excited to be back here with my family. We moved back here February 2020, so it was a month before we all shut down.

Wayne Lenhardt

At a certain point COVID happened and some mandates occurred as well. So at a certain point that started to affect your job and your status as an MD. Can you tell us about that?

Dr. Eric Payne

Absolutely, there was an effect right away. I had one meeting face-to-face with the division where I saw my colleagues and then everything else was Zoom.

The Children's Hospital during that first year was empty. It really was not busy. What happened was that staff, like nursing, got moved around. We had clinic nurses in our epilepsy clinic, for instance, who had previously worked in the ICU [Intensive Care Unit], even if it had been 10 years ago, and they got pulled back into the ICU. Some of the nurses who were in the pediatric ICU, they got moved to the adult ICU.

Fortunately, COVID, and we knew this within the first month, it really doesn't affect children very much. I've got the numbers to show you what we actually ramped up here over the last three years, but we've been very lucky. It's not like kids don't get sick, but it's vulnerable kids that get sick.

That was the first year, and moving into the fall of 2021, as soon as, frankly, our politicians started telling us that they weren't going to mandate this, it was pretty much a guarantee that they were going to mandate this.

At the time that the College of Physicians & Surgeons of Alberta [CPSA] met to discuss whether or not they were going to tie our licences to the vaccine, they had a town hall meeting that I listened in. It was because of that meeting, and because they were actively discussing whether or not to prevent me from practising medicine without taking this experimental genetic vaccine, I wrote a letter to the College explaining, I guess, my reservations. Really, it was a call—

I think I can move some of these here, but this was the letter, and this letter is still the source of two open misinformation complaints against me, but I behoove anybody to find one major point in that paper that's inaccurate. Every single point was backed up by fact,

and the warnings that scientists that are much smarter than me were giving have all come true.

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It wasn't like you had to look up to space to figure this out. We had track records with animal models with respect to these respiratory vaccines and all, so on. Alberta Health Services [AHS] had decided at the end of August to make that part of my— In order to keep privileges and be able to continue at the hospital I had to take the shot.

We started with the letter, and frankly, that just exploded. It went everywhere at the same time. It was a very overwhelming few weeks, but that being said, the thesis was what's there in red. The medical evidence clearly demonstrated that these things were not 100 per cent or 90 per cent. They weren't showing 80, 90, 100 per cent effectiveness in the community, so we knew that that was decreasing over time.

I could cite studies, which I'll show in a second here, where Israel and the U.K., for instance, were two to three months ahead of us on the rollout. It was pretty easy to look to them to see what was going on. They were taking the same shots. They were dealing with the same virus, and it continuously seemed to predict itself.

In the fall, when our government was making this mandatory and coercing us into making a decision about whether or not you wanted to keep working or whatever, they didn't have the data to back that up, especially someone like myself—who is early 40s and otherwise healthy—my risk from COVID is basically zero.

At that point, we knew that these things didn't stop transmission. So if they don't stop transmission—they don't even really reduce transmission in a robust fashion—we've got real concerns that we could be inducing vaccine enhancement with time, with further variants. It seemed prudent to be using these therapies in a more focused way against the most vulnerable: sort out what happens.

We knew for sure by the fall these things didn't stop transmission, so it seemed ludicrous. The Canadian government just announced that they were aware that the viral load between a patient with and without the vaccine was the same. That means if you've got the same viral load, you have the same capacity to transmit that to somebody else. I was able to cite three papers at the time showing that the viral load was the same. It wasn't like it was a surprise that that was the case.

In fact, I even cited a report by the CDC [Centers for Disease Control and Prevention] director herself who acknowledged that they knew that there was no difference in viral load between vaccinated and unvaccinated. This was at the time that they were deciding to force these things onto us. We talked about the fact that— Where was the biodistribution data? Where does this thing go in the body? How does it get broken down? How long does it last? The basics. It wasn't in existence until Dr. Byron Bridle and a group, through an access to information, got the Japanese RAP [Risk Assessment Profile] data for the Pfizer study.

We had a couple other small clinical trials showing that the spike protein circulated and lasted. Given that it seemed that this thing was capable of causing clotting and inflammation wherever it landed, they were relying a lot on the fact that this thing was supposed to stay in the arm and not travel.

I've listened to ophthalmologists. How can you possibly have eye issues post-vaccine? This thing stays in the arm. Well, it doesn't. It travels everywhere. It travels to the eye as well.

The idea that they didn't know that when they chose to hide that to us, it seemed too far-fetched to me. It was clearly being hidden from us.

We were also using a vaccine that at that time, and I use that loosely because they changed the definition of a vaccine right at the time in order for this to qualify. Smart people like this group here that report in the *New England Journal of Medicine*: you're using a leaky vaccine that doesn't cause sterilizing immunity in the middle of a pandemic. You were putting enormous evolutionary pressure on the virus to evolve. These people were warning exactly what I just said: Consider targeting vaccine strategies focused.

I won't play this video just in the sake of time, but this video clip, and it will be available afterwards [Exhibit number unavailable], about two or three minutes, every single clip in this was available at the time that these things were being mandated onto us.

When Israel public health official here is saying that 60 per cent of the ICU admissions were in the double-vaxxed in the fall, that was a sign of where things were going to come,

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and so U.K. was acknowledging that, and everybody was sort of acknowledging that. This study up here on the right, that's one of the ones that had the same viral load between the vaccinated and unvaccinated.

I emailed that letter, that I just went through a little bit, directly to the Council at the College, about 15 Council members. Almost all of them are doctors, so it was written at a level to push some discussion with respect to the science, and it was really a cause for some prudence. Can we slow down here, especially with kids, because we knew so much about their risk at that time.

The College has yet to respond, so almost two years out I have not even received an email from them to acknowledge that they received that, with the exception that they've sent me two complaints for misinformation. The first one related directly to this letter still, and so Dr. Mark Joffe, this was before he was the chief medical officer in Alberta, he was the only person that responded. I sent my letter to the CEO of AHS, Dr. Verna Yiu, and she forwarded to Dr. Joffe, and he was the only one kind enough to respond.

I thought his response spoke volumes. He thanked me for my thoughts. He didn't say, "You're an anti-vaxxer, misogynistic, misinformation spreader." He said: "I appreciate your concerns. We're going to do this anyways. Do you want to take the AstraZeneca instead?" Obviously, that thing got pulled, so it was a great recommendation, but nonetheless, we got a response, and that was good.

At the same time, an enormous amount of pressure went on at the Children's Hospital. A friend of mine and someone I trained with, Dr. Mike Vila, he also wrote a letter. He's a pediatric hospitalist, and he's got four sons, and he wrote a letter at the same time.

Within a week later, there were 3,500 healthcare professionals in Alberta, including 80 physicians, who wrote a letter. A lot of the same science obviously overlapped, all saying the same thing. Those physicians who signed that letter got a phone call from the College asking if they still wanted to keep their name on that letter.

Then very shortly thereafter— My letter went out on the 15th. On September 24th, in the *Calgary Herald*, this gentleman, Tim Caulfield, who I mentioned during my testimony in Toronto, but I'm going to expand on because he's been busy the last month, suggested that questioning the safety and efficacy was like questioning the pull of gravity. That hasn't aged well for sure, and that's also not what I was saying. I was saying it was very clear time dependency.

He is an important person because I didn't realize who he was when I first read this article. But if you look at any mainstream media there are a few people whose name always comes up to beat doctors down or scientists down when they say something they're not supposed to.

So Mr. Caulfield is a member of the very ethically sound Pierre Elliot Trudeau Foundation. He is a Canada Research Chair in health and policy. And he, just at Christmas time, was awarded the Order of Canada for his work fighting health misinformation, specifically with respect to COVID.

Frankly, there are not too many people that spouted more misinformation than Mr. Caulfield. He was recruited to start giving talks throughout the province. And this photo here on the right with Dr. Verna Yiu happened, I think, in the spring in 2022.

Shortly after he came and gave a talk to the Children's Hospital, I received my second complaint for misinformation from a colleague who had attended that talk. So he's a very convincing individual, there's no doubt.

But what I mentioned last time is that he refuses to debate or discuss. So yeah, he's worried that he's going to denigrate their movement by even entertaining this. But the reality is, if you guys had facts and you showed them to me two years ago, you would have had an ally. But when you don't have facts, you've got to shut down the debate, you got to beat people down, and that's what's happening.

That same week, September 28th, essentially: the person I refer to as King COVID at the Children's Hospital, Dr. Jim Kellner, he spent 10 years as the department head just before I arrived. He's also a pediatric infectious disease doc, someone that I would have loved to have had a conversation with respect to my letter. And I certainly, as I said multiple times, if there was anything that was inconsistent in that letter, I was willing to retract it and change it or whatever.

But instead of that conversation, there was a town hall meeting with the Department of Pediatrics, so all my colleagues—it's virtual—and he started the town hall with this. So it was a defamatory

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sort of process that took place.

Immediately following this meeting, my pager was ringing off because everybody was like, "Are you okay?" It was no doubt who he was talking about. There were only two paediatricians at the Children's Hospital who had spoken out, myself and Dr. Vila. I'm fine with this. I have no animosity towards him about this myself. I'm angry about how this has affected the kids, and the unwillingness to discuss these things.

But what happened at the hospital within the next week of that was remarkable. It's my opinion that he gave permission to people at the hospital to be angry at the unvaccinated. He stoked division and hatred within the hospital. And I can tell you that with certainty because I had multiple people come into my office in tears, people who didn't want to take the shot, people who had been there for decades.

One of the ladies who came to my office, had been there for a long time in admin, she had just finished hearing a very senior surgeon at the Children's Hospital state that if he had an unvaccinated person in his OR, he wouldn't save them. This is the kind of stuff that was being said and permitted at that time. So it was definitely a whirlwind and it was difficult.

I've got that whole one-hour town hall on video. It's a pretty fascinating listen, but I'm not going to make you listen to that.

On October 1st, so three days after the town hall meeting, I received a letter at 3.05 p.m. on a Friday. This is the extent of it, this letter here on the left, telling me that as a result of concerns brought forth by several different learners at stages of training and after discussions between so and so, we have decided that we're going to reassign your learners until further notice. So attempts to figure out what was said, what caused that, to discuss that—nothing happened. They wouldn't meet with me.

I followed up with them recently in March and just asked to sit with the postgraduate medical education leader to say, "Can we sit down? Your decision to prevent trainees is affecting my ability to be an academic neurologist at this position. Can we sit and talk about this? Let's hear what you have to say." I got the email back from AHS lawyers (on the right) basically stating that a meeting is not required; that the impact on learners when I convey my COVID immunization during clinic interaction in the workplace, the learners experience discomfort [sic] in the inconsistency with this. And that I've got a duty to provide evidence-based medical information to patients.

You know, I agree. There is not a single statement that I've made that's not backed up by science. And I find that really remarkable, that an institution that—I spent the last eight years of medical school and training here—their decision is effectively ending my academic career here and they don't even have the decency to sit down and look you in the eye. And the best they can come up with is this nonsense.

This is informed consent, right? If multiple jurisdictions, including the World Health Organization recently, have all stated that the risk-benefit analysis is not there with respect to kids, and I go and I tell a family that; if that causes the learner discomfort, who's in the wrong?

The reason that learner probably feels discomfort is because they've been subject to the propaganda for two years and they believe it. But ultimately, I've got a responsibility to give the pros and cons to my patients, and I'm not going to stop doing that. They ultimately don't even have the ability, I think, to sit in the room for 5–10 minutes and discuss this because if they could, they would have.

We launched a lawsuit, four of us, against Alberta Health Services, stating that this was unconstitutional, and it was a pretty fascinating time for sure. There were four of us. There was an anesthesiologist, Dr. Joanna Moser; yesterday you had Gregory Chan testify, he was one of the individuals as well. And Dr. Loewen was the fourth.

There was a week after we'd all submitted our affidavits and people were testifying, and we got to read the affidavits and try to respond to them. Every single one of our immediate supervisors came up and said that we were immediately expendable. In my case, even though they had just recruited me and had thrown what they had thrown at me to recruit me here, still misrepresented those circumstances.

But what was really remarkable was, on the day that

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Dr. Joanna Moser— She's an anesthesiologist, she also has a PhD in mRNA [Messenger Ribonucleic Acid] technology, she's an extremely smart woman—she had two medical exemptions, one signed by a specialist, one by a family doctor, due to her previous allergic reaction, even. And she had a religious exemption letter signed. AHS refused to accept those.

At the time that her immediate supervisor was testifying that they didn't need Dr. Moser's anesthesiology street cred, they had several openings for full-time anesthesiologists in Red Deer. Literally later the night after their testimony—this was sent out at 10 o'clock— this urgent email was sent out diverting ambulances from Red Deer, specifically because they didn't have anesthesia coverage. So within 24 hours of testifying that we don't need anesthesia, they had to close down the trauma center because they didn't have anesthesia. And that stayed shut for a couple of days.

So this idea that they were enforcing these mandates to protect patients didn't seem to line up with what I was experiencing in real time. Just to fast forward here a little bit, Alberta Health Services ended up taking immediate action against anybody who refused to take the shot. And this got pushed back a couple times, but December 13th at midnight, I received an email, so did the other individuals who had at that point been non-compliant, stating that we were locked out.

If you look down here, this is from a complaint that was started because of concerns I was writing unwarranted COVID-19 vaccine exemption letters. They sent in two investigators at eight o'clock in the morning, eight hours after they locked me out. And they did this in front of all my colleagues, started pulling my charts.

It caused a lot of stress for some people at the hospital, for sure. And I obviously had a very guilty look on my face. Here I am locked out and now I've got two College investigators going through all my records. I didn't even know that that had happened until February when I got this complaint, and they stated that it was closed because they hadn't found any evidence to suggest I wasn't compliant. Even though I had written a few exemption letters, **they deemed them well-written and justified.**

On January 6th, Alberta Health Services sent me a letter stating that they were not going to renew my salaried contract. So this was two years into our three-year startup agreement. We had a three-year startup letter of intent offer signed. They had provided several hundred thousand dollars of startup funding to create a neuroinflammation clinic.

They just basically ended it there. Specifically, you can see in quotations, due to "non-compliance with the University of Calgary's vaccine directives," because they would "preclude me from meeting the future education and research deliverables necessary to remain" part of the salary contract.

I still was able to do a lot of teaching because I have a reputation internationally for some of these things. So I was still being requested to teach, but nonetheless, that mandate lasted until February 28th. So I was officially—six weeks, that was it—I was non-compliant with their COVID immunization policy.

By July 18th, AHS had dropped their mandate as well. February 9th, the College removed one of my unprofessional complaints because I agreed to go back with testing for a few months. As I said, I've still got two open complaints for misinformation, one from a colleague I've had for a long time.

Unfortunately, what I've experienced is there are a few colleagues that'll come talk to me. They generally will pull me aside and whisper, "I agree with you, but you can't say that out loud." But most have just not talked. Most will just turn the other way, for instance. And the complaint itself: I've never had any of that stuff brought to my attention. It was brought behind my back.

The College, they have recently mentioned to me—because these complaints are still open after a year and a half— They're supposed to resolve these things after a few months, six months, and then they've got to give you an update. They informed me recently that they've hired a third party. And the third party that they've used with other people recently has been a company out of Manitoba that is made up of about a dozen ex-RCMP [Royal Canadian Mounted Police] officers: no scientists. So a bunch of RCMP officers are going to decide whether or not my science letter was inaccurate.

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And so over the last couple of months they put out an offer for my job again, just before Christmas. I decided to apply for it. Because—why not?—I moved my family here. I wanted to be back. It's not like I'm leaving the Children's by choice right now.

I was told about a month ago that they weren't proceeding with my application. They weren't going to interview me. They've gone with four other applicants. Three of them are still fellows. They're still trainees. One of them is about two months out of fellowship. The other ones are still fellows. And then the fourth individual is a very good general child neurologist. But ultimately, that child neurologist was the person who wrote me the letter that I showed you, removing my trainees.

This is an interesting tidbit. Jeff Rath, who testified yesterday, represented the four of us. He had sent the four of us something, I can't remember what it was, something he had written as a complaint to the College or whatever. And then he got a response from an AHS lawyer telling him to cease and desist sending him stuff.

So he was like, "How did I add you to the email?" It turns out that AHS lawyers have been intercepting and monitoring our emails. So I decided, knowing that they were actually going to listen, I wrote them a letter about myocarditis and kids, stating that you're causing more harm than good. But we obviously were not dumb enough to be writing back and forth anything important. But it was remarkable that this lawyer unwittingly acknowledged that they've been monitoring our correspondence.

In the interest of time—and I spend a lot of time going through science—but I do want to highlight a few things with respect to the Alberta data.

The overall case hospitalization rate is under 4 per cent. Less than 1 per cent of patients who caught COVID died or were in the ICU, and this is an overinflated number because we don't have the real denominator. Ninety-six per cent of all COVID-related deaths have occurred in Albertans over the age of 50. So going back to my own case with respect to the mandate, I was not in the high-risk group.

Paediatric: there have been five kids who have died with and from COVID since the start. The first child reported, passed away in the fall of 2021 and Dr. Hinshaw had an announcement about that child's death. It was a couple of weeks before they were starting to push the vaccines in the 5–11-year-olds, and they stated this child had died from COVID—until a family member reported that this child actually had stage four brain cancer and had tested positive, had not died from COVID. She had to apologize for that. How the Chief Medical Officer of Health did not know the full medical record for the first child in Alberta who died, a year and a half in, when she made that announcement, is a bit of a mind-boggle to me.

If there's one graph that should have had us pulling these things, it's this one—and this is not available anymore. But this is the number of cases and it's relative to vaccine status. So per 100,000 vaccines, or not, you can see that as Omicron came around—this is January, February, Christmas in 2021, 2022, when the truckers were in Ottawa—you were twice as likely to get Omicron if you were double-vaxxed.

This continued. In fact, you were most likely to get COVID in Alberta if you had three doses. Alberta decided to take this data down March 13th and we haven't seen this again. Last testimony, I showed you similar data from Ontario, British Columbia, United Kingdom, United States. This negative vaccine effectiveness over time is pretty well-established. It's not a conspiracy.

We don't have the data here in Alberta publicly available to us anymore, but other places have still been publishing what's happened with Omicron.

This is across all age groups over time. This is vaccine effectiveness starting at around 60–80 per cent, and this is zero. So for all age groups, by the time you get to about six, seven months, you've got negative vaccine effectiveness.

This is a prospective study that was done at Cleveland Clinic, and they did their healthcare workers, 50,000 healthcare workers, to see who was going to get Omicron. Impressive dose response curve. This is greater than three doses was the most likely to get Omicron, then three doses, then two doses, then one dose, and then zero doses.

You are absolutely more likely to get infected with COVID if you've had vaccines against COVID.

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While I still face two misinformation complaints, we've had some doozies: "You won't get COVID if you take the jab." That was said by basically everybody until it wasn't true anymore.

This is a video and again in the interest of time, I won't show it, but basically, he's asking Pfizer's representative under oath: "Did Pfizer know that the vaccine stopped transmission?" Then she's like, "No, of course we didn't know that. We had to move at the speed of science."

It seems that they knew things that they weren't letting us know. I will ask you in a second here to play this video by Paul Offit. Paul Offit has been one of the most vocal individuals. I think he's a paediatric infectious disease doc from Children's Hospital of Philadelphia. He's been very pro-vaccine and yet did a complete 180 with respect to the Omicron. Listen to the end because he points out the fact that the FDA [Food and Drug Administration] is kind of a placeholder. They're not even asked to vote on this stuff anymore. So please play that video.

[VIDEO 1] Paul Offit

Do the benefits of this vaccine outweigh the risks. I don't see the benefits. We really need much better data before we move forward on this and I can only hope that it is coming. I feel very strongly about my no vote there. In fact, the only reason I voted no was because "hell no" was not a choice. And it just surprised me that we were willing to go forward with this with such scant evidence. I think the phrase I used was "uncomfortably scant."

So you just sort of felt like the fix was in a little bit here, maybe that's not the right phrase, but it was obviously something that they wanted. And I felt like we were being led here and with a critical lack of information.

[VIDEO 2] Paul Offit

Right now, they're saying that we should trust mouse data and I don't think that should ever be true. I don't think you should ever risk tens of millions of people to get a vaccine based on mouse data.

[VIDEO] Unnamed Speaker

And there's no public data on that yet. What's more, for these fall booster shots, the FDA is not consulting with Dr. Offit and the rest of the Independent Vaccine Advisory Committee.

Dr. Eric Payne

They're not that interested.

[VIDEO 2] Paul Offit

—because when you do that— So we'll get all the data from the two companies, which is then available to the public. By not doing that, by simply saying "we don't need that advice" what we're also saying is we're not going to be transparent about what we have to the American public and I just think that's not fair.

If you clearly have evidence of benefit, great. But if you clearly don't have evidence of this benefit, then say no.

Dr. Eric Payne

And then, shortly after this, Bill Gates. This is the individual who obviously told us that these things worked—and he made a lot of money on that. This is just a 20-second video:

[VIDEO] Bill Gates

—they're not good at infection blocking.

Dr. Eric Payne

So with respect to Paul Offit's comments, he's right. Some of the data that we have that was the most helpful was the actual data that Pfizer submitted to the FDA when these things were being released. And now that they don't have to submit those things, we never got that data for the boosters, for the Omicron.

And the other main point to make about the Omicron bivalent booster is that both of the spike proteins that they generate are extinct. They don't exist anymore.

Over the last six months, we've seen the French health authorities, we've had England, winding things down, Denmark has changed, Florida has changed things. Denmark even went so far as to say that vaccinating children with these experimental shots was wrong and we shouldn't have done it and we won't do it again. Recently, Quebec is no longer recommending this for those who aren't vulnerable, so its young kids are excluded. The World Health Organization, just a couple weeks, is no longer recommending these things.

And then Switzerland came out recently also. And the other thing about Switzerland is that it seems like they're going to put the onus on the family doctor themselves or whoever is going to give the injection. So if you want to get an injection now, you have to get a prescription from a family doctor. And if something happens, that family doctor is liable, which I think is a brilliant idea for Alberta.

You know, I just showed you getting the disease, but in the Alberta data itself, death and severe disease is overrepresented the more shots you get as well. I have this thing highlighted in red just to show you one of the ways that they've been playing with the numbers on us. If you look at the number of hospitalised cases and the number of deaths here, this was since January 2021. We didn't even get to 50 per cent

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vaccine uptake until the summer of 2021.

So everybody in the first six months who got, or died, or hospitalized from COVID would have been in the unvaccinated. So they were inflating these numbers.

And it took a while for these things to roll out and for us to catch up to what we were seeing in the U.K. and in Israel. You know, here's July 4th, 2022, 81 per cent hospitalizations had one shot, 78 per cent had two, 51 per cent had had three. That was the last time they showed us the hospitalization data. They've taken that away. For almost a year, we haven't seen it. And 54 per cent of deaths had had three doses, 19 [per cent] had had two. This vaccine outcome tab is gone.

But the important thing on this one, this is the COVID genetic vaccine uptake among Albertans. We only got to 39–40 per cent uptake on the third shot. And this plateaued right after Omicron at Christmas time. So when you have 55 per cent of patients dying with three shots, but only 39 per cent of patients who have taken three shots, you've got an over-representation there.

This is the two-shot data. You can see the older populations have been better at taking these jabs. But you can see, most age groups took two, right? The 5–11-year-olds, we haven't got up over 40 per cent with two. And then on the third dose, none of the younger kids have taken three doses. The teenagers who had very high uptake, 90 per cent, less than 20 per cent of teenagers have taken three shots.

And the timing is important because I think what happened was people had taken two, three shots and they got Omicron anyways. So why are you going to keep taking shots if you got the disease you were trying to prevent against? And I think that's what woke a lot of people up. I know I have friends that woke up and that was what prevented them from giving it to their kids.

These are the rainbow graphs that were sort of made famous. These have also been taken off the website. But what these things show, interestingly, is how many days after your shot, were you diagnosed with COVID? So you get the shot: how many days? And we know that you're considered unvaccinated if you have not had two shots and waited two weeks. What these graphs are actually showing is in the first two weeks, there's actually an increase. There's a slight increase in cases. It goes up before it goes down for whatever reason. And once that got made aware, Alberta took that data down.

A couple of questions, a few sentences on ICU capacity. And the reason this is important is because, "two weeks to flatten the curve" was all about protecting our resources, right? Everything we did was to not overwhelm the health system. So what was our capacity?

Here's an opinion piece that was written in the *Washington Post*. And this was October 2021. And they compared Alberta to Alabama because we both have similar populations, like 4.9 versus 4.4 million. But Alabama has 1,500 intensive care unit beds, and we had 370.

Because of that, Kenny's Government talked about ramping this up to something more reasonable, which never happened. And Dr. Yiu even went so far to say that we're only getting space in our ICU when somebody dies. So she's trying to make us feel good about not taking shots, but she's saying we're only opening up space when somebody else passes away.

And then very, very quickly we find out that the AHS CEO is actually spreading misinformation about ICU bed capacity. The AHS retroactively had to edit the ICU bed data. Here is Dr. Deena Hinshaw admitting they manipulated ICU numbers. And here's former Premier Kenny admitting that they were overstating Omicron hospitalizations by 60 per cent. So at the time that they're telling us hospitals filling up, hospitals filling up, they were playing with numbers and overstating cases.

These are the numbers that they had made available on their public website. So that's the best I have, ICU bed capacity. Here in the bottom is the COVID occupied beds. And keep in mind, half of those are with COVID and not from COVID. This in the orange is unoccupied. So if you look at the absolute, here's your 400 beds. They almost never got to the 400 beds.

If they had actually increased space to even 600 or 700 beds, the way that they had discussed— Based on this graph, while we were up against the wall for sure, there's a lot of questions about just how much we were at capacity, I think.

The fear factor: we've all felt that. It was incredible what we were dealing with. I'm going to point out just that you were not allowed to go to hockey and criminal acts, but you know, this type of stuff here. I did my own research Halloween joke. This came from a council member at the College.

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This is a doctor who wrote this and wrote it about five or six days after receiving my letter. This is another doctor stating that those of us who chose not to take the experimental jab were bad humans.

Recently, I think that the hate is sowed from the top down. There's no doubt about that. And as I say, the same as I said in my own hospital, it gives permission to people to act bad when the leader is acting bad.

What Canadians don't realize is that we were subject to a psyops[Psychological Operations(s)] operation. This is acknowledged in the CBC. The Canadian military ran a PSYOPS operation against us, and when they told us they were going to shut it down, they continue to do it. And that was to stoke fear and get us to be compliant.

Once our new premier came in, you start getting all these articles where they're gaslighting Premier Smith. Here's that gentleman, Tim Caulfield, again. "I find it horrifying sometimes when I see some of her comments, her being the premier." Then you've got this little hyperbole by the person writing it or not. I have to believe that most people realize that's nonsense, but nonetheless, that's what we see in our mainstream all the time.

Mr. Caulfield recently just published this lockdown revision[ism]. The reason that I have this here, is because it is the thesis of that paper that the reason that people are not trusting public health measures right now, the reason parents are not vaccinating their kids with their regular vaccine schedule anymore, is because of people who have spread misinformation.

So not acknowledging that if you coerce people into taking something that ultimately doesn't work, that might affect people's continued uptake on this. I think it's complete nonsense that a small group of people that have been pointing to data all the way through are responsible for the fact that our public health officials no longer have the trust they once had.

The masking misinformation has been personal. We masked our children like everybody else did at the beginning. It killed me because we knew it didn't work. But nonetheless, we're finally making some headway on this. This is again, when the premier came out and said we were not going to mask our kids anymore, there was this gaslighting of her in the mainstream media. Right away they started hitting her again,

Dr. Francescutti [Dr. Louis Hugo Francescutti], he used to be the head of the CPSA council. He was the chief CPSA doc in Alberta. And he states that she's not pointing out the science, "show us something that's not on Uncle Joe's website, show me the data, something."

Another article, this person from Zero Covid Canada, "this is strong misinformation" and so on and so forth. Another colleague at the Children's Hospital, Dr. Cora Constanetinescu. "masks do work. It's backed by science and common sense." Dr. Constanetinescu has got some interesting conflicts of interest with respect to Big Pharma as well. And I'd like to point out specifically her involvement with the COVID-19 Zero group.

