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

FINAL REPORT

Supplemental Report | Regina, Saskatchewan

Inquiry into the Appropriateness and Efficacy of the COVID-19 Response in Canada

November 28, 2024

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National Citizens Inquiry, 2024. Inquiry into the Appropriateness and Efficacy of the COVID-19 Response in Canada Supplemental Report, November 28, 2024

This title has three volumes:

Volume 1: Executive Summary

Volume 2: Analysis

Volume 3: Transcripts

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Edited by: A. P. Cairns

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

November 28, 2024

To: **The National Citizens Inquiry (NCI)**

Re: **Final Supplemental Report: Inquiry into the Appropriateness and Efficacy of the COVID-19 Response in Canada, November 28, 2024**

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

With this letter, we respectfully submit the Supplemental Report to the citizen-organized, citizen-funded National Citizens Inquiry into the Appropriateness and Efficacy of the COVID-19 Response in Canada.

Independent Commissioners:

Kenneth R. Drysdale
Chair Commissioners

Notice to Reader

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

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

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

One sitting Member of the Legislative Assembly (MLA) of Saskatchewan did testify.

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

Supplemental Information

The National Citizens Inquiry conducted supplemental hearings in Regina, Saskatchewan on May 30, 31, and June 1, 2024. The intent of these new hearings, in Regina, was to provide supplemental information to the original Commissioners' Report submitted on November 28, 2023. One sitting MLA from Saskatchewan testified at the Regina hearings.

Readers are encouraged to read the Supplemental Report in conjunction with the original 2023 Report to gain a comprehensive understanding of the Inquiry's findings. The Supplemental Report includes new testimonies and evidence that further elaborate on the topics discussed in the original 2023 Report.

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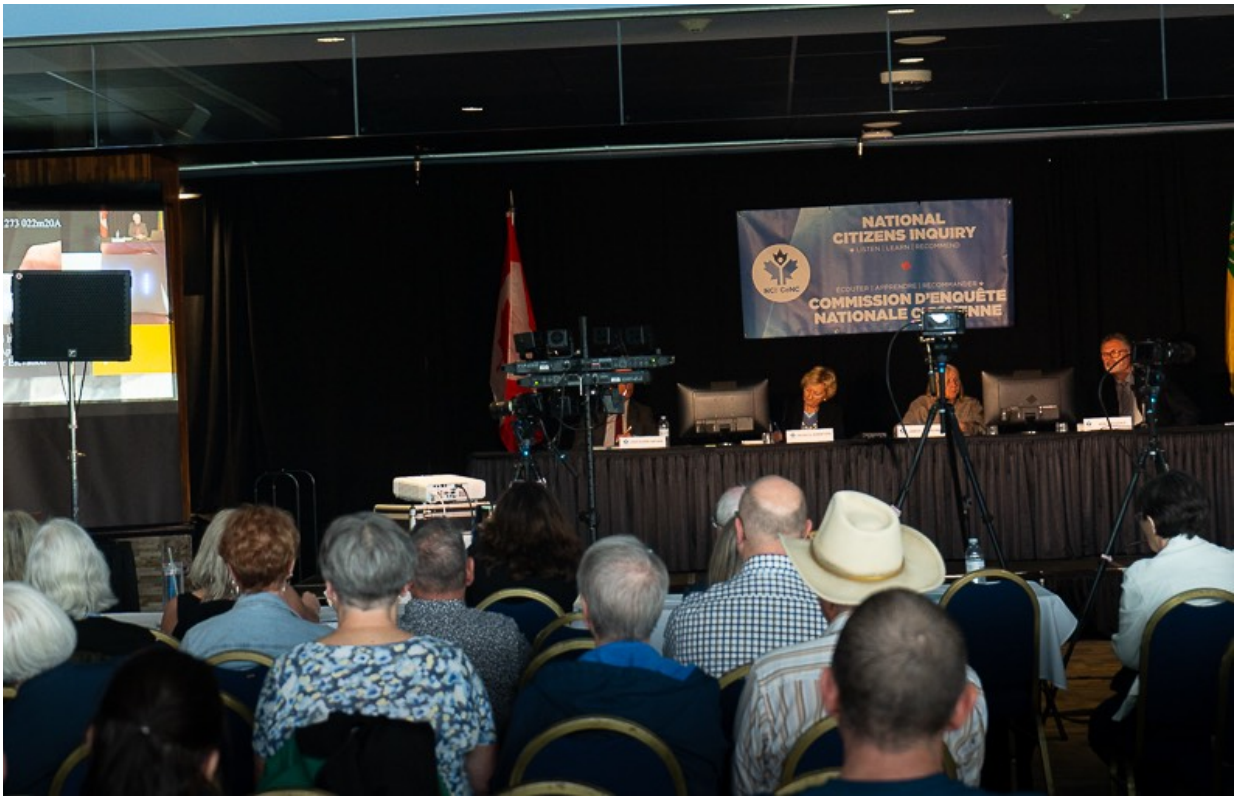
As we reflect on the progress made since the release of the November 28, 2023 Report, it is clear that we have come a long way in uncovering the truths and demanding accountability for the actions taken during the COVID-19 pandemic.

VOLUME ONE

Executive Summary



1. Executive Summary

1.1. Overview of the National Citizens Inquiry (NCI)

Purpose and Need for the NCI

The NCI was established in response to growing public concern over the Canadian government's handling of the COVID-19 pandemic. As the pandemic unfolded, numerous questions arose regarding the appropriateness and efficacy of the measures implemented, including lockdowns, mandates, and the deployment of COVID-19 "vaccines." There was a pressing need to examine these measures' impact on health, economy, and civil liberties.

The NCI was conceived as an independent, citizen-led initiative to investigate these issues comprehensively. Its primary purpose was to provide a platform for individuals affected by the pandemic policies to share their experiences, insights, and evidence. The aim was to uncover the truth, hold authorities accountable, and ensure that future public health responses are better informed and more balanced.

Structure and Methodology

The NCI originally conducted hearings across eight Canadian cities from March to May 2023, gathering testimonies from a diverse array of witnesses, including medical professionals, economists, legal experts, and everyday citizens. These original hearings were meticulously recorded, transcribed, and analyzed to form the basis of the NCI's findings.

The November 28, 2023 Final Report

The final report of the NCI, published on November 28, 2023, represents a comprehensive and detailed examination of Canada's COVID-19 response. It is divided into three volumes:

- Volume 1: Executive Summary
- Volume 2: Analysis
- Volume 3: Transcripts

Key Findings

The 2023 Report identified several critical areas of concern:

- **Health Impacts:** The 2023 Report highlighted significant adverse effects associated with COVID-19 vaccines, including emerging data on long-term health risks.
- **Economic Consequences:** The economic fallout of lockdowns and other restrictive measures was thoroughly examined, revealing substantial negative impacts on businesses and livelihoods.
- **Civil Liberties:** The 2023 Report detailed instances where pandemic measures infringed upon individual rights and freedoms, raising questions about the balance between public health and civil liberties.
- **Government Accountability:** The 2023 Report underscored the lack of transparency and accountability in the decision-making processes of health authorities and the government.

The Need for the NCI

The NCI was crucial for several reasons:

- **Independent Scrutiny:** In the absence of government-initiated investigations, the NCI provided an independent and unbiased examination of the pandemic response.
- **Public Participation:** It offered a platform for citizens to voice their experiences and concerns, ensuring that the inquiry reflected a broad spectrum of perspectives.
- **Evidence-Based Recommendations:** The NCI aimed to produce actionable recommendations based on solid evidence to guide future public health policies.

Purpose and Aim of the NCI

The overarching aim of the NCI was to foster a more transparent, accountable, and effective public health response in the future. Specific objectives included:

- **Uncovering the Truth:** To investigate and document the real impacts of the COVID-19 measures on health, economy, and society.
- **Promoting Accountability:** To hold those in power accountable for their decisions and actions during the pandemic.
- **Informing Policy:** To provide evidence-based recommendations that would inform better policy decisions in future public health crises.

- **Engaging the Public:** To engage citizens in a meaningful dialogue about their rights, freedoms, and the role of government in managing public health.

The NCI's work culminated in the November 28, 2023 Report, which serves as a vital document for understanding the multifaceted impacts of the COVID-19 response and the urgent need for reform in how such crises are managed. The subsequent lack of action by the government and the emergence of new, critical information necessitated further hearings, emphasizing the ongoing importance of the NCI's mission.

1.2. Original 2023 Hearings

The original in-person hearings for the National Citizens Inquiry into the Appropriateness and Efficacy of the COVID-19 Response in Canada were held from March through May 2023. These hearings took place in eight Canadian cities from coast to coast. In addition, a series of three virtual hearings were conducted in order to accommodate witnesses who wished to update their original testimony due to subsequent new information and to accommodate one additional witness who had not been able to testify during the 2023 hearings.

Following is a list of the cities and dates where the original National Citizens Inquiry hearings were held in 2023:

1. **Truro, Nova Scotia**
    - March 16, 2023
    - March 17, 2023
    - March 18, 2023

2. **Toronto, Ontario**
    - March 30, 2023
    - March 31, 2023
    - April 1, 2023

3. **Winnipeg, Manitoba**
    - April 13, 2023
    - April 14, 2023
    - April 15, 2023

4. **Saskatoon, Saskatchewan**
    - April 20, 2023
    - April 21, 2023
    - April 22, 2023

5. **Red Deer, Alberta**
    - April 26, 2023
    - April 27, 2023
    - April 28, 2023

6. **Langley, British Columbia**
    - May 2, 2023
    - May 3, 2023
    - May 4, 2023

7. **Québec City, Québec**
    - May 11, 2023
    - May 12, 2023
    - May 13, 2023

8. **Ottawa, Ontario**
    - May 17, 2023
    - May 18, 2023
    - May 19, 2023

9. **Virtual Hearings**
    - June 28, 2023
    - July 19, 2023
    - September 18, 2023

Following the completion of the National Citizens Inquiry hearings into the appropriateness and effectiveness of the COVID-19 response in Canada, the Commissioners prepared a comprehensive report and submitted that report to the Commission on November 28, 2023.

Dire Nature of the 2023 Findings

The *Inquiry into the Appropriateness and Efficacy of the COVID-19 Response in Canada*, published on November 28, 2023, presented a comprehensive and urgent assessment of Canada's handling of the COVID-19 pandemic.

The findings were stark and concerning, and they highlighted systemic failures, questionable policy decisions, and significant adverse effects on the health and well being of Canadians. The original NCI 2023 Report underscored the profound consequences of the measures taken during the pandemic, including economic disruption, mental health crises, and, most alarmingly, the health impacts of the COVID-19 vaccines.

Despite the meticulous efforts of the NCI to ensure that the 2023 Report reached every Canadian and the global audience, including those responsible for Canada's COVID-19 response, the reaction has been disappointingly inadequate.

The Commission's intent was to spark meaningful dialogue and prompt corrective actions. However, from the date of publication to the present, there has been a glaring absence of concrete action from the Canadian government and other relevant authorities. The recommendations and warnings issued in the 2023 Report have largely gone unheeded.

Lack of Governmental Response

The lack of action from the Canadian government is particularly concerning given the serious nature of the findings. The 2023 Report laid bare the critical need for transparency, accountability, and immediate policy reform to address the adverse effects identified. Yet the inertia observed in governmental response suggests a troubling disregard for the well being of the Canadian populace. This inaction not only continues to place Canadians at risk but also undermines the efforts of the NCI.

Emergence of New Critical Information

Since the release of the 2023 Report, significant additional information has surfaced, further compounding the concerns initially raised. New data and studies have revealed more about the side effects and profound health risks associated with the COVID-19 vaccines. These emerging insights have brought to light the long-term implications of the vaccines, which were not fully understood or acknowledged at the time of the first report. The alarming rise in adverse health outcomes, including serious side effects and potential long-term health risks, underscores the need for immediate and decisive action.

Compelled to Act: The Regina Hearings

In light of the government's lack of response and the gravity of the new information, the NCI felt an ethical and moral obligation to continue its inquiry. Consequently, the NCI conducted additional supplemental hearings in Regina, Saskatchewan on May 30, 31, and June 1, 2024. These hearings aimed to shed light on the new findings and to give voice to those affected by the ongoing repercussions of the COVID-19 response. Over the course of these three days, the Commission gathered fresh testimonies and evidence to further elucidate the issues at hand.

The Regina hearings were driven by a commitment to truth, transparency, and the protection of public health. The NCI sought to highlight the critical need for informed policy changes and to urge the Canadian government to finally take the necessary actions to address the dire situations revealed.

Structure and Operation of the National Citizens Inquiry

The description of the structure and operation of the National Citizens Inquiry as outlined in the original November 28, 2023 Report remains unchanged.

For a detailed understanding of these foundational aspects, readers are referred to Sections 1.3 through 1.11 of the 2023 Report.

These sections comprehensively cover the various elements that constitute the NCI's framework and its operational procedures. Below are the section headings from the 2023 Report:

Sections from the original November 28, 2023 Report

1.3 Guiding Principles

1.4 Purposes of the National Citizens Inquiry

1.5 Structure of the National Citizens Inquiry

1.6 Selection of Commissioners

1.7 Instruction to the National Citizens Inquiry

1.8 Public Hearings

1.9 Identification and Classification of COVID-19 Interventions

1.10 Assessing the Effects of COVID-19 Interventions

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

For further information on these topics, please consult the original November 28, 2023 Report. These sections provide a thorough explanation of how the NCI was designed and operated to fulfill its mission of investigating and assessing the COVID-19 response in Canada.

1.3. 2024 Public Hearings

General Principles of the 2024 Public Hearings

The public hearings were conducted under the following Rules and Procedural Principles:

1. **Proportionality:** The Inquiry allocated investigative and hearing time in proportion to the importance and relevance of the issue to the Inquiry's mandate and the time available to fulfill that mandate so as to ensure that all relevant issues were fully addressed and reported on;

2. **Transparency:** The Inquiry proceedings and processes were carried out in a manner that was as open and available to the public as was reasonably possible, consistent with the requirements of national security and other applicable confidentialities and privileges;

3. **Fairness:** The Inquiry balanced the interests of the the public's right to be informed with the rights of witnesses testifying to be treated fairly;

4. **Timeliness:** The Inquiry proceeded in a timely fashion to engender public confidence and ensure that its work remained relevant; and

5. **Expediency:** The Inquiry operated under a strict deadline and conducted its work accordingly.

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

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

Locations and Schedule of the 2024 Public Hearings

Public hearings were held as follows:

- Regina, Saskatchewan May 30, 31, June 1, 2024

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

https://nationalcitizensinquiry.ca/hearings24/

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

There were thirty-eight members of the public that testified at the Regina hearings.

Testimony was "invited" from representatives of all provincial / territorial and federal levels of governments across Canada. Non-judicial subpoenas were issued and government witnesses were given the option of testifying either in-person or on video-conference at any of the three hearing dates or at any other time to suit their schedules.

One sitting representative from the Saskatchewan Legislature testified at the Regina hearings (Hon. Nadine Wilson). No other representative of any government in Canada appeared to testify at the public hearings. All other non-judicial subpoenas sent were either ignored, declined, or not picked up.

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

Actual recorded statements and press conferences, from various government officials, et cetera, were aired at the Regina hearings.

Despite the fact that the actions taken by all levels of government represented the most profound intrusion into the lives of all Canadians, only one government representative took the opportunity to address the Canadian people and explain her side of the story.

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

Conclusion

The NCI's ongoing efforts underscore the critical importance of addressing the findings of the original 2023 Report. The inaction of the Canadian government in response to these findings, coupled with the emergence of new, serious health risks, necessitated the additional hearings in Regina.

The NCI remains steadfast in its mission to ensure that the voices of Canadians are heard, and that meaningful actions are taken to rectify the profound issues identified. It is our hope that this Supplemental Report will finally prompt the necessary changes to safeguard the health and well being of all Canadians.

2. Response to the 2023 NCI Report

Response by the Public

The public response to the 2023 NCI Report has been overwhelmingly positive and supportive. From coast to coast, Canadians have embraced the 2023 Report, recognizing its critical importance in evaluating the country's response to the COVID-19 pandemic.

The 2023 Report is freely available for download (PDF) on the NCI website, ensuring accessibility for all interested individuals. Additionally, hard copies of the 2023 Report are available for purchase on Amazon Books, catering to those who prefer a physical version.

https://nationalcitizensinquiry.ca/commissioners-report/

The NCI 2023 Report has garnered tens of millions of Internet interactions, solidifying its status as the largest and most referenced repository of sworn witness testimonies in the world. This unprecedented level of engagement reflects the public's deep interest in and concern about the issues addressed in the 2023 Report.

The NCI and the public themselves have been actively promoting the 2023 Report, which has been read and referenced by millions of people worldwide. The widespread dissemination and discussion of the 2023 Report underscores the public's desire for transparency, accountability, and informed decision-making.

Response by the Government

In stark contrast to the public's enthusiastic embrace of the NCI 2023 Report, the response from the Canadian government has been one of silence and inaction.

Despite being fully aware of the report's findings and recommendations, the government has not initiated any dialogue with the NCI or the Canadian people.

All political parties have largely ignored the 2023 Report, failing to take any meaningful action based on its findings.

The government's continued promotion of COVID-19 vaccinations for children as young as six months old is particularly troubling. This stance persists despite the dire and profound warnings presented in the 2023 Report and the substantial evidence that exposes the fraud of the narrative of vaccines being "safe and effective."

The government's refusal to engage with the 2023 Report's findings or adjust its policies in light of new evidence demonstrates a disregard for the well being of its citizens.

Response by the Legacy Media

The response from the legacy media has been similarly disappointing. Despite the significance and uniqueness of the NCI 2023 Report, the legacy media has largely ignored it.

While there has been some coverage by independent media and broadcasters, the mainstream media, including the Canadian Broadcasting Corporation (CBC), has almost completely overlooked this groundbreaking work. This lack of coverage from major media outlets prevents the broader public from being fully informed about the critical issues raised in the 2023 Report.

The media's failure to report on the NCI findings contributes to a broader cover-up, hindering public awareness and discourse on the ongoing COVID-19 mandates and injections. Independent media has stepped in to fill the void to some extent, but the reach and influence of these sources are limited compared to mainstream outlets.

Conclusion

The lack of response from both the government and the legacy media to the 2023 NCI Report is deeply troubling. The government's continued promotion of policies that have been thoroughly debunked by the 2023 Report's findings, coupled with the media's near-total silence, underscores the critical need for an update on these issues.

The public's strong support for the NCI's work highlights the demand for truth and accountability, making it all the more essential to shed light on the ongoing cover-up and the reprehensible continuation of misguided COVID-19 policies.

It is completely unprecedented that all levels of government and the legacy media would collude together in lockstep to ignore such a comprehensive and thorough treatment of what is arguably the most important period of our collective history.

The government's profound incursion into the very fabric of every single Canadian's life and the incredibly dire ramifications these incursions have had on the foundations of Canada's institutions and society should not be ignored. However, it continues to be ignored as all levels of government, all political parties both in power and in opposition, and all of the legacy media outlets, as well as many of our institutions, are jointly responsible for the horror that they visited upon Canadians for more than three years.

The consequences of these—potentially criminal—actions cannot be overstated, and the guilt is shared by all parties who participated in these incursions. These parties feel compelled not only to ignore what has happened but also appear to be driven to continue this genocidal promotion of the very policies that were the subject of the 2023 NCI Report. The collusion to suppress and dismiss the 2023 Report's findings is a grave injustice to all Canadians who have suffered due to these misguided policies.

The 2024 Supplemental Report aims to address these issues head-on, providing the public with the information they need and deserve. By continuing to investigate and expose the truth, the NCI remains dedicated to holding those in power accountable and ensuring that such profound missteps are not repeated in the future. It is imperative that the public remains vigilant, informed, and engaged, to demand the necessary changes that will protect and uphold the values and freedoms that define Canada.

The Responsibility of the Public

If the public wants accountability, if the public wants change, it is imperative that the public becomes engaged in these discussions and the promotion of the results of the NCI Report(s).

We cannot rely on our political leaders, their political parties, or our traditional institutions, including the police. We only have to review the testimony of retired Police Detective Donald Best to understand what the Ottawa Police Service is doing to silence Detective Helen Grus.

We need consider the fact that certain institutions in Canada maintain a "vaccine mandate" to this day.

We must consider that Health Canada continues to promote and recommend these experimental mRNA "biologic" injections to children as young as six months and to pregnant and nursing women.

The people of Canada must themselves hold their "leaders" to account. There is currently a federal election on the horizon, and incredibly, there is virtually no discussion about what happened over the past three years in Canada.

It is up to the members of the public to raise these concerns, it is up to the members of the public to let the governing parties know that we now know what they did, and we the people must hold them to account.

If not now, when? If not now, these governing parties will continue these policies and continue to impact Canadians. They must be sent a message now that we want answers, we want accountability, and we must make them listen to us.

The current electoral cycle is the perfect opportunity to bring this to the forefront.

Canadians must act now.

Engagement can take many forms: discussing the findings of the NCI Reports with family and friends, sharing information on social media, attending town hall meetings, and questioning political candidates about their stance on the issues highlighted in the NCI Reports.

By making our voices heard, we can influence the direction of our country's policies and ensure that such profound missteps are never repeated. It is up to us—the public—to demand the change we want to see.

3. Independent Commissioners

Selection of New and Additional Commissioners

The Inquiry's Commissioners were selected for objectivity, independence, and competence. Commissioner Ken Drysdale was originally selected as the Chair, and continues in this role. Commissioner Drysdale provided direction to the Commission Administrator, Mr. Ted Kuntz, throughout the course of the Regina hearings.

Although it was preferable that the original four Commissioners would continue to participate in the 2024 Regina hearings, due to previous time commitments and competing responsibilities, two of the original four commissioners were unable to participate in the Regina hearings.

The Commissioners selected to participate in the 2024 Regina hearings as follows:

- Ken Drysdale, Chair
- Patricia Robertson
- Louis Olivier Fontaine[1]
- Janice Kaikkonen[2]

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

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

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

[1] Commissioner Fontaine attended the hearing but has not participated in finalizing this report. Commissioner Fontaine is concerned based on all the evidence before the NCI, such as the evidence of Denis Rancourt, that the use of the term "pandemic" in 2020 is misleading. Having the concern that it is misleading to use the term "pandemic", there is also a concern with suggesting responses by the authorities to the "pandemic" were justified.

[2] Commissioner Kaikkonen attended the hearing but has not participated in finalizing this report.

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

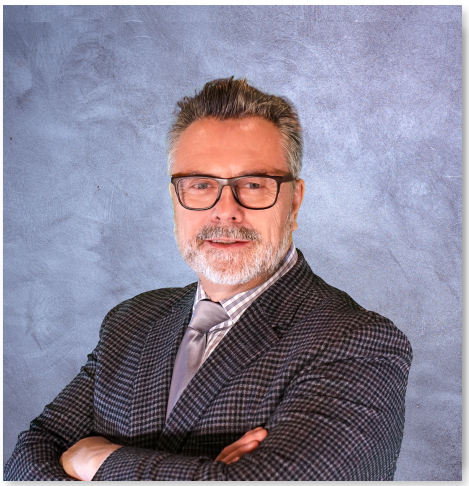
Following that interview process each Commissioner was vetted for perceived conflicts of interest.

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

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

The Commissioners

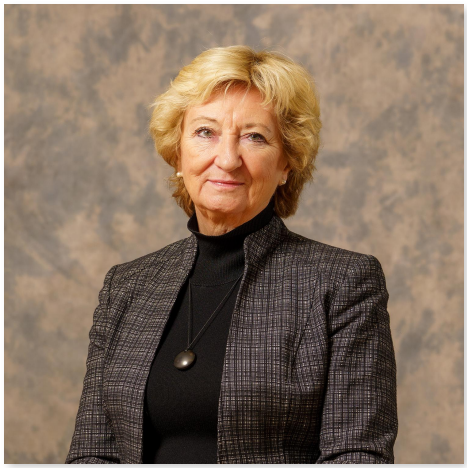
Following are brief descriptions of the independent Commissioners:



Ken Drysdale, Chairperson, brings over 40 years of distinguished experience as a Professional Engineer to his role as Chairperson of the National Citizens Inquiry.

Ken has made significant contributions to forensic engineering, where he continues to actively engage in investigations, preparation of expert reports, and providing expert testimony at trials, arbitrations, and mediations.

Ken's leadership is further underscored by his role as co-author of the comprehensive 5,342-page investigative report, *Inquiry into the Appropriateness and Efficacy of the COVID-19 Response in Canada*. With a wealth of experience in complex engineering projects, business management, and advocacy for democratic rights, Ken Drysdale's extensive career, leadership, and commitment to integrity make him exceptionally qualified to lead the National Citizens Inquiry as its Chairman.



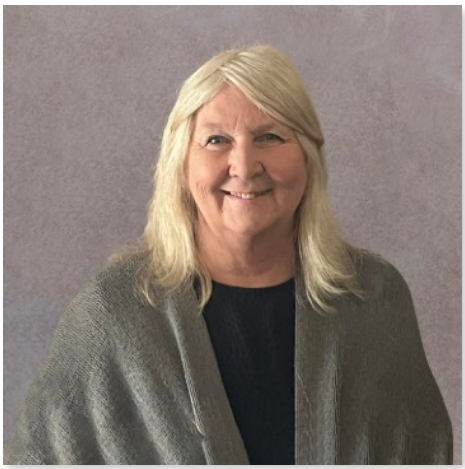
Patricia Robertson has a passion for learning something new everyday. She spent five years studying Advanced Level Medical Science at Liverpool University with a specialty in Immunohaemotology (FIMLT), working in the UK at Chester City Hospital's West Cheshire Maternity and Walsall Manor.

She came to Canada in 1976. She worked at the University of Alberta Hospital's blood bank and also worked as a home care nurse. After challenging the Canadian Exams in 1996, Patricia studied alternative and traditional therapies and began her own practice as a member of the Canadian Remedial Massage and Osteopathic Therapist Association and is a Certified Onsen Therapy Technique Instructor. She currently consults as an invited guest working with a variety of healthcare professionals.

Louis Olivier Fontaine[3] After studying health sciences and completing a bachelor's degree in architecture at Laval University, Louis Olivier Fontaine studied law at the University of Quebec, in Montreal. After becoming a lawyer in 2013, he has practiced in various workplaces and areas of law. Notably he has defended professionals in disciplinary matters and acted as lawyer for the National Citizens Inquiry during the hearings held in Quebec in May 2023.

He has been active within the Réinfo Québec collective since the summer of 2021 in the achievement of its mission, which is the dissemination of fair, factual information without conflicts of interest in health and other social issues.

Mr. Fontaine recently resigned from the Québec Bar, denouncing the refusal of debate by the courts and the repression exercised by professional orders against all those who question the official narrative surrounding the COVID crisis.



Janice Kaikkonen's[4] passion is community outreach. She works primarily with vulnerable populations and youth. Academically, she holds degrees in Island Studies (MA), English and Political Science (BA), and Public Administration. Janice has taught in both K–12 and post-secondary education (Faculty of Arts, Education, Journalism, and preMed). Her research specialization involves the intersection of public policy and the social fabric, which has led Janice to pursue a PhD in Theology and Discipleship.

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

[3] Commissioner Fontaine attended the hearing but has not participated in finalizing this report. Commissioner Fontaine is concerned based on all the evidence before the NCI, such as the evidence of Denis Rancourt, that the use of the term "pandemic" in 2020 is misleading. Having the concern that it is misleading to use the term "pandemic", there is also a concern with suggesting responses by the authorities to the "pandemic" were justified.

[4] Commissioner Kaikkonen attended the hearing but has not participated in finalizing this report.

Commissioners' Evaluation of Evidence and Report

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

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

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

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

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

Cross Examination: The Inquiry Rules permit interested persons to apply for standing to cross-examine witnesses. For this Hearing no parties applied for this right.

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

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

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

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

Supplemental Report of the 2024 Regina Hearings

Several steps were involved in the process of preparing this Supplemental Report. The following is a general outline of the key elements involved in the preparation.

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

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

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

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

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

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

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

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

https://nationalcitizensinquiry.ca/

Implementation and Follow-up: Given the evolving nature of the information and the far-reaching and transformative recommendations and conclusions contained in the Supplemental Report, the Commissioners may be called upon to take part in a process of public education and debate.

Although largely a process that will be carried out by the Commission itself, the Commissioners may monitor the progress of distribution and provide follow-up reports or recommendations as necessary.

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

It must be clearly understood that although it has always been the intent of the Commissioners to include testimony from all sides of the debate, during the original 2023 hearings, no public authorities responsible for the planning, design, or implementation of the pandemic measures elected to take part in the supplemental hearings.

During the 2024 supplemental hearings in Regina, one current Member of the Saskatchewan Legislature testified.

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

Members of government, regulators, and authorities were subpoenaed to attend and testify. ONE current member of government appeared at the supplemental hearings to testify. The majority of these representatives did not even take the time to respond to the Commission.

Concluding Observations on the Process

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

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

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

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

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

The National Citizens Inquiry has received no funding from government.

The National Citizens Inquiry has received no large corporate funding.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4. Public Hearings

Introduction

In 2024 supplemental public hearings were held in Regina, Saskatchewan, Canada as follows:

Regina, Saskatchewan: May 30, 31; June 1, 2024

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

https://nationalcitizensinquiry.ca/testimony/

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

A total of thirty-eight members of the public testified at the Regina hearings.

Testimony was invited from representatives of all levels of governments across Canada, and in order to facilitate schedules, non-judicial subpoenas were issued and government witnesses were also given the option of testifying either in person or on video-conference at any of the three days of hearings. Regulators, and authorities were also subpoenaed to attend and testify.

One current member of the Provincial Saskatchewan Legislative Assembly appeared at the public hearings to testify.

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

As a citizen-led initiative, the Commission did not have the ability to compel the government witnesses to appear through judicial subpoenas. Therefore, actual video-recorded statements and press conferences were aired at the hearing location.

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

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

Importance of Inclusive Representation in the NCI

The NCI has always emphasized the importance of obtaining representation from all sectors of Canadian society. This inclusiveness was necessary to ensure that the widest possible sources of information were considered in preparing the Supplemental Report. It was essential to include all stakeholders across Canada—encompassing diverse geographic regions, vocational backgrounds, and areas of expertise.

To achieve this the NCI sought to gather testimonies and evidence from a broad spectrum of individuals. This included medical professionals, economists, legal experts, educators, business owners, and everyday citizens affected by the COVID-19 measures.

The comprehensive nature of these hearings ensured that the final Supplemental Report reflected a balanced and thorough understanding of the impacts of the COVID-19 response on Canadian society.

Engaging Government Officials

A crucial aspect of the NCI's mandate was to obtain witness testimony from those responsible for the planning and implementation of the COVID-19 response in Canada.

For the 2023 hearings, the Commission issued non-judicial summons letters to government officials, urging them to participate and provide their insights. Unfortunately, despite these efforts, none of the government officials attended.

The lack of participation from those in power clearly sends a signal to Canadian Citizens and to the Canadian Electorate. Considering that Canadians will shortly find themselves in an electoral cycle, it is unbelievable that none of the political parties or media are discussing the incredible failure of government policies that were implemented during the so-called pandemic.

A New Approach in 2024

Recognizing the need for a different tactic, the NCI adopted a new approach for the 2024 hearings, in Regina. This time, an open letter was sent to **all** elected representatives in Canada, inviting them to participate and share their perspectives. Despite this inclusive and open invitation, the response was still disheartening. Only one elected and currently serving government representative attended and gave testimony.

Stark Lack of Interest

The stark lack of interest in the proceedings from the thousands of elected officials who were involved in the COVID-19 measures is shocking. Despite the millions of Canadians who are aware of the NCI and have engaged with the process in some capacity, the disinterest from government officials is inexplicable. This lack of participation is further compounded by the fact that the legacy media appears to support this disregard by providing minimal coverage and failing to hold these officials accountable.

Why This is Unbelievable

The unwillingness of elected officials to participate in the NCI hearings is unbelievable for several reasons:

- **Public Accountability**: Elected officials are accountable to the public. Their refusal to engage with the NCI, despite widespread public interest, undermines their responsibility to be transparent and responsive to the concerns of their constituents.
- **Significant Impact**: The COVID-19 measures have had profound impacts on every aspect of Canadian society. It is critical for those who implemented these measures to explain their decisions and to address the concerns raised by the public.
- **Widespread Awareness**: The NCI has achieved significant public engagement, with millions of Canadians aware of and participating in the process. The elected officials' lack of interest stands in stark contrast to the public's demand for accountability and transparency.
- **Media Complicity**: The legacy media's lack of coverage and support for these proceedings further exacerbates the issue. The media's role is to inform the public and hold those in power to account. Their failure to do so in this context is deeply troubling.

In conclusion, the NCI's efforts to secure comprehensive representation from all sectors of society are vital for ensuring a thorough and balanced examination of the COVID-19 response. The lack of participation from government officials and the legacy media's support of this disinterest highlight a significant gap in accountability. It is imperative that this gap is addressed to restore public trust and ensure that all voices are heard in shaping future public health policies.

Below is a copy of the "Open Letter to Canada's Elected Representatives" as issued by the Chair of the NCI, Mr. Ted Kuntz, on May 23, 2024.

May 23, 2024

Categories:

Media Releases

AN OPEN LETTER TO CANADA'S ELECTED REPRESENTATIVES

Regina, May 23, 2024 – An Open Letter to Canada's Elected Representatives

I am writing to you in my capacity as Chair of the National Citizens Inquiry (NCI). My purpose in writing is to invite you to partake in the next series of hearings to be held on May 30, May 31 and June 1, 2024 in Regina, Saskatchewan.

For those members who may not be aware, the National Citizens Inquiry, was formed in July 2022 with the vision of holding independent citizen-led, citizen funded inquiries. The purpose of the 2023 inquiry was to examine the impact of the government's response to COVID, and to make recommendations concerning how things could be done better in the future.

In 2023, the NCI held 24 days of hearings in 8 cities across Canada – Truro, Nova Scotia; Toronto, Ontario; Winnipeg, Manitoba; Saskatoon, Saskatchewan; Red Deer, Alberta; Vancouver, British Columbia; Quebec City, Quebec; and Ottawa, Ontario.

We called 305 witnesses, both lay and expert, who helped to reveal the very real impact of the various government's response to COVID on individuals, families, communities, businesses, our children and youth, and the social fabric of society. The NCI hearings created the largest body of evidence on the impact of the COVID response given under oath in the world.

Last year's hearings were incredibly successful and a Commissioners' Report was drafted based on the testimony of the 305 members of the public and expert witnesses. The Commissioner's 2023 Final Report can be downloaded at: https://nationalcitizensinquiry.ca/commissioners-report, or purchased from Amazon. The 2023 Report contains more than 400 recommendations for our various governments, institutions, and regulatory agencies. The video testimony of all 305 witnesses can be found at: https://nationalcitizensinquiry.ca/hearings.

Much has happened since the NCI hearings ended in May 2023. New evidence has emerged and the harmful impact of the mandates and measures is even more evident. During the upcoming hearings, we will hear the testimony of international experts such as: Dr. Pierre Kory, Dr. Tess Lawrie, Jessica Rose, Dr. Richard Schabas, Dr. Roger Hodkinson, and others. We also have more than 30 lay witnesses wanting to tell their story.

As someone who testified at the 2023 hearings, I can affirm the importance of these hearings, both for those who testified, and for the Canadian public who were exposed to information that had been largely withheld due to censorship and fear of reprisal. Lives were transformed by these hearings. Canadians learned the truth and found their voices.

I'm writing to invite you to join us, either in person or virtually. Further, to share with your constituents the importance of these hearings and invite them to attend. I'd appreciate if you would tag us on X @ncicanada as well as our many other social media platforms all listed on our website: nationalcitizensinquiry.ca/social ".ca for Canada"

It is our hope and expectation that the NCI will continue to transform lives and restore our families, businesses, and communities.

For those who are unable to attend in person, testimonies will be broadcast live on the NCI website: https://nationalcitizensinquiry.ca/nci-live/

Thank you for your assistance in disseminating information about the upcoming hearings and increasing healing and hope amongst all Canadians.

Ted Kuntz, Chair

4.1. Detailed Information from the Regina Public Hearings

This section contains a tabular listing of the witnesses who testified at the public hearings in Regina.

For a more comprehensive and accurate understanding of the witness testimonies, we strongly advise the reader to refer to the official witness transcripts, which are included in section 9 of this Supplemental Report. The transcripts provide "intelligent verbatim" accounts of what was said during the meetings and offer a more complete representation of the witnesses' statements.

Additionally, if you prefer to directly access videos of the witness testimonies, they are also available on the NCI website for your convenience. https://rumble.com/c/NCIClips

Details of each of the three days of public hearings held in Regina follows.

List of Witnesses: Regina, Saskatchewan

Public hearings were held in Regina, Saskatchewan on May 30, May 31, and June 1, 2024.

The schedule of witnesses is as follows:

	Regina, Saskatchewan, Day One, May 1, 2024	
	Name of Witness	**Subject**
1	Kevin McKernan	Genetic sequencing of COVID-19 vaccine
2	Jessica Rose, PhD	Contamination of COVID-19 vaccine
3	Thomas Haviland, Major (Ret.)	Fibrous blood clots in cadavers
4	Richard Schabas, MD	Effectiveness of quarantines
5	Richard & Doreen Fehr	Alleged vaccine injury
6	Jamie Salé	Detrimental effects of mandates
7	Roger Hodkinson, MD	Flawed PCR testing and loss of trust in institutions
8	Nadine Wilson, Hon. (MLA)	Lack of transparency and consultation of elected officials
9	Amie Harbor	Effects of mandates on employment
10	Renate Lindeman	Alleged vaccine injury

Full transcripts of each witness's testimony are included in Volume Three of this Supplemental Report.

	Regina, Saskatchewan, Day Two, May 2, 2024	
	Name of Witness	**Subject**
11	Tess Lawrie, MD	Safety profiles of ivermectin and other issues
12	Lorrie & Boyd Harrison	Mandates and crossing international borders
13	Sabine Hazan, MD	Genetic sequencing of microbiome
14	Colleen Brandse	Alleged vaccine injury
15	Robert Chandler, MD	Pfizer documents researcher
16	Evelien Wiersma	Treatment of un-vaccinated husband in healthcare system
17	James Thorp, MD	Alleged issues with vaccinations and pregnancy
18	Mark Varga	Lost employment due to mandates
19	Allison Nesdoly, RN	Nurse working in long-term care facility during mandates
20	Marcos Sobral	Effects of mandates on university students
21	Debra Milcak	Husband's experiences in ICU
22	Estelle Debae	Issues surrounding international travel with mandates
23	Glenn Aalderink, RN	Nurse describes situation in hospitals during COVID-19

Full transcripts of each witness's testimony are included in Volume Three of this Supplemental Report.

	Regina, Saskatchewan, Day Three, June 1, 2024	
	Name of Witness	**Subject**
24	Pierre Kory, MD	Ivermectin studies and alternative treatments for COVID-19
25	Marian Laderoute, PhD	Shedding of spike proteins from vaccinated
26	Sheena Clarke, RN	Nurse reports adverse events and COVID effects
27	Allan Hunsperger	Development of Alternative broadcasting
28	Donald Best	Report on Ottawa Police Detective Helen Grus
29	Jeanette Wightman	Lost employment due to mandates
30	Amanda Rodriguez	Father's treatment in healthcare due to vaccine status
31	Andre Boucher	Lost employment due to mandates
32	Roxanne Cote	Lost employment due to mandates
33	Yvonne Nickel, RN	Nurse discusses vaccines and pregnancy / nursing
34	Sarah Choujounian, RN	Nurse reposts effects of mandates on long-term care
35	Lex Acker	Lost employment due to mandates, issues with EI system
36	James Roguski	Update on WHO pandemic treaty

Full transcripts of each witness's testimony are included in Volume Three of this Supplemental Report.

Regina Exhibit Archive

The following is a list of the Witness Exhibits presented to the Commission during the Regina hearings.

This list is current as of October 1, 2024. It should be noted that the list may be updated on the website from time to time, and the reader is encouraged to visit the website at https://nationalcitizensinquiry.ca/exhibits2024/ to review the latest list of Witness Exhibits.

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

Regina, Saskatchewan, May 30, 31; June 1, 2024

- R-001-Kevin McKernan
- R-002-Jessica Rose
- R-022-Jessica Rose
- R-004-Robert Chandler
- R-005-Robert Chandler
- R-008-Roger Hodkinson
- R-009-Roger Hodkinson
- R-010-Tess Lawrie
- R-011-Tess Lawrie
- R-012-Tess Lawrie
- R-023-Tess Lawrie
- R-024-Tess Lawrie
- R-089-Tess Lawrie
- R-090-Tess Lawrie
- R-097-Tess Lawrie
- R-098-Tess Lawrie

- R-099-Tess Lawrie
- R-104-Tess Lawrie
- R-013-Sabine Hazan
- R-015-Richard Shabas
- R-016-Richard Shabas
- R-017-Pierre Kory
- R-018-Pierre Kory
- R-019-Pierre Kory
- R-020-Pierre Kory
- R-021-Pierre Kory
- R-003-Richard Fehr
- R-025-Richard Fehr
- R-026-Richard Fehr
- R-027-Richard Fehr
- R-028-Richard Fehr
- R-029-Amie Harbor
- R-030-Amie Harbor
- R-031-Amie Harbor
- R-032-Amie Harbor
- R-033-Amie Harbor
- R-034-Amie Harbor
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- R-036-Amie Harbor
- R-037-Amie Harbor

- R-038-Amie Harbor
- R-039-Amie Harbor
- R-040-Amie Harbor
- R-041-Amie Harbor
- R-042-Amie Harbor
- R-043-Evelien Wiersma
- R-044-Evelien Wiersma
- R-046-Mark Varga
- R-047-Mark Varga
- R-048-Mark Varga
- R-049-Mark Varga
- R-050-Mark Varga
- R-051-Mark Varga
- R-052-Mark Varga
- R-053-Amanda-Rodriguez
- R-054-Amanda-Rodriguez
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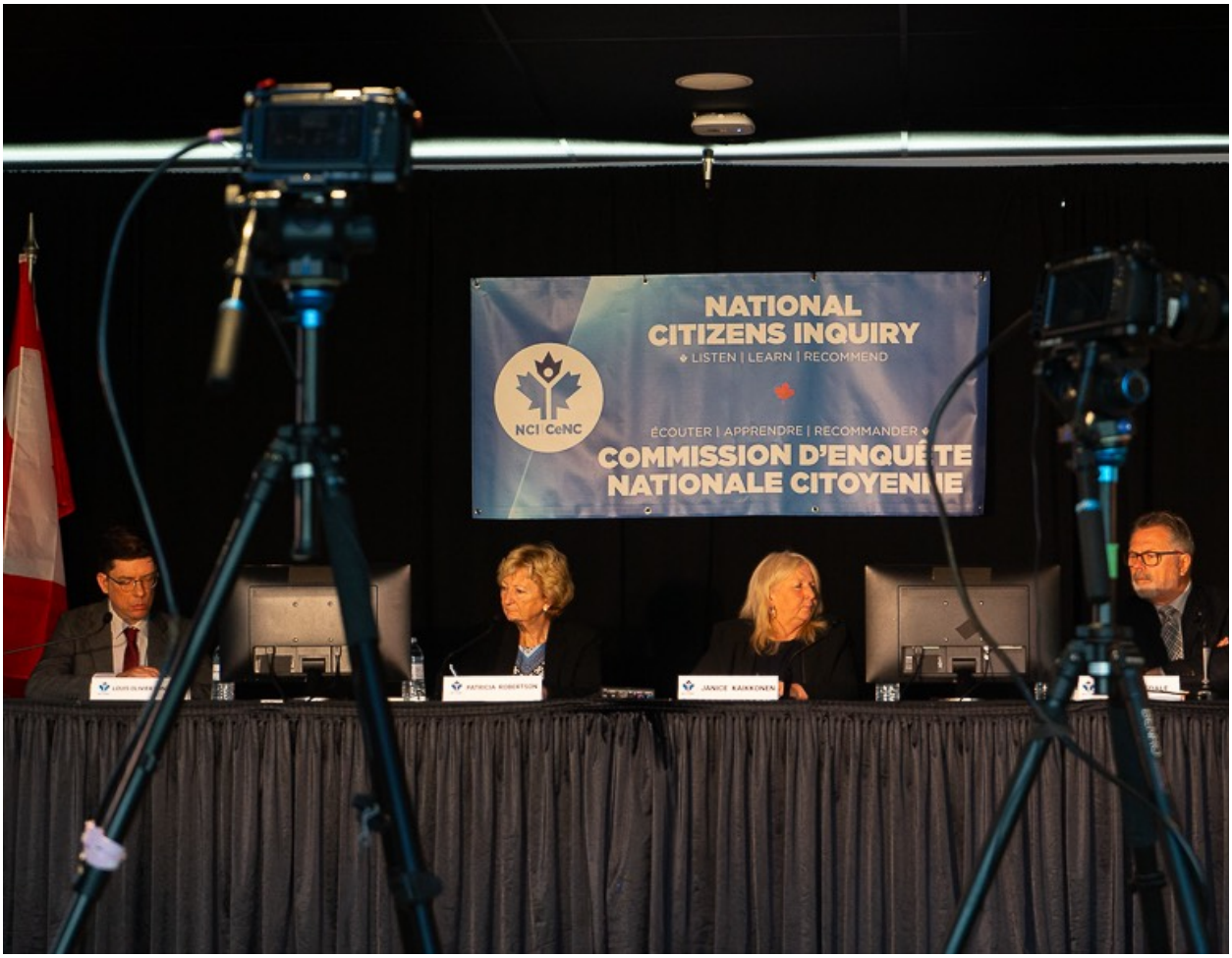
- R-063-Amanda-Rodriguez
- R-064-Amanda-Rodriguez
- R-065-James Thorpe
- R-066-James Thorpe
- R-067-James Thorpe
- R-068-James Thorpe
- R-070-Sarah Choujounian
- R-071-Sarah Choujounian
- R-072-Sarah Choujounian
- R-073-Sarah Choujounian
- R-091-Colleen Brandse
- R-101-Marion Laderoute
- R-102-Marion Laderoute
- R-103-Marion Laderoute

Considering that Canadians will shortly find themselves in an electoral cycle, it is unbelievable that none of the political parties or media are discussing the incredible failure of government policies that were implemented during the so-called pandemic.

VOLUME TWO

- Analysis
- Recommendations
- Conclusions
- Commissioners Statement



5. Analysis

Introduction

Following is the analysis, commentary, and recommendations as put forward by the Commissioners. To facilitate the analysis and review, the information has been divided into various broad areas as follows:

CIVIL

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

SOCIAL

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

ECONOMIC

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

HEALTH

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

Each of the categories listed above cannot be fully appreciated independently of each other. Each category is only a part of the much larger whole of the information presented, and specific subject areas cross categories. This reflects the intersectionality of all areas that were considered.

5.1. Civil

5.1.1. Performance of Canada's Police Services During the Pandemic

Introduction

The reader is advised to review section 7.1.10 Policing During COVID-19 Pandemic: Balancing Authority and Citizens' Rights, contained in the original NCI Report of November 28, 2023.

The performance of Canada's police services during the COVID-19 pandemic raises significant concerns regarding their independence and ability to uphold the rule of law. Despite overwhelming evidence of alleged fraud, loss of life, and violations of the *Charter of Rights and Freedoms*, no police service in Canada is known to be actively investigating or laying charges against any government officials or other entities involved in the implementation of pandemic mandates. This lack of action persists despite substantial evidence being presented to various police services across the country.

Lack of Investigations and Accountability

Throughout the pandemic, numerous allegations have emerged that suggest certain government actions and mandates may have violated laws and infringed upon the rights of Canadians. Reports of fraud, unnecessary loss of life due to enforced policies, and systemic rights violations have been meticulously documented and presented to law enforcement agencies. However, to date, there has been no significant response from Canada's police services. No charges have been laid, and no investigations appear to be actively pursued.

This silence is troubling for several reasons. Firstly, it suggests a potential politicization of law enforcement agencies, where police services may be influenced or controlled by political agendas rather than acting independently to uphold the law. Secondly, it undermines public trust in law enforcement, as the police are perceived as failing to protect citizens' rights and failing to hold accountable those who may have acted unlawfully during the pandemic.

Witness Testimony

Testimony of Donald Best

Donald Best is a retired Toronto Police Detective with extensive experience in major crime investigations and anti-corruption operations. He has been a vocal advocate for transparency and accountability within police services and government institutions. His career in law enforcement spans several decades, during which he has earned a reputation for integrity and thoroughness in his investigative work.

Testimony Concerning Ottawa Police Constable Helen Grus

During the NCI hearings in Regina on June 1, 2024, Donald Best provided compelling testimony regarding the case of Ottawa Police Constable Helen Grus. Constable Grus had been investigating the potential link between COVID-19 vaccinations and sudden infant deaths. Her investigation was met with significant resistance from within the Ottawa Police Service (OPS).

Best detailed how Grus's inquiries were abruptly halted, and she faced internal disciplinary actions. The message sent by the OPS was clear: questioning the official narrative of the pandemic and the safety of COVID-19 vaccinations would not be tolerated. This stance by the OPS serves as a warning to police services across Canada, discouraging officers from independently investigating or questioning pandemic-related policies and decisions.

Government and Institutional Resistance

Donald Best's testimony highlighted a broader issue of institutional resistance to scrutiny and transparency during the pandemic. The actions taken against Constable Grus are symptomatic of a larger effort to suppress dissent and prevent critical examination of the government's handling of the COVID-19 response. This has serious implications for the integrity of law enforcement and the ability of officers to carry out their duties without fear of reprisal.

Revisions to the Ontario Policing Act

In his testimony, Best also discussed recent revisions to the Ontario *Police Services Act*. These revisions now require detectives to obtain approval from their supervisors before undertaking an investigation. Historically, detectives had the autonomy to initiate investigations based on their professional judgment and the evidence at hand.

Best speculated that this change is designed to further control the narrative and limit independent investigations that might contradict the government's stance on pandemic measures. By requiring supervisory approval, the government ensures that only investigations aligning with the official narrative are pursued. This bureaucratic oversight undermines the independence of detectives and stifles genuine investigative work that is crucial for accountability and justice.

Implications for Police Services Across Canada

The implications of these developments are profound. They signal to police services across the country that there is little tolerance for questioning or investigating the government's pandemic response. This creates an environment where officers may feel pressured to conform rather than seek the truth, which ultimately erodes public trust in law enforcement.

Donald Best's testimony underscores the importance of maintaining independence and integrity within police services. It highlights the need for transparency and accountability, particularly in times of crisis. The actions taken against Constable Grus and the revisions to the Ontario *Police Services Act* represent a significant threat to these principles and warrant serious concern and scrutiny from the public and policymakers alike.

The Role of Police Services

Police services in Canada are intended to operate independently of the political class. Their primary role is to enforce the law impartially, without influence from political entities. This independence is crucial for maintaining the integrity of the justice system and ensuring that all individuals, regardless of their position, are subject to the same legal standards.

The apparent reluctance or refusal of police services to investigate potential wrongdoings related to the COVID-19 pandemic raises questions about their autonomy. Historically, police officers have had the authority and responsibility to investigate allegations of misconduct and to pursue justice based on the evidence. The current situation, however, reflects a departure from this principle, as political considerations seem to override the mandate of impartial law enforcement.

Troubling Implications

The silence and inaction of Canada's police services during this critical period have several troubling implications:

- **Erosion of Public Trust**: The public's confidence in law enforcement is eroded when police services fail to act on credible evidence of wrongdoing. This lack of action suggests that the police may not be a reliable safeguard against abuses of power.
- **Perception of Bias**: The perceived alignment of police services with political agendas creates a sense of bias and partiality. This undermines the fundamental principle of equal justice under the law and raises concerns about selective enforcement.
- **Accountability Deficit**: Without thorough investigations and accountability, those responsible for potential violations during the pandemic may never be held to account. This lack of accountability sets a dangerous precedent and may encourage future disregard for legal and ethical standards.
- **Compromised Independence**: The apparent influence of political considerations on police services compromises their independence. An independent police force is essential for a functioning democracy, ensuring that laws are applied fairly and consistently.

Conclusion

The performance of Canada's police services during the COVID-19 pandemic reveals a troubling trend of inaction and potential politicization. Despite substantial evidence of possible illegal activities and rights violations, no significant investigations or charges have been initiated against those responsible for implementing pandemic mandates. This inaction undermines public trust, erodes the principle of equal justice, and compromises the independence of law enforcement.

It is imperative that police services in Canada reaffirm their commitment to impartiality and independence. By conducting thorough and unbiased investigations into allegations of wrongdoing, they can restore public confidence and uphold the rule of law. The silence of law enforcement during this critical time must be addressed to ensure that justice is served and that such oversights do not recur in the future.

Recommendations

Based on the witness testimony and the preceding discussion regarding Canada's justice system and its actions during the pandemic, the following are recommendations for improvements:

1. Separate the Roles of Canada's Minister of Justice and Attorney General of Canada

- **Rationale**: Currently, Canada allows the same individual to perform both the roles of the Minister of Justice and of the Attorney General. The Minister of Justice is a political assignment, responsible for policy-making and political decision-making within the realm of justice. In contrast, the Attorney General serves as the country's chief law enforcement officer, responsible for upholding the law impartially and without political influence. Combining these roles can lead to conflicts of interest and compromises the independence of the justice system.

- **Recommendation**: The roles of the Minister of Justice and the Attorney General must be separated and assigned to two different individuals. The Attorney General should be appointed on a non-political basis, selected purely on merit, professional qualifications, and experience in the legal field. This separation is required so that the administration of justice is carried out impartially and free from political influence, thereby enhancing the integrity and independence of Canada's legal and justice system.

2. Establish Independent Oversight Bodies

- Create independent civilian oversight bodies at both provincial and federal levels to monitor police actions and hold them accountable. These bodies should have the authority to investigate police conduct and impose sanctions where necessary.

3. Strengthen Whistleblower Protections

- Implement robust protections for whistleblowers within police services to ensure that officers can report misconduct or undue political influence without fear of retaliation.

3. Mandate Transparency in Investigations

- Require police services to publicly disclose the status and outcomes of investigations into potential wrongdoing, particularly those related to government actions and public health mandates.

4. Enhance Training on Ethical Standards

- Provide comprehensive training for all police officers on ethical standards, the importance of impartiality, and the critical role of independence in law enforcement.

5. Implement Regular Audits and Reviews

- Conduct regular audits and reviews of police activities by independent bodies for compliance with legal standards and to identify any undue influence or misconduct.

6. Facilitate Public Access to Information

- Ensure that the public has access to information regarding police investigations and actions. This could include creating publicly accessible databases of complaints and their resolutions.

7. Strengthen Legal Frameworks for Police Independence

- Revise and strengthen legal frameworks to clearly delineate the independence of police services from political entities. This should include clear consequences for breaches of this independence.

8. Create Mechanisms for Public Input

- Establish mechanisms for regular public input and feedback on policing practices and policies. This could involve town hall meetings, public forums, and online platforms for citizens to voice concerns and suggestions.

9. Ensure Accountability for Inaction

- Develop clear policies and procedures to hold police services accountable for inaction, especially in cases involving significant public interest or potential rights violations. This should include disciplinary measures for officers and officials who fail to act on credible evidence.

10. Increase Funding for Independent Investigations

- Allocate dedicated funding for independent investigations into police misconduct and politically motivated actions to ensure that these investigations are thorough and unbiased.

11. Mandatory Reporting of Political Interference

- Introduce mandatory reporting requirements for any instances of political interference in police investigations, with strict penalties for non-compliance.

12. Public Education Campaigns

- Launch public education campaigns to inform citizens about their rights, the role of police, and the importance of police independence. This can empower the public to demand accountability and transparency.

13. Review and Reform Use of Force Policies

- Conduct a comprehensive review of use of force policies so that they remain aligned with best practices and human rights standards, and implement reforms as necessary.

By implementing these recommendations, Canada can address the systemic issues within its policing services, ensuring that they operate with the independence, transparency, and accountability required to uphold the rule of law and protect the rights of all citizens.

5.1.2. Failure of Regulatory Boards to Protect the Public

Introduction

During the Regina hearings, numerous doctors provided compelling testimony regarding the failure of regulatory boards to protect the public during the COVID-19 pandemic.

Testimonies specifically highlighted the actions of the Medical Colleges in Canada, which are the regulatory agencies responsible for overseeing medical practice and ensuring public safety. Testimony concerned physicians, nurses, pharmacists, and other healthcare professional regulatory associations.

Instead of upholding long-standing principles of doctor–patient privilege and Informed Consent, regulatory bodies appeared to abandon these tenets. Medical Colleges went so far as to punish doctors who adhered to traditional medical ethics and practiced medicine to the best of their abilities.

Examples of Regulatory Failures

- Infringement on Doctor–Patient Privilege and Informed Consent

  Many doctors testified that their Medical Colleges pressured them to violate doctor–patient privilege and the principle of Informed Consent. Doctors were coerced into promoting COVID-19 vaccines and treatments without fully informing patients of potential risks and benefits, which is contrary to medical ethics.

- Punishment of Ethical Medical Practice

  Doctors who continued to follow long-standing medical principles—providing balanced information and respecting patient autonomy—faced disciplinary actions. Some were suspended, fined, or had their licenses revoked for not adhering strictly to government-mandated COVID-19 policies, even when those policies conflicted with established medical standards.

Specific Examples of Medical Boards Violating Their Own Rules

- College of Physicians and Surgeons of Ontario (CPSO)

  The CPSO issued directives that prohibited doctors from making any statements or providing advice that contradicted public health orders and guidelines. This included discussing potential alternative treatments or questioning the efficacy and safety of COVID-19 vaccines. Doctors who did so faced severe penalties, despite the CPSO's own regulations that emphasize the importance of Informed Consent and open, honest communication between doctors and patients.

- College of Physicians and Surgeons of British Columbia (CPSBC)

  The CPSBC disciplined doctors who advocated for early treatment options for COVID-19, which were not officially endorsed by public health authorities. These actions were taken despite the College's mandate to support doctors in providing evidence-based care tailored to individual patient needs.

- College of Physicians and Surgeons of Alberta (CPSA)

  The CPSA issued threats of investigation and disciplinary action against doctors who provided medical exemptions for COVID-19 vaccines based on individual patient assessments. This contravened their regulatory guidelines that allow for medical discretion in patient care.

- Collège des médecins du Québec (CMQ)

  The CMQ implemented policies that effectively silenced doctors from expressing any professional opinions that deviated from the official public health narrative. Doctors who raised concerns about vaccine safety or effectiveness faced immediate disciplinary measures, even if their opinions were based on emerging scientific evidence and clinical experience.

Call for Investigation and Accountability

The actions of these regulatory boards during the pandemic necessitate a thorough investigation and accountability. These boards must be held responsible for:

- Violating Medical Ethics

  By forcing doctors to comply with mandates that conflicted with patient autonomy and Informed Consent, the regulatory boards compromised medical ethics.

- Suppressing Medical Opinions

  Punishing doctors for expressing professional opinions and providing individualized patient care undermines the very foundation of medical practice, which is to serve the best interests of the patient.

- Failing to Protect Public Health

  The regulatory boards' alignment with government mandates, at the expense of individualized patient care, raises serious concerns about their role and effectiveness in protecting public health.

The testimonies heard at the Regina hearings highlight the urgent need for these regulatory boards to be investigated and held accountable for their actions during the COVID-19 pandemic. Only through such accountability can trust be restored in these institutions, ensuring they fulfill their mandate to protect public health and uphold medical ethics.

Recommendations

The testimonies from the Regina hearings highlight significant failures by regulatory boards, specifically the Medical Colleges in Canada, to uphold medical ethics and protect public health during the COVID-19 pandemic. To address these issues, the following recommendations are proposed:

1. Establish Independent Oversight and Accountability Mechanisms

Recommendation: Create an Independent Review Board

- **Implementation**: Establish an independent review board with the authority to investigate the actions of regulatory boards. This board should include medical professionals, ethicists, legal experts, and representatives from civil society.
- **Rationale**: An independent body can provide unbiased evaluations of the regulatory boards' actions, ensuring transparency and accountability.

Recommendation: Mandate Regular Audits and Public Reports

- **Implementation**: Require regulatory boards to undergo regular audits and publish annual reports detailing their actions, decisions, and compliance with medical ethics.
- **Rationale**: Transparency through regular audits and public reporting will help restore trust and ensure that regulatory boards are held accountable for their actions.

2. Uphold Medical Ethics and Informed Consent

Recommendation: Reinforce the Importance of Informed Consent

- **Implementation**: Update regulations to explicitly mandate that all medical treatments, including vaccines, must be administered with Informed Consent. Provide clear guidelines on how to present risks and benefits to patients.
- **Rationale**: Ensuring Informed Consent upholds patient autonomy and maintains the integrity of the doctor–patient relationship.

Recommendation: Protect Doctor–Patient Privilege

- **Implementation**: Strengthen regulations to protect doctor–patient privilege, ensuring that medical decisions are made based on individual assessments rather than blanket mandates.
- **Rationale**: Protecting doctor–patient privilege provides medical care that is personalized and respects patient confidentiality.

3. Support and Protect Ethical Medical Practice

Recommendation: Safeguard Doctors' Professional Opinions

- **Implementation**: Implement policies that protect doctors from disciplinary actions when they provide evidence-based medical opinions, even if those opinions differ from public health mandates.
- **Rationale**: Encouraging open discourse and protecting doctors' professional opinions will enhance medical practice and patient care.

Recommendation: Establish a Whistleblower Protection Program

- **Implementation**: Create a program to protect medical professionals who report unethical practices or regulatory board misconduct. Ensure that whistleblowers are not subject to retaliation.
- **Rationale**: Protecting whistleblowers will encourage the reporting of unethical practices and promote accountability within the medical profession.

4. Promote Evidence-Based Practice and Flexibility

Recommendation: Allow for Medical Discretion in Patient Care

- **Implementation**: Ensure that regulatory guidelines allow doctors to exercise medical discretion based on individual patient needs and emerging scientific evidence.
- **Rationale**: Flexibility in medical practice is crucial for providing personalized and effective patient care.

Recommendation: Encourage Research and Open Scientific Debate

- **Implementation**: Support independent research and facilitate open scientific debates on COVID-19 treatments and vaccine safety. Require that new evidence is promptly reviewed and incorporated into public health policies.

- **Rationale**: Encouraging research and open debate fosters a better understanding of medical issues and certifies that public health policies are based on the latest scientific evidence.

5. Review and Reform Regulatory Board Policies

Recommendation: Conduct a Comprehensive Policy Review

- **Implementation**: Undertake a comprehensive review of the policies and actions, during the pandemic, of all of the medical regulatory institutions in Canada.
- **Rationale**: A thorough review will identify specific areas where these regulatory boards failed to protect public health and uphold medical ethics.

Recommendation: Implement Corrective Actions and Training Programs

- **Implementation**: Based on the findings of the policy review, implement corrective actions and mandatory training programs for regulatory board members on medical ethics, patient rights, and Informed Consent.
- **Rationale**: Corrective actions and training will help prevent future violations so that regulatory boards are better prepared to ethically handle public health emergencies.