Lots of people have written about masks, but Dr. Alexander was kind enough to join me for a paper we submitted to Brownstone. Jeffrey Tucker presented it recently. Brownstone is one of the only places that would publish this stuff. I would write my letter and he wouldn't even get a response. So to the doctors that say that the premier doesn't have any evidence, this letter has got 60 references showing you that there's not a single policy-grade study

that masks work for influenza or for COVID. All the policy-grade studies, randomized control trials, meta-analysis, all show that it does not work.

I emailed this to the new CMOH [Chief Medical Officer of Health] in November. I responded again in December because we had a new multi-center randomized trial done out here in Alberta.

Dr. Fauci was under oath and he couldn't name a single study in support of masking.

And then in the last month— What's interesting about this is the last author, Dr. John Connelly. He works for Alberta Health Services. He's a doctor here. So two of the best papers out there showing us that masks don't work are authored by somebody who works for AHS and yet we're still forced to mask ourselves at AHS.

Then about a week ago, we've got a really nice study, this is not the only one, showing you, not surprisingly, that there are side effects to these things.

The CDC, for the first time in 20 years, changed how many words kids are supposed to know by a certain age. They reduced the number of words by six months. That's enormous! I saw this with my own son. He's four and there were some articulation issues. He was offered some speech therapy and then they called us back to say, "We're so overwhelmed with the need for speech therapy,

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he's actually on the milder spectrum, we're not going to give it to him anymore."

I've talked to lots of speech therapists. This is a real issue. Kids learn by looking at faces and mimicking this, and we've prevented that. This is the reason for highlighting the 0-19 stuff—because this is the one-page propaganda piece that was plastered everywhere. It was in the emergency department, it was everywhere. And then it was first introduced to us physicians at the hospital in the summer of 2021.

Are there long-term effects caused by COVID-19 vaccines in children? "There have been no reported long-term effects after COVID-19 vaccination." I confirmed with the author of this, and I've got this on email, that they had two-month data in adults. That's it.

They go on to talk about long COVID. We know long COVID is extremely rare in kids and it's generally the kids that are in the ICU and very, very sick that get it. More fear mongering.

They sum it up with, "Okay, we've got a survey that shows that long COVID goes away if you take the shot." That was what they were presenting to patients. At the same time saying that these shots were 100 per cent safe and effective. That was what they were being told even when they didn't have the data to back that up.

We get into these crazy modelling madness, that somehow the people who are unvaccinated are getting more accidents. Trust me, it was nonsense.

This Fisman [Dr. David Fisman] guy is going to come up again in a second, but while we present data showing you the real-world data that you're more likely to get COVID, be hospitalized with or from COVID, and die with or from COVID, the more shots you have, they respond with modelling data.

And this one was incredible. This was written by Fisman, Fisman, I guess, maybe is how he pronounced his name. He was part of the Ontario COVID-19 Science Advisory Group and he quit because of political interference. Here's all of his Big Pharma—which is an incredible list of conflicts of interest there. If you just Google this, these are all articles on the same paper.

This thing went international. I was hearing this from people. I heard it from somebody in Italy. When you look at the model because he provided it—which was really nice of him to do—if you look at this one number, just one number, baseline immunity of the unvaccinated: How much of the population is vaccinated right now? He made an assumption. He didn't take a reference and he stated it was 20 per cent.

We knew, if you look at the serial COVID prevalence in the CDC at that same time, that 90 per cent of people had seen COVID. Almost 100 per cent of us have seen it now. If you put in 80 instead of 20, that whole model flips itself: now it's the vaccinated driving the pandemic.

Lots of people noticed this. Denis Rancourt, who testified here said it nicely: “main conclusion does not follow their model.” Other people were more accurate: “using flawed inputs to vilify a minority.” That paper is still up on the *Canadian Medical Association Journal*.

Theresa Tam: I still don't know how you can possibly think that we saved 800,000 lives. We've lost 20,000 patients in Canada in three years with or from COVID—40,000 deaths with or from, half of those, 20,000 only. The idea that these things helped saved lives, it's fanciful thinking.

The funding part, I'm going to say, we know that there's infiltration. How is it the FDA approved these things? Lots of evidence, peer-reviewed articles, showing that this is a real problem. Pfizer funds the Canadian Medical Association. Here's an article with a link to *Globe and Mail*. When you go to *The Globe and Mail* to link it's no longer available, but if you go to the “way back machine” you can read that the Canadian Medical Association received \$800,000 from Pfizer. This is back before the COVID pandemic: *True North*, their top 10 stories in 2021: number three was a professor in Toronto who didn't disclose his AstraZeneca funding.

Their number four story was Dr. Jim Kellner, the Children's Hospital physician I mentioned. It turns out that he had received almost \$2 million from Pfizer over the few years leading up to COVID. It's important for you guys to know that universities take 30 per cent indirect. On just that \$2 million, the University of Calgary, the university that won't let me interact with trainees, took \$600,000. And that's not the only grant that he took during that time. It's not like he pockets these things, this goes to his funding. But I would say, as someone—**These are people that dedicate their lives to taking care of kids. I genuinely believe there's no maliciousness, malintent, but**

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\$2 million is an enormous unconscious financial bias.

And when you're not willing to discuss things, that's when things get into trouble. And when Kenny came out and said the summer was going be ours again, we've got enough people that have had COVID, we've got natural acquired immunity, Dr. Kellner and others were there to say, “Wait a second! Natural acquired immunity for COVID? I don't think so.”

If you can play Fauci's video here, a short one. This is what we all expect, what we all understand from natural acquired immunity after you get a shot.

[VIDEO] Anthony Fauci Interview

[Video is largely inaudible. Dr. Fauci is asked whether someone who has the flu for 14 days should get a flu shot. He answers that the infection "is the most potent vaccination."]

Dr. Eric Payne

Somehow that was lost in history for a couple of years.

I won't go through these. Probably the last videos I'm going to show; but the mainstream media in February, this year—the papers are incontrovertible now. "Natural acquired immunity is much better than vaccine acquired immunity with respect to COVID." That's not surprising.

This summarizes a lot of the safety data that I went through last time. I'm not going to go through it again. But there is an absolute mountain of safety signal evidence that should have behooved us to look into it, especially with respect to kids.

If you take all vaccines over 40 years and you look at how many adverse events were reported into these systems, like the vaccine adverse reporting system VAERS or VigAccess access or whatever, the adverse events that were seen in the first six months after the COVID vaccine rolled out were more than all vaccines put together for 40 years.

They had removed the RotaShield vaccine after 15 cases of bowel obstruction. We've got 40,000 deaths in this system right now, which is an under-representation probably of a factor of 10.

This vaccine-induced immunity—Fauci explaining that they knew about it—it was a concern. We've got evidence that it's happening right now. Peter Hotez here on the right, he's at Texas Children's. He's a very pro-vaccine kind of guy. But he specifically states, a couple of months before the vaccines, that he had done research on coronaviruses specifically, and what they find that when you give the shots to animals—and even in kids because he mentions that there are two children that died in one of these programs—when they get exposed to the virus naturally, subsequently, there's a ramped up immune system and it can have a bad outcome.

So they were aware of this stuff. And the evidence that I showed you with respect to how many people have had the shots versus how many people have died in the population, it shows you that there's something else going on.

This just came out. I don't know how you can keep your job, frankly. I don't know how you sleep at night. The German Health Minister in March, 2023—you can watch this whole interview. In 2021, he claimed that COVID-19 vaccines had no side effects. But he states now that that was an exaggeration in "an ill-considered tweet. It did not represent my true position. Severe COVID-19 injuries? I've always been aware of their numbers. They have remained relatively stable at one in 10,000."

So we've got a child whose risk of dying from COVID is one in three million, but they've got a one in 10,000 risk of a serious adverse event. That equation doesn't make any sense.

And in fact, it's not one in 10,000. If you actually look at the best data, which is the clinical trial data as reported here by Dr. Doshi: Serious adverse events, these are life-threatening, death, hospitalization, significant disability or incapacity, congenital anomalies, birth defects. They were found to occur in about one in 800 in the clinical trials that were done.

We've talked about the bio-distribution. We know it goes everywhere. The Canadian government right now even acknowledges that "spike protein are degraded and excreted within days to weeks following immunization." They tell you it's there.

They still claim that this thing doesn't get into your DNA, your nuclear DNA. There is a study, I mentioned it last time, that at least opens up that possibility in some instances.

This is the most recent bio-distribution data

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that we finally had made available to us, Pfizer Australia. These are all the tissues where we see spike protein: reproductive organs, brain, everywhere, eyes. It gets everywhere—bone marrow.

We've got autopsy studies of people who have died post-vaccine because of myocarditis. We find spike protein on their pathology. We find circulating spike protein in patients with vaccine-induced myocarditis.

We've got kids. There are these two adolescents who lived apparently in the same neighborhood and died, within a few days of getting the shots, from a heart attack. And the histopathology shows that it was the vaccine that caused it.

We also know that it's not just the spike protein, but the lipid nanoparticle itself causes inflammation. It's a problem and it may explain things like the rainbow graph. Why are you more vulnerable to getting sick for two weeks? There may be something to do with your innate immune system.

Tons of neurological side effects. I say this as a neurologist: I'm begging my neurology colleagues to wake up on this. I have colleagues who don't even put Bell's Palsy on the differential on these things. It can happen post-COVID, it can happen post-vaccine.

We know that there's batch-dependent events, 71 per cent of suspected adverse events in 4 per cent of the batches. This is a production problem. We ramped up production really fast.

And so this will be the last video here. But the long-term side effects.

If you can play the one on the left first.

[VIDEO] Bill Gates Interview

[Video is largely inaudible. Mr. Gates alludes to the fact that long-term side effects data should not be a factor because it takes too long to obtain.]

Dr. Eric Payne

And then the one on the right please.

[VIDEO] Interviewer

... Many scientists are beginning to believe that a vaccine against AIDS may be impossible to make and too dangerous to test.

[VIDEO] Anthony Fauci

If you take it and then a year goes by and everybody's fine, then you say, okay, that's good. Now let's give it to about 500 people. Then a year goes by and everything's fine. You say, well then now let's give it to thousands of people. Then you find out that it takes 12 years for all hell to break loose and what have you done?

Dr. Eric Payne

I think those are wise words and, unfortunately, he didn't follow them.

These are the last few points and then I'll take questions.

I did not get into the paediatric data. I just didn't have time for all the details. But I was very involved in the Stop the Shots campaign with the Canadian COVID Care Alliance. There was a letter that a number of us on the Science Committee signed and we sent to physicians in Ontario warning them about the vaccine and kids. Those are available in the CCCA [Canadian COVID Care Alliance] website if you want to get 100 references on why these things are bad in kids.

This is the only piece of data you needed to know not to give these to kids. This was one of the pieces of data that we would not have got—Dr. Offit was saying that FDA is not going to get access. This is a Pfizer briefing document when they were trying to get approval for the 5–11-year-olds.

Because serious illness is so rare with COVID, even in the adult population: the 40,000 patient trials—nobody ended up in hospital. So they had to model out death. So based on Pfizer's modelling, 1 million fully vaccinated children—2 million COVID shots—was going to save maybe one life. And by their numbers, 34 excess cases of ICU myocarditis. And we know about 20–50 percent are going to die within five years.

So you were going to probably lose, based on this number, five kids because of excess myocarditis in the ICU, and you're going to save one life.

We know, because in Ontario the incidence of myocarditis is actually one in 5,000 overall, one in 3,000 for Moderna, one in 18,000 for Pfizer. They took away AstraZeneca because of a risk of clotting—one in 55,000—and yet the Pfizer vaccine is still being still being given to kids.

The risk–benefit was never there for children and at the time that this was approved in October we already knew it didn't stop transmission.

They keep talking to us about RSV [Respiratory Syncytial Virus]. There was an RSV and influenza surge. Here is again some of the data that was submitted to the FDA. I'm going to highlight the block in the clinical trials for kids. In both Pfizer and Moderna when they assessed it, children had an increased risk of getting RSV and getting influenza in the first 28 days after getting a COVID shot.

So we are actually slightly increasing a child's risk

[01:00:00]

of getting RSV and influenza by giving them a COVID shot.

Lo and behold, we've got nine clinical trials right now on www.clinicaltrials.gov where they're trying to use mRNA technology to produce a vaccine targeting RSV, including in kids.

Similarly in order to fix the hearts that they've damaged, Moderna is going to now start injecting an mRNA shot directly into the heart to repair the damage.

This was alluded to this morning, and this case really is upsetting. I really don't understand how you can be a physician, and with the data that I've gone through here, deny somebody a possible life-saving treatment—a person who is in that situation through no fault of her own. It wasn't bad lifestyle. It just happened.

We have the data that I showed you. We also have case studies showing that post-transplant you can end up rejecting these things.

Not only do we have differentiation between provinces on transplant teams; currently in Alberta there's a difference between the transplant teams in the same hospital. The transplant team who is refusing to provide the transplant despite the fact she's vaccinated for everything else, has another transplant team for another solid organ in the hospital that no longer is requesting the COVID shot.

So it's completely egregious that this woman is dying in Alberta right now. To the physicians who are involved with that: I don't know how you sleep at night. I would implore you, it's not too late to do the right thing.

We've got a pandemic of unknown deaths. You've probably heard about this, but just look at these numbers. Number one cause of death in Alberta in 2021 was unknown and ill-defined, 3,300 cases. For COVID, there were almost 2,000 cases with or from COVID, so about half of those.

So you know you're looking at three or four times more cases died for unknown reasons than from COVID in Alberta, and nobody's paying attention. We're not doing extra autopsies. We're not trying to figure this out at all. We're literally watching more people die for unknown reasons, and we're doing nothing about it. It makes absolutely no sense.

When you listen to these things, you know it's obviously multi-factorial. You've got lockdowns, you've got mental illness that crept up, you've got surveillance cancers that got missed, but the idea that the vaccine, when our Canadian government has already paid out for death, is not contributing to some of these deaths is completely nonsense. Dr. Rancourt's presentation just blows that out the window.

This is the last slide.

For those of you that don't understand or are not aware that the World Health Organization is attempting a power grab, this is the second time they've done this this year. Our Canadian government previously signed over our sovereignty to them. So did the U.S.

It gives the World Health Organization emergency powers to usurp what we would do in the case. What's worse is that they get to define emergency. These are the guys that changed the definition of vaccines, so we can't allow that to happen.

Leslyn Lewis is in my estimation one of the only politicians with a backbone and some real credibility and ethics. I encourage you to go and sign this petition. We cannot sign over our sovereignty to the World Health Organization.

And with that I'll take any questions.

Wayne Lenhardt

I have one minor matter left, but maybe at this point: Are there any questions from the commissioners on this testimony?

Commissioner Massie

Thank you very much Dr. Payne for your very thorough presentation. I mean, it's a lot of data to wrap around our heads.

One of the questions that I have is about the timing that the data becomes available and the lag we often see either from the medical community, sometimes even from scientists, and certainly from people in the health regulatory agencies. I was not aware that this lag was that important in the past because I didn't really pay attention to it.

Do you think, based on the study analysis you've done, that this lag between acknowledging the cutting-edge science information and I would say, proposing treatment or a solution or policy that are aligning with the cutting-edge science, has that increased during the COVID crisis, or was it there all along?

[01:05:00]

Dr. Eric Payne

Yeah, it's a very good question. I think it depends on the data.

If you're looking at the provincial data that I went through for Alberta, that stuff was remarkable. That was updated every week. Alberta's website for the data and what they were collecting was—I don't know if there was anybody who surpassed it. The data was there quickly with respect to that.

The decision-making on that data was another thing. There were also specific things they did to make it look worse for the unvaccinated, like changing the denominator over the course of a year. So the timing wasn't necessarily the problem sometimes. It was that they were obfuscating how they presented the data so that we didn't see it.

This was even more egregious with the academic published literature. Dozens and dozens of examples, including the Cochrane review on masking that was just done. If you talk to that author, it took them almost a year to get that published. They had to fight. Cochrane tried to fight back and not let that get published.

In the first six months when everybody was thinking "what could we do for treatment" what was one of the first things that happened? We had a *Lancet* paper and *New England*

Journal of Medicine paper saying that hydroxychloroquine killed patients. Those were totally fabricated. They got retracted, but the damage had been done.

It's not just the timing and how quickly this data gets to us. There's been blockades at getting this thing out, especially if it's hurtful data.

With respect, for instance, to natural acquired immunity, why all of a sudden, after thousands and thousands of years, is this not going to apply to COVID? At that time, if they acknowledged that natural acquired immunity was a thing with respect to COVID, that meant half the patients who were eligible for a shot wouldn't have got it.

So that was my impression as to why they were obfuscating that point. It is a problem. My biggest problem is the censorship as opposed to the timing of getting these data, I think.

Commissioner Massie

You mentioned in one of your slides that there seems to be an increase in other types of infection for people that got the COVID mRNA injection. It might sound a little counterintuitive that the vaccination against COVID would impact the susceptibility to other viral infections. In your research, have you found ways, or a potential mechanism, that could explain that?

Dr. Eric Payne

Yeah, absolutely. I mentioned some of them last talk. We've got multiple papers showing that the innate immune system in particular is affected. Innate: our automatic immune system, not the one that generates, remembers antibodies, and so on, and so forth, but specific cytokines like toll-like receptor have been impacted.

So we've got these proteins that circulate throughout our bodies looking for infections, looking for proteins that shouldn't be there. They're also keeping cancers at bay.

These jabs affect natural acquired immunity. So I think that does explain to some extent why we're seeing some people just get sick for all sorts of reasons. I think it also explains some of the very aggressive cancers that we're seeing because that surveillance system that's supposed to be in place to protect that from happening has been hijacked by these shots.

Commissioner Massie

Among the severe adverse effects that we've seen from people that testify at this Commission, we've often heard about a condition of autoimmunity with joint pain and all kinds of other issues like that. Do you have any hypothesis to explain how this type of vaccination could actually trigger that kind of inflammation?

Dr. Eric Payne

We know, and the Canadian government acknowledges now, that the spike protein, which is what is generated by these mRNA and DNA vaccines, can travel everywhere. And it is a protein that our bodies recognize as foreign. And sometimes our immune systems misdirect. So you get what's called antigenic mimicry.

We may have a protein in our body that looks very similar to the spike, for instance, so they may attack it. They also told us that the spike was going to be presented on a membrane surface. So you can imagine as your immune system is coming in, if you're presenting this on your heart muscle, and your immune system is coming in to recognize it and try to form antibodies, that there may be some casualties in the surrounding tissue.

That's part of it in terms of the inflammation,

[01:10:00]

is a misdirected immune system response. But as I also mentioned, the fat ball, the lipid nanoparticle, that in itself is inflammatory as well. So it's not just spike.

There's a video of Bancel [Stéphane Bancel], who is the Moderna CEO, and he was asked about this, in 2016-17 when they were working on this. Their main concern when they were working on this was the lipid nanoparticle. They were worried about repeated doses and what that effect would have. But as I pointed out, after six months in the trials—data that they went to court to try to prevent the release of—they then gave the vaccine to the placebo arm. So we do not have a comparison group at one year, two years. We don't have, even six-month data in the booster shot. We have zero idea of what the ramifications long term are from repeated lipid nanoparticle injections.

Commissioner Massie

We've heard from several testimonies that the people that had reported adverse effects were often turned down because it seems that people that have more frequent adverse events for whatever reason—medical conditions—also have, or you can identify, pre-existing conditions. You could then point out that it's not the vaccine, it's the pre-existing condition.

Do you think there is a link between people that are prone to autoimmune disease or other types of conditions that would make them more susceptible to vaccine adverse events?

Dr. Eric Payne

I think if your overall physical health is poor, you're going to be at the highest risk of having an injury to the vaccine as well, so that's not a stretch to me.

Commissioner Massie

So I guess that initially when people were deploying the vaccine, you would have expected that it would have made sense to target the vaccination to the more vulnerable people because they are more likely to have severe disease or to die from it.

But if at the same time these people are more susceptible to developing a severe adverse event, are you not doing something counter-productive?

Dr. Eric Payne

I've been scratching my head with that.

Everybody points to DeSantis in Florida for what he's done with respect to the shots, but they're still giving it to 50-year-olds and those who are vulnerable. Given the mechanism of

action of these vaccines, given the mountain of evidence with respect to short-term and long-term and medium-term events, these things should be pulled across all groups.

What benefit? We know that the more shots you take the more likely you are to get to that the virus and die from the virus. So why would we be giving this to the more vulnerable people? So I get that dichotomy. I agree with you 100 per cent.

One of the groups that they say is high-risk are those who do have chronic autoimmune diseases. I've got this email: I couldn't believe this: the Alberta Health Services, when they were giving guidance on the vaccine initially. Because the issue is, if you're on chronic immunosuppression, how is your body going to mount an immune response to the vaccine? Is it even going to help you? Because of that they recommended that doctors take their patients off the chronic immunosuppression, give them the shot for a couple of months, then restart it.

How many people on chronic immunosuppression can come off for a few months? In reality what happened is the doctors didn't take them off the medicine, but they gave them their shot anyway.

We don't have data. Those types of patients, just like pregnant women, were excluded from the original trials. We don't have data on those high-risk groups.

The other part, as you alluded to: patients coming to doctors and not being believed. The vaccine adverse event reporting system, with all of its limitations, 80 per cent of the injuries reported are in the first 48 hours after a shot. There's a temporal relationship to it. You can't explain it away.

The problem is because these shots can linger in your system for weeks and months. We've got evidence six-plus months that the spike protein is still circulating. Most doctors are not allowing their brains to think beyond the first week or two.

Even in the clinical trials

[01:15:00]

that Moderna and Pfizer conducted, they only looked at 28 days. So they stopped looking beyond. But we've got a product that we know is still being pumped out and circulating for months and months and months. So doctors need to open their minds up to what they typically would consider a temporal relationship to these things.

But it is really tough because, as you say, people have got multiple medical things. How do you sort that out? While we're talking about these vaccines other people are saying "Well it's all long COVID." It gets grey. But there is no doubt that there are— I mean I've heard these patients—really bad injuries.

Even in the paediatric trial, the 12–15-year-olds: There was a girl, Maddie De Garay, who ended up with the transverse myelitis—inflammation of her spinal cord—and she's in a wheelchair now. I gave a talk a couple months ago, there was a woman brought up on stage. She developed transverse myelitis within a week of the shot as well.

These are serious things, and for the most part what I'm observing is that my colleagues are not putting those two and two together.

Commissioner Massie

So on a more personal level, knowing everything that you don't know and learn through your research, and trying to communicate, and also being part of a community of other scientists and doctors that have come up with similar observations, how does it feel to work in a work environment where you're pretty alone, very often, in your everyday operation?

Dr. Eric Payne

It's a mix. There's pros and cons to it. I love my job. I really do. I like being at work. I like the acuity of the stuff that I do. And the Children's Hospital—the reason I came back is because the place is filled with really awesome people. These are people who dedicate their lives to looking after kids. So I would say there is still a cohort of people at that hospital that enjoy seeing me and will interact with me.

There are others that will come down the hallway and turn around. You know, overall, I wouldn't change the thing. I feel very fortunate that I was able to see what was going on, that I was able to articulate a defence in order to see what their response was, which was nonsense. And so I've known since very shortly after my letter came out that they didn't have data to combat that.

When you're standing with truth you just deal with the consequences. Otherwise, how do you sleep at night if you believe what I believe, and you're a dad, and you're a paediatric neurologist, and you don't say anything? You don't have a choice.

So that being said, I do feel awakened, like a lot of us here, to a lot of things beyond just COVID. And I'm very, very blessed and fortunate for that.

Commissioner Massie

Thank you very much.

Commissioner DiGregorio

Thank you so much, Dr. Payne, for coming today and giving us your testimony.

I'm hoping you can help explore a little bit about the Alberta Health Data Reporting. I presume that these numbers that began to be published about COVID data on the Alberta website is new, since COVID was new, but was that based on a history of reporting respiratory virus information? Do you know anything about what Alberta has done?

Dr. Eric Payne

Yes, the system that was created, new specific to COVID, I've never followed a similar database in Alberta.

The infectious disease docs and paediatricians and family docs are the ones that report those surveillance-worthy illnesses to health officials. And I imagine there's some place online where these things are up. When they say higher increase of syphilis and chlamydia versus previous years, those are reportable viruses.

But I'm not aware of a database for RSV or such things. Clearly the influenza numbers get looked at, but not in a robust database the way that they created for COVID.

Commissioner DiGregorio

So then, in your opinion, what would have been the purpose of publishing the data in the way that it was published? Was it to help medical practitioners to get a better understanding? Was it to help the public?

What are your views on that?

Dr. Eric Payne

Well, I think they were generating the data in order to act on the data themselves, with the idea being that they were trying to minimize the impact on our resources. They were trying to anticipate

[01:20:00]

when the hospitals were going to fill up, when they weren't, trying to enact lockdowns and so on, according to those things.

Why the decision-making process to allow all of those data to be public so that people can look at it? I don't know what sort of decisions were made there. What I can tell you is not nearly enough Albertans looked at that database.

In clinic, you show it to people sometimes and their jaw drops—60 per cent of the people who died last month had three shots. They'd never heard that before, but it's right on the public database.

What's more concerning is that when it started to show that there was a clear signal that we should be concerned about, instead of joining other jurisdictions which have limited this availability, they pull the data off the website so we couldn't see it anymore. The last time we last saw the death data was July of last year. I guarantee you it's even worse now.

Commissioner DiGregorio

So when data began being removed, or disappearing, from the system, was there any explanation or acknowledgment that it was being removed or did it just disappear?

Dr. Eric Payne

We got that announcement. For instance, the vaccine outcomes was a specific tab. They just took the tab off so you can't click on the vaccine outcome tab. In terms of why—because they were not the only group doing this—BC, Ontario, everybody stopped showing the data at the same time.

I still cannot wrap my head around the fact that, given the signal that that data was showing, how is it that in Alberta we're still recommending these shots to children? When Quebec, the World Health Organization, Florida, all these other jurisdictions, some a year ago: Denmark, "We made a mistake giving this to kids. We will never do that again."

Where is that language here in Alberta, with the data that we have? I haven't heard it.

Commissioner DiGregorio

Thank you.

The other question I had come from something else you said, which as a lawyer, to me was very concerning. You mentioned that at some point there was an acknowledgment by the AHS that they were monitoring and intercepting emails between yourself and your lawyer.

I'm just wondering if you can give me a little bit more context around that.

Dr. Eric Payne

Yeah. The context that I have was essentially what I mentioned: Our lawyer sent the four of us something that was not that important, but he just said—but [inaudible] the AHS—he then was contacting us asking, did you get this? And none of us got the email. Then within hours he got an email from the AHS lawyer telling him to stop sending her stuff. And he's like, "Oh man, how did I not include Eric and Joanna and Greg, but the AHS lawyer?"

And so that's how we found out, because he did not include her. She was getting those things.

Commissioner DiGregorio

And he was emailing you at your Alberta Health Services account?

Dr. Eric Payne

Yeah. It was one of those things that was not an attorney/client—I would never have trusted AHS. I mean, when you log into the system, they're recording every stroke key on your computer. So I'm not going to discuss strategy through my AHS.

But it never even occurred to me. As I say, Jeff's reaction was, "I must have included the AHS lawyer by mistake." That is pretty shocking, right?

Commissioner DiGregorio

Thank you.

Commissioner Drysdale

Good afternoon, Dr Payne. I have a couple of questions related to some of your testimony.

We've heard testimony in a number of places across Canada that citizens have been approaching police, RCMP, et cetera, in order to investigate some of the issues, and the RCMP have refused to investigate. But I thought I heard you say that the College of Physicians & Surgeons had hired a group of RCMP to investigate their claim against you.

Is that correct? Did I hear that correctly?

Dr. Eric Payne

Yeah. I don't know for sure if this is the same company that's doing my case, but I know for a fact that that company's been involved with similar physicians who have gotten in trouble with respect to COVID.

Commissioner Drysdale

So the RCMP, or retired, or ex-RCMP I hope, are investigating medical issues or concerns when they're being paid privately, but they won't for the citizens. Is that what you're saying?

Dr. Eric Payne

Yeah. One of the physicians I've come to know

[01:25:00]

was actually on the College's complaints, and in his experience he never saw them solicit a third opinion until this. This is new for them to be doing that stuff.