6. Enhance Communication and Public Engagement

Recommendation: Improve Communication Strategies

- **Implementation**: Develop clear and consistent communication strategies to keep the public informed about regulatory decisions and the rationale behind them. Use multiple platforms to reach diverse audiences.
- **Rationale**: Transparent communication builds public trust and ensures that people are well-informed about public health measures and their implications.

Recommendation: Engage with the Public and Medical Community

- **Implementation**: Establish regular forums and town hall meetings to engage with the public and the medical community. Encourage feedback and incorporate it into policy-making.
- **Rationale**: Public and professional engagement fosters collaboration, providing policies that are responsive to the needs and concerns of all stakeholders.

The failures of regulatory boards during the COVID-19 pandemic, as highlighted by the testimonies from the Regina hearings, necessitate immediate and comprehensive reforms.

Implementing these recommendations will address the identified deficiencies, uphold medical ethics, protect individual rights, and restore trust in regulatory institutions. By promoting transparency, accountability, and evidence-based practices, Canada can ensure a more ethical and effective public health response in future emergencies.

5.1.3. International Health Regulations and Treaties Update

Introduction

The World Health Organization (WHO) has prepared amendments to the *International Health Regulations* (IHR).

The World Health Assembly (WHA) has agreed on a series of amendments to the IHR in June 2024. These amendments are purported to strengthen global preparedness, surveillance, and response to public health emergencies—including pandemics. Here are the key changes:

1. Pandemic Emergency Definition:
    - A new definition for a pandemic emergency has been introduced. This definition covers communicable diseases that pose a high risk of widespread geographical spread, exceed health system capacities, cause significant social and economic disruption, and require coordinated international action. This builds on the existing mechanisms of the IHR, including the determination of a Public Health Emergency of International Concern (PHEIC)
2. Strengthening National and International Capacities:
    - The amendments include commitments to bolster national and international capacities for disease surveillance, information sharing, and response. This includes creating a more robust framework for coordinating efforts across countries and ensuring that preparedness is a collective endeavour.
3. Equity and Solidarity in Access to Medical Products:
    - A strong emphasis has been placed on equity and solidarity to ensure that access to medical products and financing is strengthened globally. This involves establishing a coordinating financial mechanism to support pandemic prevention, preparedness, and response, particularly to assist developing countries.
4. Enhanced Transparency and Monitoring:
    - The amendments stress the importance of transparency and monitoring. An independent body will monitor compliance and accountability, inspired by models used in climate change agreements and international law. This aims to ensure that actions are taken to meet global health goals and standards.

Witness Testimony

James Roguski's Testimony:

James Roguski, a researcher and activist, raised several concerns about the proposed revisions to the IHR:

1. **Assumption of Safety and Efficacy**: The revisions assume that the actions taken during the COVID-19 pandemic were safe and effective, which may not reflect the varied outcomes and impacts that were experienced globally.
2. **Financial Obligations**: Developed countries or nations could be compelled to finance the development of pharmaceutical capacity in less wealthy countries, raising concerns about the financial burden on these nations.
3. **Vague Pandemic Emergency Definition**: The definition of a pandemic emergency can be considered vague, allowing the WHO Director-General to declare an emergency without stringent requirements for statistics or risk assessment. This could lead to the misuse of emergency declarations.
4. **Potential for Emergency Powers**: An emergency declaration by the WHO Director-General could be used by local governments to invoke emergency powers, potentially leading to overreach and misuse.
5. **Global Authority and Uniform Solutions**: There are concerns about a single global authority diagnosing pandemics and prescribing one-size-fits-all solutions, which may not be appropriate for all member states.

Risks to Canadians' Rights

The proposed amendments to the IHR and the development of a global pandemic treaty pose several risks to Canadians' rights:

1. **Sovereignty and Autonomy**: The ability of the WHO to declare emergencies and prescribe health measures could infringe on national sovereignty, limiting Canada's ability to make independent public health decisions tailored within its specific context.
2. **Financial Burden**: Obligations to finance global health initiatives could place a significant financial burden on Canada, diverting resources from domestic priorities.
3. **Civil Liberties**: The potential for emergency declarations to be used by local governments to invoke emergency powers raises concerns about the erosion of civil liberties and the potential for government overreach.

4. **Equity and Fairness**: While equity in global health is crucial, the mechanism for ensuring it must be fair and transparent. Wealthy nations like Canada must balance global responsibilities with domestic needs.

5. **Transparency and Accountability**: Ensuring that the WHO's decision-making processes are transparent and accountable is vital to maintaining public trust. Canadians need assurance that global health decisions are made based on sound science and not influenced by political or financial interests.

The amendments to the IHR and the proposed global pandemic treaty pose significant risks that need careful consideration. It is crucial we ensure that these changes do not infringe on national sovereignty, impose unfair financial burdens, or erode civil liberties. Transparent and accountable decision-making processes along with a fair balance between global responsibilities and domestic needs are essential to protect Canadians' rights while contributing to global health security.

Recommendations

1. Safeguarding Sovereignty and Autonomy

Recommendation: Ensure National Oversight and Decision-Making

- **Implementation**: Establish a national review board comprising public health experts, legal advisors, and representatives from civil society to oversee and evaluate any WHO declarations and recommended measures before they are implemented domestically. This board should have the authority to approve, modify, or reject WHO recommendations based on national interests and contextual factors.

- **Rationale**: This approach requires that international directives are tailored to the specific needs and circumstances of Canada, preserving national sovereignty while participating in global health initiatives.

Recommendation: Advocate for Clear and Specific Criteria for Emergency Declarations

- **Implementation**: Work with other WHO member states to refine the definition of a pandemic emergency within the IHR. Ensure that the criteria for declaring an emergency are specific, transparent, and based on robust scientific evidence and risk assessment.

- **Rationale**: Clear criteria will prevent the arbitrary or politically motivated declaration of emergencies and ensure that such declarations are based on concrete data and genuine public health threats.

2. Addressing Financial Burdens

Recommendation: Negotiate Fair Contribution Frameworks

- **Implementation**: Engage in negotiations to establish a fair and proportional financial contribution framework for global health initiatives. Contributions should be based on each country's GDP, public health expenditure, and capacity to contribute, thus ensuring that the financial burden is equitably distributed.
- **Rationale**: This ensures that wealthier nations like Canada contribute fairly without compromising their domestic health priorities and financial stability.

Recommendation: Enhance Accountability and Transparency in Funding Utilization

- **Implementation**: Implement stringent accountability mechanisms to track and report on the utilization of funds contributed to global health initiatives. Regular audits and public disclosures should be mandatory.
- **Rationale**: Ensuring transparency in how funds are used will build trust and that contributions are used effectively and efficiently in achieving intended public health outcomes.

3. Protecting Civil Liberties

Recommendation: Enact Strong Legal Safeguards

- **Implementation**: Develop and enact legal safeguards to protect civil liberties during public health emergencies. These should include strict criteria for the invocation of emergency powers, time limits on restrictive measures, regular reviews by independent judicial bodies, and the imposition of criminal penalties against the offending officials should violations be determined.
- **Rationale**: Protecting civil liberties ensures that public health measures do not lead to unnecessary or prolonged restrictions on personal freedoms and rights.

Recommendation: Establish Independent Oversight Mechanisms

- **Implementation**: Create independent oversight bodies to monitor the use of emergency powers and public health measures. These bodies should include representatives from the judiciary, civil society, and human rights organizations.
- **Rationale**: Independent oversight will help prevent abuse of power and provide measures that are proportionate, necessary, and in line with human rights standards.

4. **Ensuring Transparency and Accountability**

Recommendation: Promote Open and Inclusive Decision-Making Processes

- **Implementation**: Ensure that WHO decision-making processes are transparent and inclusive; involve a wide range of stakeholders; and include member states, public health experts, and civil society organizations. Regular public consultations and disclosures should be mandated.
- **Rationale**: Transparency and inclusivity in decision-making processes build trust where diverse perspectives are considered—leading to more balanced and effective public health policies.

Recommendation: Strengthen Whistleblower Protections

- **Implementation**: Implement robust protections for whistleblowers who report on public health issues, corruption, or misuse of power within international health organizations and domestic health institutions.
- **Rationale**: Protecting whistleblowers encourages the reporting of wrongdoing and ensures that issues are addressed promptly, thereby maintaining the integrity of public health responses.

5. Balancing Global and Domestic Responsibilities

Recommendation: Prioritize Domestic Public Health Needs

- **Implementation**: While contributing to global health initiatives, safeguard priority of public health needs. Establish clear guidelines for balancing international commitments with national health priorities.
- **Rationale**: Maintaining a balance between global responsibilities and domestic needs ensures that Canadians' health and well being are not compromised while supporting global health efforts.

Recommendation: Foster Global Partnerships and Collaborations

- **Implementation**: Develop partnerships with other countries and international organizations to share best practices, resources, and expertise. Participate in joint research and development initiatives to enhance global and national health capacities.
- **Rationale**: Collaborative efforts can lead to more effective and sustainable public health outcomes, benefiting both Canada and the global community.

By implementing these recommendations, Canada can mitigate the risks associated with the proposed IHR amendments and the global pandemic treaty. These measures ensure that national sovereignty, financial stability, civil liberties, transparency, and accountability are upheld while contributing effectively to global public health efforts.

5.1.4. Degradation of Democratic Process

Introduction

The testimony of Hon. Nadine Wilson, a sitting member of the Saskatchewan Legislature, underscores the profound democratic deficiencies that characterized Saskatchewan's response to the COVID-19 pandemic. Representing the riding of Saskatchewan-Rivers North, Nadine Wilson's testified how the decision-making process during the pandemic was centralized within a small group of individuals, effectively bypassing the province's democratic institutions and excluding elected representatives from critical discussions.

Witness Testimony

Hon. Nadine Wilson, MLA Saskatchewan

Nadine Wilson is a sitting member of the Saskatchewan Legislature representing the riding of Saskatchewan-Rivers North. She was first elected to the legislature in 2007 as a member of the Saskatchewan Party, which in 2007 formed the government under premier Brad Wall. She was Legislative Secretary to two premiers, as well as Provincial Secretary to the Province of Saskatchewan, and was previously deputy speaker of the Saskatchewan Legislature. Prior to her career as an MLA she was a twice-elected municipal reeve.

When the pandemic began she was a member of the ruling Saskatchewan party and a member of caucus.

She left the Saskatchewan Party when the party chose to censor anyone criticizing the pandemic mandates. She also refused to reveal her vaccine status within caucus because her medical status was private health information. She further stated that the premier coerced members to get vaccinated.

Ms. Wilson testified that she asked the premier of Saskatchewan, how the mandates were established, as there had been no debate or discussion held in the legislature or in caucus. She did not believe that cabinet had a debate on the mandates. She testified that Premier Moe stated that he had met with two other premiers and the prime minister and that they had decided that the mandates would be enforced in Saskatchewan.

The lack of discussion or debate amongst the people's elected representatives violated any democratic process that involved the elected representatives. This is especially troubling given the profound nature of the mandates and measures that were imposed.

She observed severe concerns being raised by the people of Saskatchewan, and during the crisis of the pandemic, many MLAs refused to interact with or answer questions from their electorate. MLAs closed their offices so citizens had no one with whom to speak.

Ms. Wilson kept her office open during the pandemic and had to hire additional staff. She spoke about the many phone calls she received from residents who were terrified, considering suicide, or considering leaving Canada. She said that during the pandemic, fear was paramount in the minds of citizens.

In November of 2022, she started the Saskatchewan United Party.

She spoke about how religious freedom in Canada was eliminated under the use of emergency declarations and executive orders.

She testified that power was concentrated in a small group that included un-elected officials.

She believed that the province had an emergency plan but ignored it throughout the emergency. She stated there was no discussion of the emergency plan, and MLAs were instructed not to speak to the public health officials.

She asked the government about COVID detention centres, and she could not get an answer from the government.

The elected officials were not provided with any additional medical information, research, or other information to permit them to make informed decisions on behalf of their constituents, nor were they even consulted by the premier.

Discussion of Witness Testimony

When the pandemic began, Wilson, a member of the ruling Saskatchewan Party, found herself at odds with the party's approach to handling the crisis. She left the party after it censored any criticism of the pandemic mandates and coerced members to disclose their vaccination status, which was unprecedented breach of privacy and personal health information. Her attempts to understand how mandates were established revealed a startling lack of transparency: Premier Scott Moe informed her that decisions were made in meetings with other premiers and the prime minister, with no debate or discussion in the legislature or caucus.

This concentration of power not only sidelined the democratic process but also ignored the voices of the elected representatives who are meant to serve the interests of their constituents. The absence of legislative debate on mandates—despite their profound impact on daily life—meant that policies were implemented without the scrutiny and input that a democratic process demands.

Wilson' s account highlighted the severe disconnect between the government and the people it is meant to serve. Many members of the Legislative Assembly closed their offices and avoided interaction with the public, which left citizens without recourse or representation during a time of crisis.

Wilson, contrastingly, kept her office open. She was inundated with calls from terrified constituents; some were considering suicide or leaving Canada due to the fear and uncertainty propagated by the government's measures and the media. Her actions underscore the essential role that elected representatives play in providing support and transparency during crises—roles that were largely abandoned by her colleagues.

The situation was further exacerbated by the elimination of religious freedoms under emergency declarations and executive orders, and the concentration of power among a small group of unelected officials. The provincial emergency plan, which should have guided the response, was seemingly ignored, and elected officials were discouraged from engaging with public health officials. This lack of engagement and information-sharing left MLAs ill-equipped to make informed decisions or to effectively represent their constituents.

Wilson's experience speaks to a broader issue of governance and accountability. The lack of a democratic process and the exclusion of elected representatives from decision-making during the pandemic not only undermined public trust but also led to policies that were implemented without sufficient oversight or consideration of their broader impacts. This testimony calls for a re-evaluation of how emergency powers are exercised and highlights the need for greater transparency and inclusion of elected officials in decision-making processes in order to ensure that the principles of democracy are upheld, even in times of crisis.

Ignoring the Democratic Process in Times of Emergency

The testimony of Hon. Nadine Wilson, MLA for Saskatchewan-Rivers North, illuminates the critical dangers of sidelining the democratic process during emergencies such as the COVID-19 pandemic. Her account reveals that crucial decisions were made by a small group of leaders without the involvement or oversight of the legislative body. This lack of democratic engagement resulted in a series of profound and potentially damaging consequences for the people of Saskatchewan.

Lack of Alternative Options and Limited Consideration of Consequences

In a democratic society, policy decisions, especially those as impactful as pandemic mandates, are expected to be subject to rigorous debate and scrutiny. Such a process ensures that multiple perspectives are considered, potential consequences are thoroughly evaluated, and a range of alternative options are explored. However, Wilson's testimony underscores that no such debate occurred within the Saskatchewan Legislature or even within the ruling party's caucus. Decisions were made in closed meetings involving a small circle of officials that included the premier and a few other premiers alongside the prime minister, without input from other elected representatives.

This exclusionary approach meant that no alternative strategies were discussed. The lack of a comprehensive deliberation process limited the consideration of potential consequences, both intended and unintended, of the mandates. For instance, the impacts on mental health, economic stability, and civil liberties were not adequately weighed against the public health benefits of the mandates. The failure to explore alternative measures or more balanced approaches likely exacerbated the negative effects on the populace.

Exclusion of Emergency Measures Personnel

The exclusion of designated emergency measures personnel from the decision-making process further highlights the flawed approach taken. These personnel are typically trained and prepared to manage crises through established protocols and strategies. Ignoring their expertise and bypassing the provincial emergency plan, as noted by Wilson, resulted in a response that lacked the comprehensive planning and coordination necessary for effective crisis management. This not only undermined the efficacy of the response but also eroded public trust in the government's ability to handle emergencies competently.

Risk of Totalitarian Measures and Erosion of Democracy

Wilson's testimony also serves as a stark reminder of how quickly totalitarian measures can be implemented under the guise of emergency response. The concentration of power in the hands of a few, the suppression of dissent within the ruling party, and the use of executive orders to enforce mandates without legislative oversight are all hallmarks of authoritarian governance. These actions bypassed the checks and balances that are fundamental to a functioning democracy.

The risk of such measures to democracy cannot be overstated. When elected representatives are excluded from critical decision-making processes, it undermines the very principles of representative democracy. The people's voice, which is supposed to be channeled through their elected officials, is effectively silenced. This can lead to widespread disillusionment with the democratic process, decreasing public engagement and trust in government institutions.

Moreover, the use of emergency powers without adequate oversight sets a dangerous precedent. It normalizes the idea that in times of crisis, democratic norms and processes can be suspended. This can pave the way for future abuses of power, where governments might invoke emergencies to implement controversial policies without democratic scrutiny. The erosion of civil liberties, as seen with the suppression of religious freedoms and forced medical measures, further illustrates the potential for such powers to be misused.

The perils of ignoring the democratic process in times of emergency are manifold. The testimony of Hon. Nadine Wilson highlighted how the lack of debate and exclusion of elected representatives and emergency personnel led to unconsidered consequences and ineffective policies. More critically, it demonstrates the fragility of democratic institutions when faced with crises and the ease with which totalitarian measures can be introduced. To safeguard democracy it is imperative to maintain that even in emergencies, decisions are made transparently, inclusively, and with rigorous oversight. This approach not only upholds democratic values but also leads to more effective and equitable crisis management.

Recommendations

To ensure that the democratic process is upheld during future emergencies and to prevent the centralization of decision-making power, the following measures are recommended:

1. Strengthening Legislative Oversight

Recommendation: Mandatory Legislative Review of Emergency Measures

- **Implementation**: Introduce laws requiring that all emergency measures be subject to review and approval by the legislature within a specified time frame (e.g., 30 days). This requires that elected representatives have a say in the implementation of any significant mandates.
- **Rationale**: Legislative review ensures that emergency measures are debated, alternatives are considered, and the potential consequences are thoroughly evaluated, thereby upholding democratic principles.

Recommendation: Establish a Permanent Emergency Oversight Committee

- **Implementation**: Create a permanent bipartisan committee within the legislature specifically tasked with overseeing emergency responses. This committee should have the authority to call for hearings, review evidence, and make recommendations.
- **Rationale**: A dedicated oversight committee can provide continuous monitoring and ensure transparency and accountability in the management of emergencies.

2. Enhancing Transparency and Public Communication

Recommendation: Public Disclosure of Decision-Making Processes

- **Implementation**: Require that all decisions made during emergencies be documented and publicly available. This includes meeting minutes, the rationale for decisions, and the data and evidence used to support them.
- **Rationale**: Transparency in decision-making builds public trust and provides policies based on sound scientific evidence and democratic principles.

Recommendation: Regular Public Briefings and Updates

- **Implementation**: Mandate regular public briefings by government officials and public health authorities during emergencies. These briefings should provide clear information on the situation, the measures being taken, and the reasons behind them.
- **Rationale**: Regular updates keep the public informed, reduce uncertainty and fear, and enhance the legitimacy of the measures being implemented.

3. Protecting Individual Rights and Freedoms

Recommendation: Uphold Privacy and Informed Consent

- **Implementation**: Strengthen privacy laws to assure individuals' health information remains confidential and that any medical interventions require Informed Consent. Any exceptions must be clearly justified and subject to review.
- **Rationale**: Protecting individual rights ensures that emergency measures do not infringe upon personal freedoms and maintains public trust in the health system.

Recommendation: Safeguard Religious and Civil Liberties

- **Implementation**: Enact protections to ensure that emergency measures do not disproportionately impact religious practices or civil liberties. Any restrictions must be necessary, proportionate, and subject to judicial review.
- **Rationale**: Safeguarding these freedoms requires emergency measures to respect fundamental rights and prevent overreach by the government.

4. Inclusive Decision-Making and Consultation

Recommendation: Involve Emergency Measures Personnel and Experts

- **Implementation**: Ensure that emergency response plans are developed and implemented in consultation with designated emergency measures personnel and a broad range of experts that includes public health professionals, ethicists, and legal scholars.
- **Rationale**: Involving a diverse group of experts ensures that emergency responses are well-rounded, scientifically sound, and ethically justified.

Recommendation: Encourage Public Participation and Feedback

- **Implementation**: Create mechanisms for public input and feedback on emergency measures. This can include public consultations, surveys, and forums where citizens can voice their concerns and suggestions.
- **Rationale**: Public participation enhances the legitimacy of emergency measures and certifies that they are responsive to the needs and values of the community.

Recommendation: Require all government offices to remain open during a crisis.

- **Implementation**: Legislate that government offices, especially the offices of elected representatives remain open and accessible to the public during emergency situations.
- **Rationale**: The experience described by Hon. Nadine Wilson presents a situation where the government and the people's representatives closed their offices during the crisis and the people had no means of contacting them. This not only removed access to the elected representatives, but served to magnify the public's terror during an unprecedented time.

5. Preparedness and Education

Recommendation: Develop and Regularly Update Emergency Plans

- **Implementation**: Develop comprehensive emergency plans that are regularly updated and tested through simulations and drills. These plans should include clear protocols for decision-making, communication, and the protection of rights.
- **Rationale**: Having a well-prepared and regularly updated plan necessitates that responses are swift, effective, and respect democratic principles.

Recommendation: Educate Public Officials and the Public on Democratic Processes

- **Implementation**: Provide training for public officials on upholding democratic principles during emergencies. Conduct public education campaigns to inform citizens about their rights and the importance of maintaining democratic processes.
- **Rationale**: Educating both officials and the public fosters a culture of democracy and ensures that emergency measures are implemented and received in a manner that respects democratic norms.

By implementing these recommendations, we can ensure that the democratic process is upheld during future emergencies. Strengthening legislative oversight, enhancing transparency, protecting individual rights, fostering inclusive decision-making, and prioritizing preparedness and education will help prevent the centralization of power and maintain public trust in government actions. These measures are essential to safeguarding democracy and ensuring that responses to emergencies are both effective and respectful of fundamental rights and freedoms.

5.2. Social Impacts

5.2.1. Neglect & Isolation of Seniors Amidst COVID-19 Interventions

Introduction

This topic was included in the original November 28, 2023 NCI Report as section 7.2.1 Neglect and Isolation of Seniors in Canada Amidst COVID-19 Interventions.

Witness Testimony

Additional testimonies were received from witnesses working within long-term care facilities during the time that the COVID-19 interventions were implemented.

Testimonies were received from the following witnesses:

Allison Nesdoly

Ms. Nesdoly is a licensed practical nurse who worked in several long-term senior care facilities during the pandemic, where she was responsible for providing direct care to patients. She continued working in these facilities following the rollout of the vaccination program in 2021. During this time, she observed a noticeable decline in the health of many patients after they received the COVID-19 vaccines. This decline manifested in various forms which included rashes, pain, and an overall deterioration in both physical and cognitive health.

Ms. Nesdoly also observed that shortly after each round of vaccinations there would be an outbreak of COVID-19 and Respiratory Syncytial Virus (RSV) within the facility. These outbreaks typically occurred within a week of the vaccinations. She testified that many of the residents had received multiple doses of the vaccine.

Despite being vaccinated multiple times, the residents were subjected to lockdowns and isolation whenever there was an outbreak in the facility. These lockdowns lasted from several days to weeks, and Ms. Nesdoly noted that the periods of forced isolation had a profoundly negative impact on the residents' well being.

Ms. Nesdoly herself chose not to be vaccinated based on her own research and her history of adverse reactions to previous vaccines. She also noted that her colleagues experienced various side effects following their COVID-19 vaccinations. These included rashes, skin lumps, open sores, and headaches. Alarmingly, two nurses suffered seizures shortly after receiving the vaccine. Many of her co-workers discussed these issues among themselves, expressing concerns about the effects they were experiencing.

Ms. Nesdoly's testimony highlights the troubling health impacts observed in both residents and staff in long-term care facilities following COVID-19 vaccinations, as well as the detrimental effects of repeated lockdowns and isolation on vulnerable populations.

Sheena Clarke

Ms. Clarke is a registered nurse from New Brunswick who had extensive experience working in two local hospitals across most departments until 2017, when she transitioned to long-term home care. During the pandemic she observed widespread fear and depression among residents in the long-term care facilities where she worked. She described how many patients felt so lonely that they expressed a desire to die, with some residents even sleeping with their masks on out of fear.

Despite the pervasive fear, there were no COVID-19 infections in her facility. However, within days and weeks of the vaccination rollout, Ms. Clarke observed a troubling increase in health issues among residents. These issues included shortness of breath, chest pains, seizures, blood clots, heart attacks, herpes, shingles, and strokes. Alarmingly, some elderly women even began menstruating. As time passed, the number of complaints related to these issues grew, as did the frequency of these adverse events following vaccination.

Ms. Clarke also noticed significant changes in patients' blood analyses after they received the vaccine. Concerned about these developments, she reported her observations regarding the negative effects of the measures on residents. She was instructed to add her concerns to the "Doctor's Board."

However, when she reported these issues, she was informed that the only recognized side effects of the vaccines were anaphylaxis and arm pain. She was told she was not authorized to report these issues since she was not the designated person responsible for such reports. Furthermore, she was instructed to stop reporting her findings because they were causing alarm among the staff.

Ms. Clarke took her concerns to various regulatory bodies, including her union, but found little support. The staff in her facility were also living in fear, facing constant revisions to the rules that governed their work. The availability and adequacy of personal protective equipment (PPE) and operational requirements were frequently changing, often in ways that seemed illogical.

Although Ms. Clarke herself was not vaccinated and had received an exemption, she was ultimately terminated when vaccine mandates were implemented. Her testimony underscores the profound challenges and distress faced by both residents and healthcare workers in long-term care during the pandemic.

Sarah Choujounian

Ms. Choujounian, a registered practical nurse, worked during the pandemic in both a nursing home and with children in the community. As the chief steward of her union, she raised concerns about the loss of rights experienced by both staff and patients during this period. However, the union advised her to comply with the pandemic measures.

She observed that the lockdowns and other restrictions had significant negative effects on the residents of the nursing home. Deprived of family visits, many residents began to "fail to thrive." Ms. Choujounian stated that these negative outcomes were predictable, given the severity of the measures being implemented.

Fourteen-day lockdowns were enforced, and some residents became increasingly agitated, leading to the sedation of many individuals. If any resident tested positive for COVID-19, regardless of whether they showed symptoms, the lockdowns were extended by an additional 14 days. Ms. Choujounian noted that doctors did not visit the facility to observe the situation firsthand, and she had no direct access to report her observations to them.

She also pointed out that no representatives from regulatory bodies visited the facility to monitor the conditions. There were no daily meetings or discussions to assess the situation within the facility or to evaluate the impact of the measures on the residents. All rehabilitation and physical therapy services were halted, further exacerbating the residents' decline.

Despite the troubling conditions, no one within the facility voiced complaints, and no Informed Consent was obtained before altering the residents' treatment schedules. Concerned about what she was witnessing, Ms. Choujounian began sharing her observations with a private group on social media. As a result, she was placed under investigation for her posts.

After speaking at a public hearing, Ms. Choujounian was terminated from her employment. Her testimony underscores the severe impact of the pandemic measures on vulnerable nursing home residents and the lack of oversight or accountability within the facility.

Discussion of NCI 2023 Report

Section 7.2.1 of the original 2023 NCI Report addresses the overall impact of COVID-19 lockdowns on seniors in long-term care facilities. The section highlights issues such as isolation, mental health deterioration, and inadequate medical care. Key points include:

- Increased isolation due to lockdown measures leading to mental health issues like depression and anxiety.
- Limited physical activity and rehabilitation services causing physical decline.

- Challenges with maintaining adequate staffing levels and PPE.
- Lack of regular medical oversight and insufficient reporting of adverse events.

Summary of New Testimonies

Allison Nesdoly (Regina, SK)

- **Observations on Health Post-Vaccination**: Patients experienced deterioration in health that included rashes, pain, cognitive and physical decline post-vaccination. Noted outbreaks of COVID-19 and RSV shortly after vaccinations.
- **Staff Health Issues**: Staff experienced rashes, skin lumps, open sores, headaches, and seizures following vaccination.
- **Isolation Impact**: Frequent lockdowns, regardless of vaccination status, negatively impacted residents' well being.
- **Personal Vaccine Hesitancy**: Chose not to vaccinate due to personal history and research.

Sheena Clarke (Regina, SK)

- **Observations on Health Post-Vaccination**: Increased incidence of shortness of breath, chest pains, seizures, blood clots, heart attacks, and other serious health issues post-vaccination. Blood analyses showed changes post-vaccination.
- **Isolation and Fear**: High levels of fear and depression among residents; some wore masks even while sleeping. Staff lived in fear due to constantly changing rules and PPE shortages.
- **Reporting Issues**: Faced resistance when reporting adverse effects and was eventually terminated for vaccine non-compliance despite having an exemption.

Sarah Choujounian (Regina, SK)

- **Union and Reporting Challenges**: Reported concerns about loss of rights to the union; and was instructed to comply with pandemic measures.
- **Negative Effects of Lockdowns**: Lockdowns led to significant negative impacts, including residents being deprived of family visits, sedation of agitated residents, and a halt to rehabilitation services.
- **Lack of Medical Oversight**: Doctors did not visit the facility, and there were no regulatory checks or Informed Consent for treatment changes.

- **Social Media and Termination**: Posted observations on social media and was investigated and terminated after speaking publicly.

Additional Critical Information from New Testimonies

Health Deterioration Post-Vaccination:

New testimonies provide specific details on the physical and cognitive decline of residents, post-vaccination, including severe side effects like seizures, blood clots, heart attacks, and even menstruation in elderly women.

Mention of outbreaks of COVID-19 and RSV following vaccinations added a new layer to the understanding of post-vaccination effects.

Staff Health and Vaccine Reactions:

- Reports of adverse reactions among staff that included rashes, headaches, and seizures which were not covered in the original report.

Reporting and Oversight Failures:

- Detailed instances of obstructed reporting with staff being instructed not to report issues and facing termination for non-compliance or speaking out.
- Lack of medical oversight and regulatory visits highlighted that showed a systemic failure in monitoring and addressing the issues within facilities.

Impact of Isolation and Lockdowns:

- Specifics on the duration and frequency of lockdowns and their severe impact on residents' mental health and physical well being.
- Description of the negative consequences of isolation, including the increased use of sedation and the halting of rehabilitation services, provided a deeper understanding of the adverse effects of lockdown measures.

Personal Experiences and Professional Risks:

- Personal accounts of facing professional risks for not complying with vaccination mandates or for speaking out against the observed issues.
- Testimonies provide a human element—showing the fear and frustration experienced by both residents and staff during the pandemic.

Overall, the new testimonies offer a more detailed and nuanced picture of the challenges faced by seniors and healthcare workers during the COVID-19 pandemic by highlighting significant gaps in care, oversight, and the negative impact of both vaccination and lockdown measures.

Conclusion

Based on the new information provided in the three testimonies from Allison Nesdoly, Sheena Clarke, and Sarah Choujounian, the following additional conclusions can be drawn beyond those made in the original NCI Report:

Post-Vaccination Health Decline:

There is a noticeable and concerning pattern of health deterioration in both residents and staff following COVID-19 lockdowns and vaccinations—including severe physical and cognitive declines—which was not fully addressed in the original report.

The testimonies suggest a potential correlation between the vaccinations and subsequent outbreaks of COVID-19 and RSV, indicating a need for further investigation into the timing and nature of these outbreaks.

Adverse Effects Among Staff:

The adverse effects of vaccinations on healthcare staff, including serious conditions like seizures and persistent skin issues, were not highlighted in the original report. This underscores the broader impact of the pandemic measures on the entire healthcare ecosystem, not just the residents.

Staff experiencing these effects may have implications for the quality of care provided, as their own health issues can impact their ability to perform their duties effectively.

Systemic Reporting and Oversight Failures:

The systemic failure to properly report, acknowledge, and address adverse health effects post-vaccination is a significant concern. This includes the suppression of staff reports and the lack of proper channels for reporting these issues.

The lack of regulatory oversight and visits to the facilities indicates a failure in the monitoring systems intended to safeguard the health and well being of residents.

Negative Impact of Isolation and Lockdowns:

The detrimental effects of prolonged isolation and repeated lockdowns on residents' mental and physical health were more severe than previously documented. The testimonies provide concrete examples of depression, increased agitation, and the use of sedation as a consequence of these measures.

The testimonies also reveal that lockdowns continued despite high vaccination rates among residents, which questions the efficacy and rationale behind such stringent measures.

Professional and Ethical Challenges:

The testimonies highlight significant ethical and professional challenges faced by healthcare workers, including the conflict between following directives and advocating for patient well being.

The professional risks faced by healthcare workers for raising concerns or refusing vaccination mandates reveal a climate of fear and suppression that likely affected the overall quality of care.

Impact on Rehabilitation and Long-term Health:

The cessation of rehabilitation and physical therapies, as described in the testimonies, indicates a long-term impact on residents' physical health that may not have been fully appreciated in the original report.

The lack of Informed Consent for changes in treatment schedules raises serious ethical concerns and indicates a potential violation of residents' rights.

Need for Comprehensive Review and Policy Adjustment:

The new information calls for a comprehensive review of the policies and measures implemented during the pandemic, particularly around vaccination, lockdowns, and isolation protocols.

There is a clear need for establishing better reporting mechanisms and ensuring transparency and accountability in handling adverse health effects and other issues arising from pandemic measures.

Holistic Support for Healthcare Workers:

> The testimonies underline the necessity for better support systems for healthcare workers, including mental health support, clear communication, and fair treatment in the face of adverse reactions or professional disagreements regarding pandemic measures.

In conclusion, the new testimonies provide critical insights that highlight the need for a more nuanced and responsive approach to handling pandemics in long-term care facilities, emphasizing the importance of balancing infection control measures with the overall well being of both residents and staff.

Recommendations

Considering the new information provided by Allison Nesdoly, Sheena Clarke, and Sarah Choujounian, the following additional recommendations are proposed:

1. **Comprehensive Adverse Effect Reporting System:**
    - Develop a mandatory, anonymous reporting system for adverse health effects following vaccinations or other medical interventions. Ensure that all reports are investigated promptly and thoroughly.
    - Establish an independent committee to review and address these reports, ensuring transparency and accountability.
2. **Improved Oversight and Accountability:**
    - Introduce regular, unannounced visits by independent medical professionals and regulatory bodies to monitor the health and safety of residents and staff.
    - Ensure these visits include assessments of mental health and the overall well being of residents.
3. **Support for Healthcare Workers:**
    - Provide mental health support and counselling services for healthcare workers to address the psychological impact of their work during the pandemic.
    - Implement policies to protect workers from retaliation when they raise legitimate health and safety concerns, thereby fostering a culture of openness and support.

4. **Re-evaluation and Adjustment of Vaccination Policies:**
    - Conduct independent studies to evaluate the long-term effects of COVID-19 vaccinations on both residents and staff. Use the findings to adjust vaccination policies to minimize adverse effects.
    - Develop protocols for monitoring and managing vaccine side effects—ensuring timely and appropriate medical responses.
5. **Ethical Treatment and Informed Consent:**
    - Ensure that Informed Consent is obtained from residents or their guardians before making significant changes to their treatment or care routines.
    - Establish ethics committees within facilities to review and oversee decisions related to resident care during emergencies to safeguard ethical standards are upheld.
6. **Balanced Approach to Isolation and Lockdowns:**
    - Implement targeted isolation measures that minimize disruption to residents' daily lives while effectively controlling infections. Explore alternatives to lockdowns that allow for safe social interactions.
    - Introduce regular, safe social activities and family visits to reduce the negative impact of isolation on residents' mental health.
7. **Continuation of Rehabilitation and Therapy Services:**
    - Ensure that rehabilitation and physical therapy services continue to be available even during pandemics, recognizing their importance in maintaining residents' physical health and overall well being.
    - Develop protocols to safely conduct these services during health crises.
8. **Training on Ethical Decision-Making:**
    - Provide training for healthcare workers on ethical decision-making and residents' rights, empowering them to make informed and compassionate care decisions.
    - Include training on managing and reporting adverse vaccine reactions and other health crises.

9. Enhanced Communication and Transparency:

- Develop clear and consistent communication channels to keep residents, families, and staff informed about the measures being implemented and any changes in policies.
- Facilitate regular updates and meetings to address concerns and provide reassurance to ensure all parties are well-informed and involved in decision-making processes.

10. Public Health and Policy Adjustments:

- Review and adjust public health policies based on emerging data and feedback from frontline workers and residents to warrant they are effective and humane.
- Ensure policies are flexible and can be adapted quickly in response to new information or changing circumstances.

By incorporating these additional recommendations, long-term care facilities can provide a more comprehensive, ethical, and effective response to future pandemics, ultimately leading to better health outcomes and improved well being for both residents and staff.

5.2.2. The Effects of Sustained Propaganda and Terror

Introduction

During the Regina hearings, Renate Lindeman's testimony highlighted the profound terror experienced by many Canadians in response to the sustained propaganda disseminated by the Canadian Government and their legacy media collaborators during the COVID-19 pandemic.

The sustained propaganda campaign executed during the COVID-19 Pandemic by the Canadian government, in collaboration with legacy media, has had profound and far-reaching impacts on the mental health and societal trust of Canadians. Renate Lindeman's testimony during the Regina hearings serves as a poignant example of how these measures instilled terror and constant fear in individuals, particularly those with vulnerable family members.

Summary of Witness Testimony

Renate Lindeman

Renate is a mother of two special needs children (Down Syndrome). She testified on her experiences during the COVID-19 crisis in Canada—how lockdowns and school closures affected her family. She shared her interpretations of how the Canadian government started to make distinctions between: "essential" and "non-essential" parts of society; eyeing concerns of history and lessons humanity learned the hard way; when a small number of people decide who is or is not essential.

Based on her experience with measles, mumps, and rubella (MMR) vaccines and after her own research, she decided not to have her children receive the mRNA vaccines.

Renatej had serious fears that the government would forcibly inject or remove her children; she was concerned about the similarity between what was happening in Canada and the Nazi T4 program. The T4 Program, also called T4 Euthanasia Program, was Nazi Germany's effort to kill the mentally ill, physically or mentally disabled, emotionally distraught, and elderly.

The Nature and Impact of Propaganda

Throughout the pandemic, Canadians were inundated with government and media messaging that often framed compliance with public health measures as a moral and civic duty. This messaging was accompanied by a stark division of society into essential and non-essential people, creating an environment where those who did not or could not comply with mandates were marginalized and stigmatized. The relentless nature of this propaganda, combined with the enforcement of stringent measures, resulted in significant psychological distress for many.

Renate Lindeman, as the mother of two special needs children, experienced this fear acutely. Her apprehensions were not unfounded; the narrative that emerged painted a picture where non-compliance could lead to severe consequences, including the loss of her children and / or their forced vaccination. Parallels drawn between the current situation and the Nazi T4 Program highlight the extremity of her fears. This historical reference underscores how government actions can evoke deep-seated fears, especially when they resonate with past atrocities.

Long-term Mental Health Consequences

The terror instilled by such propaganda campaigns can have long-lasting effects on mental health. Constant fear and anxiety can lead to chronic stress, which is known to have numerous adverse health effects, including depression, anxiety disorders, and other psychological conditions. For parents like Renate, the fear of government intervention in their families' lives can create a pervasive sense of insecurity and helplessness.

Children, particularly those with special needs, are also affected by the heightened anxiety of their caregivers. The stress experienced by parents inevitably impacts their ability to provide stable and supportive environments, which are crucial for the well being and development of their children. This intergenerational transmission of stress can have lasting implications, potentially affecting the mental health and developmental trajectories of the next generation.

Erosion of Trust in Public Institutions

The use of propaganda and the resultant fear and coercion have also severely eroded trust in major public institutions in Canada. The once-unquestioned reliability of public health authorities, government bodies, and media outlets has been compromised. When these institutions are perceived as sources of fear rather than support, public trust disintegrates. This loss of trust is not easily restored and can have detrimental effects on public compliance and cooperation in future public health efforts.

The depiction of police or military enforcement of vaccination in the National Film Board video, featuring Dr. Teresa Tam, contributed significantly to this erosion of trust.

https://youtu.be/Um2YGl1_YiI?si=ElRgtQQUPi4J8fSW

The imagery of authorities going door-to-door to enforce health mandates or face incarceration is reminiscent of authoritarian regimes, further amplifying public fear and distrust. This portrayal was particularly alarming for those who already felt marginalized or threatened by the government's policies.

Unthinkable Reality in Canada

Just a few short years ago, the idea that Canadians would fear losing their children to government intervention or that they could be considered non-essential and subjected to forced medical treatments would have been unthinkable.

Canada, known for its strong human rights protections and democratic values, seemed immune to such draconian measures. However, the pandemic revealed vulnerabilities in the system, where emergency measures and public health mandates could override individual rights and freedoms.

This situation has prompted a critical reevaluation of the balance between public safety and individual rights. The fear experienced by Renate and many others underscores the importance of maintaining a transparent, ethical, and balanced approach in public health policies. The lessons learned from this period should inform future responses, ensuring that public health measures do not compromise the fundamental rights and freedoms of individuals.

Conclusion

The sustained propaganda during the COVID-19 pandemic in Canada has left a lasting impact on the mental health of Canadians and their trust in public institutions. The terror and fear experienced by individuals like Renate Lindeman highlight the profound personal and societal consequences of such campaigns. Moving forward, it is imperative to rebuild trust, protect individual rights, and ensure that public health measures are implemented with transparency, compassion, and respect for all members of society.

Recommendations

Renate Lindeman's testimony underscores the significant fear and anxiety experienced by many Canadians due to the COVID-19 pandemic and the accompanying public health measures. To address these concerns and prevent similar issues in the future, the following recommendations are proposed:

1. Strengthening Legal Protections for Vulnerable Individuals

Recommendation: Enact Robust Legal Safeguards

- **Implementation**: Introduce legislation that explicitly protects the rights of individuals with disabilities and other vulnerable populations. Assure that these protections cover medical decisions, including vaccination, and prevent any form of forced medical intervention.

- **Rationale**: Legal safeguards will protect the rights and autonomy of vulnerable individuals from coercive measures.

Recommendation: Discontinue all Euthanasia and Assisted Dying Programs

2. Promoting Transparency and Accountability in Public Health Measures

Recommendation: Ensure Transparent Decision-Making Processes

- **Implementation**: Require public health authorities to provide clear, evidence-based justifications for all public health measures. Hold regular public briefings and publish detailed reports on the rationale behind decisions.
- **Rationale**: Transparency in decision-making will build public trust and confirm measures are based on sound scientific evidence.

Recommendation: Establish Independent Review Panels

- **Implementation**: Create independent review panels to assess and provide feedback on public health policies and their implementation. These panels should include experts from various fields, including ethics, law, and public health.
- **Rationale**: Independent review panels will ensure that public health measures are scrutinized and held to high ethical standards.

3. Enhancing Public Communication and Education

Recommendation: Develop Comprehensive Public Education Campaigns

- **Implementation**: Launch public education campaigns to inform citizens about their rights, the importance of Informed Consent, and the ethical principles guiding public health measures. These campaigns should use multiple platforms to reach diverse audiences.
- **Rationale**: Educating the public will empower individuals to make informed decisions and understand the measures being implemented.

Recommendation: Foster Open Dialogue and Community Engagement

- **Implementation**: Organize forums, town halls, and online platforms for open dialogue between public health officials and the community. Encourage feedback and address concerns transparently.
- **Rationale**: Open dialogue will help address public concerns, reduce fear, and build a collaborative relationship between the community and public health authorities.

4. Protecting Parental Rights and Child Welfare

Recommendation: Uphold Parental Rights in Medical Decisions

- **Implementation**: Parents must have the final say in medical decisions affecting their children, especially regarding vaccinations and other medical treatments. Provide clear guidelines to protect these rights.
- **Rationale**: Upholding parental rights ensures that families can make decisions that are in the best interests of their children.

Recommendation: Provide Support for Families with Special Needs Children

- **Implementation**: Increase support services for families with special needs children, including financial assistance, healthcare resources, and educational support. Ensure that these services are accessible and responsive to their needs.
- **Rationale**: Supporting families with special needs children will help them navigate public health measures without additional stress and anxiety.

5. Addressing and Mitigating Historical Parallels

Recommendation: Acknowledge and Learn from Historical Mistakes

- **Implementation**: Publicly acknowledge historical events like the Nazi T4 program so that current and future public health policies do not repeat similar mistakes. Incorporate lessons from history into public health training and policy development.
- **Rationale**: Learning from history helps prevent the repetition of past injustices and ensures that public health measures are ethical and just.

Recommendation: Implement Ethical Guidelines for Public Health Measures

- **Implementation**: Develop and enforce strict ethical guidelines for all public health measures. These guidelines would prioritize individual rights, Informed Consent, and the protection of vulnerable populations.
- **Rationale**: Ethical guidelines will safeguard against abuses and ensure that public health measures respect human rights and dignity.

Addressing the concerns felt by Renate Lindeman and many other Canadians requires a multifaceted approach that prioritizes legal protections, transparency, public education, and ethical public health practices. By implementing these recommendations, Canada can rebuild trust in public institutions, protect vulnerable populations, and provide future public health measures that are both effective and respectful of individual rights.

5.3. Economics

5.3.1. Economic / Social Impacts

Introduction

The COVID-19 pandemic precipitated a series of unprecedented public health measures worldwide which were aimed at mitigating the spread of the virus. In Canada, these measures included vaccination mandates and the requirement for individuals to report their private health status.

Many of the health measures proved to be ineffective and, in some cases, harmful. Additionally, the policies had significant and damaging economic ramifications, especially for individuals who chose not to comply with these mandates.

A considerable number of Canadians faced job losses for refusing to adhere to vaccination mandates or disclose their health status. This section delves into the economic impacts of COVID-19 measures on affected individuals, exploring the broader implications on employment, financial stability, and privacy rights.

The introduction of vaccination mandates, as well as the requirement for disclosure of vaccination status, created a complex landscape for workers across various sectors.

Employees in all industries across Canada found themselves at a crossroads—balancing their personal beliefs and privacy concerns against government regulations and employer policies. Those who refused to comply with these mandates often faced termination, suspension, or reallocation of duties at reduced pay, leading to significant economic hardships.

This analysis examines the financial consequences experienced by individuals who lost their jobs due to non-compliance with mandated policies. It explores the immediate impacts such as loss of income and benefits and the long-term effects on career progression and employability. Additionally, this section addresses the psychological and social ramifications of job loss, including increased stress, anxiety, and the stigma associated with being unvaccinated or refusing to disclose health information.

Furthermore, the economic impacts extend beyond the individual to affect families and communities. Job losses can lead to reduced household income, increased reliance on social assistance programs, and decreased consumer spending that in turn affects local economies. This section will analyze these cascading effects, drawing on data from various sources to provide a comprehensive picture of the economic fallout.

Witness Testimony

Amie Harbor

Amie Harbor is a community support worker and education assistant. In January 2020, she was working for a private company in British Columbia. At the time of the pandemic she had worked for that same company for ten years.

By 2021, she had anticipated that her employer would issue vaccine mandates, so she quit her full-time position for a part-time position and also took on a casual job with the local school division.

By August of 2021, in anticipation of vaccine mandates, she revised her part-time job to a casual position and took on a full-time position with the school division.

Mandates were implemented in November of 2021; she was required to be vaccinated and to disclose her vaccine status. However, because her medical information was private, she refused to disclose. She approached her union to request an exemption due to political beliefs but was rejected. And on December 3, 2021, she was placed on unpaid leave.

In December 2022, she initiated a grievance against the company for constructive dismissal without cause and discrimination for political beliefs. The union rejected her grievance. She then appealed the decision to the grievance appeal committee, and in 2024 they heard her case; they upheld the union's rejection of her grievance. She appealed the union's appeal committee decision to the provincial appeal committee, under the BC Human Rights Code, and was turned down. She has now filed a Human Rights complaint, which has not yet been heard. She also filed complaints with the provincial ombudsman and with the provincial labour board.

She has taken a significant pay cut due to the imposition of the mandates and the loss of her job.

Finally, Ms. Harbor stated that at the time of her testimony the province of British Columbia still had a vaccine mandate in place.

Mark Varga

In 2018, Mark Varga, a specialist with 25 years of experience in health, safety, and risk management, took on a position at the London, Ontario Health Sciences Centre as a clinical educator in workplace violence.

In the spring of 2021, he and his family contracted and recovered from COVID-19.

Based on his experience at previous hospitals, he had his blood tested to prove he had acquired natural immunity to COVID-19. He submitted the test results to his employer, stating that he was naturally immune and would not be taking the vaccine. Mr. Varga's refusal to take the vaccine was based on his own research and previous experience with the yellow fever vaccine.

The hospital shortly thereafter issued a new policy which stated that natural immunity was no longer accepted and all employees had to be vaccinated.

He testified that the hospital was issuing statements concerning the safety and effectiveness of the vaccines, and they were further releasing statistics concerning COVID-19 infections in both the vaccinated and unvaccinated.

In reviewing the statistics he noted that the numbers were actually indicating a problem with the vaccinated.

As he was involved with safety and health, hospital employees were talking to him about how they felt forced to take the vaccine and that they were dealing with vaccine side effects.

In August 2021, the hospital policy stated that the unvaccinated employees had to test three times a week to prove they were not infected, and if they were not vaccinated by October 2021, they would be terminated. In October 2021, Mr. Varga was terminated for refusing to take the vaccine.

Mr. Varga stated that although he had not been vaccinated he was immunized against the virus as confirmed by laboratory testing.

He applied for an exemption under the human rights code, which was denied.

He applied for employment insurance (EI) but was turned down.

Mr. Varga was unemployed for one year and could not get another job due to his vaccine status, so he started his own business and is now self-employed.

Mr. Varga believes that the vaccine mandates remain in place in Ontario hospitals.

He testified that he observed no overload in the hospital, and much of the hospital was empty or shut down. He felt there was "number switching" to support the narrative.

He testified that the hospital reported they terminated only 84 employees for non-compliance with their mandates, but this did not appear to reflect the actual numbers. Based on the statistics reported by the hospital there should have been somewhere between 1,000 and 1,500 employees who did not get vaccinated.

On the basis of his experience as an employment health and safety manger, he confirmed that if an employer is mandating a PPE or device, that the employer is liable for the safety and efficacy of that equipment or device.

He felt bullied and coerced by the hospital to take the vaccine, and these actions were contrary to the bullying policy.

Lex Acker

Mr. Acker is a chartered financial analyst, since 2017. He has over ten years of experience reviewing Federal Communications Commission filings of publicly listed companies. He has worked for hedge funds as a research analyst and as a compliance officer for an investment firm. He is also a certified financial fraud examiner.

Mr. Acker presented a review of the Canada EI program and his opinion as to why the EI program denied coverage to employees who were terminated for refusing the vaccine.

After his wife, a nurse, was terminated from her employment and then subsequently denied EI coverage, he filed an Access to Information request for his wife's EI file.

Within the file he received from Employment Insurance he discovered a reference to Memo BE 2021-10, titled "EI Ineligibility and Refusal to Comply with a Mandatory Vaccine Policy."

The EI agents were directed to follow the memo when adjudicating applications for EI. The memo that they were to follow was not in compliance with EI legislation, and the memo in fact states as much.

The BE memo replaced the normal adjudication process with an alternate process, which is not in compliance with the legislation.

Mr. Acker presented a transcript of a telephone conversation he had with EI agents.

Mr. Acker compared the BE Memo and compared it to the normal EI adjudication process.

Mr. Acker theorized that the Government of Canada recognized that the vaccine mandates would result in significant employee terminations and therefore significant claims for Employment Insurance.

In his opinion, the government made a decision to override the legislated adjudication process by issuing the BE memo in order to avoid the significant costs associated with unvaccinated employee EI claims. Canada could not afford to pay the EI claims that would result from their vaccine mandates, therefore, they issued the BE memo which caused EI agents to deny what would have normally been considered legitimate claims for EI coverage.

Roxanne Cote

Roxanne Cote, a crisis management fundraiser with a non-profit agency, shared her deeply personal experience with the COVID-19 policies that led to the loss of her job after 13 1/2 years of dedicated service. Before the pandemic, Roxanne enjoyed a strong relationship with her employer and colleagues, but the implementation of COVID-19 measures drastically altered her life.

In March 2020, all staff and volunteers were instructed to work from home, a situation that continued for 18 months. Although she occasionally went into the office once or twice a week, most of her work was done remotely. In September 2021, a vaccination policy was introduced, and by October 2021 it became official, requiring all employees to be vaccinated by December 2021. The policy mentioned the possibility of exemptions based on provincial legislation.

Roxanne applied for a religious exemption, but her request was denied. She appealed the decision, but the appeal was also rejected. Despite having successfully worked from home, her employer insisted that she could not continue her role without being vaccinated. On December 15, 2021, Roxanne was terminated from her employment.

Following her termination, Roxanne faced significant challenges. Her application for EI was denied, and she struggled to find new work due to the pervasive vaccine mandates. The combination of losing her job and being unable to secure new employment led her into a deep depression. As the sole breadwinner in her family she found herself in a desperate situation—even contemplating suicide.

The stigma surrounding her refusal to be vaccinated further isolated her. To survive, Roxanne sold her home and returned to her hometown in Saskatchewan. She described feeling ashamed and disgraced by the entire process, and she is still working on her emotional recovery. Roxanne hopes that by sharing her story she can offer support and encouragement to others who find themselves in similar circumstances.

Glenn Aalderink

Glenn is a surgical nurse, with specialized training in the use and specifications of PPE, who worked on a COVID-19 ward in British Columbia. He provided a detailed account of the situation in his hospital, highlighting the illogical mask and PPE policies. He noted that, contrary to media reports, the hospital was not overwhelmed with COVID-19 patients, and there was a troubling unwillingness among management to discuss these policies or consider the ethical implications for nursing staff.

Glenn described the atmosphere of fear that permeated the hospital following the pandemic's announcement in March 2020. Volunteering to work on the COVID-19 floor, he observed, that despite the heightened state of alert, sections of the hospital were shut down; at one point, the COVID-19 ward had only a single patient. Throughout the pandemic the hospital operated at approximately 65 per cent capacity.

He testified that the use of surgical masks to prevent COVID-19 infections was fundamentally flawed. He explained that prior to the pandemic surgical masks were considered ineffective against smoke particles, which are significantly larger than COVID-19 particles. Despite this, hospital policy mandated the use of a single surgical mask for an entire day, a practice he described as "ridiculous."

Glenn also expressed concerns about the broader public health measures, including lockdowns and vaccine mandates, which he argued were implemented without Informed Consent. His growing disillusionment with these policies led him to organize rallies against the mandates, alongside other like-minded healthcare workers. However, his activism soon resulted in disciplinary actions, and he was ultimately terminated from his position—forcing him to seek employment in an unrelated field.

In September 2021, Glenn organized the "Stop The Mandate" protest. Following this rally, the BC Nursing College initiated an investigation against him. He was terminated from his employment after refusing to disclose his vaccine status, which he believed violated the fundamental tenets of nursing ethics.

On a personal level, Glenn had concerns about taking the COVID-19 vaccines due to his family health history. He attempted to obtain a medical exemption from his doctor, but his request was denied. He appealed his termination through the union, but because the mandates in British Columbia remained unchanged he was effectively barred from working as a nurse in the province.

Glenn's testimony underscores the profound personal and professional challenges he faced as a result of the mandates. He expressed the stark reality that, as long as the mandates are in place he will never be able to work as a nurse in British Columbia again.

Amanda Rodriguez

Amanda Rodriguez testified about the challenges she faced while dealing with her father's illness and the treatment both he and the family received in the hospital system due to their vaccination status. She described the lack of compassion, as well as the illogical and inhumane behaviour exhibited by healthcare workers. Additionally, Amanda spoke about her own experiences with job-related COVID-19 mandates.

In January 2022, Amanda's father was diagnosed with cancer. The family cared for him at home until his condition deteriorated to the point where hospitalization was necessary. When the paramedics arrived to take her father to the hospital, the paramedics inquired about the family's vaccination status. Upon learning that they were unvaccinated, the paramedics and hospital staff treated them poorly.

Amanda was not permitted to accompany her father into the hospital, leaving him alone and incapacitated and unable to provide Informed Consent. Her father, who had severe allergies and was undergoing chemotherapy, was left unattended by hospital staff for the next six hours. Despite Amanda's efforts to contact the patient advocate office, she was unable to reach anyone as it was early in the morning. Even her sister, who was double-vaccinated, was denied entry into the hospital.

Eventually the paramedics, who had remained with her father in the hospital, attempted to advocate for her father's care, but it was only after several hours that a doctor finally attended to him. The doctor handled her father roughly before eventually taking him away. The police were called, and Amanda was instructed to leave the hospital. Tragically, her father passed away the following morning, alone and without any family by his side.

In addition to her personal ordeal, Amanda also shared her professional experiences. She worked in a government group home for children and had a medical exemption from the mask requirement, which her employer accommodated in 2020. However, in 2021 when vaccine mandates were imposed on workers, her exemptions for both masks and vaccines were denied. As a result, Amanda went on stress leave and was eventually placed on leave without pay for not being vaccinated.

Amanda took her case to the union and won the complaint but ultimately decided to leave her job. Her testimony highlights the emotional and professional toll that the pandemic policies and mandates had on her and her family.

Marcos Sobral

In 2020, Marcos Sobral was an undergraduate student at the University of Winnipeg. By 2022, he had been accepted into the master's program and completed his honours year through online study. In June 2023, he secured a thesis advisor and submitted his thesis proposal, which focused on the COVID-19 mandates. However, his proposal was met with ridicule, and he was told that no one was interested in pursuing a paper on this topic.

Seeking support, Marcos reached out to other university professors, but he was unable to find assistance. Despite working with various professors to revise his original thesis proposal, he encountered a lack of interest from the faculty, who expressed no desire to engage with a project that challenged the prevailing COVID-19 narrative. Marcos was enrolled in the Criminal Justice department.

Over time, Marcos submitted a total of four thesis proposals, but he was ultimately informed that he had run out of time. Consequently, he was expelled from the program, and his master's degree was withheld. In response, Marcos wrote a letter to the university administration seeking help. This led to an invitation to the registrar's office, where he was formally expelled from the university.

Undeterred, Marcos hired a lawyer from Toronto and successfully fought for reinstatement. However, soon after his reinstatement, he received notice from the university accusing him of being overly critical of his peers. This situation caused significant financial and emotional strain.

As a result of these challenges, Marcos was forced out of the thesis stream and into the project stream. His work continued to be undermined by the professors; he appealed one grade, which was ultimately revised from an F to a B+. Eventually, he was appointed a new thesis advisor. However, after submitting his first draft, he was instructed to remove any mention of COVID-19 from his thesis. Despite this, Marcos persisted in addressing COVID-19 in his work, leading the professor to refuse further involvement with the project.

Marcos submitted his thesis as originally written, but his work was attacked and ridiculed, leading to the withholding of his master's degree due to his refusal to omit the COVID-19 content. Marcos speculated that the university's reluctance to address the COVID-19 issue was likely influenced by concerns related to the institution's funding.

Debra Milcak

Her husband was initially hospitalized due to low oxygen levels detected in his blood. After visiting a clinic, where he was prescribed certain medications, they were advised that he should go to the hospital. Upon arrival at the hospital, he was tested for COVID-19 and was confirmed to be infected.

The hospital recommended intubating her husband, but both she and her husband refused the procedure. Instead, they opted for oxygen therapy through a nasal tube, which seemed to work effectively. They requested that the ICU doctor treat her husband with ivermectin, but the doctors mocked the request, dismissing ivermectin as "horse paste." The ICU doctor informed them that he was not permitted to prescribe ivermectin.

Throughout their stay, various doctors and social workers repeatedly tried to convince them to agree to intubation. The medical staff also attempted to separate the couple, but her husband insisted that his wife remain with him to advocate on his behalf.

Due to their refusal to consent to intubation, the hospital informed them that they could no longer stay in the emergency room. When they decided to leave the hospital, the staff refused to return the medications that had been previously prescribed by the clinic doctor and also denied them access to oxygen. The hospital staff warned them that her husband would die if they left.

Once they returned home, they purchased an oxygen supply, independently, and obtained ivermectin from an alternative source. After starting ivermectin, her husband's condition improved rapidly, and they continue to use it as a prophylactic measure.

Jeanette Wightman

Jeanette Wightman served as a purchasing manager for a modular housing production facility in Medicine Hat, Alberta, where she had worked for 14 years. She detailed the challenges her company faced due to lockdowns, mRNA vaccine mandates, and how these measures impacted her long tenure with the organization.

At the onset of the pandemic, the staff was sent home as operations temporarily halted. When production eventually resumed, the company faced significant difficulties in ordering and receiving materials due to widespread production delays.

In August 2021, management informed the staff that all management personnel would need to be vaccinated to comply with travel restrictions. By late October 2021, the company extended this requirement, mandating that all management staff be vaccinated, while production workers were exempt from this requirement.

Jeanette chose not to get vaccinated as she believed the vaccines were unsafe. As a result, the company replaced her in her management role. The local general manager offered her a lower-paying position on the production floor, which did not require vaccination.

Faced with the inability to receive EI, Jeanette accepted the lower-paying position and remains employed with the company in this reduced role.

Richard and Doreen Fehr

Richard, a 43-year-old father of two, shared his harrowing experience after developing a severe heart injury that followed his receipt of the COVID-19 mRNA vaccine. He was accompanied by his mother, Doreen, who provided additional insights into his ordeal.

Richard, who worked as a dairy farmer for 17 years at the Rayner Dairy and Teaching Facility operated by the University of Saskatchewan, was mandated by his employer to take the COVID-19 vaccine. Despite his reluctance, he complied with the mandate out of fear of losing his job.

He received his first injection on August 23, 2021 without any noticeable side effects. However, after receiving the second injection on September 23, 2021, Richard began experiencing significant health issues, including extreme fatigue, which caused him to miss three days of work. On December 2, 2021, shortly after returning to work, Richard suffered a massive heart attack.

Richard's recollection of the events following the heart attack was limited, as he was unconscious for much of the time. His account was largely based on what witnesses told him about the events that transpired. He was hospitalized for an extended period and underwent treatment for sepsis, which developed after his large intestine had to be removed due to a lack of blood flow. This life-threatening condition led to septicemia, and he was kept in a sedated state for much of his hospital stay.

Doreen recounted that while Richard was in the hospital, medical staff questioned her about his health and family history. She informed them that Richard had been healthy prior to the vaccine and that there was no family history of heart disease. When she mentioned that Richard had been vaccinated, the medical professional abruptly left the room, leaving her with no further information or support.

In addition to the heart injury, Richard's condition was complicated by the infection of his peripherally-inserted central catheter (PICC line), which had been left in too long, and by blood clots that formed in his groin. These complications left him unable to walk, requiring him to relearn how to use his legs. He spent a total of 117 days in the hospital, during which time he lost 50 pounds and developed painful bedsores.

One of the most devastating aspects of Richard's ordeal was the impact on his family. For the first 80 days of his hospitalization, his children were not allowed to visit him, causing significant emotional distress for his entire family. His heart now functions at only 45 per cent capacity, and he becomes easily exhausted. Due to his condition, Richard is on long-term disability and will never be able to return to his work at the dairy.

Richard is not enrolled in the vaccine injury compensation program, despite the severity of his condition. During his hospital stay, Doreen faced additional hardships, including being forcibly removed from the hospital on more than one occasion due to her vaccination status, even though she was fully tested and wearing PPE. This occurred despite the high risk of Richard's death, further compounding the family's trauma.

Richard's testimony highlights the severe and life-altering consequences he has endured following his vaccination, as well as the lack of support and recognition from the medical system and related institutions.