What we've also experienced is that I can have a two-sentence complaint saying "misinformation" without any specifics, and a year and a half later that's still open. But if I put in a complaint, or my lawyer puts in a complaint, with respect to Deena Hinshaw's comments on that child—and I know this because he did—and it got removed. The CPSA just kicks it back after a month saying "She didn't do anything wrong; we're not going to investigate her."

There's a doctor in Ontario. He was distributing, I think it was hundreds, but at least dozens of vaccines, to children before the vaccine was approved in Canada, and he got a slap on the wrist. And that's already settled.

There's definitely a two-tiered system. If the complaint jives with the propaganda and with the narrative then you're not going to get beaten down, but if you're speaking up then they're going to drag it out.

The reality is that because my training really lends itself to an ICU setting, I'd love to have a hybrid system where I'm doing some ICU stuff and also clinic. Saskatchewan has lost all their child neurologists and epilepsy doctors. I'd be happy to do some locums out there, do some remote stuff, but because there are open complaints against me, I'm locked down. So for a year and a half, the college is keeping this hammer over me, which is completely unfair. We'll see how this all resolves.

Commissioner Drysdale

One of the things we keep hearing about is basic tenets, whether it's in medicine or anything else. And I understand that one of the basic tenets in medicine is informed consent.

My question is, and this might sound silly, but if you need a shot of something, Doctor, who gives that to you? Do you give it to yourself or do you get another doctor to do it??

Dr. Eric Payne

If I was getting a shot, I would go to see another doctor.

Commissioner Drysdale

Does that other doctor owe you: to give you informed consent? In other words, do they talk to you and make sure you understand what the issues are around it?

Dr. Eric Payne

Well absolutely.

Every single clinic visit is a conversation in informed consent. A decision to start seizure meds is an informed consent decision.

If I'm having a conversation with my family doctor, he probably won't have to go through the same level of informed consent with me because I'm aware of the issues.

But there isn't a single person, I feel, that has received informed consent with respect to these COVID jabs. Not a single person.

Commissioner Drysdale

Well, does informed consent mean that I just tell you what I know about it and you just have to accept it, or does the doctor tell you what the pluses and minuses are and you get to say yes or no?

Dr. Eric Payne

It's supposed to be the latter because you can have the same clinical situation but a different family dynamic, and it's not going to be the same choice for the different families.

Commissioner Drysdale

How can a medical treatment, a vaccine, then be mandated? Doesn't that remove the informed consent? We heard testimony earlier today from a dentist who said that as a physician, when you are aware a third party might be influencing the decision, that you can't ethically do it. How is that possible?

Dr. Eric Payne

No, that's right. Absolutely, this is basic stuff.

One of the arguments in our case against AHS was that this is assault: "We're saying no to being injected and you're forcing that injection."

So there was also Charter violations from the perspective that "here you are forcing me to give up my vaccine status, which you're then going to use against me to fire me." It was a really interesting position to be in.

If you pull up the Nuremberg criteria, no, you're not allowed to coerce. I know the lawyers on the other side and some of the other people don't like when we say, "I was forced into taking the shot," but you were definitely extremely coerced, and coercion is not allowed either.

So that is how it's supposed to be. I explain the risk benefits as best as I know them, I answer any questions, and then we try to come to the right decision. There's not always a right decision. There's a lot of grey. So that's why you have to have that process.

With respect to the COVID jab there were a lot of instances—

[01:30:00]

our prime minister this week, he is now acknowledging that some people got seriously injured from the disease. He's also acknowledging that, he stated that, the shot's not going to be for everybody. People are going to have different medical reasons to take it or not to take it. If I had COVID twice, why would I take this? So he acknowledged it there this week. But that was completely removed across the board globally, generally speaking, to get compliance in the interest of avoiding vaccine hesitancy and not overwhelming our infrastructure.

Commissioner Drysdale

From your presentation, it looked like you'd done a fair bit of research on the process under which the vaccines were developed or approved. And we heard from other witnesses earlier concerning quality control issues in the manufacturing of these injections. And we also heard in problems related to the actual implementation of the shots; in other words, they were supposed to aspirate and they weren't aspirating. We also heard a few days ago how with the Pfizer shot, they were supposed to gently turn the bottle five times up and down before they gave it to them in order to mix the contents of it.

So my question on that is, have you considered the impacts of these other issues, these quality control issues in manufacture and the way the shots were actually implemented, in your analysis of what's going on with this?

Dr. Eric Payne

I have the benefit of listening to some extremely smart people on the science and medical advisory committee at the Canadian COVID Care Alliance. There are some people whose job is in patent assessment of exactly these types of things. So I have had the benefit of documents explaining all the issues on this stuff.

I mentioned at the end, in Denmark paper, 70 per cent of the adverse events were in 4 per cent of the vials. That suggests that there is inconsistency between vials, unless it's all at the same centre. We know that's going to be the case.

We know that mRNA in general, if you're talking about general mRNA, it's very hard to work with because it doesn't stick around very long. This is different a little bit because they change it. They added a pseudo-uridine and it's made it very persistent, so you can't just use your brain on previous mRNA stuff.

There's no doubt that if the vial thawed and you didn't get something that was still frozen, you probably got a dud, fortunately.

We know, and I mentioned this in my testimony to you last time, I think almost on a similar question afterwards, but we've got a recipe in the mRNA and the DNA to produce a spike protein. Part of the regulation process was that it's got to produce a proper-length spike protein, at least 50 per cent of the time, which is remarkable how low that is. Nonetheless,

they couldn't do it. When they produced the studies to show that protein through these things called "western blots," there's extremely convincing evidence that those things were fabricated. They were never even able to generate a consistent vaccine that was producing the spike at the proper length 50 per cent of the time.

They say they didn't skip any processes, but we obviously know that that can't be true. One of the main things was the distribution, ramping all that up. The people who I've listened to talk about this, they tend to favour just normal human problems, on the distribution side effect, than a malicious thing, where pharmaceutical companies are making bad vials and good vials. I think I would agree with that.

Commissioner Drysdale

My last question, and it may seem like an odd question, but I always need to put things in perspective for myself in order to understand them: I think in previous testimony we heard that in order to get the emergency use authorization—it's an American term rather than a Canadian term—that the Pfizer test process was two months long, and then they unblinded half of it, I don't know how long it went after that. You said six months I believe.

Dr. Eric Payne

And the EUA [Emergency Use Authorization] is there because of exactly what Gates said. You don't have two-year data until you have two years. And so you cannot get approval until that long-term data exists.

They've made an exception. They don't have that long-term data. We weren't supposed to get phase three long-term data for these trials until fall of 2022, and 2023.

[01:35:00]

Not even the initial stuff. We're not going to get that because, as I said, they unblinded: they gave everybody the jab.

So it's truly remarkable. We're flying blind here with the exception of these passive surveillance systems. And you guys have heard the problems with those things.

Commissioner Drysdale

Well, just to put that in perspective if you had a two or six-month test period and I was testing—I don't know? Cigarettes—would I detect that they caused cancer in two months?

What about thalidomide? If I had a pregnant woman who was two months pregnant and I gave her thalidomide, would I know after two months whether or not it was going to have a problem?

Dr. Eric Payne

Yeah, you'll learn that in nine months with thalidomide.

Commissioner Drysdale

And so we didn't wait nine months.

Dr. Eric Payne

No, not even close.

This is why when you're looking at a risk benefit that doesn't even favour children to begin with, and then you add this massive unknown, which is the long-term stuff, in the context of a mechanism, the injury and bio-distribution data suggests that this can cause trouble. I've had a hard time understanding why the Canadian officials and the U.S. officials have been approving these things.

The Canadians have basically been rubber stamping what the U.S. officials did. Paul Offit is now trying to get on the right side of history here. He did a lot of bad things in the first two years from my estimation, but that being said, he acknowledges that the booster data is so egregious that he can't go along with it.

I painted a picture where Big Pharma is this big bad wolf type of thing but there's this whole other level to this. I know you've had testimony to that effect, but for those people who are trying to get what that higher level is, I recommend sub-stacks by Sasha Latypova and *Bailiwick [News]*. Robert F. Kennedy has talked about this as well.

This is a military operation. They're talking about countermeasures. I mentioned a case last testimony: Brook Jackson, who's a whistleblower for Pfizer in the U.S., she took them to court and I mentioned that case. Just two weeks ago that case got dismissed. The reason it got dismissed was because the government stepped in and said that these were countermeasures not vaccines, and that Pfizer— It was not up to them; it was up to us.

So all of a sudden now you're starting to get a better picture of why these things were rolled out that way. I think Pfizer definitely has got a lot of culpability here but there is an enormous— When you look at the Twitter files release, for instance—we know that the U.S. government was specifically censoring scientists like Bhattacharya, whom you had here. "We don't like what he says, silence him." That was the level of integration that they had to keep that bubble closed.

And the sequelae to that, interestingly enough, with the FDA approvals, is that it's a dog and pony show. What the FDA approved didn't matter. It was going to get approved anyway.

I guess the data got so bad that eventually these guys were having trouble with it and stood up against the Omicron. But they had like 10 mice. They had literally injected 10 mice, and they were using the spike protein from the original Wuhan strain, which was two and a half years old, and they were using the Omicron 4 or 5 strain, at a time when we had already moved on. Yet that is still the shot that we're recommending to children.

Commissioner Drysdale

Thank you.

Wayne Lenhardt

Hello, the time is moving on, so I think we should wrap up shortly, but I have one quick question.

We have some evidence that early treatment protocol worked. We had Donald Trump, we had Rudy Giuliani, so on and so forth.

Were there any studies done on whether safe and effective early treatment protocols worked during this period of time? Because if they did then the entire vaccine scenario becomes irrelevant. We should have been using the other.

Dr. Eric Payne

You're absolutely right.

If you have a repurposed drug, like a combination of ivermectin, hydroxychloroquine, and vitamin D, that works and keeps 80 to 90 per cent of people out of hospital, if it's used early, you don't have a reason for emergency use authorization.

There's clear evidence that they worked to demean those drugs. In France, for instance, hydroxychloroquine was available on the shelves. They started taking that down in the fall just before the pandemic started. All of a sudden something over-the-counter is not available.

Why is that relevant? Well, we had SARS-COV-1. I was at McMaster University in early 2000s when that came through. We know that hydroxychloroquine and chloroquine worked against SARS-COV-1. It was already on people's radar. So that treatment stuff has been one of the more egregious parts of the story.

With respect to your question on trials, there are prospective observational trials.

[01:40:00]

The best early treatment stuff was by McCullough and Alexander and Zelenko, their multifaceted treatment approach using all these repurposed drugs. They didn't claim that they knew the exact right order at the beginning, but they were at least willing to try. They've modified that given how these things have worked.

The FLCCC [Front Line COVID-19 Critical Care Alliance], Paul Marik, and Peter Kory, have done the same thing. They got outstanding protocols.

Our government here in Alberta started a trial to look at ivermectin, then they stopped the trial, and they never continued to do it.

So three years out we don't have any of these trials in Canada.

There was a slide that I did take down with respect to Fisman and the Ontario Science Table. They specifically, on that Table, have been recommending against vitamin D.

Vitamin D is a hormone that is extremely important not just with bone mineral density but to our immune systems. In Canada, in the winter, when you don't get sun, we're all vitamin D deficient. So our Ontario science committee, instead of saying, "Check vitamin D and if you're deficient, replace it" said, "Just don't give it."

In fact, we've got huge amounts of data that vitamin D can be beneficial. In that original multifaceted treatment trial that McCullough published, the table that always caught my eye listed about 15 different countries that had tried to give their people something. It was a combination pack: usually an antibiotic like azithromycin, hydroxychloroquine, vitamin D, zinc. These were third world countries that were doing it. Not just third world countries, some others.

But our government, at a time where other governments that don't have the means that our government has, were trying to treat this when we didn't know what was coming. And what did we get? I get a letter from my Canadian Medical Association telling me that I shouldn't be prescribing hydroxychloroquine—before I'd even thought of prescribing hydroxychloroquine. They were shutting down that access.

It's really, really sad that we haven't established any trials for the things that you're talking about three years in. Because the overall feeling from the people that know that data is that if you give the right stuff, you can prevent 80 to 90 per cent of the admissions.

Wayne Lenhardt

My last question, Doctor, is I have a document here that looks like it's a press release from Alberta Health Services. It's dated July 2nd of 2020, and it's entitled "Global Recognition Grows for AHS," and I would like to show you this and just see if you're familiar with it or if you can tell us anything about it.

Dr. Eric Payne

I know what you're talking about. Is there "World Economic Forum" on the title anywhere?

Wayne Lenhardt

Yes. And this entity was formed in the fall of 2019. It would have been just before—

Dr. Eric Payne

Yeah, that's right. And they announced it in the summer of 2020. They were very, very proud of that. So three months in, Alberta Health Services signed on to the World Economic Forum.

Wayne Lenhardt

Have you seen that before and can you tell us anything about?

Dr. Eric Payne

Yes. I remember seeing this.

I sent it to everybody who would listen to me. I remember thinking this was troubling news because when you're the rookie on the block, you want to prove yourself. So here we are three months, and AHS is now part of the World Economic Forum. Having said that, the Mayo Clinic that I used to work at is also part of this group. You obviously know about a lot of these people.

The idea that there's a global entity that can better control our health care in Alberta doesn't make any sense. We know that there were differences even within Alberta. Calgary and Edmonton during COVID were not the same as the rural province. So you're going to lose that if you defer to a global entity—especially one who wants to define "emergency" whatever way they want.

But I haven't seen anything more than this. I haven't seen further follow-up of that. But I find that concerning given the statements made by Klaus Schwab with respect to the World Economic Forum, and stating publicly that he knows—and this was years ago—that 50 per cent of the Liberal cabinet was for the World Economic Forum and for Agenda 2030. So our leaders don't seem to be playing for our team sometimes.

Wayne Lenhardt

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

[01:45:25]



Final Review and Approval: Anna Cairns, August 30, 2023.

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

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Witness 5: John Carpay

Full Day 3 Timestamp: 06:23:39–07:28:12

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Shawn Buckley

Our next witness today is John Carpay.

John, can you state your full name for the record, spelling your first and last name?

John Carpay

John Victor Carpay. John, J-0-H-N, Victor, V-I-C-T-O-R, Carpay, C-A-R-P-A-Y.

Shawn Buckley

John, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

John Carpay

I do.

Shawn Buckley

Now, John, you have a bachelor's degree in political science from the University of Laval.

John Carpay

That's correct.

Shawn Buckley

You have a law degree from the University of Calgary.

John Carpay
Correct.

Shawn Buckley

And you have, you are, and have been for some time the President of the Justice Centre for Constitutional Justice or Freedoms [JCCF]. Can you share with us about the JCCF, what you guys are about, and give us a brief outline of the involvement that you guys have taken with the COVID pandemic? Because you guys have been quite busy.

John Carpay

So the Justice Centre is a registered charity. We are a non-profit. We are 12 years old. We were founded in 2010. Our mission is to defend constitutional freedoms through litigation and education.

We were, to my knowledge, the first non-profit in Canada to call for an end to lockdowns. This was in May of 2020, so we were two months into violation of Charter rights and freedoms, and we have a paper on our website called, "No Longer Demonstrably Justified." And our argument in May of 2020, and since that time, is that the lockdowns are doing more harm than good. Therefore, under the *Canadian Charter of Rights and Freedoms*, those are not justified violations of our Charter rights and freedoms.

So since March of 2020, we've had court cases across Canada. We have challenged lockdown measures in British Columbia, Alberta, Saskatchewan, Manitoba, Quebec. We represent Sheila Annette Lewis, who is the lady that needs a double organ transplant, who currently, in Alberta, will die without that medical treatment. Prior witness Dr. Eric Payne alluded to that. That's one of our clients. We've defended the free speech rights of doctors and nurses to speak freely and honestly their own views and opinions about medical and scientific issues. We've represented students threatened with expulsion from university for refusing to take the COVID vaccine, government workers threatened with loss of employment.

We also are paying for the legal defence, the criminal defence, for people like Tamara Lich and Chris Barber, who've been criminally charged for doing nothing other than peacefully exercising their Charter freedoms of expression and association and so on. And so we have lawyers in BC, Alberta, Saskatchewan, Ontario, Quebec, fighting court cases all across Canada.

Shawn Buckley

And am I correct that basically you guys depend on donations from the public to fund these lawsuits?

John Carpay

We neither ask for nor receive any government funding for our work, and indeed we rely entirely on voluntary donations to carry out our work.

Shawn Buckley

Okay, thank you for sharing that. So now you are invited here today to share with the National Citizens Inquiry your thoughts actually on specific actions or changes that could

be made, so that going forward we don't experience things the way we have experienced them. And I'd like to invite you to start your presentation at this time [Exhibit RE-12].

John Carpay

Yes, I've got a got my own computer here, but I don't know if the Commission staff is able to put the—

Shawn Buckley

Yeah, we're up and if you open that laptop likely it would show up on that laptop also, it won't, okay, so—

John Carpay

No, I've got the same presentation on my own laptop. So protecting Canadians' human rights and constitutional freedoms in the context of a public health emergency. So we acknowledge that it is a valid choice on the part of governments and legislatures

[00:05:00]

to have public health legislation on the books. We're not calling for a repeal of that. It's also perfectly valid for legislation to provide parameters and guidance on what to do in a public health emergency. We're assuming that that legislation is valid and it should remain on the books, but I have 18 recommendations, which I'll go through briefly.

Maybe the next one or two slides down. Next one down. One further.

Yes, chief medical officers, health authorities, and so on, must at all times disclose to the public the specific assumptions, data, statistical models, sources for their modelling, etc. Case in point: here in Alberta, Premier Jason Kenney and Chief Medical Officer Deena Hinshaw, on April the 8th, 2020 presented a model to the Alberta public suggesting that even with lockdown measures in place, 32,000 Albertans could die of COVID. That number, 32,000, is higher than the 27,000 total annual deaths in Alberta from all causes. All-cause mortality in Alberta: 27,000 per year. And here we have the chief medical officer and the premier saying 32,000 people could die of COVID. Of course, this proved to be completely false, and so wildly exaggerated as to become false. Governments were asked, I asked the government, what is your basis for this model? How did you come up with this number of 32,000? Is it based on Neil Ferguson modelling? Did you pull it out of thin air? What's the source? How did you come up with this number? No answer: completely stonewalled.

So this first recommendation, I could give many, many other examples: The specific documents need to be made available to the public at all times on everything pertaining to the public health emergency. Go to the next slide if you like.

This recommendation is that the chief medical officer must submit to a weekly questioning by elected members of the legislature. I use the word legislature to mean both federal Parliament and the provincial Legislative Assembly. So I'm using one word. These 18 recommendations are intended to apply to both levels of government, federal, provincial, and territorial, which is analogous to provincial.

One aspect of our Constitution, one of the constitutional principles, is democratic accountability. It is the idea that we, the people, elect our representatives and our elected

representatives pass the laws under which we live. And there is maybe not direct accountability through citizens' initiative, but at least there's some accountability because you can hold to account the federal MPs [Members of Parliament], provincial MLAs [Members of the Legislative Assembly], for the laws that they are passing. This went out the window in March of 2020, where the chief medical officer in Alberta, BC, Saskatchewan, and so on, federally— All of a sudden, these chief medical officers became like medieval monarchs. In fact, Deena Hinshaw's orders, "I, Deena Hinshaw, Chief Medical Officer of Health, decree as follows." I mean, it was literally like a medieval monarch. And there was zero accountability. There was buck passing. You phone your MLA to say that you disagree with lockdowns, and they say, "Oh, well, you know, we're just listening to the Chief Medical Officer." But she, in turn, often said, "Well, it's really up to the Premier. I'm just your lowly humble, you know, making recommendations." There's just this ongoing buck-passing for three years.

Anyway, legislation needs to be amended to make it such that the chief medical officer appears weekly for questioning before all party committees, federally, provincially, as the case may be, to answer questions. Next slide, please.

Using existing emergency response plans—I'm not going to dwell on this. I believe that this was addressed extensively by Lieutenant Colonel Redmond or another witness. This needs to be legislated. Obviously, if these plans are disregarded— Well, okay, so for next time around, we need legislation that says that existing emergency use plans have to be used, barring unanticipated information that transparently justifies a deviation.

[00:10:00]

Next slide, please.

Next recommendation for legislative change is that if the chief medical officer declares a public health emergency, that needs to go to the legislature for an open debate followed by a vote. And in that debate, the chief medical officer puts forward all of the documents on which she or he relies; so it's transparent. The public can see it; the MLAs can see it. And members of the legislature can also table alternative and additional sources of information. So all of the information on the table, vigorous debate, and then a free vote. Next slide, please.

We have automatic recommendation for automatic expiration, 30 days after that vote has taken place. Now, it can be renewed. Some public health emergencies could legitimately be longer than 30 days. It's not up to the legislation to determine that. That should be determined by reality and science. It can be renewed, but there has to be another debate and another vote and the presentation of documents and data. So we have an open, public, transparent process. And so we have the debate.

Why? Because debate is a tool for arriving at the truth. When everybody thinks alike, nobody thinks very much. Many of these recommendations directly or indirectly get back to free expression, which is a pillar of our free and democratic society. The only way to move forward in science, the only way to pursue truth is when there are no sacred cows. And you can freely challenge other people's views, and then you have pushback, refutation, debate. Next slide, please.

Number six: recommendation that the documents on which the chief medical officer relies as a basis for a declaration of public health emergency be made available to the public. I

actually, I'm noticing now that might be redundant with the previous recommendation, but in any event, we can move to the next one. There's a blank.

Adopting a broad approach to public health societal well-being. It is imperative that governments provide a cost-benefit analysis. This is also required by the *Canadian Charter of Rights and Freedoms*. In section one of the Charter, it says "the *Canadian Charter of Rights and Freedoms* guarantees the rights and freedoms set out in its subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society."

The onus is on the government to justify any violation, whether it's a violation of our freedom of speech, association, conscience, religion, peaceful assembly. The Charter right to bodily autonomy, which is protected by the Charter section 7, right to life, liberty, security of the person, includes expressly—courts have been very definitive on this—we have a right to bodily autonomy. Individuals have a right to decide what medical treatments to receive or not receive. It's in the Charter, section 7. We have mobility rights: Charter section 6, to enter and leave Canada freely. To move freely within Canada.

Any of these Charter rights and freedoms, if violated by government, the onus is on the government to justify with evidence the violation of these Charter rights and freedoms. Now, there's a complex test called the Oakes test, and it's quite nuanced. We don't have time to get into it. It's not in this presentation, but I'm focusing on one element of the Oakes test, which is that when governments violate any of our Charter rights and freedoms, the onus is on government to show that the benefits of that violation outweigh the harms.

So it's a requirement, which our Alberta government, and to my knowledge, every provincial government, and most certainly the federal government, have failed miserably to adhere to what our Constitution requires. This is a requirement. This is not optional. This is a requirement of the Constitution of Canada, that when a government violates any right or freedom, the onus is on the government to demonstrably justify that violation. So with what we've seen, the failure of the last three years to have an honest cost-benefit analysis, to have instead a fanatical, dogmatic approach whereby governments have clearly already arrived at the conclusion that lockdowns are wonderful and are saving many lives:

[00:15:00]

instead of that, there needs to be an honest, ongoing assessment. Next slide, please.

Part of that is that health is defined as a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity. That happens to come from the World Health Organization, but in spite of that, it's a very good definition. There's more to health than simply avoiding one illness or one disease. And so in formulating government responses to a public health emergency, our government officials, both elected and non-elected, should take into account all dimensions of human health: physical, mental, psychological, so on and so forth. Next slide, please.

And so we recommend that legislation be amended so as to include a requirement on the government to provide a comprehensive report once per month, which evaluates, measures, monitors, explains the impact of public health measures on individuals' mental health, and that would include things like alcoholism, drug overdose, spousal abuse, child abuse, suicide, physical health, cancer, obesity, all-cause mortality, access on data to diagnostic procedures and surgeries, and individuals' financial well-being, also relevant. There are many medical and scientific studies showing there's a correlation between

higher standard of living and better health. So if you hurt people economically, you're also hurting their health. Next slide, please.

Government's monthly report: seniors' long-term care must be included in that monthly report. What we did to our seniors in long-term care homes in the last three years was horrific. It was abuse. It was torture to isolate people, lock them up, to make it illegal and impossible for them to get the love and care and attention and affection of their own family members. It was also the media fear-mongering that kept young, healthy workers away from the long-term care facilities where they worked, because they were scared of COVID unnecessarily. And so in Montreal in particular—and I apologize, that's not first-hand testimony, but that's from media—horrific situations with seniors not getting care in long-term care facilities. Why? Because the staff were frightened away by media propagandists and afraid of COVID. Next slide, please.

Eleventh recommendation is that we need to pay special attention to how lockdowns, vaccine passports, harm the vulnerable. That would be groups like recent immigrants, those experiencing physical and mental disability, those experiencing addictions, Indigenous persons, and so on and so forth. Next slide, please.

Number 12: I alluded to this. The right to bodily autonomy needs to be expressly enshrined in legislation. Human rights legislation can be amended to add as a prohibited ground of discrimination. So for example, we already have on the books: you cannot discriminate against somebody on the basis of sex, religion, skin colour, national or ethnic origin, family status, et cetera, et cetera, et cetera. So it would be very simple, very easy. You add to that list no discrimination based on medical treatments received or not received. And there you go. You've got the protection there.

Legislation should also spell out that it becomes illegal—in the context of employment and in the context of providing public services—to ask people about their vaccination status. Private conversation, that's completely different. If you want to ask a family member, your next-door neighbour, go ahead and ask away. But when you're applying for a job or if you're in a restaurant, public services to where human rights legislation applies.

And then last point there: an appropriate exception can be created for medical doctors, other health care providers. Obviously, there can be an appropriate time in a place where doctors and other health care providers should be able to ask patients about their medical history and treatments. So human rights legislation would not apply to that. Next slide, please.

There should be a statutory right of a civil remedy, making it possible to, if somebody pressures you, coerces you into receiving a medical treatment, then you can sue that person and that remedies are available. And that can be created by statute. Next slide, please.

[00:20:00]

This one is imperative, one of the most—perhaps the most important—recommendation.

Legislation needs to be amended so as to force the colleges of physicians and surgeons to respect the pursuit of truth, to respect the free expression rights of their members. And they should apply as well to the colleges of nurses, colleges of midwives, chiropractors, psychologists, psychiatrists, podiatrists, paediatricians, et cetera, et cetera, et cetera, et

cetera. Nobody should lose their free speech rights just because they enter into a profession. These are government bodies.

And prior to 2020, the college did not tell doctors how to treat their patients. There were ethical standards, yes. A medical doctor cannot have sex with his patients, for example. Or if a medical doctor was rude or verbally abusive, that would be an ethical violation. So by all means, these colleges appropriately are empowered to uphold and enforce a code of ethics. Prior to 2020, the college did not jump into the doctor-patient relationship and start to tell doctors, "Well, you shall prescribe anti-cholesterol medication to patients with high cholesterol levels. Or you shall not prescribe anti-cholesterol medication." It was left to the judgment of every doctor. There's all kinds of medical debates that have taken place recently and over the centuries. In recent times, the college does not interfere.

Science progresses and moves forward. Once upon a time, there's a very high—and the doctors in the room will know this to be true—a very high rate of women who died after childbirth. Why? Because medical doctors were not washing their hands prior to delivering babies. And so there was a doctor who happened to be a woman. I don't know if it matters or not. And she said, "Hey, we need to start washing our hands before delivering babies." And initially, she was mocked and ridiculed, and she was dismissed as a conspiracy theorist, and a kook and anti-science, et cetera, et cetera. But scientific progress and through debate, science advanced, and everybody came to realize that this doctor was correct. And doctors should wash their hands before delivering babies, and that vastly reduced the mortality rate amongst women, postnatal. Next slide, please.

Contracts need to be transparent. When they involve millions of dollars, millions of tax dollars, even if they involve only thousands of tax dollars, the public has a right to see these contracts while they're being negotiated and after they've been signed. Next slide, please.

Legislation should be amended to say that pharmaceutical companies are liable for use of their products. There shouldn't be any exemption through legislation or through contracts. Next slide, please.