Jamie Salé

Jamie Salé, an Olympic Gold Medalist in pairs figure skating in 2002, is a well-known Canadian personality and a mother of two children. Her testimony focused on her personal experiences during the COVID-19 pandemic.

For the first eight months following the pandemic's declaration in March 2020, Jamie and her community of friends diligently followed Health Canada's guidelines, which included masking, lockdowns, and PCR testing. However, by the fall of 2020, she began to sense that the Canadian population was being inundated with fear-driven propaganda. This realization led her to suspect that something was amiss.

In January 2021, Jamie started receiving information about the situation in other parts of the world, which indicated that the legacy media in Canada was not reporting the full truth. Motivated by these revelations, she began to research alternative sources of information outside of the mainstream media and to share her findings with her family and friends.

However, she soon encountered strong resistance. Many of the people with whom she shared information reacted negatively, and she felt increasingly isolated as those around her began to turn against her. Jamie became increasingly anxious as the rollout of biological injections (vaccines) began.

Her son, who was in grade 8 and 14-years-old at the time, struggled with wearing a mask at school, which led to panic attacks. Jamie witnessed firsthand the severe impact that the mandates were having on school children. The situation escalated to the point where her son became suicidal. With no support from her friends or family, Jamie felt helpless and depressed. Her son eventually succumbed to pressure from his peers and school and decided to get the vaccine, without her consent. Two sports doctors assured her son that the vaccines were "safe," which led to a significant rift between Jamie and her son that resulted in 14 months of non-communication.

Jamie believes that her son developed a form of shingles after receiving the vaccination and now has a compromised immune system. The strain on her relationships extended beyond her son. Many of her friends began to isolate her, and her husband secretly received the vaccine without informing her beforehand. Jamie was also deeply concerned about the potential "shedding phenomenon" associated with the vaccines.

Following the Trucker Convoy, Jamie began to speak out publicly against the mandates and the broader handling of the pandemic. This led to attacks on social media, from her friends and family, and from both local and national media. Notably, none of the media outlets that criticized her attempted to interview her "before" launching their attacks. Her social media accounts were censored and eventually terminated.

Despite these challenges, Jamie realized that there were many others who shared her concerns. She has since been working to rebuild her social connections and community, finding support among those who also felt marginalized during the pandemic.

Analysis and Discussion of Testimonies

The recent testimonies from the NCI hearings in Regina provide a comprehensive view of the economic and psychological impacts experienced by individuals who lost their jobs due to non-compliance with COVID-19 mandates. These testimonies reveal the multifaceted consequences of public health policies on employment, financial stability, and privacy rights, and they underscore the need for a balanced approach to public health measures that consider both health and economic well being.

Economic Impacts

Key Witness Testimonies: Summary of Economic Issues

Amie Harbor:

- **Position and Anticipation**: Worked for a private company (CCS) and anticipated vaccine mandates, leading her to shift from full-time to part-time and then to casual jobs.

- **Mandate Impact**: Refusing to disclose her vaccine status led to unpaid leave and a significant pay cut.
- **Legal Battles**: Having multiple grievances and appeals rejected caused prolonged legal and financial strain.
- **Ongoing Mandate**: Financial instability continues due to the ongoing vaccine mandate in British Columbia.

Mark Varga:

- **Natural Immunity**: Had natural immunity confirmed, but was terminated for refusing the vaccine.
- **Employment Insurance Denial**: Applied for exemption under the Human Rights Code and was denied. Denied EI benefits.
- **Self-Employment**: Unemployed for a year then started his own business due to inability to find work as an unvaccinated individual.

Lex Acker:

- **Employment Insurance Program Review**: Filed an Access to Information request revealing a directive memo (DE Memo BE 2021-10) that led to denial of EI benefits for unvaccinated individuals.
- **Government Actions**: Highlighted the government's manipulation of the EI adjudication process to avoid costs associated with vaccine mandate terminations.

Roxanne Cote:

- **Termination and EI Denial**: Terminated after her religious exemption was denied and was subsequently denied EI coverage.
- **Mental Health Crisis**: Experienced severe depression and suicidal thoughts; she sold her home and moved back to her hometown due to lack of employment opportunities.

Glenn Aalderink:

- **Professional and Financial Impact**: Lost his job as a surgical nurse and was unable to find similar work due to vaccine mandates.
- **Union Appeal**: He appealed termination, but mandates in British Columbia prevented his reinstatement.

Amanda Rodriguez:

- **Personal and Professional Impact**: Faced job loss and stress leave after her exemption requests were denied. Her father's mistreatment in the hospital due to unvaccinated status added to her distress.

Marcos Sobral:

- **Academic and Financial Strain**: Expelled from his master's program for challenging COVID-19 mandates, in his thesis. Experienced significant financial and emotional distress due to academic setbacks.

Debra Milcak:

- **Husband's Health and Financial Strain**: Faced medical expenses and stress due to her husband's severe health complications after being refused alternative treatments in the hospital.

Jeanette Wightman:

- **Job Demotion and Financial Loss**: Demoted and faced financial loss due to her refusal to get vaccinated, despite her long tenure with the company.

Richard and Doreen Fehr:

- **Severe Health and Financial Impact**: Richard suffered severe health issues following vaccination, leading to long-term disability and inability to work. Faced additional medical expenses and loss of income.

Jamie Salé:

- **Personal and Social Isolation**: Faced social and professional isolation due to her opposition to mandates, leading to financial and emotional strain. Her son's health issues, post-vaccination, added to her distress.

Commentary on Financial and Economic Consequences

Employment and Income Losses

The testimonies from the Regina hearings highlight a common thread of employment and income losses due to non-compliance with COVID-19 mandates. Witnesses like Amie Harbor, Mark Varga, and Roxanne Cote faced termination and significant financial instability. The shift from full-time employment to part-time or casual positions in anticipation of mandates, as seen with Amie Harbor, underscores the precarious nature of employment during the pandemic. Mark Varga's case illustrates the harsh reality of being denied employment opportunities due to vaccination status, leading to a forced shift to self-employment.

Legal and Bureaucratic Hurdles

The testimonies reveal a troubling pattern of legal and bureaucratic obstacles that compounded the financial strain on individuals. Lex Acker's discovery of the DE Memo BE 2021-10 highlights the government's manipulation of the EI system to avoid financial liabilities. This bureaucratic overreach denied many individuals the financial support they were legally entitled to, exacerbating their economic hardships.

Mental Health and Financial Distress

The financial consequences of job losses and mandate-related stress had severe mental health repercussions. Witnesses like Roxanne Cote and Amanda Rodriguez experienced profound psychological distress, including depression and suicidal thoughts. The financial strain of job losses and the stigma associated with being unvaccinated further isolated these individuals, leading to a vicious cycle of financial and emotional distress.

Health-Related Financial Burdens

Several testimonies, such as those from Richard and Doreen Fehr and Debra Milcak, underscored the severe health-related financial burdens resulting from COVID-19 measures. Richard Fehr's severe health complications post-vaccination led to long-term disability and significant medical expenses. Debra Milcak faced additional stress and financial strain due to her husband's untreated health issues in the hospital.

Professional and Social Isolation

Witnesses like Glenn Aalderink and Jamie Salé faced professional and social isolation due to their stance on COVID-19 mandates. Glenn Aalderink's termination and inability to work as a nurse in British Columbia highlight the professional consequences of opposing mandates. Jamie Salé's social isolation and her son's health issues post-vaccination illustrate the broader societal impacts of mandate-related stigmatization.

Recommendations

The financial and economic consequences of COVID-19 measures, as highlighted by the Regina hearings, reveal a multifaceted crisis affecting employment, mental health, and social stability. To address these issues, the following recommendations are proposed:

1. **Policy Reform and Transparency:**
    - Review and reform EI adjudication processes to ensure fairness and transparency. Eliminate any bureaucratic manipulations that deny rightful benefits to terminated employees.
2. **Support for Mental Health:**
    - Increase funding for mental health services to support individuals experiencing psychological distress due to employment and financial instability. Provide targeted support for those affected by mandate-related job losses.
3. **Protection of Medical Ethics:**
    - Reinforce the importance of medical ethics, including Informed Consent and doctor–patient privilege. Protect doctors from disciplinary actions when they provide evidence-based medical opinions.
4. **Legal Protections for Employment:**
    - Implement legal protections for employees who face termination or discrimination based on vaccination status. Ensure fair treatment in the workplace and provide avenues for recourse.
5. **Financial Assistance and Support:**
    - Provide financial assistance and support programs for individuals facing long-term disability or severe health complications due to vaccination or COVID-19 measures.
6. **Community and Social Support:**
    - Foster community support networks to reduce the social isolation and stigma associated with vaccination status. Encourage public engagement and dialogue to rebuild trust and social cohesion.

By addressing these recommendations, policymakers can mitigate the financial and economic impacts of COVID-19 measures, thereby creating a more equitable and supportive environment for all affected individuals.

5.3.2. Establishing Alternative Media

Introduction

Allan Hunsperger, a prominent figure in the radio industry and founder of the Miracle Channel, the first Canadian Christian media organization, provided compelling testimony regarding his efforts to establish an independent news outlet during the COVID-19 pandemic.

Hunsperger, who previously helped start the Miracle Channel in Canada in 1994 and currently co-hosts a television program on the Daystar Network, felt a significant need to counteract what he perceived as biased and inaccurate reporting by the legacy media in Canada.

Key Points from Allan Hunsperger's Testimony

1. Motivation and Initial Efforts:
    - At the onset of the pandemic in 2021, Hunsperger observed that the legacy media were not accurately reporting the actual events and implications of the COVID-19 pandemic in Canada.
    - This observation motivated him to create a news outlet dedicated to reporting the truth about the pandemic.
    - He faced significant challenges in gaining support from established independent media organizations.
2. Establishing the Broadcast:
    - After several attempts to secure a platform, Hunsperger succeeded in getting Daystar Canada to host his new broadcast.
    - He formed relationships with various medical professionals who were eager to share their insights and experiences—included Dr. Roger Hodkinson, Dr. Dennis Modry, and Dr. Peter McCullough.
    - Over time, he interviewed dozens of medical experts and everyday Canadians to provide a comprehensive view of the pandemic.

3. Regulatory Challenges and Censorship:

    - Hunsperger highlighted a significant regulatory issue: Under Canadian regulations, news organizations must present both sides of a story to be permitted to broadcast news. He questioned how the legacy media met this requirement during the pandemic.

    - He faced censorship on multiple social media platforms, which led him to seek alternative sites that would host his content without suppression.

Commentary and Analysis

Hunsperger's testimony underscores several critical themes and challenges related to media coverage during the COVID-19 pandemic:

1. Media Bias and Accountability:

    - His decision to create an alternative news outlet reflects a broader concern about media bias and the lack of accountability in mainstream media.

    - The requirement for balanced reporting, as mandated by Canadian regulations, appears to have been inadequately enforced, leading to one-sided narratives dominating public discourse.

2. Censorship and Freedom of Speech:

    - The censorship of alternative viewpoints on major social media platforms raises significant concerns about freedom of speech and the suppression of dissenting voices.

    - Hunsperger's experience suggests a need for greater protections for independent media and alternative viewpoints, especially during times of crisis.

3. The Role of Independent Media:

    - The establishment of Hunsperger's news outlet demonstrates the crucial role that independent media can play in providing diverse perspectives and fostering informed public debate.

    - It also highlights the challenges that such media face in gaining legitimacy and audience-reach in an environment dominated by established legacy media.

Recommendations

1. **Strengthening Media Regulations:**
    - Ensure that media regulations requiring balanced reporting are rigorously enforced.
    - Introduce independent oversight to monitor media compliance with these regulations.
2. **Promoting Media Diversity:**
    - Support the growth of independent media through grants, training, and resources.
    - Encourage partnerships between independent media and established platforms to enhance visibility and credibility.
3. **Protecting Freedom of Speech:**
    - Implement policies to protect against the censorship of alternative viewpoints on social media platforms.
    - Create legal frameworks that ensure fair treatment of all media outlets, regardless of their size or viewpoint.
4. **Enhancing Public Media Literacy:**
    - Educate the public on media literacy, thereby encouraging critical evaluation of news sources.
    - Promote awareness of the importance of diverse media perspectives for a healthy democracy.

By addressing these issues, Canada can ensure a more balanced, informed, and democratic media landscape that serves the public interest, especially in times of crisis.

5.4. Health

Introduction

This section of the Supplemental Report provides an overview of the additional witness testimonies received at the Regina, Saskatchewan hearings, updating the section 7.5 Health contained in the original November 28, 2023 report.

Witness Testimony

In preparing this commentary, the authors relied on the following list of witnesses:

Kevin McKernan

Mr. McKernan is an expert in the analysis and classification of the human genome and has significant expertise in developing procedures for accurate genetic sequencing. His company has developed a specialized technique for sequencing the genetic material in COVID-19 vaccines.

Through their sequencing efforts, Mr. McKernan's team discovered that some COVID-19 vaccines contain DNA contamination, specifically SV40 (simian vacuolating virus 40), a viral element. He explained that while vaccines were approved based on laboratory production techniques, the vaccines that were actually produced and distributed to the public were not tested using the commercial production techniques employed during mass production.

Mr. McKernan discussed several potential mechanisms through which this contamination could negatively impact human health, including the risks of cancer and reproductive health issues. He also testified that expired vaccines were administered to patients.

Mr. McKernan's testimony raises serious concerns, highlighting gaps in the testing and approval processes, about the safety and integrity of the COVID-19 vaccines distributed to the public.

Dr. Jessica Rose

Dr. Jessica Rose, who previously testified during the 2023 NCI hearings, appeared at the Regina hearings to provide an update on her findings, particularly regarding adverse effects following COVID-19 vaccination and DNA contamination in the vaccines.

Dr. Rose's testimony was grounded in her analysis of data from the Vaccine Adverse Event Reporting System (VAERS). She emphasized that VAERS is a voluntary reporting system and that, according to her analysis, the actual number of adverse events is likely under-reported by a factor of 31 times. She explained that VAERS was not designed to capture the total number of adverse effects but rather to detect unusual trends or safety signals.

Dr. Rose highlighted that the contracts between vaccine suppliers and government purchasers include clauses acknowledging that the long-term effects of the vaccines are unknown. She noted that the reported number of adverse events in VAERS is approximately 116 times higher for COVID-19 vaccines than for influenza vaccines.

When examining adverse events per million injections, Dr. Rose reported that COVID-19 vaccines resulted in 25 times more adverse effects and about 70 times more deaths per million injections compared to influenza vaccines. She discussed a range of adverse events related to COVID-19 vaccinations and suggested the possibility of a dose-response relationship.

A significant portion of her testimony focused on the observed increase in cancer rates, which she suggested could be directly linked to DNA and RNA contamination in the COVID-19 vaccines during the manufacturing process. This DNA contamination, including the presence of SV40, had been confirmed by several independent laboratories. Dr. Rose pointed out that no genetic toxicity testing was conducted before the COVID-19 vaccines were authorized for human use.

Additionally, recent laboratory tests suggest that the spike protein itself may be contributing to an increased incidence of breast cancer. Dr. Rose referenced the decision by the Surgeon General of Florida to discontinue the use of mRNA COVID-19 vaccines based on adverse event signals identified in the VAERS data.

She also testified that the Australian Federal Court has evidence indicating that all COVID-19 injections are classified as Genetically Modified Organisms (GMOs). Dr. Rose concluded by noting that it remains unknown how long the body would continue to produce spike proteins following vaccination.

Dr. Richard Schabas

Dr. Richard Schabas, a retired physician with specialist qualifications in public health and internal medicine, served as the Chief Medical Officer of Health for Ontario for ten years. Drawing on his extensive experience, including his involvement in the public health response to the SARS outbreak of 2003, Dr. Schabas provided a critical analysis of the public health measures implemented during the COVID-19 pandemic.

Dr. Schabas highlighted that following the 2003 SARS outbreak, no serious efforts were made to review public health actions or learn from the successes and failures of that period. He emphasized that the concept of "quarantine" had been largely abandoned by public health over 40 years ago, describing it as highly ineffective and inefficient. He clarified that quarantine should not be confused with case isolation, which remains a valid public health strategy.

He testified that in 2007 the WHO revised their *Control of Communicable Disease Manual* and the WHO did not include quarantine as a control strategy for SARS. Despite this, Canada chose to follow China's approach by implementing quarantines and lockdowns during the COVID-19 pandemic.

Dr. Schabas urged Health Canada to invest time and resources into understanding what happened during the pandemic, learning what was effective and what was not, and assessing the costs of each measure. He criticized the widespread use of surgical masks, stating that there was no supporting evidence for their effectiveness and that the public was misled about their benefits.

He also expressed concerns about the types of studies that guided public policy during the pandemic. According to Dr. Schabas, "ecological" and "anecdotal" studies were used inappropriately to shape public health policy, despite their unreliability and their proper role being limited to forming scientific hypotheses.

Dr. Schabas condemned the ethics of the medical profession in implementing many pandemic interventions, arguing that they failed to adhere to the principle, "do no harm." He asserted that there was little consideration of the consequences of these interventions. He was particularly critical of the loss of personal sovereignty due to vaccination mandates, noting that there was no evidence that vaccines would prevent transmission or that they would alleviate the strain on the healthcare system.

He spoke about the damage these mandates inflicted on public trust in the healthcare system, undermining public confidence. Dr. Schabas stated that the risks of COVID-19, particularly for younger people, were grossly overstated. He expressed deep concerns about the principle of Informed Consent, given the misleading information provided to the public regarding both COVID-19 and the vaccines.

Dr. Schabas also criticized public health officials for intentionally scaring the population to enforce compliance, pointing out that their reports vastly exaggerated the risk of death from COVID-19. He testified that he faced significant censorship from the CBC when attempting to express these concerns.

Moreover, Dr. Schabas raised serious concerns about the actions of the Colleges of Physicians and Surgeons and the Colleges of Nurses. He argued that these professional bodies, which are publicly accountable, either took disciplinary actions against practitioners or threatened such actions. He noted that the College of Physicians and Surgeons issued a policy paper instructing physicians not to make public statements critical of vaccines, mandates, or related issues.

In his testimony, Dr. Schabas concluded that public health officials were more influenced by the prevailing ideology surrounding the COVID-19 pandemic than by science. He stressed that the consequences of the government's actions are still being felt today, with overall mortality rates remaining elevated and significant societal impacts that will affect Canadians for years to come. He observed that there appeared to be no rational consideration of the side effects of the government's actions.

Dr. Roger Hodkinson

Dr. Roger Hodkinson, a Cambridge-trained and certified pathologist, has decades of experience in public health, including his early work in the 1970s when he took action against the tobacco industry. As a pathologist, he specializes in understanding how illnesses and diseases progress, and he is regarded as an expert who advises doctors on the treatment of their patients.

Dr. Hodkinson asserted that the actions taken during the COVID-19 pandemic were not genuinely about public health, but rather about controlling the public through the use of the *Emergencies Act*. He argued that the pandemic could have been managed with common sense, and if the government had not intervened, the public at large would likely have barely noticed COVID-19.

In Dr. Hodkinson's opinion, the pandemic was a "hoax," and he maintained that none of the measures implemented were effective in treating or preventing COVID-19. He stated that the measures taken—the cure—were far worse than the disease itself.

He expressed deep concern that, while many jurisdictions have halted the use of COVID-19 vaccines, Canada continues to recommend them for children as young as six months old. Dr. Hodkinson is particularly worried about the potential long-term effects of these vaccines, including an increase in chronic diseases and the possible transcription of DNA, which could permanently alter the human genome.

He strongly advocated for the immediate cessation of gain-of-function research, highlighting the dangers it poses. Dr. Hodkinson also pointed to the pandemic as having exposed massive institutional corruption across various sectors, including the courts, Big Pharma, medical regulators, and the media.

He suggested that "wokeism" is one of the underlying causes of the issues seen during the pandemic. Additionally, he noted that national debts have significantly increased due to the government's actions in response to the pandemic.

Dr. Hodkinson outlined several side effects of the COVID-19 vaccines, including:

- **Micro-clotting**: The formation of micro-clots in small blood vessels, leading to cellular death, which could have long-term health consequences.
- **Cancer Patterns**: A shift in cancer patterns, with new, aggressive "turbo" cancers being reported, particularly in young people.
- **Reduced Fertility**: A decrease in human fertility due to changes in the endometrium, leading to spontaneous abortions, stillbirths, and infertility.

In 2020, Dr. Hodkinson presented his concerns to the Edmonton City Council regarding the ineffectiveness of masking, social distancing, and the use of PCR testing to diagnose COVID-19. Despite his warnings about the serious consequences of these measures, his recommendations to discontinue the mandates were ignored.

Dr. Hodkinson also criticized the use of PCR tests, describing them as fraudulent. He stated that 95 per cent of positive test results in asymptomatic patients were false positives, undermining the reliability of these tests during the pandemic.

Dr. Tess Lawrie

Dr. Tess Lawrie is a medical doctor with over 30 years of experience in obstetrics and gynecology. She is the founder of The Evidence-Based Medicine Consultancy, an independent medical research company that specializes in systematic reviews, clinical trial design, scientific manuscript authoring, and the development of clinical practice guidelines. Dr. Lawrie has published over 80 peer-reviewed journal articles and has contributed to the development of several health guidelines for the WHO.

From the onset of the pandemic, Dr. Lawrie was concerned that the actions taken by governments in Canada were not aligned with recommended guidelines and were not based on solid evidence. She was particularly troubled by the rapid adoption of COVID-19 vaccines, as opposed to exploring better-known alternatives like ivermectin. This concern led her to conduct a rapid review of available studies, which ultimately supported the recommendations of the Canadian COVID Care Alliance (CCCA).

Dr. Lawrie discussed a study on the use of ivermectin, conducted by Dr. Andrew Hill, highlighting her concerns and issues with his conclusions. In her view, there was no need to utilize the novel COVID-19 vaccines when other well-established, proven-safe drugs were available. She suggested that the use of ivermectin was suppressed because the U.S. Food and Drug Administration (FDA) could not issue an Emergency Use authorization for new vaccines if there were adequate, approved, and available alternatives. Essentially, had ivermectin been authorized for use, the FDA would not have been able to authorize the novel COVID-19 vaccines.

Dr. Lawrie argued that the pandemic was more accurately described as a pandemic of vaccine injuries rather than a pandemic of the virus itself. She noted the concerted propaganda campaign against ivermectin, exemplified by its labeling as "horse paste." Dr. Lawrie cited a CNN health article which included an interview with Anthony Fauci, and a headline which read, "Officials: Don't Take Anti-Parasite Horse Drug For Virus." Dr. Lawrie believed it was intended to vilify ivermectin.

She compared the reported number of adverse reactions and deaths associated with ivermectin versus those related to the COVID-19 vaccines, using data from the WHO's VigiAccess system. As of February 8, 2023, VigiAccess reported over 5 million adverse drug reaction reports related to COVID-19 vaccines, while only 7,125 adverse drug reaction reports were related to ivermectin, despite the reporting period for ivermectin spanning from 1992 to 2023. It is noteworthy that the COVID-19 vaccine data only began being collected in late 2021.

According to Dr. Lawrie:

- COVID-19 was a manmade health crisis.
- Safe, established medicines and remedies were withheld or undermined.
- Dangerous GMO "vaccines" were deployed.
- Dangerous surveillance technology was implemented.
- Political representatives ignored warning signs.
- A globalist minority is seeking legally binding control over humanity through the WHO and the United Nations.
- The actions of various governments and related parties indicate an anti-human, anti-earth agenda.

Dr. Lawrie expressed grave concerns about the WHO pandemic treaty and international health regulations, citing the dangers of centralizing healthcare decisions within a single agency, especially given the failures of these organizations during the COVID-19 pandemic.

She also pointed out that the Canadian government recently passed legislation allowing new drug treatments to be approved without Health Canada's direct approval, provided the drug had already been approved by another foreign entity, such as the WHO. Dr. Lawrie highlighted that 80 per cent of the WHO's funding comes from private organizations, including the pharmaceutical industry and entities like the Gates Foundation, which she sees as a significant conflict of interest.

In response to these concerns, Dr. Lawrie introduced a new organization, the World Council for Health (WCH), a decentralized global health organization. The mission of the WCH is to:

- Raise awareness of the root causes of disease.
- Educate on healthy living and self-determination.
- Co-create new, ethical, and better systems that respect and support individual health, sovereignty, and human freedom.

Dr. Lawrie recommended that Canada withdraw from the WHO and reclaim its own policymaking authority.

She also spoke about the use of COVID-19 vaccines in pregnant and nursing women, asserting that these vaccines should never have been administered to this vulnerable group. She cited reports of increased infertility and stillbirths following COVID-19 vaccination. Additionally, she warned that COVID-19 vaccines increase the risk of blood clots, reduce immune system response, and have contributed to a significant number of miscarriages and stillbirths.

Dr. Lawrie believes that many frontline doctors complied with the vaccination program due to fear and financial incentives. She concluded her testimony by stating unequivocally that the use of COVID-19 vaccines must be halted.

Lorrie and Boyd Harrison

Lorrie Harrison, a retired nurse with experience in infection control, and Boyd Harrison, a retired police officer, appeared before the commission to share their experience crossing the Canadian border during the pandemic.

At the time of their experience, both Lorrie and Boyd were fully vaccinated, including three booster shots. They diligently followed all the rules, including using the ArriveCan App and undergoing the required PCR testing before crossing the border. However, on one occasion, while returning to Canada from the United States, one of their PCR tests returned a positive result for COVID-19.

Upon arriving at the border, they disclosed their positive COVID-19 test to the border agent, who seemed unsure of how to proceed. Health Canada contacted them and informed them that they could not re-enter Canada. The Harrisons challenged this directive, citing information they had reviewed on the Health Canada website. Despite being threatened with a fine, they were eventually allowed to enter Canada, albeit with various instructions regarding quarantine and additional testing.

During their interaction with the border agent, Lorrie Harrison pointed out that the agent was using incorrect PPE. The border agent acknowledged this, explaining that they had not been provided with the required PPE and were unable to use the ArriveCan App. The Harrisons observed significant failures by the government in educating and informing border agents properly.

According to the Saskatchewan *Occupational Health and Safety Act*, employers are required to ensure that employees are adequately trained and provided with appropriate PPE. The lack of proper equipment and training for border agents raised serious concerns.

After being allowed to return home, the Harrisons were provided with a COVID-19 self-testing kit. However, they encountered difficulties with the instructions for using the kit, including unclear procedures for submitting the test materials to the designated laboratory. The information they received about what they were required to do varied significantly, depending on who provided it, and led to confusion. Some of the instructions were contradictory and did not make sense, further complicating their experience.

Dr. Sabine Hazan

Dr. Sabine Hazan is the founder and CEO of Progena Biome, a research lab specializing in genetic sequencing and the analysis of the human microbiome. She is also the CEO and principal investigator at Ventura Clinical Trials, founder of the Microbiome Research Foundation, founder of the Malibu Microbiome Meeting, creator of the BIOME SQUAD, and co-founder of Topelia Therapeutics. With over 200 medical trials to her name, Dr. Hazan is a leading authority on the microbiome and has played a significant role in understanding the COVID-19 pandemic.

Dr. Hazan presented findings from her research, particularly focusing on the presence of SARS-CoV-2 (COVID-19) in patients' stools. Her lab conducted whole genetic sequencing (NGS) of fecal matter to determine if the virus was present. She pointed out that the PCR tests used by public health authorities for diagnosing COVID-19 only detected fragments of the virus's genome. If a fragment was found, it was assumed that the patient had a COVID-19 infection.

By June / July 2020, her research confirmed that people who tested positive for COVID-19 had the virus in their stool samples, as verified by whole genetic sequencing. Additionally, her testing identified genetic variations in the COVID-19 virus, indicating that the virus was mutating continuously. These mutations complicate the development of an effective vaccine, as vaccines designed for one strain may not be effective against new mutations.

Dr. Hazan shared that some patients who initially tested positive for COVID-19 through both nasal swabs and stool samples later tested negative within five days after using a hydroxychloroquine-azithromycin protocol. Following these findings, she and her colleagues designed a clinical trial to explore this treatment further. The trial protocol, which included hydroxychloroquine, azithromycin, Vitamin C, Vitamin D, and Zinc, was submitted to the U.S. FDA in April 2020. While the FDA initially approved the trial within 24 hours, the approval was later rescinded; Dr. Hazan faced censorship and was not allowed to advertise for participants. As a result, the clinical trial could not proceed due to difficulties in recruiting participants.

The protocol was later revised and rebranded as "A Study of Hydroxychloroquine, Vitamin C, Vitamin D, and Zinc for the Prevention of COVID-19 Infection," which was posted on www.clinicaltrials.gov. The results showed that the COVID-19 virus was eradicated within five days of starting the protocol in all but one patient, who had an immune system deficiency.

Further genetic testing of fecal matter suggested that vaccinated individuals might have been transmitting COVID-19 to unvaccinated individuals. The original strain of the COVID-19 virus was detected in the stool samples of vaccinated patients, despite the virus's ongoing mutations. This finding implied that the vaccine, designed for the original strain, could be causing the infection itself. Dr. Hazan reported that anecdotal evidence from frontline doctors supported the link between vaccinated patients infecting unvaccinated patients.

Dr. Hazan also conducted research comparing the microbiomes of patients who contracted COVID-19 with those who did not. Published in 2021, her study of 72 patients suggested that individuals with higher levels of *Bifidobacterium* and *Faecalibacterium* were more resistant to COVID-19 infection. Her research indicated that the COVID-19 vaccines could affect the microbiome, with reductions in *Bifidobacterium* observed in the stools of vaccinated patients.

Dr. Hazan expressed concerns that her work was being censored and suppressed. She faced increased scrutiny from the FDA, censorship on social media, and rejection from many medical journals, leading to significant delays in publishing her research.

In Dr. Hazan's opinion, Informed Consent was never adequately obtained from patients regarding the use of COVID-19 vaccines. She also hypothesized that COVID-19 could spread through "shedding" of the spike proteins produced by the body as a result of vaccination.

Finally, Dr. Hazan stated that the COVID-19 vaccines were never properly studied and vetted before being authorized for use in the general population, which raised serious concerns about their safety and effectiveness.

Dr. Robert Chandler

Dr. Chandler is an orthopaedic surgeon, medical practice manager, lecturer, and a published author in numerous medical journals. His research has primarily focused on the Pfizer mRNA vaccine and its impact on women's health.

Dr. Chandler expressed concerns that the public health advice provided during the pandemic, including measures like masking and social distancing, did not make sense. Despite these concerns, he received two doses of the Moderna vaccine. Within eighteen hours of receiving his second dose, he experienced several adverse effects, including lassitude, fatigue, nausea, loss of appetite, myalgia, mental fogginess, and a rapid spike in fever.

Motivated by his own experience, Dr. Chandler began researching adverse reactions to COVID-19 vaccines. In his analysis of the VAERS data for patients aged zero to seventeen, he discovered that as of May 30, 2024, the system reported 36,768 procedural errors in the administration of COVID-19 vaccines.

Dr. Chandler also highlighted the efforts of attorney Aaron Siri, who submitted a Freedom of Information request for data related to the development of the COVID-19 vaccine. Although Pfizer attempted to suppress this data for 75 years, a judge ordered its release. Upon the publication of this information, Dr. Chandler became involved in analyzing the data, noting that some of the released information was redacted and that millions of lab values were missing.

He raised significant concerns about the unblinding of the control group (placebo group) in Pfizer's original vaccine trials, which he suggested could be an example of premeditated fraud. The unblinding effectively eliminated the ability to monitor the vaccine's effectiveness or identify adverse effects, compromising the integrity of the study.

Dr. Chandler testified that there were other significant deficiencies in the protocols and procedures used by Pfizer during the testing of the COVID-19 vaccines. He reviewed information available from animal testing, conducted on the mRNA vaccine between 2014 and 2019, identifying 16 major flaws in Pfizer's testing process.

He also presented data from Pfizer's February 28, 2021, post-marketing study on adverse effects reports. His analysis revealed that women were more likely to experience adverse events following vaccination, with 72 per cent of adverse reactions occurring in women. Furthermore, 16 per cent of all adverse events in women involved the reproductive system, with evidence of damage to the ovaries, pituitary gland, and uterus.

Dr. Chandler pointed to a significant decline in live births following vaccination, with an approximate 8 per cent drop observed in European data. He proposed establishing a new area of investigation into what he termed "CoVAX disease," focusing on the study of adverse effects related to the vaccine.

He noted that prior to 2021, there were no reports of Multi-system Inflammatory Disease in the VAERS system. However, following the vaccine rollout, cases of this disease began to appear in the system. Given these findings, Dr. Chandler strongly recommended an immediate halt to the use of mRNA vaccines.

Dr. Pierre Kory

Dr. Pierre Kory is a pulmonary and critical care specialist with extensive experience, including serving as the former chief of Critical Care Service and medical director of Trauma and Life Support Services at the University of Wisconsin. He also led the ICU in New York City during the initial five-week surge of COVID-19 and managed COVID-19 critical care units in several locations. Dr. Kory has authored numerous papers on COVID-19 and is recognized as an expert on the use of ivermectin, about which he has written a book.

At the onset of the pandemic, Dr. Kory dedicated himself to studying COVID-19. He was among the first to advocate for the use of corticosteroids in treating the disease and, by October 2020, recommended the use of ivermectin for COVID-19 treatment.

Dr. Kory's presentation focused on what he referred to as "the war on ivermectin." He argued that resistance to ivermectin was largely driven by financial interests, as the drug was off-patent and therefore not lucrative for pharmaceutical companies. He presented a table showing 47 different medications that demonstrated efficacy in treating COVID-19, none of which were expensive or authorized for use.

Dr. Kory shared personal experiences of being censored and discredited for his support of ivermectin. He specifically noted that Merck, one of the inventors of ivermectin, refused to conduct clinical trials on its effectiveness against COVID-19 and took active steps to discredit the drug, despite lacking data to support such claims. He also highlighted that many studies claiming ivermectin was ineffective were flawed due to various methodological issues.

He pointed out that medical journals were rejecting or retracting studies that showed ivermectin's effectiveness against COVID-19. Furthermore, Dr. Kory discussed the significant censorship on social media and mainstream media aimed at discouraging the use of ivermectin and promoting mRNA vaccines instead.

Doctors who advocated for early treatment drugs against COVID-19 faced targeted attacks, and many lost their jobs as a result. Dr. Kory addressed the propaganda campaign against ivermectin, including the derogatory label "horse dewormer," and presented media stories that falsely claimed toxicity related to the drug.

In Dr. Kory's opinion, the majority of COVID-19 deaths could have been prevented if the standard of care had included ivermectin and Vitamin D. He also presented a review of the phenomenon known as "shedding," which he explained using the FDA's guidance document on shedding studies for virus or bacteria-based gene therapy and oncolytic products.

Dr. Kory stated that Pfizer was aware of the shedding potential of their mRNA vaccines as mRNA vaccines, a form of nanoparticle technology, can penetrate various membranes. Although FDA guidelines required shedding studies to be conducted, none were carried out. He cited scientific evidence showing that mRNA and spike proteins are found in all tissues of the body and can be transmitted to unvaccinated individuals through shedding—particularly via exhalation, inhalation, breast milk, and skin exfoliation.

He noted a consistent correlation between excess mortality and fertility issues in unvaccinated individuals following the vaccine rollout, suggesting that shedding from vaccinated to unvaccinated individuals could be a contributing factor. Sensitivity to shedding varies widely, particularly affecting environmentally or physiologically sensitive people, with the highest risk occurring after a booster shot of mRNA vaccines. Even vaccinated individuals are at risk of becoming ill due to shedding. However, the long-term risks of this phenomenon remain unknown, and medical journals have been reluctant to publish studies on shedding.

Dr. Kory also addressed vaccine injuries and post-vaccine injury syndrome, asserting that the reported numbers of COVID-19 deaths were inflated due to incentives for medical practitioners to do so. He found that in the United States, vaccination status was only recorded if the vaccines were administered within the hospital system, leaving out those vaccinated at pharmacies or vaccination centres.

Dr. Kory called for a worldwide moratorium on the use of mRNA vaccines, expressing his belief that the medical system had been weaponized for profit rather than being focused on patient health.

Dr. Marian Laderoute

Dr. Laderoute has built a career in pandemic and infectious disease prevention, and her presentation focused on the shedding of spike proteins from mRNA COVID gene therapy injections.

She asserted that mRNA products are so dangerous that they should never be allowed to be used again. Dr. Laderoute explained that Antibody Dependent Enhancement (ADE) allows the SARS-CoV-2 virus to enter macrophages and blocks the natural response of the HERV-K102 (human endogenous retrovirus K102) protector system. She stated that spike protein antibodies can actually lead to the progression of severe COVID-19 when the virus is present as these antibodies do not prevent the disease.

According to Dr. Laderoute, this is why COVID-19 vaccines may increase the risk of death in patients who are subsequently exposed to SARS-CoV-2. She argued that no adaptive-immunity-vaccine generating antigens to the RNA spike protein of an emerging pathogen can be considered safe due to the risks associated with ADE.

Her research suggests that following a second dose of the vaccine, there is a potential for spike protein shedding through the respiratory system for up to three months post-vaccination. She also emphasized that the spike protein is highly toxic and causes micro-clotting in the blood.

Dr. Laderoute referenced statistical data from the UK Office of National Statistics, which indicated that the risk of all-cause mortality was higher for vaccinated individuals compared to the unvaccinated. She further analyzed the data and suggested that mortality rates increased in both vaccinated and unvaccinated populations following the administration of the second vaccine dose, supporting the hypothesis that shedding was contributing to higher death rates among the unvaccinated.

She claimed that for every life saved by the vaccine, there were 103 deaths caused by it. Dr. Laderoute also noted that people who were most at risk of shedding were those who had been exposed to the SARS-CoV-2 virus before being vaccinated.

Given these findings, Dr. Laderoute strongly advocated for a permanent ban on the use of mRNA technology in both humans and animals.

Yvonne Nickel

Yvonne Nickel, a retired public health nurse and currently a lactation consultant, shared her observations regarding an increase in “tongue-tie” among newborns and her sensitivity to shedding from vaccinated patients.

In 2020, Yvonne lost her job with Public Health after raising concerns that the health unit was not obtaining Informed Consent for childhood vaccines. She also questioned a potential link between childhood vaccines and Sudden Infant Death Syndrome (SIDS). After leaving her position, she began working as a private lactation consultant.

Yvonne expressed concerns about what she perceives as a rising number of babies being born with tongue-tie following regular vaccinations, including flu vaccines and DTaP vaccines administered to pregnant women. She noted that these vaccines contain toxins known to cross the placental barrier.

In 2021, after the rollout of COVID-19 vaccinations, Yvonne observed an even greater increase in the incidence of tongue-tie in babies born to mothers who had received the COVID-19 vaccine during or prior to pregnancy.

Yvonne contracted COVID-19 in March 2020, an infection that lasted about five weeks. She has a heightened sensitivity to various environmental factors. Her first experience with shedding occurred in May 2021, following a church service. She noticed symptoms such as brain fog, abdominal pain, and increased blood pressure, which seemed to be triggered when she was in close contact with vaccinated individuals, particularly in confined spaces. These symptoms would appear within minutes of exposure.

To manage her symptoms, Yvonne follows protocols from the Front Line COVID-19 Critical Care Alliance (FLCCC), which have helped mitigate her condition. She supplements these protocols with additional therapies and estimates that she has spent approximately $40,000 on her treatments.

Yvonne expressed her belief that there was no Informed Consent for those who were vaccinated, and similarly, no Informed Consent for the unvaccinated who have been affected by shedding.

Andre Boucher

Andre Boucher, a 21-year veteran who worked in safety monitoring for a mine company at mine sites, recounted his experience regarding the company's recommendation to receive the experimental gene therapy injections. After conducting his own research, Andre decided not to participate in the vaccination program. When he shared some of his findings with colleagues, he was instructed not to discuss the matter with anyone. Shortly thereafter, he was placed on unpaid leave and ultimately terminated from his position, before he was due to receive his yearly bonus.

Dr. James Thorp

Dr. James Thorp, an obstetrician and gynaecologist with over 45 years of medical practice, had recently focused his attention on the impact of COVID-19 on gynaecology. In his testimony, Dr. Thorp shared his growing concerns about pharmaceutical companies, medical journals, and the disastrous effects of COVID-19 vaccines on the global population.

Dr. Thorp explained that his concerns about vaccines began around the year 2000, particularly regarding what was being reported in medical journals. He noted that pregnant women are now subjected to receiving four vaccines during their pregnancy, while infants are exposed to 42 vaccines. He observed a correlation between the increase in vaccines and a rise in autism, SIDS, and other chronic diseases.

He emphasized that none of the vaccines included in the FDA's recommended schedule have been proven safe through randomized, double-blind, placebo-controlled trials. Dr. Thorp stressed the importance of avoiding the use of novel substances during pregnancy, citing historical examples like Diethylstilbestrol (DES) and thalidomide, both of which caused significant harms which included unprecedented deaths and multi-generational effects.

According to Dr. Thorp, medical boards not only ignored scientific data but also pressured frontline doctors to administer the novel COVID-19 injections to pregnant women. He referenced Pfizer's post-market analysis, which in his view, clearly demonstrated the dangers of the Pfizer mRNA vaccines. The analysis reported an 81 per cent miscarriage rate, a fivefold increase in stillbirths, an eightfold increase in neonatal deaths, and a 14 per cent increase in breastfeeding complications. The data also indicated that women reported significantly more adverse reactions to the vaccine than men.

In Pfizer's Phase 2 / 3 Clinical Trial, only 234 pregnant women were included. The published data on the effects of the vaccine on newborns showed significant health issues and, according to Dr. Thorp, clearly indicated that the vaccines should never have been used during pregnancy.

Dr. Thorp also reviewed a paper titled "COVID-19 Vaccines: The Impact on Pregnancy Outcomes and Menstrual Function," which examined 18 different reported complications using data from the VAERS system in the United States.

He alleged that the approval and review system for vaccines is corrupt and has been fraudulently manipulated with censorship of any information that did not align with the "safe and effective" narrative. Based on the data he presented, Dr. Thorp estimated that there have been approximately 82,000+ deaths due to vaccine injuries and 2.72 million vaccine injuries of Canadians.

Dr. Thorp further alleged that massive financial incentives were paid to hospitals, pharmacies, practitioners, regulators, and faith leaders to influence them to promote the COVID-19 vaccines. He concluded by stating that the COVID-19 vaccines represent the greatest medical disaster in history.

Colleen Brandse

Colleen Brandse, a nurse with over 28 years of experience, returned to the NCI after previously testifying at the Toronto hearings in 2023. She shared her experiences over the past year as a vaccine-injured individual within the healthcare system, detailing the challenges of her injury, the loss of her husband, and the strength she continues to find despite the hardships her family has faced since receiving the COVID-19 mRNA vaccine.

Colleen was initially reluctant to take the COVID-19 vaccine due to her existing health condition, including T-cell lymphoma, and her own research. However, after consulting with and following her oncologist's advice, she received two doses of the COVID-19 vaccine, administered two weeks apart.

After her first injection, Colleen experienced minor tingling in her face. Two weeks later, she received the second Pfizer injection. Within two weeks of the second dose, she began to suffer from adverse reactions, including necrosis on her feet, shooting pains in both legs, and random stabbing pains throughout her body. Approximately four to five weeks after the second injection, Colleen went blind in her right eye due to a cataract. She also developed chest pain, brain fog, shortness of breath, sensitivities to various allergens, and other symptoms.

When she informed an emergency room doctor that her symptoms began two weeks after her second COVID-19 vaccine injection, the doctor's attitude changed abruptly, and she was sent home without further assistance. For months Colleen sought help from various doctors but found no relief.

Her son Connor was vaccinated in 2021, when he joined the army. By July 2022, he had developed a pulmonary embolism, a condition where a blood clot blocks an artery in the lung. Connor was only 23-years-old at the time.

In July 2021, Colleen's husband was diagnosed with colon cancer, which was surgically removed. However, during a one-year follow-up in July 2022, multiple blood clots were discovered in his lungs. Five months later, he was diagnosed with terminal cancer and has since passed away. Her husband had received a COVID-19 booster shot in December 2021.

Evelien Wiersma

On December 16, 2021, Evelien's husband fell ill with COVID-19. Three days later, on December 19, they both tested positive for the virus. Her husband, who was 67-years-old, had been in excellent health, with no medications or comorbidities.

Upon contacting their doctor, Evelien was instructed to keep her husband at home until his oxygen levels dropped to 85 and his temperature rose to 103 degrees Fahrenheit at which point she was to call an ambulance. On December 23, 2021, as her husband's condition deteriorated and he became non-responsive with low oxygen levels, Evelien contacted her daughter, who then called an ambulance.

However, because they were not vaccinated, the ambulance attendants refused to enter their home. Evelien and her daughter managed to get her husband outside in the cold, where the attendants refused to cover him. He received no treatment during the ambulance ride, and Evelien was not allowed to accompany him.

Upon arrival at the emergency room, her husband was given oxygen and Tylenol. Evelien was not permitted to stay with him in the hospital. On December 24, 2021, he was moved to the ICU. Throughout his hospital stay, no doctor contacted Evelien or her family until December 25, when a doctor informed her that her husband had refused to be placed on a ventilator. Evelien also refused ventilation for him and requested ivermectin, which angered the doctor. The following day, the hospital ventilated him without consent.

The hospital continued to deny Evelien and her daughter entry to visit him. Desperate to get him out of the hospital, Evelien even contacted the police, but they refused to intervene.

On December 30, 2021, the hospital called to inform them that her husband was dying and initially refused to allow them to visit. After 20 minutes of pleading, the hospital relented, permitting Evelien and her daughter to see him, but none of the other children were allowed to enter. Evelien fainted and was taken to the emergency room, where she was detained and not allowed to leave.

After her husband passed away, the hospital finally allowed two family members to see his body. When he was admitted, he had pneumonia; ultimately, he died of sepsis. Evelien later received medical opinions suggesting that if he had been treated with antibiotics, he likely would have survived. The cause of death was listed as sepsis and COVID-19.

Estelle Debae

Estelle shared her experiences of extensive international travel during the pandemic. She discussed the various requirements she encountered and how these requirements changed over time.

Renate Lindeman

Renate is a mother of two special needs children (Down Syndrome). Renate testified on her experiences during the COVID-19 crisis in Canada—how lockdowns and school closures affected her family. She shared her interpretations of how the Canadian government started to make distinctions between: "essential" and "non-essential" parts of society; eyeing concerns of history and lessons humanity learned the hard way; when a small number of people decide who is or is not essential.

Based on her experience with measles, mumps, and rubella (MMR) vaccines and after her own research, she decided not to have her children receive the mRNA vaccines.

She had serious fears that the government would forcibly inject or remove her children; she was concerned about the similarity between what was happening in Canada and the Nazi T4 program. The T4 Program, also called T4 Euthanasia Program, was Nazi Germany's effort to kill the mentally ill, physically or mentally disabled, emotionally distraught, and elderly.

Major (Ret.) Thomas Haviland

Major (Ret.) Haviland provided detailed testimony regarding a comprehensive statistical survey he conducted with funeral directors and embalmers in the United States, Canada, and internationally. With degrees in mathematics, electrical engineering, and a master's degree in computer resources and information management, Mr. Haviland brings significant expertise to his work. He also spent 36 years in or associated with the United States Air Force.

In November 2022, Mr. Haviland began reaching out to various embalmer associations to inquire about reports of white fibrous clots being found in individuals who had died suddenly. Leveraging his mathematical expertise, he first conducted a survey of embalmers in the United States, later expanding it to include Canada, the United Kingdom, New Zealand, and Australia.

The first survey was conducted in 2022, followed by a second survey in 2023 / 2024. These surveys were distributed to 1700 embalmers and included numerous embalming and funeral director associations. Notably, the survey questions did not reference the COVID-19 vaccines.

In the most recent survey (2023 / 2024), 73 per cent of respondents reported still observing white fibrous clots in 2023. In the first survey, the majority of respondents indicated that they first noticed these clots in 2021, although some reported seeing them as early as 2020. The incidence of these reported fibrous clots appeared to decrease between 2021 and 2023.

Additionally, 79 per cent of respondents noted the presence of "coffee grounds" in the circulatory system, with 25 per cent of the bodies exhibiting this type of micro-clotting.

Mr. Haviland shared that many embalmers were reluctant to participate in the survey. He contacted the largest 30 state-embalmer-associations in the United States to request that they distribute the survey to their members, but only one association complied.

He submitted the results of his initial U.S. survey to the FDA on January 19, 2023, and followed up by submitting his second survey results to both the FDA and the Centres for Disease Control and Prevention (CDC) on January 9, 2024. To date, he has not been contacted by either organization.

5.4.1. DNA / RNA Contamination and Long-Term Health Risks

Introduction

The testimonies from the recent NCI hearings in Regina highlighted significant concerns regarding DNA contamination in the COVID-19 vaccines. Experts pointed out potential long-term health risks such as cancer and reproductive health issues that were associated with this contamination. These concerns were corroborated by findings presented in the November 28, 2023 NCI Report.

DNA Contamination in Vaccines

Kevin McKernan, a genetic sequencing expert, testified about the presence of DNA plasmid contamination in Pfizer and Moderna COVID-19 vaccine vials. These plasmids, which are rings of DNA containing the spike protein sequence, are part of the manufacturing process. They should be enzymatically destroyed during quality control to prevent contamination. However, McKernan discovered high levels of DNA plasmids in the vaccines, a finding that was replicated internationally by several independent laboratories, internationally.

Potential Health Risks

The presence of DNA contamination is alarming because DNA can integrate more easily into the human genome compared to mRNA. This raises the possibility of the spike protein sequence integrating into human DNA, potentially leading to genetic mutations and cancer. Additionally, DNA contamination can cause the body to produce the spike protein continuously, which might lead to chronic health issues.

Several mechanisms were proposed by the experts to explain how DNA contamination and the spike protein could contribute to health risks:

Interference with DNA Repair Mechanisms: The spike protein has been shown to interfere with tumour suppressor proteins like P53 and BRCA1, which are crucial for preventing cancer. This interference can promote cancer development.

IgG4 Shift: Continuous exposure to the spike protein might cause the body to shift its immune response, reducing its ability to protect against cancer and other diseases.

Shedding and Transmission: There is evidence that vaccinated individuals might shed spike proteins, potentially affecting unvaccinated individuals.

Corroborating Evidence from the 2023 NCI Report

The November 2023 NCI Report provided further evidence supporting these concerns:

Spike Protein and DNA Repair: The Report cited studies showing the spike protein's potential to interfere with DNA repair mechanisms, leading to increased cancer risk.

Presence of Plasmid DNA: It was confirmed that the Pfizer and Moderna vaccines contained significant levels of plasmid DNA contamination, which exceeded acceptable limits. This contamination was linked to the manufacturing process, where plasmids used to produce mRNA were not adequately removed.

Genetic Integration Risks: The Report discussed the potential for RNA from the vaccines to integrate into the human genome, in particular if it integrates into regions that could lead to cancer. This risk was shown in vitro, adding to the concern about long-term health effects.

Recommendations

The testimonies and the NCI Report collectively highlight a critical issue with the current COVID-19 vaccines—namely, DNA contamination and its potential long-term health risks. These findings call for immediate action to:

1. **Immediately Discontinue Use of mRNA vaccines.**
2. **Conduct Comprehensive Safety Studies:** Assess the long-term health impacts of the vaccines—particularly concerning cancer and genetic integration risks.
3. **Increase Transparency and Oversight:** Maintain open scientific discourse and ensure public access to all relevant data regarding vaccine safety.
4. **All current vaccine programs should be re-evaluated** in light of testimony indicating that many vaccines have not undergone thorough assessment for long-term safety and efficacy. Furthermore, growing evidence suggests a significant rise in chronic and long-term disabilities, particularly in children, has been linked to the use of these vaccines.

5.4.2. Adverse Reactions and Reporting Issues

Introduction

The testimonies from the recent NCI hearings in Regina brought to light significant concerns regarding adverse reactions to the COVID-19 vaccines and issues with the reporting systems. These issues are critical because they highlight potential gaps in our understanding of vaccine safety and the effectiveness of the systems in place to monitor and address these concerns. The November 28, 2023 NCI Report corroborates these concerns with substantial evidence.

Testimonies on Adverse Reactions and Reporting Issues

Dr. Jessica Rose

- **Findings**: Dr. Rose's analysis of the VAERS data indicated a significant underreporting of adverse events. She stated that VAERS, being a voluntary system, underreports actual adverse events by a factor of 31 times. This means that the actual number of adverse events would be much higher than reported.
- **Comparative Data**: According to Dr. Rose, adverse events related to the COVID-19 vaccines were approximately 116 times higher than those related to influenza vaccines. Specifically, the COVID-19 vaccine resulted in 25 times more adverse effects per million injections and about 70 times more deaths per million injections when compared to influenza vaccines.
- **Cancer Rates**: Dr. Rose emphasized an increase in cancer incidence potentially related to DNA and RNA contamination in the vaccines during the manufacturing process. This contamination has been confirmed by several independent laboratories. The inclusion of SV40, a known cancer-causing agent, was particularly concerning.

Dr. Pierre Kory

- **Findings**: Dr. Kory's testimony highlighted the resistance to early treatment options like ivermectin and how the focus was shifted toward promoting vaccines despite emerging safety signals. He pointed out the significant censorship and discrediting of alternative treatments and early adverse event reporting.

Dr. Robert Chandler

- **Adverse Reactions in Women**: Dr. Chandler presented data indicating that 72 per cent of adverse reactions were found in women, with 16 per cent involving the reproductive system. This raises significant concerns about the impact of the vaccines on women's health, particularly regarding fertility and pregnancy outcomes.

- **Live Birth Rates**: He noted a significant drop in live births following vaccination that suggests a potential link between vaccination and reproductive health issues.

General Issues with Reporting Systems (From the November 2023 NCI Report)

- **Healthcare Provider Reluctance**: Many testimonies, including those from Dr. Gregory Chan and Dr. Charles Hoffe, indicated that healthcare providers faced obstacles in reporting adverse events. These included technical difficulties with reporting systems, lack of response from public health authorities, and fear of professional repercussions.
- **Patient Reports Dismissed**: Patients' adverse reactions were often dismissed by healthcare providers. For instance, Nurse Angela Taylor experienced a severe reaction that was not reported, and Kristin Ditzel's adverse reaction was not acknowledged as being related to the vaccine.

Corroborating Evidence from the 2023 NCI Report

The 2023 NCI Report provides detailed evidence supporting these testimonies:

Underreporting and System Failures

- **Fatal Flaws in Reporting Systems**: The 2023 Report highlighted the flaws in the adverse event reporting systems, particularly their reliance on healthcare professionals to report events. Many healthcare workers were discouraged from reporting, and some faced professional risks for doing so.
- **Broken Monitoring System**: The 2023 NCI Report described a "broken, impossible to use system," where accurate and timely reporting of adverse events was hindered by gatekeepers and administrative obstacles.

Data Analysis and Early Detection

- **Importance of Robust Systems**: The 2023 Report emphasized the need for comprehensive and user-friendly reporting systems to detect and respond to all potential side effects, especially for novel vaccines using unprecedented technology.
- **Lack of Mid- and Long-Term Testing**: It was noted that no mid-term or long-term testing was conducted prior to the approval of COVID-19 vaccines, which makes post-market surveillance critical for identifying adverse effects that were not evident in initial trials.

Public Trust and Data Transparency

- **Building Public Trust**: Transparent and effective monitoring of vaccine adverse reactions is crucial for maintaining public trust. The 2023 NCI Report stressed that the lack of transparency and the dismissal of adverse events contributed to growing public distrust in the vaccination program.

Recommendations

The Regina testimonies and the 2023 NCI Report collectively underscore the need for significant improvements in the adverse event reporting systems:

1. **Immediately Discontinuing Use of mRNA vaccines.**
2. **Enhance Healthcare Provider Education:** Educate and encourage healthcare providers to report adverse events without fear of reprisal.
3. **Improve Reporting Systems:** Make reporting systems more accessible and user-friendly for both healthcare providers and patients.
4. **Increase Transparency:** Ensure transparent communication about the risks of vaccines, including the acknowledgment and investigation of adverse events.
5. **Conduct Comprehensive Studies:** Perform mid-term and long-term studies on vaccine safety to better understand the potential risks associated with all vaccines.
6. **Promote Public Engagement:** Engage the public in reporting adverse events and educate them about the importance of reporting.

These steps are essential to address the gaps identified in the Regina testimonies and the 2023 NCI Report and to ensure a robust system for monitoring vaccine side effects and protecting public health.

5.4.3. Lack of Proper Testing and Approval Processes

Introduction

The testimonies from the NCI hearings in Regina raised critical issues regarding the inadequacies in the testing and approval processes of COVID-19 vaccines. Key testimonies highlighted the expedited approval processes, the lack of thorough preclinical and clinical testing, and the potential conflicts of interest within regulatory bodies. These concerns are supported and further elaborated upon by findings in the November 28, 2023 NCI Report.

Testimonies on Inadequate Testing and Approval Processes

Dr. Robert Chandler

- **Key Points**: Dr. Chandler emphasized that the Pfizer vaccine trials were flawed due to the unblinding of the control group, which undermined the integrity of the trials. The unblinding meant that participants knew whether they received the vaccine or a placebo, which could bias the reporting of symptoms and outcomes.
- **Lack of Comprehensive Testing**: He pointed out significant gaps in the testing protocols, including the absence of long-term safety data. The trials primarily measured short-term reactogenicity (e.g., COVID-like symptoms) for only seven days post-injection and followed severe symptoms for up to six months, which is insufficient for a comprehensive safety profile.

Dr. Jessica Rose

- **VAERS Data**: Dr. Rose presented data showing underreporting of adverse events by a factor of 31 times, which indicated that the actual number of adverse reactions would be much higher than what is reported. The VAERS data showed a substantial increase in adverse events and deaths associated with COVID-19 vaccines compared to influenza vaccines.

General Issues with Fast-Track Approval

- **Expedited Approval Process**: Many testimonies criticized the fast-track approval process, which bypassed several critical stages of traditional vaccine development. Normally, vaccine development involves a timeline of 5–10 years, including in-vitro, animal testing, and three phases of human trials. These steps ensure the safety and efficacy of the vaccines before they are approved for public use.

- **Economic Pressures**: There were concerns that economic motivations, such as attracting foreign investment and promoting innovation, were prioritized over safety. The regulatory changes introduced in Canada aimed to reduce barriers to bringing advanced therapeutic treatments to market, which included expedited clinical trials and product authorizations.

Corroborating Evidence from the 2023 NCI Report

- **Historical Safety Requirements**: The 2023 NCI Report highlighted the importance of maintaining rigorous safety standards for drug approval. It emphasized that the new regulatory processes allowed for the approval of COVID-19 vaccines without the usual requirement to prove safety and efficacy through randomized-controlled-trials (RCTs). This undermined the precautionary principle that has traditionally governed drug approval.
- **Lack of Long-Term Studies**: The 2023 NCI Report noted the absence of mid-term and long-term safety studies for the COVID-19 vaccines. This is critical because long-term effects, particularly for gene therapies like mRNA vaccines, are unknown and require extensive follow-up.
- **Conflict of Interest and Independence**: There were concerns about conflicts of interest within Health Canada and its reliance on pharmaceutical companies for funding. The 2023 NCI Report recommended establishing an independent body to conduct safety reviews and ensure that regulatory decisions are made based on citizen health considerations rather than political or economic motivations.

Case Study: Pfizer Vaccine Trials

- **Disproportionate Participant Exclusions**: The 2023 NCI Report highlighted the disproportionate exclusion of participants from efficacy evaluations due to protocol deviations, which skewed the results. In the Pfizer trials, a significant number of participants in the vaccine arm were excluded compared to the placebo arm, raising questions about the validity of the reported efficacy.
- **Real-World Data vs. RCTs**: The 2023 NCI Report also pointed out discrepancies between real-world data and the results of the RCTs. For instance, the real-world effectiveness of the vaccines was lower than reported in the trials, partly due to methodological biases and the lack of systematic testing of all participants.

Recommendations

The testimonies and findings from the NCI Report underscore the need for:

1. **Immediately Discontinuing Use of mRNA vaccines.**
2. **Reverting to Rigorous Approval Standards:** The new expedited approval processes should be revoked, and Health Canada should return to its historical safety requirements that ensure comprehensive preclinical and clinical testing before approval.
3. **Ensuring Transparency:** Regulatory changes should be transparent, involving public consultation and clear communication with stakeholders, including healthcare professionals and the public.
4. **Independent Oversight:** Establishing an independent body to conduct safety reviews free from industry influence is crucial for maintaining public trust and ensuring patient safety.
5. **Strengthening Post-Market Surveillance:** Continuous monitoring of approved pharmaceuticals is essential to detect and address any safety concerns that may arise over time.
6. **Balancing Innovation and Safety:** While promoting innovation is important, it should not compromise patient safety. Long-term effects of novel drugs must be considered, and ethical considerations should be integrated into the approval process.

5.4.4. Ethical Concerns and Loss of Public Trust

Introduction

The testimonies from the NCI hearings in Regina highlighted profound ethical concerns and a significant loss of public trust resulting from the COVID-19 pandemic response. Key issues included the erosion of Informed Consent, coercion through mandates, and the suppression of dissenting medical opinions. These concerns were corroborated by the findings in the November 28, 2023 NCI Report, which emphasized the broader implications of these actions on public confidence in healthcare and government institutions.

Testimonies Highlighting Ethical Concerns & Loss of Public Trust

Dr. Richard Schabas

- **Informed Consent**: Dr. Schabas emphasized the erosion of the principle of Informed Consent during the pandemic. He pointed out that public health measures, including vaccine mandates, were implemented without adequate consideration of individual autonomy and informed decision-making.
- **Public Misinformation**: He criticized the dissemination of misleading information by public health officials, which exaggerated the risks of COVID-19 and the benefits of the vaccines. This misinformation was aimed at increasing compliance but ultimately led to public distrust.
- **Professional Ethics**: Dr. Schabas highlighted the ethical breaches within the medical profession where interventions were implemented without sufficient evidence and consideration of potential harms. He also noted the significant censorship of medical professionals who raised concerns about the pandemic response.

Dr. Roger Hodkinson

- **Mandates and Coercion**: Dr. Hodkinson stated that the pandemic measures were more about controlling the population than protecting public health. He criticized the use of the *Emergencies Act* and the implementation of vaccine mandates without solid scientific justification.
- **Long-Term Health Risks**: He expressed concerns about the long-term health risks associated with the COVID-19 vaccines, including potential genetic modifications and chronic diseases. These risks were not adequately communicated to the public, thereby undermining Informed Consent.

Dr. Tess Lawrie

- **Suppression of Alternative Treatments**: Dr. Lawrie pointed out the active suppression of effective treatments like ivermectin in favour of promoting vaccines. This suppression, driven by financial interests and regulatory capture, compromised ethical standards in medicine.
- **Conflicts of Interest**: She highlighted the conflicts of interest within organizations like the WHO and regulatory agencies, where financial incentives from private entities influenced public health recommendations and policies.

Dr. James Thorp

- **Impact on Vulnerable Populations**: Dr. Thorp emphasized the unethical use of novel vaccines in pregnant women and infants without thorough testing. He provided data indicating increased rates of miscarriages, stillbirths, and neonatal deaths, which were not adequately disclosed to the public.

Public Trust and Institutional Failures

- **Loss of Trust in Public Institutions**: The testimonies collectively highlighted a significant loss of trust in public institutions that included healthcare, regulatory bodies, and the judiciary. This loss of trust was attributed to inconsistent messaging, political motivations behind public health measures, and the suppression of dissenting voices.

Corroborating Evidence from the 2023 NCI Report

Trust in Government and Public Health Institutions

- **Erosion of Trust**: The 2023 NCI Report detailed how the government's actions during the COVID-19 pandemic significantly reduced Canadians' confidence and trust in their institutions. This erosion of trust was prevalent not just in Canada but globally.
- **Political Motivations**: The 2023 NCI Report indicated that decisions were perceived as politically motivated or contradicting scientific consensus, which further eroded the trust of Canadians. Public health measures were often seen as erratic and not based on solid evidence, contributing to the perception of incompetence and unreliability.

Informed Consent and Ethical Violations

- **Informed Consent**: The 2023 NCI Report emphasized the importance of Informed Consent, which was undermined by the lack of transparency and the coercive nature of the mandates. The rapid implementation of measures without adequate public consultation or consideration of individual rights was a significant ethical breach.
- **Suppression of Dissent**: The suppression of alternative viewpoints and the disciplinary actions against medical professionals who spoke out against the narrative were highlighted as major ethical concerns. The 2023 NCI Report noted that public trust could only be restored through transparency, accountability, and open dialogue.

Impact on Healthcare Professionals

- **Ethical Dilemmas**: Healthcare professionals faced significant ethical dilemmas, as they were pressured to follow protocols that they believed were not in the best interest of their patients. This pressure led to a breakdown in the trust between patients and healthcare providers, as well as within the medical community itself.

Recommendations

The testimonies and the 2023 NCI Report highlight the urgent need to address the ethical concerns and restore public trust through:

1. **Immediately Discontinuing Use of mRNA vaccines.**
2. **Transparency and Accountability:** Public institutions must be transparent about their decision-making processes and be held accountable for their actions. This includes full disclosure of all data and evidence used to support public health measures.
3. **Restoring Informed Consent:** The principle of Informed Consent must be re-emphasized, ensuring that individuals have the right to make informed decisions about their health, without coercion.
4. **Supporting Ethical Medical Practices:** Healthcare professionals must be supported in practicing ethically, without fear of censorship or disciplinary action for voicing legitimate concerns.
5. **Independent Oversight:** Establishing independent bodies to oversee public health decisions and ensure that they are based on sound scientific evidence and free from political or financial influence.

By addressing these issues, public trust in healthcare and government institutions can be gradually restored, leading to a more resilient and ethical response to future public health crises.

5.4.5. Censorship and Suppression of Information

Introduction

The testimonies from the NCI hearings in Regina illuminated significant concerns about the censorship and suppression of information related to COVID-19. These issues were linked to the suppression of alternative treatments, the marginalization of dissenting medical opinions, and the monopolization of the public health narrative by mainstream media and governmental agencies. The November 28, 2023 NCI Report corroborates these concerns with detailed evidence and analyses.

Testimonies Highlighting Censorship and Suppression

Dr. Roger Hodkinson

- **Censorship in the Medical Community**: Dr. Hodkinson testified about the suppression of dissenting voices within the medical community. He emphasized how physicians who questioned the mainstream narrative or who advocated for alternative treatments faced professional censure and public vilification. This suppression extended to the media, where alternative viewpoints were rarely presented.

Dr. Pierre Kory

- **Suppression of Early Treatments**: Dr. Kory detailed how the promotion of early treatments, like ivermectin, was actively suppressed. He highlighted a concerted effort by pharmaceutical companies and health authorities to discredit these treatments in order to promote vaccine uptake. Dr. Kory faced significant censorship and professional backlash for advocating these early treatments.

Dr. Tess Lawrie

- **Discrediting Effective Treatments**: Dr. Lawrie discussed how studies supporting the efficacy of treatments like ivermectin were retracted or dismissed without valid scientific reasons. This suppression was driven by financial interests and regulatory capture, as Emergency Use authorizations for vaccines would be invalid if effective treatments were available.

Dr. Jessica Rose

- **Marginalization of VAERS Data**: Dr. Rose highlighted how adverse event data from the Vaccine Adverse Event Reporting System (VAERS) was underreported and dismissed. The significant underreporting and the reluctance of health authorities to acknowledge this data were critical issues.

General Issues with Media and Government Censorship

- **Monopoly of Public Health Narrative**: Many testimonies highlighted the monopolization of the public health narrative by mainstream media and government agencies. Alternative perspectives were often labeled as misinformation, and platforms that promoted these views faced de-platforming and censorship.
- **Professional Surveillance and Censorship**: Testimonies revealed that professional regulatory organizations monitored social networks and disciplined professionals who deviated from the government's stance on COVID-19 measures.

Corroborating Evidence from the 2023 NCI Report

Suppression of Alternative Treatments

- **Hydroxychloroquine and Ivermectin**: The 2023 NCI Report detailed how the suppression of early treatments, like hydroxychloroquine (HCQ) and ivermectin, was systematically executed. Despite early evidence of their efficacy, these treatments were discredited through fraudulent studies and regulatory actions that were not scientifically justified.
- **Lancet-Gate Scandal**: The 2023 NCI Report highlighted the infamous Lancet-gate scandal, where a study claiming high cardiac toxicity of HCQ was retracted for being based on fabricated data. However, the damage was done, and the use of HCQ was heavily restricted.

Censorship in Media and Academia

- **Media Bias and Control**: The 2023 NCI Report emphasized how mainstream media consistently promoted the government's narrative and censored dissenting views. This control extended to social media, where platforms like YouTube and Twitter actively removed content that contradicted official guidelines.
- **Academic Censorship**: The 2023 NCI Report also discussed the censorship within academic circles, where researchers faced significant barriers in publishing studies that did not align with the mainstream narrative. Journals retracted papers supporting alternative treatments, and funding for such research was often denied.

Impact on Public Trust and Professional Integrity

- **Erosion of Trust**: The pervasive censorship and suppression eroded public trust in health authorities and the media. The 2023 NCI Report underscored that this erosion of trust had long-term implications for public health initiatives and the credibility of medical institutions.
- **Professional Integrity**: The suppression of professional voices advocating for evidence-based treatments or questioning public health measures compromised the integrity of the medical profession. Many healthcare workers were pressured to conform to the official narrative, which led to self-censorship and professional burnout.

Recommendations

The testimonies and findings from the 2023 NCI Report underscore the need for:

1. **Immediately Discontinuing Use of mRNA vaccines.**
2. **Restoring Freedom of Speech:** Reaffirming the importance of free speech, particularly in the scientific and medical communities. Open dialogue and debate are crucial for advancing medical knowledge and public health.
3. **Ensuring Transparency and Accountability:** Health authorities and media must commit to transparency, allowing for the publication and discussion of all scientifically valid perspectives.
4. **Supporting Independent Research:** Funding and support for independent research into alternative treatments and adverse events must be prioritized to ensure a balanced understanding of public health measures.
5. **Rebuilding Public Trust:** Efforts must be made to rebuild public trust through transparent communication, accountability for past censorship, and inclusive public health strategies that consider diverse viewpoints.

By addressing these issues, public health authorities and the media can help restore confidence in their institutions and promote a more inclusive and transparent approach to managing public health crises.

5.4.6. Shedding and Secondary Exposure

Introduction

The issue of shedding and secondary exposure was prominently discussed during the NCI hearings in Regina, raising significant concerns about the implications of vaccinated individuals potentially transmitting vaccine-derived materials to unvaccinated individuals. The concept of shedding involves the release and subsequent transmission of vaccine components, such as spike proteins, through bodily fluids. This phenomenon and its potential health impacts were corroborated by evidence provided in the Regina NCI hearings.

Testimonies on Shedding and Secondary Exposure

Dr. Sabine Hazan

- **Research Findings**: Dr. Hazan's research indicated that vaccinated individuals could shed the original strain of the COVID-19 virus. Her studies used genetic sequencing to detect the presence of the virus in fecal matter and suggested that the vaccines themselves might be responsible for spreading the virus, as vaccinated patients were found to carry and potentially transmit the original, un-mutated strain.

Dr. Pierre Kory

- **Shedding Mechanism**: Dr. Kory elaborated on the FDA's definition of shedding, which involves the release of vaccine-related genetic materials through excreta, secreta, or the skin. He highlighted that Pfizer's documentation acknowledged the shedding potential of their vaccines. However, mandated shedding studies, which are crucial to understanding the extent and impact of this phenomenon, were not conducted.

Dr. Marian Laderoute

- **Health Risks**: Dr. Laderoute focused on the toxic effects of the spike protein, which is known to cause micro-clotting in the blood. She indicated that individuals vaccinated with mRNA vaccines could potentially shed the spike protein for up to three months, posing health risks to those around them. Her review of data from the UK Office of National Statistics suggested an increase in mortality rates for both vaccinated and unvaccinated individuals following mass vaccination, supporting the hypothesis of harmful shedding.

Yvonne Nickel

- **Personal Experience**: Yvonne Nickel provided a personal account of experiencing adverse effects attributed to shedding. As a lactation consultant working with vaccinated mothers, she observed increased incidences of "tongue-tie" in newborns. She also reported symptoms such as brain fog, abdominal pain, and increased blood pressure, which she linked to close contact with vaccinated individuals.

Corroborating Evidence from the 2023 NCI Report

General Findings on Shedding

- **Spike Protein Toxicity**: The 2023 NCI Report emphasized the toxic nature of the spike protein, which can lead to micro-clotting and other health issues. It also highlighted the potential for the spike protein to be shed from vaccinated individuals, posing a risk of secondary exposure to unvaccinated individuals.
- **Regulatory Oversight and Studies**: The 2023 NCI Report noted the lack of comprehensive shedding studies, which are essential to fully understand the implications of secondary exposure. The absence of such studies was a significant oversight, given the novel nature of mRNA technology and its widespread use during the pandemic.

Impact on Public Health and Policy

- **Increased Mortality Rates**: Analysis of mortality rates in the UK following the vaccine rollout showed an increase in all-cause mortality among both vaccinated and unvaccinated individuals. The data supported the notion that shedding could have adverse effects on public health beyond the direct impact of the virus itself.
- **Informed Consent and Public Awareness**: The 2023 NCI Report stressed the importance of Informed Consent, which was compromised by the lack of transparency regarding the potential for shedding. The Report called for more rigorous disclosure of vaccine risks and benefits to ensure that the public could make informed decisions.

Recommendations

The testimonies and the 2023 NCI Report highlight the need for:

1. **Immediately Discontinuing Use of mRNA vaccines.**
2. **Comprehensive Shedding Studies:** Conduct detailed studies on the shedding of vaccine-derived materials to understand the full scope and impact of secondary exposure.

3. **Transparent Communication:** Ensure that information about the risks of shedding and secondary exposure is transparently communicated to the public to support Informed Consent.
4. **Regulatory Oversight:** Strengthen regulatory oversight to mandate shedding studies for new vaccines and ensure that the results are publicly accessible.
5. **Public Health Guidelines:** Develop public health guidelines to mitigate the risks associated with shedding, particularly for vulnerable populations.

Addressing these concerns is crucial for maintaining public trust and ensuring that vaccine policies are based on comprehensive scientific evidence, safeguarding both individual and public health.

5.4.7. Increased Mortality and Societal Impact

Introduction

The issue of increased mortality and the broader societal impacts during the COVID-19 pandemic was a significant focus of the testimonies at the NCI hearings in Regina. These concerns were echoed and substantiated by the evidence and the findings detailed in the November 28, 2023 NCI Report. The Report highlighted how the measures taken during the pandemic, including lockdowns and the vaccination rollout, led to an increase in all-cause mortality and had profound societal repercussions.

Testimonies Highlighting Increased Mortality & Societal Impact

Dr. Roger Hodkinson

- **Health Risks from Vaccines**: Dr. Hodkinson raised concerns about the long-term health risks of the COVID-19 vaccines, including increased chronic diseases and potential genetic modifications. He noted a worrying trend of increased "turbo" cancers and micro-clotting in young individuals, which he attributed to the vaccines.

Dr. Jessica Rose

- **VAERS Data Analysis**: Dr. Rose's analysis of the VAERS data revealed a significantly higher rate of adverse events and deaths associated with COVID-19 vaccines compared to influenza vaccines. She highlighted a dose-response relationship, indicating that higher doses of the vaccine correlated with more severe adverse events.

Dr. Jay Bhattacharya (2023 Testimony)

- **Lockdown Harms**: Dr. Bhattacharya emphasized the significant health harms caused by lockdown policies, including delayed cancer diagnoses, increased drug overdoses, and mental health crises. He presented data showing that Canada's cumulative all-cause mortality rate was significantly higher than Sweden's, which did not implement strict lockdowns.

General Observations

- **Collateral Deaths**: Testimonies indicated that the lockdowns and other pandemic measures led to a significant number of collateral deaths. These deaths were attributed to missed medical appointments, mental health issues, increased substance abuse, and other indirect consequences of the public health measures.

Dr. Sabine Hazan

- **Virus Transmission and Shedding**: Dr. Hazan's research suggested that vaccinated individuals could shed the virus, potentially infecting others. This phenomenon could contribute to increased mortality and morbidity, particularly among the unvaccinated and vulnerable populations.

Dr. Marian Laderoute

- **Spike Protein Toxicity**: Dr. Laderoute discussed the toxic effects of the spike protein and its potential to cause micro-clotting and other serious health issues. She suggested that the spike protein could be shed by vaccinated individuals, posing health risks to others and contributing to increased mortality rates.

Increased Mortality in Young Individuals

- **Athlete Deaths**: There was a notable increase in the number of young athletes collapsing and dying while competing, post-vaccination. This trend was alarming and significantly higher than pre-vaccination periods, raising concerns about the vaccine's safety for young, healthy individuals.

Corroborating Evidence from the 2023 NCI Report

General Findings on Mortality

- **All-Cause Mortality Analysis**: The 2023 NCI Report provided a detailed analysis of all-cause mortality data, showing significant increases during the COVID-19 period. This increase was not solely attributable to the virus but also to the measures implemented to control its spread, such as lockdowns and vaccination campaigns.

Impact of Lockdowns

- **Delayed Medical Care**: The 2023 NCI Report highlighted how lockdowns and the focus on COVID-19 led to delays in diagnosing and treating other critical conditions like cancer and cardiovascular diseases. This delay contributed to increased mortality rates as conditions that could have been managed earlier were detected too late.
- **Mental Health Crisis**: The isolation and disruption caused by lockdowns led to a mental health crisis, with increased rates of depression, anxiety, and substance abuse. These mental health issues contributed to higher mortality rates through suicides and drug overdoses.

Vaccination and Mortality

- **Vaccine Adverse Events**: The 2023 NCI Report discussed the high rate of adverse events associated with COVID-19 vaccines. It highlighted the VAERS data showing an unprecedented number of adverse reactions and deaths, far exceeding those associated with other vaccines.
- **Spike Protein and Shedding**: The 2023 NCI Report discussed the potential risks associated with spike protein shedding from vaccinated individuals. This shedding could pose health risks to the unvaccinated and contribute to the overall increase in mortality rates.

Recommendations

The testimonies and findings from the NCI Report highlight the urgent need for:

1. **Immediately Discontinuing Use of mRNA vaccines.**
2. **Comprehensive Review of Public Health Measures:** There needs to be a thorough review of the measures taken during the pandemic, including lockdowns and vaccination campaigns, to understand their full impact on mortality and societal well being.
3. **Transparency and Accountability:** Health authorities must be transparent about the risks and benefits of public health measures, including vaccines, and be held accountable for their decisions.
4. **Support for Mental Health:** Addressing the mental health crisis exacerbated by the pandemic measures should be a priority. This includes providing adequate resources and support for mental health services.
5. **Independent Research on Vaccine Safety:** There must be independent and comprehensive research into the safety of COVID-19 vaccines, particularly concerning long-term health effects and the phenomenon of shedding.

By addressing these issues, public health policies can be better informed and more effectively safeguard the health and well being of the population.

5.4.8. Financial and Institutional Corruption in Health

Introduction

The November 28, 2023 NCI Report highlighted substantial evidence of how financial interests and institutional corruption influenced public health decisions and undermined the integrity of pandemic responses. The testimonies at the NCI hearings in Regina echoed these significant concerns about financial and institutional corruption during the COVID-19 pandemic.

Testimonies Highlighting Financial & Institutional Corruption

Dr. Roger Hodkinson

- **Pharmaceutical Influence**: Dr. Hodkinson emphasized the pervasive influence of pharmaceutical companies on public health policies. He argued that the promotion of vaccines over early treatment options like ivermectin and hydroxychloroquine was driven by financial incentives rather than scientific evidence. He cited the large profits made by pharmaceutical companies as evidence of corruption and undue influence.

Dr. Pierre Kory

- **Suppression of Early Treatments**: Dr. Kory detailed the systematic suppression of early treatments for COVID-19, such as ivermectin. He argued that the financial interests of pharmaceutical companies played a significant role in discrediting these treatments in order to promote vaccines. He provided examples of how studies supporting these treatments were retracted and how media campaigns labeled ivermectin as "horse dewormer" to discourage its use.

Dr. Tess Lawrie

- **Conflicts of Interest**: Dr. Lawrie highlighted the conflicts of interest within organizations like the WHO and regulatory agencies, where financial incentives from private entities, including pharmaceutical companies and foundations like the Gates Foundation, influenced public health recommendations. She pointed out that these conflicts compromised the integrity of public health policies.

Dr. James Thorp

- **Financial Incentives for Vaccine Promotion**: Dr. Thorp discussed the financial incentives provided to hospitals, pharmacies, practitioners, and even faith leaders to promote COVID-19 vaccines. He alleged that these incentives led to the widespread adoption of vaccines without adequate consideration of their safety and efficacy, thereby contributing to significant public health risks.

Corroborating Evidence from the 2023 NCI Report

Financial Corruption in Public Health

- **Pharmaceutical Profits**: The 2023 NCI Report provided detailed analysis of the evidence of the substantial profits made by pharmaceutical companies during the pandemic. It highlighted the billions of dollars generated by vaccine sales and the financial incentives provided to healthcare institutions to promote vaccination.
- **Influence on Policy**: The 2023 NCI Report also discussed how pharmaceutical companies influenced public health policies through lobbying and funding research that supported their products. This influence extended to regulatory agencies, which often relied on data provided by these companies, to make public health decisions.

Institutional Corruption and Lack of Transparency

- **Conflicts of Interest**: The 2023 NCI Report emphasized the conflicts of interest within regulatory agencies and public health organizations. It detailed how financial ties to pharmaceutical companies compromised the impartiality of these institutions, leading to policies that favoured vaccine promotion over other public health measures.
- The 2023 NCI Report highlighted the suppression of medical professionals who raised concerns about the pandemic response. These professionals faced censorship, loss of employment, and professional censure, which stifled open scientific debate and undermined public trust in health authorities.

Global Coordination and Manipulation

- **Consulting Firms and Policy Coordination**: The 2023 NCI Report discussed the role of consulting firms like McKinsey in coordinating global pandemic responses. It highlighted how these firms influenced public health decisions across multiple countries, often prioritizing financial interests over public health needs. The Report noted that this coordination led to uniform policies that were not always based on the best available science.

Recommendations

The testimonies and findings from the 2023 NCI Report underscore the urgent need for:

1. **Immediately Discontinuing Use of mRNA vaccines.**
2. **Transparency in Public Health Decision-Making:** Public health decisions must be made transparently, with full disclosure of financial ties and potential conflicts of interest.

3. **Independent Oversight:** Establish independent bodies to oversee public health policies and ensure that decisions are based on sound scientific evidence rather than financial incentives.

4. **Accountability for Corruption:** Hold individuals and institutions accountable for corrupt practices that undermine public health. This includes prosecuting those involved in suppressing early treatments and promoting unsafe vaccines for financial gain.

5. **Support for Whistleblowers:** Protect and support medical professionals who raise legitimate concerns about public health policies. Encouraging open debate and whistleblowing is essential for maintaining the integrity of public health systems.

By addressing these issues, we can restore public trust in health authorities and ensure that public health policies prioritize the well being of the population over financial interests.

5.4.9. Medical and Health Impacts on Canadians

Introduction

The recent testimonies from the NCI hearings in Regina provide a comprehensive view of the medical and psychological impacts experienced by individuals due to the COVID-19 mandates. These testimonies reveal the multifaceted consequences of public health policies on the physical and phycological health of Canadians, and underscore the need for a balanced approach to public health measures that consider health and well being.

Physical Health Consequences

- **Richard Fehr** suffered severe health consequences, that included a heart attack and subsequent disabilities, following his vaccination, which he took under threat of job loss. His story underscores the potential long-term health impacts of vaccine mandates on individuals.

Mental Health Struggles:

- **Roxanne Cote** and **Jamie Salé** experienced significant mental health challenges, including depression and suicidal thoughts, due to the stress and isolation caused by job loss and social ostracism.
- **Amanda Rodriguez** faced psychological trauma due to her father's mistreatment in the hospital, related to their vaccination status, exacerbating her distress.

Stigma and Social Isolation:

- **Marcos Sobral** and **Jamie Salé** faced social and professional isolation due to their opposition to COVID-19 policies, leading to professional setbacks and personal hardships. Marcos was expelled and later reinstated in his university program but faced continuous academic challenges and ridicule.

Privacy Rights and Informed Consent

- Testimonies from **Amie Harbor** and **Glenn Aalderink** highlighted concerns about the violation of privacy rights as individuals were compelled to disclose their vaccination status or face job termination. This raises ethical questions about the balance between public health and individual privacy.

Lack of Informed Consent:

- **Glenn Aalderink** and others argued that the mandates and use of PPE were imposed without proper Informed Consent, violating fundamental ethical principles in healthcare.

Institutional Failures:

- Testimonies revealed systemic issues within healthcare and employment institutions, where policies were implemented without adequate consideration of individual rights and ethical standards. The lack of support for alternative views and the suppression of dissenting opinions contributed to a climate of fear and coercion.

Financial and Bureaucratic Manipulation:

- **Lex Acker's** investigation into the EI program suggested that financial considerations influenced the denial of benefits to unvaccinated individuals, reflecting broader concerns about bureaucratic manipulation and lack of accountability.

Commentary

The governments' response to the declared COVID-19 pandemic and the measures implemented to combat it have had profound medical and health consequences—evidenced by the extensive testimonies and data collected in the National Citizens Inquiry (NCI) Reports.

The following commentary will explore the consequences, integrating new testimonies with corroborating evidence from the November 28, 2023 NCI Report.

Physical Health Impacts

1. Delayed Medical Treatments and Elective Surgeries: The redirection of medical resources to COVID-19 efforts led to the postponement or cancellation of routine treatments and elective surgeries. Patients with chronic conditions such as cancer, cardiovascular diseases, and other non-urgent medical issues faced delays in receiving care. This resulted in the progression of diseases, reduced quality of life, and increased mortality rates. Testimonies revealed that hospitals, fearing a surge of COVID-19 patients which never materialized to the anticipated extent, prioritized COVID-19 patients over essential non-COVID treatments.

2. Mental Health Strain: The mental health of the population deteriorated significantly due to the stress and anxiety caused by the pandemic and the associated measures. Social isolation, fear of contracting the virus, financial uncertainties, and the overall disruption to daily life contributed to a widespread mental health crisis. Testimonies highlighted increased instances of depression, anxiety, and even suicidal ideation among various demographics, particularly among those who lost their jobs or were isolated from family and friends.

3. Vaccine-Related Injuries: Numerous testimonies have pointed to adverse reactions following vaccination. Individuals reported severe side effects: myocarditis, blood clots, and other debilitating conditions that arose post-vaccination. For instance, Richard Fehr testified about developing severe heart issues and subsequent complications, after receiving the vaccine, which led to his long-term disability and inability to return to work.

4. Non-Pharmaceutical Interventions (NPIs) and Their Health Implications: The implementation of NPIs, such as lockdowns and mask mandates, had mixed effects on public health. These measures led to significant health consequences. Lockdowns contributed to physical inactivity, worsening of chronic conditions due to lack of routine medical care, and increased domestic violence. Mask mandates, particularly in children, were criticized for potentially causing physical and psychological harm without substantial evidence of efficacy.

Systemic and Institutional Failures

1. Suppression of Alternative Treatments: The 2023 NCI Report and testimonies indicated that existing treatments for COVID-19 were deliberately restricted or dismissed. Medical professionals who advocated for or prescribed treatments like ivermectin or hydroxychloroquine faced professional repercussions. This suppression hindered potential early treatments that could have mitigated the severity of the virus in many patients.

2. Strain on Healthcare Workers: The pandemic exacerbated pre-existing shortages and stress within the medical system. The testimonies detailed the emotional and physical toll on healthcare workers, many of whom faced burnout, terror, moral injury, and severe stress due to the overwhelming demands and ethical dilemmas posed by the pandemic measures.

3. Transparency and Accountability Issues: The lack of transparency and the presence of conflicting interests in decision-making were significant concerns. The testimonies and the 2023 NCI Report emphasized the need for independent oversight and the importance of evidence-based policies free from political and commercial influence. The establishment of independent bodies to monitor compliance and transparency is crucial for future public health crises.

Discussion of 2023 NCI Report

The November 28, 2023 NCI Report provided substantial evidence corroborating the testimonies regarding the adverse medical and health consequences of COVID-19 measures:

- **Delayed Treatments:** The 2023 Report highlighted the widespread postponement of non-COVID medical treatments, aligning with testimonies about the detrimental effects on patients with chronic conditions.

- **Mental Health Crisis:** The 2023 Report detailed the significant increase in mental health issues during the pandemic, supporting the testimonies about increased anxiety, depression, and other mental health disorders.
- **Vaccine Injuries:** The 2023 NCI Report included data and testimonies about adverse reactions to COVID-19 vaccines, confirming the personal accounts of severe side effects and long-term health issues.
- **Healthcare System Strain:** The 2023 Report described the systemic strain on healthcare facilities and workers, corroborating the testimonies about burnout, resource shortages, and the impact of restrictive measures on healthcare delivery.

The medical and health consequences of the COVID-19 measures were significant and multifaceted. The testimonies and evidence collected by the NCI underscore the need for a balanced approach to public health interventions that considers both the direct and indirect effects on physical and mental health. Future policies should ensure transparency, uphold ethical standards, and prioritize the well being of all citizens in order to avoid repeating the adverse outcomes witnessed during the COVID-19 pandemic.

Recommendations

To address the deficiencies and issues highlighted by the testimonies and evidence from the NCI hearings, several recommendations can be made. These recommendations aim to ensure a more balanced, transparent, and ethical approach to public health measures, preserving both individual rights and public safety.

1. Immediately Discontinuing Use of mRNA vaccines.

2. Enhance Transparency and Accountability in Public Health Decision-Making

- Establish Independent Oversight Bodies:
    - Create independent bodies to oversee public health decisions and pandemic responses. These bodies should include public health experts, ethicists, and representatives from civil society to ensure diverse perspectives are considered.
    - These bodies should have the authority to audit public health decisions, evaluate their effectiveness, and report findings to the public and relevant government agencies.

- Ensure Open Access to Data:
    - Mandate the public release of data and evidence used to support public health measures. This includes data on vaccine safety and efficacy, adverse events, and the effectiveness of non-pharmaceutical interventions.
    - Implement regular public briefings and updates from health officials to maintain transparency and public trust.

3. Protect Individual Rights and Informed Consent

- Uphold Privacy Rights:
    - Strengthen laws and regulations to protect individuals' privacy and medical information. Ensure that any mandates requiring disclosure of health status are accompanied by robust privacy protections.
    - Limit the use of health status information to contexts where it is absolutely necessary for public health and safety.
- Guarantee Informed Consent:
    - Ensure that all medical treatments, including vaccines, are administered with Informed Consent. Patients must be provided with comprehensive information about the benefits, risks, and alternatives to make an informed decision.
    - Develop clear guidelines and educational campaigns to inform the public about their rights to Informed Consent.

4. Support Mental Health and Social Well Being

- Expand Mental Health Services:
    - Increase funding and resources for mental health services to address the psychological impacts of the pandemic and associated measures. This includes providing support for those who have experienced job loss, social isolation, or health complications.
    - Implement community-based mental health programs to offer support and reduce stigma around seeking help.

- Promote Social Cohesion:
    - Encourage initiatives that foster social cohesion and community support, particularly for individuals who have been isolated or stigmatized due to their health status or beliefs about the pandemic.
    - Support the development of peer support networks and community groups to provide mutual aid and resilience-building.

5. Ensure Equitable Access to Healthcare and Support

- Address Healthcare Inequities:
    - Develop policies to ensure equitable access to healthcare services and treatments for all individuals, regardless of their vaccination status or economic situation.
    - Provide targeted support for vulnerable populations, including low-income individuals, minorities, and those with pre-existing health conditions.
- Fair Employment Practices:
    - Protect employees from unjust termination or discrimination based on their vaccination status or health decisions. Implement regulations to ensure fair treatment in the workplace and provide recourse for those who have been wrongfully dismissed.
    - Enhance support for those who lose their jobs due to public health measures, including access to unemployment benefits, retraining programs, and job placement services.

6. Improve Pandemic Preparedness and Response

- Develop Comprehensive Preparedness Plans:
    - Create detailed pandemic preparedness plans that outline specific actions and responsibilities for various stakeholders. These plans should be regularly updated and tested through simulations and drills.
    - These plans should not include the use of untested, novel “vaccine” products.
    - Include measures to ensure the continuity of essential services and the protection of vulnerable populations during public health emergencies.

- Invest in Research and Development:
    - Increase investment in research and development of treatments, vaccines, and diagnostic tools for emerging infectious diseases. Support independent and transparent research efforts to ensure the integrity of scientific findings.
    - Promote international collaboration to share knowledge, resources, and best practices for pandemic preparedness and response.

7. Address Financial and Institutional Corruption

- Strengthen Oversight and Anti-Corruption Measures:
    - Implement robust oversight mechanisms to detect and prevent corruption within public health institutions and government agencies. This includes regular audits, whistleblower protections, and transparent reporting of financial transactions.
    - Enforce strict conflict-of-interest policies to ensure that decisions are made based on scientific evidence and public health needs, rather than financial incentives.
- Promote Ethical Practices:
    - Foster a culture of ethical practices within healthcare and public health institutions. This includes training for healthcare professionals on ethical decision-making, transparency, and accountability.
    - Encourage public engagement and participation in health policy discussions to ensure that policies reflect the values and needs of the community.

Implementing these recommendations can address the deficiencies and issues revealed by the NCI testimonies and reports. By enhancing transparency, protecting individual rights, supporting mental health, ensuring equitable access to healthcare, improving pandemic preparedness, and addressing financial and institutional corruption, Canada can develop a more resilient and ethical public health system.

6. Recommendations

The intention of this section of the report is to provide a convenient and easy reference or listing of all of the recommendations made in Section 5.

Each of the separate subsections contained in Section 5 are reproduced here, but only the recommendations themselves are included. For a detailed discussion of the rationale for the recommendations and the basis in testimony, we refer the reader to Section 5.

6.1. Civil

6.1.1. Performance of Canada's Police Services During the Pandemic

Recommendations

Based on the witness testimony and the preceding discussion regarding Canada's justice system and its actions during the pandemic, the following are recommendations for improvements:

1. Separate the Roles of Canada's Minister of Justice and Attorney General of Canada

- **Rationale**: Currently, Canada allows the same individual to perform both the roles of the Minister of Justice and of the Attorney General. The Minister of Justice is a political assignment, responsible for policy-making and political decision-making within the realm of justice. In contrast, the Attorney General serves as the country's chief law enforcement officer, responsible for upholding the law impartially and without political influence. Combining these roles can lead to conflicts of interest and compromises the independence of the justice system.
- **Recommendation**: The roles of the Minister of Justice and the Attorney General must be separated and assigned to two different individuals. The Attorney General should be appointed on a non-political basis, selected purely on merit, professional qualifications, and experience in the legal field. This separation is required so that the administration of justice is carried out impartially and free from political influence, thereby enhancing the integrity and independence of Canada's legal and justice system.

2. Establish Independent Oversight Bodies

- Create independent civilian oversight bodies at both provincial and federal levels to monitor police actions and hold them accountable. These bodies should have the authority to investigate police conduct and impose sanctions where necessary.

3. Strengthen Whistleblower Protections

- Implement robust protections for whistleblowers within police services to ensure that officers can report misconduct or undue political influence without fear of retaliation.

3. Mandate Transparency in Investigations

- Require police services to publicly disclose the status and outcomes of investigations into potential wrongdoing, particularly those related to government actions and public health mandates.

4. Enhance Training on Ethical Standards

- Provide comprehensive training for all police officers on ethical standards, the importance of impartiality, and the critical role of independence in law enforcement.

5. Implement Regular Audits and Reviews

- Conduct regular audits and reviews of police activities by independent bodies for compliance with legal standards and to identify any undue influence or misconduct.

6. Facilitate Public Access to Information

- Ensure that the public has access to information regarding police investigations and actions. This could include creating publicly accessible databases of complaints and their resolutions.

7. Strengthen Legal Frameworks for Police Independence

- Revise and strengthen legal frameworks to clearly delineate the independence of police services from political entities. This should include clear consequences for breaches of this independence.

8. Create Mechanisms for Public Input

- Establish mechanisms for regular public input and feedback on policing practices and policies. This could involve town hall meetings, public forums, and online platforms for citizens to voice concerns and suggestions.

9. Ensure Accountability for Inaction

- Develop clear policies and procedures to hold police services accountable for inaction, especially in cases involving significant public interest or potential rights violations. This should include disciplinary measures for officers and officials who fail to act on credible evidence.

10. Increase Funding for Independent Investigations

- Allocate dedicated funding for independent investigations into police misconduct and politically motivated actions to ensure that these investigations are thorough and unbiased.

11. Mandatory Reporting of Political Interference

- Introduce mandatory reporting requirements for any instances of political interference in police investigations, with strict penalties for non-compliance.

12. Public Education Campaigns

- Launch public education campaigns to inform citizens about their rights, the role of police, and the importance of police independence. This can empower the public to demand accountability and transparency.

13. Review and Reform Use of Force Policies

- Conduct a comprehensive review of use of force policies so that they remain aligned with best practices and human rights standards, and implement reforms as necessary.

By implementing these recommendations, Canada can address the systemic issues within its policing services, ensuring that they operate with the independence, transparency, and accountability required to uphold the rule of law and protect the rights of all citizens.

6.1.2. Failure of Regulatory Boards to Protect the Public

Recommendations

The testimonies from the Regina hearings highlight significant failures by regulatory boards, specifically the Medical Colleges in Canada, to uphold medical ethics and protect public health during the COVID-19 pandemic. To address these issues, the following recommendations are proposed:

1. Establish Independent Oversight and Accountability Mechanisms

Recommendation: Create an Independent Review Board

- **Implementation**: Establish an independent review board with the authority to investigate the actions of regulatory boards. This board should include medical professionals, ethicists, legal experts, and representatives from civil society.
- **Rationale**: An independent body can provide unbiased evaluations of the regulatory boards' actions, ensuring transparency and accountability.

Recommendation: Mandate Regular Audits and Public Reports

- **Implementation**: Require regulatory boards to undergo regular audits and publish annual reports detailing their actions, decisions, and compliance with medical ethics.
- **Rationale**: Transparency through regular audits and public reporting will help restore trust and ensure that regulatory boards are held accountable for their actions.

2. Uphold Medical Ethics and Informed Consent

Recommendation: Reinforce the Importance of Informed Consent

- **Implementation**: Update regulations to explicitly mandate that all medical treatments, including vaccines, must be administered with Informed Consent. Provide clear guidelines on how to present risks and benefits to patients.
- **Rationale**: Ensuring Informed Consent upholds patient autonomy and maintains the integrity of the doctor–patient relationship.

Recommendation: Protect Doctor–Patient Privilege

- **Implementation**: Strengthen regulations to protect doctor–patient privilege, ensuring that medical decisions are made based on individual assessments rather than blanket mandates.

- **Rationale**: Protecting doctor–patient privilege provides medical care that is personalized and respects patient confidentiality.

3. Support and Protect Ethical Medical Practice

Recommendation: Safeguard Doctors' Professional Opinions

- **Implementation**: Implement policies that protect doctors from disciplinary actions when they provide evidence-based medical opinions, even if those opinions differ from public health mandates.
- **Rationale**: Encouraging open discourse and protecting doctors' professional opinions will enhance medical practice and patient care.

Recommendation: Establish a Whistleblower Protection Program

- **Implementation**: Create a program to protect medical professionals who report unethical practices or regulatory board misconduct. Ensure that whistleblowers are not subject to retaliation.
- **Rationale**: Protecting whistleblowers will encourage the reporting of unethical practices and promote accountability within the medical profession.

4. Promote Evidence-Based Practice and Flexibility

Recommendation: Allow for Medical Discretion in Patient Care

- **Implementation**: Ensure that regulatory guidelines allow doctors to exercise medical discretion based on individual patient needs and emerging scientific evidence.
- **Rationale**: Flexibility in medical practice is crucial for providing personalized and effective patient care.

Recommendation: Encourage Research and Open Scientific Debate

- **Implementation**: Support independent research and facilitate open scientific debates on COVID-19 treatments and vaccine safety. Require that new evidence is promptly reviewed and incorporated into public health policies.
- **Rationale**: Encouraging research and open debate fosters a better understanding of medical issues and certifies that public health policies are based on the latest scientific evidence.

5. Review and Reform Regulatory Board Policies

Recommendation: Conduct a Comprehensive Policy Review

- **Implementation**: Undertake a comprehensive review of the policies and actions, during the pandemic, of all of the medical regulatory institutions in Canada.
- **Rationale**: A thorough review will identify specific areas where these regulatory boards failed to protect public health and uphold medical ethics.

Recommendation: Implement Corrective Actions and Training Programs

- **Implementation**: Based on the findings of the policy review, implement corrective actions and mandatory training programs for regulatory board members on medical ethics, patient rights, and Informed Consent.
- **Rationale**: Corrective actions and training will help prevent future violations so that regulatory boards are better prepared to ethically handle public health emergencies.

6. Enhance Communication and Public Engagement

Recommendation: Improve Communication Strategies

- **Implementation**: Develop clear and consistent communication strategies to keep the public informed about regulatory decisions and the rationale behind them. Use multiple platforms to reach diverse audiences.
- **Rationale**: Transparent communication builds public trust and ensures that people are well-informed about public health measures and their implications.

Recommendation: Engage with the Public and Medical Community

- **Implementation**: Establish regular forums and town hall meetings to engage with the public and the medical community. Encourage feedback and incorporate it into policy-making.
- **Rationale**: Public and professional engagement fosters collaboration, providing policies that are responsive to the needs and concerns of all stakeholders.

The failures of regulatory boards during the COVID-19 pandemic, as highlighted by the testimonies from the Regina hearings, necessitate immediate and comprehensive reforms.

Implementing these recommendations will address the identified deficiencies, uphold medical ethics, protect individual rights, and restore trust in regulatory institutions. By promoting transparency, accountability, and evidence-based practices, Canada can ensure a more ethical and effective public health response in future emergencies

6.1.3. International Health Regulations and Treaties Update

Recommendations

1. Safeguarding Sovereignty and Autonomy

Recommendation: Ensure National Oversight and Decision-Making

- **Implementation**: Establish a national review board comprising public health experts, legal advisors, and representatives from civil society to oversee and evaluate any WHO declarations and recommended measures before they are implemented domestically. This board should have the authority to approve, modify, or reject WHO recommendations based on national interests and contextual factors.
- **Rationale**: This approach requires that international directives are tailored to the specific needs and circumstances of Canada, preserving national sovereignty while participating in global health initiatives.

Recommendation: Advocate for Clear and Specific Criteria for Emergency Declarations

- **Implementation**: Work with other WHO member states to refine the definition of a pandemic emergency within the IHR. Ensure that the criteria for declaring an emergency are specific, transparent, and based on robust scientific evidence and risk assessment.
- **Rationale**: Clear criteria will prevent the arbitrary or politically motivated declaration of emergencies and ensure that such declarations are based on concrete data and genuine public health threats.

2. Addressing Financial Burdens

Recommendation: Negotiate Fair Contribution Frameworks

- **Implementation**: Engage in negotiations to establish a fair and proportional financial contribution framework for global health initiatives. Contributions should be based on each country's GDP, public health expenditure, and capacity to contribute, thus ensuring that the financial burden is equitably distributed.
- **Rationale**: This ensures that wealthier nations like Canada contribute fairly without compromising their domestic health priorities and financial stability.

Recommendation: Enhance Accountability and Transparency in Funding Utilization

- **Implementation**: Implement stringent accountability mechanisms to track and report on the utilization of funds contributed to global health initiatives. Regular audits and public disclosures should be mandatory.
- **Rationale**: Ensuring transparency in how funds are used will build trust and that contributions are used effectively and efficiently in achieving intended public health outcomes.

3. Protecting Civil Liberties

Recommendation: Enact Strong Legal Safeguards

- **Implementation**: Develop and enact legal safeguards to protect civil liberties during public health emergencies. These should include strict criteria for the invocation of emergency powers, time limits on restrictive measures, regular reviews by independent judicial bodies, and the imposition of criminal penalties against the offending officials should violations be determined.
- **Rationale**: Protecting civil liberties ensures that public health measures do not lead to unnecessary or prolonged restrictions on personal freedoms and rights.

Recommendation: Establish Independent Oversight Mechanisms

- **Implementation**: Create independent oversight bodies to monitor the use of emergency powers and public health measures. These bodies should include representatives from the judiciary, civil society, and human rights organizations.
- **Rationale**: Independent oversight will help prevent abuse of power and provide measures that are proportionate, necessary, and in line with human rights standards.

4. Ensuring Transparency and Accountability

Recommendation: Promote Open and Inclusive Decision-Making Processes

- **Implementation**: Ensure that WHO decision-making processes are transparent and inclusive; involve a wide range of stakeholders; and include member states, public health experts, and civil society organizations. Regular public consultations and disclosures should be mandated.
- **Rationale**: Transparency and inclusivity in decision-making processes build trust where diverse perspectives are considered—leading to more balanced and effective public health policies.

Recommendation: Strengthen Whistleblower Protections

- **Implementation**: Implement robust protections for whistleblowers who report on public health issues, corruption, or misuse of power within international health organizations and domestic health institutions.
- **Rationale**: Protecting whistleblowers encourages the reporting of wrongdoing and ensures that issues are addressed promptly, thereby maintaining the integrity of public health responses.

5. Balancing Global and Domestic Responsibilities

Recommendation: Prioritize Domestic Public Health Needs

- **Implementation**: While contributing to global health initiatives, safeguard priority of public health needs. Establish clear guidelines for balancing international commitments with national health priorities.
- **Rationale**: Maintaining a balance between global responsibilities and domestic needs ensures that Canadians' health and well being are not compromised while supporting global health efforts.

Recommendation: Foster Global Partnerships and Collaborations

- **Implementation**: Develop partnerships with other countries and international organizations to share best practices, resources, and expertise. Participate in joint research and development initiatives to enhance global and national health capacities.
- **Rationale**: Collaborative efforts can lead to more effective and sustainable public health outcomes, benefiting both Canada and the global community.

By implementing these recommendations, Canada can mitigate the risks associated with the proposed IHR amendments and the global pandemic treaty. These measures ensure that national sovereignty, financial stability, civil liberties, transparency, and accountability are upheld while contributing effectively to global public health efforts.

6.1.4. Degradation of Democratic Process

Recommendations

To ensure that the democratic process is upheld during future emergencies and to prevent the centralization of decision-making power, the following measures are recommended:

1. Strengthening Legislative Oversight

Recommendation: Mandatory Legislative Review of Emergency Measures

- **Implementation**: Introduce laws requiring that all emergency measures be subject to review and approval by the legislature within a specified time frame (e.g., 30 days). This requires that elected representatives have a say in the implementation of any significant mandates.
- **Rationale**: Legislative review ensures that emergency measures are debated, alternatives are considered, and the potential consequences are thoroughly evaluated, thereby upholding democratic principles.

Recommendation: Establish a Permanent Emergency Oversight Committee

- **Implementation**: Create a permanent bipartisan committee within the legislature specifically tasked with overseeing emergency responses. This committee should have the authority to call for hearings, review evidence, and make recommendations.
- **Rationale**: A dedicated oversight committee can provide continuous monitoring and ensure transparency and accountability in the management of emergencies.

2. Enhancing Transparency and Public Communication

Recommendation: Public Disclosure of Decision-Making Processes

- **Implementation**: Require that all decisions made during emergencies be documented and publicly available. This includes meeting minutes, the rationale for decisions, and the data and evidence used to support them.
- **Rationale**: Transparency in decision-making builds public trust and provides policies based on sound scientific evidence and democratic principles.

Recommendation: Regular Public Briefings and Updates

- **Implementation**: Mandate regular public briefings by government officials and public health authorities during emergencies. These briefings should provide clear information on the situation, the measures being taken, and the reasons behind them.
- **Rationale**: Regular updates keep the public informed, reduce uncertainty and fear, and enhance the legitimacy of the measures being implemented.

3. Protecting Individual Rights and Freedoms

Recommendation: Uphold Privacy and Informed Consent

- **Implementation**: Strengthen privacy laws to assure individuals' health information remains confidential and that any medical interventions require Informed Consent. Any exceptions must be clearly justified and subject to review.
- **Rationale**: Protecting individual rights ensures that emergency measures do not infringe upon personal freedoms and maintains public trust in the health system.

Recommendation: Safeguard Religious and Civil Liberties

- **Implementation**: Enact protections to ensure that emergency measures do not disproportionately impact religious practices or civil liberties. Any restrictions must be necessary, proportionate, and subject to judicial review.
- **Rationale**: Safeguarding these freedoms requires emergency measures to respect fundamental rights and prevent overreach by the government.

4. Inclusive Decision-Making and Consultation

Recommendation: Involve Emergency Measures Personnel and Experts

- **Implementation**: Ensure that emergency response plans are developed and implemented in consultation with designated emergency measures personnel and a broad range of experts that includes public health professionals, ethicists, and legal scholars.
- **Rationale**: Involving a diverse group of experts ensures that emergency responses are well-rounded, scientifically sound, and ethically justified.

Recommendation: Encourage Public Participation and Feedback

- **Implementation**: Create mechanisms for public input and feedback on emergency measures. This can include public consultations, surveys, and forums where citizens can voice their concerns and suggestions.
- **Rationale**: Public participation enhances the legitimacy of emergency measures and certifies that they are responsive to the needs and values of the community.

Recommendation: Require all government offices to remain open during a crisis.

- **Implementation**: Legislate that government offices, especially the offices of elected representatives remain open and accessible to the public during emergency situations.
- **Rationale**: The experience described by Hon. Nadine Wilson presents a situation where the government and the people's representatives closed their offices during the crisis and the people had no means of contacting them. This not only removed access to the elected representatives, but served to magnify the public's terror during an unprecedented time.

5. Preparedness and Education

Recommendation: Develop and Regularly Update Emergency Plans

- **Implementation**: Develop comprehensive emergency plans that are regularly updated and tested through simulations and drills. These plans should include clear protocols for decision-making, communication, and the protection of rights.
- **Rationale**: Having a well-prepared and regularly updated plan necessitates that responses are swift, effective, and respect democratic principles.

Recommendation: Educate Public Officials and the Public on Democratic Processes

- **Implementation**: Provide training for public officials on upholding democratic principles during emergencies. Conduct public education campaigns to inform citizens about their rights and the importance of maintaining democratic processes.
- **Rationale**: Educating both officials and the public fosters a culture of democracy and ensures that emergency measures are implemented and received in a manner that respects democratic norms.

By implementing these recommendations, we can ensure that the democratic process is upheld during future emergencies. Strengthening legislative oversight, enhancing transparency, protecting individual rights, fostering inclusive decision-making, and prioritizing preparedness and education will help prevent the centralization of power and maintain public trust in government actions. These measures are essential to safeguarding democracy and ensuring that responses to emergencies are both effective and respectful of fundamental rights and freedoms.

6.2. Social Impacts

6.2.1. Neglect & Isolation of Seniors Amidst COVID-19 Interventions

Recommendations

Considering the new information provided by Allison Nesdoly, Sheena Clarke, and Sarah Choujounian, the following additional recommendations are proposed:

1. **Comprehensive Adverse Effect Reporting System:**
    - Develop a mandatory, anonymous reporting system for adverse health effects following vaccinations or other medical interventions. Ensure that all reports are investigated promptly and thoroughly.
    - Establish an independent committee to review and address these reports, ensuring transparency and accountability.
2. **Improved Oversight and Accountability:**
    - Introduce regular, unannounced visits by independent medical professionals and regulatory bodies to monitor the health and safety of residents and staff.
    - Ensure these visits include assessments of mental health and the overall well being of residents.
3. **Support for Healthcare Workers:**
    - Provide mental health support and counselling services for healthcare workers to address the psychological impact of their work during the pandemic.
    - Implement policies to protect workers from retaliation when they raise legitimate health and safety concerns, thereby fostering a culture of openness and support.

4. **Reevaluation and Adjustment of Vaccination Policies:**
    - Conduct independent studies to evaluate the long-term effects of COVID-19 vaccinations on both residents and staff. Use the findings to adjust vaccination policies to minimize adverse effects.
    - Develop protocols for monitoring and managing vaccine side effects—ensuring timely and appropriate medical responses.
5. **Ethical Treatment and Informed Consent:**
    - Ensure that Informed Consent is obtained from residents or their guardians before making significant changes to their treatment or care routines.
    - Establish ethics committees within facilities to review and oversee decisions related to resident care during emergencies to safeguard ethical standards are upheld.
6. **Balanced Approach to Isolation and Lockdowns:**
    - Implement targeted isolation measures that minimize disruption to residents' daily lives while effectively controlling infections. Explore alternatives to lockdowns that allow for safe social interactions.
    - Introduce regular, safe social activities and family visits to reduce the negative impact of isolation on residents' mental health.
7. **Continuation of Rehabilitation and Therapy Services:**
    - Ensure that rehabilitation and physical therapy services continue to be available even during pandemics, recognizing their importance in maintaining residents' physical health and overall well being.
    - Develop protocols to safely conduct these services during health crises.
8. **Training on Ethical Decision-Making:**
    - Provide training for healthcare workers on ethical decision-making and residents' rights, empowering them to make informed and compassionate care decisions.
    - Include training on managing and reporting adverse vaccine reactions and other health crises.

9. Enhanced Communication and Transparency:

- Develop clear and consistent communication channels to keep residents, families, and staff informed about the measures being implemented and any changes in policies.
- Facilitate regular updates and meetings to address concerns and provide reassurance to ensure all parties are well-informed and involved in decision-making processes.

10. Public Health and Policy Adjustments:

- Review and adjust public health policies based on emerging data and feedback from frontline workers and residents to warrant they are effective and humane.
- Ensure policies are flexible and can be adapted quickly in response to new information or changing circumstances.

By incorporating these additional recommendations, long-term care facilities can provide a more comprehensive, ethical, and effective response to future pandemics, ultimately leading to better health outcomes and improved well being for both residents and staff.

6.2.2. The Effects of Sustained Propaganda and Terror

Recommendations

Renate Lindeman's testimony underscores the significant fear and anxiety experienced by many Canadians due to the COVID-19 pandemic and the accompanying public health measures. To address these concerns and prevent similar issues in the future, the following recommendations are proposed:

1. Strengthening Legal Protections for Vulnerable Individuals

Recommendation: Enact Robust Legal Safeguards

- **Implementation**: Introduce legislation that explicitly protects the rights of individuals with disabilities and other vulnerable populations. Assure that these protections cover medical decisions, including vaccination, and prevent any form of forced medical intervention.
- **Rationale**: Legal safeguards will protect the rights and autonomy of vulnerable individuals from coercive measures.

Recommendation: Discontinue all Euthanasia and Assisted Dying Programs

2. Promoting Transparency and Accountability in Public Health Measures

Recommendation: Ensure Transparent Decision-Making Processes

- **Implementation**: Require public health authorities to provide clear, evidence-based justifications for all public health measures. Hold regular public briefings and publish detailed reports on the rationale behind decisions.
- **Rationale**: Transparency in decision-making will build public trust and confirm measures are based on sound scientific evidence.

Recommendation: Establish Independent Review Panels

- **Implementation**: Create independent review panels to assess and provide feedback on public health policies and their implementation. These panels should include experts from various fields, including ethics, law, and public health.
- **Rationale**: Independent review panels will ensure that public health measures are scrutinized and held to high ethical standards.

3. Enhancing Public Communication and Education

Recommendation: Develop Comprehensive Public Education Campaigns

- **Implementation**: Launch public education campaigns to inform citizens about their rights, the importance of Informed Consent, and the ethical principles guiding public health measures. These campaigns should use multiple platforms to reach diverse audiences.
- **Rationale**: Educating the public will empower individuals to make informed decisions and understand the measures being implemented.

Recommendation: Foster Open Dialogue and Community Engagement

- **Implementation**: Organize forums, town halls, and online platforms for open dialogue between public health officials and the community. Encourage feedback and address concerns transparently.
- **Rationale**: Open dialogue will help address public concerns, reduce fear, and build a collaborative relationship between the community and public health authorities.

4. Protecting Parental Rights and Child Welfare

Recommendation: Uphold Parental Rights in Medical Decisions

- **Implementation**: Parents must have the final say in medical decisions affecting their children, especially regarding vaccinations and other medical treatments. Provide clear guidelines to protect these rights.
- **Rationale**: Upholding parental rights ensures that families can make decisions that are in the best interests of their children.

Recommendation: Provide Support for Families with Special Needs Children

- **Implementation**: Increase support services for families with special needs children, including financial assistance, healthcare resources, and educational support. Ensure that these services are accessible and responsive to their needs.
- **Rationale**: Supporting families with special needs children will help them navigate public health measures without additional stress and anxiety.

5. Addressing and Mitigating Historical Parallels

Recommendation: Acknowledge and Learn from Historical Mistakes

- **Implementation**: Publicly acknowledge historical events like the Nazi T4 program so that current and future public health policies do not repeat similar mistakes. Incorporate lessons from history into public health training and policy development.
- **Rationale**: Learning from history helps prevent the repetition of past injustices and ensures that public health measures are ethical and just.

Recommendation: Implement Ethical Guidelines for Public Health Measures

- **Implementation**: Develop and enforce strict ethical guidelines for all public health measures. These guidelines would prioritize individual rights, Informed Consent, and the protection of vulnerable populations.
- **Rationale**: Ethical guidelines will safeguard against abuses and ensure that public health measures respect human rights and dignity.

Addressing the concerns felt by Renate Lindeman and many other Canadians requires a multifaceted approach that prioritizes legal protections, transparency, public education, and ethical public health practices. By implementing these recommendations, Canada can rebuild trust in public institutions, protect vulnerable populations, and provide future public health measures that are both effective and respectful of individual rights.

6.3. Economic

6.3.1. Economic / Social Impacts

Recommendations

The financial and economic consequences of COVID-19 measures, as highlighted by the Regina hearings, reveal a multifaceted crisis affecting employment, mental health, and social stability. To address these issues, the following recommendations are proposed:

1. **Policy Reform and Transparency:**
    - Review and reform EI adjudication processes to ensure fairness and transparency. Eliminate any bureaucratic manipulations that deny rightful benefits to terminated employees.
2. **Support for Mental Health:**
    - Increase funding for mental health services to support individuals experiencing psychological distress due to employment and financial instability. Provide targeted support for those affected by mandate-related job losses.
3. **Protection of Medical Ethics:**
    - Reinforce the importance of medical ethics, including Informed Consent and doctor–patient privilege. Protect doctors from disciplinary actions when they provide evidence-based medical opinions.
4. **Legal Protections for Employment:**
    - Implement legal protections for employees who face termination or discrimination based on vaccination status. Ensure fair treatment in the workplace and provide avenues for recourse.
5. **Financial Assistance and Support:**
    - Provide financial assistance and support programs for individuals facing long-term disability or severe health complications due to vaccination or COVID-19 measures.
6. **Community and Social Support:**
    - Foster community support networks to reduce the social isolation and stigma associated with vaccination status. Encourage public engagement and dialogue to rebuild trust and social cohesion.

By addressing these recommendations, policymakers can mitigate the financial and economic impacts of COVID-19 measures, thereby creating a more equitable and supportive environment for all affected individuals.

6.3.2. Establishing Alternative Media

Recommendations

1. **Strengthening Media Regulations:**
    - Ensure that media regulations requiring balanced reporting are rigorously enforced.
    - Introduce independent oversight to monitor media compliance with these regulations.
2. **Promoting Media Diversity:**
    - Support the growth of independent media through grants, training, and resources.
    - Encourage partnerships between independent media and established platforms to enhance visibility and credibility.
3. **Protecting Freedom of Speech:**
    - Implement policies to protect against the censorship of alternative viewpoints on social media platforms.
    - Create legal frameworks that ensure fair treatment of all media outlets, regardless of their size or viewpoint.
4. **Enhancing Public Media Literacy:**
    - Educate the public on media literacy, thereby encouraging critical evaluation of news sources.
    - Promote awareness of the importance of diverse media perspectives for a healthy democracy.

By addressing these issues, Canada can ensure a more balanced, informed, and democratic media landscape that serves the public interest, especially in times of crisis.

6.4. Health

6.4.1. DNA / RNA Contamination and Long-Term Health Risks

Recommendations

The testimonies and the NCI Report collectively highlight a critical issue with the current COVID-19 vaccines—namely, DNA contamination and its potential long-term health risks. These findings call for immediate action to:

1. **Immediately Discontinue Use of mRNA vaccines.**
2. **Conduct Comprehensive Safety Studies:** Assess the long-term health impacts of the vaccines—particularly concerning cancer and genetic integration risks.
3. **Increase Transparency and Oversight:** Maintain open scientific discourse and ensure public access to all relevant data regarding vaccine safety.
4. **All current vaccine programs should be re-evaluated** in light of testimony indicating that many vaccines have not undergone thorough assessment for long-term safety and efficacy. Furthermore, growing evidence suggests a significant rise in chronic and long-term disabilities, particularly in children, has been linked to the use of these vaccines.

6.4.2. Adverse Reactions and Reporting Issues

Recommendations

The Regina testimonies and the 2023 NCI Report collectively underscore the need for significant improvements in the adverse event reporting systems:

1. **Immediately Discontinuing Use of mRNA vaccines.**
2. **Enhance Healthcare Provider Education:** Educate and encourage healthcare providers to report adverse events without fear of reprisal.
3. **Improve Reporting Systems:** Make reporting systems more accessible and user-friendly for both healthcare providers and patients.
4. **Increase Transparency:** Ensure transparent communication about the risks of vaccines, including the acknowledgment and investigation of adverse events.
5. **Conduct Comprehensive Studies:** Perform mid-term and long-term studies on vaccine safety to better understand the potential risks associated with all vaccines.
6. **Promote Public Engagement:** Engage the public in reporting adverse events and educate them about the importance of reporting.

These steps are essential to address the gaps identified in the Regina testimonies and the 2023 NCI Report and to ensure a robust system for monitoring vaccine side effects and protecting public health.

6.4.3. Lack of Proper Testing and Approval Processes

Recommendations

The testimonies and findings from the NCI Report underscore the need for:

1. **Immediately Discontinuing Use of mRNA vaccines.**
2. **Reverting to Rigorous Approval Standards:** The new expedited approval processes should be revoked, and Health Canada should return to its historical safety requirements that ensure comprehensive preclinical and clinical testing before approval.
3. **Ensuring Transparency:** Regulatory changes should be transparent, involving public consultation and clear communication with stakeholders, including healthcare professionals and the public.
4. **Independent Oversight:** Establishing an independent body to conduct safety reviews free from industry influence is crucial for maintaining public trust and ensuring patient safety.
5. **Strengthening Post-Market Surveillance:** Continuous monitoring of approved pharmaceuticals is essential to detect and address any safety concerns that may arise over time.
6. **Balancing Innovation and Safety:** While promoting innovation is important, it should not compromise patient safety. Long-term effects of novel drugs must be considered, and ethical considerations should be integrated into the approval process.

6.4.4. Ethical Concerns and Loss of Public Trust

Recommendations

The testimonies and the 2023 NCI Report highlight the urgent need to address the ethical concerns and restore public trust through:

1. **Immediately Discontinuing Use of mRNA vaccines.**
2. **Transparency and Accountability:** Public institutions must be transparent about their decision-making processes and be held accountable for their actions. This includes full disclosure of all data and evidence used to support public health measures.
3. **Restoring Informed Consent:** The principle of Informed Consent must be re-emphasized, ensuring that individuals have the right to make informed decisions about their health, without coercion.
4. **Supporting Ethical Medical Practices:** Healthcare professionals must be supported in practicing ethically, without fear of censorship or disciplinary action for voicing legitimate concerns.
5. **Independent Oversight:** Establishing independent bodies to oversee public health decisions and ensure that they are based on sound scientific evidence and free from political or financial influence.

By addressing these issues, public trust in healthcare and government institutions can be gradually restored, leading to a more resilient and ethical response to future public health crises.

6.4.5. Censorship and Suppression of Information

Recommendations

The testimonies and findings from the 2023 NCI Report underscore the need for:

1. **Immediately Discontinuing Use of mRNA vaccines.**
2. **Restoring Freedom of Speech:** Reaffirming the importance of free speech, particularly in the scientific and medical communities. Open dialogue and debate are crucial for advancing medical knowledge and public health.
3. **Ensuring Transparency and Accountability:** Health authorities and media must commit to transparency, allowing for the publication and discussion of all scientifically valid perspectives.
4. **Supporting Independent Research:** Funding and support for independent research into alternative treatments and adverse events must be prioritized to ensure a balanced understanding of public health measures.
5. **Rebuilding Public Trust:** Efforts must be made to rebuild public trust through transparent communication, accountability for past censorship, and inclusive public health strategies that consider diverse viewpoints.

By addressing these issues, public health authorities and the media can help restore confidence in their institutions and promote a more inclusive and transparent approach to managing public health crises.

6.4.6. Shedding and Secondary Exposure

Recommendations

The testimonies and the 2023 NCI Report highlight the need for:

1. **Immediately Discontinuing Use of mRNA vaccines.**
2. **Comprehensive Shedding Studies:** Conduct detailed studies on the shedding of vaccine-derived materials to understand the full scope and impact of secondary exposure.
3. **Transparent Communication:** Ensure that information about the risks of shedding and secondary exposure is transparently communicated to the public to support Informed Consent.
4. **Regulatory Oversight:** Strengthen regulatory oversight to mandate shedding studies for new vaccines and ensure that the results are publicly accessible.
5. **Public Health Guidelines:** Develop public health guidelines to mitigate the risks associated with shedding, particularly for vulnerable populations.

Addressing these concerns is crucial for maintaining public trust and ensuring that vaccine policies are based on comprehensive scientific evidence, safeguarding both individual and public health.

6.4.7. Increased Mortality and Societal Impact

Recommendations

The testimonies and findings from the NCI Report highlight the urgent need for:

1. **Immediately Discontinuing Use of mRNA vaccines.**
2. **Comprehensive Review of Public Health Measures:** There needs to be a thorough review of the measures taken during the pandemic, including lockdowns and vaccination campaigns, to understand their full impact on mortality and societal well being.
3. **Transparency and Accountability:** Health authorities must be transparent about the risks and benefits of public health measures, including vaccines, and be held accountable for their decisions.
4. **Support for Mental Health:** Addressing the mental health crisis exacerbated by the pandemic measures should be a priority. This includes providing adequate resources and support for mental health services.
5. **Independent Research on Vaccine Safety:** There must be independent and comprehensive research into the safety of COVID-19 vaccines, particularly concerning long-term health effects and the phenomenon of shedding.