Democratic accountability / Access to justice: A public health emergency should not become an excuse or pretext for our democracy to diminish as it has in the last three years, where we have reverted to a medieval monarch who decrees from week to week what laws we shall live under. Chief medical officers need to be accountable to the legislature, and again, federally, provincially. And it's very important that the legislatures, federal and provincial, not be disrupted just because there's public health emergency. And there's no excuse now with the technology that we have today that maybe didn't exist 20 or 40 years ago. Same thing applies to the courts. Most of the work done by judges is from behind a laptop. It involves paper. Yes, there are trials, and there are times when a judge has to be in the courtroom and listening to the witnesses. But most of the work of the courts is not done in that context. Most of it is done when judges are reading the case law and reviewing the written documents, reviewing the evidence. So the public health emergency should not become an excuse for courts to deny access to justice, which sadly has happened since March of 2020.

Eighteenth and final recommendation for legislative change is that once a public health emergency has ceased to exist for 90 days, the responsible government shall commence a public inquiry.

[00:25:00]

Public inquiry shall have 90 days to gather evidence and shall release a report 90 days thereafter. So 270 days after the conclusion of public health emergency, there will be a report that will assess and evaluate the government's response.

I applaud the National Citizens Commission for doing what the governments themselves ought to have done. And it is a shame and a disgrace that generally, and I think we have an exception in Alberta, but other governments, they're not even looking at what's gone on in the last three years. So this too, legislation needs to be changed to require governments to hold that inquiry.

So my thanks again to the Commission for inviting me to be here. It is a great honour and subject to any questions, I would conclude my submissions here. Thank you.

Shawn Buckley

So John. I was just hoping to clarify a couple of things and it's just when we have an expert up here, sometimes, they just assume that some people know things. And so your point number 12, when you're saying well, we should include in human rights legislation the right to basically decide not to accept a treatment. I'm hoping that the commissioners and people participating watching your testimony will understand the *Charter of Rights and Freedoms* only applies to governments, but provincial human rights legislation applies to non-government bodies and that's why it would be added.

John Carpay

Exactly. Exactly.

Shawn Buckley

Because some people might not understand that nuance. And then I don't let any lawyer escape the stand, especially I wouldn't let the president of the JCCF, without asking this question. And it's just, we've experienced the largest intrusion of government over our rights in our lifetime, even for older people that have been through the war. We have now suffered a larger intrusion into our rights.

Can you think of a single case going forward that would act as a break on any level of government doing the exact same thing again?

John Carpay

I'm not sure if I'm following your question. Can I think of a single case, meaning like a court action or could you elaborate a little bit?

Shawn Buckley

Yeah. A court action. So where a court has said, "Hey wait a second school, you can't impose masking, or you can't impose a vaccine passport, or you can't lock people in their homes, or you can't tell people they can't travel on a plane or a train."

John Carpay

I'm very sympathetic to the arguments put forward by Ghent University Professor Mattias Desmet, who talks about mass formation, mass psychosis, and how fear can take over. And I

think what we've seen in Canada in the last three years is a lot of fear—a lot of it, self-perpetuating. Some of it, you know, falls from the get-go.

I mean, Neil Ferguson stating in March 2020 that COVID would be as bad as the Spanish flu of 1918: that proved to be demonstrably false as early as April or May. I mean, early on we knew that that was simply not the case. But the fear lingered on.

In answer to your question, I apologize for perhaps being a bit indirect. The way to avoid a future repeat of this, I mean, having better legislation on the books is definitely part and parcel of it. But it's for everybody to work hard on speaking truth to our neighbours, our friends, our families, our co-workers, and getting Canadians to a point where we recognize that these lockdowns were horrific human rights violations. And they were not justified. They were not based on science. They were not excusable. And unless and until we get the majority of Canadians to really recognize that human rights were violated in 2020, '21, '22, to the present. There are health care workers in BC that cannot, they're not allowed to, come back to work, because of a decision they made a year and a half ago to not take the shot. That's still a reality in British Columbia with doctors and nurses and health care workers.

So the solution is to get Canadians to recognize the violations that took place, in the same way that today we recognize that it was a horrific human rights violation to force the Japanese Canadians who were living in the Vancouver area—

[00:30:00]

And there was fear. People feared the invasion from Imperial Japan. The Japanese troops would land on the shore and they feared that the Japanese Canadians would rise up and assist the foreign invaders. Even though the police had already told the government that, "No, we think that the Japanese Canadians are safe. They're not a threat to our national security. Many of them are third, fourth generation. They don't even speak Japanese. They're 100 per cent loyal to Canada." Well, never mind the facts. These people were dispossessed of their homes, their fishing boats confiscated, and forced to move into labor camps in the interior. Now, because we recognize today that that was wrong, there's a chance we won't repeat it, right? But imagine if we didn't recognize that that was wrong. It would increase the chance of that being repeated. So public education is very important to avoid this. That would be the best inoculation.

Shawn Buckley

Right, okay. I'm just going to circle back because have you— Are you aware of a single case like that, if this happens again, your JCCF lawyers could rely on and say, "No government, you're not allowed to do this?"

John Carpay

We've had, you know, we've had mixed success. I have not been too pleased with some of the court rulings where it appears that the judge is simply relying on a media narrative and not really taking a hard look at the evidence before the court. And you can see that in the judgment. There's all these conclusions that have been dumped too, that are not rooted in evidence that was submitted before the court. Disappointment in that is not going to deter us from doing the best we can to be active participants in the system that we currently have. I think it's all you can do.

Shawn Buckley

Okay, the only other thing I wanted to ask you before I let the commissioners ask you questions or invite them to, is your recommendations are fairly heavy on, you know, this being a public health emergency and public health officer. And Lieutenant Colonel David Redmond makes a point; he says, "Well, actually public health should never be in charge of an emergency." That there specifically was another organization for that, and that if there was what we would call an emergency involving public health, public health would be advising that other agency, but the other agency takes into consideration a wider variable of things.

Would it be fair to say that the suggestions you put forward would equally apply if another agency was put in charge of an emergency, regardless of whether it's public health emergency or some other type of emergency?

John Carpay

Well, absolutely. I think what's behind this is that we need to take a holistic approach to whatever crisis there is, whether it's public health emergency or some other kind of emergency. You know, if we've got a big problem with forest fires, I mean by all means we want the expertise of firemen, but do we want one fireman to take over as a medieval monarch and decree all the laws of the land that we're all going to live under, just because he's a fireman? That wouldn't make any sense.

And just because it is a public health emergency, and I recognize that medical doctors do have—medical doctors generally have much more expertise than non-doctors about medical matters. That doesn't qualify a medical doctor to have this kind of autocratic power, where there's this singular fixation, as if the only important thing in life is to stop one virus. Which is impossible by the way. You can't stop the virus. But anyway, so yes, these recommendations would create a situation where, by all means, the chief medical officer plays an important role and can make recommendations. But you still have a holistic approach where the elected members of the legislature, which include doctors and lawyers and firemen and nurses and housewives and so on and so forth, that they have input on this.

Shawn Buckley

Thank you. I have no further questions. I'll ask the commissioners if they have any questions.

Commissioner DiGregorio

Thank you so much for coming down today and giving us this very thoughtful and well laid out set of recommendations. I understand that you're proposing these as legislative changes that could be imposed. And so then presumably each province would be looking at making such changes,

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if they were to take these recommendations, and potentially even the federal government in the areas for which they're responsible. Are these really representing guardrails to give guidance to governments on how to proceed in emergencies going forward?

John Carpay

Yeah, I like your characterization. I had not thought of the term, but I think it would be fair to say, yeah, these are guardrails. They're not going to guarantee perfection or perfect outcomes. But these legislative changes, I hope, if implemented, would prevent the massive and horrific human rights violations that we've seen since March of 2020.

Commissioner DiGregorio

And is it your view that we need these guardrails, given the way that the courts have been responding to Charter challenges and cases in the COVID-19 realm?

John Carpay

Yeah, the problem's been courts, politicians, government-funded media, medical establishment: these different actors together. And these legislative proposals, I think, would have an impact on all of those. One of them specifically is about the colleges of physicians and surgeons: that they are to foster, facilitate, respect the scientific process, which includes debate, and not say, this is the truth and you shall abide by it. Because that's anti-science.

Commissioner DiGregorio

And so isn't the Charter supposed to already contain protections that these guardrails shouldn't be needed? Are guardrails like these needed in analyzing and applying the Charter going forward?

John Carpay

I think these guardrails, if they were on the books federally and in every province, would vastly reduce the chance that that Charter rights and freedoms would be violated, so there'd be less of a need to go to the courts. Judges are human and so you know, what we've seen in the last three years is that those who are susceptible to fear and that fall into this absence of thinking and very emotional, fear-driven response, it doesn't discriminate on the basis of education or intelligence. There are highly intelligent people and very educated people who accept as well as who reject the government narrative. So some of these judges are human and they've fallen into that fear and that's very unfortunate.

Commissioner DiGregorio

I asked that because we've had a number of legal experts testify before the Inquiry so far, some of who have suggested that we need to delete section 1 of the Charter, or that other amendments need to be made to the Charter. And I guess what I'm trying to explore here is whether these types of measures would eliminate the need that people see for the Charter to have to be gone back into?

John Carpay

Obviously, in respect to this presentation today, I have not turned my mind much yet to changing the *Canadian Charter of Rights and Freedoms* itself by, for example, removing section 1 or changing section 1. Legislative changes are a lot. The journey of a thousand miles must begin with a single step. These will not be easy to get these legislative changes through. But I think trying to change the Constitution is nearly impossible. It's much, much

harder than legislative change. I think we should consider both. I think we can do these legislative changes. Get those done quicker, faster, easier than constitutional change. But I think constitutional change, certainly section 1 needs to be looked at, in light of what we've seen in the last three years.

Commissioner DiGregorio

Thank you. And if I could just clarify a few of the ones that you went over with us. So specifically, number 12, which was about respecting the right to bodily autonomy and I thought I saw in there restrictions on collecting of private health information.

And I'm just wondering whether that needs to be restricted to health information or if the recommendation would be for other personal information as well? And I apologize I didn't read the whole thing because we were going quickly.

John Carpay

No, no problem. They are connected. The Justice Center is active in raising awareness about the dangers of centralized digital ID and of course there's some connection with the health legislation.

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Governments cannot violate— It's very hard for governments to violate your freedoms of travel, mobility, religion, conscience, expression, association if they don't first have data about you, right? So if we can succeed in protecting privacy, where we say, look, it's not government's business, where I go and who I hang out with and my personal banking and finances and purchases, and my travel and my political opinions, et cetera, et cetera, it's none of the government's business. The government has no right to collect this data on me, okay? If we achieve that, then the chance of the government being able to violate our rights and freedoms is a lot smaller and certainly with medical information.

It was disgraceful here in Alberta early on where the health minister, Tyler Shandro, unilaterally amended legislation to allow police to give, sorry, to allow the Alberta Health Services to give personal, private, confidential medical information to police. It's absolutely outrageous. Now, the pretext was, well, some people are spitting on police officers so we need the DNA sample to make sure that the person that spat on the police officer, et cetera. Okay, fine. You could have a very narrowly crafted, narrowly tailored provision to authorize some partial release of one individual's medical information in that situation, where they spat on a police officer, right. But this was just a global, "Yup, Alberta Health Services can turn information over to police."

Commissioner DiGregorio

Thank you. And another one of your slides or recommendations, which I think was number 13, you proposed that there be statutory civil remedy, I think, for harms from the vaccines. At least I think that's what you were getting at there. And then you also went on in number 16 to talk about not giving liability protections to pharmaceutical companies.

And we've also had other people testify as to the need for accountability, which I think taking away the liability protection for pharmaceutical companies does. But do we need to consider what liability protections are appropriate or not appropriate for other, such as the public health officers, the chief medical officers, and do we need to consider that as well?

John Carpay

Excellent question. The recommendation here on point number 13 was focused on a right to sue somebody if you got pressured, coerced, manipulated into getting medical treatment like a vaccine, and you were pressured into that you could then sue the person that pressured you into it. These submissions today don't comment specifically on being able to sue for vaccine injury, but obviously I think that that should be possible. And I think that's a good thing and that's all part of justice.

If somebody harms you then you get to sue them. That's part of our justice system—has worked for a long time. In terms of bringing to justice, I'm frequently asked at public meetings: Will our politicians and chief medical officers who imposed these human rights violations on us, will they ever be brought to justice? And my answer is yes, someday, but only if we get to a point where the majority of Canadians recognize that we did suffer massive human rights violations. And as long as the public is not at that point, then those who perpetrated the human rights violations will not be brought to justice. So again, it goes back to changing public opinion is the big task that that lies ahead.

Commissioner DiGregorio

Thank you, and my last question just revolves around— I'm struck by your recommendations, how they seem to repeatedly refer to transparency and freedom of speech. And this is a theme we have seen with many of the witnesses over the inquiry. Can you just speak to how important that is and will be going forward?

John Carpay

Everybody wants good laws, right? Ask any audience in any room, who wants bad laws? Well, everybody wants good law. How do we get to good laws? Well through debate and discussion, and if debate is stifled and a presupposition is put forward—you know, "Well, we already know what the right tax policy is or the right Aboriginal policy or the right environmental policy or the right criminal justice policy;

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we already know that, and so there's no debate."—You're not going to arrive at good laws.

The whole idea of democracy in the legislature is there should be a cut and thrust. And the government, you know, you have first reading, and then it goes to committee, and the committee looks at it and says, "You know, look maybe the bill generally is a good idea, but you know we should really change section 7 and section 14. And we need to think about this, think about that." And so even in the legislature you have this idea of debate and you improve legislation, so when it comes back again it's better than what it was the first time. So we need the free research, free inquiry, free debate, free speech in order to arrive at truth in all realms. And that can be, that would include science and politics and religion and art. Everywhere, every sphere, every dimension, we need that open debate without censorship as the best means to arriving at truth.

Commissioner DiGregorio

Thank you.

Commissioner Drysdale

Thank you for your testimony. Many of the recommendations you're making seem to be focused at trying to make the public health emergency legislation a little more accountable. But I'd like you to talk a little bit about the problem with that. We already have also legislation, which is very similar for emergencies all over, overall. And no emergency is one discipline. In other words, when there's a hurricane or a tornado or an earthquake or something else, there's multiple disciplines that have to come into it: medical, transportation, engineering, trades, et cetera. And those people who are in the emergencies area, and I've been involved in that, are trained in planning, logistics, figuring out the goal. Lieutenant Colonel Redmond the other day talked about, you know, if you don't establish your target properly, you're obviously not going to hit the proper target.

Shouldn't the solution or a part of this solution just be to roll that whole medical thing back into the *Emergencies Act*, so that they have the proper planning placed on top of them? Because we hear testimony after testimony about how these public health officers, who may or may not have any training in emergency awareness and understanding the complexity of one of these emergency systems, they're running this thing. As opposed to just getting rid of it and rolling it into the *Emergencies Act* legislation. Can you comment on that?

John Carpay

I have not looked at the provincial legislation. If you're talking about the *Emergencies Act* federally, and of course this is quite relevant: the Justice Center has commenced a court action seeking a ruling that the prime minister acted illegally because the Commission report, the Rouleau report, didn't bring a desirable or satisfactory outcome. In fact, the evidence that was placed before the Public Order Emergencies Commission very strongly suggests that the requirements for declaring a national emergency were not met. So that that would be my only response.

Commissioner Drysdale

And also within your recommendations, you talk about an investigation 30 days after or 90 days after or whatever the recommendation was. You know, without a functional media, without a media that's looking after the people and pointing out conflict, obvious conflicts of interest, which you kind of sort of referred to just now, how can you rely on again saying that there has to be an investigation where there's no media scrutiny on it and there's no legal reins on it? You can put any person with conflict of interest ahead of that and come out with whatever you want?

John Carpay

Well, I think, the government-funded media—two things: One is they failed us; they failed Canadians. They failed democracy. They failed society by parroting government narrative in a way that I've never seen media do that to the same extent before 2020, where anything that a government official said was taken to be gospel truth and was just propagated and repeated.

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So they really lost their way.

Now, what's interesting though is when we had the Public Order Emergencies Commission, and I suppose some of the reporting may have been biased, but the media did report on that. And it was possible to learn about the evidence that was being presented before that Commission. The media landscape is changing and the government-funded media are becoming less influential every day. The fact that they need to go to the government, cap in hand and beg for money, tells us that they do not have a viable business; and so they're slowly dying, I think, a well-deserved death. And what's happening is you've got independent media such as the *Western Standard*, *The Epoch Times*, the Rebel [Rebel News], *True North*, the *Counter Signal*, and the independent media are growing. *Blacklocks Reporter* is another one: doesn't receive government-funding. Whereas the government-funded media, fewer and fewer people are listening to them. So this is taking much longer than what I would want, but slowly, but surely government-funded media are dying and independent media are growing. And so it's not impossible to get the truth out.

Commissioner Drysdale

I appreciate that point, but we heard over and over again in this testimony how the government picked winners and losers. You know, the corner store on the street went out of business and the big box store had all kinds of profitability. So in that consideration, and given that Bill C-11 just passed, can you comment on how Bill C-11 may affect that possibility to continue hearing those alternative sources outside the government narrative?

John Carpay

The worst threat to our freedoms is self-censorship and it's a worse threat than C-11. C-11 is a problem because it gives new and additional powers to the CRTC [Canadian Radio-television and Telecommunications Commission], where government looks to be gaining control over our podcasts and YouTube videos, websites so on and so forth, and so the best thing to do with our freedom of expression is to exercise it. Our Charter freedoms are like a muscle, right? I'm not a medical doctor, but I've been told that if you spend your days on a couch watching TV and if you never exercise, that that's bad for your health. Whereas, if you exercise your muscles, it's good for your health, and it's the same with our Charter freedoms.

So the best defence against C-11, unless and until it's altered or repealed or struck down by a court, is to continue to exercise our Charter rights and freedoms in a robust fashion. Not only is that the best defence, I think it's the only defence that we have right now and in the next few days, weeks, months. It's the only thing we can do: to keep on speaking the truth to the best of our ability.

Commissioner Drysdale

Thank you, sir.

Commissioner Kaikkonen

Thank you for your testimony. I appreciate the fact that you're a lawyer and I'm not. So I qualify myself when I say that. But one of the things that my understanding is, since '82 when the Charter was enacted, we had three years in every province and federal government to align the laws with the *Charter of Rights and Freedoms*. Since '85 we've watched a proliferation of laws go into place and that was by the legislature, you're right on that. But the judiciary had a responsibility to pull it back and they have not.

So I just wonder how we're supposed to rein in a legislature, when that's where most of the recommendations that you've made go to, when the judiciary itself is providing, as you say, mixed decisions that really don't protect the rights of ordinary Canadians? And for ordinary Canadians, if I turn that the other way: How do they have access to a judiciary when they have their rights and freedoms violated, without prohibitive costs and having to deal with that as well, in terms of just moving the law to a place where it recognizes—and the judges as well—that Canadians are the ones who have a right to be free? They're born free, and their God-given right is to be respected by their institutions.

John Carpay

Thank you. Pre-2020 there are mixed results insofar as lots and lots of court rulings, where the courts sided with the government and upheld the law,

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but also lots and lots of rulings where the courts sided with the Charter claimant and struck down a law in whole or in part. I don't know off the top of my head what the specific breakdown would be.

There's certainly been a shift in the last two years with rulings pertaining to COVID and lockdowns. I'm seeing a lot more deference to government than what I was seeing prior to 2020. The cost of litigation—it's a huge problem. I mean this is why you've got groups like the Justice Center, where we get the donations from Canadians, and then we provide legal representation free of charge because the people that we represent, they would need a hundred thousand or two hundred thousand dollars in the bank to pay for legal bills if they had to represent themselves. So that's a big problem—how expensive litigation is. And there's no easy answer to that. I welcome a follow-up question. I have a feeling I haven't really addressed kind of the heart of what you're getting at.

Commissioner Kaikkonen

So one of the people who testified this morning, one of the witnesses advocated that millions of complaints should be made against the professionals in their discipline that refused to— That did not provide informed consent. So that would be one way that the people could actually address in some form some of the abuses that they have suffered over the last three years.

But how do we—if we take that thought further, because that's an action that everybody can take personal responsibility for and actually follow through with—how do we make a judiciary accountable to the people? Where do we start, as ordinary Canadians, to change that mindset that whatever the government says the judge will agree with, as opposed to the fact that ordinary Canadians are willing to take their finances and their assets and put them on the line to fight abuses that were clearly wrong and clearly violate the Charter?

John Carpay

You can have an accountable judiciary where perhaps you have the election of judges, would be an example, or you can have an independent judiciary. You can't have both. The way our system is right now, in theory, and I think largely in practice, is you have the accountability on the democratic side; so the lawmakers can be removed from office if you don't like your MLA or the party or the government. You can be involved in the democratic process. You can remove people from office and replace them. You know, there are pros

and cons to elected judges. There are some U.S. states that have that, and there are people who say that that works really well, and other people argue it does not work very well. Our system in Canada: the idea is the judges are independent, so that there cannot be any kind of threat or, you know, something hanging over the judge's head that if you don't rule the way that I want you to, there's going to be accountability there. So we have an independent judiciary. I don't know how you can have a judiciary that's both independent and accountable. I just don't know how one could achieve that.

Commissioner Kaikkonen

And then I'm just going to pull out an example, and I wish I had all the details. So I may be a little bit lost on some of the details. Certainly, in the time frame I'm not aware of it or I can't really pin it down.

But in Ontario, the legislature decided, I'm going to say six or seven months ago, that they should have an appointed chief medical officer that was above the legislature. That would have a five-year contract, a five-year renewable contract, and a year I believe it was on top of that, if the legislature so chose. So is that not contrary to everything that we're talking about here? That we've addressed that there is the problem has been this kind of dictator at the top of the legislature above the legislature, and how do we counter that as people? That, our legislature who you're giving all these recommendations to, would actually think it's okay to have a chief medical officer that is over and above the elected official? And again, I'm going to take it back to, Where do the people of Canada get that accountability and transparency if the legislature itself, the MPPs [Members of Provincial Parliament] in Ontario, think that that's a good idea?

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And they think that that's okay to push first, second, and third reading quickly through.

John Carpay

Well, that proposal, as you've described it, sounds like a permanent medical dictatorship; even worse than the quasi-permanent medical dictatorship that we've already suffered through.

Most politicians, in my view, are followers, not leaders. And that's for better or for worse. I don't mean it as an insult or a compliment, but just as a description.

If in Alberta, if three-quarters of Albertans in 2020 had been vociferously opposed to lockdown measures, I don't think the government would have imposed those lockdown measures. But I think there was strong public support; to the precise extent, it's hard to know. But there was considerable public support. And so there were people phoning and emailing their MLA's saying, "Lock us down harder, and we want more of our rights and freedoms taken away. We want more restrictions." And that's what a lot of MLAs were hearing, and they're sensitive to that. So I think when you get what sounds like a very bad proposal to have an appointed chief medical officer serving a five-year term with all kinds of powers, well, people in Ontario need to contact their MPP and say, "That sounds really awful. I want you to vote against it. And if you don't vote against it, I'm going to vote against you in the next election." And just be involved in the democratic process. I think that's really important.

Commissioner Kaikkonen

And on your last, I believe it was the 18th, you suggested that there should be a public inquiry 90 days in, and that that report from the public inquiry should be made available to the public 270 days later. We've had those. And it didn't go in the favour of the people. So I just wonder whether it needs to be a broader or more specific, maybe, recommendation. Like here, we're going across the country. We are listening to the views and opinions and the experiences of ordinary people. People who are Canadians who have experienced atrocious abuses in all sorts of factors. And we will have a report. But how do you, again, bring government to the point where they recognize that this is a huge proportion of the population in Canada and beyond, that has experienced things that they actually perpetrated? So how do we bring it back?

John Carpay

I think the work that the National Citizens Inquiry is doing is contributing to that. You are doing what the federal government and every province should be doing right now. So these 18 proposals are more of a skeleton. So for each one of these proposals, there would be a lot of extra work and that's okay. Every legislature has a team of drafting lawyers whose full-time job it is to draft legislation, right?

So these are kind of broader statements of principle. But say, on point number 18, mandatory public inquiry after conclusion of public health emergency, there's an example of where the elected politicians with their staff lawyers that work for the legislature could sit down and could very specifically craft, you know: How do the commissioners get appointed? How do we make sure that we get unbiased commissioners? What kind of evidence is received? And all the details will be spelled out. So this is kind of the skeleton, the starting point.

Commissioner Kaikkonen

Thank you very much for your testimony.

John Carpay

Thank you.

Shawn Buckley

John, there being no further questions, on behalf of the National Citizens Inquiry, I sincerely thank you for coming and giving your testimony today. And I'll advise you that the PowerPoint that you provided will be made in exhibits so both the public and commissioners can review it, to understand your testimony better.

John Carpay

Thank you. It's a real honour for me to have been here with you today. Thank you.

[01:04:33]

Final Review and Approval: Anna Cairns, August 30, 2023.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Witness 6: Dr. Jonathan Couey

Full Day 3 Timestamp: 07:39:51–08:58:57

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

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Shawn Buckley

We welcome you back to the third day of hearings in Red Deer, Alberta, of the National Citizens Inquiry. Our next guest is Jay Couey. Jay, can you hear me?

Dr. Jonathan Couey

I can, yes, sir.

Shawn Buckley

And thank you for joining us today. I'd like to start by asking you to state your full name for the record, spelling your first and last name.

Dr. Jonathan Couey

My name is Jonathan Couey, J-O-N-A-T-H-A-N, last name Couey, C-O-U-E-Y.

Shawn Buckley

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

Dr. Jonathan Couey

I do.

Shawn Buckley

Now my understanding is you can be described as an academic neurobiologist, and you've been doing that for about 20 years before the pandemic.

Dr. Jonathan Couey

That's correct. I actually lost my position as an academic biologist as a result of taking a stand against the transfection and masking in 2020.

Shawn Buckley

Right, you went against the narrative and lost your teaching position at the School of Medicine at Pittsburgh University.

Dr. Jonathan Couey

Yeah, I was a research assistant professor, which means I was in the lab all the time. I taught only as an extra side thing.

Shawn Buckley

Right. Okay. And now you're teaching immunology and biology.

Dr. Jonathan Couey

Yes, just online, and I consult for a couple people as well, to make a little extra on the side.

Shawn Buckley

Okay, and we've entered your CV as Exhibit RE-11. And you've been invited here today because you've got a hypothesis to speak of, and my understanding is that you have a presentation, so I'm just going to invite you to launch into your presentation and share with us your hypothesis.

Dr. Jonathan Couey

Thank you very much.

I'm really pleased to hear previous witnesses pointing out so clearly that the principle of informed consent has been ignored for the duration of the pandemic. I want to point out that the last witness was very good at pointing out that you need to be able to say, "No." You do not have the possibility of exercising informed consent if no is not an option.

And the principle of informed consent from the perspective of me as a biologist, it requires that you understand. And I would argue that you can't really understand the coronavirus pandemic, given the biology that we have been provided with over the last three years on television and social media.

And because of the lack of the proper understanding of this biology across our medical communities in America and Canada and all over the world, doctors aren't even able to enable people to exercise informed consent because they themselves don't have the requisite knowledge. So these are the two topics I'd like to cover quickly tonight and then open for questions: the endemic hypothesis, and infectious clones defined.

I would like to put everybody on the same page by first just stating something that I want to justify through the rest of this talk.

The TV algorithms and NIH [National Institutes of Health] and CDC [Centers for Disease Control and Prevention] and all of these organizations like the WHO [World Health Organization] have convinced us that coronaviruses are a source of pandemic potential, and that this pandemic potential can be accessed through cell culture passage with a relatively benign virus being turned into a pandemic potential virus.

There's also the idea that you can passage it in animals and make it from a relatively safe virus to one that is pandemic potential. And the latest addition to this mythology is the idea that clever scientists can stitch together the right combination of genes and then these viruses can circle the globe for three years and do what we call pandemic. I believe that this mythology has been created over the last 20 or more years, especially with regard to coronavirus, with the idea of us having to surrender our individual sovereignty in a global inversion from freedom to some kind of fascism where you must have permission to do everything.

This mythology, I'm going to argue in this talk, is wholly unsupported by what we know about RNA [Ribonucleic Acid] versus DNA [Deoxyribonucleic Acid] replication possibilities and also just the behaviour of these entities that we are now calling RNA viruses in this talk. Not coronavirus, we're just saying RNA viruses, so we make that distinction.

So to put everybody on the same page, I just want to get everybody aware of where the endemic hypothesis fits in. Tony Fauci would have you to believe that in 2018—above my head—there was no coronavirus;

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2019 in September at some point, a coronavirus was released in Wuhan, and something like the fuse of a firecracker, it went around the earth and spread in many different directions: eventually became Alpha, Beta, Delta and eventually Omicron in South Africa, which then took over the globe, and now we are on some ancestral version or next ancestor of, or descendant of, rather, of Omicron.

In this model, the earth remains green because there were no health problems before the pandemic, and no health problems were caused by the lockdowns, the protocols, and the vaccines. Without those changes, many more millions of people would have died. In this scenario, we have defeated epidemics in the past with vaccination. Novel coronaviruses can jump from species and go around the world—they can pandemic. False positives are rare because PCR [Polymerase Chain Reaction] is good and specific, and variants are evidence of both spread and the continued evolution of a single pathogen. We spend money studying viruses using gain-of-function research. This is the basic TV narrative on one side.

And what they would like you to fight about, really, is whether or not it was a natural virus that just happened to fall out of a cave and get onto a train and a plane; or if it was a mistake made in a laboratory by some very arrogant scientist who either took a virus out of the wild and then infected his local town or a city; or that they, even worse, made something in a laboratory that otherwise wouldn't have existed. But again, green earth, there are no health problems, and then the pandemic comes along and here we are. Same difference.

The virus spreads. It changes to Omicron. It takes over the world and now we're at a new version of Omicron taking over the planet. In this scenario, again, the lockdowns don't have to have hurt anyone. Vaccines can have saved lives. The protocols were the best they could do, and the same thing holds true for all of these things. We used vaccination to defeat

epidemics in the past. Novel coronaviruses can jump from the wild. PCR works great. Variants are evidence of spread, and we spend money on gain-of-function research.

You can tweak this one a little bit if you want and say that the lockdowns and the EUAs [Emergency Use Authorization] caused some excess deaths, but the majority of people still died from a virus. And so there are many different ways to tweak this narrative.

Another way that this narrative has been tweaked is that there are no viruses at all. That measles doesn't exist, that there was never a coronavirus, that everything is a lie. This is, of course, not very— It's not very acknowledging of what we know of all of the molecular biological techniques and the synthetic viruses and clones that they can make. So there are these entities and we have studied them for a long time, and I think this scenario is one of those traps.

So you have three traps here. You have a natural virus, you have a lab leak virus, and you have absolutely no viruses at all.

And none of those three encompass the true biology that we knew already for basically the duration of modern medicine. If you go before the pandemic into a medical textbook and look up coronaviruses, they will tell you that between 25 and 35 per cent of all respiratory disease without a known cause is thought to be caused by coronaviruses, of which there may be up to 200 varieties which circulate in humans.

And now instead of this being the baseline, we start with a baseline where there are coronaviruses. And then in 2019, it doesn't even matter. Was there a release? Was it a natural one? Did a few people get sick in Wuhan? It doesn't matter because the PCR can't differentiate between any of these coronaviruses.

This is the illusion that they've placed on you because all they needed to do was accentuate different coronaviruses found in the background and claim a phylogenetic progression. Sounds wizardry, but it is one of the only ways in which this molecular signal will be shared so beautifully. The lockdowns, protocols, vaccines, account for the total excess deaths in the pandemic. There, nothing unusual happened until we stopped treating respiratory disease the usual way.

The interesting thing about this endemic background hypothesis is that the PCRs are not

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having false positives in the way that you think, all the time. Yes, you can over-cycle a PCR test, but if the background is hot for homologous genes from endemic coronaviruses that they are pretending are not there, you have a situation where a vast majority of the good positives are still picking up background coronavirus and not whatever they purport to have been released.

Shawn Buckley

Now, Jay, can I just interrupt you just to make sure that people understand what you're saying? What you're saying is that there are a number of coronaviruses that we just live with, and have lived with all of our lives. And that the PCR test is not specific to what governments call COVID-19. The PCR test is just testing for genetics that are already in this background of coronaviruses that we live with. Is that what you're saying?

Dr. Jonathan Couey

I'm saying that, yes, that is the scientific literature at this stage. The ability to pinpoint a particular coronavirus is not a level of fidelity that they had before the pandemic. And there's no reason to believe, from looking at any of the PCR tests and the primers that they've put forward, that they've come up with a unique and highly specific PCR test that can differentiate between one coronavirus and the hundreds of others that are in the background and rare.

Shawn Buckley

So sorry for interrupting. I just thought that was important for people to understand.

Dr. Jonathan Couey

Absolutely. It's not a problem at all.

Additional harms were also caused by the response and including the lockdown, including use of specific agents like midazolam and remdesivir. The point of this of this hypothesis is to remind everyone that your gut feeling that the PCR test was one of the primary ways that the hood was pulled over our eyes, you are absolutely correct.

And the one trick that they still have up their sleeve is the idea that there was a novel virus for which you had no previous immunity. Even in the worst-case scenario here, where there is a release from a laboratory, you still would have had previous T cell and B cell immunity from previous coronaviruses because of the homology between these genes had a great chance of overlapping. And so the concept of this being a novel virus is also cancelled out in this hypothesis. It's not possible.

And people were making that argument in 2020 from March on, and they were just ignored. Mike Yeadon is one of them. So if we move forward, then let's think about how this could be possible.

In the United States, the total number of deaths is in sky blue here behind my head. And the number of pneumonia deaths is in light blue down here on the bottom. And I hope you can see this arrow. The very yellow at the bottom here are identified flu virus deaths. And so what you see here at this part is the beginning of the pandemic. This is 2014 to the pandemic. And what you see is: Although year on year, it seems like we got pneumonia under control—remember, ladies and gentlemen, these are pneumonia deaths; many, many, many more people get pneumonia, but don't die—and then suddenly after 2014, '15, '16, '17, '18, '19, '20, '21, What? Up to three times as many people in the United States started dying of pneumonia in a way that they've never done before. And that is a number of deaths which correlates precisely with any possible excess deaths. It is extraordinary, really, that this correlation is so high, and people have still ignored it.

And I know everybody here is familiar with Denis Rancourt's work, and he has done an excellent job of dissecting how the all-cause mortality in America was organized in different places around different times. And John Bodeman [Note: Researcher's name cannot be confirmed] is another researcher in the United States, who's done excellent work correlating these new causes of death. And what happened during the beginning of the pandemic was simply a mismanagement of respiratory disease in hospitals.

And it's been done with one particular methodology, right? They said there was a dangerous novel virus. It could be detected by a PCR test. And they correlated that PCR test

with detrimental health protocols, where they took away antibiotics from people who probably should have just had antibiotics.

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They didn't allow people to be treated with repurposed drugs, and instead insisted on remdesivir. They ventilated people to prevent spread; and these detrimental health protocols were encouraged by giving hospitals \$35,000/a patient that got on a vent. That enabled a larger portion of all-cause mortality than PnI—that's pneumonia and influenza—to be prioritized as a national security threat. That's what you're referring to, your previous speakers are referring to, when they say that this is a military operation. This was identified as a national security threat caused by a novel virus. Therefore, we could execute a plan that we had, and it is still in motion.

My argument would be that if you need a molecular signature, which would have seeded this event around the world, it could not have been a point release of a coronavirus because its genetic signature would have changed sufficiently in different directions around the world so that none of this uniformity in variance could have ever occurred. And yet somehow or another, we are told this story of a clean progression of variants around the world, sweeping, sweeping, sweeping in these waves and colors. There's no precedence—none, zero precedence in biology—for any phenomenon of an RNA virus to do such a thing. And yet without any questioning at all, we just took it.

And I'm saying to you now that I think the only way this could have happened is if they purposefully planted these—these molecular signatures in the places that they were going to blame and call part of the pandemic because a natural coronavirus swarm cannot do this.

And then the goal again is a total surrender of individual sovereignty and removing these basic human rights granted permissions.

The way that they did it with four basic ideas: they did it by changing the way you think about respiratory disease. We just got through saying that there used to be hundreds of causes of respiratory disease, and now we have all basically saying it's either not that one or it's that one.

They also changed how we think about all-cause mortality. That's why I show you that picture with the blue and the blue, because in America, we never saw the light blue. Nobody ever looked at all-cause mortality and said, "Okay, let's put this in perspective. We're in America. Three million people die every year." Nobody said that. Nobody told us that every week, between 50 and 70,000 Americans die. So when they say that, "wow, a thousand people died of COVID," it sure sounds crazy.

Then they changed how we think about our immune response to disease. This was very diabolical because it was part of the way that they sold us on the shot. Antibodies are what you need. They had to change the way you think about your immune response to a respiratory disease.

And then they changed the way that you think about vaccination so that you don't question the applicability of transfection for immunization. That's what these are. These are transfections. Everybody should be calling them that because this technology has been around for more than two decades, and it's never been called anything else. That's why I originally got in trouble with my job and got too much attention was because of speaking out about transfection because I used it on mice for many, many years.

So after they changed their mind about these four basic biological principles, they were able to ventilate people to prevent spread. They used remdesivir and midazolam to kill old people and young. The untreated bacterial pneumonia went up by at least three to four times: shutting down schools; masking children; and social distancing, even people who were married for 50 years, and let them die apart.

And at the same time in *Scientific American*, the WHO just recently in March put out an article, which stated, of course, “mRNA vaccines are safe, powerful, and effective.” Those are exact words. Masks work; indoor air quality matters; wastewater tracking is useful; and genomic surveillance is key.

They are doing exactly what they planned. They are going in exactly the direction that they planned to go. So they haven’t wavered at all.

So how can we get them to— How can I help you, rather, to understand this endemic hypothesis and what it really means? I think you got to understand the infectious cycle and the infectious clone, and what it is. So that’s what we’re going to do here. And then I’ll be done.

The infectious cycle is depicted in this cartoon here. You have a viral particle, it binds to its receptor, it comes into the cell and releases its RNA,

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and then the RNA needs to get translated into proteins, and then those proteins start copying the RNA into different segments. And then this long genomic RNA gets packaged into new viruses and those new viruses go out into the wild to infect other people. You’ve seen lots of versions of this, this cartoon, in all of the news programs.

You may have even seen a cartoon where they show you in three dimensions, the RNA and the N protein and the invagination of the viral particle and the formation of the full variant inside of an endosome.

But this is a lot of hand waving in terms of what they know about what happens here, and they know about what the fidelity of this, it’s all hand waving; because up until now, these are RNA viruses. The only way to look at them is to use reverse transcriptase to turn them into DNA and then do PCR. And once you do that, you really only find what you’re looking for because your PCR is pulling up things that are specific for the primers. So if you don’t choose the primers correctly, you’re not going to see everything that’s here. So up until this stage, it was pretty hard for them to say, “What are these viruses that get produced look like? How many of them are there? How uniform are they? What is the genetic variation between the particle that you get infected with and the particles that get produced by supposedly the hundreds or the thousands during infection?”

And so if I simplify this a little bit, the TV and Fauci has told you that you get infected with the coronavirus. The coronavirus goes into your lungs. It makes copies of itself. And if it makes too many copies of itself, you start coughing those out on people around you, and then they also get sick from the variant that you’re sick with. That’s why all these virions are yellow. The question is, why do they have so much trouble culturing these viruses?

You’re going to hear a lot of people say, “Oh, they don’t have trouble culturing them.” But they do. They have to use a 96 well plate and they look for cytopathic effects and they

might find it in two wells. And then they call that a viral isolate. They can do a PCR test on that. Maybe find an E protein. “Oh, see, now there’s definitely a coronavirus there.” That’s the isolate; that’s culturing. It’s not like growing mushrooms, and then you grow some more, and give them to your friends so they can grow them, or give them a tomato cutting. Or, say, give them a couple of breeding pair of mice, so that they can have the same mice that your laboratory invented.

If you find a novel coronavirus, the only thing you can do to share it with somebody is to give them the sequence. Because you can never grow enough coronavirus from a magic bat swab to, let’s say, divide it between four labs and let them do their thing with it. That’s not how RNA viruses work.

Unfortunately, not very many virologists are adequately informed of the limitations of their work. A lot of them are not adequately informed about how this is a particular limitation in coronavirus. The reason why this is, is because a large majority, if not the vast majority, of the particles that are produced during a coronavirus infection are in fact replication incompetent. What that means is they have a mistake. They’re missing genes. Their genome did not get completely run, but it still got packaged. And so even though they look like a virus, when they bind to the next cell and release their contents in there, those contents won’t have all the doodads and gazoos ready to go, all the genes present in order to make copies of itself. Therefore, in the cartoon above my head, it now becomes more obvious why it’s difficult to culture coronaviruses; because not all the particles that you detect that might be PCR positive for an N protein are going to be infectious. Now you might think, where’d you learn that?

[The witness plays a brief video of Robert Malone stating that “in most cases, a large fraction, if not the majority, of the virus particles that are produced are defective. They’re not good for anything.”]

So I learned it from Robert Malone. Once you once you know this, you can go back into the literature before 2020, before they were trying to obfuscate all this lack of fidelity. And you can see them plainly complain about it. In fact, describe looking for coronaviruses using pan-coronavirus PCR primers because it’s very, very difficult to find a particular coronavirus.

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And so the people that have known this— Everybody knows this, but this all started way back in the 80s with Vincent Racaniello and David Baltimore, because they did this technique with the polio virus.

But since then, almost everybody that works on coronaviruses from coronaviruses in plants, in salmon, in mice, it doesn’t matter. They never start with a wild sample that they went deep into the forest to get. They start with a sample that they cloned. So what does that mean?

Well, as I explained, the wild virus here depicted as a cassette tape is lacking fidelity because DNA versus RNA. Basically, you can copy DNA because it’s double-stranded. You can also check and proofread it. And there are a whole host of secondary enzymes that are very good, optimized at doing that.

With RNA, because it’s single-stranded, although it is purported that there is proofreading in coronaviruses, the biology of coronaviruses requires them to be able to have a certain

mutation rate. And even more, it requires a regular recombination rate because of the subgenomic RNA production. Therefore, there is a great fraction because of errors in recombination, because of shortened genomes, which are called defective genomes in other viruses, where you get essentially a large portion that are replication incompetent.

But when you use PCR to sequence this group of viruses that you might find in a bat, you can get a consensus sequence. And that consensus sequence can be translated into DNA. And you can think of that as a CD [Compact Disc]. And you can make lots of copies of a CD because CDs are digital. And DNA can kind of be thought of high fidelity like that. You know, one in a million bases is a mistake, maybe even less than that. And so if you use bacteria, you can actually make a bunch of this CD. You can make a bunch of this CD in a bacterial culture.

And keep in mind, this is exactly how they make the RNA for the shot. They make a circular DNA that encodes the spike protein RNA. And they make lots of copies of that DNA in a bacterial culture. And then they add an RNA polymerase and that produces the genomic RNA, or for the shot, it would produce the spike RNA. And that spike RNA that needs to be separated from that plasmid DNA before they inject it in your kids. But apparently, they didn't do that very well.

Now, this process here, very similar, you use circular DNAs to encompass the entire genome of the coronavirus. You add RNA polymerase to make lots of RNA copies of that same clone. One sequence, that's it. It's not going to be perfect.

But let's say the RNA polymerase is pretty good. So most of these are going to be fairly long transcripts. And they're all going to be the transcript that you built out of this DNA. Then you take that, and you use electricity or a centrifuge or any other number of ways. You take that pure genomic RNA for that virus, and you put it in a cell culture. And then what that cell culture makes will make animals sick. What that cell culture makes will cause cytopathic effects. And you can do plaque assays and all that stuff.

But you can always send the DNA. You can always send the DNA to your friends. You can put the DNA in the freezer. You can print the DNA. You can order it from companies. You can order these five plasmids from companies, and they'll print them right up. And then you put them in your bacteria and grow as many litres as you want. And then convert that litres to as much RNA as you care to make over and over again. This is gain-of-function. Not the mixing and matching. Not going into bat caves. It's making pure versions of what they detect in the wild using PCR and sequencing. This is how they get around it. This is how RNA virology is done and especially coronavirus biology.

And Ralph Baric's lab is famous for the techniques that are necessary to assemble these long genomes and produce infectious clones that can be used in laboratories.

So the point is that if we could do that, right, we can look at this, we can ask ourselves what kind of viruses are produced? Can we look at that infectious versus non-infectious?

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Can we look at that fraction and see it?

Up until now, it's been very hard because we use PCR, which means we have to convert these RNAs to DNAs, and then we have to amplify them up. And then all the fractions and all of the relationships between which was more abundant, is lost. So they have recently

come up with a way of doing it where they can sequence the RNA directly, which means that they can just look at, well, are you going to take all the viruses that are supposed to be in this culture and we're going to dump them through a nanopore and we're going to see how many of these different RNAs we find.

So in a virus, when the virus makes copies of itself, it makes copies of the whole genome, which is 30,000 bases long, but it also makes skip copies with a leader sequence that then skip down to these TRSB [Tandem Repeat Sequence B] sequences and make what is called subgenomic RNA. And these subgenomic RNAs turn out to be several orders of magnitude more abundant than the genomic RNA, which should be the RNA that gets packaged in the new viruses and sent out to infect other cells. So if we use a clone of SARS-CoV-2 and we put it in a cell culture and we watch it replicate, what we see is 400–600,000 copies of the N protein.

I think I got one more click here. No, I don't. So I'm going back. Sorry about that. I thought this zoomed in a little bit, but it doesn't.

So here you can see on this map, they're doing coverage of the genome here on the bottom. You don't have to look at these two on the bottom. I should have covered these up. We're just looking at this one "B" figure right here. This is the genome on the bottom, nucleotide 0–30,000. And as this black line rises, they find more sequences of this part of the genome. And so it's way down here at under 1,000 over here. And it starts to rise. The S protein is above 50,000. And then we get up to 200,000 with the E and the M. And then we get up above 400–600,000 with the N protein. So 600,000 copies of the subgenomic RNA for the N protein.

And how many copies of the full genome did they find? The longest tags correspond to the full-length genomic RNA. And they found 111: 111 full genomes and about 600,000 copies of the N protein and thousands of copies of these other subgenomic RNAs. So interestingly, this breakdown, where you have hundreds of thousands of these subgenomic RNAs and only a handful of full genomes that are supposed to be the new infectious virus that you've been culturing: this has been known for decades.

Ever since they've been able to isolate the RNA from a picture like this, or purporting to isolate the RNA corresponding to a picture like this, when they try to isolate these viruses here, they don't find a pure— You know, these are all really long genomes, and we sort through them and sequence. There's never been an experiment done like that. When they do this, they find this crazy ratio of almost no genomes, and thousands and thousands of copies of these partial subgenomic RNAs.

Now, the argument that the virologist will make is that you need a lot more N protein and S protein and M protein in order to package new virus. And so that's why you need hundreds of thousands of those RNAs and only a handful of the full genome.

But that still doesn't jive with the known amount of non-infectious particles that the right side of virology often will acknowledge. So again, if you look at this and you think about what's really being packaged here, they have no—they have none—experimental evidence that it's only full genomes being packaged.

And in fact, by the abundance of the RNA, by what they found in all previous experiments, it's very likely that the vast majority of the particles that are produced are having incomplete genomes, if not even subgenomic RNA.

So just to be sure

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you don't think I'm crazy, right before the pandemic, they did this with a human coronavirus called 229E. They made a clone of it. They grew it in a cell culture. They did exactly the same measurement. Here's the entire genome on the bottom. Here's 10 to the fourth, 10 to the fifth, of N protein. And then all the way down here, if you look at the last figure of the paper, you find that they found two whole genomes in that clone. Two.

So we're not getting thousands of viral particles being produced when we do these culture experiments.

And I think coronavirus— People have known this for some time and they just kind of hand wave it. Because here's a paper from 2001 where you can see the full genome is barely a ghost. And the N protein and the E protein and the S—these guys are gigantic overexposed blots.

So they've known that this ratio occurs no matter how they set up these clones, no matter how they do it. They know that these partial genomes get packaged. Since before the 80s and 90s they've been looking at the replication and packaging of coronavirus infections, bronchitis, defective RNAs. It's essentially how come there's so many of these viruses that just have like junk or partial what we thought were the genome of these.

That's because that's the way this works. That's the best fidelity that these things are able to usurp from our own cell's machinery.

Here's a paper from 2023 acknowledging the generation and functional analysis of defective viral genomes during SARS-CoV-2 infection. Those are non-infectious particles. And if you read this paper here, right here in the importance, "Defective viral genomes are generated ubiquitously in many RNA viruses including SARS-CoV-2. Their interference activity to full-length viruses and interferon stimulation provide potential for them to be used in novel antiviral therapies and vaccines." This has been known for some time in flu, although the flu field seems to like to ignore this.

So infectious clones defined is, simply put, that RNA viruses are tricky. They've been very hard to understand and study, because they are often only observable as what is an indirect shadow of a genetic signature found through reverse transcriptase PCR. And that ability, or lack of ability, lack of fidelity, has opened this door for people to say that, "look, they haven't isolated the virus. The isolation doesn't work. These experiments are nonsense. Therefore, there are no viruses at all." And this is a very, very dangerous place for us to be.

We need to wake up and realize that we've never really understood coronaviruses with the fidelity portrayed on television. We've never been able to tractably manipulate them in the lab the way it's been portrayed on television. And they certainly do not travel the globe in the fidelity that has been portrayed on television.

So has it actually been cultured?

Just to address this quick before we stop, let's look at this paper. This paper actually became famous because a correlation between 3,790 quantitative polymerase chain reaction, positive samples, and positive cell cultures. It says here that, "up to the end of

May, 3,790 of these samples reported on a positive nasopharyngeal samples were inoculated and managed for culture as previously described."

Interesting. Let's go to where they're previously described.

This is the paper that they previously described it in. You can see that they're almost all the same authors, just in different order. A total of 183 samples tested positive by RT-PCR [Reverse Transcription Polymerase Chain Reaction], including nine sputum samples, 174 nasopharyngeal swabs from 155 patients were inoculated in cell cultures. SARS-CoV-2 RNA positivity in patient samples, was assessed by real-time PCR targeting the E gene. Not the S, not the RNA-dependent RNA polymerase, not the N protein, the E gene. That's it.

So listen carefully. This is culturing coronavirus at the beginning of the pandemic and showing 3,000 positives. All patients, 500 micro liters of that swab fluid, or sputum, were passed through a 0.22 micrometer pore filter. That's to remove bacteria. And then were inoculated in four wells of 96-well culture microplates

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containing Vero E6 cells. After centrifugation, that's to get the stuff to go into the cell culture.

After centrifugation at 4,000 Gs [Gravity], microplates were incubated at 37 degrees. They were observed daily for evidence of cytopathogenic effect. Two subcultures were performed weekly. That means every week they split them, so they moved, whatever was growing they moved it into a new fresh well with cells next to it. Two subcultures weekly, presumptive detection of virus in supernatant showing cytopathic effect was done in a scanning electron microscope. No images shown.

So if there was cytopathic effect, they assumed that there was a virus and they put it under the microscope to see, but they didn't show you anything. And they don't tell you how many of those they found anything in. There's no data from that. And then confirmed by specific PCR targeting the E gene. It's a loop. Don't you see? It's just a loop.

I tested positive for an E gene, then they made me cough into a dish. And then if any of those cells died, they said, wow, that's pretty cool. That's the coronavirus because he tested positive for the E gene.

Now they tested again in that culture and find the E gene again. The E gene is not proof of a coronavirus. The E gene doesn't prove that a coronavirus caused the cytopathic effects. These are the objections that the no virus people bring to the table.

And these objections are very solid for a vast majority of these papers, during the pandemic. It is just an insufficient level of scrutiny. It's an insufficient level of control. And it is a giant pile of assumption that is instead, interestingly enough in this paper, confusing people by saying hydroxychloroquine and azithromycin were effective at shortening the duration of this read. And so this is another aspect of the immune-mythology you've got to be very careful of. So many of these repurposed drugs were given in combination with other drugs and then over and over sold as the drug.

For example, this paper was pushed as evidence that hydroxychloroquine can work, without acknowledging that azithromycin is given with it. The games that they have been playing are many.

If we go back to before the pandemic to a guy like Marc Van Ranst, who was the flu commissioner for Belgium for the 2009 flu, and has got his own infectious disease lab where he works on testing for coronavirus. Here he is arguing why we need— Coronaviruses can't be found without using pancoronavirus primers. He's got a whole book chapter about how pancoronavirus RT-PCR assay for detection of all known— This is how they did it.

It's not specific, ladies and gentlemen, and these people have known that.

And so they tell you these stories about these imperfect genetic ghosts in the wild that have potential to become permanent circulating pathogens. They talk about how if you let the wrong guy like Peter Daszak into the wrong bat cave, he can passage those viruses in cell culture and pull out pandemic potential on the other side. They might also do it with ferrets someday. Or worse yet, somebody like Ralph Baric will stitch a bunch of things together that should have never been there, and we'll have a pandemic.

In reality, the only potential danger that could be used and weaponized against us is the production of RNA viruses using DNA clones. That is the danger.

That is the reason why they don't ever talk about it. They talk about gain-of-function as a way of making sure that you don't understand that that's not the danger. There was never a danger from coronavirus. Coronaviruses were always largely— If they are part of this causes of respiratory disease yearly, then they are part of a very benign set of somethings that float around. They are not part of this never-ending source of pandemic potential.

So this is what I think they did. They declared a pandemic of a

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dangerous novel virus for which the PCR was not specific, and yet they applied a unique and mostly detrimental protocol for respiratory disease to those people that tested positive; and they enforced that with financial incentives. This was all part of a military plan in the United States, which was ready to be executed when the excuse was given, and the excuse was given when these protocols were changed. It could have been an infectious clone.

You could have used a clone to see the same sequence in Iran and Wuhan and in Italy, and that unique and identical sequence around the world would have been a molecular selling point for there being an ongoing pandemic. And if it was required in order to fool these governments in Europe and in Italy (like Italy's not Europe), but to fool these governments around the world, if that was required, a clone of a wild coronavirus would have been more than sufficient for us to have seeded these things, and then let the plan roll on forward with just using this a-specific PCR test.

Again, I want to plug Denis Rancourt's data, because it's so important to understand how, if there was a novel respiratory disease for which no one had any immunity, then there would have been a predicted impact on all-cause mortality. And those predicted impacts were not seen at all, and his analysis is fantastic.

And then finally I just want to make sure I remind you one more time that nobody should be using "transfection." I was so excited to hear someone say that earlier today. There's no

debate. It should not be used in healthy humans, and up until the pandemic, it was only used on people who were likely going to die anyway.

So please stop transfection because they want to eliminate the control group. Once everybody's been transfected a few times, all of these ailments, all of these increases in illness and autoimmunity, will all just blend into a background of increasing public health problems, rather than being able to be identified as, "Wow, the people who have triple transfected themselves are having worse and worse outcomes, year on year." Which I think is the truth that has already emerged, and can only emerge in greater and greater numbers as we move forward.

Thank you for your patience. I hope that was okay. That was the end of my presentation.

Shawn Buckley

That was really interesting. I'm just hoping to clarify a couple of things with you and ask you something new. You use the term transfection, which for most of us is a new term. We think of mRNA [Messenger Ribonucleic Acid] technology, but that's a new term for transfection. You're saying transfection instead of mRNA vaccine, because transfection is the correct term.

Dr. Jonathan Couey

Yes, that's correct. So if I can add to that a little bit, for the academic bench biologist, that means somebody that plays with mice or monkeys in a laboratory, and they want to change the local protein expression, upregulate it, downregulate it, maybe even knock down a gene. There are ways that that's done, and that's ways that's been done for about 20 years.

One way to do it is to use an adenovirus, where you put the DNA of interest, encoding the protein that you want to express in that adenovirus, then you put that adenovirus in the brain of the mouse, and it will go where it's going to go and express that protein. Using DNA to express protein in a cell is called "transformation." And if you use mRNA to do the same thing, you can use electricity to put the mRNA in, you can use lipids like they're doing now, sometimes people use gold particles.

There's lots of different ways to do it, but regardless of how you do it, you use mRNA, it's called transfection. If you use DNA, it's called transformation.

And so if you go on the website of Sigma or Thermo Fisher and you just look for transfection products, they'll have a whole web page on it. And there's no difference between the mRNA shots that they're giving and any previous transfection technology, except for maybe the proprietary bubble that they put it in. But it's the same technique, with the same lack of tissue specificity and dose control that they've never been able to replicate in any other application of it.

Shawn Buckley

Now you've said that that we shouldn't use transfection in humans. And can you explain, give your reasons why we should not use transfection—

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or as most of us know, mRNA technology—in humans?