By addressing these issues, public health policies can be better informed and more effectively safeguard the health and well being of the population.

6.4.8. Financial and Institutional Corruption In Health

Recommendations

The testimonies and findings from the 2023 NCI Report underscore the urgent need for:

1. **Immediately Discontinuing Use of mRNA vaccines.**
2. **Transparency in Public Health Decision-Making:** Public health decisions must be made transparently, with full disclosure of financial ties and potential conflicts of interest.
3. **Independent Oversight:** Establish independent bodies to oversee public health policies and ensure that decisions are based on sound scientific evidence rather than financial incentives.
4. **Accountability for Corruption:** Hold individuals and institutions accountable for corrupt practices that undermine public health. This includes prosecuting those involved in suppressing early treatments and promoting unsafe vaccines for financial gain.
5. **Support for Whistleblowers:** Protect and support medical professionals who raise legitimate concerns about public health policies. Encouraging open debate and whistleblowing is essential for maintaining the integrity of public health systems.

By addressing these issues, we can restore public trust in health authorities and ensure that public health policies prioritize the well being of the population over financial interests.

6.4.9. Medical and Health Impacts on Canadians

Recommendations

To address the deficiencies and issues highlighted by the testimonies and evidence from the NCI hearings, several recommendations can be made. These recommendations aim to ensure a more balanced, transparent, and ethical approach to public health measures, preserving both individual rights and public safety.

1. Immediately Discontinuing Use of mRNA vaccines.

2. Enhance Transparency and Accountability in Public Health Decision-Making

- Establish Independent Oversight Bodies:
    - Create independent bodies to oversee public health decisions and pandemic responses. These bodies should include public health experts, ethicists, and representatives from civil society to ensure diverse perspectives are considered.
    - These bodies should have the authority to audit public health decisions, evaluate their effectiveness, and report findings to the public and relevant government agencies.
    - Ensure Open Access to Data:
    - Mandate the public release of data and evidence used to support public health measures. This includes data on vaccine safety and efficacy, adverse events, and the effectiveness of non-pharmaceutical interventions.
    - Implement regular public briefings and updates from health officials to maintain transparency and public trust.

3. Protect Individual Rights and Informed Consent

- Uphold Privacy Rights:
    - Strengthen laws and regulations to protect individuals' privacy and medical information. Ensure that any mandates requiring disclosure of health status are accompanied by robust privacy protections.
    - Limit the use of health status information to contexts where it is absolutely necessary for public health and safety.

- Guarantee Informed Consent:
    - Ensure that all medical treatments, including vaccines, are administered with Informed Consent. Patients must be provided with comprehensive information about the benefits, risks, and alternatives to make an informed decision.
    - Develop clear guidelines and educational campaigns to inform the public about their rights to Informed Consent.

4. Support Mental Health and Social Well Being

- Expand Mental Health Services:
    - Increase funding and resources for mental health services to address the psychological impacts of the pandemic and associated measures. This includes providing support for those who have experienced job loss, social isolation, or health complications.
    - Implement community-based mental health programs to offer support and reduce stigma around seeking help.
- Promote Social Cohesion:
    - Encourage initiatives that foster social cohesion and community support, particularly for individuals who have been isolated or stigmatized due to their health status or beliefs about the pandemic.
    - Support the development of peer support networks and community groups to provide mutual aid and resilience-building.

5. Ensure Equitable Access to Healthcare and Support

- Address Healthcare Inequities:
    - Develop policies to ensure equitable access to healthcare services and treatments for all individuals, regardless of their vaccination status or economic situation.
    - Provide targeted support for vulnerable populations, including low-income individuals, minorities, and those with pre-existing health conditions.

- Fair Employment Practices:
    - Protect employees from unjust termination or discrimination based on their vaccination status or health decisions. Implement regulations to ensure fair treatment in the workplace and provide recourse for those who have been wrongfully dismissed.
    - Enhance support for those who lose their jobs due to public health measures, including access to unemployment benefits, retraining programs, and job placement services.

6. Improve Pandemic Preparedness and Response

- Develop Comprehensive Preparedness Plans:
    - Create detailed pandemic preparedness plans that outline specific actions and responsibilities for various stakeholders. These plans should be regularly updated and tested through simulations and drills.
    - These plans should not include the use of untested, novel "vaccine" products.
    - Include measures to ensure the continuity of essential services and the protection of vulnerable populations during public health emergencies.
- Invest in Research and Development:
    - Increase investment in research and development of treatments, vaccines, and diagnostic tools for emerging infectious diseases. Support independent and transparent research efforts to ensure the integrity of scientific findings.
    - Promote international collaboration to share knowledge, resources, and best practices for pandemic preparedness and response.

7. Address Financial and Institutional Corruption

- Strengthen Oversight and Anti-Corruption Measures:
    - Implement robust oversight mechanisms to detect and prevent corruption within public health institutions and government agencies. This includes regular audits, whistleblower protections, and transparent reporting of financial transactions.
    - Enforce strict conflict-of-interest policies to ensure that decisions are made based on scientific evidence and public health needs, rather than financial incentives.

- Promote Ethical Practices:
    - Foster a culture of ethical practices within healthcare and public health institutions. This includes training for healthcare professionals on ethical decision-making, transparency, and accountability.
    - Encourage public engagement and participation in health policy discussions to ensure that policies reflect the values and needs of the community.

Implementing these recommendations can address the deficiencies and issues revealed by the NCI testimonies and reports. By enhancing transparency, protecting individual rights, supporting mental health, ensuring equitable access to healthcare, improving pandemic preparedness, and addressing financial and institutional corruption, Canada can develop a more resilient and ethical public health system.

7. Conclusions

The testimonies from the Regina hearings have provided new, compelling evidence that underscores the significant failures and consequences of the Canadian government's handling of the COVID-19 pandemic. This revised conclusions section reflects the latest information and insights gained from these hearings.

Anyone who participated in the hearings or watched even a small fraction of the 343 recorded testimonies will have been changed forever. Many of the testimonies were heartbreaking, shocking, and often terrifying. Over the 27 days of hearings, witness testimonies provided an overall sense of how Canada has been transformed by the government's actions to address the pandemic.

The transformation from what was once considered unthinkable—e.g., sweeping restrictions of Charter rights—to the acceptance of draconian government lockdowns within a span of just three years is indeed a remarkable and troubling phenomenon. The testimonies objectively demonstrate that an unprecedented attack has been carried out on the citizens of Canada and that not since World War II have so many Canadian lives been lost due to a single aggressive attack on its people.

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

The COVID-19 pandemic, which began in late 2019, presented governments worldwide with an unprecedented opportunity to change the direction of their nations. With the official excuse of containing the spread of the virus and preventing healthcare systems from being overwhelmed, many countries resorted to implementing strict lockdown measures. These measures, which included widespread business closures, travel restrictions, and stay-at-home orders, were initially introduced as temporary and emergency measures to mitigate the immediate impact of the virus.

In the early stages of the pandemic, there was a widespread sense of urgency and fear surrounding the unknown nature of the virus. Government public health experts and citizens grappled with the need to balance public safety with individual freedoms. The severity of the situation, as described in government propaganda and daily state media broadcasts, led to a general willingness among the population to accept stringent measures as a necessary evil.

During these early stages, the stated primary goal was to flatten the curve and prevent healthcare systems from collapsing under the strain of a sudden surge of COVID-19 cases. Based on the inaccurate and biased propaganda being presented to the public, the notion of lockdowns seemed logical and justifiable to curb the rapid transmission of the virus. Moreover, the need for non-pharmaceutical interventions appeared to be necessary because early effective treatments were suppressed in favour of new experimental genetic therapy vaccines.

Testimony from experts confirmed that by late March of 2020, the government already knew the true nature of COVID-19. They knew that it primarily affected the elderly with serious comorbidities and that it was not unusually deadly or virulent. However, governments persisted in their imposition of emergency measures, and as time went on, the long duration of lockdowns and their impact on daily life began to generate debate and dissent. Economies suffered severe contraction and losses, hundreds of thousands of businesses closed permanently, and livelihoods were disrupted. The societal and psychological toll of prolonged lockdowns became increasingly apparent as people grappled with issues such as mental health, educational challenges, and social isolation.

Governments undertook unprecedented levels of spending, and the impacts of all of this debt will affect generations of Canadians to come. Thousands of people lost their lives due to fear, loneliness, depression, the postponement or lack of medical care, or from adverse reactions to an experimental biologic injection. People were so terrified by the government propaganda that they turned on each other; friends, families, and communities were torn apart. The government dehumanized large identifiable groups and, in so doing, encouraged a toxic and dangerous environment. As a result, the incidence of suicide, violence, and despair increased to unprecedented levels.

As the pandemic persisted, there were differences in the approach to lockdowns among various countries. Some nations adopted more targeted and localized measures, while others implemented broad and strict nationwide lockdowns. These varying approaches contributed to a diverse range of experiences and public perceptions. Citizens began to undertake their own research and come together. They realized that standard practices which had stood the test of time had been discarded and replaced by ill-thought-out, ridiculous, and ineffective mandates. Although governments had done extensive emergency planning well in advance of 2020, these emergency plans were simply discarded, and those professionals who were trained to implement emergency measures were sidelined.

In summary, the normalization of once-unthinkable draconian government lockdowns within a relatively short period can be attributed to a focused campaign of propaganda and false information produced by government—and their partners in media and big business—to promote COVID-19 as a terrifying pandemic. They used this excuse of combating a novel virus, combined with fears of overwhelming the healthcare systems, to persuade the public to accept these measures. However, as time progressed, the long-term consequences and societal costs associated with prolonged lockdowns could no longer be hidden from the public.

New Revelations from Regina Hearings

The recent Regina hearings have unveiled additional disturbing facts that further question the legitimacy and ethics of government actions during the pandemic:

1. **Shocking Vaccine Recommendations**: Despite overwhelming evidence of adverse reactions and the questionable efficacy of the COVID-19 vaccines, the Canadian government continues to recommend these vaccines to children as young as six-months-old. This recommendation persists despite testimony about the severe health consequences experienced by many individuals post-vaccination. This despite children being at virtually no risk of dying from COVID-19.

2. **Shedding and Secondary Exposure**: New information about the phenomenon of viral shedding has come to light, indicating that vaccinated individuals may transmit vaccine-derived viral particles to the unvaccinated, potentially causing health issues. This raises serious concerns about the safety and long-term effects of the vaccines.

3. **Lack of Democratic Process**: Witnesses like Hon. Nadine Wilson highlighted the alarming absence of any democratic process in the decision-making related to pandemic measures. Decisions were made by a small group of officials without legislative debate, sidelining elected representatives and emergency measures personnel. This concentration of power and exclusion of democratic oversight is a grave concern for the future of governance in Canada.

4. **Government Overreach and Totalitarian Measures**: The swift implementation of authoritarian measures, such as forced vaccination and the closure of businesses and places of worship, has shown how quickly democratic norms can be eroded under the guise of emergency response. This situation is a stark reminder of the risks posed to democracy when power is centralized and unchecked.

5. **Ignoring Calls for a Judicial Inquiry**: The ongoing refusal to establish a judicial inquiry into the government's handling of the pandemic highlights a troubling lack of accountability. A thorough, independent investigation is crucial to understanding the full scope of the decisions made and their impacts on Canadian society. A judicial inquiry should also be tasked with identifying criminal wrong-doing and crimes against humanity and bringing the responsible parties to the criminal justice system, regardless of any position of perceived privilege.

6. **Lack of Appropriate Compensation for Vaccine-Injured**: Many individuals who suffered adverse reactions to the vaccines have not received appropriate compensation or support. The government's failure to address these harms adequately has left many struggling with long-term health and financial issues.

7. **Continuation of Mandates in Certain Institutions**: Despite the lifting of many public health measures, some universities and healthcare institutions continue to enforce vaccination mandates. This ongoing coercion raises concerns about personal freedom and Informed Consent.

8. **Lack of Independent Research on Vaccine Side Effects**: There remains a significant gap in independent research on both the short-term and long-term side effects of the COVID-19 vaccines. This lack of data hampers the ability to make fully informed public health decisions and undermines trust in the vaccination program.

9. **Apology and Accountability**: The Canadian government must issue a formal apology to the people of Canada for the unprecedented harms inflicted during the pandemic. Additionally, those responsible for implementing these harmful measures must be held accountable to restore public trust and ensure such overreach is never repeated.

These incredible claims and findings, once unthinkable, now demand accountability and thorough investigation. The validity of these assertions is undeniable upon reviewing the extensive testimonies and evidence presented. The Canadian government's actions during the pandemic have not only impacted public health but also the very foundations of democracy and civil rights in the country. Accountability for these alleged crimes must be rendered.

8. Commissioners' Statement

8.1. A Message to Canadians

Dear Canadians,

As we reflect on the progress made since the release of the November 28, 2023 Report, it is clear that we have come a long way in uncovering the truths and demanding accountability for the actions taken during the COVID-19 pandemic. However, the journey is far from over. The recent Regina hearings have illuminated further troubling details and emphasized the urgent need for continued vigilance and action.

We have made significant strides in raising awareness about the failures and consequences of the pandemic response. The courage of those who testified and the tireless efforts of those who supported this Inquiry have brought us to a crucial point in our pursuit of justice. Yet, the responsibility to ensure that these truths lead to meaningful change now lies with every Canadian.

It is imperative that we do not let our momentum wane. Each of you has a vital role to play in this ongoing effort. The September 2023 Interim Report, the November 28, 2023 Report and this Supplemental Report are powerful tools that must be disseminated widely. Share them with your friends, family, neighbours, and communities. Use these reports to spark conversations, to educate, and to mobilize. Submit copies of the reports to libraries, schools, and all other institutions, including the offices of your elected representatives.

Our democracy thrives when citizens are informed, engaged, and active. The findings of this Inquiry highlight the fragility of our democratic institutions when faced with unprecedented challenges. It is our collective duty to safeguard the integrity of all public institutions, to ensure that the voices of the people are heard, and to hold those in power accountable.

We call on you to be champions of transparency, accountability, and justice. Demand that your elected representatives address the issues raised in these reports. Insist on the implementation of the recommendations to prevent future abuses of power and to protect the rights and freedoms of all Canadians. Participate in public discourse, attend town hall meetings, and use your vote to support candidates who prioritize democratic principles and the well being of their constituents.

Stand up in political meetings, especially in the run-up to the coming election season and say, "**What About The NCI?**" Do not let the political parties and the legacy media dictate to you what the issues should be this election season.

The path to strengthening our democracy is not easy, but it is necessary. We must resist the forces that seek to divide us and instead find unity in our shared goal of a fair and just society. The stakes are high, and the risk of complacency is too great. If we fail to act, we risk losing the very essence of what makes Canada a beacon of democracy and human rights.

Let this be a rallying cry for a resurgence of responsible citizenry. Each action, no matter how small, contributes to the larger goal of ensuring that our democracy is robust and resilient. Together, we can create a future where government actions are transparent, where public health measures are balanced and just, and where the rights and freedoms of every Canadian are upheld.

The progress we have made is a testament to the power of collective action and the strength of our resolve. Let us continue to build on this foundation, knowing that the work we do today will shape the Canada of tomorrow. The future of our democracy depends on each and every one of us.

Thank you for your commitment and dedication to this crucial cause.

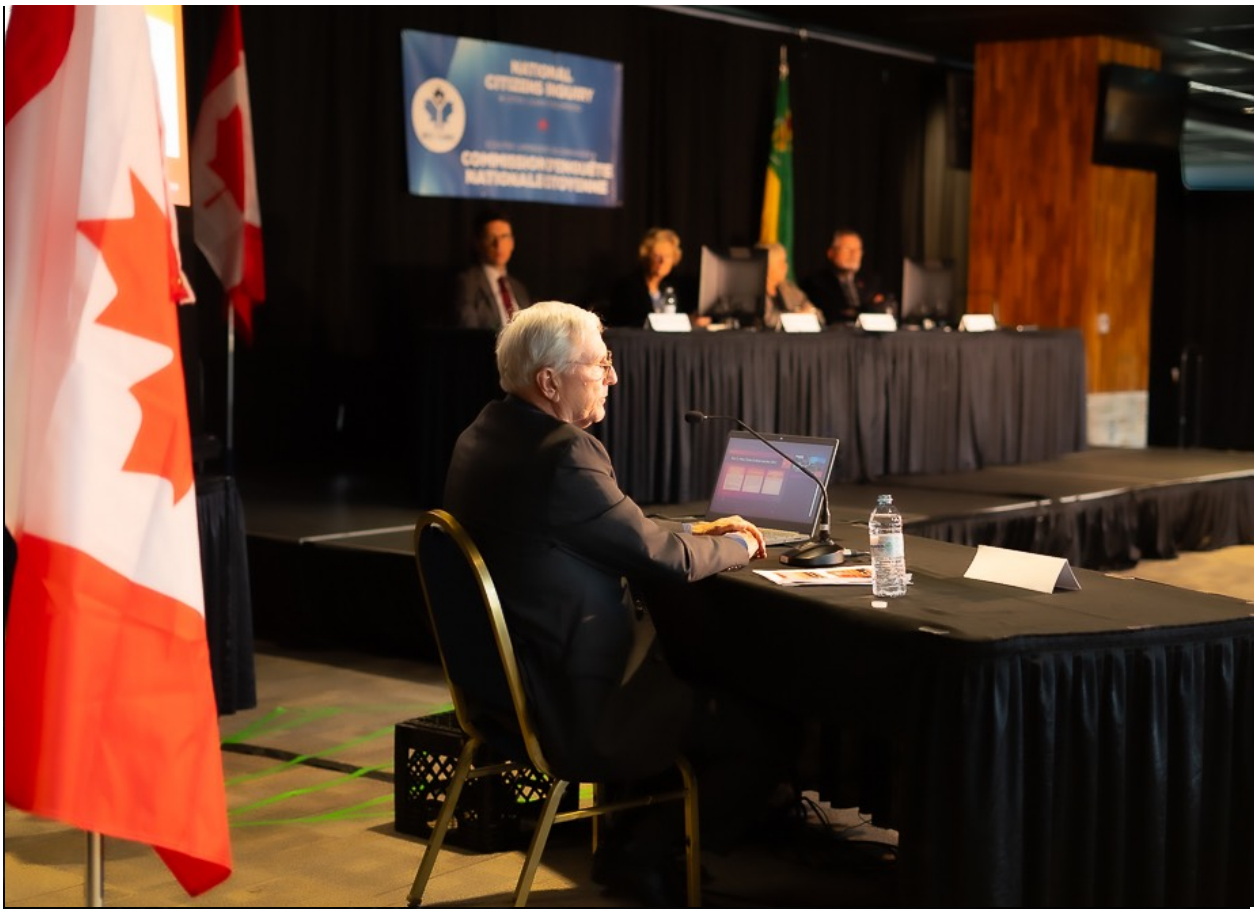
The Commissioners of the National Citizens Inquiry

Kenneth R. Drysdale
Chair

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

VOLUME THREE

Witness Transcripts



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9. Transcripts

9.1. Introduction

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

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

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

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

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

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

9.2. Opening Statements

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

The opening statements set the tone for each hearing, encapsulating the mood, context, and undercurrents of the deliberations that followed. These remarks provided insights into the purpose, motivations, and aspirations of the Inquiry. They elucidated the themes that emerged in each hearing, illuminating the unique character and concerns of the various communities involved.

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

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

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

9.3. Witness Testimony

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

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

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

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

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

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

9.4. About the Transcripts

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

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

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

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

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

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings.

Raw transcripts were initially produced from the audio-video recordings using AssemblyAI speech recognition software. A volunteer team of editors then assessed the AI transcripts against the recordings and edited all NCI witness transcripts using the "intelligent verbatim" transcription method, which removes filler words, throat-clearing, false starts, and repetitions that could distract from the testimony content. Throughout the editing process, care was taken to ensure that each NCI witness transcript remained as accurate, accessible, and true to the original intent of the speakers as possible.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with 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/testimony.

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NATIONAL CITIZENS INQUIRY

Regina, SK **Day 1**

May 30, 2024

EVIDENCE

Witness 1: Kevin McKernan
Full Day 1 Timestamp: 00:37:56–01:59:54
Source URL: https://rumble.com/v4yg6lz-nci-regina-hearings-day-1.html

Shawn Buckley
Okay, good. We can hear you. We can hear you. So let 's start. Let 's start at the beginning, and we apologize for that technical problem. So, Kevin, the first thing we do is we swear our witnesses in. So, do you promise to tell the truth, the whole truth, and nothing but the truth today?

Kevin McKernan
Yes, I do.

Shawn Buckley
Okay. And I just want to have you state your full name for the record, spelling your first and last name.

Kevin McKernan
Kevin. K-E-V-I-N. McKernan. M-C-K-E-R-N-A-N.

Shawn Buckley
And Mr. McKernan, I'm just going to introduce you to the people that are watching. So my understanding is from 1996 to 2000, you managed the research and development arm for the human genome project at Whitehead Institute, MIT. From 2000 to 2005, you were the Chief Scientific Officer of Agencourt Biosciences, which is a provider of nucleic acid purification projects and genomic services intended for life science research. You are the President and Chief Scientific Officer of Agencourt Personal Genomics, a startup company which you co-founded to develop. And it's the word SOLiD, but every letter is in capitals except the I, and that has specific meaning. Can you explain for us what that is?

Kevin McKernan
Yes. The SOLiD sequencer was a sequencer that went to market to compete with Illumina. That stands for sequencing by oligoligation detection. It was a novel way of sequencing DNA that brought the cost of sequencing a genome down from a million dollars to about $5,000. That was around, in time frame, between 2006 to probably 2011.

Shawn Buckley
And just for those watching, this is important for you to understand that Mr. McKernan is actually an expert in developing procedures for us to do both cheap and accurate sequencing of genetics. Now, so he also currently serves as the founder and Chief Scientific Officer of Medicinal Genomics. So in that role, this company, with Mr. McKernan's guidance, developed a specific technique to do genetic sequencing that is now being used on the COVID-19 vaccines.

So now, Mr. McKernan has also been involved in peer-reviewed publications that have resulted in over 57,000 citations and 29 patents. And I'll advise the commissioners, we've entered Mr. McKernan's CV as Exhibit R-001. And Mr. McKernan, you have provided for us to share with us a slide presentation, and I'll just ask you if you want to launch into that, and I'll just interrupt you to clarify some things.

Kevin McKernan
Yes, absolutely. This is probably the most comprehensive presentation I've given on the topic. So there are a fair number of slides, some of them are in there just for references, so people have the citations I'm referring to. I should start to say, I don't have any conflicts, I don't sell any PCR tools into the C-19 space. I don't make any vaccines. Our business is very orthogonal to all of this. We're a company that makes testing tools for nutraceuticals, for the cannabis testing space, and for other nutraceutical agents, if you will, that are outside of perhaps FDA purview. So we're not involved in any of this and don't have conflicts.

This is something that we still stumbled upon somewhat serendipitously, and it resulted in this preprint, which has now been downloaded, or at least viewed over 150,000 times. This was, I think, about last April when we put this forward. This is the discovery of finding DNA contamination inside the vaccine. So we sequenced one of the vaccines, and surprisingly enough, we found the plasmid expression vector that is used to manufacture the vaccine is still in all the files.

We put this public and took some extra time to design some quantitative PCR assays that would make it very easy for others to replicate. The reason for doing that is the peer review process right now is utterly broken and controlled by pharmaceutical interests. It's very difficult to get controversial material like this public, although you will see that Brigitte Konig and her team has recently done that. They've gotten some evidence of this through peer review.

It can be a long and daunting process. So to short-circuit that, we designed quantitative PCR tests that would enable other people to reproduce this work. And it was quickly reproduced in Canada on 27 vials. I think the study has been expanded quite a bit since then, north of 30 vials. This got lots of attention as well. Almost 190,000 views and 18,000 downloads.

Now, the typical response that we saw when this came out was somewhat expected. We saw a large number of fact-checkers and other, I would say, funded bodies out there refuting that this was real, that any of it was even present. You'll see throughout the course of this presentation that they have continually retreated on that comment, saying it's not getting into the cell, it's not getting into the nucleus, it's not clinically relevant. And I want to touch on each of those as we go through this. But I think what's important for the audience to understand is there's a massive asymmetry here. The amount of data that was required to

actually get these vaccines approved, you're going to see through this presentation, does not exist.

In the case of Pfizer, they approved vaccines on one method of manufacturing and then they changed them when they scaled up. So they did a massive bait and switch, and the vaccines that actually went into people's arms were never put through a clinical trial. The DNA contamination is actually quite pertinent to this because it exists in likely higher quantity in the material that actually reached the public versus what was in the clinical trial.

Shawn Buckley
Now, Mr. McKernan, can I just stop you for a second, because you've made such an incredibly important point. So you're telling us that one vaccine goes through a clinical trial and is approved, but the vaccine actually used in the population did not go through a clinical trial?

Kevin McKernan
It did not, no. In biopharmaceutical manufacturing like this, the process is the product. And if you change the process, you have to retrial. And that is because there's too many unforeseen consequences that you can have when you manufacture something like this inside of a biological cell. They're using E. Coli cells to manufacture these vaccines. There's a lot of contaminants that can come out of E. Coli that you can't potentially measure. And so as a result, when they make massive changes like this, they are supposed to retrial it.

In fact, they attempted to retrial it on 252 patients. And that data was never put public. And the EMA [European Medicines Agency], who was attempting to hold their feet to the fire, eventually surrendered and never demanded they put that data public. So they knew they had to retrial this. They attempted to and then hid that data. So there's a fairly, I think, dark meme that captures what's going on right now, is that people were taking these things, and many times in a coerced fashion, in parking lots. And now when you try to present to them that there's a problem, they're asking for ten peer-reviewed publications, when they took them for a donut.

All right, this is not science. This is a very asymmetric, I'd say, pharmaceutically-driven fact-checking environment. And many of the fact-checkers that we find attacking this work, we can find ties back to pharmaceutical funding. Factcheck dot org [`www.factcheck.org`] is one of them. We can see they have funding from Pfizer. Reuters is another news agency that always seems to negatively portray this information. Yet their CEO is on Pfizer's board.

So the important thing to keep your head around here is not whether things are peer reviewed. That's the first thing that they attacked us with. Now, they are peer reviewed, but that peer review is less relevant. What matters is reproduction. Half the papers that are peer reviewed out there cannot be reproduced. So all we care about is reproduction. And in this case, many people have now reproduced this.

We have groups in Japan who've done some reproduction. We have groups in France who have done reproduction. We have groups in Europe with Willem Engel's group who actually sequenced this as well and shared his data and came to the same conclusions. And if you even look through the EMA documents themselves, you can see that they have an 815-fold variance in the amount of DNA contamination they're finding within the ten vials that Pfizer cherry-picked and gave them data for. The EMA didn't measure this themselves. They asked the manufacturer to measure it and give them some numbers. All right, so we can even see

variation in the numbers that Pfizer's offered. And that was Pfizer being able to cherry-pick the best data they had.

All right, in addition to this reproduction story, Doctor Philip Buckhaults has replicated this. He's done this with some slightly different methods. He's used rPCR primers that we published and then carried on with using Oxford Nanopore Sequencing, which is very helpful. Doctor Sin Lee used Sanger sequencing down in Connecticut, and he's reproduced this. Doctor Brigitte Konig recently got her work through peer review and is using fluorometry. And we'll touch on how these different methods can sometimes give different answers. But there isn't anyone who is not finding the DNA contamination in the vaccines when they look. And this has triggered the agencies to now respond.

So we now know the EMA, the FDA, and Health Canada have all admitted that the Pfizer vaccines have an SV40 sequence in them. They're disagreeing on what it clinically means, but they've confessed it's in fact there. And they've also confessed that they were not improperly informed about it, but they nevertheless seem to still be running cover for the manufacturers.

So here's an important paper that recently came out. It's a very helpful read because they touch on the fact that the regulators are allowing them to measure this DNA contamination using different methods. And when you do that, you enable the pharmaceutical companies to cherry-pick certain methods that make their picture look most appealing. So, in the case of measuring the RNA, they're allowing them to use fluorometry. But when they start measuring the DNA, they switch to using quantitative PCR [qPCR]. Now, quantitative PCR is known to under-measure this problem. And I'll point you to some patents from Moderna that actually speak to that.

So they're also allowing them to measure them at different parts in the process—where the RNA is getting measured in the final vial; the DNA is getting measured upstream in a different step—and they really should be making both measurements at the same point, at the finished product, with the same tool for both of them. The fact that they're not doing this means that they can bend the numbers by orders of magnitude. And the regulators are either unaware of this or unwilling to face the fact that this is an incoherent way to go measuring DNA and RNA.

Now, an important point in this is that Pfizer could have measured both things with RT-PCR and qPCR, using the same method for both. Because they provided the EMA with PCR primers to measure the RNA with qPCR, they chose to switch to fluorometry so they could inflate that number and use qPCR to deflate the DNA number. In the EMA documents, they have a ratio metric guideline. You have to have for every 3030 RNA molecules, you're allowed to have one DNA molecule. So if you know that, you can cherry-pick different tools to game the system, which is exactly what they've done.

So this is a very good paper. It's very worth the read. And I think it also highlights that when researchers use different methods, you can get different answers of DNA. And there's reasons for this. We have Substacks and papers written about this if people are interested in more details. One artifact that does come out of some of these measurement tools is that quantitative PCR measures one particular region of the plasmid. And so it's not the best tool to estimate the entire plasmid DNA contamination.

So you turn to a fluorescent dye that binds to DNA. Sometimes that dye can bind to some RNA, particularly if it's modified with N1-methyl-pseudouridine. And so a technique that wasn't used in Konig's work was to treat it with RNAs to get rid of the RNA to see if there's

any interfering signal. When you do that, the signal does come down a little bit, but it's still a log scale over the regulations that are in place.

Now, the other thing that Doctor Arakawa pointed out is that while Doctor Konig's work may have slightly overestimated the amount, she didn't measure single stranded DNA, which could pump the numbers right back up. So the verdict's still out on what order of magnitude they're off, but they're off by at least an order of magnitude in terms of the amount of DNA contamination they have. And this will get refined as more and more people publish.

So how did it happen? You asked me about this: What was this bait and switch that happened? Well, they did the clinical trial using a PCR product. They had a plasmid that contained the spike sequence. They then PCR-amplified that region that they wanted to turn into RNA, and by doing so, they raised the spike sequence up a million-fold above the background plasmid, and then turned that DNA into RNA, which you can see up here.

When they went to mass produce, they skipped this step because they couldn't scale it up. So they just went with using E. Coli to manufacture their DNA. And now when you lyse open those E. Coli cells to get your DNA out of it, you have all the guts of the E. Coli present, the endotoxin and the plasmid backbone and everything else to contend with. So this is materially a very different biological product. And under any other circumstance, you cannot take the approval of the process on the left and substitute it into the process used on the right. That would be a gross manufacturing failure.

This is covered by Retsef Levi's work and Josh Guetzkow's work. They published about this in the *BMJ* [*British Medical Journal*], so this is not conspiracy theory. It's been through peer review. And there's some mention in here of the 250-some odd people that they were supposed to run a second trial on. Of course, anyone who knows statistics knows that it's not enough people to find an adverse event rate less than 1 in 250 people. So it was a bit of a false trial, if you will. And they eventually threw in the towel and never reported the data.

All right, so what was the actual fraud that went on here? This is a very important concept to capture, which is that when you are providing information to the FDA, they have regulations that tell you have to disclose every single open reading frame and every promoter in your plasmid. Now, if you take Pfizer sequence—which they did hand the whole sequence of this plasmid to the regulators; the regulators didn't look at it—but if you were to plug it into commercial software to annotate the sequence, the first thing it would annotate is this SV40 promoter. It automatically annotates that by default, because it's a known sequence used in many vectors as frequently used for gene therapy, because it is a nuclear targeting sequence.

So the question that we've always raised is, how did the plasmid map that was handed to the regulators have this omitted when software tools, by default, annotated? What that tells us is somebody at Pfizer had to go in there and intentionally scrub it before handing the plasmid map in to the regulators.

Now, why would they do that? Well, there's several reasons why they would do that. The SV40 promoter brings back memories of the SV40 virus contamination that was in the polio vaccines that has still been debated in the literature as to how many cancers that caused many years ago. We don't have the whole virus here, but we do have a region of the SV40 virus that is a mammalian promoter. It is a mammalian origin of replication, and it's a nuclear targeting sequence used in gene therapy. So I can see why they don't want that hanging around for regulators to squint at.

The second reason they may have done this is that they didn't need to have a mammalian promoter to make this work. They could have used a bacterial one. That's what Moderna did. So what is this promoter being used for? It's being used to drive this kanamycin resistance gene so that the plasmid can be used effectively for manufacturing. If you don't have an antibiotic resistance gene on your plasmid, the E. Coli will throw it out. But once you have an antibiotic resistance gene, you can then select by using antibiotics for only E. Coli that are making your spike DNA, I should say.

So they didn't need to use SV40 to get this done. In fact, it was quite reckless to do that. They should have used AmpR, which Moderna used, which is only active in bacterial cells. Instead, they used a promoter that's active in both mammalian and bacterial cells. And so when this DNA gets into your cells, it replicates, and we have evidence of that now. All right, so this is a major omission.

So what has been the regulator's response to this? There have been several responses, but the initial response was, yes, the SV40 sequence is there. Pfizer did not properly spell this out to us. But they then went on the defence for Pfizer, saying it's too small a length to matter, it's too small in quantity to matter, and the DNA is not functional. And we're going to walk through why all of these are overt lies that are easy to debunk just combing through the literature.

So first, let's talk about whether it's functional, okay. If you look up SV40 promoters, you can find David Dean's work. These are used in gene therapy to drive DNA to the nucleus. This 144 base pair, or this tandem 72 base pair repeat here, binds transcription factors that drag anything like the sequence into the nucleus and anything attached to it with it. Alright, so to say that it's non-functional is counter-intuitive. This is published to be very functional, and without that promoter, you can't actually manufacture plasmids. So to claim it's not material in the manufacturing process is another overt lie that's been spread by the actual regulators here.

The other thing you can find by simply just googling SV40 promoter in p53 is that this sequence is known to bind the tumour suppressor gene, p53. So they cannot be claiming this is not functional when Drayman has publications showing this precise sequence binds the tumour suppressor gene, right? We've got cases of cancer going up right now post-vaccination. I think Jessica Rose, another one of your guests, is going to be speaking to that a little bit more than I can. But this is another sign that it is clearly functional.

Shawn Buckley
If I can just stop in, because this is an important point. So, basically, you're talking about this SV40, which both Health Canada and the FDA was not told was in the vaccine, actually binds to cells within our body that help us fight cancer. So it actually, as far as our immune system goes, basically makes it more difficult for us to fight cancer.

Kevin McKernan
It binds to a gene known as p53, not necessarily a cell line, but in all of your cells there's a tumour suppressor gene known as p53. It gets activated when there's DNA damage. And now we don't know what this is doing when it binds to p53, okay. We know that you have papers showing that it's binding. But anything that binds to that gene—and you have billions of copies of it as a contaminant—should be a major red flag. Now, there's additional

information out there that Wafik El-Deiry has published that demonstrates the spike protein actually also deactivates p53's translation.

So in addition to this SV40 promoter being in there that interferes with p53 in some way, he has demonstrated that the spike protein itself can down-regulate this. So we've got two things now that are attacking the tumour suppressor gene that are inside these vaccines. Moderna obviously has spike; they don't have SV40. Pfizer has both. So there may be, you know, maybe there's an argument for there being more cancer risk with Pfizer than Moderna.

Okay, so I do want to touch on what do we have for guidelines about DNA contamination, and where do they come from, all right? So most of this DNA contamination was derived from regulatory architecture that was trying to address people growing vaccines in eggs or in other cell cultures where there could be some genomic DNA that comes through. And back before the NCVIA Act [National Childhood Vaccine Injury Act], which is this is a vaccine injury act here in the United States, the limit was 1000 times lower than it is today. Once that act went into place, the pharmaceutical industry has bumped up this regulation 1000-fold. And now it's up at ten nanograms of DNA that's allowed. These are all based on naked DNA getting into an injection.

Now, naked DNA in an injection has about a ten-minute half life. When you put a lipid nanoparticle on it, that DNA gets trafficked right to the cell, just like the vaccine mRNA, and we don't know it's half life. There could be a persistence problem here, and this could be explaining why people are seeing spike-based nucleic acid in patients 30 days out in plasma. We've seen them— I'll touch on it a little bit later. There's several different papers that touch on the persistence problem.

The other thing to keep in mind is that ten nanograms of genomic DNA is only about 1000 copies of the human genome. But if it's 200 bases and it's broken up into small pieces, we're talking about 50 billion copies. And when you fragment DNA like this and wrap it in a lipid nanoparticle, it becomes more of a genome integration risk because it's the ends of the DNA molecule that have particular functional groups, and those phosphates and hydroxyls, those are what are used to insert DNA into the genome. So when you take a large piece of DNA, chop it up into pieces, what you're creating is genomic buckshot. You're creating stuff that can more readily integrate than if it's longer.

Now, there are some papers down here that are important to have on the record. There's the Lim paper that speaks to what is the spontaneous integration rate of DNA if you were to transfect it like this. They have numbers in here, close to like 7% of cells getting transfected when they use plasmids like this. The other bit of information on here on the left is some work written by Keith Peden at the FDA, where they touch on this point that genomic DNA, they have a certain tolerance for, but if you make that DNA a much smaller molecule, a nanogram of that DNA means many, many more copies—like a viral element may push these limits down to attograms, okay.

So what we have here is very different from what the regulations were written for. They were written for naked DNA. They were written for large, high molecular weight DNA. And what we have is wrapped low molecular weight DNA that's very integration prone in lipid nanoparticles.

The third thing we have that I'm going to touch on is the DNA in here is not your average DNA. It has sequences in there that replicate themselves once they get into a cell. That

makes these nanogram limits somewhat irrelevant. If you can drive a truck through them, if you can throw something in there, that's a plasmid that can replicate.

Now, these aren't concerns that I have necessarily published. If you look at Moderna's own patents, they will tell you that any of this residual DNA is actually a risk for insertional mutagenesis. This is not some secondary pharmaceutical company. This is the people making these actual vaccines have written in their patents, if you leave DNA behind, it's a cancer risk, it's an insertional mutagenics risk. So this is not conspiracy theory that we get accused of being on the Internet. This is coming directly from Moderna's own patent estate.

Now, this could explain why we're seeing persistence of spike in various papers. This is the Krauson paper that talks about picking up nucleic acids for spike inside heart tissue 30 days after vaccination. Now, this paper did not differentiate between whether this was RNA or DNA. Both of them could be contributing, because the actual messenger RNAs from these vaccines seem to have a slower clearance rate as well. We also have papers from Gonzalez that has shown this in placenta two and ten days out. And we have work from Castruita, who found this in plasma 28 days later. So this RNA or DNA is not disappearing in 48 hours, as we were told.

So, can this lead to cancer? Well, we are always cancering. It's just when mutagenesis outpaces the immune system, you begin to notice it. So there's now a multiple hit hypothesis. I had three up here, but people keep sending me more reasons why these vaccines might cause cancer. But this is usually what oncologists look for. It's very rare that one thing causes cancer. You usually need multiple things to go wrong.

But if you have an increased mutagenesis rate with double-stranded DNA [dsDNA] that may outpace your immune system's capacity to clear this. I'm going to touch on something known as cGAS-STING. This is cytosolic DNA that can trigger cancer. There's some papers on this that we'll put into the record. There's also the chronic insult to your innate immune system from the modified RNA, there's N1-methyl-pseudouridine. We've seen that there's lymphocytopenia and neutrocytopenia. There's an IgG4 class switch that goes on with these vaccines. So there's much more of this. Cell circuitry is getting dissected as to how these vaccines may, in fact, lower your immune response. So if you increase the ImmunoGenesis rate and lower the immune response, you're in double trouble dealing with cancer.

And then, of course, as I mentioned earlier, there's publications that have come out now showing that the spike protein itself inhibits p53 and BRCA1. So there's many reasons to be concerned for cancer. And David Wiseman was just down in the Texas Senate pointing out the rapid rise in cancer that we're seeing in this particular publication. So the general rates of cancer have been going down up until the vaccine rollout, and now they're starting to rise. What can this be? We need answers.

Now back to where the regulators were at this. Earlier on, regulators pointed out that Pfizer gave them the DNA sequence but did not specify the annotation of the SV40 region. There's another region they didn't specify, which is an open reading frame. So there's several files that Pfizer has committed here and that they omitted. But I just have these journalists on record here because they've done a great job covering this, that this intention to deceive is quite evident at all the regulatory agencies. They have all come out saying, yeah, we weren't exactly told about that. And there's other things they should have been told about. There's this other open reading frame that needed to be disclosed in the Pfizer vaccine. It's about 1254 amino acids that runs in the other direction of the spike protein. We don't know what the heck it does. It's in there. It needs to be disclosed, but it was not disclosed to the regulators.

Okay, so a lot of the fact-checkers have now moved on to: “Okay, fine, it’s there. It’s too little to matter. Okay, it doesn’t get into the cell”—we’re going to show you that it does. “It’s harmless in the cytosol”—we’ll show you that’s not true. “It will never get to the nucleus”—well, we're going to walk through some data that shows all of these critiques they have are not true.

So there’s a great paper here from Kwon et al. showing cytosolic DNA sensing in cGAS-STING. And what this shows you is that if DNA gets into the cytosol, it triggers a pathway in there, an immune pathway, because the cell begins to think if there’s a virus around, DNA shouldn’t be in the cytosol, it should stain the nucleus. And so when it sees a high amount of DNA in the cytosol, cGAS-STING gets turned on. This is meant to trigger an immune response. And paradoxically, if you chronically stimulate this, it can lead to tumours. This paper goes through that whole mechanism.

Now a very recent FOIA came out or a tip from Canada from Scoops McGoo that has been really mind blowing to read, because it’s peered into what’s going on inside the emails at the regulators. The one email that shocked me was that the regulators asked Pfizer what the fragment lengths were of this DNA contamination, and Pfizer replied saying they don’t know; they don’t have an assay for it. That is in direct contradiction to what regulators have been telling the public, which is that this DNA is too small to matter and of little consequence. Yet we have on record from their emails that they don’t even have an assay to measure it, yet they’re telling the public it’s nothing to worry about.

We also can see them on record that they should remove this DNA, yet they’re telling the public it’s of no consequence. So this is a very helpful Substack to go through and to read through those emails to see that this looks as if the regulators are in collusion with the pharmaceutical companies they’re supposed to regulate. And this is a great place to remind people that 80% of Health Canada’s revenue actually comes from the pharmaceutical companies that regulate.

So this is racketeering and they should be brought to trial for racketeering, because it’s clear they are telling the public a very different story than what they are telling—what you can see from their emails.

Shawn Buckley
And Kevin, can I just step in for a second?

Kevin McKernan
Yes, please interrupt.

Shawn Buckley
So Health Canada has a page for the Pfizer vaccine. They have a separate page on the Health Canada site for every vaccine. And at the top of the page in bold is a sentence that reads: “All COVID-19 vaccines approved of by Health Canada have been proven to be safe, effective, and of the highest quality.” And you’re telling us that Health Canada internal emails with Pfizer is they’re basically asking, “What is this DNA?” And Pfizer is saying, “We don’t know,” but that’s not what Health Canada is telling us. And you’re also telling us Health Canada is telling Pfizer privately to remove it, while at the same time they’re telling the public there’s no problem.

Kevin McKernan
This is correct. And this is one mechanism or one technology one could use to measure this. This is Oxford Nanopore. I'm sorry, my PowerPoint must be at the timer here. This is Oxford Nanopore. It's a single molecule sequencer. It costs about $100 to run something like this, and it instantly gives you a sequence and the read length distribution of the molecules that are in the vials. And we have some of them that are as long as 3000 bases long.

Now, the lot that we ran this on was not a particularly contaminated, heavily contaminated lot. We have some lots now from Germany that are ten times more contaminated that we're going to try and run on this. And I'm going to bet that we're going to get molecules that are the full length of the plasmid out of that one, because Phillip Buckhaults already found one that's out at 5000 bases long. So there's a long tail of molecules that have not been destroyed by their cleanup process.

The other thing to take note of is there are games they could play in this as well. If they put in a particular DNA purification tool, they can basically wipe out the long fragments or the short fragments based on how they DNA purify this. So we are probably not capturing all of the small fragments that are in this library because of the DNA cleanup that we used, selected against the small material coming through. But the long fragments we're getting, and we can see some of them encode the entire plasmid backbone that are getting in the shots. This has the antibiotic resistance gene, the SV40 promoter. It has these several different origins of replication that seem to grow in copy number once they get inside of a cell. None of this was consented to or disclosed.

So just to summarize a bit of the back and forth of the regulators. Pfizer doesn't even have an assay to measure the fragment length, yet the regulators are telling the world the fragment lengths are all under 200 bases. They can't know that, they've never measured it. They are also taking the pharmaceutical companies word for what these measurements are. No regulator that I've found yet has actually run qPCR on these things or run any of these assays to know what's going on. They're just parroting what the pharmaceutical company tells them, as if it's ground truth.

Despite the fact that these same agencies, or I should say these same pharmaceutical companies have admitted to deceiving them, they're relying on them, continually relying on them after having been deceived. So that's a bit odd. And we can see the regulators asking them to remove this and telling the public that it's of no consequence. They are also claiming the DNA is tested for, while the EMA leaks show Pfizer is not even measuring the DNA, the RNA. The same tools are in the final product. All right, that's really apparent from Brigitte Konig's great paper on this.

Now, I have a few minutes left. I'll touch on a couple other methodological issues that I think are important to have on the record, because depending on the tool that they use, they can cheat the public. And I just want to put all of those things on the table so people are aware of this, that when they come back saying we measured this one way or the other, the public's a bit more informed on how they can pull a fast one by switching the tools they're using to measure things.

One of the critiques that came out of the gate was we used vials that were expired, and therefore all of our results were irrelevant. This is irrelevant now because many people have used vials that aren't expired. But just so folks know, there is a tool that they run called an RNA integrity score that gets run on an Agilent Bioanalyzer that tells them whether the

RNA is degraded at all. And we've run those in the vials, and they're not degraded, even though the vials are expired.

They also gave expired vials to patients. This argument actually backfires on them every time because it just reminds them that you guys were giving vials out, you were giving expired vials into patients arms. So it doesn't matter which vial we measure, they all made their way to patients.

So this is the main game that's going on with the regulators, is that they are using a tool like RiboGreen that measures all of the RNA, and it measures small RNA and large RNA. And then when they're asked to measure the DNA, they use quantitative PCR to do that, which only measures a very specific portion of the DNA in the plasmid. And if any fragments are smaller than the amplicon size, it won't measure those.

So they can deflate the DNA using qPCR and inflate the RNA using fluorometry. And they can do this even though they've given the regulators primers that can work for either assay. If you want to run these both with quantitative PCR, measuring the RNA and the DNA, they have the primers disclosed to do that, and for some reason, invented a new method to inflate the RNA to get this through the regulations. All right, so that's the game that's going on, is they are bouncing between fluorometry and qPCR to confuse the regulators and making things meet the specifications.

Now, what is fluorometry? Fluorometry, unlike quantitative PCR, it takes a dye that binds to minor grooves. So double-stranded RNA and DNA have minor grooves. Single-stranded RNA does not. So this dye predominantly binds double-stranded DNA when you're using something like PicoGreen. But some of the double-stranded RNA that's in these vaccines is probably lighting up on it as well. So what you do have to do, is measure this when there's DNA and RNA present, use an enzyme that destroys the RNA, remeasure it, and then treat it with DNAs to get rid of all the DNA, and measure a final time.

And we've done this. This work is in preparation for publication with David Speicher. But you can see, when you do this, it's important to use soaps to break open the LNPs [lipid nanoparticles], otherwise you can't measure things effectively. We use soap and heat. Then you get a very, very large measurement up here that's in, like, microgram range. You then treat it with RNA, so it comes down and you're in the 100 nanogram range, way over the limit. And if you continue to treat these things with DNAs, it starts to take the DNA out of the picture and you get back down to baseline.

Now, that being said, while they didn't use RNA's in Brigitte Konig's work, Germany has been known to have the most contaminated lots. So, you know, I can't really comment on exactly if our data is elevated or not because we have not tested the same lots. But we do find when we test lots from Germany, they're the most contaminated we've ever found. We're getting CT scores in the 13 range. For those familiar with the quantitative PCR mess that occurred, you were called positive for COVID-19 at a CT sometimes at 40 or 45.

So for those not familiar with the log scale on PCR, every ten CTs is 1000-fold. So let's say 20 CTs is a million-fold. They were calling you positive for COVID, where a million-fold less nucleic acid on the outside of your nose than what they were willing to inject into you as a contaminant, all right?—a million-fold. They're willing to inject a million-fold more contaminant through your mucosal membrane than what they're trying to scrape off the outside of your mucosa and your nose. So this is a very, very large discrepancy in their thesis of safety, if you will.

All right, now the last thing, I think I have enough time. Cut me off if I go over here. This is some really preliminary work right now that does not have as much reproduction. So I just want to spell that out that this is done in our lab, and no one to date has reproduced this. So it's very leading edge, if you will. But we think it's worth sharing with the public. The reads are public and others are downloading it and finding interesting bits of information inside the data that we put public.

And this was work that was done in collaboration with Uli Kämmerer in Germany. She treated ovarian cancer cell lines with the vaccines. She then sent them to us. We perform PCR to see if the DNA made it into the cells and to see if the DNA made it into the genome. There are some considerations that when you do this type of sequencing, you have to be aware of artifacts that can occur. And this is an important point that I'll touch on as we go on.

But preliminarily, we've been doing this. We have found one integration event that we're fairly confident of, a second integration event that I think some other outside researchers in Japan have said, ah, maybe that one's not as true. But there's one in chromosome 12 when we performed this that actually integrated this region of the spike protein into chromosome 12. And we've done some assaying or sequencing to confirm that this is in fact real, but it happens to be in a gene that's related to cancer, which was a bit shocking. Of all the genes in the genome, we happen to land into FAME2.

Now, with that said, this is a gene, I put some references here that it's involved in apoptosis, cell senescence, and cell death, alright? And if this has disrupted that gene, it could be a reason for these cells going haywire. But just to be fair, we have not proven chromosomal integration. In a lot of cancer cell lines, you can have extra chromosomal DNA, and we could have integrated with that.

Now, extra chromosomal DNA is another problem altogether. It can sometimes pass on to daughter cells. We have to also spend some more time making sure this isn't a sequencing artifact. The process of making these libraries can sometimes stick some random DNA together. So we're always looking to ensure that there's multiple different reads that are confirming this type of event that don't start and stop at the same place in the genome.

This is in cell lines. This is not patients. This is a model system we're using so that we can refine the tools that are needed to go chase this type of event that might occur in a biopsy. There is a great review of this, actually, from Doctor Arakawa. He downloaded our data and looked at it and said, "All right, the chromosome, one of the integrations that you have is possibly an artifact of sequencing. The other one looks like microhomology mediated end-joining based on his knowledge of a combination." So, again, it's cell lines. It's early. But what can we do to assess people's concerns over this?

Well, the first thing I want to address is that there is a very highly-funded university here in the United States that hires folks like Paul Offit to run around and try to debunk our work. And I want to go through the common critiques he's raised and address them, because he clearly has a large name in the vaccine field, been in the field for a very long time. But he has a massive conflict, and that conflict is never disclosed when he does this. The UPenn [University of Pennsylvania] has got a billion dollars in royalty from these vaccines. And the folks who work there seem to defend them vigorously, but they don't defend them very well. All right, in his main review of our work, he offered four lies in one paragraph that we'll touch on.

One, he claimed it was a very small quantity. That's not what people are finding. Buckhaults, Speicher, Konig, we're all talking about orders of magnitude above the regulations. And the regulations, as I pointed out, are not fit for purpose because we have lipid nanoparticles in place. He claims it would not get into our DNA, which is virtually impossible. I think I've shown you enough publications to show it's not virtually impossible. And Moderna even spells out this risk in their own patent estate, so that we can just point back to Moderna on. He claims our cytoplasm hates foreign DNA and has an innate immune system. This is true, but as I've shown you, Kwon et al. shows the cGAS-STING pathway, which that's what he's referring to in this case, if you chronically activate it, it can lead to carcinogenesis. So that's a bit of a sleight of hand.

He's also claiming on point three that this requires a nuclear membrane access signal which these DNA fragments don't have. I'm just stunned that he even put that into paper. It's very obvious that from Dean et al. that there's an SV40 promoter in there, which is a nuclear targeting sequencing. That's an overt lie, and he should know better. He's someone who knows what SV40 is. So I'm very shocked that he's this ill-read on this topic at this point.

And then four, that there's no way for this DNA to integrate. Well, the Lim et al. paper I've shown you shows there is spontaneous integration that occurs in cell lines and it's from Line-1. Line-1 is a transposon that is embedded in your genome. 8% of your genome are these HERVs, which are Human Endogenous Retro Viruses. They get activated in cancer and in stressful times, and these things express. You get viral reactivation and that material can reintegrate RNA or DNA into your genome. It has its own integrates.

So I don't understand how he's unaware that 8% of the human genome is codes for these HERVs that can reintegrate foreign DNA. It's something I'm very aware of, because when we sequenced the human genome at Whitehead, we were shocked to find it was that high. But it's true, and it's held up over 20 years. So for him to claim this is clinically and utterly harmless based on four overt lies, I think he's paid. And it's shining through that his bias is not something that can be trusted in this manner.

Now, the final thing that I think created a tremendous amount of hilarity on the Internet, is that he conflated injection of this DNA inside of lipid nanoparticles with eating food. I'm just shocked at this. Eating food is very different than injecting LNPs that have gene therapy vectors in them. I can't believe he believes this, because he knows the gene therapy trials that have gone wrong before and killed people because they didn't deliver those gene therapies orally, they delivered them with an injection. So this is a bit too hard to believe that this is the level of critique and time that they're spending on this grave concern.

What you will notice is that there's a revolving door at the FDA and the people who do understand this problem left. I mean, they left before this became public. But we've got two people, you know, Philip Krause and Marion Gruber, who did not agree with the approval of these things for children because the children really aren't at risk, and yet they're taking a massive risk by injecting them with one of these unknowns. Other people haven't just left, they've been hired by Moderna.

So we do have a very, you know, large revolving door, and this is a very difficult jurisdiction that I'm in to actually raise this. And being in Massachusetts, we have both Pfizer, Moderna, and Thermo here. Thermo did a lot of the PCR work for COVID. All right, so this state is basically engorged with COVID money. And there's no one in this state that wants to talk about this because there's a large, like, spider effect of, if you've ever seen that video *I, Pencil*. I mean, even the donut shops and coffee shops here are benefiting from the money coming in from COVID in Massachusetts. It's a massive economy and no one wants to face.

You may have some of the same problems in Canada based on some of the LNPs being made up there.

All right, so how are we going to close this out? Well, we need to begin qPCR-ing tissues. We need labs to step up, more labs. We have primers that are public. And if you don't want to roll your own primers, we have them kitted. So you can now start PCR-ing people's tissues to look for vaccine RNA or DNA. I think this is going to become important for the blood supply. People are not going to want blood that's contaminated with this material.

There's sperm banks and fertility clinics that are going to—we're getting, you know, emails from these people that are concerned. Okay, how do we test for this? Because it's pretty clear there's some evidence on the fertility rates in these clinics, they're having a harder and harder time with the in-vitro process of fertilization. So the IVF clinics, lines are going out the door. They're going to need to start looking for this.

Breast milk is another area. There are mothers who donate breast milk, and now there's concern if you have really high loads of any of this RNA or DNA in lipid nanoparticles, are coming out in breast milk. Breast milk express extracellular vesicles. They're like LNPs. They're exosomes that contain lots of nutrients. But in this case, we suspect that they are containing the DNA and the RNA from these shots, and that can be driving all types of problems and risks for the newborn.

There's transplantation that we need to consider, and there's other biopsies. So these DNA kits are available, the PCR kits. You can also roll your own, make your own. We put everything public so that this is something that is open source, anyone can go and make. The sequences are here on the record if people need to run these. But quantitative PCR is quite ubiquitous now after COVID. You can run this on a variety number of tissues to start screening for this.

The final thing that we're developing is a tool to try and do a better job at picking up these potential integration events. One of the challenges finding an integration event is it's a needle in the haystack. It's very rare that you're ever going to get a piece of DNA to integrate into a cell at both places in both chromosomes. You realize every cell that's diploid has a copy of your mother's DNA and your father's DNA. When you get an integration event, it's likely only going to go into one of those. So it's going to be haploid, and it's likely not going to happen in all the cells. It's probably going to hit some small percentage of the cells. I mean, the Lim paper was suggesting 7% of the cells. Okay, so that means you need a tool to fish hook out these needles in the haystack and sequence them to see where they're integrated.

So there are common tools out there that you can do for this. One of them is known as a making an exome or a target capture system. And what you do is you design DNA sequences that match the vaccine, that have a fish hook on them, known as a biotin, that you can then stick to a magnetic bead and pull them out of solution. So you can go fishing for all the sequences that are similar to the vaccine in the given sample and only sequence those. And that saves you from having to sequence billions of reads, looking for a needle in a haystack where you can focus your sequencer just on the things that have homology to the vaccine.

So we've done this, we've developed and put public all of the different probes that we're doing this with. So there's about 200, and there's 113 probes per vector. We did this for Moderna and Pfizer, and we've actually run this once already and have been able to enrich the vaccine out of these OVCAR cell lines. And the first thing, we're getting a very good enrichment, over 3000-fold enrichment in some of these cases, 22,000-fold enrichment in

one of the cases. So we're getting the sequencer to be 22,000 times more effective by doing this.

But the thing that's important to point out here is that there are certain variants that are showing up in the backbone of the sequence of the plasmid that don't exist when we sequence the vaccine without putting it into cells. So the cell lines are beginning to replicate this DNA when it is in the cell, and introducing a couple SNPs [Single-nucleotide polymorphism] in the process. Those are single-nucleotide changes. So the mammalian origins of replication that are in the vaccines are dangerous because they can make more of themselves once they get in.

And we can see this now in the sequencing that we've done, by putting these vaccines into ovarian cancer cell lines and sequencing before and after they've been put in. And you start to see more DNA sequence over the regions of the origins of replication and some variants that emerge. So this blows apart the whole concept of having a nanogram limit that's DNA blind. They need to really be specifying what type of DNA you're talking about. If it's replicable DNA, something that can amplify when it gets in, then the nanogram limit is a massive loophole.

Now I'll just end with saying, I think Joe Ladapo has been proven right on this. While he may not have had all this data when he made that call, the data that continues to roll out supports his decision that these should be pulled. There is massive regulatory fraud going on here, and we don't know the consequences of putting this much DNA into these shots. And this could be having impacts on cancer and on the long-term fidelity of the human genome. Thank you.

Shawn Buckley
Mr. McKernan. Just so that people fully understand who Joseph Ladapo is, so he's the Surgeon General for the State of Florida. And my understanding is that he stopped COVID-19 vaccination based on the adulteration of it by DNA, which flowed from your work.

Kevin McKernan
Yes. He's been in contact with us. We've shared our findings with him, and I'm sure he's taken more than just our advice, because independent of this contamination issue, there is a safety and efficacy issue. These things don't work. And so it's a double negative. They're contaminated, adulterated, and it's looking as if, you know, if you take a very neutral review of the data, these things may be harming more people than they're helping.

Shawn Buckley
Right. And I just wanted to stress, because I think it doesn't end up in the mainstream media. And I think a lot of people viewing your evidence will be surprised to learn that the State of Florida in the United States has basically ceased all COVID-19 vaccines based on the adulteration that they found in your work. I appreciate there may be some other factors, but that was a major factor.

Kevin McKernan
Yes. Yeah, I just wanted to emphasize that I don't think the DNA is the only— If you clean up the DNA, they're not out of the woods, all right? The DNA is just a forensic marker for the

extraordinary amount of slop that's going on. And it's showing us that the regulatory agencies are running cover for the pharmaceutical clients, if you will. But if they cleaned it up 100%, there's still other issues to contend with.

The LNPs are probably toxic. The N1-methyl-pseudouridine creates frame shifted proteins. We've got the spike protein potentially having all types of negative externalities with it. And even just the transfection of foreign proteins into your epithelial layers can create all types of havoc that Marc Girardo has put really nice work around. And he's got a nice book out there I encourage people to take a look at.

John Beaudoin is another person to look at. He has great evidence of the harm that's going on. So if you guys ever want to call the testimony other people, I would point you toward John's work and Mark's work, because I think they're onto things that show, even if they clean up this DNA, we've got problems.

Shawn Buckley
And so you said the LNPs are toxic. So just those viewing your evidence, you're referring to the lipid nanoparticles that are used to basically encase the RNA. And now we know the DNA fragments so that they're long lasting in the body. But that technology itself, the lipid nanoparticles, are themselves toxic, is your evidence.

Kevin McKernan
They are toxic, and they were never designed for repeat injections. So we now have people taking five or six of these things. They are meant to be given once.

Shawn Buckley
And I just wanted to clarify because you used the term "integration." So basically, there's some evidence of DNA integration. Just so that people understand, am I correct you're referring to this foreign DNA being introduced and becoming part of the DNA sequence in the human cell? That's what you mean by integration?

Kevin McKernan
Yes. So we found a piece of DNA from the spike sequence that was attached to chromosome 12 in the FAIM gene. Now, we don't know if it's chromosomal or if it's extrachromosomal. And we're still running more experiments to see if it's a sequencing artifact of some sort. But we had multiple reads supporting it, which implies it's at least probably extrachromosomal.

Shawn Buckley
And we'll ask you to take your screen share off because we're in the questions section now so we can see you.

Kevin McKernan
There we go.

Shawn Buckley
Do we know how permanent this integration into the human DNA sequence may be?

Kevin McKernan
Well, this is done in cell lines and they're cancer cell lines, so that's harder for us to address. What we did do in that study is we ran quantitative PCR for the RNA and the DNA over several cell passages, and we were getting signal out to the second and third passage. A passage is, you grow the cells after they've been treated. They grow for three or four days. You pull those cells out once they're confluent in the flask and put them in a new flask, dilute it down, and let them grow out again. And you repeat this passage over and over again to watch how much the DNA goes down. And if you do this correctly, you'll be measuring the DNA in the cells and also in the supernatant, the fluid they're growing in, to see how much is in the supernatant and how much is in the cells. So we know for certain it's in the cell lines, that it's making itself into the cells, and it's surviving several passages.

But the signal does seem to be decaying over passage to passage, probably because we're diluting the cells and they're having to regrow. So we don't have a firm answer on that and how it pertains to patients. We're right now in a model system that may not be the best model to use because they're cancer cell lines. But it has certainly addressed the question or the critique that people have thrown at us saying this can't possibly get into the cell. We've shown very clearly it can get into the cell. And, in fact, you wouldn't not expect it to. If the DNA can't get into the cell, they have no argument for the mRNA getting into the cell, alright? It's packaged in the same vehicle, if you will.

So that has been clearly refuted. Now the only question is, is it getting into the nucleus and what damage is it doing? But I do think that's a bit of a large— A lot of the critics out there are putting that out as, like, this is meaningless unless you prove integration. This is not true. If you look at that Kwon paper, just having cytosolic DNA alone is a risk, and we should push back on that. It could take us a year or two to find it integrated, but there's already a risk in place if this stuff gets into the cytosol.

Shawn Buckley
Thank you, Mr. McKernan. I have no further questions, but the commissioners likely will have some questions for you. So I'll turn it over to the commissioners.

Commissioner Drysdale
Good morning. I have a number of questions. Some of them are more fundamental. You know, when experts often talk about things, they talk about things that they understand completely. And some of us that don't have that training are left behind. So I want to go through a few fundamental things with you just so that I can understand completely, or as much as I can. Now, I think it's important to understand what the DNA is. And based on testimony we had last year, my understanding is that DNA is essentially the blueprint that a body, your physical body, uses to produce new cells. In other words, it goes and looks at that blueprint and it replicates the new cells, whether it be heart cells or cancer cells or something, based on that blueprint. Is that correct?

Kevin McKernan
That's correct. A good analogy is the DNA is like the hard drive on your computer, and the RNA that it makes are the programs that are currently being run that you might find in your

task manager. The RNA is a little bit more ephemeral. It's supposed to be made and then destroyed, unless you've modified it like they have with these vaccines—there's some debate as to how quickly it destroys it. But the persistence of RNA is believed to be more of an ephemeral molecule, whereas DNA is meant to last a lifetime and into the next generation.

Commissioner Drysdale
Right it's like, I'm an engineer, so when I would design a building, I'd produce a set of drawings, and if somebody came along and erased a certain beam size or a certain rebar size, it would change the fundamentals or the usefulness of that component of my design. And that's what you're talking about. So you're—

Kevin McKernan
Yes. Yeah, if your reference is to the SV40 thing that they hid, yes, that is a very functional element that was intentionally erased, because it's such a controversial piece of DNA that should not be in there. I think what happened is they had a research plasmid that had this spike protein in it. And it's in a plasmid, which we call in the field a shuttle vector—something that you can grow up in bacterial cells to make the bacteria, xerox the DNA for you, purify it out of that, and then stick it into a million cells to have it express that spike protein. So this was a research plasma that made it into a pharmaceutical product. They should have ripped out that mammalian promoter SV40 before it went into people, but that got, I think, perhaps warp-speeded into the actual product.

Commissioner Drysdale
Well, I think there's more of a fundamental issue here, if I understand your testimony properly. By using these injections, they ran some kind of a risk of affecting the very blueprint of your body which could produce cancer, theoretically. It could damage heart cells, brain cells. I understand from other testimony that spike protein and other issues are starting to show up in various places: the brain, the ovaries, the placentas, et cetera, et cetera.

How is it possible that they would mandate something like this to billions of people on the planet without having evaluated the issues that could have been related to changing this fundamental human blueprint of the body? I mean, let me change that to perhaps a more direct question. In the few months that it took to develop these vaccines, could they have possibly understood? Could they possibly have evaluated the genetic risks that they were unleashing on the world?

Kevin McKernan
They were not obligated to do genotoxicity studies. They should have been, because this DNA contamination would have led—if they were honest about it—it would have led regulators to ask them to do genotoxicity studies. In fact, the DNA vaccines that are out there from AstraZeneca and J & J, which are more or less pulled off the market now, were forced to go through those studies. In fact, I think in Australia, there's evidence that they had to actually apply for a GMO license down in Australia to get them in.

So, yeah, I don't think they could have done those studies in time, because those studies, they take time. You know, you have to treat animals and see if there's a higher rate of cancer that matures in these people. And even the clinical trials were staged to only monitor

adverse events for a very short time window. So there was never intention for them to actually look at this risk. I think out of the get-go they knew they had to hide the risk in order for them to move ahead.

Commissioner Drysdale
Well, you know, there was a statement that you made near the end of your presentation to Mr. Buckley. And you said that even if they cleaned up the DNA, they're not out of the woods. And I understand what you meant by that. But my question is, even if they cleaned up the DNA now, and whatever the heck else they need to do, how does that help? How does it get the billions of people that have had multiple shots of this stuff, how does it get them out of the woods? How is it possible?

Kevin McKernan
It doesn't. No, I'm sorry, I was just speaking toward the future use of these mRNA products. There's a long pipeline, and if you look through, go to JP Morgan Conference or any of the biotech conferences right now, the biotech field has the foot on the gas to make more of these for every other pathogen out there.

Commissioner Drysdale
Right, right. But the people who have taken this—

Kevin McKernan
There is a motivation to keep using these.

Commissioner Drysdale
Right, but the billions of people that were forced to take it, there's no getting out of the woods. And we don't know what, essentially, we don't know what the long-term effects of this are.

Kevin McKernan
This is true. Now it's probably worth reiterating that there is large variance in the amount of contamination in these lots. And obviously, as I mentioned before, the DNA isn't the only concern with these, but just if you take the DNA as a consideration. We've seen that there's about a thousand-fold variance between lots and as to how much DNA contamination they have. We've also seen papers from Schmeling et al. that demonstrate the vast majority of the adverse events are concentrated in like 4% of the lots.

So, you know, I don't want anyone running scared and panicked over this, because it seems to be that the adverse events are concentrated in certain bad lots. We don't yet know if those lots, if DNA is driving it, but there's something about a small percentage of the lots that are driving most of the adverse events. I have to check back with those authors to see if they're looking at cancer in that study, because cancer sometimes can take a longer time frame to emerge. But there's at least some reassurance that many of the people received lots that were harmless, and they shouldn't fret over this.

I think Peter McCullough has had some good advice on this, which is if you didn't have an adverse event, you're probably out of the woods. But if you had one, you may want to speak to people about if you're having any residual adverse events that might be related to

residual spike protein or if there's anything they can do to potentially treat that. There are some protocols, detoxing protocols, that have been published by the FLCCC to try to eliminate the spike protein from the body.

Commissioner Drysdale
And one of the other statements you made, you spoke about the techniques that some of these companies had used in order to fool the public. In other words, they used one test to elevate certain values, they used another test to devaluate other values, and then the comparison ratio was changed. And from your testimony, I understood that that could be used to fool the public. But how did that fool the experts at Health Canada and the FDA? Isn't that why we have experts at these places, so that people like me can't be fooled by an expert because we have our own experts protecting us? How did the agencies get fooled by this technique?

Kevin McKernan
I can only attribute it to the warp speed pressure they were under. I mean, that's probably the most charitable interpretation of the results, which is that they allowed them this hall pass because they claimed it was an emergency. And we certainly need to go back and reiterate with people that this never really qualified as an emergency. So pharmaceutical companies will repeat this. If they can manufacture emergencies to get drugs out that make hundreds of billions of dollars and skip all the other regulatory hurdles, they will manufacture emergencies. Those will be easier to manufacture than the actual drug.

But there's another line of evidence for this. If you look inside the EMA documents, for example, Pfizer initially had an RNA integrity score of, like, over 75% or maybe 80%. And when they scaled up and switched to that second manufacturing process, where they skipped the PCR step, their RNA integrity number dropped to 55%. And that was below the threshold that they were supposed to have—well below. I think the threshold was like, the floor was set at, like, 70% purity and they fell to 55%. And the EMA just shrugged and said okay, I guess we're moving on now. So the regulations that are there really aren't regulations, they're suggestion boxes. Whenever they wave the emergency flag, all the regulations just get ignored.

So I think we do have to turn the attention back to "All right, who has the power to declare an emergency?" Because that's the power to basically steamroll all of our regulations. And if they're going to consolidate that at the WHO, that's insane. They'll be declaring emergencies every year so that all their partners can basically print money.

Commissioner Drysdale
You know, you also made a couple of the other statements that stuck in my mind. I believe you said, and correct me if I'm wrong, but I believe you said that young people have virtually no chance of dying from COVID. And yet the Health Canada is, I would suggest, more than recommending that these children, who have virtually no chance of getting COVID and dying from it, are being forced to take vaccines. But I want to compare that to another statement you made, and I think it was attributed to this Dr. Offit. Is it?

Kevin McKernan
Offit, yes.

Commissioner Drysdale
And then the statement that you showed, he said it was virtually impossible for these things to get integrated. And the reason I'm asking this is because they forced billions of people to take these injections and they admit, they say it's virtually impossible to get it. So therefore, you can just go ahead and, you know, it's safe. But then children who are virtually impossible to get and die of COVID must take the vaccine—do you see what I'm trying to say is, it's kind of talking out of both sides of your mouth and utilizing the language to get—

Kevin McKernan
And usually when you see people talking out of both sides of their mouth like that, you have to follow the money, and they're conflicted. It's the only way that logic makes sense.

Commissioner Drysdale
I do have one last question before they hook me off the stage. And that is, are you aware of what record Pfizer has in doing—? Have they ever been caught at doing a thing fraudulent or criminal? Have they ever been fined for misleading the regulators or the public?

Kevin McKernan
They have. I think they have probably accrued the largest fine from a regulatory agency, which was north of $2 billion. But we have to keep in mind that might just be the cost of doing business for them. They pulled in $100 billion for these. Now they have since gone off and acquired many cancer companies. I think they just dropped over $40 billion on CGEn and they also dropped over $2 billion on Trillion Health. So they are aware of what these things do, and they are acquiring accordingly.

Commissioner Drysdale
You know, I just lied to you. I said that was my last one, but I did have one other one. And that had to do with testimony we heard last year from various experts. And what they were testifying to was that the quality of the vaccines, or the injections, varied not only batch to batch but they varied within the same vial. And so if you tested the vial or the batch from different physical points in the vial or the batch, there was a significant differentiation. And we were led to believe that one of the solutions to that was that they had to take the vial and turn it over four or five times to kind of mix it. And so the reason I bring that up is because when you were talking about the testing, it seems that we're still having trouble getting enough samples of this stuff in order to test by independent laboratories. But if you even have variation within a vial, I've never heard of that kind of variation before.

Kevin McKernan
I could believe that's happening on the LNPs. We may not have seen that with the work that we've done. We didn't carefully go in and sample from different zones, if you will. But if these things sit out at room temperature, what happens to emulsions like this is they separate almost like a Paul Newman salad dressing, right? If you look at the Italian salad dressing, that's kind of like an emulsion. It's oil and water. And if you shake it up, it will break into small water and oil droplets. And when you let it sit, it'll bilayer. These LNPs

eventually do that. They eventually will separate into having a more aqueous phase and a more lipid phase. And this is why they had such cold chain issues, is they wanted to make sure they didn't have that type of the syncytia formation.

What happens is these little lipid nanoparticles bump into each other and merge, and they get bigger and bigger and bigger over time, until you eventually get very large fat bubbles. And I would imagine when that happens, they become more cytotoxic—that if the lipid nanoparticles grow in size and glutonate, you start injecting things that are 1 micron, 5 micron, instead of being 50 nanometers. And those things, when they hit cells just destroy them.

So they need to keep the droplet size consistent. And if the whole supply chain they have to store these things is dependent on not having that happen— So it's possible what you're referring to is that some people have vials that have not been stored correctly or left out at room temperature, and they began to separate and form syncytia. And when that happens, we may be able to see that at the DNA level, but you may need other equipment that looks at droplet size to assess that.

Commissioner Drysdale
Thank you, sir.

Shawn Buckley
So there being no further questions by the commissioners. Mr. McKernan on behalf of the— Oh, sorry, did I speak too soon? We have more questions? Sorry.

Commissioner Robertson
This was amazing. Thank you very much. When was this information released to people out there? Like this year, last year?

Kevin McKernan
Oh, it started last year in February, and not all of it was public. We've learned along the way with a lot of the FOIAs we did not do. In fact, we want to thank many of the journalists that did that. There are some fantastic journalists out there that require a lot of accolades right now for doing this, because they filled in a lot of the puzzle pieces for us. But the first peer-reviewed paper on this actually just came out a few weeks ago from Brigitte's group and our preprints came out, I think in April and in October on this. So it's been accumulating over the last year, but I think it's been well established for probably—what are we, May now? I think since the turn of the year, 2024, it was really well understood that these are contaminated. And that's around the time frame where Joe, Doctor Ladapo decided to pull them.

Commissioner Robertson
Isn't that enough evidence for us to ban all of these injections, specifically for children and pregnant women?

Kevin McKernan

I would say absolutely. Independent of the DNA contamination that they're not addressing, the performance of these are horrible. The vaccine injuries are off the charts. But what the DNA demonstrates is that there is nothing that the regulators will frown upon. We have hard evidence in every vial that's forensic-level grade DNA contamination that they cannot get out of the vials. They're distributed all over the world and anyone can measure these things. And it's a very clear violation of the FDA guidelines that there's undisclosed gene therapy components inside of the vaccines, and they're still running cover for them. So that tells me there's no amount of data that will change what they've done. They're complicit in the crime, and until there's a massive reorganization at those agencies, they're going to continue to whistle past the graveyards.

Commissioner Robertson
Thank you. What this validates to me is platform like National Citizens Inquiry is so important to get these messages out to citizens of Canada, every country. Thank you.

Commissioner Fontaine
Yes, thank you very much Mr. McKernan for your excellent presentation. So you told us about contamination with DNA. You also mentioned about the potential toxicity of the lipid nanoparticles. I'd like to know if during your research, I understand, of course, you had access to two vials of these products. Maybe you had a chance to put them under the microscope, I don't know. So are you aware of any other contaminants except for those you mentioned?

Kevin McKernan
Thank you for that. Yeah, thank you for that question. I get asked that a lot, and the reality is I don't have the equipment to look for things outside of nucleic acids unfortunately. I have thrown them under some light microscopes at low magnification, like 40x, and I haven't seen anything bizarre at those magnifications. But that's probably not the best tool to be using to look for some of the other hypotheses that have been circulating the Internet out there. So at the moment right now, we're a genomic shop, so that's our wheelhouse. We can measure all the RNA and DNA in these things, but I can't really comment on the integrity of the lipid nanoparticles or anything else that might be in there.

Commissioner Fontaine
Okay. Thank you again.

Shawn Buckley
And Commissioners, thank you for your questions. So, Mr. McKernan, that being the end of the commissioner's questions, on behalf of the National Citizens Inquiry, I sincerely thank you for coming and testifying today. Your evidence has been quite illuminating and important.

Kevin McKernan
Okay. Thank you as well for hearing this and hopefully this gets the word out and people avoid taking these things.

Shawn Buckley
Thanks again.

Witness 2: Dr. Jessica Rose
Full Day 1 Timestamp: 01:59:55–03:29:30
Source URL: https://rumble.com/v4yg6lz-nci-regina-hearings-day-1.html

Shawn Buckley
Our next witness is going to be Dr. Jessica Rose, who is attending virtually. And I'll first ask, Jessica, can you hear us? Good morning, Dr. Rose, can you hear us?

Dr. Jessica Rose
I sure can. Can you hear me?

Shawn Buckley
We can. We can. So that's a good start to our testimony. So, Dr. Rose, I'd like to start by just asking, do you promise to tell the truth, the whole truth and nothing but the truth?

Dr. Jessica Rose
I do.

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

Dr. Jessica Rose
J-E-S-S-I-C-A R-O-S-E Jessica Rose.

Shawn Buckley
And I'm just going to introduce you to the commissioners. So, Commissioners, Dr. Rose is a Canadian researcher. She has a master's degree in immunology. She holds a PhD in computational biology. She has two post-doctorate degrees: one in molecular biology and the other in biochemistry. And we will be introducing her CV as Exhibit R-246.

And Dr. Rose, you testified last year in the 2023 hearings, because one of the things that you had done was analyze the VAERS data, which is the Vaccine Adverse Reporting System in the United States. We've invited you to come today to cover that topic, but also some DNA topics and some other topics. And my understanding is you've prepared a presentation. So

I'll just invite you to start into that. And I may just ask you for some clarifications along the way.

Dr. Jessica Rose
I will share my screen. Let me know if you can see this.

Shawn Buckley
We can see your screen.

Dr. Jessica Rose
Awesome. Okay, so this should be about 45 minutes. I'll try and keep it at that. And I am going to be covering some VAERS data as corroborations. Mostly I'm going to provide a little synopsis of the harms relating to DNA contamination. And I'm sure you just heard a lot from Kevin, who just spoke, and the associated cancer risks. And at the end I'm going to speak a little bit about GMO issues, which a case is being brought in Australia. I'll get to that at the end.

I just want to start by pointing out that if you head to the CDC's [Centre for Disease Control] website, they maintain that the modified mRNA products are not doing anything negatively with regards to DNA. Even though they've fully admitted—many, many regulatory bodies have fully admitted—to contaminating DNA being present, they're still claiming that it's not a problem. So I'm going to speak a little bit about VAERS in the beginning, just to give everybody an update of what's going on in this database, and DNA contamination from three levels that is associated with cancer. I'm also going to talk a little bit about spike which can also do this, and some corroborative evidence for VAERS. And then, like I said, I'm going to speak a little bit about an Australian federal court case going on related to GMO issues.

Before I get into VAERS, it's very important that we remind ourselves that many people are saying that many of the adverse events, or all of the adverse events, are not caused by the shots. So the way that you provide evidence of causation using epidemiological data is using the Bradford Hill criterion, and plausibility is one of these.

So what you're looking at here is a screenshot of one of the manufacturing and supply agreements between South Africa and Pfizer. And in all of these manufacturing and supply agreement contracts that I've seen, as per country, there's this purchaser acknowledgement in section 5.5 which states that the long-term effects and efficacy of the quote unquote "vaccine" are not currently known and that there may be adverse events associated with it that are not known.

So what I would like to know or ask is: Since a universally-documented acknowledgement of unpredictable potential "long-term effects" is circulating and was circulated and signed, then why is it a preposterous idea that of the millions of adverse events reported to government pharmacovigilance databases like VAERS, for example, that some of them have a causal link?

So this information, by the way, has had to be FOIA [Freedom of Information Act] requested. This wasn't freely available, as far as I am aware. So the causal harms are plausible and predictable. Kevin might have pointed out in his presentation that Moderna have filed a patent in 2018 that absolutely speaks on the dangers associated with introducing foreign

DNA into human cells, because it can result in alterations to DNA, host cell genomic DNA. So again, this is providing evidence of plausibility of causal harms.

So, VAERS, just to reiterate, is the vaccine adverse event reporting system of the United States. It was incepted in 1990 as a way to detect safety signals in data that weren't detected in premarket testing. And it's very, very important in terms of determining potential causal effects between products and adverse events. So this is a general overview of what's going on in VAERS as of recently, May 2024. And besides the 1.6 million odd adverse events reported to this database, by the way, none of these numbers quoted here include the under-reporting factor, which it's a known downside of VAERS because it's a passive reporting system. It is highly under-reported.

But more importantly, in the yellow box beside the orange box, you'll see that 25% of this total list of adverse events are considered serious. And this includes death, disability, hospitalization, life threatening illnesses, et cetera. And this percentage is 10% above the maximum normal range of serious adverse events associated with any list of adverse events in VAERS. Fifteen is the top level that you should attain for a normal set of data. So this is very high. And as I said, it does include deaths. You can also see here the numbers for myocarditis, which are highly under-reported, cancer, and miscarriages. And if you look below, you'll see these are absolute counts of all the adverse event reports filed to VAERS for the past 30 years. In blue, it's all vaccines combined.

And then in 2021, something happens, something quite anomalous. And no one's given a good explanation as to why this is happening, as per the owners of the data—yet 93% of these reports filed in 2021 were associated with COVID products. And on the right of this, you can see that this is the same pattern for death. And I can guarantee you, if you go into the WONDER system, the CDC WONDER system, you will find this pattern for any adverse event that you choose. So I decided—

Shawn Buckley
Dr. Rose, can I just interrupt for a sec? So there's charts at the bottom. I just want to make sure that it's perfectly clear. So we basically have very, very low levels of adverse reaction reporting, and then that bar goes off the chart. Now, this is meant to be an early warning system. Is there any other example of where adverse reactions go off the chart and the regulatory body does not withdraw the drug from the market?

Dr. Jessica Rose
Not that I'm aware of. A safety signal for the withdrawal of the rotavirus vaccine in 1999 was a handful of reports—and I do mean a handful. It was for intussusception, which is folding over of the bowel in children, which is very serious. But we're talking about 753,000. And again, this is underreported, so the—

Shawn Buckley
Well, I just wanted to follow up because that's the second time you've said underreported. Just that so people understand, this is a voluntary reporting system. And am I correct that Harvard did a study which basically concluded that it's underreported by roughly, what, 100 times?

Dr. Jessica Rose
Yeah. So I'm not sure that that underreporting factor applies to the COVID era, but it could. We don't actually know exactly what the underreporting factor is, but I've calculated it based on the Pfizer Phase 3 clinical trial data and their serious adverse event rate, which was 0.7%. And according to that—again, government data—the reports are underreported by 31 times. So I think it's very safe to say that you can multiply all of these numbers by 31. And if that doesn't blow your mind, I don't know what will. Because, you know, I can't do the math in my head, but 1.6 million times 31 is a lot. And as you can see, it's not comparable to the past 30 years. The average number of adverse events for all the vaccines combined for the past 30 years is about 39,000.

Shawn Buckley
And this is just data for a single country, United States.

Dr. Jessica Rose
That's right, the ones on the bottom. The ones on the top include the foreign data set. So about half of them come from the States, and half of them come from reports from around the world, from US citizens, and also people who are living outside of the United States reporting directly to the pharmaceutical companies. So, yeah.

Shawn Buckley
Thank you. Carry on.

Dr. Jessica Rose
You're welcome. So, on the right, what I decided to do—because there are a lot of people saying many things to try and debunk the idea that the COVID products are problematic—so I took a time frame of 462 days, which is just a little bit over a year, which represents kind of a flu season, and I took the COVID products and I compared them to the influenza products. There are 14 influenza products in this report and three COVID-19. So I wanted to see exactly how many more shots were actually doled out, or administered, with regard to the COVID shots. Because, yes, there were more COVID shots given out in a 462-day time frame. And this was up until and including, I think it was May 2022. Don't quote me on that exact day, but it was prior to 2023.

So there are 2.3 times more COVID shots doled out in this time frame as for flu. So I was anticipating if there isn't something fundamentally different about the COVID shots, that we would see about 2.3 times more adverse event reports. So, as you can see here with the chart on the far right, there are 118 times more reports of adverse events in the context of the COVID shots for an exact time frame. And even more alarmingly perhaps, next to this bar graph is the difference in the number of types of adverse event reports. So the adverse event reports are filed according to a measure code, which is basically like a diagnostic term for what the person is suffering from, like myocarditis, for example.

So there are 6.2 times as many types of adverse events being reported, which is really alarming. And it points to a much more systemic problem. And in my opinion, it points very clearly to an immune system dysfunction, which I've been saying for years—and I absolutely maintain this idea. So if you've heard, and I'm sure that everybody here has, that many people will pooh pooh the idea that there are far more adverse event reports being filed for the COVID shots because there were far more shots doled out, well, that's not true.

So what you're looking at here is a comparison, again, between the influenza shots in 2019—I did that to remove the bias from 2020—and the COVID shots for 2021 per million doses administered. So these are normalized plots. And you can see quite clearly on the left in yellow, that there are 25 times more reports in the context of the COVID products. And if you look at death on the right in red, there are 70 times more. So it's absolutely false that the increase in reporting is due to the number of shots being higher. It's absolutely clear in this plot. The thing about it is, this is a repeat phenomenon. Like I said before, you can basically pick and choose whatever adverse event you want. Myocarditis is a stunning 200 times higher.

And just on the subject of myocarditis, I want to point out another three Bradford Hill criteria that are satisfied just by looking at these two plots here. Now, I generated these plots as part of a paper that me and Peter McCullough and Nicholas Hulscher published in *Therapeutic Advances in Drug Safety* recently. And what these represent on the left is the Bradford Hill criterion reversibility, and on the right is dose response and specificity. So on the left, what you see are two sets of data. The blue trajectory are the new injections, as per Our World in Data. And again, this is government data, it's CDC data. And in red, you see the myocarditis reports that I pulled out of VAERS. And I superimposed these according to matched dates.

And as you can see, it's actually quite striking how they follow each other. They are covariate and they correlate. And, I mean, maybe it would be a little bit of a coincidence if all we had was an up and a down, right? But what we have is an up and a down, and an up and a down that follow each other. And the only anomaly here is this blue blip at the end, which I think represents the booster shots. And I dare say that once the backlog of data for myocarditis cases gets filled in, there's going to be a little blip there, too.

And so reversibility is when you remove the drug, you have the symptoms go away. So basically, that's what we're seeing here. The shot administration goes down, the myocarditis reporting goes down, and up and up. And on the right, we see a plot which represents all the myocarditis cases in VAERS according to age on the x-axis, and the number of reports on the y [axis] by adults. So in green, this is dose two, so, as you can see quite clearly here following dose two, there's about a three to four times higher number of adverse events being reported in 15 year-olds. And although it's not shown in this specific plot, this is primarily in boys. It's a little over 80% young boys. So this is indicative of a dose response. There's some kind of two-shot phenomenon going here, and specificity because of the young age group, and also being prevalently male. So if the shots weren't causing the myocarditis, then I don't think we would see either of these effects.

And moving back to the comparison per million doses, I want to go into cancer now, because this is going to be the subject matter of most of what I'm going to talk about now. And the pattern repeats. It's 33 times higher in the case of cancer. So again, no matter what adverse event you select, there's a signal in VAERS in the context of the shots, normalized and by absolute count.

So let's focus on cancer now. Just so that everybody knows, I love the term "cancering," which is something that Kevin McKernan says quite often. We are cancering all the time—it's absolutely true. So just for background: Just as part of normal functioning, there are about a million DNA changes per cell per day in our bodies. And we make about 6 billion base pairs, or 6 billion base pairs need to be copied every day, wherein about 120,000 mistakes are made per cell. So there's a lot going on there with regard to DNA repair.

But magically and wonderfully, because we are human beings, we have these mechanisms in place as proofreading and prevention of the outgrowth of cells that are carrying too many mutations, or that have too many double-stranded DNA breaks. It's a wonderful, balanced system which can go out of balance, for example, if you're exposed to too many epigenetic factors: like smoke, or chemicals, or radiation—or experimental injected products that induce these epigenetic changes.

So just so that everybody knows, we have this ebb and flow of beautiful mechanisms in place, most of it tied to the immune system, that keep us from being big tumours all the time. And as indicated by the Moderna patent that I showed, the foreign introduction of DNA into cells can lead to genomic damage and cancer, so there's a link here.

So let's talk about DNA contamination. First of all, I'm sorry if this is repetitive, but how did it get there? How did it get in the vials? So, as part of the manufacturing process of the modified mRNA, we have this Process 2 system. When the products were made for the clinical trials, they used something called the Process 1 system, whereby the DNA was produced using PCR. Now this is expensive and time-consuming, so what they did was they switched to an upscaling method that exploits the rapid growth and reproduction of E. Coli bacteria.

So you can simply make a circular plasmid, insert a gene of interest, like the spike gene, insert that into E. Coli, give them lots of love and warmth and shake them up a bit, and some glucose, and they double every 20 minutes. Voilà, you have tons of DNA. You linearize that plasmid, you do your in-vitro transcription reaction, and in this case, you add N1-methyl-pseudouridines—and this is important. And then hopefully at the end, once you have the final product, you use something called DNase, which is an enzyme that eats up DNA, and you remove the DNA.

But what we think happened at the end of this process is that mRNA hybrids formed. And this has a lot to do with the N1-methyl-pseudouridines, because they're stickier. They don't come apart easily at low temperatures; you need quite a high temperature. And basically what this means is because DNA has introns, these get excised and form these things called R-loops. And I'll talk a little bit more about that after. But the bottom line here is that what was supposed to be encased in the lipid nanoparticles, the fat bubbles, was modified mRNA. But what we think happened is that it carried over this DNA, hybrids potentially, and also adsorbed DNA on the outside of lipid nanoparticles. So what you're talking about is a lot of carryover of DNA.

There is DNA in the vials that have been tested. It's been reproduced in at least four labs that I'm aware of. Kevin McKernan discovered this quite by accident. He was doing an experiment that required a positive control using RNA, and he had a vial of the stuff in his freezer. And lo and behold, when he tested it, about 20% to 35% of the nucleotides were DNA. Like, this is a lot. Not only that, but the levels of DNA were above what would be considered the commercial acceptance criterion, as per the WHO and the EMA [European Medicines Agency].

So this is quite concerning. I mean, the results have been reproduced, and this is exceedingly important. And they show the presence of residual DNA in the commercial products—these are the ones that went into people—and they exceed the current EMA limits. And I'm going to get back to "current?" with the question mark at the end, because this is really important.

Now, this is also really important. Maarten Fornerod presented a presentation with the World Council for Health not long ago, and he brought up this amazing paper which shows that we don't— Oh, I'm sorry, I'm skipping ahead of myself. Sorry. Remove what I just said.

There's a lot of research examining the effect of cytosolic DNA, foreign DNA, and cancer. So this is just two examples here that you can see of papers published in 2020 and 2023 that links only having the DNA in the cytosol of the cell. This has nothing to do with the nucleus engaging the cancer pathway. In this case, there's something called the cGAS STING pathway, which Kevin might have spoken about, and this other pathway.

So I'm not going to talk too much about these papers. It's just, it's important for us to realize that we don't actually need the integration piece of evidence—even if we have it when we have it—in order to make a case, a very strong case, a documented case in the literature that the mere introduction of DNA, foreign DNA, by lipid nanoparticles—which is an extremely efficient way to deliver nucleotides into a cell—can cause cancer, or is linked to cancer. So cytosolic DNA contamination is definitely something to worry about with regards to cancer.

Now, this is the next important point: Can the DNA get to the nucleus of the cell? So it turns out that one of these gene therapy tools that's being used—and this is also published—to get things to the nucleus of a cell is called SV40 enhancer. So basically, the bottom line here is if you want to get DNA or plasmid to the nucleus, you use SV40 as a trafficker. This is known; it's published. And so basically what this means is that you can have— Well, let me tell you the punchline here.

One of the DNAs that Kevin originally discovered in sequencing was the SV40 enhancer and promoter, and you're probably all aware of this by now. And this is alarming for two main reasons. The first reason is it's not required in this system. The T7 promoter is the promoter that you use to get the gene going in this case. And another very strange thing is that the originally-disclosed plasmid map by Pfizer that you can see on the left here with mostly yellow, which does show the T7 promoter included, does not have the SV40.

And according to Kevin, I mean, he's a genomics expert, if you make these maps using some kind of application or software like SnapGene, this is one of the first things that's going to be drawn in. So you'd have to take it out in this case. Because on the right, you can see in the plasmid map that Kevin made with SnapGene, it's absolutely there. So we know that it's there. And this has also been confirmed.

So it's—it's horrific, actually, that these are in the plasmids. They're in the vials, they're part of the DNA contamination, and they have a very functional role—and they weren't disclosed in the original plasmid map. So this is—I mean, it's very suspect.

So we know that there's a type of DNA that can transport things to the nucleus of cells. So we know that the DNA can get to cells—so kind of gets into the genome. So this is the next level: Once you're inside the nucleus, does it integrate into the genome itself? So Kevin has also provided evidence in his lab that integration is occurring. So he found two evidences of this in human chromosome 9 and 12. And I don't have many details on this, and it's very preliminary, so we really, really need to reproduce these results.

But I'll just let you know that there are genes that are associated with very important mechanisms as per human cells, like antiapoptotic mechanisms of neurons in chromosome 12—one of them is called FAME2—that if they were disturbed or dysregulated, this would be very bad. It would represent an imbalance that would probably lead to pathology.

So I have a little squiggly line beside the check mark for intergenomic, because we definitely need more evidence of this. But just to get back to what I've already said: We don't actually need this evidence, because we already know that cytosolic presence of DNA can cause cancer. But I want to hammer this point home, because if we do actually have DNA integration events occurring, this leads to oncogenic activity. This is well known. This is why we test for residual DNA in things before we put them into animals or humans. So the potential for disruption of the tumour suppressor gene p53, which is the guardian of the genome, is of great interest.

I'm sure Kevin spoke about this, that there's a lot of new information about the interaction between p53 and SV40 itself, and these other two elements: the mutation of a dominant proto-oncogene to an oncogene can occur, or the introduction of a dominant oncogene. So if you have an integration of a small piece of DNA into a gene that's really important, and that gene gets disrupted, this can be very bad—and it can help lead to cancer. You need a whole bunch of mutations for an actual outgrowth to occur, an overproliferation to exist, and a tumour to form, for example. But all of these hits coming from so many places, it absolutely raises red flags with regard to cancer.

So this p53 is exceptionally important with regard to giving the self-destruct signal to cells. It's just one of the things that's really important as a role in—like, it also aids in as part of the cell cycle. So let's just say a cell has too many mutations, or it has too many double-stranded DNA breaks that can't be repaired, p53 will come along and say, "Hey," and it will signal that cell to implode, basically. So that's one of the mechanisms by which it's very importantly preventing tumours from forming, or outgrowths of cells. It's just one example.

And I want to get back to this R-loop thing that I mentioned before with these hybrids, because I think this is really important. So we have this going on in our bodies. This isn't something unique to what I'm talking about here, with these modified mRNA products. We have hybrids in our bodies all the time. We have R-loop formation. But like everything, there's a balance. There's a give and take. There are factors that come into play that remove these, such that they don't accumulate. And so the problem becomes, or the problem that I see, that I anticipate, is that because you're bombarding the cell that gets transfected via this lipid nanoparticle with all of these foreign nucleotides—DNA, mRNA, hybrids, R-loops—the cell doesn't know what to do. And this is just normal.

So I don't have a great analogy in the top of my head, but if you imbalance a system, the system's either going to be able to right itself or it won't. In the case of cells and tissues, you're going to have associated pathologies if the systems can't get counterbalanced. So R-loops are actually really potent inducers of DNA damage, and roadblocks to DNA repair. This is known. All of these things are documented in literature already. And there's a pathway that leads to cancer here, too.

And interestingly enough, these R-loop diseases, this accumulation of R-loops, is also associated with neurological disorders and autoimmune diseases. Which, if you're paying any attention to the adverse event-types of reports that are being filed to pharmacovigilance databases, or even what your friends or family are saying, this rings bells. So I wonder how much of a role these are actually playing.

So this is a little side dish that I started talking about by mistake at the beginning there, that spike itself can induce cancer. So we're moving away from DNA now and we're talking about spike protein. So this is the paper that Maarten Fornerod brought up in a presentation recently, and it shows that the spike protein itself can bind to estrogen receptors. And what

they showed in one of their brilliant experiments is that it caused proliferation in breast cancer cell line called MCF-7.

This is very concerning, absolutely concerning, because it might— Say you already have breast cancer, or you have a mutation in your BRCA gene and you have a predisposition. The spike protein can bind to your estrogen receptors, and perhaps it can have an effect on the proliferative ability of your cells, the cancer cells that you have. It's just, we don't have a direct line to this yet, but this paper suggests that we should absolutely be paying attention to this possibility. And it could actually explain the breast cancer uptick in VAERS, or at least partially—and also in observational data.

So I want to go on a little bit of a tangent now, because in my previous testimony I talked a lot about amyloids. I talked a lot about this proteinaceous buildup that's very hard to break down. Basically, it's impossible to break down by proteases. So in my research about estrogen receptors, when I was reading this paper I just brought up that Maarten brought up, I learned a lot of really interesting things about these guys.

So they primarily bind estradiol, which is a hormone that's circulating in order to affect. And once they bind estradiol, they undergo a conformational change, like a shape change, in order to accommodate something called "dimerization." So that's when two of them come together to form a new entity, and then they can affect their actual function, which is to bind to specific DNAs. So they don't just bind any DNA, these are very special genes, sections of DNA that they can bind. And one of them is collagenase.

So everyone knows what collagen is. Collagen is this thing that's very, very important to wound healing. And "ase" is the suffix that you add to something, like an enzyme that breaks up something. So this is something that breaks up collagen—very important for effective wound healing. If you don't have collagen, then you don't have effective wound healing, effectively.

So this is just an hypothesis. I'm not saying this is happening. It's just that I'm a scientist and I like asking questions, and sometimes they're even a little out to lunch. But I think that this has merit. The modus operandis of the Pfizer and Moderna products is for the lipid particles carrying the modified mRNA to get dumped into the cell, the modified mRNA binds itself to the machines that make proteins, which are called ribosomes, and these are translated into proteins.

And so let's just say that we're getting full-length spike, because that was what was supposed to happen. I don't think that's happening, but let's assume we're getting, you know, the large version of the spike. If the spike, according to this paper, combined the estrogen receptor, then I think it's plausible that it will prevent the dimerization. For some reason it'll interfere with the conformational changes that have to happen in order for the dimerization to occur, and therefore that prevents the activation of these essential genes, like collagenase.

And it begs the question: If we have this happening in this competitive binding kind of way, maybe this is explaining these collagenous obstructions—these proteinaceous things that people are saying that they're finding in cadavers. It's just an idea, but it's something I found very interesting and plausible.

So now we're onto corroborative evidence from VAERS after all that. So this is a chart that shows all the breast cancer adverse event reports from VAERS for all the vaccines combined for 2018, 2019 and 2020. And for the COVID products for 2021, 2022, 2023. So there are

two things here that are notable: One is the change from 2020 to 2021—this is per 100,000 adverse events total, by the way, per year. So you see more than three times increase in reporting for 100,000 AEs.

But even more concerning is the escalation. So this is one of the things that is mind-boggling about—like, how are the owners of the data not making these charts and asking the question: "Okay, why is there an uptick?" in coming up with a rational explanation if it's not, you know, "Breast cancer cases are going up because of the shots," for example. And on the right is the exact same idea, except with only the modified mRNA COVID-19 products. So you can see the trend is exactly the same. They're highly implicated, is the bottom line. So the breast cancer signal itself is getting stronger.

Now I want to go back to an important reminder about the EMA limits. For many of the people who measured the DNA, they were exceeding the set limits, which are—they're kind of, I'm not sure—Kevin can explain this better—but I'm not sure they're based on anything solid. I'll just put it that way. But more importantly than that, the limits were designed based on naked DNA. So we're not dealing with naked DNA here. We're dealing with DNA wrapped in a fat bubble that very efficiently delivers these things to cells. So this is a completely different way to introduce DNA to cells. So we need those limits to be looked at again. They're certainly lower—the amounts that should be "allowable," let's say, quote unquote.

The regulators know, like I mentioned before—I think I mentioned it before—about the SV40 in particular. And they're persisting in underplaying the real dangers associated here, especially in the context of cancer and genomic alterations. October 19th and November 1st, Health Canada and EMA confirmed the presence of this SV40. And by the way, this was all learned about by the hard work and diligence of many independent journalists and scientists who are doing FOIA requests. A lot of thanks to them. The FDA knows this as well. And these regulators haven't really acted, and we know that they haven't acted because we've read the emails that they were writing to each other by FOIA request.

And more recently, thanks to Noé Chartier, we've learned that Health Canada won't say if they asked Pfizer to remove the SV40 sequence in the COVID shot. So this kind of comes down to something that sounds like: "We don't have to tell you." And it's like, again, I think they're missing the point. There might be a real concern here. And if there is, we need to find out so that we can help people.

Our data, the DNA data from Canada, David Speicher tested 27 vials that were a Pfizer and Moderna product that were delivered in Canada exclusively. We wrote up a preprint, a paper that is up on the OSF [Open Science Framework] preprints online. And this has sparked the interest of many people who absolutely know what we're saying and what the dangers associated are, including the Surgeon General of Florida, Joseph Ladapo. And he actually used this data to call for a halt or a moratorium on the modified mRNA products until we know more, which is prudent. The precautionary principle is very much being ignored.

Shawn Buckley
And Dr. Rose, can I just clarify that point? Because some of the people watching may not understand that Joseph Ladapo is the Surgeon General for the State of Florida. So we have the Surgeon General of the State of Florida who ceases all COVID-19 vaccination based primarily on the evidence brought forward of significant DNA contamination. Is that correct?

Dr. Jessica Rose
That is correct.

Shawn Buckley
Okay, thank you. Some people may not know who he is. And here in Canada, we're still pushing the shots. And basically you're telling us Health Canada isn't even telling us whether they've asked Pfizer to remove SV40, which is a known toxic element, let alone remove them from the market when a state like Florida has ceased all vaccination.

Dr. Jessica Rose
Yeah. They're also claiming that it's not functional. It has no functional aspect, which is so wrong. You know, it's a nuclear localization sequence. It's known. It's absolutely bonkers to say something like that. Besides the fact that it has no role. It has no purpose to be in the shots. None. It doesn't have a—you know, anyway, I already talked about that. But yeah, you are correct. Surgeon General is a pretty high ranking position.

So very recently, one of the people who confirmed Kevin's original work, Brigitte König and her colleague, Jürgen Kirchner, published their own findings in *Methods and Protocols*. This is very recent. And so basically, as Kevin stated, we're not dealing with a debate as to whether or not the shots are contaminated with DNA. We know that they are. We have tested enough files to know that this is a fact. What we're debating now is how contaminated they are. And we need to start testing people's cells, in my opinion. I really believe that this is important—especially germline cells.

I think recalls are in order, just like Ladapo said. I've been saying this for quite a while now. And in case people aren't aware, the Vaxzevria product from AstraZeneca, their COVID-19 product, was recently recalled. They're claiming, and Reuters will claim that, you know, it's because people aren't taking them anymore, because they already had them, or something like this. But if you've been paying attention at all to the adverse event association with these particular shots and also the Janssen shots, you'll know that there's an association with TTP and other types of clotting. So, like, technically I wrote an article on this. It's not common for a vaccine or a product to be recalled. And this statement here that you see on the right is actually a quote from CDC.

So normally, how it works, I guess, is they find a physical-related contaminant, like maybe the vial has metal in it, or— And by the way, this happened in Japan. They actually found steel in some of the vials, and they recalled millions of a certain batch in Japan. I think two men died. But I want to make a point here about the Pfizer and Moderna products, because I don't know of any collection of data or a study that was done on how many of the vials that came to the administrators that went into bodies were cloudy versus clear. And I still don't really have a solid answer as to whether it's supposed to be perfectly clear or a little bit opaque. I think it's supposed to be a little tiny bit opaque, but I don't know.

The reason I'm curious about this is because this is their first criteria. There's signs of a contamination. So tens of thousands of shots went into arms, according to VAERS data, of outdated products. And if the product is outdated, it could mean that it wasn't refrigerated properly, you know, blah, blah, blah—it wasn't handled properly. So it's possible that the lipid nanoparticles, you know, they changed shape, morphology, or they degraded and this

might actually have leant to a suspension that was more cloudy. So I'm very curious as to: If we actually had done that, what would have been the results?

But counter to what they're saying here, we don't need to actually see physically with our eyes product contamination. Because the second step is to go to VAERS and see if anyone's been hurt, which seems kind of backwards to me. But that's how they do it. Because the signal is so strong in VAERS, in the context of these products. So I think recalls are definitely in order for these modified mRNA shots. They do happen. We don't know if they'll happen with these, but hope springs eternal.

So going back to the plot that I generated for breast cancer, this is the exact same idea, but for cancer, just general cancer. You can see the measure codes and the keywords that I used to pull out the cancer reports. And it's exactly the same story, except for the shift from 2020 to 2021. So basically it's stable 2018, 2019, 2020 for all vaccines combined—and then this is per hundred thousand on first-event totals per year—and then you have a little bit of an uptick in 2021. But the bad part is here: the bad news is that there's an escalation. And again, it's the same thing when you look only at the modified mRNA products, so the cancer signal is getting stronger.

And this is the last part of my testimony today, and it's very important. We owe—I mean we as a species—owe a huge debt of gratitude to Julian Gillespie, who's the guy on the left here; he's speaking to John Campbell. There's a video that everybody needs to go watch on YouTube of his conversation with John Campbell. He's explaining all about what he's doing. So he's very, very prominent in an Australian federal court case that is providing evidence that claims that all the COVID-19 shots are GMOs—genetically modified organisms.

In case people don't know here—I actually didn't know this until recently—the AstraZeneca product, the one that I just told you got pulled, and the Janssen products are actually officially classified as GMOs because they use the adenovirus as a vector. So they did the right thing here, the AstraZeneca people. They went and got a GMO license because they have a GMO product. If it turns out at the end of the day here that Pfizer/Moderna fulfilled GMO requirements, since they failed to get the GMO licenses, they're going to be in a lot of trouble—which wouldn't be the first time. But this is very serious if this is actually the end point.

By the way, the case had been brought under the Australian Gene Technology Act 2000, Section 10. So the Section 10 of Gene Technology Act defines what a genetically modified organism is, and it's the following. So I highlighted in red the main things that you should have your attention called to: "altered," "manipulation," "modifying." These are all basically the same word "of DNA." You can also have an alteration by deleting or adding "genetic material"—genetic material, okay, keep that in mind.

So the question is: Are the modified mRNA products GMOs? So when I started thinking about this— By the way, everybody watch that video, it's brilliant. Julian's a lawyer, but he describes biochemistry in a way that is kind of supernatural. So there are two issues here with respect to GMOs: there's the products and the people. And it's important to bear in the back of your mind whether or not the gene expression is transient or stable. And I'll get back to that.

So the products themselves have—I'm sure you've heard this before; I think I might have spoken to this in my last testimony—they have modified mRNA. The uracils were swapped out for N1-methyl-pseudouridines, okay? That's a fact. Everybody knows that. So my

question is: Doesn't this qualify as both a deletion and an addition of genetic material, which is one of the criteria for a GMO? Just a question.

More importantly: the people. So all of the DNA that was used in these products for all the manufacturers was codon optimized. What that means is that the sequence of DNA was changed, the proteins were not. So you mix and match these things called codons, and these are sets of three nucleotides, bases. And you do this, it's called codon optimization because you want to optimize the amount of protein that is being produced in the domain of interest. And in this case, the domain is us, the humans.

So you want to codon optimize, you want to select the codons that the humans like to use according to these things called transfer RNAs, et cetera. I'm not going to get into that now, but all you need to know here is that when you codon optimize a DNA, you are changing the nucleotides. You're changing the codons. You're not changing the protein. You're not changing the amino acids. You're just swapping out these little triplicates, these little triplets of bases. And when you do that in one domain and you transfer it to a new domain, the human, this is called heterologous expression.

So, again, I believe this satisfies the definition of a GMO. Anyone can challenge me on this. But I thought about this a lot, and it seems to me that it absolutely means that the manipulation of the DNA during the codon optimization qualifies these things as GMOs. There is altered DNA: The in-vitro transcription modified mRNA products are transfected into human domains—organisms—and therefore, I would argue, the answer to both of the questions I asked, especially since we have evidence of stable gene expression integration.

So I want to remind everyone here, you know, we cannot even talk about DNA. This is published, that the modified mRNA itself can reverse transcribe to DNA using an endogenous retrotransposon called LINE-1. So we carry these reverse transcriptases. We're about 8% retrovirus—I don't know if you know that, but it's true. And so this can be used in order to reverse transcribe the modified mRNA back to DNA, *which means* that it can potentially integrate, *which means* it can be stably expressed, *which means* or explains probably why a lot of people are still showing signs of spike protein a long time after being injected.

These papers that I have in the footnotes here are very important to read. This is the Aldén paper. The Zhang paper shows integration. These are cultured human cells. So again, we need to keep doing experiments. And the Domazet paper that you see here, published in *Genes*, is also a must read. He says in the abstract, "I conclude that it is unfounded to a-priori assume that mRNA-based therapeutics do not impact genomes," and I absolutely agree with this guy on this point, as do a lot of my colleagues. So it could integrate into the genome already, this DNA, without the contaminant DNA, and make expression stable.

So the Australian federal court case is ongoing, and if it's decided— Oh, by the way, yeah, it's like a tennis match. You know, Julian's working really hard to keep this going, and he's not going to give up, which means he's going to succeed, in my opinion. So if the judge decides that the Pfizer and Moderna products fulfill the GMO requirements, then since they both failed to obtain GMO licenses, this is a serious criminal offence. So they will probably have to face massive fines, which, again, won't be the first time.

But it's also horrific from the point of view of the people. Because, as you know, the first slide showed that the contract stated that there were potentially serious adverse events that were unknown. And if the leader of a country who signs that contract with Pfizer read

that passage and didn't make that knowledge available to the people that were being mandated to take them—you see where I'm going with this.

So this is my last slide. I think it's really important to focus on definitions and adopt them accordingly, especially pertaining to the DNA thresholds, because the limits aren't set properly now. So they can claim that, "No, no, no, the limits that they're detecting fall under our EMA limits," but they're the wrong limits. They're based on naked DNA. So they need to be reset according to this brand new technology that we're talking about. We need to get with the program. They need to get with the program. They need to update their books. They need to update their brains. Like, this is something brand new that we're talking about. We can't fall behind because our genomes are at stake, quite frankly.

Also for GMOs, I mean, we are embarking on the era of gene therapy, quite frankly. If we're not there now, we're going to be soon. So we need to define a GMO. We need to decide whether or not these modified mRNA things that are codon optimized are GMOs. And maybe we need to just change the name to, like, genetically modified domains. I'm not sure, GMDs. And, you know, I'm sure that there's going to be debate about what an organism is. And the counter argument would be, well, these are absolutely not GMOs because we're not going from an organism to an organism. But I mean, some people believe that viruses are organisms. I've always kind of felt that they were genetic material wrapped in protein-protective bubble. So anyway, that's up for debate, but we need to decide on these things, and we need to do it fast.

So I think eventually the CDC, like the other points that they had on their website that they had to take down, will take down this particular point once more information comes to light and the actual data isn't suppressed the way that it's being suppressed. And where we go from here is the same direction that I've been saying for quite a while. We need a moratorium on these products. The platform, the lipid nanoparticles are as insidious as the rest of it. We need to help the injured. We're working really hard to just acknowledge them, to prevent them from being gaslit, so that we can actually say, "Yes, this was caused by the shots. And here, we have a way to help you." Hold all responsible accountable. So hopefully Julian will succeed. And hold on very firmly to personal sovereignty and national sovereignty.

Because if another "pandemic," quote unquote, is declared and "pandemic preparedness measures" are put into place again, who knows what the next product is going to be that we will "have to take" for the "greater good." These are all in air quotes for people who are just listening. And that's all I have to say.

Shawn Buckley
That was quite something. So just following up on some of the things that you've said, you indicated that there's evidence that the spike expression is ongoing. Am I correct?

Dr. Jessica Rose
Yes.

Shawn Buckley
That you mean by that, our bodies seem to be still making spike protein long after vaccination?

Dr. Jessica Rose
That's right. So the claim was always that this is only mRNA. It's transient. It's absolutely not going to last more than a certain amount of time. You don't have to worry about, like, DNA. Everything that they said as fact has been proven wrong. And it goes back to this plausibility. Like, we've known about LINE-1. We know that this can be used as a reverse transcriptase to take mRNA back to DNA. So it's just an example. So it's absolutely not true. I can't quote the papers off the top of my head like Peter McCullough can, but there are a number of papers that indicate that the spike protein is absolutely found to be present after 60 days in the germinal centers of lymph nodes—I think it's over a year. There are a number of examples of papers in the literature right now that clearly indicate that the spike protein is continually being produced.

Shawn Buckley
And am I correct—and I expect you've read these papers—that the papers don't say, "Oh, but it ends after a certain point," it's just they stopped measuring at a certain point. We don't really know how long spike proteins will be expressed. And am I also correct?

Dr. Jessica Rose
That's correct.

Shawn Buckley
Okay. And I'm also correct that spike protein is one of the most toxic substances that we're aware of?

Dr. Jessica Rose
Well, it seems to cause hemagglutination, which is when your red blood cells stick together. And what is it that we're hearing a lot of reporting on? Clotting? What happens is, and this is published as well, the spike protein and potentially the lipid nanoparticles themselves lower the zeta potential, which is the forces that repel red blood cells naturally in the blood. So you don't want red blood cells sticking to each other all the time, because you're just going to have sticky clumpy blood, right?

So they have these repulsive forces that keep them away from each other. They have zeta potential. So what the spike protein does once it gets into the blood, is it gets in between these two guys and it kind of brings them together, and so it creates kind of like a velcro effect. So this is just one example of how it's destructive. Now, if cells of the lining of the blood vessels get transfected and massive amounts of spike protein are being made, then naturally, due to just the immune system doing what it does, those little bits of the spike protein are going to get eaten up and mounted on these molecules called MHC molecules, which are basically little flags on the surface of the cells that tag them for destruction by the immune system, by the T-cells and B-cells.

So, yeah, cytotoxic T-cells come along and kill those cells. And if you have that happening in your blood vessels or in a concentrated area in your blood vessels, you're going to have inflammation. You can have inflammatory mediators—like chemokines are going to tell everyone to go to that site. And you're going to have a whole bunch of other problems. There's other indications that the clotting pathway is impaired. So there are a lot of

indications, and these are published, that the spike protein itself is very dangerous, but it doesn't stop at spike. The lipid nanoparticles are horrific. The cationic lipids are highly, highly toxic.

Shawn Buckley
Yeah. No, I was thinking as you were doing the presentation: So it seems that this RNA that makes the spike protein is being incorporated into our permanent genetic genome, and these cells keep making the spike protein with no off switch.

Dr. Jessica Rose
Yeah. Reverse—

Shawn Buckley
Oh, sorry.

Dr. Jessica Rose
No, go ahead.

Shawn Buckley
I mean, one of your slides is we might be at the edge of a genetic precipice, which is quite alarming. So basically you're communicating: We are altering our basic genetic makeup, and that's one of the reasons why we need to stop this until we understand it better?

Dr. Jessica Rose
We could be. And even if there's a remote possibility of polluting germline cells—sperm cells, eggs, whatever, or even stem cells—we need to stop. Like, the moment the regulators learned that there was DNA contamination in vials, there should have been an immediate recall, because of the potential. It's just potential, but the thing is, because this is being hidden and blown off and undermined as a problem, we're not doing what we should be doing as follow up—i.e., testing people's cells. Because maybe there's no integration to worry about. Maybe the stem cells are fine. Maybe the germline cells are fine—but maybe they're not. So we need to find out. And there are going to be flags, right? Certain people do have adverse event profiles that are way more serious than others. I mean, I don't know what the actual percentage is, but most people who got injected are not suffering symptoms or adverse events.

Shawn Buckley
Right. Before I turn you over to the commissioners for questions: Your evidence raised an interesting legal point when you started talking about GMOs. Because let's say we have a GMO crop in one field and the adjacent field is a regular crop, but the pollen blows over from the GMO crop, and so the regular crop becomes genetically modified with no action on behalf of the other farmer. The owner of that genetic modification has now a property interest in the genetically modified organism. And the same logic would apply to humans.

So you just got me thinking as a lawyer that, going forward, we're going to have some very interesting intellectual property law cases if our genome is affected. Because if, let's say,

Pfizer or Moderna has the patent to the spike protein RNA and it's incorporated in the human body permanently, there's a property interest. So you've just raised an interesting legal question for us, but I'll turn you over to the commissioners for questions.

Commissioner Kaikkonen
Thank you, Dr. Rose. My question has to do with research around infants and whether that research in infant deaths, if there was a particular spike in infant deaths in a particular area, could it be related back to the vaccine? I know that when we think of myocarditis and we think of how it's affected young males, that research is evident and I think it's substantial and significant. But has there been any research that has been done for infants, particularly infants that are still in the breastfeeding stage with vaccinated mothers?

Dr. Jessica Rose
Yes. Well, there are published papers that provide evidence of the transfer of the byproducts of the injections from mothers to infants via breast milk. And, wow, it's been a long time since I presented this data, but I can tell you way back when, there were 17 reports of babies, infants, that had very serious adverse events, very soon after feeding—and what I mean by that is like the induction of a febrile seizure.

So when you think about causation, when you think about, like, "Okay, did my baby just have a febrile seizure?"—and I mean like less than six months when they can't hold up their neck, and if you're having that kind of seizure, it can damage you for life. It's very serious. When that happens within moments of an exposure—and again, this is in the literature, the name is Hannah et al., I believe; my memory is not good for the names—I mean, as a mother you would think, "Okay, this happened moments after I breastfed my kid, it's related."

So there are testimonies in VAERS. We have this column of data called Symptom Text, which is basically where the reporter does the doctor's notes thing. So you find out a lot of information about who the experiencer of the adverse event is and exactly what happened to them. So you have mothers being quoted as saying, "I know that this happened because of what's in my breast milk," in 17 cases. And that might not sound like a lot, but when you're talking about infants and you're talking about shedding, essentially, this is very serious.

So, yeah, there are connections. There are absolutely connections. I always listen to the direct testimonies of people, and I know this has also been blown off as anecdotal evidence, but it's not when it's millions. And maybe it's not millions for this particular subject matter with the babies and fetuses, but it's an outlier, let's say. It's anomalous.

Commissioner Kaikkonen
Thank you.

Commissioner Drysdale
Good morning, Dr. Rose. Thank you very much. It's good to see you again. Can you go back to your general harm slide? I think it was your 2nd or 3rd, 2nd slide, 3rd slide?

Dr. Jessica Rose
Sure. Sorry, I'm just—

Commissioner Drysdale
That's fine. On that slide, you had a number of coloured boxes and they displayed the number of cancer cases and the number of deaths and the number of pericarditis and a number of other things on there. Is that correct?

Dr. Jessica Rose
Yeah. Here, I'm going back to it as we speak. Zoom is so neat. Can you see it?

Commissioner Drysdale
We can. Thank you. And my question is this: I see there's 38,559 deaths and so many miscarriages and cancers. Is a miscarriage not a death?

Dr. Jessica Rose
It is.

Commissioner Drysdale
How many of those 14,225 cancer patients died of that cancer?

Dr. Jessica Rose
Exactly. So, oh gosh, I had a statistic on this and I don't remember. Oh, I think it's 13%, but please don't quote me on that. I'm not saying this is the truth. I really just don't remember. But yes, there are a proportion of people, of those cancer reports, that have died. Myocarditis is the same thing. Now I want to make a point here, though. If you file a VAERS report, say for myocarditis, and the person ends up dying, then a family member or the doctor, even if they try to make a follow-up report to say that the person is now deceased, it's very unlikely that that will ever get to the front end system of VAERS. So the number of deaths associated with any primary reported adverse event is "really" underreported. But I can still see a signal.

Commissioner Drysdale
Well, of course. There's so many questions I have based not only on what you said, but what we've heard in other testimonies. I mean, we heard in testimonies from doctors in Canada that they were not only discouraged from reporting to our reporting system, but some were fired from their positions for having done it. And we also heard from paramedics who had people coming into the emerge after vaccination saying they had an adverse reaction, but the medical system saying, "No, no, no, it's not related." So having said all of that and listening to what you said about that VAERS is meant to be a safety signal. In other words, VAERS or CAEFISS in Canada has never been intended to be counting all of the deaths. It's like the fire alarm in your house. You know, when the fire alarm goes off, you're supposed to take action.

Dr. Jessica Rose
That's right.

Commissioner Drysdale
And when I see the graphs and the charts that you've shown in a whole bunch of different regions, certainly the fire alarm has gone off. Do you have any explanation as to why we haven't taken any action?

Dr. Jessica Rose
Because it would put a damper on the program. I think that—this is just my opinion now—I think that the COVID modified mRNA shots were the segue for the almost extensive and solo use of this lipid nanoparticle modified mRNA platform. And so if it's admitted that these harms are real, then people—they would start questioning the platform and then the entire program. And I do think it's a program that is fully, intentionally going to be rolled out. I mean, we're seeing it already, aren't we? Like they're designing an H1N1 vaccine based on it. They already did it. They already made a modified mRNA LNP-based flu vaccine, or whatever you want to call it. They're already doing it. So it's not even that it's my opinion. It's happening.

So I guess the opinion part is that was the intention. And so it would put a damper on the progression of that plan to make everything "plug and play." So if they admitted that there was a problem with the plug and play—the, "You know, we can just swap out whatever we want here for, you know, and stuff it in a fat bubble, it's no problem"—it's just they can't have that. They definitely can't have people saying that the lipid nanoparticle itself is toxic, which it is. It has a long documented toxicity profile, the cationic lipid specifically. So, yeah.

Commissioner Drysdale
Well, you know, before we go on to the next question, I don't want to leave that point just yet. Because what I have seen in the press—and, you know, you try not to take press verbatim—but my understanding is that they're talking about an mRNA-based cure for cancer, an mRNA-based cure for all kinds of things. So we're not just talking about flu shots, we're not just talking about COVID shots, we're talking about a shot for whatever ails you. And that market is unimaginably large. So is that what you're saying is the motivation here—this unimaginably large universal market that is the potential?

Dr. Jessica Rose
Yeah, and that also kind of explains the mandates too, in a weird way. So, yeah, there is an mRNA product for cancer right now. And there are also claims—which is kind of ironic and I shouldn't laugh, because it's not funny—that the cancers that are probably in all likelihood—I would bet money on it if I was a betting woman—caused by the shots, the modified mRNA shots, are going to be cured by modified LNP technology. I mean, it couldn't get more ridiculous if you ask me. Which is another reason why they can't admit that, "Houston, we have a problem." We have a serious problem. And you can't fix it with the problem itself. That's ridiculous.

Commissioner Drysdale
Okay, Dr. Rose, I have another question, and that has to do with: You were talking about how these spike proteins and other different things affect the cells. And both you and the

previous witness were talking about foreign DNA or foreign contamination in these vaccines, causing trouble. But let's just say for the matter of argument that there was no foreign contamination in these vaccines. Do we know how they would have performed even without contamination? And do we know what effects they would have had on our bodies even if the contamination wasn't there?

Dr. Jessica Rose
Excellent point. So in the frame shifting study that came out in *Nature* recently, I mean, you're exactly right. We don't even need to talk about DNA. Like I said, there's so many directions that you can come from that provide evidence of why we're seeing particular harms. So because of codon optimization, and because they swapped out the uracils for N1-methyl-pseudouridines, what this paper showed—and this is *Nature*, this is the godspeak of science—that these N1-methyl-pseudouridines in particular—and let me make a point here—in the sequence of the spike, they had swapped out all the uracils. There were 801 substitutions—all of them. They didn't swap out some, they swapped out all of them: 801 new pseudouridines, N1s. And what that does is it caused slippage, let's say, okay?

And when you're talking about— So codons are sets of three bases that are read as a unit, and they translate into an amino acid. So if you have sets of threes in a row, each of them represents an amino acid. If you slip out a frame, then those codons aren't being read properly and the translation will be incorrect then. And the bottom line is that you end up getting proteins being translated that are so-called off-target. They're not desired, in all likelihood. And even more importantly, they're probably misfolded. And a misfolded protein could teach another protein to misfold. It can cause all sorts of horrendous damages.

So again, they kind of slip and slided around this being a problem. And, oh, yes, we can fix it by doing this and this and— But the thing is, it's another thing that could have been anticipated, in my opinion. These are smart people we're dealing with who are designing these technologies. I mean, it is kind of brilliant from a biological point of view, and a gene therapy point of view, and a biotech point of view, what they're doing. But these things should never have been put into humans—at all. I really, I will never stop saying that.

It's a gorgeous thing to do on a bench. Don't put it into humans, no. Because even if you have a really excellent idea, you're 99% sure that it's going to work this way, when you put it into a human, it's completely unpredictable. You cannot predict what's going to happen in the human body, especially considering the fact that we have all these other things going on.