Dr. Jonathan Couey

The proof is in the use. So in a laboratory animal, for example, if you're using transfection, you're inevitably going to get autoimmunity. Animals that are transfected are not intended to live long, healthy lives. They're always sacrificed and then their tissue is used to look at the changes that you made. And so up until very recently, I don't think anybody's really thought about this as a very viable technique, except to use for somebody who's already going to die from, like, cancer or something like that.

And the trick is to realize, and I think that this is a very true statement, although this is more of a gut feeling to me—but it's a gut feeling that a lot of other people have had for a long time—it doesn't matter, really, if you expressed a particular toxic protein. It doesn't have to be the spike. If you've expressed a foreign protein in your cells, and it's random cells in your body, your immune system only can do one thing. It can unleash the neutrophils, destroy those cells, and clean them up.

Now if those are your heart cells, it's permanent damage. If it's endothelial cells, you have endothelial damage. If it's ovary cells, you have ovary damage.

And this is a known downside of transfection. It's a blunt tool. It's been used for a long time in academic medicine, and for 20 years, people have been dreaming about making it into a viable therapeutic methodology, but they've never even come close to getting it to work in single examples, never mind on a scale of billions. And there is no other conclusion to come to, that if you want to treat, beneficially, a mammalian, like a human that you want to live for 20 more years, transfection is not a therapeutic option. And anybody that has sold it as such has either been telling us lies or has been just really wrong. It's not to be done. It's not fit for purpose.

They would like you to believe that it is, but you cannot usefully augment someone's immune system by transfecting foreign proteins randomly in their body. It's just ridiculous.

Shawn Buckley

Okay, and your opinion on that is based on animal study after animal study after animal study after animal study, and some use in a very small subset of humans who are, you know, terminal with cancer and things like that.

Dr. Jonathan Couey

Yeah, and also very anecdotal personal experience: I can tell you one three-second story. I was asked to help do an experiment in squirrel monkeys where they wanted to express an algae protein. It's a long story about why they would do that, but they wanted to express this protein in the brain of the monkey so that they could manipulate some circuitry, and then go back to that brain region afterward and see what neurons they manipulated and see how they were connected anatomically, and maybe that was going to be a good idea.

But, when we started this experiment, I suggested to these primate neuroscientists that, look, when we transfect a mouse, I've got a window of, like, let's say three to four weeks where I can do my experiment and everything is okay; but if I wait any longer than that, the place where I initiated the transfection starts to have problems, and starts to have an immune reaction which leads to a lot of neuronal death. So I tried to tell these primate scientists that, like, if we do this experiment, we got to do it on an animal that you're all done with, and that's already scheduled to be sacrificed because otherwise, you might just lesion that area of the brain in four months and then you won't even know what you did.

Well, what did they do? Monkeys are expensive, so you can't just sacrifice them. So they let this experiment run—I think, for, I think they let it run for 12, but it might even have been 18 weeks—and then when we did the anatomy and we cut into that area, almost all the neurons were gone. And that's because, again, transfecting neurons and getting them to express foreign proteins is eventually a challenge that your immune system can't ignore.

[00:55:00]

And that is true no matter where transfection is done, and in any current application of it, it should be an expected outcome. And so yes, it's not fit for purpose.

Shawn Buckley

Right. Now, I wanted to go back. You've made the point, and I think it's important for people to understand, is, coronaviruses are part of, just basically the environment that we live in. There's a number, there's hundreds and hundreds of coronaviruses, and so many that the conventional wisdom is that—what did you say?—20 or 30 per cent of our flus, annual flus, are considered to be caused by one or another of these hundreds of corona viruses. That's— I've got that right?

Dr. Jonathan Couey

Yes, correct.

Shawn Buckley

So what my question is: this started with just a bang in the media in early 2020; and all of a sudden, we seem to be using the PCR test for a specific coronavirus that we're told is SARS-CoV-2, or named COVID-19. Is it possible that there was a specific PCR test for a specific new virus at that time?

Dr. Jonathan Couey

It's not. I don't think that it is possible for them to have had the fidelity to use the— The PCRs that they designed, were not designed, cannot be designed to be specific the way that they were designed. As far as I understand, for example, in Canada, after talking to Dr. David Spector, they didn't have nested primers for your PCR, which means that any overlap on the PCR sequences, or partial overlap, would likely result in amplification, which again makes them a-specific for the genes that they're amplifying. And because this was a national security issue, the goal would not have been to be as specific as possible, but of course, as you guys know in Canada, to rope in all possible suspected cases.

And so again, the more specific the test would be, I think the less appropriate it would be for the national security threat. So there's motivation for them to have not made a specific test. And more importantly, the background and lack of fidelity means that they could not have made such a specific test.

Shawn Buckley

So the technology of the PCR, would it be your opinion then, that they were basically, that PCR test would just be identifying a family of coronaviruses?

Dr. Jonathan Couey

At best. And again, remember, it's only identifying small fractions of the genome being present, which does not in any way, shape, or form indicate infectivity, or even the presence of a contiguous virus, but just the presence of these genes, which are homologous across lots of coronaviruses. So it's a very, very different lack of fidelity relative to what is portrayed.

Shawn Buckley

So you know, if we had a multivitamin with 100 different vitamins in it, this is really a test for one vitamin and then pretending that there's a multivitamin there.

Dr. Jonathan Couey

Uhhh...

Shawn Buckley

Just using an analogy that maybe people might understand, right? So think about that.

Dr. Jonathan Couey

It's a bit more like saying that there's a— That not telling anybody that there are any automobiles in the world, and then saying, "Oh, there's a pandemic of KIAs, and if we just test we can—" Lots of people end up having KIAs. And it's like wow, that's pretty crazy. And then, "Oh, yeah. Look, now we have Toyotas, and now we have Hondas," and as we change what we're identifying with the test, it seems like, wow, it's spreading all around the world. But those cars have always been there.

And so in this case, they told us, I guess, that there's an epidemic of Teslas, which can be tested for by looking for wheels and four doors and a windshield. And so when people tested their garage, they go wow, I guess I got a Tesla too.

And it's probably closer to something like that, where the specificity is implied, when in reality they're testing for things that all automobiles have. And so there is no pandemic of a particular kind of automobile. It's just that the test is confirming everybody's got a car, or there are a lot of cars around.

[01:00:00]

Shawn Buckley

So just so that we're clear: so if the test is non-specific, and even because it's just testing for a part that doesn't even tell us we have a whole genome, conceivably, then, they could just come up with another virus name, start running a bunch of PCR tests, and convince us that we're in the pandemic again.

Dr. Jonathan Couey

Absolutely. Absolutely. I think this is the one you should almost assume that's what's going to happen. That's their plan. That's what PCR has been established as, they can— That's what the WHO said in that article that I shared. Genomic surveillance is a good way of

following these things. So they would like to sequence the sewer all the time. They would like to, yeah, they would like to swab you monthly if they could. That's what they want. Definitely.

Shawn Buckley

Right, but it's really just a tempest in a teapot, it's a phantom.

Dr. Jonathan Couey

I mean, think of it this way, like rhinoviruses are a virus that we all know are very common, part of the common cold bouquet, and we're not sequencing and doing PCR for rhinoviruses right now, but they could. And as soon as they rolled those tests out at people that were asymptomatic and then cycled them too far, you'd get a lot of false positives right away. And if they told you it was one rhinovirus instead of a-specific for many, they could also convince you that, "look, it's changing." So it's very tricky game they played on us.

Shawn Buckley

Right, now do you have any information— We've heard about people taking antibody tests for SARS-CoV-2, and do you have any information on whether or not those are realistic tests, or whether, to use your term, they would have high fidelity?

Dr. Jonathan Couey

I think they're probably, if done correctly, they're actually probably very good identifying people with previous immunity and recent exposure. It's tricky, right, because they, I think, use the antibody test as a way of emphasizing the seroprevalence to the spike protein.

So they get to choose what they search for when they say that they're going to build this antibody test. If they were going to be honest with it, we would look at these papers that we looked at today, and we see that the N gene, or the N RNA, is produced in the most abundance. So the loudest signal to look for, if you were going to see if someone recently exposed to a coronavirus, would be that N protein. But there's almost no tests can find the N protein epitope immune response in people that are vaccinated because they don't have a natural response to the virus anymore, which would be to respond to the RNA that gets produced the most and the protein that gets produced the most.

They are responding to the protein that they were forced to respond to. And that illusion was partially seeded by the idea of saying, "here's an antibody test for the spike protein. It can show you if you've been infected."

And so people got it in their head that all the spike protein antibodies that tell if I'm infected, when in reality, you'll have T cells to the RNA dependent RNA polymerase and T cells to the N protein and B cells to the N protein, all from overlapping previous infections. So you could have tested positive before the pandemic, too, because you had natural immunity and were exposed.

Shawn Buckley

So I guess to refine my question. I mean, I'm just wondering if it's possible that there's an antibody test specific to what were called, this you know, COVID-19 or SARS-CoV-2, as opposed to an antibody test, really, for just this background group of coronaviruses that—

Dr. Jonathan Couey

I think we're really— I think you and I would be buying in to their simplified biology if we said that there was a SARS-CoV-2 to separate from all of these other viruses.

Shawn Buckley

No, it's just interesting, because I live in the drug approval world regulation part. In Canada, we didn't have an emergency order the government came out with, or rather, we don't have an emergency pathway that they could use. We hear in the U.S., this emergency approval. So we had an interim order that didn't define a specific virus. So they define COVID-19 as relating to something that was not a specific virus. And that got me very suspicious about our ability to identify a specific virus.

[01:05:00]

Dr. Jonathan Couey

I mean, much of the literature supporting this panoply of viruses that's circulating in the wild: if you look through this literature before the pandemic, you will find that entire papers are written about the diversity of coronaviruses in bat caves by looking for a 296 base length part of the RNA-dependent RNA polymerase. And if they find it, well, that's a coronavirus; they find another one, that's a coronavirus. And we find all these and then we make a little chart of how they're related. And this is a phylogenetic tree of bat coronaviruses: no spike proteins, no full sequences, and no viruses cultured, just genetic sequences found using pan-coronavirus primers for the RNA-dependent RNA polymerase.

And so to go from a literature which is so amorphous, to "now we can definitively tell you that this is the sequence and this is you, positive or negative," all this stuff is just smoke and mirrors, they do not have that fidelity.

Shawn Buckley

Thank you. Those are my questions. I'll ask if the commissioners have some questions for you.

Commissioner Massie

Thank you, Dr. Couey, for this very interesting presentation. I mean, you certainly did a lot of effort to make it somewhat accessible for a layperson, because I mean, what you're discussing is fairly complex. I have a background in biology, and I've developed adenovirus vaccines, and all kind of things, so I understand where you're coming from. But there's a few questions that popped in my mind. Do you have experience growing viruses, either small scale or large scale, or different type of viruses in your lab?

Dr. Jonathan Couey

I only have had the privilege of working with somebody who does it for me. So no, I've never enriched adenovirus, for example, or anything like that. It's stuff that I take for granted that has been commercially available since, I guess, since I had my first lab. For me, I take a lot of things, especially with adenovirus production and the transformation experiments that I've done, I just take it as very commercially accepted that adenovirus can be made, and it can be packaged with the DNA that I want in it.

Commissioner Massie

My question has to do with your very interesting concept of infectious clone. I mean, to me it's not a big surprise because I know that even DNA viruses based with adeno-AAV, when you actually go to the trouble of doing deep sequencing and you isolate clone based on plaque formation and you're very careful to make sure that it's clonal and you grow it just one cycle, you'll see variants immediately after one cycle of replication. And as you pointed out, the fidelity of replication for DNA is way higher than RNA. So I've always thought of RNA viruses from any source, would it be plant or bacteria or mammalian viruses, as kind of quasi-species, I mean the extreme being the HIV [Human Immunodeficiency Virus] where I mean, where hepatitis, I mean, you find a lot of variation, which makes the characterization of a clone that much more difficult.

Having said that, we now have tools to do that, and I've noticed that you were citing a paper from Didier Raoult's lab that has done—I've been following his work for more than three years now, and he has done a large number of clonal isolation and tried to characterize it, doing deep sequencing to confirm that it's not just PCR sequence that they were looking at; they were very thorough in order to do phylogenetic tree and so on.

Are you wondering whether when you actually isolate a clone from an individual that is sick—and now you're trying to identify within this individual a clone or variant, and now they've called it "variants of concern" and stuff like that—are you questioning that the moment you start to grow it in culture, after a few cycles, you might end up with something that has already started to evolve, or have differences in the overall sequence because it's a long genome and the fidelity of the replication is not so great?

Dr. Jonathan Couey

So I assume that that happens, and that's the argument that pervades my head when I think about the idea that we were told that

[01:10:00]

from Wuhan to Washington to California to New York and Italy, there were less than three amino acid differences for four months. And thousands of people, hundreds of thousands of asymptomatic infections, were supposedly spreading around the world, but the virus was keeping a fidelity of a ridiculous level. And the original SARS [Severe Acute Respiratory Syndrome] virus that was tracked in 2002 had an average of between 33 and 50 amino acid changes per patient for the first six months. And then this one changed 10 amino acids in the first six months.

So the stability of the portrayed sequences has no previous biological precedence. So the only way that this could have happened is if somebody seeded this level of fidelity around the world, like put a clone in, so that everybody that they tested would have a culturable virus for a little while, and it would be a sequence of very high homology with the ones they released elsewhere. And then they slowly drifted away. They slowly recombined with the background. I don't even think that they would have to do it with very many patients.

If you look through the literature, you will find a very large paucity of actual, and I'm talking about experiments now, like from 2020, where they really isolated the virus sequence and then said, "Wow, it's pretty much the same." It's not based on very many observations like that. America's entire pandemic is based on one sequence collected in Seattle from the Snohomish County man, and that's it. Every other sequencing reaction that was ever done was done behind CDC closed doors, and the sequences were reported only

after the CDC decided to report them. There's no open sequencing in America, and there never was.

And so if these sequences are real, as we are here now, the point is what happened in 2020 was a portrayal of something that couldn't have happened. Now we're talking about a background sequencing coronaviruses when we've never sequenced them with this rigor before 2022. It doesn't surprise me that we find all of this stuff. But to say that this is evidence of a pandemic is very, very different; and I don't think that that's evidence of a pandemic. It's evidence that those genetic sequences might be there. But he's got no data from 2019, so he doesn't know if he would find the exact same data set had he started looking then.

Commissioner Massie

So what we're seeing right now, though, I mean, in this Omicron era is that it seems that when you do a rigorous analysis, you do find other types of variants that seems to be more prevalent, in the sense that I understand there's going to be a very wide diversity of different sequences of the SARS-CoV-2 virus. But the one that seems to be growing better in a given population, in a given time, will eventually be, if you want, sampled more frequently, and in the end you will have an over-representation of this variant until another one will supersede that. So that's kind of a cycle. And it's probably, it has probably been like that before we started to analyze the coronavirus. I just didn't know about it.

Dr. Jonathan Couey

That's it. There you go. There you go. You just said it. If it was like this, and this pattern existed before the pandemic, and they just announced it now, then we are being bamboozled. It's like saying that, where there's a pandemic of automobiles, while forgetting that we've always had them.

Commissioner Massie

So your hypothesis in terms of the endemic state is that we have been, the human population, have been in an endemic state of coronavirus that could give respiratory infection as other viruses could, like rhino and even adeno and RSV [Respiratory Syncytial Virus], you name it. And somehow emerged, or decided, that these atypical respiratory infections was triggered by this particular new virus that has come in the environment, and now was spreading all over the world. And it was almost the same kind of virus everywhere.

[01:15:00]

And you find that difficult to fathom with the way normally coronaviruses will actually be in the environment. Is that your thesis in terms of a pandemic versus having local reproduction of coronaviruses in a population?

Dr. Jonathan Couey

Right. Remember, the pandemic definition is a virus that starts in a room and then spreads around the world without being able to be stopped. And that is a very, very specific set of biological claims. And so the idea that there are these many, many stories of people having an interesting respiratory disease is completely and wholly disconnected from the idea that

a pathogen, or a virus, is moving around the world with high fidelity, and is tracking with that disease. Because that is the illusion of the PCR.

If you assume that a PCR test identifies a case, knowing that the PCR can be false-negative, and also positive-negative, in the sense of a wrong coronavirus gene, then we have a really huge problem because the statement that a virus was released at a point and is still circulating the globe is not possible. And that requires an extraordinary amount of evidence. It's an extraordinary claim. It requires an extraordinary amount of evidence, way beyond doctors saying, "I've seen a few people with a new sickness. And so I decided not to give them antibiotics and throw them early on the ventilator and give them some remdesivir and they died." That's not an atypical respiratory disease.

And you can't differentiate from that, and mistreating it, if you changed your protocols across the entire nation. How can you call that a unique respiratory disease when you stop treating the respiratory disease the way you used to? And you started giving remdesivir, or midazolam, or not giving them steroids?

All of these changes that were made, and the autonomy taken away from doctors, caused unique respiratory symptoms. That's the more likely explanation than an RNA virus maintaining fidelity for three years, and now having a slightly different hat on that we call Omicron.

Commissioner Massie

So if I understand what your hypothesis is, is that the SARS coronavirus COV2 exists and it can potentially induce diseases, but it was this kind of disease—among all of the other disease you can find from respiratory viruses—was not the unique cause of this so-called pandemic. And what we see in excess mortality is more likely attributed to what we've done in terms of lack of treatment, and also all of the things that we've imposed to, quote-unquote, control the spread of the virus. Is that your working hypothesis?

Dr. Jonathan Couey

Absolutely. Because if you talk about how people died, you don't have to talk about very much virus. Absolutely.

Commissioner Massie

Thank you very much.

Dr. Jonathan Couey

You're welcome.

Shawn Buckley

Dr. Couey, those are the questions of the panel. This was very illuminating. On behalf of the National Citizens Inquiry, we sincerely thank you for attending today and providing your testimony.

Dr. Jonathan Couey

It was my honour, thank you very much. And I wish you guys the best of luck in this most important endeavor.

[01:19:06]

Final Review and Approval: Anna Cairns, August 30, 2023.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Witness 7: Sierra Rotchford

Full Day 3 Timestamp: 08:59:19–09:22:57

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Wayne Lenhardt

Could you give us your full name and then spell it, and then I'll do an oath with you.

Sierra Rotchford

It's Sierra Rotchford, spelled S-I-E-R-R-A R-O-T-C-H-F-O-R-D.

Wayne Lenhardt

Do you promise that the evidence you give today will be the truth, the whole truth, and nothing but the truth?

Sierra Rotchford

I do promise that.

Wayne Lenhardt

You have been a paramedic for a number of years. Or is that the right term to use?

Sierra Rotchford

I've been a registered paramedic in Alberta for 10 years.

Wayne Lenhardt

Okay. Why don't you just lead us through what happened in your paramedic practice, if I can call it that, until you get to 2020 for us.

Sierra Rotchford

Sure. So it's pretty brief. Before 2020, I was registered in 2012 as a primary care paramedic in Alberta. I did start working on suburban-rural EMS [Emergency Medical Services] in areas surrounding Edmonton, so Stony Plain, Spruce Grove, Warburg, like all around. And then I ended up getting married, having babies, back-to-back to back. I don't recommend that. So I ended up working in between kids: doing remote clinics, drug and alcohol tester, some clinics around Edmonton in some big industrial areas. Then finally, I did return to ground ambulance in February of 2020.

Did you want me to continue from there?

Wayne Lenhardt

So you got a bit of a flavour for what was normal across the city of Edmonton. Correct?

Sierra Rotchford

That's right because suburban-rural, even if you do work in those surrounding areas outside of Edmonton, as soon as you bring a patient into a hospital like the Misericordia, you end up what's called, "being sucked into the vortex." And so the AI picks up that you're there and you get sent to a call in Edmonton. So I still did attend calls in Edmonton, previous to 2020.

Wayne Lenhardt

Okay. If I've got this right, I think you were off for a bit with some sort of an ailment. You went off about October of 2020, and then you came back in January of 2021.

Sierra Rotchford

That's right. So briefly, for 2020. I came back, was orientated to ground ambulance again in February. We weren't locked down yet. So I did see a bit of pre-pandemic call volume just in that single month before we were announced for lockdown. Calls were very normal, the usual stuff: some people experiencing homelessness, overdoses, maybe senior citizens who have some concerns about their health, calling an ambulance, that kind of thing.

I finished mentorship in the middle of the lockdown. So I actually saw very little high-acuity calls to prepare me to go back to work because there just wasn't any at the beginning of the lockdown.

So then, come April 2020, now we're into the normal swing of things. I'm off mentorship; I now work on a car with a single partner in the city centre of Edmonton. For the majority of 2020, if I sum it up without making it a long story: a lot of mental health calls; a lot of people calling with anxiety, thinking they'd contracted COVID or given COVID to someone; having those symptoms of anxiety, like tachycardia, pressure in the chest, those kinds of things. So we did those. We did quite a bit of overdoses, suicidal thoughts, some domestic abuse calls.

The only time I can really remember in 2020, between February and October, —there was quite a substantial rise in calls— Was the initial cool down after those first few weeks we were locked down, there was quite a rise in calls because what had happened is doctors stopped seeing their patients in person. So doctors were doing lung consultations with seniors over the phone while they're seated. Can't see if they were experiencing shortness

of breath if they were moving around exerting themselves, those kinds of things. Maybe someone was starting to have hypertension,

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put on blood pressure medication; maybe they were put on a beta blocker to control their heart rate with no follow-up. So we had this rise in calls where people who were put on new medications were suddenly experiencing medical crises, cardiac arrests, because of these new medications with no follow-ups. And that's the only rise that I can remember in that time that I attended.

And then, the duration of the rest of 2020 leading up to October, there was quite a few overdoses on the rise, as we know in the Alberta release statistics.

Then in October 2020, I ended up having emergency abdominal surgery. Then two weeks later, I contracted sepsis. And so yes, I was off. I ended up being hospitalized at the U of A [University of Alberta] for sepsis. I wasn't treated for 12 hours, despite being a health care provider and recognizing the signs of sepsis. I was tested for COVID in the hospital. I tested negative.

I had three different doctors come in over a 12-hour period and say, "Even though you've tested negative for COVID, that's probably what you have," despite having all of the symptoms of sepsis. I was sent home, called back later by a separate doctor once blood results had come in. They called me back and said, "You're going to die at home unless you come back."

So I ended up with a health condition, the effects of post-sepsis syndrome. After that, I was off work for the rest of 2020 and did return in January 2021.

Wayne Lenhardt

So was there anything different when you came back in 2021 than when you had left prior to the sepsis problem?

Sierra Rotchford

So the beginning of 2021, January to about March, coming close to April, there was more mental health calls than ever, more overdoses, especially narcotics-use overdoses. And then we were starting to see the beginning of a rise in MIs [Myocardial Infarctions], strokes, seizures, those kinds of things leading up to April 2021.

Wayne Lenhardt

I think during our previous discussion, you had said that there was a certain number of ambulances taken off the roads, I think in December of 2021?

Sierra Rotchford

Sure, I can finish the chronological order to end up there, if you'd like.

Wayne Lenhardt

Sure. Tell me that story.

Sierra Rotchford

So starting then, in April 2021 is when I started attending— I should be really clear about that, that I am just one ambulance out of between 40– 50 that is on the roads. So this is just my experience of the calls I personally attended. But we started going to many strokes in people my age demographic, the 30–40 range, as well as first-time seizures, in that same demographic. This is when the beginning of that first rollout of that category of age for AstraZeneca, Pfizer, and Moderna. I had taken people my age who were having a full stroke, full paralysis, drooling to the U of A. We were taking people with first-time, full tonic-clonic seizures to the U of A. I just spent a lot of time there with those types of acuity calls.

Wayne Lenhardt

Going back, you were a paramedic since 2012. So is this normal?

Sierra Rotchford

So in 2012, I maybe attended one single cardiac arrest in 2012, one deceased person in 2012. The rest are pretty normal-type calls: your various mental health; your various people who worry about their health, but maybe it's not an emergency, that kind of spread.

By the end of April 2021, we were now surged for calls. There is an EMS documentary that came out last year that won awards that was put on by CTV [CTV Television Network] News. They've quoted that we've had 30 per cent increased call volume since May 2021. On May 9th, after bringing in one of three seizures that day to the U of A, there was a very senior nurse at the U of A triage who asked me if we were asking if people had their shots recently.

[00:10:00]

If they had had AstraZeneca we needed to be asking because they were seeing this huge rise in blood clot injuries. She said to me that the U of A was going to be asking the government to stop the AstraZeneca shots. The very next day, the government had pulled those shots.

In addition to working emergency cars, I also worked facility-to-facility transfers within Edmonton. At that time, I was able to take one documented vaccine injury from AstraZeneca from one facility to stroke rehab. It was for a patient who was approximately 50 years old: full left-side paralysis; no major comorbidities in history; had experienced a deep brain stroke, which only accounts for 5–7 per cent of all strokes. It's a stroke that happens in the brainstem.

There was a sheet that was attached to his file. We get a transfer sheet with all of the information plus a medical. It's called a MAR, Medical Administration Record. And then there was this sheet attached also to this patient that said, "Is this a vaccine injury?" And it was checked off, "Yes." It was tracking which vaccines this patient had been given. And this patient had received AstraZeneca. It was not mentioned in report with the nurses. But when we went to get our patient and put him on the stretcher, he was already asking us, before we even took him out of the room: "When can I get my next shot?" So this patient was documented. But was not told he was a vaccine injury. We transferred him to the next facility, and he was asking, when can they give him his next shot.

At that time, that facility—even though the news and the media was saying that you could mix your shots—when we got there, they were very hesitant. They wouldn't explain to him

why he couldn't have a shot or where they were going to get his shot—if it was going to be Pfizer or Moderna. It was just very clear, at that time, that some things were being tracked but also not being passed on to the patients who suffered effects from them.

So May 2021, now AstraZeneca is pulled. We're still having this massive rise in calls. By the beginning of July 2021, the news reported what our average calls in EMS at that time, over Alberta, were 1,000 calls per day.

By the beginning of July 2021, there was a day I was at the hospital, one of the major trauma hospitals in Edmonton, and we had never seen it before. There were paramedics there who said they'd never seen this in their twenty years. Basically, every trauma room was full. Every recess room was full. There were ambulances lined up down the ramp out of the hospital with patients so acute they were already on their stretchers lined up down the ramp. There were people being told right in front of us in ER that their loved ones were dying. These were not expected deaths at that time. When that happened in that first week of July, we were at 1,700 calls per day in Alberta. That's a 70 per cent increased call volume that the news reported at that time.

For the summer of July 2021— Let me just be clear: I didn't respond to a single deceased person in Edmonton in 2020. But I ended up attending four sudden unexpected deaths in Edmonton between June and August 2021. And I only worked 12 shifts. The range of age for these sudden deaths was 50-70 years old. These were people who died so suddenly they were sitting up watching TV across from a loved one who did not realize they'd passed away. They passed away walking out of their house to go to their car, not found till the next morning. One of them that I attended had just been discharged from a hospital in Edmonton, was told to eat his lunch. When they came back to make sure he was leaving, he had already passed away. And that patient was in his 50s.

On top of that, we ended up with the mandate. So I worked through the mandate in Edmonton, pursued a medical exemption. If you don't know what can happen to you after you have sepsis, you can end up with something called elevated CRP [C-reactive protein], something they test in your blood; it's an inflammation marker in the liver. But at a CRP level above 10, you can end up at risk of an arrhythmia for your heart.

[00:15:00]

So I had been having these symptoms after having sepsis, pursued it with my doctor to get a medical exemption. I didn't think there would be a problem. My doctor refused to take blood tests to look at my CRP, refused to send me to a specialist. Just anything on my doctor's end to just prove that I might be healthy enough to take that shot.

AHS at the time, even though they were saying apply for medical exemption, they had put out the criteria for exemption from that shot. And so their criteria was you either had to have a reaction from a past shot that was anaphylaxis or you had to have an active case of myocarditis. I was very lucky not to end up with atrial fibrillation, which is an irregular heartbeat, after having sepsis, and I was at risk of myocarditis just from having tachycardia often, after having sepsis. I had supervisors calling me from Edmonton EMS. I had my manager call me asking me to apply for a medical exemption, even though my company that I worked for had already set the criteria for what my doctor could exempt me for. They still wanted me to just fill out the paperwork saying I pursued a medical exemption.