I mean, not to get too off topic because it's on topic, but we're constantly being bombarded with epigenetic things, like things that might be inducing mutations: pollution, crap in our food, in our water, smoking, all these things that are already causing problems and ensuring that our bodies have to summon these mechanisms to balance all these things. All of a sudden now we're introducing this weird, horribly large amount of foreign genetic material. And I mean, I just, it boggles my mind. It boggles my mind that this was done. I'm, I don't really have any—

Yeah, to answer your question, we don't need to talk about DNA for all these other potential issues to have caused harm. I mean, any cell that gets transfected is flagged for destruction. So if you have this happening in the blood vessels, it was doomed to fail. I just, I don't believe in the platform and I don't believe at all in the plug and playness of it, not at all. I think it was always going to be dangerous.

Commissioner Drysdale
Now you partially answered my next question during your presentation, but I just want to make sure I understand it carefully. Now, my understanding is that we're finding spike proteins and the effects of these vaccines in pretty much all over the body. I heard a testimony about it in the brain and the testicles and the ovaries, in the heart muscle. I've heard it in everywhere. And just about every person who testified on this said they were finding it everywhere in the body. Now, you testified a little earlier today that there's some evidence that this gets transmitted from the mother to the child through breast milk. Is that the only transmission vector? Like if I haven't taken the injection and I'm sitting next to someone who has, or I'm with my wife who has, or my husband who has, has anybody studied whether or not this transmits through other methods from a vaccinated person to an unvaccinated person?

Dr. Jessica Rose
So I'm a little ignorant on the shedding topic, but I can tell you that Pierre Kory has delved into this. He's an ICU specialist, and he's been on the front lines of trying to discover what the hell's been going on for the past few years, pardon my language. And he's done a lot of work on this, and he says it's absolutely a real thing. So any body fluid where you might have proteins or even lipid nanoparticles being carried: breast milk, sorry to be graphic, but semen, blood. Any kind of bodily fluid is suspect in— I will just say suspect for now.

So it really raises a serious issue about blood transfusions. If you have spike being continuously produced in somebody, let's just say—you know, you have continued expression—and that person gives blood, is the person who's receiving the blood receiving a dose of spike? And what are the effects of that going to be? Are they getting something other than spike? I mean, there are a whole bunch of questions that we can ask that need to be answered.

But herein lies the problem again. Because there's so much suppression, because there's absolutely no way these shots are harmful in the eyes of the safe-and-effective people, we're not doing these necessary studies that I'm aware of. There's also Marian Laderoute who's going to present some solid evidence of shedding today, I believe—or maybe not today, but in the next few days. So she's the best one to answer this question.

But I've been pondering this for a long time, and I have no reason to think that it wouldn't be obvious that shedding wouldn't be an issue, because we're shedding proteins all the time. It's just whether or not those proteins are going to have some kind of pathophysiological effect. That would be the question I would want to answer. And, I mean, from what I told you—the transfer of breast milk to the baby, baby has a febrile seizure—it seems like the answer is, yes. But we don't know the exact mechanism of action yet. So, yeah, we need to be allowed to ask the questions and do the studies. That's it.

Commissioner Drysdale
Well, you know, you had another slide that you showed with regard to incidence of cancer. And you showed it going up. It didn't go up that much in 2020, and it went up more in 2021 and 2022, and it's even gone up more in 2023. But the vaccine injection numbers have been going down at the same time. Do you suggest that, or are you suggesting, or can you suggest that there is a latent effect from these vaccines that is continuing to cause cancers?

Dr. Jessica Rose

Yes, that's what I would suggest. And there are so many different types of cancers, right? And the cancer reports in VAERS, I noticed a long time ago, it was two years ago now at least, that there were a lot of rare cancers being reported: breast cancers in males, acute lymphocytic leukemia in grownups, which is a childhood leukemia—the average age of the people reporting was 50. So there are these weird cancers. And if you listen to what oncologists are saying, you're hearing them say a lot of their patients who are in remission are coming out of remission.

And I don't know enough about cancer—I don't know if anybody does, actually—to say why it takes someone longer to progress to a massive tumour than another person. It has to do with a lot of factors, right?—your genetics, your diet, your environment, your all these things. So I would definitely say there's a period of latency.

Commissioner Drysdale
You know, you're a scientist, and what we've always heard through the last three years is, "Follow the science, follow the science." But I'm an engineer. That means I'm in a practical science, and I was always taught that "follow the science" meant question. You're supposed to question. You're supposed to discuss. You're supposed to debate. That's science. How did we get to a point where we were told that this is the way it is? We had someone, as a matter of fact, very famously saying "they" were the science. How did—I mean, and I know this is not in your presentation, but you're in this community—how did this happen? How did we pervert the very fundamentals of science?

Dr. Jessica Rose
That's a complicated question. Manipulation of people following appointing—and I didn't mean appointing—placing the wrong people. There's too many self-interested people who are pooh poohing human beings. I mean, you cannot make statements that are definitive about anything in science. You can't do that. It's ignorant to do that. And the psychological operations part of it is using this wrong information to mislead the public, which is what the last four years was about. It's the wrong people being put in positions where they really do have the power to convince most of the world of what they're saying, and that what they're saying is true. It's shocking and alarming, but most people are really good, and they find it really hard to believe that especially public health officials would ever lie to them: "That doesn't happen." So, yeah, it's a tough pill to swallow, but there we are.

Commissioner Drysdale
Thank you, Dr. Rose. Anyone else?

Shawn Buckley
Thank you, Dr. Rose. That appears to be the questions by the commissioners. So on behalf of the National Citizens Inquiry, Dr. Rose, I sincerely thank you for testifying with us today. We certainly appreciate your testimony and you sharing with us.

Dr. Jessica Rose
It's my pleasure. And if you want to invite me back again, I'm sure we'll have some good news by then. I'm the eternal optimist.

NATIONAL CITIZENS INQUIRY

Regina, SK **Day 1**

May 30, 2024

EVIDENCE

Witness 3: Major Tom Havilland
Full Day 1 Timestamp: 04:02:04–04:37:54
Source URL: https://rumble.com/v4yg6lz-nci-regina-hearings-day-1.html

Wayne Lenhardt
Good afternoon, all. Thank you everyone for being here. I think I've got Major Tom on my screen here to my right. So my name is Wayne Lenhardt, by the way. I'm one of the volunteer counsel for the NCI. Good afternoon, Major Tom. First of all, if you could give us your full name and spell it for us, and then I'll do an oath with you to tell the truth.

Major Tom Haviland
Yes, it's Thomas Fred Haviland, spelled T-H-O-M-A-S. Middle name Fred, F-R-E-D, and last name Haviland, spelled H-A-V-I-L-A-N-D.

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

Major Tom Haviland
I do.

Wayne Lenhardt
Thank you. Okay. You've got a fascinating record, Mr. Haviland. Perhaps you could just give us a quick snapshot of what you've done in your life and how you came to be looking at statistics relating to a matter like this.

Major Tom Haviland
Sure. I'm a graduate of the Ohio State University. I have a bachelor's in mathematics from the Ohio State University, a bachelor's in electrical engineering from Louisiana Tech University, and a master's in computer resources and information management from Webster University in St. Louis. I've spent 36 years working in and with the United States Air Force, 20 years in the Air Force, retired as a major in the US Air Force, then went to work as a defence contractor working with the Air Force for a total of 16 years. I've worked with terrific aircraft such as the F-16, the F-22 Raptor, the F-117 Stealth Fighter. Really enjoyed my career, but now I'm retired.

Wayne Lenhardt
And how did you end up doing this type of thing with that resume?

Major Tom Haviland
Well, I watched that movie *Died Suddenly* when it came out the week of Thanksgiving of 2022 here in the United States, November of that year. And it premiered on Monday of that week. And at the 13 minute and 15 second mark of that movie, an amazing statement was made. An embalmer from the state of Indiana, Mr. Wallace Hooker, was lecturing at an Ohio Embalmers Association conference in Columbus, Ohio, on the 26 October in 2022. And he was lecturing to a room full of 100 embalmers.

And he says this in the film: He showed them photographs of these strange, white, fibrous clots that he had been pulling out of his corpses for the last year and a half at that time. And he said, "By a show of hands, how many of you are seeing these same strange, white, fibrous clots?" Well, he said almost the entire room raised their hands, yes. He then asked them, "When did you start seeing these clots?" And they all agreed it was in the middle of 2021, about six months after the roll out of the COVID-19 vaccines.

So I thought that was an amazing statement. I know there were some problems with the film, but whatever else was said, that was an amazing statement. Either those embalmers raised their hands or they didn't. So I got up the very next morning, the Tuesday of that week of Thanksgiving of 2022, and I decided, you know, I don't think any reporter is going to chase after this story.

So I myself called the Ohio Embalmers Association. They're located in Cincinnati, Ohio. I talked to their president, a Mr. Dan Becker, their vice president, a Mr. Woody Wilson, and their secretary, Mr. David Hicks. And I asked all three gentlemen, I said, "Hey, did you happen to be in the room at the time that those 100 embalmers supposedly raised their hands saying they're seeing these clots, too?" Well, none of the three of the gentlemen happened to be in the room at the time.

However, the vice president, Mr. Woody Wilson, who runs his own funeral home in Marysville, Ohio, about an hour north of where I live in Dayton, Ohio, and he does his own embalming—a lot of funeral directors do their own embalming—Woody said to me, "Tom, I'm seeing the white fibrous clots, too." So I said, "Wow, this is huge, right? Now I have an official officer, the vice president of the Ohio Embalmers Association."

By the way, Woody is now the president of the Ohio Embalmers Association, so he's a well-respected funeral director embalmer in our state of Ohio, obviously, because he's the president corroborating these six or seven embalmers in this *Died Suddenly* movie, saying they're seeing these strange white fibrous clots. So right then and there I decided, hey, I need to do a survey because I have the math skills, the data skills to do it—a nationwide survey. Which I then later on turned into a worldwide survey by including Canada, the UK, Australia, and New Zealand to see just how big and how prominent this phenomenon was.

So that led me to the creation of not one, but actually two worldwide embalmer blood clot surveys: one which I ran at the end of 2022, and then one which I just ran at the end of 2023 going into January of this year.

Wayne Lenhardt
Well, just for anyone who's watched NCI for a while, we actually did have two embalmers on: one funeral home from Toronto, and the other one, two fellas from Winnipeg, actually. And they showed very similar clots to the ones that you show in your slides. And by the way, if you haven't sent us those slides yet for exhibits, could you please do that? But the interesting thing is we didn't have any overall statistics or broader numbers. So could you give us a snapshot of what you found both in the US and around the world?

Major Tom Haviland
Sure. First of all, when I ran both my surveys, I used a two-prong approach for distributing the survey. I sent it to over 1700 funeral homes around the world. I actually looked up the email addresses for 1700 funeral homes. I sent them an email with a SurveyMonkey link. We use SurveyMonkey as the tool to conduct the survey—very easy to take, only three minutes to take. The questions, very easy, unbiased by the way. Nowhere in the questions do I ever mention the words COVID or COVID vaccine. I only asked the embalmers, "What did you see? When did you see it, and how much did you see?" You know, "What percentage of your corpses contain these strange clots?"

Wayne Lenhardt
Was there a time frame that you used here?

Major Tom Haviland
Yeah, I ran both of my surveys for about a month. This latest one, for example, I ran from the 8 December of 2023 through the 8 January of 2024. And I sent out actually three emails along the way as reminders to please participate in the survey. The other way that I distributed the survey was a top-down approach. I sent it to 50 national, regional, and state funeral director associations all around the world, asking them—you know, they have hundreds of members, funeral directors, and embalmers under them—asking them to forward the survey down to members of their association.

So for example in Canada, I sent it to all the provinces. Each province has its own funeral service association. And then I also sent it to about 300 funeral homes directly in Canada, in major cities all across Canada. So in the two surveys, the main results from my two surveys are that 70% of the embalmers responding. For example, in this latest survey—if you want me to, I can go into the slide, but I can just talk to it actually—in the latest survey, we had 269 embalmers responded to that survey. Of those, 197 [or] 73% said they were still seeing the white fibrous clots in the year 2023.

In my first survey, I asked the embalmers, "When did you start seeing the clots?" And the main consensus of the embalmers in that first survey was that the clots started for them in 2021. There were about a third of the embalmers who said the clots started in 2020, which is interesting. That was a year that we had COVID but no vaccines yet. But that makes sense, because there's a spike protein on the surface of the virus itself. And we believe that spike protein can lead to the formation of what's called these amyloid proteins, A-M-Y-L-O-I-D proteins, which is a fancy term for misshaped or misfolded protein.

But then the number of embalmers in my surveys that said they saw the clots [that had] started in 2021 exploded, so it became much greater. And that we believe is because the shot was supposed to stay in your upper arm, in your deltoid muscle, produce just enough of the spike protein to elicit an immune response for just a couple days to a week, and then

leave your body. But we know that's not what happened at all. That shot goes all over your body, the lipid nanoparticles carried everywhere, and it turns your whole body into a spike protein factory. And it can do that for months at a time, as opposed to a few days to a week. So some of the scientists that I've talked to believe that it has supercharged the formation of these white fibrous clots. And the data seems to point that out.

In my second survey, for example—well, actually, in the first one—the embalmers said they were seeing a clot. Here's, I guess, one of the most shocking things: is that the embalmers said they were seeing these white fibrous clots in 30% of their corpses on average in 2022 when I ran my first survey—thirty per cent of their corpses. So this is a prevalent thing. This is not a rare phenomenon. And actually that 30% includes all the embalmers that said they saw none. So even when I average in all the zeros, the average was 30%.

Now, what's interesting is in the latest survey I ran, the average went down from 30% in 2022 to 20% in 2023. So that's good news. There's reduction in the percentage of corpses with the white fibrous clots. But that may not necessarily be a vindication of the vaccines, if you think about it, because here in the United States, 80% of the American adults over the age of 18 had at least their first two vaccines—the Pfizer and Moderna jabs. But then only about 20% of American adults took the bivalent Omicron booster in the fall of 2022, and only about 10% to 15% took the XBB 1.5 booster that came out this last fall of 2023.

So if the vaccines are indeed causing the white fibrous clots, then you might expect the percentage of them in corpses to go down as you get further and further away from most of the people taking their jabs way back in 2021. So I think, you know, there's a temporal amount of correlation here, and I think there's also a quantitative temporal correlation here as well.

One of the other things that we asked in this year's survey was about micro clotting. A lot of the embalmers, they don't call it that. They actually call it what looks like: coffee grounds. As they're trying to get the blood out of the corpse and put their formaldehyde in, they'll see what looks like coffee grounds in the blood. And the response to that was kind of really shocking to me. Out of the 269 embalmers that responded to this year's survey, 212 of them, 79%, saw the micro clotting phenomenon in their corpses. And they saw it in an average of 25% of their corpses—one out of every four corpse. This is a phenomena they had seen prior to COVID and the vaccines, but much less than 5% of people, typically in people that had had heavy chemotherapy.

By the way, the white fibrous clots, the embalmers say that they've never seen before. If you go look at old pathology books, you can't find them. You'll just see traditional grape jelly clots and chicken fat clots, which are yellowish, smaller, and tear very easily. Much different than these white fibrous clots that are large, long, tough and rubbery, kind of, you know, feel like a rubber band and look like calamari. So the evidence to me is clear that "Hey Houston, we have a problem."

One of the other things I like to mention here is that there seemed to be a tremendous fear by the embalmers to want to answer the survey. We allowed them to answer the survey anonymously. We in fact told them we turned off the tracking feature in SurveyMonkey so we did not track their IP addresses. So we tried to make them as comfortable as possible. But still, I would have loved to have gotten more like a thousand or over a thousand responses, because it was sent out to probably about 10,000 people total, had it been distributed to everybody.

But I got an indication of maybe a suppression that's going on, a little bit of a scandal here. In the latest survey, when I sent it out on the 8th of December of this last year, 2023, about five days into the survey, I only had about 14 responses in my SurveyMonkey Collectors. I said, "This is terrible. I need more responses than this." So I had a list of the 30 US state funeral director associations I sent the survey to. I picked the top 30 U.S. states by population, and I called each of them that day. I talked to either their president or secretary or somebody else in their office. I said, "Hey, could you please forward that survey that I sent to you last week down to your embalmers so they can take the survey?"

Well, God bless the Pennsylvania Funeral Directors Association. Their Executive Director, Kathy Ryan, and her assistant, Allison Hinkle, did exactly as I asked. I know that because I got up the very next day and I had 93 responses of my SurveyMonkey Collectors, and they were all from embalmers in the state of Pennsylvania. I then got up the next day and I had another 32 responses from embalmers, all from Pennsylvania. So it told me two things: It told me, first of all, the embalmers actually want to tell you what they're seeing in the embalming room if they feel like they have the permission of their funeral director boss or their state funeral director association president.

But remember, I also sent that to 29 other U.S. state funeral director associations. What do you think they did with my email? They must have deleted it, suppressed it, never sent it down to their embalmers to take in the first place. So it's telling me there's a terrific suppression going on. I've got a couple of reasons why I think it might be happening. First of all, if you're a funeral director, most of these funeral director association presidents, they're funeral directors themselves—you know, they elect one of their own as the president of their association. Well would you want to participate in a survey that may link the COVID-19 vaccine to these white fibrous clots and this micro clotting and these other blood phenomenon if you had mandated that all your employees, including your embalmer, take the COVID-19 vaccine? If you get an injured employee, you might be setting yourself up for a lawsuit.

Also, as I mentioned earlier, 80% of adults over the age of 18 here in America took at least the first two jabs. So there might be a little cognitive dissonance going on at the personal level amongst these association presidents and funeral directors not to want to know the answer to the survey. So that's a couple reasons why I think that there might be reluctance to engage and take the survey in the first place. But regardless of what happened, when I got the results of both of my surveys, I sent them in immediately to the FDA, CDC, and NIH.

For example, last year when I had the results of my first survey done—I did the U.S.A. portion first then I later on did the rest of the world—when I had the U.S.A. portion of the survey done, I immediately sent that in to the FDA in time for their Vaccines and Related Biological Products Advisory Committee meeting on the 26th of January of 2023. And I actually asked to speak at that meeting.

They had an hour set aside for oral presentations and they gave 20 speakers three minutes a piece to speak. Well, I did not get selected. They had a lottery. There were too many speakers, they had a lottery ensued. But I did submit my information in a written format to the FDA on the 19th of January of 2023—a full week before that meeting. And I did get a tracking number from the U.S. FDA. However, throughout the entire year, they did not contact me once.

When I had the results of this latest survey done on the 9th of January, the very next day after I finished the survey, I packed up all the results, sent all my results in my PowerPoint slides and all the material that I used to gather the information, again to not just the FDA,

but the CDC, and the NIH as well. Yet I have not heard a peep out of them. So it seems like they're not curious whatsoever to do any kind of research on their own. It's just a shame that a retired U.S. Air Force Major has to do their job for them, because I think this is something that they should be looking at. They should be surveying embalmers and funeral homes and finding out what's going on in these corpses.

And oh, by the way, they should also be surveying vascular surgeons and people that work in Cath labs as well. Because just recently I have had a Cath lab worker come forward to say that he's been seeing the clot, these same clots, these same white fibrous clots in the living as well and has been pulling out of them for three years. I'm not the only one that's found this kind of a person. Dr. Philip McMillan, who runs a YouTube channel called Vejon Health, V-E-J-O-N, a couple months ago had a Cath lab whistleblower on his program.

He came forward via voice. You couldn't see who he was. He didn't show his name. He's afraid of losing his job. But he did say in that interview with Dr. McMillan that he's been working in this Cath lab for 20 years, he's what's called an endovascular specialist. For your folks that aren't familiar with the Cath lab, they're staffed with endovascular specialists, vascular surgeons, cardiologists, radiologists, anesthesiologists, and nurses. Their job is to pull clots out of living people, which up until 2019 have been grape jelly clots and chicken fat clots—not these white fibrous clots that only started, like I said, in 2020 and then exploded in 2021.

So this gentleman that's with Dr. Philip McMillan says that he's been pulling anywhere from three to ten of these clots out of patients each week in his one Cath lab alone. And he says that he does have access to the vaccination records of all of his patients, and he knows what brand they took, how many shots they took, when they took their shots. And he said 99% of the patients that have the white fibrous clots have had anywhere between one to eight COVID vaccinations. With the more vaccinations they get, the worse the problem seems to be. I have found my own Cath lab— And by the way, in that video, he shows about half a dozen photos of clots that have been removed as well as the angiograms and other CT scans that show them in the body of the person before they're removed.

I have found my own Cath lab whistleblower in the state of Florida here, who also does not want to come forward. He's a cardiologist and he's in the middle of his career, so he's afraid to come forward. He doesn't want to get canned, he doesn't want to get sacked. But he also sent me photographs of clots that he's removed from patients, as well as an angiogram of the clot before it was removed. So there's two individuals right there, and I have another gentleman who's working on trying to get a third for me. But again, these people are afraid to come forward. And it's just a shame, isn't it, because they need to warn humanity that this is happening.

Wayne Lenhardt
Let me ask a couple of other questions, then. Have you done any kind of analysis on Canadian data with respect to these clots or anything else relating to COVID?

Major Tom Haviland
Yeah, when I did the survey, I did each country separately. So when I collected the data for the first survey, for example, in Canada 38 Canadian embalmers responded to my first survey. Twenty-three of them saw the white fibrous clots, so that's roughly 60%. Eight of the embalmers saw them in the year 2020. Sixteen saw them in the year 2021. Twenty-two embalmers saw them in the year 2022. And then it went down a little bit to 17 embalmers

seeing them in 2023. And they saw them in an average of 30% of their corpses. In my second survey, 29 Canadian embalmers responded. Twenty-one of them saw the white fibrous clots in an average of about 20% of their corpses. And 23 of the 29 embalmers from Canada saw the micro clotting in the year 2023. So that pretty much dovetails very closely with the worldwide results.

Also, what's interesting is I've had email communications with a couple of your funeral service association presidents. One of them is Kevin Sweryd. Kevin is the President of the Manitoba Funeral Service Association. I'll read to you an email that I received from Kevin on the 23rd of June of 2023:

> "Yes, I would say that I am seeing lots less of them"—he's talking about the white fibrous clots—"but I'm still seeing them. And it would stand to reason that now that fewer people are getting boosters, we are seeing fewer of the clots. Plus remember that we are only seeing the clots for those who get embalmed. If cremated, we would not have the opportunity to see them. In Manitoba, it is an 80% cremation rate."

So probably a lot of the people that have white fibrous clots, the evidence is getting destroyed because 80% of the population of Manitoba is getting cremated. But if the 20% that are actually getting embalmed, my guess is you're seeing only in the order of 20% of those containing the white fibrous clots—you know, going by what the data I got here from Canada. Another piece of correspondence I got was from Mr. Bradd Tuck, who is the Executive Director for the British Columbia Funeral Association. Bradd had a little bit of an opposite opinion.

When I sent out the survey to him, he said, "I'd like to kindly request—" This was from December 18th of 2023 on my latest survey:

> "I'd like to kindly request that you remove the British Columbia Funeral Association contact information from your email mailing distribution. Your emails and survey are not presented with any reference to the scientific community you're supporting, and the terminology used throughout your survey is frankly unprofessional and offensive"—remember, all I said was asking what did you see, when did you see it, and how much are you seeing—"Should an institution wish to access our membership, we would ask that the names of the institution, researcher, and study purposes be forwarded from an email address associated with the research institution."

So this gentleman, Mr. Bradd Tuck, Executive Director of your British Columbia Funeral Association, made the decision all by himself that his entire province of embalmers were not going to participate in the survey. So this is what we're up against, gentlemen. We're up against people reluctant to want to distribute the survey to find out what's happening.

Wayne Lenhardt
Okay. Did you do any other correlations with any other databases or other researchers? For example—?

Major Tom Haviland
No. I did notice though in my latest survey the last question we asked, in fact, was we wanted to see if it was hitting any particular age groups. So we asked the embalmers: "Did you see any unusual increase in clotting, whether it's grape jelly-type clotting, white fibrous

clots, and the micro clotting, in any particular age groups?" And the older age groups did have the largest bars associated with them, like the 66 to 80 year-old. But there was a pretty long bar for the age group of 36 to 50 year-olds. And this is an age group you usually do not associate with having a lot of strokes and heart attacks.

You know, usually that doesn't happen until you get in your late fifties, early sixties at the earliest. But that information that the embalmer supplied an answer to that question seems to dovetail very closely with the death and disability data that Edward Dowd has been collecting from a completely different angle, right? From insurance industries. So he noticed in the insurance data there was a tremendous spike in death and disability that started in the third quarter of 2021 after, for example here in the United States, a lot of companies mandated the vaccine on their employees.

It wasn't just the military here in the United States. If you recall, Joe Biden tried to mandate that any company with more than 100 employees have to take the COVID-19 vaccine. Now our Supreme Court eventually shot that down, but a lot of companies acted preemptively and made their employees get the shots in the third quarter of 2021. And that just happens to be the time that Edward Dowd saw a tremendous spike in death and disability data in that particular age group of 36 to 50 year-olds. And that information is being corroborated in the responses we got from the embalmers, that was a large number of embalmers saw increased clotting in that age group as well.

Wayne Lenhardt
Yeah, I think Ed Dowd has said a couple of times that he hasn't crunched anything specific and definitive from Canada because the data hasn't been released yet going back to 2021 by Trudeau and his crew.

Major Tom Haviland
It's shocking, isn't it? It's shocking.

Wayne Lenhardt
That's why I thought it would be interesting to see what other connections you may have found maybe that didn't need accurate data. I think Dowd is quite—

Major Tom Haviland
Here's something to think about too by the way. I also split out the data recently. I took it by each country. So I have the United States data by itself, that data set. And what's interesting is it follows the worldwide trend as well: embalmers seeing white fibrous clots in 20% of their corpses, micro clotting in 25% of their corpses. What's interesting about that is I went and just looked the other day to see what types of vaccines the Americans took. And of the about 700 million doses of vaccines that Americans have taken over the last three, three-and-a-half years, 97% of those doses were either Pfizer or Moderna. Only about 19 million Americans took the J&J [Johnson & Johnson] shot. Almost nobody took the AstraZeneca shot here.

So what's interesting is if J&J which was taken off the market because of blood clotting issues, and AstraZeneca we know was just recently taken off the market with admitted blood clotting issues, then why, with the supposedly safer Pfizer and Moderna shots here in the United States—and I suspect in Canada too—if they are the bulk of the shots, why are

we still seeing such horrific amounts of clotting—20%, 25% in corpses? Doesn't make any sense, does it, when 97% of the population has been jabbed with either Pfizer or Moderna? Again, I think it's a signal that the FDA, CDC need to research, need to look into. I have very low hopes that they will pursue that.

Wayne Lenhardt
Before I turn you over to the commissioners, is there anything else that you see interesting on the international sphere that perhaps this panel of commissioners should be aware of at this point?

Major Tom Haviland
Well, what I'm worried about, obviously, is that Big Pharma's not stopping, right? They're planning on coming out with mRNA shots using the lipid nanoparticle delivery system for the RSV shot, the shingles shot, the flu shot next year. Moderna's got about 40 of these things in the pipeline to put out on us over the next decade or so, and I just don't think they're safe. I don't think they've proven that they're safe. I think we've got indications coming in from various different angles—whether it's insurance data, the embalmer data, vascular surgeon data coming out of the living, excess mortality in countries that were highly jabbed compared to countries like in Africa that have almost no problem with excess mortality the last three years. And they had very little uptake of the COVID-19 vaccine. That should tell you something. So there's so much data out there, to me it's overwhelming that these shots need to be stopped immediately and looked at for safety reasons.

Wayne Lenhardt
Right. I see in my notes here that you have sent a couple of slide presentations in to the commission.

Major Tom Haviland
Correct. Results of my first two surveys.

Wayne Lenhardt
Right. Would you like to go through those quickly for us?

Major Tom Haviland
I can if you want me to.

Wayne Lenhardt
Yeah. And then maybe we can make those an exhibit so that if the commissioners want to look at that again, they can.

Major Tom Haviland
Is it working?

Wayne Lenhardt
I just see you and myself here on the screen right now.

Major Tom Haviland
One second.

Wayne Lenhardt
Now you're back.

Major Tom Haviland
All right, let me—hold on a second. I'll try sharing one more time. Now let's try this. Can you see a green slide?

Wayne Lenhardt
Yes. It says Worldwide Embalmer Blood Clot Survey on it.

Major Tom Haviland
Correct. So as I said, I ran it from the 8 December of 2023 through the 8 January of 2024. We asked the embalmers: "How many years of experience do you have?"

Wayne Lenhardt
Yeah, I think you gave us those numbers a few minutes ago. But yes, if we don't have that in a format for an exhibit, I wonder if you could get it to us very soon.

Major Tom Haviland
Yeah, I've already emailed it to you. I'll email them again.

Wayne Lenhardt
Was there another slide that you had as well?

Major Tom Haviland
No, I pretty much talked through the results of this survey. There were a few slides that we did not talk about. The embalmers also saw, some of them saw an increase in infant deaths. So I can go through that slide. Let's see.

Wayne Lenhardt
Okay. Oh, there we go.

Major Tom Haviland
Yeah, these slides we've pretty much gone through. This was a decrease from 30% in 2022 to 20% in 2023.

Wayne Lenhardt
I believe you sent a couple of pictures of the actual clots themselves.

Major Tom Haviland
Correct.

Wayne Lenhardt
I have to say they look to me to be identical to the kinds of clots that were being found in Toronto and in Winnipeg. But again, did you take those slides yourself or were they given to you by others?

Major Tom Haviland
No, they were provided to me by several embalmers. One, Mr. Richard Hirschman, who was featured in the film, *Died Suddenly*, who also is the one that provided me with the vial of clots I'm holding here. That's this from Mr. Richard Hirschman. And then also another embalmer, Wallace Hooker, also I mentioned earlier, was also featured in the *Died Suddenly* movie as well.

Wayne Lenhardt
Okay, I think we have those pictures anyway. They're probably bordering on hearsay, but I think the bottom line is that they are very, very similar to the ones that we had from the embalmers personally in Toronto and in Winnipeg.

Major Tom Haviland
I also remember I have a picture of a white fibrous clot removed from a living person from an anonymous whistleblower in Florida. I have the name of the individual, obviously I have the email from that person.

Wayne Lenhardt
Do we have that photo as an exhibit as well?

Major Tom Haviland
I don't know if I sent you that photo or not, but I can do that. If also I'm required by law to identify the person by name, I will do that. I'm not allowed to identify him by name.

Wayne Lenhardt
Unfortunately, we're not a court of law and we don't have those powers, so.

Major Tom Haviland
Okay.

Wayne Lenhardt
I'm going to stop there and ask the commissioners if they have any questions for you.

Janice Kaikkonen
Hi, Thomas. Thank you for your presentation.

Wayne Lenhardt
I guess you covered it really well. There's no questions from the commissioners? Oh, there is one. Sorry, Janice.

Janice Kaikkonen
Thank you, Thomas, for your presentation. I just wanted to check and confirm again. So you sent out these surveys to the U.S., to Canada, to the UK, and to Australia, and the only embalmer that you had been informed that was not to pursue was in BC?

Major Tom Haviland
That was the only one that sent me back a— Others just probably deleted my email and sent me no response whatsoever. Like I said, I received responses from two of your province association presidents. One was Kevin Sweryd from Manitoba, and Kevin says he is seeing the clots. I'm not sure whether his association distributed the survey or not because I didn't see a lot of responses from Manitoba. So you would have to ask Kevin whether or not he distributed my survey.

But I know that the British Columbia Executive Director, Bradd Tuck, did not forward the survey down to any embalmers in BC to take, which is a shame, right? I would have loved to have gotten information from embalmers, for example, in Vancouver to see are you seeing the clots or not? And other responses I got out of Canada, like I said, 70% of the embalmers on average said they saw the clots. About 30% said they did not. I took every answer I got. I didn't discriminate that way. So I just want to know what they're seeing.

Janice Kaikkonen
Thank you. That's an interesting answer. Thank you.

Wayne Lenhardt
Okay, last chance for questions, Commissioners. I don't see any. So I think in the future, I think it would be appreciated if you come up with anything new, Mr. Haviland, if you could keep us on your mailing list, that would be very appreciated.

Major Tom Haviland
One last interesting point, by the way. Even though I never mentioned the words COVID or COVID vaccine in either of the surveys that I did, we did have a comments box, an optional comments box at the end of each of the surveys, where embalmers could expound more for what they were seeing in the embalming room if they wanted to. It wasn't mandatory, it was optional. What was interesting was many of the embalmers either implicated the vaccines as the cause of these white fibrous clots and the micro clotting, or they staunchly defended the vaccines as not causing these white fibrous clots. And what's interesting about that, as I

said, is I never mentioned the words COVID or COVID vaccine anywhere in the survey. So any comments they made about or vaccine-related came out of their own heads, not out of mine.

Wayne Lenhardt
Okay. On that note, on behalf of the National Citizens Inquiry, I want to thank you very, very much, Tom, for being with us today and sharing your data. Best in the future.

Major Tom Haviland
Thank you, sir.

Wayne Lenhardt
Thank you.

Major Tom Haviland
My pleasure.

NATIONAL CITIZENS INQUIRY

Regina, SK **Day 1**

May 30, 2024

EVIDENCE

Witness 4: Dr. Richard Schabas
Full Day 1 Timestamp: 04:41:13–06:10:29
Source URL: https://rumble.com/v4yg6lz-nci-regina-hearings-day-1.html

Shawn Buckley
Well, welcome back to the National Citizens Inquiry. Those clips from the mainstream media during COVID I find to be quite chilling and upsetting. But we thought it would be important just to remind people what we were experiencing. So we'll move on to our next witness. I'm very pleased to introduce our next witness, Mr. Richard Schabas. Richard, are you able to hear us?

Dr. Richard Schabas
Yes, I can hear you fine.

Shawn Buckley
Okay. And we can hear you. So I'd like to begin with the oath. Do you promise to tell the truth, the whole truth, and nothing but the truth?

Dr. Richard Schabas
I do.

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

Dr. Richard Schabas
I'm Richard Elliot Schabas. R-I-C-H-A-R-D S-C-H-A-B-A-S

Shawn Buckley
Now, Dr. Schabas, you are a retired physician with specialist qualifications in public health and internal medicine, am I right?

Dr. Richard Schabas
That's correct, yes.

Shawn Buckley
You were the Chief Medical Officer of Health for the Province of Ontario from 1987 to 1997, is that correct?

Dr. Richard Schabas
Yes.

Shawn Buckley
So you served for a full ten years as the Chief Medical Officer for Canada's most populous province.

Dr. Richard Schabas
Yes.

Shawn Buckley
And so as Chief Medical Officer, you would have actually planned for pandemics.

Dr. Richard Schabas
Among other things, yes

Shawn Buckley
Right. You were also head of preventative oncology for Cancer Care Ontario, from 1998 to 2001?

Dr. Richard Schabas
Yes.

Shawn Buckley
And you were Chief of Staff for the York Central Hospital during the SARS outbreak in 2003.

Dr. Richard Schabas
Correct.

Shawn Buckley
Dr. Schabas, you have provided us with your CV. We will enter that as Exhibit R-180 in these proceedings. Now, I'm wondering if, I know that you've prepared a presentation for us that I'll ask you to launch into, but before you do that, can you just share with us what your experience with SARS was?

Dr. Richard Schabas
Yes, that was actually going to be a part of my presentation, but I could certainly do that now. In 2003, I wasn't actually working in public health, I was working as Chief of Staff at York Central Hospital, which is a large community hospital in Richmond Hill, Ontario, just north of Toronto. And by sheer chance, bad luck alone, we were one of a handful of hospitals that actually was hit by SARS. We had a patient who was transferred from Scarborough Grace Hospital for dialysis without any warning that the patient might have been exposed to SARS, spread SARS within our hospital within our ICU. And so we were right in the midst of that, and we were very active in SARS.

And I was involved in a number of publications regarding SARS and regarding what I thought was the better approach to SARS. There was at the beginning of SARS, like there was with COVID, there was this atmosphere of panic in the world. And I wrote a commentary that actually was published in the Canadian Medical Association Journal, which was entitled *SARS, Prudence, Not Panic*, and I think pointed the way towards a more sensible approach to SARS.

The whole experience with SARS though was, I think, particularly fascinating and particularly relevant with regard to COVID and with regard to this inquiry. Because one of my sort of key takeaways from my experience with SARS is that we made no serious effort —as a profession, as a country, public health as a group—made no serious effort to try to examine what had happened and to learn any lessons about what had happened. Public Health simply took the attitude that SARS had come, it had gone away. Therefore, we had done a great job, let's move on. And where I found that particularly problematic was in the area of the principal public health response to SARS, which occupied most of the energy of SARS, which was the use of quarantine.

Now, let me just pause and define my terms here, because, unfortunately, a lot of terms like "quarantine," "isolation," "self-isolation," get thrown around, and rather loosely. So basically in public health response to an infectious disease, there are two kinds of procedures: one called quarantine and the other called case isolation. And they have similarities, but they also have some very significant differences.

Quarantine. And the name, ironically enough, goes back to the Middle Ages and the 40 days of Lent, which was the original quarantine period. So you can see how well-based in science this concept was. Quarantine is the idea that you take someone who you think might have been exposed to the infection—not someone who you have any reason to think now is infected, but might have been exposed, and therefore might be incubating the infection—and you put them in some kind of isolation, either a quarantine hospital or what we called in COVID, self-isolation. You simply say stay in your room for—in the case of COVID it was for two weeks.

The other thing that public health does and hospitals do is case isolation. Case isolation is different because it's dealing with someone who you think or know actually has the infection, either is sick with the infection, or is in some way tested positive. So it's the difference between someone who speculatively might be incubating the infection and someone who you know is infected. And quarantine as an approach to handling infectious diseases was basically abandoned by public health a century ago.

When I trained in public health 40 years ago, we were taught to treat quarantine with disdain, that it had no use in modern public health. In contrast, case isolation remains a useful and obvious thing to do. And in fact, it was proper case isolation in hospitals that was what ultimately controlled SARS—nothing to do with quarantine.

So the problems with quarantine, I think, are pretty obvious. The first is that it's an immensely inefficient thing to do. If we take, for example, the quarantining we did in COVID at the borders, where we forced everybody who crossed into Canada to spend two weeks in quarantine, even though the conversion rate—the proportion of those people who we subsequently learned actually were incubating COVID—was in the neighbourhood of 1 in 200.5%. So if you do a little simple arithmetic: two weeks of quarantine per person, you had to isolate people for 400 weeks—that's like eight years of quarantine—to identify a single case of COVID at a time when we knew there were tens of thousands of cases of COVID already in Canada. So, immensely inefficient.

The other problem with quarantine is that it's highly ineffective, particularly with a disease that's like a respiratory virus that you can't possibly identify all the people who are contacts. You can't possibly put them all into quarantine, so you can't possibly control the infection. So for those reasons, quarantine was largely abandoned before 2003, in fact as I said, in the early part of the 20th century.

But when SARS emerged in January and February of 2023, well, where did quarantine come from? Well, they started quarantining people in China. I don't know why, but that's what they did. And then when it spread to Singapore, they started quarantining people there. So when it came to Canada, we just said, "Well, everybody else is doing it, we should quarantine people, too." It was the monkey see, monkey do phenomenon that was so prominent throughout COVID.

And so we started quarantining people even though there was no rationale, there was no evaluation, and it was an immensely wasteful and, in the context of SARS, entirely useless presentation. Because SARS wasn't actually even infectious until somebody was not only ill, but very seriously ill. So it was a complete waste of time and effort. But public health had no interest in learning that lesson. They were much, much more contentious to say, "Oh, look at the great job we did. Let's move on. Let's just forget about the whole experience."

I didn't let it rest there. I wrote a couple of papers, which I've included as exhibits, challenging that concept. And to some extent I won that battle because the World Health Organization, when it revised the *Control of Communicable Disease Manual*—which is sort of the bible of public health infectious disease control—when they revised it in 2007 for SARS, they didn't talk about quarantine. They didn't talk about using quarantine. So at that kind of intellectual level, I won the battle. And when the World Health Organization did its review of the non-pharmaceutical interventions to prevent influenza and pandemic influenza in 2019, they said, "Don't use quarantine under any circumstances."

But unfortunately, where I didn't win the battle was in the popular mind. And by popular mind, I even mean in the mainstream medical mind. People got it into their head: "Well, we've had SARS and we'd done quarantine. Here we go, those two facts must be connected. It must have been the quarantine that worked." And so when COVID started up, everybody else said, "Well, we've got to start doing SARS. We've got to quarantine," and we did. And the quarantine around COVID was immensely wasteful: the wastage of human potential, the wastage of people's lives. The time that was spent uselessly in quarantine was enormous. And I think it's in large measure because we didn't take the time to learn the lessons from SARS.

And I very much hope that that doesn't happen. I'm worried it might happen, but I'm very, very concerned that we have to work to make sure that in fact we take the time, we put the energy, we have the humility—as a country, doctors as a profession, public health as an area

of work—we have the humility to learn the proper lessons from COVID. Because otherwise, there is every chance that come along a similar situation, we will make exactly the same mistakes again.

Shawn Buckley
Now, as far as quarantine goes, so we've just been through the COVID experience. Are you aware of any research that you would consider to be reasonable or even unreasonable that in any way supports this use of quarantine?

Dr. Richard Schabas
Well, I'm not aware of any research that was done, as I say, previously, during, or post. And furthermore, I'm not even aware of any particular interest among public health authorities, among sort of the mainstream, the people who supported the basic COVID narrative—which was most public health doctors and most epidemiologists. I'm not aware of even any interest. Now I think the data is out there. I mean, one of the advantages—there are a lot of disadvantages—but one of the huge advantages of living in the information age is the data is out there. And one of the things that I'd like to make a very strong pitch for as part of my presentation is that we need to have a national investment in learning the lessons, of going back to the science.

I know there are probably many people on this inquiry who are tired about hearing about science, about "follow the science." As I'll try to explain, I think that's because most of what was presented to us as science was not good science at all. It was weak science versus misrepresented by bad scientists. But I think the answer to this lies in the data, lies in the information. The answer is out there, but it's not going to fall into our lap that we as a country should be investing time and energy and millions of dollars, because we wasted tens of billions of dollars on the last COVID lockdown. We don't want to do that again, not if it's the wrong thing to do. And the only way we'll know for sure which was worth doing, which wasn't worth doing, and also what the harms were, is investing in doing that.

Now, I'm aware of the Canadian COVID Working Group, which is part of an international consortium which is headed out of Oxford in England, headed by Jay Bhattacharya and Kevin Bardosh. I'm part of the Canadian steering group that's trying to do this. But we don't have a budget. We're a small group of people who are dedicated to stimulating research into the harms of lockdown, and I suppose also the benefits of lockdown, if there were some in terms of disease control. But I think what we really need is a national initiative that will bring together, and again, not just like-minded people. One of the huge problems with what happened—

Shawn Buckley
And Richard, can I just focus you for a second? Can I go back to the quarantine issue? So we have SARS come along. And even though it was understood public health wisdom that you don't quarantine, that you're really just going to do damage without good, because China did it and then Singapore, we just followed suit in North America. I've got that right?

Dr. Richard Schabas
Yeah. You do.

Shawn Buckley
Okay. And then you wrote about this, you published on this afterwards. And am I correct that the World Health Organization actually paid attention and then has confirmed after SARS that quarantine is not effective?

Dr. Richard Schabas
That's right. They did not include quarantine as one of the recommendations for handling any future SARS outbreaks.

Shawn Buckley
Okay, which would include our experience with COVID. So heading into COVID, quarantine has already been debunked by you as a public health expert and the World Health Organization after SARS, but before COVID.

Dr. Richard Schabas
Yes.

Shawn Buckley
Okay, so do you think the same thing happened again then with COVID?

Dr. Richard Schabas
It's worse than that. Because I made reference to the fact that in 2019, just by chance the World Health Organization sponsored a comprehensive review of what were called the non-pharmaceutical interventions for the control of pandemic influenza and seasonal influenza. And basically, that was drawing on all the information we had about what non-pharmaceutical measures—so all of the kind of social stuff that constituted lockdown—would be useful in the context, not just of influenza and pandemic influenza, but I think more generally in a respiratory virus pandemic. Which is, in fact, what happened not long afterwards. Now although COVID is not identical to influenza, the fundamental similarities greatly outweigh the differences in terms of public health control measures. And it went through a whole range of things and assessed the level of evidence. And for, I think, everything on the list, the summary was that the evidence was either weak or non-existent.

And there were a range of things. I'm going from memory here, but there was a range of things that the World Health Organization said we should not do under any circumstances because they were not just without evidence or with only weak evidence, they were contrary to the evidence. And those included things like quarantine, border closures, and contact tracing. And yet, within a matter of a few weeks after the onset of COVID in Canada and throughout the western world, what did we do? We started quarantining, we closed the borders, and we said, "Oh, don't worry, we'll control this with contact tracing," which, of course, was absurd.

So, yeah, you may well ask, why did we completely ignore the existing science? Why did we? And people didn't just say, they went on further and said, "Well, it's proven these things work." I remember that was with masks. Now, the evidence for masks was weak. And in the WHO document for 2019, they did say that we could consider using masks in the event of a severe pandemic, but they made it clear that that wasn't based on any strong evidence at all. And yet when COVID hit and they started saying "We've got to wear masks," they said,

"Oh, it's proven they work." Not true. It was never true. It was always, always very, very speculative, and people were misled about that.

Now, that doesn't necessarily mean that encouraging people to wear masks, at least for the short term, like an influenza pandemic at any given jurisdiction that's going to last six to eight weeks—the wave, and then it'll move on. So these things were never contemplated to do for years at a time. But even if you think that it's a reasonable thing to do in the short term when you're not sure what else to do, well, that's one thing. But to tell people it's proven these things work and that therefore they must do it by law, that's a totally different thing. Again, so not only were these things not based on evidence, but people were misled about the evidence supporting them.

Shawn Buckley
I think you're touching on a really important point, and my understanding is you view that as one of the mistakes we made in COVID is actually presenting evidence as if it's conclusive, when really it's extremely weak. And do you want to comment on that further?

Dr. Richard Schabas
Sure. I've been involved in medicine now for half a century, and I would argue that the most important advance in medical science in the last 50 years has been what we call evidence-based medicine. And that's because when I was in medical school 50 years ago, we were told things, told that this is right or this is wrong, and almost always it was just based on what the opinion was of our lecturer or our professor. We did what the professor told us, or it was based on studies that we now know were actually very weak, very problematic.

And so the key things about evidence-based medicine, one of the things that gets a lot of attention is that evidence-based medicine has really promoted the idea that the best thing is experimental evidence—what in clinical science we call randomized controlled trials. They're the gold standard. They're not perfect, but they're the most reliable way of testing things. Like approval of a new drug now requires not one, but two independent randomized controlled trials. And the wealth of other evidence, the vast majority of other evidence, and virtually all of the evidence that drove the COVID response is fundamentally weaker than that.

Now that doesn't mean it's of no value, but it means we need to be cognizant of the fact that the evidence is not strong and that we have to interpret its findings with caution. And that's particularly true for two kinds of evidence that were most prominent during COVID, two kinds of epidemiological evidence. And pardon me if I get a little technical here but I think it's important.

The first is what we call ecological studies. Those are like at a population level. You look at what happened in a school, in a city, in a country. You look at what happened with some intervention, like a mask mandate or something like that. And then you look at what happened at the same time or subsequently to the COVID rates. And we call that an ecological study. And in epidemiological terms, that's kind of like a satellite photograph. It's very, very high level in that sense.

And we like doing them because they're easy to do and they're cheap to do. But we also know—and this is something I was taught in my very first epidemiology class—we're also taught that they're highly unreliable. And the value of these kinds of ecological studies is: Is it generating a hypothesis? And then you then have to go on and test this hypothesis with

more rigorous means, either by doing more systematic reviews or by doing what we call case control studies, or ideally by doing randomized control trials. But you never base public policy on ecological studies, which is, of course, exactly what we did with COVID.

The other kind are basically just case reports, just anecdotes, just good stories. And in medicine, we're familiar with case reports. They get published, but nobody takes them very seriously because they're, well, they're by their nature idiosyncratic. So I remember the example of the two manicurists who wore masks and didn't infect their clients. And that was supposed to prove that masking worked. No, no, it doesn't. It's an anecdote, it's a story, it's interesting. You don't dismiss it out of hand, but you don't give it great weight either.

But if you go back through the COVID literature to the science, the so-called science, well, it is science. It's just weak science that we use to support policy. It's rife with those kinds of studies. And that's not the fault of the science, that's not even necessarily the fault of the studies. That's the fault of the interpretation that was put on the studies. It's the fault of the authors who weren't properly cautious. It's the fault of the journal editors who didn't edit this stuff out or put in warnings that this shouldn't be taken as being definitive. And mostly the fault of the decision makers—particularly the decision makers in public health who knew better, or who should have known better, or certainly were taught better as part of their training. Something they just completely ignored.

Shawn Buckley
And Dr. Schabas, if I can just maybe give an example. So when you're talking about an environmental study with masking—so for example it could be of a city—but, well they're saying that masking was introduced, and then within two months the COVID rate went down. But the study might have started in June, and we all know in June and July, the summer months, that we would expect the infection rates of infectious diseases like COVID to go down because it's summer. Is that the type of flaw in the studies?

Dr. Richard Schabas
Yeah, and that's exactly what happened. As you remember, masking was embraced with enthusiasm in April, May, and June of 2020, and a lot of places put in mask mandates. And guess what? The rates of disease went down over the summer because that's what respiratory viruses do, their rates go down. And so that "proved" that masks worked. And everyone conveniently didn't ask the same question in the fall when the weather turned and respiratory viruses normally get more active. And guess what? COVID got more active, regardless of whether we were wearing masks or not.

So yes, and I mean masking of course was the one area where in fact there was some effort, one of the very few efforts where there was an effort to do some randomized controlled trials. And there were two. There was one, a relatively small one, done out of Denmark by people who actually were great enthusiasts for masks and thought they were going to prove that masks worked. In fact, they didn't. There was a small trend to reducing infection with the use of surgical masks, but it didn't reach statistical significance.

There was a much larger study done in rural Bangladesh which had problems, a lot of problems with the methodology but was still, I think, a relatively sincere effort to look at the issue. And its conclusion was that cloth masks—which were the ones that were used overwhelmingly back in the spring and summer of 2020 when the ecological studies were claiming masks, they show masks work—show that cloth masks were completely

ineffective and suggest that there might be a small reduction in the infection rate for surgical masks.

Now that reached statistical significance with, I think, an effect size of about 10%, a very small effect size. But there were some methodological problems with that study that mean we should take it with a grain of salt. So the fact is that the mask mandates continued unabated, and the enthusiasts continued to trumpet their effectiveness, notwithstanding the fact that the evidence, even the high quality evidence, didn't really support that.

Shawn Buckley
Do you see any ethical problems with how we handled this COVID pandemic?

Dr. Richard Schabas
I see huge ethical problems. I'm very critical of my colleagues. Health professionals in general are supposed to be knowledgeable of basic medical ethics and key principles of non-malevolence. "Do no harm" is supposed to be a critical medical, a fundamental building block of medical ethics. And yet we did things like closing schools. We closed schools speculatively, speculatively. There was very little evidence that that was going to make any difference. And as time went on, in fact, I think the evidence built up that schools and children were not a main source of disease transmission.

But nobody thought, or thought very hard about the cost of that intervention. Nobody thought about the effect that closing the schools in Ontario— I mean, my granddaughters in Ontario missed the equivalent of about a year of in-school education. Nobody thought about the consequences, particularly the consequences for the more vulnerable kids, the more marginalized kids. You know, it was okay for my granddaughters who live in a big house and have computers and have parents who were highly motivated to help them. It was much harder for the kids who were locked in their little apartment in St. Jamestown with parents who were out working for Amazon or Uber Eats or whatever, providing the services, sleeping the halls in hospitals, I don't know, doing the things that kept our society going— totally different from them. So non-malevolence didn't just get forgotten about.

The other one that I find deeply offensive is the whole issue of autonomy. Autonomy of the person, the right of someone to control their own body, is extremely important. It is, for example, absolutely crucial in the debate about reproductive rights. People who defend a woman's right to choose, that's something that's based on autonomy of the person. And yet the same people were so willing to support and endorse vaccine mandates, for example, which basically coerced people into getting a vaccine which they had not chosen to get.

Maybe they were wrong not to choose it. I don't know. I think for some it was. For some it was, you know— I understand, it was a novel technology with a vaccine that was on emergency release. People, it's well within the scope of autonomy of the person, well within a reasonable person's decision—particularly a younger person who's at no meaningful risk of serious complications of COVID to begin with—totally reasonable to resist. And yet we abandoned autonomy.

And the logic, the arguments that were given to support it were, first of all, that the vaccine would stop transmission. Now I think we all hoped, certainly I hoped when the vaccines were introduced that they would stop transmission. But there was no evidence for that. It wasn't part of the clinical trials that the mRNA vaccines were based on. They didn't even look at that. So it was entirely speculative. And it became very clear very early on that in

fact there were lots of breakthrough cases and that the vaccines were not stopping transmission, and that whatever effect they had in transmission was relatively short-term and was very quickly eroded. So that was wrong.

The other argument that was put forward for the vaccine mandates is that they would increase immunization rates and protect our healthcare system. Well, I'm not sure that was true either, because even though when the vaccine mandates—for example, the federal vaccine mandate—was introduced, there was a little bump in immunization. Some people who were sitting on the fence to save their jobs decided that they would give in to this coercion and get a vaccine that they were undecided about.

But there was a whole other group of people who were undecided, and perhaps still people who could have been persuaded to accept the vaccines, who jumped the other way—people who were either fundamentally offended by the coercion or who became very suspicious of a government intervention that required this sort of coercion, and jumped the other way. And instead of being on the fence, they in fact were determined not to get the vaccine.

And we see the follow up from that now, because we now have this huge public resistance to just about everything public health says, including vaccines. Public health continues to flog the booster doses—again, based on essentially no evidence—continues to flog the booster doses, but public uptake is just about zero. It's vanishingly small. So the net result, I think, of the vaccine mandates was to undermine public confidence in public health. So that came from offending the principle of autonomy and also, of course, of informed consent.

I mean, again, informed consent means full and open information. The information about COVID, the risks of COVID, were greatly overstated and overplayed, particularly among young people. And there was a real reluctance of public health to recognize and identify some of the adverse effects of the vaccines. Probably the most dramatic of those is myocarditis, which overall is a relatively rare event with the vaccines. But in adolescent boys, it's actually not rare at all. And this is a group that get almost no benefit from the vaccine, virtually no benefit from the vaccine, and yet are facing a meaningful risk of serious harm. So that really flew in the face of the principles of informed consent as well.

Shawn Buckley
You were talking about: they basically weren't putting the risk in perspective for people. And what you mean by that is, as well, they're telling us be afraid, be afraid of COVID. But for many of the age groups, the risk was quite small of any danger. Am I right about that?

Dr. Richard Schabas
Yeah. It's not just that. I think even for older people, the risk was greatly overstated. Not that there weren't a lot of deaths, but the realities of getting older is that you get closer to death. I mean, I'm sorry, there's no nice way of putting that. And so what was never done was an attempt to put the risks of COVID in any perspective. And I had always regarded that as one of my most important jobs. Public health is supposed to look at the whole of society, the whole of population health. We're supposed to understand that health is more than just the absence of disease. We don't live our lives merely to avoid death. We lead our lives to—Because health is more than the absence of disease, certainly more than the absence of just one disease. It's supposed to be about mental, physical, social well-being. And in the case of COVID we basically threw all that well-being stuff out the window because of one disease.

And public health officials never made the effort, and frankly it's hard to do. It's really easy to scare people, particularly since if you look at COVID and you look at the literature on risk communication, COVID pretty much checks all the boxes of something that's going to be inherently scary to people. It's new, it's invisible, it's infectious, and it can kill you. And you add all those together, and it's not surprising that a lot of people were frightened of COVID. And then when public health turned around and said, "And you should be scared, and you should be scared, and even young people should be scared," then guess what? People got scared.

And then when you publish just raw numbers, again, if you're trained in risk communication, one thing you never do, you never just present raw numbers because people don't put them in any perspective. Well, that's what we did. That's what we did with COVID. Every day the Globe and Mail told us how many Canadians, cumulative, had died of COVID. We did everything to scare people, I think, because that was one way to get them to be compliant with these lockdown measures.

So let me try to put it in perspective. Even for older people, in fact particularly for older people—and risk communication on something like this is not easy to do, but I think it's important and it's something that we struggle with—so if we were to look at what happened in COVID in Canada in the first year, from basically February 2020 to February 2021, that's twelve months. And that's the period from when COVID first appeared to when vaccines were more or less readily available for anyone who chose to get them.

And at the very beginning of that, I went through the numbers in my head as I understood them and came to the conclusion that, yeah, COVID was there and there was a risk. But the risk actually to me—and I was then a healthy 68 year-old—the risk was actually quite small. Small enough that I was not going to let it interfere with my life, or rather, I was going to do as much as I could to lead a normal life in that bizarre world of 2020. I wasn't going to be crazy. I wasn't going to go looking to get myself infected. If I knew somebody else was infected or likely to be infected, I would stay away from them. But other than that, I was quite happy to pay my money and take my chances.

And so looking forward and looking back, let me just run through a few numbers for you, if you'll indulge me for that so I can explain what I mean by that. So, in that first year, Canada had about 18,000 reported COVID deaths, and Canada normally has about 300,000 deaths a year. So if you reduce that a little bit for people who in fact would have normally died anyway—because it tended to hit people who were very frail and very elderly—that's about overall a 5% increase in risk of death in that one year. But because of the way COVID was distributed in that first year, with up to 80% of the deaths being in long-term care facilities, for a Canadian who wasn't living in a long-term care facility, the increase in your baseline risk of death went up in that first year by somewhere between 1% and 2%. Now again, I don't want to sound too nerdy here, but I'm not talking about an absolute risk of 1% or 2%. I'm talking about a relative increase in the risk you faced before.

So what does that mean again? Okay, let me try to put that in some perspective. So for the average 70 year-old in Canada, your risk of dying in the next year is about 1%, about 1 in 100. But for every year you live—and this starts at about age 60—every year you get older, your risk of dying goes up by 10%. What that means—not in absolute terms, in relative terms—so it means if your risk of dying when you're 70 on average is 1%, your risk of dying when you're 71 is 1.1%. That's a 10% increase in risk. And it's something we just, I think, live with and accept. It's part of life. I think most of us understand that as we get older, risks increase.

So COVID, by comparison in that first year when there were no vaccines was the equivalent of being about a month older than you were in terms of risk. So if you were on your 70th birthday and you were worried about, you're thinking about your risk of dying, COVID made you not 70, but 70 plus one month. Now, that's not a good thing. Anything that increases risk of a bad outcome is not a good thing. But it's also not the sort of thing that would keep any rational person lying awake at night, or would lead a rational person to make dramatic changes in the way they led their lives. And yet that's exactly what people did. People were terrified of COVID. I think that made a huge contribution even to the decision making, because I think many of the decision makers were people who actually thought that they were going to die too—but they weren't.

So I think there are ways. And again, I'm not suggesting it's easy, and maybe if you want to ask me questions about the numbers I just ran through, I'd be happy to go back through them. But the actual increased risk, even to people, even to older people like myself, the actual increased risk from COVID was actually very, very small relative to the risks of just being a human being who's alive and getting older.

Shawn Buckley
And the public messaging to the older people was not: Okay, you're 71, so your risk is losing the same as you losing a month of life. So instead of living to 75, you're going to live to 74 and eleven months. It wasn't presented that way. What are your thoughts on— I mean, you've already told us they shouldn't have used fear in public health, so I guess you've already told us your thoughts. I mean, you think that's one of the ethical feelings, was the communication?

Dr. Richard Schabas
Yes, I think the use of fear, it's anathema to the basic principles of public health. We were always taught, we always had the principle of you don't use fear because you make people fearful, they become irrational. You give them the facts, you give them the balanced facts, and they deal with it. You don't say, "Run in panic," but that's what we did for COVID.

Shawn Buckley
Now, you had an experience of censorship during COVID. Can you share with us about your experience with the CBC?

Dr. Richard Schabas
Yeah, I have several experiences I'd like to share. One relates to the CBC, the other relates to work I did as an expert witness for some cases with some professional colleges: College of Physicians and Surgeons of Ontario and the College of Nurses of Saskatchewan. But let me start with the CBC.

So over my years in public health, I've frequently been approached by the CBC literally hundreds of times to comment on a variety of public health issues—and probably more laterally in the last ten years before I retired anyway—on issues that were related to infectious diseases, certainly around SARS, then around bird flu. Which you may recall there was a great panic about an imminent pandemic from bird flu in about 2004 and I was the one who said, "This is not based on good science. We have no idea if there's a threat. We should take it a little bit more cautiously."

And then around the H1N1 so-called swine flu influenza pandemic in 2009 where I made the case that, because of the dynamics of H1N1 and the immunity levels in older people, that although it was an influenza pandemic, it was the most benign on record and that the actual public health impact was very, very much smaller than people had expected—or that people were making it out to be during the pandemic. So I was a go-to guy for at least some of the producers in CBC on these issues.

And at the very beginning of COVID, even though I'd been retired at this point for about three years, I guess I wrote an opinion piece in the *Globe and Mail*. And I guess I was still on a few rolodexes because I did get some calls. I did a couple of interviews for *CBC Newsworld* for the B-team, but for the *CBC Newsworld*. And on the 22 March 2020—so remember, that's way back at the very beginning, just two days after Ontario announced its lockdown at the very beginning of the COVID lockdown period—I was asked to do an interview with *CBC Newsworld* in Halifax at seven o'clock on a Sunday morning. And I naively believed that a Newsworld broadcast at seven o'clock on a Sunday morning would have a viewership of about six people. But I was happy to do it because I thought it was important that there be some pushback, that people get the message out that we don't know what we're talking about with COVID and there's so much uncertainty, and we're busy doing things that make very little sense and we're not sure why we're doing it.

So I did the interview. And actually you can still see some of that interview on YouTube for the wonders of YouTube. It's an abridged version, so there's a lot of good stuff that I said that got cut out. But in fact with the wisdom of hindsight, I would stand by almost everything I said in that interview. And I think many of the things I said were quite pressing. It was a very friendly, easygoing interview.

Anyway, so I finished the interview and then I think I probably went back to sleep because it was very early in the morning for me. And then a couple of hours later, mid-morning, I got a phone call from my daughter, who's a physician in British Columbia, saying, "Dad, there's a firestorm." I don't think she used the word firestorm but, "There's a firestorm on Twitter," I don't do Twitter, I never did, "led by someone named Maureen Taylor that's attacking you for your interview and saying all kinds of terrible things about you."

And what transpired, and I now know what transpired, is that Maureen Taylor— Now Maureen was a former CBC correspondent. She'd actually been their correspondent that had dealt with a lot of the stuff around SARS in 2003, so I knew her. But after she left the CBC, she went and qualified as a physician's assistant and was working as a physician's assistant. And she led a campaign—I'm talking about something that happened over a matter of a couple of hours of her and some of her cronies criticizing what I had said—and saying I shouldn't be allowed to say these things and that my views were akin to those of a climate change denier. So I'm a climate change denier because I think we have uncertainties about COVID and uncertainties about lockdown.