Throughout the mandate time, I saw a lot of discrimination against patients; a lot of harassment, bullying against co-workers, not only in the hospitals but also on ground ambulance. I saw it from staff towards patients, at that time.

What happened was, as the mandate deadline kept getting pushed back, some other paramedics and I had this idea that it was really hard to fight the information about the shot because we're not researchers, we're not medical scientists. But we do like answering questions with what we see because that's all we are, boots on the ground, on an ambulance.

So we decided that we were going to show visual impact. So Kate King, Todd Semko, and I all gathered in Edmonton. We coordinated with Alberta Health Services workers across Alberta and got them to drop off shoes and signs at my house in Edmonton so that we could build this picture of what that impact is. Because our question was, does a mandate further exacerbate an already short [-staffed] medical system? And so we ended up gathering all of these shoes.

We ended up doing this presentation at the legislature grounds in Edmonton with the permission of a government official. And we answered this question. So we kept track of everything, but again it's really hard. We don't know how many nurses are on a ward; we don't know how many it takes to run certain parts of health care. But we did know how many people it takes to run an ambulance. Of course, it's two. But we had enough evidence there to show and enough numbers that we were missing between 35 and 40 ambulances a day in Alberta. And so just from that number, we were able to take that to the government, not to AHS, but to the government official who was very supportive of that mandate being brought down. And they were able to show AHS that it was affecting health care, that a mandate was detrimental to patient care.

Wayne Lenhardt

Just to take you back for a second. When was it that they took 40 ambulances off the road, which amounted to 1,600 personnel? Was that during, supposedly, when people were getting sick from COVID?

Sierra Rotchford

So the number of 40 ambulances being taken off the road, those staff were off for various reasons. Some had gone off on stress leave before the end of the mandate. And to give you an idea of how many of those might have gone off, our stress-leave rate at EMS was 30 per cent, and that went up to 45 per cent in a single month from September to October. Some of those people were able to get medical exemptions from their doctors, maybe they went off for other reasons. But that was a number that just showed over time. It wasn't all overnight at once. But it was significant by the end there, in December.

Wayne Lenhardt

And the significant upturn in your activity,

[00:20:00]

when you were on, was after the blitz to get everybody vaccinated. Is that correct?

Sierra Rotchford

That's right. Yeah, the 70 per cent increase was just in that couple weeks of July [2021]. But that was four to six weeks after people had received their second shots. So that's where we saw the greatest rise.

Wayne Lenhardt

Okay. I think I'm going to stop there and ask the commissioners if they have any questions for you.

Commissioner Massie

Thank you very much for your testimony and lots of detail you're providing. I'm curious about the sepsis you suffered. It's very strange to come in the hospital and be turned back home because they were suspecting COVID with a PCR [Polymerase Chain Reaction] negative test. Sepsis can evolve very quickly. You could have passed away. When you came back to the hospital, what kind of treatment did you get? And did it work very rapidly, or did you take time to recover?

Sierra Rotchford

Oh no, it took time to recover. When I came back, they told me they didn't know how I was a GCS-15— which means fully cognitive, fully aware, can answer questions. Because I think my CRP level was 70 when I came back, which is when people start hallucinating. So immediately when I came back, I received IV [Intravenous] antibiotic treatment, anti-inflammatories. And then, I wasn't able to be hospitalized because they were saving space for COVID patients. So I ended up having to be an outpatient for over a week just for IV therapy at the U of A.

Commissioner Massie

Okay. My other question has to do with the medical exemption that you didn't manage to get. I have problems to understand why a doctor would not, given your medical condition, at least do a simple CRP test to see whether you would be at risk. What was the rationale that the doctor provided?

Sierra Rotchford

Not really much rationale, actually. The doctor said she had no concerns about my health at that time. That I wasn't going to meet criteria, anyways, for exemption. I was offered a medical exemption from a doctor that the government official, who gave us permission to use the legislature grounds, knew. But at that time, it was the only card I had where my co-workers would listen because for them, I had all this criteria that should meet an exemption, and I wanted to keep that bridge between my co-workers and I. There was opportunity for me to get one from a willing doctor, just not my own.

Commissioner Massie

Thank you.

Sierra Rotchford

You're welcome.

Wayne Lenhardt

Any other questions from the commissioners? Okay, I want to thank you very much for giving your testimony to us today. Thank you.

Sierra Rotchford

You're welcome.

[00:23:38]



Final Review and Approval: Anna Cairns, August 30, 2023.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

April 28, 2023

Day 3

EVIDENCE

Witness 8: Grace Neustaedter

Full Day 3 Timestamp: 09:23:15–09:41:19

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Shawn Buckley

Our next witness is Grace Neustaedter. Grace, can you state your full name for the record, spelling your first and last name, please?

Grace Neustaedter

Sure. My name is Grace Neustaedter. My first name, G-R-A-C-E. Last name, N-E-U-S-T-A-E-D-T-E-R. I challenge any of you to repeat that.

Shawn Buckley

And I thought it was just the usual spelling. Do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Grace Neustaedter

Yes, I do.

Shawn Buckley

Now, you worked as a nurse for a full 41 years.

Grace Neustaedter

Yes.

Shawn Buckley

In fact, it's not just that you have a degree in nursing; you had gone and gotten a master's degree in nursing.

Grace Neustaedter

That's correct.

Shawn Buckley

And your last 18 years of practice, you were what is called "a clinical nurse specialist," and you worked at a clinic that focused on pelvic health issues for women.

Grace Neustaedter

That's correct.

Shawn Buckley

So COVID comes along, and there start to be murmurs about a mandate for vaccines by AHS [Alberta Health Services]. Can you tell us what your experience was and what happened?

Grace Neustaedter

In the very early months of COVID, I thought a vaccine sounded like a reasonable idea. But because of the advanced research courses I had taken in my master's degree and also the research projects I'd been personally involved in, I knew that the process of especially a new medication would take many years. So I thought maybe 5, 10 years down the road, a vaccine would be, maybe, a good idea. But I didn't expect anything to happen soon.

So when it started to be talked about more and more, and I realized that the due process for informed consent and for the trial of putting a new medication on the market wasn't going to be happening, as it should be, I became more and more concerned about it.

Personally speaking, I was very in turmoil as well because I do have a strong personal faith, which affects every aspect of my life. And when I'm in turmoil and anxiety, I know that I'm not being directed by God. So I knew that I couldn't take part in this as well. So there's sort of the two things that were happening.

Shawn Buckley

Right. Can I just slow you down?

Grace Neustaedter

Sure.

Shawn Buckley

Because my understanding is that you really did a dive into whether this is a good vaccine or not. Am I right about that?

Grace Neustaedter

Yes, I did look around—what was happening around the world, and a lot of that has been covered with the previous testimonies. And I was very uneasy because of the death rates not really rising and all those kinds of things.

Shawn Buckley

I didn't need you to go into the details, but I just wanted to confirm, you're not a regular nurse. You've got a master's in nursing; you know how to research. It's part of what you do for your job, and you had a hard look at this and had concerns. Is that fair to say?

Grace Neustaedter

I definitely did.

Shawn Buckley

But what I wanted you to talk about— Because when we were discussing this earlier, you were talking about how you tried to talk to other doctors and nurses and just the— I wrote down “medical acceptance” of the government narrative. I want you to talk about that and what you thought of that.

Grace Neustaedter

Well, I was actually astounded because as time went on, in just casual discussion in the clinic, it seemed that everyone was gung-ho, including the highly trained physicians I worked side by side with, who should know better than accepting a medication that hasn't been done due process. The rigorous research that needs to be done before releasing a medication to the public wasn't done. And yet, they didn't seem to blink an eye. They were all gung-ho over, as the time progressed, to taking the vaccine as quickly as they could. And I was astounded. I basically kept my mouth shut a lot. But the conversations around me were swirling at the disgust that they felt for those who chose not to be vaccinated.

Shawn Buckley

So let me just stop you. So here you've looked into it and you've got serious concerns.

Grace Neustaedter

Yes.

Shawn Buckley

And this would be based on credible information that you've been trained to evaluate.

Grace Neustaedter

Yes.

Shawn Buckley

And so not only are you not able to talk about it with doctors and nurses, but they're just enthusiastically adhering to the government narrative. So you couldn't even have discussions.

Grace Neustaedter

I couldn't have discussions. I didn't want to get into arguments or big fights with my colleagues, my friends, peers I'd worked with for many years.

[00:05:00]

But it was becoming more and more vocal, to the point where there was this group of people at the front desk, physicians, clerical, all discussing— and I could hear it way down the hall in my office what they were discussing. And there was patients in the waiting room. And I walked up there and I looked at everyone. And I was thinking: You don't know if some of these patients waiting to see a doctor have been vaccinated or not. How can you be so vocal and so anti—so cruel in your words? It was astounding.

Shawn Buckley

So you mean they were running down unvaxxed people?

Grace Neustaedter

Yes.

Shawn Buckley

Okay. So my understanding is, eventually, you applied for a religious exemption.

Grace Neustaedter

I did. As I mentioned before, I felt no peace at all about going forward with this vaccination. When I make a decision and I know I'm in God's will, I do have peace. I'm well aware that partly due to all the medical stuff going on around and the research side of things, personally, I felt no peace about being forced to take a medication, even realizing it would cost me my job. It was take a job or take a hike. And all the work I had done: I had been deeply involved in many projects; I presented internationally. I've been on medical boards right up to and during COVID. I, actually, was very well known in my specific area. And just to throw it all away, I couldn't believe it was going to happen. I actually didn't believe it until it happened. They kept postponing the deadlines as well. But I just basically had to walk away from all the projects that I was in the middle of and my work and my career.

Shawn Buckley

Right. So basically, after 41 years, and that's an incredible amount of service as a nurse, you felt disposable. Is that fair to say?

Grace Neustaedter

Exactly. I was sharing with him previously— I hope it's okay. I received my 40-year award in the mail, a little plaque and a congratulations letter on my many, many years of faithful service and dedicated work, blah, blah, blah, on the very same day that I was no longer allowed to enter any AHS facility because I hadn't been vaccinated.

Shawn Buckley
December 15th, 2021.

Grace Neustaedter
That's right.

Shawn Buckley
Just so people understand: AHS sent you an award or a congratulation for 40 full years. So four decades of service, and by some ironic twist of fate, you receive that in the mail the very same day you are prohibited from continuing or basically attending on any AHS property?

Grace Neustaedter
That's exactly right.

Shawn Buckley
So what happened to your religious exemption? You applied.

Grace Neustaedter
I applied. I had been hearing by the grapevine that people who applied were not being granted any religious exemption. The same happened with me. I never heard back, one way or another, about it being received, acknowledged, or accepted. I again heard from a bit of a support group I was in that there was only one religious exemption of the many, many that were submitted, that was accepted. It was from someone, and I mean no prejudice here, but from a different culture and a different faith. So I didn't, yeah.

Shawn Buckley
And so a different faith, you mean a non-Christian faith.

Grace Neustaedter
That's right. Yeah.

Shawn Buckley
You also spoke, not just to the support group, but you spoke to your union about whether or not religious exemptions were being granted, and you were given the same information, were you not? That there was only one granted.

Grace Neustaedter
Exactly, that's exactly what I heard.

Shawn Buckley
And that was to a person of a non-Christian faith.

Grace Neustaedter
Mm-hmm. Yep.

Shawn Buckley
Now, my understanding also is that you are a nurse, that you had your own patients.

Grace Neustaedter
Yes.

Shawn Buckley
But you also did research.

Grace Neustaedter
Yes.

Shawn Buckley
And you did, basically, process projects and learning modules—that it was possible for you to work at home.

Grace Neustaedter
Yes, I had done so in the earlier months of COVID when our clinic was shut down for a period of time. I had an AHS laptop with all the programs needed. And we had reverted to doing a portion of our assessments of patients, the history part, over the phone. So when they eventually did arrive to the clinic, we could get on with business, so to speak. I could easily have continued with that with telephone reviews as well on how they were doing.

And I was, as I said before, in the middle of a variety of projects. I was very involved in creating educational programs, learning modules for all the new staff in our clinic. And I was hoping to revise them. We have videos that are on the AHS website that were used by patients across the province

[00:10:00]

and actually, internationally. And I was just revising and modifying them. We were probably 75 per cent of the way through the project, and I could have finished a lot of these projects at home. It would have probably been six months or so of work at home. But I was not allowed to work at home, at this point, at the end, as I was not vaccinated. Other staff members were, but there was no rationale or explanation for why I wasn't.

Shawn Buckley
Okay, so your manager wasn't going to allow you to work from home, although other people were allowed to work from home.

Grace Neustaedter
That's right.

Shawn Buckley

So you were forced off work as of December 15th, 2022. How did this affect you mentally and what happened with that?

Grace Neustaedter

I was blindsided in a way. I knew it was coming. But I couldn't believe it was really going to happen, that I wasn't allowed to continue my career. I was very distressed. I was very anxious. I had a new family doctor who I was seeing at that point who said, "You can't go back to work in this state of mind." So she put me on stress leave for a period of time. So I was. Then I ended up having a minor surgery, and I was off on medical leave for a bit, and then afterwards, I just couldn't go back. I had no idea what had happened to the work I was involved in. Who was doing it, or was anybody doing it? I couldn't stomach facing my colleagues after all that they had been saying. So I chose to just retire early and not go back. So a bit of a coward, perhaps, but I just couldn't do it.

Shawn Buckley

I'm just switching gears. My understanding is that you had been going to a church for 40 years. And can you tell us what your experience was with your church and COVID?

Grace Neustaedter

Me and my husband had been attending, our family had been attending this church. It was our faith community for over 40 years. We had lifelong friends there, basically. We were quite involved at various levels, including on the board. I was really astounded again at how many people there just seemed to say, "Okay, what the government says is what God wants us to do." They were entertaining the notion of vaccine passports to even enter the building. Masks were mandatory. My husband has a challenge with masks due to a genetic inherited condition of extra mucus. And so he would take it off, from time to time, when he was in the foyer, and people were swearing at him. People were complaining to the pastors, to the office.

It was a horrible situation. We felt like we were the only ones. And when he finally got a call from one of the leadership saying, "About the mask," the decision was made that we would just step aside for a period of time until this all calmed down. Our impression was people were far more concerned about their health and their comfort than actually doing what Jesus would want them to do. Jesus touched the lepers; he embraced them. He didn't shut out anyone.

And so we decided to step aside for a while, and we started attending a church that had remained open during COVID. There was many more like-minded people. It was a vibrant, growing community. We loved it. And so after a few months there, we finally decided that it was time to move on to this new church, that God had moved us somewhere else. So we left them all behind, unfortunately. Many of them are still friends, but it was very, very difficult for us.

Shawn Buckley

Now, my understanding is that you have four adult children.

Grace Neustaedter

Yes.

Shawn Buckley

Basically, there was a split in your family, at least with your children, in that half were vaccinated and half were not vaccinated.

Grace Neustaedter

Pretty much. Our oldest child decided not to be, along with her husband and their four children. Our second child decided to be vaccinated because they needed to keep their jobs. They didn't want to, but they felt they had no option. And then the third and the fourth embraced it. Because of that, there was quite a division. We weren't allowed to see our grandchildren for months at a time and only then, with a waste of money, with the PCR [Polymerase Chain Reaction] testing to prove we were negative.

We weren't allowed to see my husband's mother, who was in a seniors' complex. She was there alone. We would visit outside her window, basically, just to keep contact with her to some level. Thankfully, she was on a main floor. And then extended family as well. We would travel across provinces, and we weren't allowed in their homes.

[00:15:00]

We were, basically, shunned because we were about the only people, except for one of my nephews, who chose not to be vaccinated. People just thought we were crazy.

Shawn Buckley

Right. My understanding is your husband and you spent two Christmases, just the two of you.

Grace Neustaedter

Pretty much, yes. Exactly.

I also lost a relationship with my previous family doctor, who was very gung-ho. I think there had been some COVID issues in her family. But she was rude to me. She put me down; she wouldn't speak to me. She basically walked out of the room and slammed the door. So I had no recourse but to try and find a new family doctor, which isn't an easy process these days. But she was very, very angry with me. So that relationship was lost as well. As well as friends that were so gung-ho. They just couldn't tolerate the fact that we weren't doing the same thing that they thought we should do. So they've cut us out of their lives.

Shawn Buckley

Now, do you know anyone that has either died or been disabled from COVID?

Grace Neustaedter

Personally, no, I do not. You hear of somebody's mother or aunt or something. But, no, I don't.

Shawn Buckley

But within your circle, you don't.

Grace Neustaedter

No.

Shawn Buckley

Within your circle, are you familiar with anyone who has died from what you believe to be the vaccine, just because of the circumstances?

Grace Neustaedter

Yes, a close friend of my husband's who, to keep peace in his marriage, was going along with his wife's desire to have him vaccinated. A couple of days after a booster, he went down to work out, and he collapsed from a heart attack. Two weeks ago, our next-door neighbour collapsed.

Shawn Buckley

How old was that gentleman?

Grace Neustaedter

That gentleman was in his early 70s. But he was in very good health.

Shawn Buckley

Ok.

Grace Neustaedter

A couple of weeks ago our next-door neighbour basically died suddenly, while having a visit with his wife. He was in his 50s, healthy man. In January, the neighbour of very close friends of ours—in one of our church groups, and we knew him actually, as well—died in his sleep. He was in his 40s. No reason, healthy man. So personally we have been affected by that, and we know of many people who say, "My uncle, my brother, my brother-in-law," as well. So not people we know personally. And maybe there's more. I've forgotten. I'm not sure.

Shawn Buckley

Right okay. Those are the questions I have for you. I'll ask if the commissioners have any questions. And there being no questions, Grace, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying today.

Grace Neustaedter

Thank you.

[00:18:04]

Final Review and Approval: Anna Cairns, August 30, 2023.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Witness 9: Suzanne Brauti

Full Day 3 Timestamp: 09:41:36–09:59:22

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Wayne Lenhardt

I think I see Suzanne. Yeah, there you are. Can you say something so that we can be sure that we've got you on audio?

Suzanne Brauti

Hi. Is this Wayne?

Wayne Lenhardt

Yes.

Suzanne Brauti

Hi.

Wayne Lenhardt

Okay, I think we're on hookup. Could you give us your full name, and then spell it, and then I'll do an oath with you?

Suzanne Brauti

Okay, sure. My name is Suzanne Brauti. It's spelled S-U-Z-A-N-N-E. And my last name is spelled B-R-A-U-T-I.

Wayne Lenhardt

Do you promise that the evidence you'll give today is the truth, the whole truth, and nothing but the truth?

Suzanne Brauti

I do.

Wayne Lenhardt

Okay, perhaps let me just take you back to the beginning of the pandemic and just tell us the story of all the problems that you had. I'll prompt you if we need to.

Suzanne Brauti

Okay, well first if I could give you a little background about myself.

Wayne Lenhardt

Yes.

Suzanne Brauti

I've been a single mother of three children for the past 12 years. Prior to that, I was a stay-at-home mom for 11 years. After my separation and divorce, I struggled to find adequate work, so I decided to go back to school and get a college diploma in holistic nutrition. Unfortunately, one year later, I suffered a severe neck injury where I was paralyzed on my left side for seven months, and that took two full years to recover where I could actually work again. So during that time, I had to use all my savings to pay my bills and continue to support my family and myself.

Once I was able to, I applied for work with the federal government. I was very grateful when I was finally offered the position 18 months later, which was July of 2019. To me at that time, I felt it was just the best job I could have gotten as I was just starting over in career life again. And because it offered security and stability that I needed to support myself and my family and to hopefully put me in a decent retirement situation in 15 years' time.

When the COVID policy came into effect, well, I was working for the government since 2019. When the pandemic hit, I was still training in a new department. I had actually just started a month prior, when the pandemic was declared. So I did all my training through COVID. And because the office is shut down, shortly after, I did all my training from home. So it took longer than usual to get my training done. And then, I worked at home for about a year before the offices reopened.

Then this COVID policy came into effect on October 29, 2021, for all federal employees. I'd been working for the government, at this point, for two and a half years. I was just six months shy of becoming a permanent employee with them. I had also received a six-month performance review at that same time, in the same month, and it had been the best one that I had had. So I felt confident that my employer was happy with me and wanted to keep me.

But due to my spiritual beliefs, I requested an accommodation under this new policy, and I submitted all the required documents requested by my employer, including an eight-page affidavit explaining my background, my beliefs, and why I couldn't take the vaccine. However, that didn't seem enough for my employer, so they requested additional information. I had two additional meetings, and I provided a second affidavit a month later in November, further explaining why I couldn't get vaccinated based on my beliefs. Two months after that, they denied my request in January of 2022 but offered, under their Duty

to Accommodate policy, an opportunity to submit further information. So I did. A month later in February, I submitted a third statement offering additional information to support my beliefs.

[00:05:00]

I want to state, too, that I followed every rule, guideline, safety protocol and procedure, COVID training, and policies during the entire pandemic. Like I said, I was already set up and working from home for the past year.

When our offices reopened and I had to start working some shifts in the office again, I did the rapid testing three times a week, regardless of whether I was scheduled at home or not. So while I was still waiting for a final decision on my request, I got notice from my employer that they were putting me on leave without pay on February 25th of 2022. But I hadn't received their final decision. It was two weeks later, March 7th, when I finally got a decision that they denied my third submission.

Because of the timeline, though, this is how I ultimately, eventually, won my EI claim. I applied a week after I got put on leave and I was denied. So based on the fact they said I voluntarily left my employment, I requested a reconsideration. And then they changed their decision on my claim and accused me of misconduct under the *EI Act* [*Employment Insurance Act*]. I persisted and appealed that to the Social Security Tribunal. And finally won my case nine months later due to the fact that my employer did put me on leave without pay prior to any decision being made on my request. So in my opinion, it was their misconduct, not mine.

I was really curious, though, how and why my employer came to that conclusion that they could not accommodate my request. So I submitted a request through the *Privacy Act* to see all the correspondence regarding their decision-making process on my file around this new policy. I just didn't understand why or how I could have possibly been denied. And I finally received all that correspondence, 800 pages, six months later.

In the correspondence that I sifted through, I was quite disappointed to find a lack of due diligence, I thought, a lack of care and attention from my employer in considering my accommodation. They advised me one way, and then they would change it and advise me a different way. I was given misleading information about the timelines of my request being processed.

I was initially refused an extension from my director because I had been sick and couldn't submit on time. And only received an extension once I went up further to her supervisor and explained the situation. I also found an email in that correspondence from my manager dated less than a week after my original submission in October telling my team leader that I would likely be put on leave without pay. Yet it took them four months to make a final decision after three submissions of mine. But yet my manager already had a feeling I was going to be put on leave without pay. So I started really seeing that they didn't have, seemed to me, not good intention of giving me an accommodation. I also have reason to believe from these documents that I was discriminated against. So I have, therefore, filed a human rights complaint as well.

The reason I feel discriminated is because the documents for my privacy act request seem to reveal that although I stated in my affidavit that I am Métis, but since I didn't indicate to them that my relatives suffered from residential schools, my file did not progress for further consideration. I think that this is quite absurd since my family did indeed suffer

from the residential school system, as I would say, all, if not all, the majority of Indigenous people did. The employer proclaims to want reconciliation. But for some reason because I did not make mention of residential schools, my name was dropped off a list. While others who did state their family suffered

[00:10:00]

from residential schools got a checkmark by their name and processed further. At least, that's what it seems. So I'm requesting Human Rights to look into that.

I also have another obstacle to contend with. First, I was told I have to wait until my union process is complete before Human Rights looks into my complaint. Unfortunately, my union has not been completely on my side during this. And so, not surprisingly, my second-level hearing was unsupported. And I've not heard back from them since. So I reached out and asked what the next steps were. And now I've been told I have to wait for a third-level hearing, which could take another year or more.

And so on another note too, I'd like to mention that after the mandates were lifted for federal employees in July of 2022, I reached out to my team leader about getting rehired. And she said, personally, I would be welcome back. However, my manager told her that I have to go through the rehiring process all over again if I wanted to work there. So once again, my manager showed me that they didn't really care about me.

So when I think about how this has affected me, I have to say that since our Prime Minister Trudeau announced his intention to implement this policy in August of 2021, it's been very stressful on me. I've used up all my available sick days, vacation, and family days while waiting for their decision to be made. Four months is a long time to wait, wondering if I'm still going to have my job or not. I've had ongoing mental, emotional, physical, and financial burdens and repercussions from this. And it seems far from over, as everything I've done has been delayed and these processes take a long time. So it's been energy draining, to say the least.

That was the best paying job I have ever had. So I had to ultimately give up my property to lessen my expenses. I'm unable to afford extra health care that my daughter needs. And I continue to go into debt. I'm disappointed in my employer. And though I've never had much faith in the government to look out for my best interests because that is ultimately up to me, but I did expect a higher level of engagement and respect from them since that is all they expected from us.

And before I finish here, I just want to say thank you to everyone here volunteering at the National Citizens Inquiry for your time and your efforts, and to everyone else supporting this. Because I feel this is an opportunity for me to be heard and supported for standing up in truth, and for everyone else, including my Indigenous community and my fellow federal employees whose accommodations were also denied. So thank you.

Wayne Lenhardt

If there was one or two things that you could change, what would they be?

Suzanne Brauti

About my employer and the situation?

Wayne Lenhardt
About the whole situation.

Suzanne Brauti

Well, for one, they could have easily given me an accommodation to continue to work from home. I know co-workers of mine who at the beginning of the pandemic easily received accommodations for their health issues to work from home due to their fear of getting COVID. And they're still doing so, the last I heard, even after our offices reopened. I feel that they should have had to prove that it would have caused them undue hardship. Which is the only reason, I believe, under their own Duty to Accommodate policy for not accommodating my request.

Also, once they lifted the mandates, they should have easily offered me my job back. Especially since they still allowed me to work during the four months it took them to review my request. And after having all the time and money and resources spent into training me, it sure wasn't easy for me to get that job and to get trained and become proficient at it. And yet they willingly let me go and then turn around and hired a bunch of new staff just to repeat the whole process of training again. So, to me, that affects every Canadian

[00:15:00]

who relies on the government for good service and accountability, in my opinion, anyway.

They also could have set a better example of themselves for their own promotion of inclusivity, respect, and fairness for their staff. They promoted that daily in emails. And it's just so ironic to me that it was their actions that actually made me feel uncomfortable and labelled and discriminated, just for asking my beliefs to be respected, when I wasn't even putting anyone at risk by working from home and continuously testing when I was at the office.

Nothing makes sense to me at this point when it comes to dealing with them and the government. I feel rejected: I feel mistreated. I can't express enough the disappointment that I feel. Sadly, it has affected my family in many ways. The whole pandemic has affected my family. It's definitely caused division amongst friends, relatives, and family members.

Losing my job over this, it just puts an even darker light on that, with them, with my family, relatives. And puts them all into more worry and fear. I just refuse to stay quiet about it. And I'm grateful for this opportunity to speak my truth because I feel that so much injustice has been done, not only to me, but many, many others.

Wayne Lenhardt

At this point. I'm going to ask if the commissioners have any questions. No. I think there are no questions. So I want to thank you very much for your articulate testimony today. I thank you very much on behalf of the National Citizens Inquiry.

Suzanne Brauti

Thank you. You're welcome.

[00:17:46]

Final Review and Approval: Anna Cairns, August 30, 2023.

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

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





NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Witness 10: Darcy Harsch

Full Day 3 Timestamp: 09:59:50–10:12:59

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Wayne Lenhardt

Could you give us your full name and then spell it for us? And then I'll swear an oath with you.

Darcy Harsch

Full name is Darcy Linden Richard Harsh. First name is D-A-R-C-Y, last name is H-A-R-S-C-H.

Wayne Lenhardt

During your testimony today, will you tell the truth, the whole truth, and nothing but the truth, so help you God?

Darcy Harsch

I so swear.

Wayne Lenhardt

You have been working in Kelowna with a government job since about 2018, which is prior to the COVID pandemic occurring. Can we start you at 2018, and tell us what you were doing and what had developed at that point when COVID came along?

Darcy Harsch

Sure. I had just reinvented myself and switched careers. I moved into working with adults with disabilities. I went from working directly with individuals, and then moving into management of the house. I was working as manager just before the pandemic began. I was, I guess, looking squarely in the eye of a lot of unknowns, a lot of fear, a lot of changes in what we were doing with the individuals. So I had to adjust.

Wayne Lenhardt

And you are at least mildly disabled yourself. I believe you had a stroke at some point. Am I correct?

Darcy Harsch

Well, it's late in the day. I am a storyteller. If you want me to put together the whole thing in a package, I can.

Wayne Lenhardt

No, I think we just want to get a snapshot of your life and your jobs.

Darcy Harsch

I had reinvented myself because I had had a stroke in 2016. I was landscaping. My stroke was caused by high blood pressure, and so it was an unknown, came out of the blue. I lost my landscaping business. I looked at what other skills I had, and I knew that I could work with people. And so I switched into a career working with adults with disabilities.

Wayne Lenhardt

Okay. So what happened as COVID came along in 2019, 2020?

Darcy Harsch

Lots of rumours about lots of fears: We didn't know exactly how to handle the whole situation, working so closely with individuals. Sometimes they were less than cooperative, and so we had to find ways to accommodate that.

We ended up hearing that there was a vaccine being developed, that it was going to be released. So many of my colleagues were looking at that. But because of my history with how I went through my stroke and was misdiagnosed, instead of getting appropriate treatment, I had gotten sent home, and that's where I lost the use of my left arm, my left leg, my speech was inhibited. And so I was very reluctant to go along with what was going on without an extreme amount of caution.

That's why I was watching how my co-workers were interacting with each other. How they seem to be motivated more by fear than common sense. And so I kept looking at the data. When they rolled out the vaccine initially, I was part of a training program. And some of the people who were part of that Zoom training program, as everything was back then, they told us that they were leaving for an hour to go get their shot and then come back. So I was able to witness what was going on. They took an hour break; they came back. They were all proud of getting the shot. And within the next hour after they returned,

[00:05:00]

they were both taken back to the hospital.

So I was seeing things like that. It was enough to make me investigate further. I didn't want to get the shot. But then the rumours began about— We were going to be mandated in our segment of that industry.

So I approached my employer, and I said, "I'd like to negotiate a different way for myself. Is there any way that I could do remote work from home? Is there any way I could do a different—" There was Novavax that was being tossed around. It was a different type of vaccine: one that I was more familiar with. So I tried numerous times to work with my employer. They just kept putting me off and saying they haven't made a decision yet. And so I continued working. And closer to November-ish, they said, "We are going to mandate." And then they did. And so the mandate came down.

We were told that we had to reveal our vaccination status by December 10th or be put on unpaid leave. I refused to disclose my medical information, and they assumed that it was because I was unvaccinated, which is indeed the case. So then, I was put on unpaid leave as of December 10th.

Wayne Lenhardt

Are you still on unpaid leave?

Darcy Harsch

Amazingly, yes. I don't know how that works. I have not been contacted directly by my employer, but I am still on unpaid leave. I still can access my payroll account and see nothing happening because they haven't paid me for over a year.

Wayne Lenhardt

In the meantime, you move from Kelowna to Alberta. Correct?

Darcy Harsch

I attempted once again to reinvent myself. My wife is actually highly trained as a cook, but that means that she could actually get jobs like cooking in a senior's residence or hospital or someplace else. She and I both struggled extremely, looking for work, trying to find gainful, meaningful, appropriate employment, and it just was not working. We were in financial dire straits. So we opened up the scope of where we were looking, and we ended finding something in Alberta. So that's why we moved.

Wayne Lenhardt

Did you try to apply for employment insurance?

Darcy Harsch

I had been told when I was put on unpaid leave by my employer that there was no employment insurance. I was unaware that two weeks after I was put on unpaid leave, they had submitted a ROE [Record of Employment]. They didn't inform me. They didn't send me a copy. They didn't do anything. I assumed—and because I'm somebody who gets up when I get knocked down—I just assumed that I had to go out and make my own way again. I didn't apply for EI [Employment Insurance] until I heard that others were successfully making claims, that were in the industry that I was in. That was late in September of 2022. I had to get it backdated to then, but I didn't apply until November of 2022.

Wayne Lenhardt
So you did get some EI?

Darcy Harsch
I did get some EI.

Wayne Lenhardt
Has your search for work been successful?

Darcy Harsch
I am presently employed in a totally different industry in Drumheller, Alberta.

Wayne Lenhardt
At this point, I think I'll ask the commissioners if anyone has any questions for you.

Commissioner Kaikkonen
I'm just wondering what kind of disabled adults? What were the issues that would put them in a group home?

[00:10:00]

Darcy Harsch
There was a wide spectrum of diagnosis. I was in a forensic home, so these were individuals that had extreme issues that would have resulted in run-ins with the law. They were not cooperative individuals, most of the time. But we learned how to work with them and how to find ways to help them understand what was going on.

The ironic part was that, as a worker there, one of my tasks was to continually teach them their rights and freedoms. That was something that I had to, on a regular basis, monthly record that I had actually gone over one of their rights, one of their freedoms. And then, I was denied that myself by my employer.

Commissioner Kaikkonen
Were they allowed to leave with those rights and freedoms, or did they have visitors? Just trying to get a feel for how the group home worked.

Darcy Harsch
They were accompanied everywhere they went. And so we, as staff, actually were able to take them out into the community, but they were accompanied by us at all times.

Commissioner Kaikkonen
And did they have visitors or family?

Darcy Harsch

The residents that did have family that were still connected were able to go visit their family, and they were able to have family come visit them. Yes.

Commissioner Kaikkonen

And do you miss that interaction with disabled adults?

Darcy Harsch

I am able to adjust to whatever, working with people. The job I have right now is managing an RV [Recreational Vehicle] resort. And so I'll be dealing with people all summer. I'll be happy to be around people. That's one thing that I like. So I can do that in a group home. I can do that where I am, even construction and owning my own landscaping business. It doesn't matter. But I like to be around people. This situation definitely cut me off of a lot of friends, a lot of family. Mean things were said. Done. It doesn't matter because I've got tomorrow and today.

Commissioner Kaikkonen

Thank you very much for your testimony.

Wayne Lenhardt

Are there any more questions? No. On behalf of the National Citizens Inquiry, thank you very much for coming and telling your story today. Good luck.

Darcy Harsch

Thank you.

[00:13:09]

Final Review and Approval: Anna Cairns, August 30, 2023.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Witness 11: Jennifer Curry

Full Day 3 Timestamp: 10:13:15–10:41:05

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Shawn Buckley

Our last witness of the day is Jennifer Curry. Jennifer, can you state your full name, spelling your first and last name?

Jennifer Curry

My name is Jennifer Curry, Jennifer Lynne Curry, J-E-N-N-I-F-E-R-C-U-R-R-Y.

Shawn Buckley

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

Jennifer Curry

I do.

Shawn Buckley

Jennifer, you are nervous on the stand today.

Jennifer Curry

Yeah.

Shawn Buckley

And the nervousness is part of your story isn't it.

Jennifer Curry

It is, yeah.

Shawn Buckley

You used to work in the oil patch, you were a safety representative, you would basically lecture up to 400 people at a time and not be nervous.

Jennifer Curry

No. I knew what my job was.

Shawn Buckley

Right, okay. So I just want people to understand that when you're nervous today, that's part of your story. You used to be able to present in front of people without being nervous.

Jennifer Curry

Yeah.

Sean Buckley

You are an assistant manager at a bar?

Jennifer Curry

Yeah.

Shawn Buckley

And you also have a cleaning contract for a building for Service Canada?

Jennifer Curry

I do.

Sean Buckley

And it's because you were a federal employee that was part of why you decided to get vaccinated.

Jennifer Curry

Yes.

Sean Buckley

Can you tell us what was going through your mind before you were vaccinated? Because my understanding is that you had a lot of anxiety about it.

Jennifer Curry

I did. I have a couple of nurse friends. One of them had tried to tell me not to take it, and she was scared for me. I had another friend that worked in the hospital and says, "Try to get it, Jen, because there's people that are hurt." I felt pulled from both sides. I didn't want to get the shots because I was scared. I'm not scared. I was terrified.

Shawn Buckley

Okay, and now at the end of the day, why did you get it then?

Jennifer Curry

I wanted to travel with my family. I couldn't think of another job that would pay as good as this job—that I had to get rid of—to keep that pay, I would have had to completely change my career. I would have had to find a babysitter for my daughter. This job allowed me to pay my bills and pick up my kid from school. And it was very important that that's a big part of my life, of spending time with my child.

Shawn Buckley

Okay, so that's the federal job with Service Canada.

Jennifer Curry

Yeah.

Sean Buckley

So it paid well, and it gave you a lot of flexibility as a mother.

Jennifer Curry

It sure did.

Sean Buckley

Okay, so really it was for employment purposes that you decided to get the shot.

Jennifer Curry

It is, yeah.

Shawn Buckley

So my understanding is it was in October of '21, October 23rd, you get your first dose of the Pfizer vaccine?

Jennifer Curry

I did, yeah.

Sean Buckley

Can you share with us what happened afterwards?

Jennifer Curry

We went through a drive-through centre in Swift Current, where you have a van: door pulls up, you pull your car in, and you don't even have to get out. And they come over. You sign your paper. Tell you what could happen. If you have problems, come back.

Shawn Buckley

So do you recall what they told you could happen?

Jennifer Curry

It could be an anaphylactic shock, allergy, or it could be— Some people have problems with anxiety, so it could have had variable issues that I could have been dealing with. And they let me know that to stick around for a bit afterwards.

Shawn Buckley

Okay, so carry on.

Jennifer Curry

My partner and I decided to leave about 15 minutes after I had the shot. We felt okay. I was driving home, and a couple blocks away from home, my face started to feel tingly and I slowed down. And my honey was, "What's going on?" I said "Something's wrong with my face," and I said, "I don't know." And I had such numbness by the time I got home. So within five blocks, my whole face went numb. And then it started to get itchy. And that night I had to tell myself that I'm going to be okay. And I was so scared because nobody could tell me what was going on.

Shawn Buckley

So when you say your face was numb, can you describe for us what that was like?

Jennifer Curry

Very much so. So you're at the dentist, and you get your shot. And you're coming out of the dentist and you sort of feel it a little bit, but it's still puffy and swollen. And you can touch it but it doesn't feel like you're touching your face. And it was itchy because it was tingling, kind of like you were sleeping on it with your foot.

Shawn Buckley

Right, okay. So you've got this face that's numb. Is there anything else going on that first night?

Jennifer Curry

I started to get itchy at about right after supper time. The itching started to be more all over the body. I started to feel tightness all over and fullness, like my body was puffy. I had a hard time sleeping that night because I felt like things were crawling on me. I thought there was a hair on me,

[00:05:00]

and I made people look to make sure that I didn't have a bug on me. The scratching gave me so much anxiety because I felt like I looked like a freak. And I lost work because I had to stay home because all I could do is scratch.

Shawn Buckley

So literally you're scratching yourself so much that you're marking yourself up.

Jennifer Curry

I did.

Sean Buckley

And so it would then be too embarrassing for you to leave the house.

Jennifer Curry

When I put on a facemask, it would activate the numbness more, and it would be itchy. So I couldn't even wear a mask to my bar. I couldn't wear a mask. It made me feel like I wanted to—pardon my saying—rip my face off. It was that bad.

Shawn Buckley

Okay. And when you're describing about things crawling on you, you use the word bug. So at times it literally feels like there's bugs crawling on your body?

Jennifer Curry

Yes.

Shawn Buckley

Was that just a single part of your body or was that—

Jennifer Curry

All over. There was one time at work, I couldn't get my gloves off, and I had a scratch. And I know that the scratches, if you do get them— They'll be okay, but if you don't, they'll start to crawl. And one of the scratches was on my eye. And I couldn't get my glove off and the scratch went behind my eye. And I almost wanted to stick my finger in there and rip it out because it was so, so much!

Shawn Buckley

I think we'll just slow this down a little bit because I think that some people don't understand what you mean that the scratch will move. So can you just kind of slow it down, and explain what you mean, and then go back to the story about the eye?

Jennifer Curry

Okay. So the itching that I would feel would make me think that there's something crawling, so I would start to scratch it. It would be in the same place mostly, but then it would move. Always though my face would be itchy all the time. So if I didn't try to stop scratching my face, and put socks on my hands, and took a lot of the allergy pills that I was given, but they weren't working. I didn't know if it was an allergy or not.

Shawn Buckley

Okay, so when you're telling us that story at the bar. So you're wearing gloves, and you start to get an itch close to your eye but it's moving. If you don't scratch before it moves, the itch will just keep moving.

Jennifer Curry

And grow, yeah.

Shawn Buckley

Okay, and so that itch goes behind your eye—

Jennifer Curry

Yeah, it did.

Shawn Buckley

—and so you can't scratch it. What was that experience like?

Jennifer Curry

My bosses were in the other side of the bar and they heard me crying. And I had to tell them what happened and if I could go home. They could tell that I was very distraught. I couldn't stop crying that day. It was pretty bad. That was the day I phoned 8-1-1.

Shawn Buckley

Right and that's about three days after your—

Jennifer Curry

Yeah.

Shawn Buckley

So you find that you're so distraught, you're crying at work in the bar.

Jennifer Curry

Mm-hmm.

Shawn Buckley

Had that type of thing ever happened to you before?

Jennifer Curry

No.

Shawn Buckley

Okay, and the reason I'm asking that question is just so that the commissioners understand that the mental anxiety is brand new.

Jennifer Curry

Yeah.

Shawn Buckley

So you didn't have anything like that before the first shot?

Jennifer Curry

No.

Sean Buckley

So that in itself is a new experience in reaction to the shot?

Jennifer Curry

Yeah.

Shawn Buckley

Okay. So you told us that you ended up calling for help. Tell us what happened.

Jennifer Curry

The ladies on 811 were very concerned. They asked me what shots that I took, what my symptoms were? And they were very concerned when I told them that my whole body was numb. And they said that I need to go to the emergency. And if I would like to go right away, that they would call an ambulance. And I said, "No, I'm okay. I can go." But it was them that told me to go. I wasn't sure.

Shawn Buckley

And I just want you to also share with us because you described your face being numb, but you would experience numbness over your entire body.

Jennifer Curry

Yeah, I had. When I'm cleaning sometimes, I'll put my phone up in my shirt so it doesn't fall out. And I had pinched the side of my breasts, and I didn't feel it. And that's how I knew that it was going down all the way to my feet. And I started touching my body everywhere and I got really scared because I thought it was going to go away and not get worse.

Shawn Buckley

At the hospital they basically told you that this was just an allergic response?

Jennifer Curry

They could see that my anxiety was very high. They assured me that some of this could be anxiety.

[00:10:00]

That I could be making myself numb, or I could be doing this. So I didn't know how to retaliate to someone telling me what's wrong with me, if they didn't listen to me. I just didn't feel like they were.

Shawn Buckley

Okay, and you're having an experience like you have never had before in your life.

Jennifer Curry

No.

Shawn Buckley

And somebody's telling you that it's just caused by anxiety. Right?

Jennifer Curry

Yeah.

Shawn Buckley

And you were feeling anxious, but you had never had an issue with anxiety before.

Jennifer Curry

Not like this. No.

Shawn Buckley

Right. Okay. So you'd felt that you weren't being listened to.

Jennifer Curry

No.

Shawn Buckley

So what happened? You did leave the hospital. Did the symptoms persist?

Jennifer Curry

Very much so. By day seven you could start to see the scratches all over my face. And the cognitive, the memory, started to get kind of shaky here and there. I wasn't able to remember things anymore. And it was a lot of stress, a lot of troubles.

Shawn Buckley

Can you give us some examples about the memory issues?

Jennifer Curry

As a waitress or a bartender at a bar, it is very essential to be able to remember prices and drinks, and how many in a row, and fancy frou-frou things on the cups and stuff. I would walk up to a table of ten people, not a problem, and write down, not even write down their drinks, but just put it in here. And now I walk up to a table of four with a pen and pad because I don't think I'm going to remember by the time I get back to the bar.

Shawn Buckley

So a significant change in your memory.

Jennifer Curry

Significantly.

Shawn Buckley

Right. You ended up getting your second shot on November 13th, 2021.

Jennifer Curry

Mm-hmm.

Shawn Buckley

Why did you get your second shot, being that you had had so much trouble after the first shot?

Jennifer Curry

Thank you for asking that question because a lot of people did. I was feeling so much stress, so much itchiness, so much anxiety, so much segregation from my family for making me feel that I was crazy, that if I took that second shot and it made me worse, that it would be okay if I died because I wouldn't be suffering anymore. And I wouldn't hate myself for wrecking my life. So if I had the shot, it didn't matter cause I was already hurt, and if I died then I wouldn't be scratching my face off anymore. Sorry to say that.

Shawn Buckley

So you're actually in— A part of you was hoping that the shot would kill you.

Jennifer Curry

Yeah. Everybody told me that it was in my head, and that I needed to just wait—calm down—it would get better. And it never did. And I had to deal with that, and people that made me feel less of myself.

Shawn Buckley

Now, what happened after the second shot?

Jennifer Curry

I had to take the second shot at the hospital, and I had a triage nurse ask me questions. It was crazy. She's like "Well, why are you getting your second shot?" She goes "You have symptoms or you had symptoms?" I say, "No, I'm having symptoms." I say, "My face is numb right now." And she was really "Why are you getting your second shot?" I said "No one will give me an exemption." So while I had the second shot sitting there, the effects didn't happen as fast as the first one.

Shawn Buckley

I'll just stop, because I realized that you had attended at a walk-in clinic, and Dr. Savoy would not give you an exemption.

Jennifer Curry

No, she didn't.

Shawn Buckley

So there was a couple of things going on. Part of you wanted an exemption, and part of you wanted to get the shot, basically to end your suffering.

Jennifer Curry

Yeah.

Shawn Buckley

Okay. And I'm sorry I interrupted. So you get the shot at the hospital and you're starting to describe for us what happened.

Jennifer Curry

They gave me a period of about 45 minutes to make sure that I didn't have any anaphylactic shock or any other troubles or get worse. I thanked them for their time, and I got out. As I was driving home, my body started to feel stiff and numb a little bit again. And then the anxiety set in. So how much was the anxiety? How much was the shot? Everything all happened all over again. A week of home from work. And I couldn't stop scratching again,

[00:15:00]

and I hoped that it would go away.

Shawn Buckley

Right, okay. So it's the same symptoms, but it's they're actually stronger this time aren't they?

Jennifer Curry

Yeah.

Shawn Buckley

So you had the numbness again?

Jennifer Curry

I did. It was right away. Stress can do a number on people's bodies. I didn't know if I did it to myself when I was struggling with the answers that I was getting.

Shawn Buckley

Right. Your itching is back.

Jennifer Curry

It was, yeah.

Shawn Buckley

It never really left, but it was stronger now.

Jennifer Curry

It was— I remember standing in the shower crying because the droplets of water were making me itch. And I didn't know what to do because I needed a shower. And my honey came in, and he twisted the things, it was less pressure and I could actually have a shower without crying. It was so detrimental to my soul that it was wrong. And I was having problems and nobody, nobody really listened. It was really hard. The scratching on my face. I wanted to rip my face off. I wanted to shave my head so I wouldn't feel any hair touch it. It's an immeasurable amount of— I don't know, it was awful. It still is.

Shawn Buckley

And what about your memory and your ability to think?

Jennifer Curry

My cognitive has slowed down big time. I will have a conversation sometimes with someone and then I'll forget where it was going to or what it was leading to. And I will have to get them to repeat themselves so I can remember what I was trying to tell them. I have to— I have missed my little girl's "muffin-read" thing at school because I forgot all about it. I have to have stuff, sticky notes, everywhere just to remind myself. And for my job right now, I worry that: Did I get all the garbage cans? Did I wash that one spot on the sink that I always forget? My memory has affected me now, very much so.

Shawn Buckley

And so you find you have to go like at work, go and check. Did you clean this? Because you can't remember even though you had.

Jennifer Curry

Yeah, yeah. I make lists now so that I don't forget things.

Shawn Buckley

So this has had a tremendous impact on your mental health: your mental stability.

Jennifer Curry

It is.

Shawn Buckley

And then, what about the anxiety that started after the first shot? How has that been after the second?

Jennifer Curry

I had a doctor. I think it was eight weeks after the November 13th shot. And I was crying when I went to him because it seems like there was a period of quietness. I've always been numb right from day one, but there were times where it wasn't so bad. But I had a flare or something. I didn't know what it was, and that's what sent me back to the doctor. And he was the one that was concerned, and "What do you mean your face is numb? Let me see. Are you okay?" And he's the one that sent me to the neurologist. It was at that point where if someone didn't listen to me, I was going to start screaming at everybody. I'm sorry if that was the wrong question. Did I answer that for you?

Shawn Buckley

No, no, you were answering it just fine. So you ended up going to the hospital.

Jennifer Curry

Yeah.

Shawn Buckley

And the doctor was surprised that you were describing having a numb face.

Jennifer Curry

Yeah, for that long as well. Because anxiety can make people have numbness. But I was numb for three months.

Shawn Buckley

How has this affected your energy levels?

Jennifer Curry

That's a big question for me because I am a very physical person. I'm a tomboy. I'm a farm kid. I used to work in the oil field picking up 200-pound men and dragging around the corner if they bugged me. I can't pick up a couple cases of beer now without stopping and

having a break. Every single step I take on a stair, I have to make sure I'm stepping right. And I have to stop, if there's many stairs. I'm tired a lot, and I like to sleep at home, and it's hard.

Shawn Buckley

Now, you're actually counting the days. Can you tell us how many days that you've been suffering?

Jennifer Curry

Five hundred and nineteen today.

Shawn Buckley

And why are you counting the days?

Jennifer Curry

That was the day that I changed my life. I had a choice. And I didn't say no. I didn't fight.

[00:20:00]

And that's when everything changed; it's never going to be the same again.

Shawn Buckley

Are the doctors giving you any hope?

Jennifer Curry

Yes. They have given me a couple of MRIs [Magnetic Resonance Imaging], which led me down to the road to more neurologists and a lumbar test. They weren't sure how to deal with me after several trips back to the hospital. They had put me in contact with an MS [Multiple Sclerosis] clinic because I was showing signs of MS. And I was waiting for them to investigate more and do some more tests.

Shawn Buckley

And can you describe for us the symptoms that they were thinking suggested MS?

Jennifer Curry

There's about eight symptoms that can be from MS. Cognitive is a big one, numbness, energy, loss of bowels, that's not fun, that one. Stiffness of the leg as well, double vision, blurry vision. Hot areas will make a person feel dizzy. So there's dizziness.

Shawn Buckley

But those aren't symptoms that you have.

Jennifer Curry

I have all of those.

Shawn Buckley

Oh, you have all of those, okay.

Jennifer Curry

I do. Yeah.

Shawn Buckley

So how has this experience made you feel?

Jennifer Curry

I have stopped hanging out with my family. Sometimes there's been a family reunion I missed because of this. Because I didn't want to talk about it. Because so many people would tell me that—this is very hard to talk about—so many people told me that it is just something— "You're going to be okay." I tried to tell them I'm not.

Dealing with what I'm dealing now, I am very grateful to be here to share my story. So that the people that I couldn't talk to because I was scared, that you're going to find out this way what I'm dealing with. And I feel 100 percent better talking to you people in the last two weeks. You have made me feel so much better. Thank you.

Shawn Buckley

Those are the questions that I have here, Jennifer. I'll ask if the commissioners have any questions.

Commissioner Massie

Thank you very much for your very touching testimony.

Jennifer Curry

Thank you.

Commissioner Massie

Just to make sure I understand, you decided to get the second shot to convince yourself that you were not imagining things, that it was really due to the vaccine.

Jennifer Curry

I do.

Commissioner Massie

So you could actually make the case to people around you that were more or less saying that you're not really sick, you're just anxious, and you're making yourself sick.

Jennifer Curry

Yeah.

Commissioner Massie

Did you have an issue with anxiety before?

Jennifer Curry

No. I've seen a lot of things in my lifetime, and I've dealt with them very well. Dealing with something that was going against what I believed in broke me. And then when it did break me, it broke me because I knew.

Commissioner Massie

So why do you think that people around you had to really come up with the story in that? The reason why you were experiencing the symptoms was due to your anxiety; that it has nothing physical linked to the vaccine?

Jennifer Curry

Yeah. A lot of people in this whole world would say that the vaccines were good. That they believe there's not that many people that are getting hurt from it.

Can you repeat the question? I'm sorry.

Commissioner Massie

So yeah, my question is— Maybe I can rephrase what I was going to say because I'm trying to wrap my head around your situation. You were not anxious before. Now the situation creates a lot of anxiety because you experience physical symptoms. What do the physical symptoms or consequences of your anxiety, or they're coming from some other condition that we don't know— at the end of the day, because you didn't have these symptoms before—

[00:25:00]

why couldn't people see that there is a link with the vaccine?

Jennifer Curry

I believe that because people were scared to say the shot did it. That a lot of people like myself got pushed aside, so to speak. That we didn't get that recognition or validation that we were injured because the people that we were dealing with, doctors and nurses, weren't able to help us if they wanted to. I think their job was important, and they needed their job as well. So helping me out and telling me that this could be from the shot would make them have to write a report. And I think that that's why no one did. No one wanted to put their selves aside and say she was hurt because the symptoms were so all-over that they really weren't sure what it was.

Commissioner Massie

So are you improving a little bit, your health condition, or is it stable?

Jennifer Curry

On March 23rd, I was diagnosed with MS. And I know that many people listening and many people have told me that MS isn't caused by a shot. I would say that it never created it—but it did cause—the shot. I believe that I had anxiety, and I was so scared that I made my body go into a system of scaredness. I also looked into what the mRNA's [Messenger Ribonucleic Acid] job was, and it was to teach my immune system to fight. If you look up what MS is: your immune system is fighting itself. Maybe my connections got crossed. Certainly 17 minutes after my shot, I'm for sure going to think that it was a COVID shot that did it. I have to. I have never had any of these symptoms before in my life.

Commissioner Massie

Thank you very much for your testimony.

Jennifer Curry

Thank you.

Shawn Buckley

Jennifer there being no further questions from the commissioners, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying and sharing your story with us today.

Jennifer Curry

I'm honoured to be here and I'm happy to be a part of this. I appreciate your time. Thank you very much.

[00:27:36]

Final Review and Approval: Anna Cairns, August 30, 2023.

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<https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Closing Statement: Shawn Buckley

Full Day 3 Timestamp: 10:41:07–10:44:27

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Shawn Buckley

Jennifer voiced, on the stand, her appreciation for being able to come and share her story. She also was very clear, off the stand, that she was extremely thankful to be able to share her story. She drove from Swift Current, Saskatchewan to be here and had made it clear that she would basically go to be in person at any one of our hearings because she just desperately wanted to be able to tell her story.

And we've heard that from person after person, and what that tells us is that they're not free to tell their stories at home. They're not free to tell their stories to their former friends, who have abandoned them. They're not free to tell their stories to their families. They're not free to tell their stories at work. And we all know exactly what I'm talking about, that we're still divided. But the problem is, if we pretend that the lies that we've been told are true, then these people are not free to tell their stories to us, and they're suffering. And so I've said many times, you cannot sit through a day of the National Citizens Inquiry and be the same, because you can't.

You know we're not alone, in that there are many of us, and the emperor has no clothes. And it doesn't matter how many times they repeat the lie, it doesn't make it true. And we have to stop pretending. We have to start being bold. I was thinking earlier because, and I pointed it out today, but it really came out at the Saskatoon hearings where we'd have people who understand that the world's upside down and the narrative we're being fed is not true. And yet they'd volunteer, but I'm not vaxxed, but I'm not vaxxed. One even said, you know, this group is a freedom group, but we're not an anti-vaccine group.

And it's like, why? I think we should start shaming people that are vaxxed. "Like, what? You're vaxxed? Like, don't you like science?" Like, why don't we turn it on them because the truth is, they've been lying. They've been lied to. Why are we ashamed of the truth? How can it be that we're ashamed of the truth—that we're afraid of being shamed and feeling humiliated from the truth? They're going to learn the truth, and then they're going to be mad at us. Why didn't we speak out sooner?

And for people like Jennifer, who drove from Swift Current to be able to tell her story, we have to free the other people to be able to share their stories. So it's time for us to be courageous, not for ourselves, but for the Jennifers out there. And on that note, we'll conclude the Red Deer Hearings of the National Citizens Inquiry. Thank you for joining us.

[00:03:20]

Final Review and Approval: Anna Cairns, August 30, 2023.

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