Anyway, what happened—and I now know because I have the documentation which I've included as an exhibit—is that Maureen reached out to her former colleagues at the CBC. And based on Maureen say-so, one of the senior executives in *CBC News*—someone by the name of Tracy Seeley and somebody else named Jennifer H; I don't know her surname because that wasn't in the email—basically sent out an edict to *CBC News* producers that I was not to be interviewed. Neither I nor for some reason Dr. Neil Rau—who was another very distinguished infectious disease doctor who I published articles with in the past—neither of us should be interviewed on COVID. We were summarily canceled on the word of

a CBC executive taking advice from a physician assistant. And so two of the most prominent voices around public health and infectious disease control were simply stricken from the CBC with the stroke of a pen.

It was worse than that. They had put my interview up on their website. I guess somebody there thought it was a really good interview and people should see it. And that's probably what people were responding to. They took it down and airbrushed out any reference, any history. So it was a little bit like Joseph Stalin getting Leon Trosky out of the photograph—and airbrushed me out of the CBC history. And subsequently, I've not been interviewed by CBC on this in the four years since. I don't think that Neil Rau has either. And this, of course, is a publicly accountable agency. There was no suggestion that Tracy Seeley would go and get further advice or that you would examine it further. This was an arbitrary decision. We were canceled. We were out. They moved on.

And I don't know why. I don't know whether this was based on their fear, I don't know whether this was based on their ideology, or I don't know whether it was political cover because what we were saying was highly critical of what the federal government was doing. But the end result was that important voices—I think both Neil and I were important voices—were simply excluded. Canadians didn't know about those views because they were—

Shawn Buckley
Okay, Dr. Schabas, I'm just going to break in and pull up that email. David, can you throw that on the screen for us, please? Dr. Schabas, so this is the email that you were provided. So somebody leaked this to you in the subject. So this is the same day as your interview, March 22. And the heading is, "PLEASE READ" in big letters, "Experts to avoid in COVID-19 chase and news gathering." And when I look at the email list, it's CBC, CBC, CBC. So this is internally to CBC people to really make sure that you're not put on the list. And I'm just going to scroll down to the text because I want people to understand what was said. So she says:

> "Hi all, Please see below. NN unfortunately ran an interview with Dr. Schabas this morning and a clip was included in our web story. We took the viz out and had Encoder unpublish it completely. As you'll see below, these sources are considered the "climate change denier" equivalent of coronavirus prevention."

So you're actually being labeled as the equivalent of a climate change denier, which I think we all recognize is just an engineered term.

Dr. Richard Schabas
Worse than a child molester, I think, in the eyes of CBC, yeah.

Shawn Buckley
Right, right. Yeah, so we will enter that as an exhibit so that it becomes a permanent part of the record.

Dr. Richard Schabas
I should also say that when I did get this screenshot, this was someone at CBC who took the screenshot of the email and sent it on to Dr. Rau, who shared it with me. I did send a complaint to the CBC ombudsman complaining about this sort of behaviour, this arbitrary

behaviour in controlling editorial content, in canceling important people. And I contrasted it with some of the so-called experts, like Dr. Colin Furness who is Doctor of Library Science, who the CBC was touting as an expert, and how inappropriate that was. And basically the ombudsman wrote back and said, "There's nothing I can do," and never heard back from him after that. So CBC was supposed to have an internal mechanism to deal with this. Well, I can assure you it did not.

Shawn Buckley
Okay, so you've already told us that one of the things you think we should do is have full-blown inquiry into this. Before I turn you over to the commissioners, are there any other things that you think should be done? Clearly you think the CBC should be held to account.

Dr. Richard Schabas
And to be clear, I'm not talking about a full-blown inquiry. I'm talking about funding a robust research effort. I think that this may take months, it may take years to bear fruit. But I think we need to get scientists of all stripes, all shapes and sizes. We need to engage them in doing the research on the data, do the clinical trials that came in, do whatever research we can do to try to shed some light on this. I think there's a lot of what to be learned out there, and I think it should be a national priority to do that.

Yeah. The other thing related, I was going to talk about professional colleges, because one of the things I really found shocking— And I'm focusing on the CBC and on the professional colleges because those are institutions that are publicly accountable. You know, if the Globe and Mail chooses to publish nonsense and chooses to publish op-ed pieces by people who don't know what they're talking about, nothing that I can do about that. They're a private institution, all I can do is cancel my subscription.

But the CBC and the professional colleges are publicly accountable. And the professional colleges—and this was, I think, very common across Canada—I can't say they all did it, but certainly many of them did it. And I was involved in the case with the College of Physicians and Surgeons of Ontario where they tried to discipline Dr. Kulvinder Gill because she'd been outspoken about aspects of lockdown, and actually took her to the brink of the discipline committee. And believe me, there's nothing more intimidating for a physician than being taken to the discipline committee, because that can take away your license and take away your livelihood and taint you forever if that happens. They backed down at the last minute, but they were prepared to do that.

And actually, with the College of Nurses of Saskatchewan, I gave testimony for a nurse there who had tweeted critical of vaccine mandates, not critical of vaccines, critical of vaccine mandates—in fact, something I completely agreed with her on, but that's irrelevant. The fact is that was well within a reasonable thing to do. They actually took her to the discipline committee, and she had a very extended hearing at the discipline committee before they fortunately threw out the charges. But the fact that the colleges would do this had a real dampening effect, a real chilling effect.

And let me just read to you something. This is from an official position paper of the College of Physicians of Ontario, and it says, "Physicians have a professional responsibility to not communicate anti-vaccine, anti-masking, anti-distancing, and anti-lockdown statements." So any physician in Ontario who said anything critical of masking, of distancing, of lockdowns or vaccine mandates was running the very real risk of professional discipline. And I think that is shocking. And I think we need to go back and look at the legislation that

governs these institutions and make sure that they are prohibited from ever doing this sort of thing again.

The other area that I'd like to touch on relate to the independence of public health. I ask myself why my public health colleagues performed so poorly, in the sense that none of them, or virtually none of them, spoke out in any meaningful way based on the principles that we were trained in and that we espoused up to the beginning of COVID—things like health is more than just the absence of disease. Things like the importance of the social determinants of health. Things like the importance of putting health risks into perspective, as well as the basic ethical issues I've touched on. Where did all that go? Why did all that disappear?

Well, I think some of it was they were sort of swept along by this tsunami of ideology that played such a huge role. But I think also some of it was that they were just frankly intimidated by their bosses or afraid of losing their jobs. Bonnie Henry wrote a book about her experiences in the first year of COVID. And she as much as admits that one of the reasons she went along with the politicians was because if she got too far away from the politicians, I think were her words were to that effect, that she would lose her job.

So the only public health sort of organization, national organization, that I think performed with real credit throughout the developed world was in Sweden, where Sweden, in fact as you probably know, took a very different course: did not have lockdown as we know it, did a lot of voluntarism, but very few, very, very few mandatory measures. And those that were in place were short-term based on when the disease was active, and moved away from very quickly when they weren't.

The key difference with Sweden, I believe, or one of the key differences is that in fact the public health officer, the public health system, is independent, has an arms length relationship with the government, is under the aegis of an independent board. And that's something that I actually pushed for 20 years ago for the Public Health Agency of Canada when it was first created, that there be an independent board. They didn't do that. They made it an arm of government. I did the same when Public Health Ontario was created, again about almost 20 years ago. Same mistake was made. It basically operates in close proximity, or rather I shouldn't say that— The Chief Medical Officer of Health in Ontario should have been made part of Public Health Ontario so he could operate at arm's length from government. Didn't happen.

So I think we need to look at the structures of the governance of our public health system. I'm not sure that's going to be foolproof. I can't say for sure that public health in this country would have performed better if it had been independent. I hope it would have. It would have at least have removed one of the impediments to the bad performance, to good performance—one of the reasons why I think they perform so poorly.

Shawn Buckley
I'm just going to summarize what you said. So my understanding is, and you've indicated: So Sweden as a country, their regulatory person for public health is more separated from the government, and they chose not to lockdown, they chose not to have mandates for vaccines. And am I correct that today—now we're in on May 30, 2024—that we know Sweden had better health outcomes than Canada, and their climate is similar?

Dr. Richard Schabas

That's a complicated question. No, I mean, again, we're getting into— This is, again, we're falling into the anecdote. Sweden's COVID mortality rates was actually considerably higher than Canada's. It was, for example, comparable to Quebec. Quebec and Sweden, which are actually kind of similar population, had actually very similar experience with COVID and very similar COVID mortality rates. Canada as a whole had lower rates, but Sweden had among the lowest rates and the bottom third, I think, of COVID mortality rates in Europe, which is what you'd expect. It's an affluent Scandinavian country. You'd expect it to do well, just as you would expect Canada to do well.

So I can't draw too many conclusions. I don't want to say oh, yes, Sweden did better than us. By measures of excess mortality, Sweden did do better than Canada, or at least comparably well to Canada without having the lockdown. But these are immensely complicated scientific questions. We have to be careful not to kind of leap onto anecdotes, because that's falling into the same trap that led us into our sustained lockdowns. But the bottom line is that, yes, Sweden didn't do what everyone talked about: the Swedish disaster. Well, there was no Swedish disaster. By any COVID measure, Sweden and by any excess mortality measure, Sweden did comparably well to its peers and didn't go through all the trauma that many other countries went through.

Shawn Buckley
Thank you. I'm going to let the commissioners ask you questions now.

Commissioner Drysdale
Good afternoon. Thank you for coming Doctor. I have a couple of questions for you. You mentioned that you were Chief Health Medical Health Officer in Ontario for ten years. Were you familiar with the Canadian influenza pandemic plan?

Dr. Richard Schabas
I am familiar with that. I don't recall whether that was something that was there when I was Chief Medical Officer of Health, or whether I became familiar with it later in my career, which included some time in public health. But, I mean, I was by 2020 familiar with it, yes.

Commissioner Drysdale
Yes, it was my understanding from other testimony that it was authored in 2006, at least the last edition that we were presented with here at this commission.

Dr. Richard Schabas
That sounds right. That sounds right.

Commissioner Drysdale
Are you familiar with who was the major, or at least the signature author of that report?

Dr. Richard Schabas
I don't know that offhand.

Commissioner Drysdale
Would it surprise you that it was Theresa Tam?

Dr. Richard Schabas
No, it would not surprise me. Although my recollection is that it was a far, far more moderate document than anything that we ended up actually doing for COVID. I mean, we basically spent years developing the playbook for handling respiratory virus pandemics, and then threw out the playbook with COVID.

Commissioner Drysdale
My understanding from previous testimony was that pandemic plan that we had in place did not recommend quarantines, did not recommend masking, did not recommend shutting down schools. And so I'm wondering how we fundamentally shifted that philosophy from the point that that pandemic plan was put together. And when I said it was authored by Theresa Tam, I think there was eight pages of medical people across the country that were involved in it. So how did we— Was there research available that caused that change?

Dr. Richard Schabas
Well, as I say, it's worse than that because there was this comprehensive review done by the World Health Organization in 2019 published a few months before COVID started which reinforced all of this stuff about: don't do these things I mentioned, don't do quarantine, don't do border closure, and the evidence for the other stuff—even though some of the things that say you could in a severe pandemic do it, said you could be reasonable to close schools. But again, let me add the additional caveat that we were talking there about influenza, and influenza is a disease whose epidemiology we actually understand very well. So we know that influenza outbreaks in any given jurisdiction, a province, a city, whatever, are going to last in the neighbourhood of six, maybe at most eight weeks.

So if you talk about closing schools for an influenza pandemic, you're talking about closing schools for a few weeks. That's it. And you're right: and don't mask, don't do any of these other things. But nowhere was it ever contemplated that we would do these things for years at a time. In fact, if you'd ask a public health person in 2019, what's the most fundamental determinant of health in Canada? What's the most fundamental reason that we in Canada are enjoying this unprecedented, historically unprecedented level of health, and in global terms, such as excellent health? The most fundamental determinant of health is education, okay. Education is the most important thing that has driven our improvement in health over the last hundred years. And yet education, we just threw it under the bus without a second thought. How could that happen? I continue to scratch my head as to how all that happened without, it seemed, a second thought as to how long we do it for.

You should watch the clip of my infamous CBC interview in March 2022, because I raised exactly that—2020, rather—I raised exactly that point. I said, these things are unsustainable. How long are we going to keep it up? I never would have believed that we could have kept it up for three years, that we would contemplate the damage that we have done to our society. We're still seeing it, among other things.

Among many other things, we're still seeing a much higher level of death, generally now we call excess mortality, than we saw before the pandemic. We've done such fundamental damage to our state of well-being, not just economic, but also social and health wise. And

we're continuing to pay a price for that because people just did these things in a panic. They didn't stop and think, what are the harms? What are the costs?

Commissioner Drysdale
Well, that's a really good point you bring up, because when you were talking about the quarantines, I was thinking that as a professional, you need to consider all aspects of what you're asking a patient to do, or a client to do. And so when you close down schools and you put kids into quarantine, don't you have to consider where those kids are now going to be spending their time?

In other words, in a public school that has an air handling system with filters on it and is clean and is made out of concrete, is it not conceivable that some of those children would be going home to an environment that wasn't as healthy for them physically without clean filters with perhaps—I think Canadian Housing Corporation has said that 70% or 80% of homes have mold in them? Are you aware of them considering where they were putting these kids?

Dr. Richard Schabas
You're asking, was there rational thought put into this decision making process? And I don't think there was any rational thought. I think it was kind of a knee jerk, "Oh, let's close the schools." And then there was a strong lobby element, some of it from some of these modellers—I could talk all day about the modellers—but also from groups like the teachers union, who got it into their heads that it was in the best interest of their members to keep the schools closed. And, you know, but by way of comparison, in British Columbia—now I'm very critical of British Columbia for many of the things that they did in COVID—but British Columbia made the decision in the spring of 2020: They closed the schools in March like everyone else did, but they reopened their schools in June, and they didn't close them after that. I think they closed them for one week the following January, but basically my grandson in British Columbia, in contrast to my granddaughters in Ontario, after June, beginning of June 2020, he didn't miss any school.

And yet, so very different conclusion. And I think recognizing first of all the evidence, which was becoming quite, quite reasonable by June of 2020 that schools were not a major site of spread, and exactly as you said, sending kids home to spread the virus was not a solution to anything. All you were doing was crippling kids' education and putting a further additional strain on parents. That British Columbia, which overall had a COVID experience that was outside of them, outside of the Atlantic provinces, which was the most benign in Canada, and yet they kept the schools open. But other provinces, like Ontario, persisted with these prolonged closures. Yes, it makes no sense.

Commissioner Drysdale
On to the masks. You talked a fair bit about masks as well. And I'm not aware, and I'm asking you if you're aware, throughout the whole mask mandates I never heard of an official explaining how masks were to be disposed of, or how you were supposed to avoid touching them, and what did you do with them at the end of the day. Would the mask not be an infected piece of material? Would it not carry bacteria or germs on it? Did it not affect the carbon, the oxygen levels that people were breathing? I mean, were any of this considered. Do you know?

Dr. Richard Schabas
Again, I don't know what went into the decision making. I can tell you that there was actually quite a robust evidence of literature on wearing masks for the control of influenza. In fact, there was what we call a meta-analysis—that's a compilation of, I think, about ten randomized controlled trials, so experimental evidence, high-quality evidence, exactly the kind of evidence we're supposed to pay attention to—a meta-analysis of the use of masks in control of influenza, which was published in, it was May of 2020, just the right time. And it went through all of these studies and all the literature, and it concluded that masks were of no value in controlling pandemic influenza.

And the reason for that are multiple. I think it has to do with, obviously, the ineffectiveness of these masks in screening out virus particles, but all the other stuff: people don't wear them properly, people touch their face, people dispose of them improperly. It's a very complicated thing. It's very hard to kind of put your finger on why masks don't work, but they don't. At least that's what the evidence showed. They work very little or not at all. That's what the evidence showed. And subsequently, that's what the high-quality evidence on masking for COVID showed.

So why did we not only jump? I mean, it was one thing— As I say, I can understand why a Public Health Officer in the spring of 2020, when we're faced with this significant and novel threat, we're a long way away from having vaccines, would have said to people, "Listen, I don't know that this is going to work, but I think it's maybe a good idea for the time being that you wear a mask when in crowded indoor spaces." I mean, I get that so long as you're honest with people that it's not something that's robustly evidence based, and so long as it's a recommendation, that's okay. But that's not what we were told. We were told that there was strong new evidence, then we were told it was proven, and then we were told you must do it, and that's where it stayed.

And then masks became kind of this bizarre kind of talisman that you kind of showed whose side you were on when you wore a mask. I remember walking through a Costco store in Vancouver shortly before the mask mandate for indoor was put in place in British Columbia. And I think most people wearing a mask. Okay, I get that. Two or three of us weren't. We kind of winked at each other, because we were— And I guess it was the other way around where people wore masks, it was like a biker gang wearing its colours. You were going to show that you really cared because you were going to wear your mask. It acquired this kind of additional, kind of symbolic significance that was really quite strange.

Commissioner Drysdale
Well, this commission heard testimony from at least two witnesses who were beaten in public for not wearing a mask, even though they had medical exemptions. I want to talk to you a little bit about the Ontario—not necessarily the Ontario College of Physicians, but we did hear testimony on them in particular.

And my understanding of the issues surrounding informed consent is that particularly in Ontario—I don't know, but I imagine it's the same in other provinces—my understanding from testimony was that in Ontario, if a physician, part of the consent issue was if a physician suspected that their patient was being coerced into taking a procedure, then they were honour bound or legally bound not to provide that procedure. In other words, if they were being influenced by an outside body or being forced by somebody and the doctor knew of it, they couldn't administer the procedure. Is that your understanding of that?

Dr. Richard Schabas
I'm not expert enough in— I mean, as I understand that what you're saying is that if someone believes someone is not providing true informed consent, that they're not. You need informed consent before you can do a procedure. If you're not satisfied you're getting informed consent, then you can't do it. Yeah, that makes perfect sense.

Commissioner Drysdale
I mean, my next question related to that would have been: How do you think the Colleges of Physicians and Surgeons squared the circle where they knew people were being threatened with their jobs or threatened with other things to take a procedure vis-a-vis the injection, and yet they continued to give those injections.

Dr. Richard Schabas
Well, because the professional colleges like the CPSL and the College of Nurses in Saskatchewan, and I believe most of these bodies were seized with this sort of almost religious zeal that they knew the truth. They were on the side of the angels, even though of course there was huge uncertainty about many things. They were on the side of the angels, and they were leading the charge against misinformation, against quackery. And, yeah, I think they just were kind of blinded by their own self-righteousness and did things that I think history will regard as quite important. You know, that paragraph, that sentence I read to you is really quite shocking. I mean, in a profession like medicine where we thrive on discussion and dispute, that's how medicine moves forward. That's how science moves forward. And that, by the way, is also how fundamental Canadian democracy—

I had the very disturbing experience in the Saskatchewan case, where I was cross examined for more than a day by the counsel for the College of Nurses, who was trying to paint me as some sort of libertarian zealot—which I can assure you I am not—trying to paint a center of libertarian zealot because I thought that a nurse had a right to express an opinion on a vaccine mandate. It was just very strange. It was almost like speaking to the inquisition. And I think many of the people who were in leadership positions of governance of Physicians and Nurses in Canada were closer to inquisitors than to anything else.

Commissioner Drysdale
Well one of the things you talked about, which I found really interesting, and you used some terminology that I've certainly heard before, and that is you were talking about risk. And you talked about the term "absolute" or "relative risk." And I also heard them talk about that with regard to the efficacies of the injections, in that the public was told about relative efficacies of the vaccine as opposed to absolute efficacies of the vaccine, and that they didn't really understand what that difference was. And that seems to be similar to what you were talking about with regard to your absolute risk of mortality as opposed to that relative risk. You seem to be quite careful about making sure we understood that.

Dr. Richard Schabas
Well, I think that just underlines how difficult it is to present these numbers accurately, but also in a balanced way that people are going to understand, because these concepts are not easy. I mean, my classic example is the difference between absolute risk and relative risk is that if you buy one lottery ticket, we all realize that your absolute risk of winning the lottery is approximately zero. You're not going to win. If you buy two lottery tickets, your relative

risk is two. You've doubled your chances of winning, but you're still not going to win. And so we lose sight of that.

There was lots of stuff about COVID. Pregnant women were suddenly they had a relative risk that was higher than un-pregnant women. This was a huge national disaster. Well, no, because they were healthy young women. Or if you were a vast majority of healthier women, their absolute risk of getting into trouble with COVID was vanishingly small, but their relative risk was two or three. Yeah, so exactly, and I don't want to— It's hard to comment on the specifics, but I think it just goes to how hard it is. It's so much easier, almost easier to say, "Look, ten more people died, you know, and you're all going to die, so you should be worried," so much easier to present it that way than it is to actually go down and try to do it properly.

Commissioner Drysdale
Well my last question here is, again, you very well tried to put the risk of dying for somebody who was 70 years old, and you compared it to when COVID came. And I think you said something about it, perhaps taking a month of risk, or adding, and I compare that to what we heard testimony happened in our seniors homes, where these seniors were locked up and they were isolated and they were not allowed to have visitors. And I wonder if there's been any studies done as to how much risk of death that put on our elderly populations when we isolated them from their loved ones and locked them away for months and months at a time. And by the way, my understanding is it's still going on today.

Dr. Richard Schabas
Yeah. No, I mean again, thoughtless, shocking. Because if we look at something like long-term care homes—now nobody's supposed to say this, but I say lots of things I'm not supposed to—we have to understand that the risk of dying in a long-term care home regardless of COVID is very high. The annual mortality rate in long-term care homes is about 25%. People die in long-term care. In fact, in large measure, people go to long-term care because that's where they're going to die, and that's very sad.

And we, of course, want to make sure that people are comfortable and all well-cared for and all that. Of course. Of course. And nobody wants those people in long-term care to die any sooner than they have to or any sooner than their quality of life dictates. But their lifespan is limited, their time is limited, so you take people in long-term care and you deprive them of seeing their family for months or years at a time, well, they're going to die of something else and never see their family. So you will have saved their life, but for what purpose? There was no thought, no sort of holistic thought to that.

I know my parents were not in long-term care. They were in a retirement home. But basically, they were prohibited for seeing any of their five children. And I was able to speak to my father's family doctor and say, "Listen, my father is failing badly. I think he qualifies as being palliative, and if you declare him palliative, then his family will be able to visit him." And the doctor agreed. He said "Yes," and the palliative care team assessed him as, "Yes, he's palliative." And indeed, he did die within six months of that determination, so he generally was palliative.

But of their five children, I was the only one who would go and visit them in the long-term care home. And, you know, I think it was just it was my siblings were simply misled by their own fears and failure to accept the fact that life is a self-limited thing and that our parents were going to die—did in fact die. But at least they had the reward of being able to see one

of their children in those terrible months. They weren't completely isolated. But many people in those homes were in fact completely isolated, and that was a terrible thing. That shows, again, a complete lack of judgment.

And of course the irony is people are coming in and out of those homes all the time. There was a lot of talk back in 2020, "Oh, we aren't doing enough to protect the spread in long-term care," and I guess that's true. But if you spend any time in those homes, you realize that it's very, very hard to do that because people have to work in those homes. And those are, for the most part, poorly paid people who live in crowded conditions—exactly the people who are going to get COVID. And I'm afraid so long as they're going to continue to work there, they're going to bring COVID in. And so some of that, sadly, was inevitable. So to prevent what was inevitable anyway, we further penalized the people in these homes by depriving them of the things that were often most meaningful to them, which was seeing friends and relatives. Very sad.

Commissioner Drysdale
The dignity and the love of their loved ones.

Dr. Richard Schabas
Yep.

Commissioner Drysdale
Guys, got any questions?

Commissioner Fontaine
Yes. Thank you, Doctor, for your testimony. I have a question about the common flu. So we've been told by health authorities that essentially the common flu has disappeared in 2020-2021. And the reason for that, again we were told by health authorities, is that people were wearing masks, people were washing hands, people were social distancing, other non-pharmaceutical measures were applied. But we've heard in this commission that these non-pharmaceutical measures, they don't really work. And you also mentioned about the mask not working. So what has happened to the common flu, Doctor?

Dr. Richard Schabas
Well, again, let me be very clear what I'm saying. I'm not categorically saying these things didn't work. I'm saying we didn't have evidence—still for the most part don't have evidence they work. So they're not evidence-based interventions. And furthermore, among the ones—because there's a whole range of things that were done, some voluntary, some mandatory—and again, it's quite possible that some of them had an effect on virus transmission and equally possible that others didn't.

I mean, I would hark way back to the beginning, way back to the beginning of COVID in the first couple of weeks in March of 2020. The first large outbreak in North America was in New York City. You may remember that, got a lot of attention. And on about, I'm trying to remember my dates here, but towards the middle of March, maybe the 16th, 17th, 18th of March, something like that, the Mayor of New York went and announced a lockdown. And sure enough, within a couple of days the case count started coming down again. And of

course, everyone said, “Well, look, look.” Well epidemiologists are a little smarter than that, and we know you’ve got to look at other ways of tracking the pandemic.

And probably the best way was to look at hospitalization rates, because that was a much more reliable indicator. And if you looked at hospitalization rates, they peaked within about five days of the lockdown. Now it’s good that they peaked, but the problem is if you do the arithmetic and count back the incubation period and add in a few days that it’s going to take someone to get sick enough to go to hospital, what that said is that the outbreak had actually peaked about a week before the lockdown was put into effect. So the lockdown didn’t control the outbreak. The outbreak was already controlled, already on its way down before the lockdown was put in place.

And I had that debate with one of my colleagues, and he said, “Oh, yeah, that’s because people started doing things voluntarily.” And I said, “Well, yeah, of course, that’s exactly right. People do do things like avoiding sick people and maybe keeping a little more distance from people voluntarily.” And so certainly in the experience of New York, those were the things that seemed to have worked. So we don’t know what worked.

What happened to influenza. There’s no question that influenza rates— Influenza didn’t completely disappear, but influenza rates were very low throughout the world—actually for the first two years, 2020 and 2021, much lower than we’ve seen in almost any year. We’ve had years before with very low rates, but this was quite extraordinary. Why was that? I think the fairest answer to that is, I don’t know. Was that in fact a reflection of some or all of the control measures? Maybe. Certainly, certainly possible. Although it’s worth noting that influenza rates were also very low in countries like Sweden that didn’t do these things.

So which was it? What was it? We don’t know. Was it competition among viruses? We don’t really understand the ecology of respiratory viruses. We don’t really understand why, when a new strain of influenza emerges, the old strain magically disappears. We don’t understand why in most years you get predominance of one strain of virus versus another. We don’t understand that. It’s like there’s some competition between viruses. So the answer is: it’s a good question. Anyone who says they know the answer to that question is misleading you because nobody actually does.

A lot of it is, again, one of those things that we would do well to try to tackle seriously from a research standpoint. Because, indeed, it may be that some of those measures helped to control the spread of respiratory viruses, but that would still beg the question: By how much? Because they certainly didn’t do the job with COVID. It’s hard to understand how they worked so miraculously well with influenza and worked so poorly with COVID, which continued to spread so dramatically. And also it doesn’t include the cost. Again, but at least if we knew which ones worked, which ones worked in terms of reducing the spread of viruses, and to what the degree of effect of working was, then we could begin to balance that with the costs and decide if they’re worth doing in the future. But we’re not even asking those questions now.

Commissioner Fontaine
Thank you.

Commissioner Robertson

Thank you. I know we've kept you here quite a while. The College of Physicians and Surgeons, isn't that for the protection of the public? And who makes up the College of Physician and Surgeons collectively? Because I don't understand why doctors do not have the power to make the correct choices for the public anymore.

Dr. Richard Schabas
Well the medical profession, again, I'm not an expert in this. The medical profession is what we call a self-governing profession. It's same with nurses and in fact many other health professional groups. And there is legislation, there is provincial legislation that in fact sets up a governance structure for these professions. So the college itself works under legislation. It's empowered by legislation to provide, basically to oversee the licensing of, for example, physicians in the Province of Ontario.

And the actual governing council of the College is a combination. Some of the people are elected by physicians, some are appointed by universities, and some are appointed by the Province, but they set up what is supposed to be an independent, or at the very least, an arm's-length body that oversees this. But unfortunately, these bodies were dominated by—almost I think without exception—dominated by people who felt a very special kind of missionary zeal around COVID and implemented these policies restricting freedom of expression by physicians or nurses that I think was reprehensible.

Commissioner Robertson
Thank you. I think these people need to be held accountable.

Dr. Richard Schabas
I agree.

Commissioner Robertson
It should be the doctors making the choices for the public, not public health people who are — I've heard there's lawyers involved with, and that's why the physicians are so frightened of the College of Physicians and Surgeons.

Dr. Richard Schabas
Oh, absolutely. Nothing terrifies a doctor more than the prospect of being disciplined by the college. Lawsuits were well covered by the Canadian Medical Protection Association. We don't like them, but we don't live in mortal fear of them. We live in fear of the College, because the College can take away your license. It can take away your livelihood. So when the College said if you criticize lockdown, if you criticize mask mandates or vaccine mandates, you can be disciplined, you can lose your license, it takes a very brave physician indeed.

I mean, Dr. Gill is the one that I know of, but very few doctors would have the courage to put their neck in that noose and take on the College. Because it was a very difficult thing to do, a very dangerous thing, professionally dangerous for doctors to do. And, yeah, I know many, many doctors who to greater or lesser degree share the opinions I've expressed, share my skepticism about lockdowns. But will they say something publicly? No way, no way, too dangerous, too hazardous.

Commissioner Robertson
What if you collectively got together and stood up?

Dr. Richard Schabas
Well, again, I'm not—

Commissioner Robertson
Easier said than done.

Dr. Richard Schabas
I'm not sure I'm at a stage in my life where I want to lead that sort of collective measure. But, yeah, but I think that rather than putting the onus on the individual physicians, these are publicly accountable organizations. They're governed by provincial legislation. I think we should go back and look at that provincial legislation and write into them clauses that, in fact, prohibit this sort of limitation of free speech. Colleges have shot themselves in the foot. I would not have thought of doing this five years ago, but now I think we have to do it because they've shown how they are capable of such abuse of authority.

Commissioner Robertson
Thank you.

Shawn Buckley
Thank you, Dr. Schabas, on behalf of the National Citizens Inquiry, thank you for coming and your willingness to testify. We certainly appreciate your evidence.

Dr. Richard Schabas
Well, thank you for listening to me. Good luck.

Witness 5: Richard and Doreen Fehr
Full Day 1 Timestamp: 06:10:30–06:49:53
Source URL: https://rumble.com/v4yg6lz-nci-regina-hearings-day-1.html

Shawn Buckley
Our next, I'll say, witnesses. We're going to have two people at the witness stand. We have Richard Fehr, and we have Richard's mother, Doreen Fehr. And, Richard, I'll start with you. I need to swear both of you in.

There's one mic, so I'll ask, you know, you put your face to the mic. And Richard, I'm going to be asking you questions first, so after I swear your mother, just move the mic so it's close to you, and then we'll move it back when I start asking Doreen questions. But, Richard, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Richard Fehr
Yes.

Shawn Buckley
Thank you. And can you state your full name for the record and spell your first and last name?

Richard Fehr
Richard Neil Fehr. R-I-C-H-A-R-D F-E-H-R

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

Doreen Fehr
I do.

Shawn Buckley
And will you please state your full name for the record, spelling your first and your last name?

Doreen Fehr
Doreen. D-O-R-E-E-N. Fehr. F-E-H-R

Shawn Buckley
Okay, so, Richard, you want to move the mic right up to you, because I'm going to be asking you questions first, and we need our sound good. And I see we got an AV person going to help you out there. So just leading you a little bit about your personal background. But you are 43 years old?

Richard Fehr
Yes.

Shawn Buckley
And you are married. Your wife's name is Andrea.

Richard Fehr
Yes.

Shawn Buckley
You have two boys, Crosby, who is 13, and Kessler, who is 7?

Richard Fehr
Yes.

Shawn Buckley
You are by profession a dairy farmer. I appreciate you're on disability right now, but you work at Rayner Dairy and Teaching Facility, which is a dairy outfit run by the University of Saskatchewan for teaching.

Richard Fehr
Yes.

Shawn Buckley
And you were there 17 years before what we're about to talk about.

Richard Fehr
Yes.

Shawn Buckley
And so you've done all the, you know, the milking and the bedding and all of that, and then you moved on to more maintenance things, and—

Richard Fehr
Yes.

Shawn Buckley
So now you would describe yourself pre-COVID as very healthy.

Richard Fehr
Yes.

Shawn Buckley
Okay. And your job, it was a full time job. Did the family depend on that for its finances?

Richard Fehr
Yes, they did.

Shawn Buckley
Okay. And that includes the University had a pretty good benefits package?

Richard Fehr
Yes.

Shawn Buckley
And why was that significant to your family?

Richard Fehr
Because my wife suffers from depression.

Shawn Buckley
Okay. And you rely on the benefits package for a lot of help.

Richard Fehr
Help, yes.

Shawn Buckley
Okay. So you did get vaccinated with the COVID-19 vaccines?

Richard Fehr
Yes, I did.

Shawn Buckley
Did you want to?

Richard Fehr
No, I didn't.

Shawn Buckley
And can you explain your thoughts.

Richard Fehr
I didn't believe in them. I didn't trust them. They weren't proven like the ones you get when you were kids, so I did not want to do it.

Shawn Buckley
Okay, but you did do it. So why did you get vaccinated?

Richard Fehr
I did it because the University forced me to.

Shawn Buckley
Okay, and what do you mean they forced you to?

Richard Fehr
It was get the vaccination or quit my job.

Shawn Buckley
Okay, so basically, just so I understand, is you're in this economic bind. You're going to lose your job and lose those benefits that your disabled wife needs if you don't get vaccinated.

Richard Fehr
Right.

Shawn Buckley
Okay. And then you got your first shot on August 23rd, 2021?

Richard Fehr
Yes.

Shawn Buckley
And that was with the Pfizer vaccine?

Richard Fehr
Yes, it was.

Shawn Buckley
Can you tell us, did you have any effects to that?

Richard Fehr
The first vaccination, I did not.

Shawn Buckley
Okay. And then your second shot was on September 23rd, 2023?

Richard Fehr
No, 2022. No, 2021, I mean.

Shawn Buckley
Yeah, yeah. Okay. I had to double look at my notes there. So September 23rd, 2021. Tell us what happened after the second shot.

Richard Fehr
I got sick. I was really lazy. I didn't want to do anything. I was tired, and I don't remember if I was vomiting or not, but I feel like I would have.

Shawn Buckley
Okay. Did you go to work?

Richard Fehr
No, I missed work for three days.

Shawn Buckley
Okay, and is that common for you?

Richard Fehr
No, only when I'm sick, I miss work.

Shawn Buckley
So you missed three days of work, and then you go back to work. What happened after that?

Richard Fehr
I worked for a couple of months.

Shawn Buckley
Okay. And then what happened?

Richard Fehr
On December 2nd, 2021 I had a massive heart attack.

Shawn Buckley
Okay. And I'm just gonna stop you because I just want everyone to understand this is very difficult for you to talk about, isn't it?

Richard Fehr
Yes.

Shawn Buckley
Okay. And if you need to stop or anything, let me know, because we're not here to push you. We do appreciate you sharing your story. So you had a heart attack?

Richard Fehr
Yeah. I went to work in the morning feeling sick, and I tried doing my job, but I couldn't. My coworker, he said that I looked pale and like I was not there. So I decided to go home and started walking home because I live right on the campus, I rent from the University. And I got about 100 yards away from my house and dropped dead with a massive heart attack.

Shawn Buckley
Okay, now I'm just gonna back up. So you go to work feeling sick, right?

Richard Fehr
Yeah.

Shawn Buckley
At work, am I correct that you threw up?

Richard Fehr
Yes.

Shawn Buckley
And that you normally, if you're gonna go home after working at the dairy farm, you shower, but you didn't feel well enough to even do that?

Richard Fehr
No, I did not.

Shawn Buckley
Okay. Now, so you're walking home and you have a heart attack. Am I correct that a lot of this you've been told?

Richard Fehr
Yes. Everything past the doors of work, I don't remember.

Shawn Buckley
Okay. And I'm gonna have you go through what you've been told in a second, but what's the next thing you remember?

Richard Fehr
Waking up in the hospital.

Shawn Buckley
Okay. And what's happening?

Richard Fehr
I really don't remember because I was still intubated, but I could hear my wife and I could blink with my eyes.

Shawn Buckley
Okay. And what was your wife saying?

Richard Fehr
She was saying, blink if you love me.

Shawn Buckley
Was she also telling you to fight and hang on.

Richard Fehr
She told me to fight, which I am a fighter.

Shawn Buckley
Okay. So I just want people to understand. So you remember leaving work, but then your next conscious memory is waking up in the hospital with an intubation tube down your throat.

Richard Fehr
Yeah and told I had a massive heart attack.

Shawn Buckley
Right. And your wife telling you to fight.

Richard Fehr
Yeah.

Shawn Buckley
Okay. So bearing in mind that you're now just reconstructing based on what people told you happened. What happened?

Richard Fehr
So they revived me 9 times. They shocked me 17 times, and I was in and out of death for 90 minutes.

Shawn Buckley
And I understand that a gentleman named Gary White was involved. Can you tell us what you heard about that?

Richard Fehr
Gary was the one that seen me collapse and pulled over and started CPR.

Shawn Buckley
And my understanding is that Gary was a retired Army Veteran.

Richard Fehr
He was.

Shawn Buckley
Now, and he would have been 55, as I understand it at that time.

Richard Fehr
Yes. He would have been 55 at that time.

Shawn Buckley
Okay. What happened to Gary White within the twelve months of him stopping and giving you CPR?

Richard Fehr
So after I got out of the hospital, I wanted to get strong enough before I met him. And I guess I waited too long, and he had his own massive heart attack in August and died.

Shawn Buckley
Okay, so at age 56.

Richard Fehr
At age 56, yes.

Shawn Buckley
Okay. So I'm gonna go back. So you were sharing with us your next memory after leaving work was waking up in the hospital and you're ventilated and your wife's telling you to fight. After that, what's your next memory after that?

Richard Fehr
Would probably be when I had to have another major surgery because I was going septic.

Shawn Buckley
Okay. And so can you tell us: So you had a heart attack. What's your understanding of why you had a heart attack? What happened?

Richard Fehr
I have no idea. I want answers.

Shawn Buckley
Okay. We're like, Doreen, can you help us out here?

Doreen Fehr
Yes.

Shawn Buckley
Okay. So what's your understanding of why Richard had a heart attack?

Doreen Fehr
The day he had his heart attack, a doctor had come into the waiting room where the parents were, and Andrea. And a doctor had come in, and they told Andrea she could go to be with Richard. But I shouldn't say doctor, a medical staff, I'm not sure if it was a doctor. Anyway,

the medical staff said, “Are you the parents?” Yes. “I’m here to ask you questions about Richard’s medical history and family history. Is Richard healthy?” “Richard’s very healthy. He’s never sick. He doesn’t have a family doctor because he’s never sick.”

The doctor asked about family history. We said people usually die of cancer or old age, no heart attacks. He showed us a picture of Richard’s heart X-Ray. He said, “This is Richard’s heart. There’s no plaque. His LDL and LDH levels are that of a normal 40 year-old. Did he have his COVID shot?” We said, “Yes.” The doctor stood up, or the medical staff, shook his head and walked out.

Shawn Buckley
Okay. Did he have a blood clot or something? Like what?

Doreen Fehr
Yes. He had shown on Richard’s heart, this is the main artery, and this is where we suctioned out the blood clots and where we had to put in stents.

Shawn Buckley
Okay. So his heart didn’t show heart disease, and so they wanted to know his vaccination status. And as soon as they learned that he was vaccinated, conversation was over.

Doreen Fehr
Yes.

Shawn Buckley
And so this wasn’t, you know, an artery slowly getting blocked. This was a blood clot blocking a major artery.

Doreen Fehr
Yes.

Shawn Buckley
So we’ll move you back there to Richard. So you have this massive heart attack. They have to, I think you said, revive you, resuscitated nine times and shocked 17 times—meaning the defibrillator to get your heart going. What were the consequences of you basically losing all this blood flow and oxygen to your system for that period of time? Because something happened to you.

Richard Fehr
Yeah. On the second day after my heart attack, my large bowel quit working, and they removed it and gave me an ileostomy.

Shawn Buckley

Okay. And so did you recover quickly after that?

Richard Fehr
I think I did recover pretty quickly.

Shawn Buckley
Okay, so your large bowel dies, and that was because of a lack of oxygen.

Richard Fehr
Yes.

Shawn Buckley
And so you have a surgery. They remove your entire large intestine.

Richard Fehr
Yes.

Shawn Buckley
And you put on an ileostomy bag.

Richard Fehr
Yes.

Shawn Buckley
And you still have that bag.

Richard Fehr
Yes, I do.

Shawn Buckley
Now, that wasn't the end of your troubles in the hospital, though, was it?

Richard Fehr
No.

Shawn Buckley
So what happened next?

Richard Fehr

So then I went septic, and they had to give me another major surgery and put eight drainage tubes in my body.

Shawn Buckley
And why did you go septic?

Richard Fehr
I'll leave that one to my mom.

Shawn Buckley
Okay, but please use the mic right to your mouth.

Doreen Fehr
The reason he went septic is there was no blood flow to his colon, and his colon had died and it ruptured, and his abdomen was filling up with fecal matter, with pus, with blood.

Shawn Buckley
Okay. And do you recall how long he was in surgery for that second surgery?

Doreen Fehr
Five and a half hours.

Shawn Buckley
Okay. And then back to you, Richard. So you have the second surgery and you remember that happening, right?

Richard Fehr
Yeah, I signed the papers for that.

Shawn Buckley
Okay, so what happens after that second surgery?

Richard Fehr
Then I'm out for—I'm sedated for a while again. I kind of remember waking up for Christmas, and New Year's, but I was still pretty out of it.

Shawn Buckley
Okay, so they start deliberately sedating you, right?

Richard Fehr

Yes.

Shawn Buckley
And that's because you were suffering from delirium?

Richard Fehr
That was a little while later, yes.

Shawn Buckley
Okay. And did you have any ongoing infections with all this?

Richard Fehr
Yes. My PICC [peripherally inserted central catheter] lines got infected. I think it was three times or two times that I had infections from the PICC line from being in too long.

Shawn Buckley
Okay. And for those people that don't understand what a PICC line is, can you describe what a PICC line is?

Richard Fehr
It's a line that goes into your vein and it goes around to your heart, so you get the medications and stuff.

Shawn Buckley
Right. And that basically had been left in too long without being changed?

Richard Fehr
Yes.

Shawn Buckley
And so you got repeated infections from that?

Richard Fehr
Yes.

Shawn Buckley
Did you have any difficulties with your legs or your right leg?

Richard Fehr
I had difficulties with both them.

Shawn Buckley
Can you tell us about that?

Richard Fehr
I had to learn to walk three times from just being malnutrition.

Shawn Buckley
Did you also have blood clots in your right leg?

Richard Fehr
I heard I did, yes.

Shawn Buckley
Okay.

Richard Fehr
In my right leg.

Shawn Buckley
And maybe, Doreen, I'll ask you if you can fill in the blanks there. And it's just interesting, Richard, because it's illustrative of the experience you had that a lot of it, you don't remember. So, Doreen, can you fill in with the right leg?

Doreen Fehr
His right leg? When he had his surgery on the 21st of December, they were very concerned, and they said that he had a blood clot in his groin. And, yeah, they had to work on that. And that was also on the 21st of December was the second time he had gone septic. The first time was on December 5th when he had his large intestine removed, and then again on the 21st.

Shawn Buckley
And my understanding, Richard, is you spent 117 days in the hospital.

Richard Fehr
Yes.

Shawn Buckley
And that when you came home, you basically have that PICC line still in, or was it just a regular IV in?

Richard Fehr

I think it was just a regular IV.

Shawn Buckley
Okay. And you had a drainage bag still?

Richard Fehr
Yes, I still had a drainage bag on me.

Shawn Buckley
Now, when you were in the hospital for this 117 days, were you being visited by your kids every day?

Richard Fehr
No.

Shawn Buckley
Okay. Tell me about visitations.

Richard Fehr
They were terrible. I only had my mom and my wife that could see me.

Shawn Buckley
And why is that?

Richard Fehr
Because of COVID restrictions. But on February 23rd, when I turned 41, my kids got to come see me in the hospital for an hour. And that was 80 days, I think, in.

Shawn Buckley
Okay, just so that I understand: So you have a heart attack. You are in the hospital for a full 80 days, and for that entire time, you're not able to see your two boys.

Richard Fehr
Right.

Shawn Buckley
And the flip side is, your two boys were not able to see their father that had just had a heart attack and was in the hospital.

Richard Fehr

Yeah.

Shawn Buckley
Tell me about your oldest son. Where was he when he learned about your heart attack?

Richard Fehr
So Crosby was with my wife in the car when they were driving to school. And my boss phoned, and she was just on speakerphone. And he told them that they need to get to the hospital because I'm unresponsive.

Shawn Buckley
So, Crosby, your oldest son basically heard your boss explain that you were likely not going to survive.

Richard Fehr
Right.

Shawn Buckley
Now, how has that affected Crosby? Basically, that experience of being told his father isn't going to survive and then not being able to see you for 80 days while you're in the hospital.

Richard Fehr
Crosby doesn't talk about this. He's scared to. I can get my ileostomy reversed if I want, but he doesn't want me to have another surgery because he's scared I'm gonna die. It's hard trying to teach kids now, if something happens to me, what to do. And trying to explain to a 13 year-old that it's fine if he can't save me, it's just not right that they have to go through this. He finally told us he wants to talk to somebody and get help, and we got him finally getting help. After two years of not wanting help, he finally is asking for it. So it's a big step for us with him.

My six year old was four. He doesn't really remember. He knows what it was, but he was too young to know anything. When Kessler hears the number nine, he always likes to say, "Oh, my dad died nine times." And sometimes when we're driving, he's like, "Hey, dad, remember when you died? Wasn't that funny?" And, no, it wasn't. But sure it was. If you want to think that, go ahead. He he likes watching me change my ileostomy and being around, so he's going to be fine. It's just that Crosby we're worried about.

Shawn Buckley
Right. In fact, you're so worried about Crosby that you are not getting your ileostomy bag taken out because he's so terrified that you won't survive the surgery.

Richard Fehr
Right.

Shawn Buckley
You're not terrified? No, but he's terrified. And just to keep him calm, you're. You're continuing on with the ileostomy bag?

Richard Fehr
Yeah, and it doesn't bother me, so.

Shawn Buckley
What about the effect on your wife, Andrea?

Richard Fehr
My wife, she suffers from endometriosis and chronic pain. When Kessler was born, she got really bad postpartum which was suicidal, and she was hospitalized for six months, within a year—not six months straight, but six months total. I took off a year to be home with Kessler and raise him.

Now, since that happened, her PTSD is crazy. If Kessler whines, daddy, daddy, daddy, she jumps out of bed thinking I'm dead already somewheres in the house, because of his little whine. When I go ice fishing or fishing alone by myself, every two, maybe three hours, she'll give me a phone call, and we call it a death check. If I don't answer and reply in five minutes, she thinks I'm dead. So it's a lot, but she's a fighter like me, so.

Shawn Buckley
What's your health condition like today?

Richard Fehr
Hers?

Shawn Buckley
Yours.

Richard Fehr
Mine. I'm here. I'm getting strong, but I still have a lot of problems.

Shawn Buckley
Okay. My understanding is your heart works at roughly 45% of what it should.

Richard Fehr
That's what it measures at right now, yes.

Shawn Buckley

Okay. And this is two years after the event.

Richard Fehr
Two years.

Shawn Buckley
And my understanding is you can only play with your boys for a little period of time, and then you get short of breath?

Richard Fehr
Yes. I get exhausted after biking with Kessler. Before my heart attack, I could go biking kilometers with him. Now, two would be the max that I could go biking with him. And then when I come home, I'm exhausted, I can't breathe, I'm wheezy, I'm cough. And I really need to lay down and nap.

Shawn Buckley
Right. And my understanding is you do nap two to four hours a day.

Richard Fehr
Yes, I still nap two to four hours a day because I'm exhausted.

Shawn Buckley
Right. And that's because of your heart condition. You didn't do that before your heart attack?

Richard Fehr
No, I did when I milked because I had to get up at four in the morning, and I'd get off at noon and then I'd nap. But not if I didn't have to.

Shawn Buckley
Right. Will you ever be able to work again?

Richard Fehr
I have no idea. I won't be able to dairy farm ever again.

Shawn Buckley
And what's the economic situation for the family now?

Richard Fehr
Survive.

Shawn Buckley
Okay. First of all, do the doctors attribute this as a vaccine injury?

Richard Fehr
Not that I know of.

Shawn Buckley
So you're not getting any compensation or you're not in the vaccine injury program?

Richard Fehr
No.

Shawn Buckley
Okay. Can you pass the mic to your mother, Doreen? So, Doreen, my first question is, you know, did I miss anything? Because you experienced this in a different way than Richard.

Doreen Fehr
Sorry. I have so many thoughts. So many thoughts going through my head. While Richard was in the hospital and having gone septic so many times, he failed to say he had infection in his CV line [Central Venous line] also. While he was there, he wasn't getting proper nutrition. He turned yellow. He was jaundiced. We were constantly waiting day after day for medical procedures that he was being bumped from.

I was beginning to take pictures of all of his drain lines and his PICC lines to make sure, like, I was checking them every day to make sure that they weren't getting worse. He had to have an MRI. He couldn't have the MRI because one of the drain tubes had a wire in it. So we had to wait for several days. That was a Friday. We had to wait several days for him to have a MRCP [Magnetic Resonance Cholangiopancreatography] and then he needed an ERCP [Endoscopic Retrograde Cholangiopancreatography] and then he needed to go to city hospital for another, I think that was the ERCP. He needed a liver drain. He was being fed through his nose and through his arm, TPN [Total Parenteral Nutrition] and NJ [Naso-Jejunal] feed.

When one morning I came to the hospital and I pulled the curtain back and I noticed he was yellow. So I went to the nurses station and I asked about his liver count. Well, they hadn't done a liver count, so I asked if they please could. His liver, the tube from his gallbladder to his liver was plugged, so he needed to have a stent put in.

They thought he was turning jaundice and his liver enzyme count was so high, was because of the TPN, the feed, that he was getting in his arm. So they removed that. He was getting delirious. He pulled out one night during the middle of the night, his NJ feed, I think, some other things. And he was really restless. He was starting to get delirious, clearly losing lots of weight, waiting day after day for one test or another test, constantly being bumped.

Shawn Buckley
Why was he getting bumped? Like, were you being told why these procedures were being held up?

Doreen Fehr
Well, the one morning when I went to the hospital to sit with Richard, when I had walked in, the nurse had said, "Well, Doreen, we broke a record today." And I said, "Oh, did Richard drink something or eat without puking?" And the nurse said, "No, just on my shift since I started today, there's been twelve stroke victims. So Richard's been bumped. He's not getting his procedure again."

Shawn Buckley
Right, now you were not vaccinated?

Doreen Fehr
No, I was not.

Shawn Buckley
How did that affect your ability to see Richard? Because you and his wife, [Andrea], were the two people that were allowed in?

Doreen Fehr
Yes, Andrea and I were the only ones that could go see Richard. The day he had his first surgery, his ileostomy, when they removed his colon, I was told down in CCU that I would be able to go up there to ICU with Richard for the night after his surgery. When the doctors came and talked to us after Richard was out of surgery, I asked the doctor again, "Am I able to spend the night with Richard?" And they had said yes. So my husband was able to come that day to the hospital to see Richard on the 5th of December. So he drove Andrea home. This was after midnight.

And I had gone up into ICU with Richard, and I was sitting in his room off in the corner, and I was praying quietly and just thankful that I could be there. And all of a sudden, the nurse had come in and said, "You need to leave." So I got up and I had my gown on, my mask, the shield, the cap. So I was going to just walk out of the room thinking that they were going to check one of his PICC lines or port lines or drains. And the nurse said, "No, you need to leave now." Okay. And so I'm walking out of the room and she, "You need to get your purse, and you need to get your jacket, and you need to leave right now." And I said, "Why? Where am I gonna go?" "I don't care where you go, but you need to leave. You cannot stay here." "And but I was told down in CCU, and when we talked to the doctors that I could stay with him."

Shawn Buckley
Can I just interrupt, because my understanding is the doctors weren't clear whether Richard was going to live the night.

Doreen Fehr

That's right.

Shawn Buckley
So you're trying to be there because your son might be passing.

Doreen Fehr
That's right. And, in fact, down in CCU they said, "We encourage people to stay with their loved ones." So I was really thankful because things had opened up. If I may, I just would like to go back to something that I would like to say. In 2020 our oldest son was in the hospital, and he had to have major surgery. Nobody was allowed to go to the hospital. So I was feeling very blessed and very privileged to have been allowed, being unvaccinated, that I could go and be with our son and trade off with Andrea.

So I had asked the nurse, "Why do I have to leave?" And she says, "The charge nurse said that you need to leave now." So I went over to the charge nurse, and I said, "Why do I have to go? Like I was told I could stay, I was encouraged to stay." And she said, "You're not vaccinated, and you're putting us at risk, at harm, not only on us, but also for your son." And I just started crying.

Shawn Buckley
I need to stop you, because my understanding is: For you as an unvaccinated person to access the hospital, you had to have a negative PCR test every other day.

Doreen Fehr
Yes.

Shawn Buckley
So you're probably the only person in the hospital that they conclusively know doesn't have COVID.

Doreen Fehr
Yes.

Shawn Buckley
Okay. Sorry for interrupting, but I thought that was an important point.

Doreen Fehr
That's quite all right. Yeah. So I'm crying, and I'm thinking, where am I going to go? My husband drove Andrea home. He went back to Hague. It's 2:30 in the morning. Where am I going to go? So I go down into the lobby, where the cafeteria is, and I sat down and I'm trying to get my thoughts together, and I'm just bawling. I don't cry very easily, normally.

The fella at the visitor's desk brings me Kleenex, and he says, "Ma'am, what's the matter?" And I said, "I was just kicked out." I said, "I don't know where I'm going to go. I don't know what to do." So he gives me a few minutes, and all of a sudden, two security guards come.

“Ma’am, you need to leave. You need to leave now.” “What if my son dies? I was told I can be here.” “Well, you are not able to be here. You need to leave.”

Shawn Buckley
Did that happen again?

Doreen Fehr
It happened the next night as well. That night the doctors said that I should come back at six o’clock or seven o’clock for rounds. So when I told the charge nurse that I could be back, she told me to go to a hotel. She didn’t care where I went. So I was back at seven for rounds. The next night, I’m sitting beside Richard and I’m praying quietly, and she comes and says, “You need to leave. You’re not wearing your mask, correct?” I’ve got the shield on, but I had seen somebody else, you know, twisted around the ear, so there was a little knot there. “You’re not wearing—You’re putting us at risk. You’re putting everybody here at risk and you’re putting your son at risk. You need to leave.” So again, I have to leave. Many times during his hospital stay, I was told that I shouldn’t be there, shouldn’t be at the hospital because I was not vaccinated.

Shawn Buckley
I’m just going to pull up some photos and I’m going to ask you to comment on the photos. And I’ll let the commissioners know that Richard has not seen these photos because he has found it too emotional to deal with. And Richard, they’re going to be on the screen behind you. You don’t need to look at them, but I’m going to have your mother describe them. So, David, if you can pull up the photos. So, Doreen, can you describe this first photo, what it is?

Doreen Fehr
This first photo is December 2nd, when we got to the hospital and he was out of the Cath lab and he had his stent put in, and they were trying to keep him alive. And that was in CCU at RUH [Royal University Hospital].

Shawn Buckley
Okay, what’s this second photo?

Doreen Fehr
This next photo, he’s still in CCU. And they told us that he probably had no brain activity, that he could be brain dead. And I said, “No, our son is not going to be—He is not brain dead. He is fine. His brain is fine. God didn’t send Gary to perform CPR the minute he went down and keep the blood flowing. Our son will live and he will be fine and there is no brain damage.”

Shawn Buckley
Okay, and what’s this next photo?

Doreen Fehr

This next photo is, they're still monitoring his brain. And this is the December 5th. Right the night that he had his colon removed. And he has been moved to ICU.

Shawn Buckley
So this is where you got kicked out of.

Doreen Fehr
Yes.

Shawn Buckley
What's this a photo of?

Doreen Fehr
This is the next night he started swelling. And, yeah, he was very critical. And I was in the room praying, holding his hand, and I took a picture. And shortly after that, the nurse told me I needed to leave.

Shawn Buckley
And what is this a picture of?

Doreen Fehr
This is after they took off the brain monitor to see about the brain activity. And this is December 7th, I do believe. And he's still swollen. He was septic, and just all of the drain tubes, they're trying to get all of the infection to drain out.

Shawn Buckley
And then this photo.

Doreen Fehr
This photo is right after he got his liver drain, I believe this was February 22nd. This is, if you see how yellow he is and how much weight he had lost, they had weighed him the end of February. They stood him up, and he had bedsores on his lower back, and he was 130 pounds from 181.

Shawn Buckley
And then this photo.

Doreen Fehr
This was in between December 7th and December 21st. He was moved out of ICU on the 15th of December, up to Coronary Care Unit on 6th floor or 5th floor.

Shawn Buckley

And what about this photo?

Doreen Fehr
This is when he was waiting for his ERCP, where they had to go into his gallbladder and put a stent in from his liver to his gallbladder.

Shawn Buckley
And you talked about him being jaundiced, so he's very yellow. And that's what you meant. Thank you, David. You can take down those photographs.

Richard Fehr
We like to say emoji.

Shawn Buckley
Okay, thank you. So those are my questions. I'll ask the commissioners if they have some questions for you. And the commissioners, I guess I did a good job of questioning you. They don't have any questions. So, Richard and Doreen, on behalf of the National Citizen Inquiry, I sincerely thank you for coming and giving your testimony today.

Richard Fehr
You're welcome.

NATIONAL CITIZENS INQUIRY

Regina, SK **Day 1**

May 30, 2024

EVIDENCE

Witness 6: Jamie Sale
Full Day 1 Timestamp: 06:59:01–07:41:34
Source URL: https://rumble.com/v4yg6lz-nci-regina-hearings-day-1.html

Shawn Buckley
Hello. Welcome back to the National Citizens Inquiry. My name is Shawn Buckley. I'm lead counsel for the inquiry. I'm very pleased to be calling our next witness, Jamie Sale. And I'll introduce Jamie, but for most of you, I'm just going to be telling you what you already know. Jamie, can you hear me?

Jamie Sale
I can hear you perfectly, Shawn.

Shawn Buckley
And thank you for attending today. We'll start. I need to swear you in. So do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Jamie Sale (Speaker B)
I do.

Shawn Buckley (Speaker A)
And will you please state your full name for the record? Spelling your first name and spelling your last name.

Jamie Sale
Jamie Sale. J-A-M-I-E S-A-L-E

Shawn Buckley
Now, Jamie, you have two children. You have a son named Jesse who is 16, and a daughter, Samantha, who is now 10.

Jamie Sale
Correct, yeah.

Shawn Buckley
And for those of you—I mean, it might be the odd person that, you know, was in a coma for the last 20 years, but you are a very well-known Canadian. In 2001, as a figure skater, you became the world champion.

Jamie Sale
That is correct.

Shawn Buckley
And then in 2002, you got a gold medal in the Olympics for the pairs figure skating.

Jamie Sale
That is correct.

Shawn Buckley
And so, basically, you became a darling of Canada. And I just say that so that we can contrast what your experience was recently. But it's fair to say that you became a celebrity and that basically you were welcome and known wherever you went.

Jamie Sale
Very much so. It was like you said, Shawn, I was basically called Canada's sweetheart in figure skating. And, you know, I think it's the ponytail and just the look, but anyway, it's what it was.

Shawn Buckley
It's just interesting how the people you come across—and I've known you for some time now—but I remember back in 2002, you know, being on the edge of my seat watching the Olympics, because Canada had not won a gold forever. And everyone thought that this was the year, 2002, that it could happen. And it did happen. So, I mean, I remember that. And now you're in the Canadian Olympic Hall of Fame. And I want you to share with us your COVID experience. So, maybe starting at the very beginning.

Jamie Sale
Okay. I hope everybody's got a lot of time. I will do my best, actually, to insert as much of the details as I can in a short amount of time. It was a very interesting experience for me. I would say the first eight months or so of COVID—it started in March, and towards the end of March—like everybody else, I was following all the rules. We had to stay home. My friends and I would text and go, "Oh, you know, it's that time of the day. Let's have a drink." And we were just kind of making fun and trying to find ways to get through it.

After the 10th day, we've watched all the movies, we've had enough phone calls, we've connected online. We're just kind of getting antsy. And then we were allowed to kind of go back to somewhat normal, but everybody was still wearing masks out and about. And again, I was just following what we were being told to do for quite a while, until, I would say, the

summer of 2020. And we went back to what we thought was fairly normal. Everyone was kind of getting excited because it seemed to be calming down a little bit.

At least here in Edmonton, there were a lot of people that were still paranoid, but I wasn't. I knew I was healthy and my kids were healthy. But I was married to a CNN watcher, and he was very much glued to the TV. And I could see right away at that point, even by the fall, the summer/fall, that we were in a "casedemic." It was just constant bombardment of the cases, the cases that were coming through on the app that we could check. And him and his family and even some friends were constantly going, "Oh, there's 500 more cases now." So it just became again through the fall and into the winter, just this constant fear, this propaganda push of just, "Oh, oh, here it comes again. Here's another wave of it."

And I would say, Shawn, it was by definitely into the winter where I was starting to see that something was really not right, and I was getting annoyed with the fact that we were getting locked down again. And again, I apologize. I don't remember specific dates and times, but I just remember it was winter, because we were told that we could only have so many people in our houses. You know, if we were going to have three cars parked in our driveway, the police would be called. I mean, it was, as we all remember, it was crazy. It was insanity. And for what? We were healthy.

And at this point, I forgot to tell you this before when we had had our initial conversation, that I was one of those people that actually went and did the swab, and the throat was the first one I had because I was travelling to BC that summer and I wanted to make sure, you know, I didn't have COVID. And then I did two more after that, again, just because I didn't want to put anybody at risk. And those were up by my nostril.

And I remember after leaving the third one going, "This is crazy. Like, I'm healthy. I don't feel sick, and I'm testing for something I don't even have." And then I thought, "Well, something else is really weird about this. I'm testing today. It's a Monday," let's say, "and I don't get my results till Friday. So what if between Monday and Friday, I actually contract COVID, but my test comes back that I'm negative?" Like, I just started to see that this didn't make sense.

And so that Christmas, I had to sneak my mom and her husband around to the back of my house to the walk-out basement to give them a hug, because I was scared that anybody, if my neighbours or anybody would see me having them through the front door,
I would get into trouble. And, you know, I'm a high profile person. I'm the perfect person to rat out, right? So I was paranoid.

And then it was, I would say January after New Year's, I had a girlfriend that lives in Guelph, that she was starting to put things in my ear very gently because she knew, as we all have experienced when we start sharing information, that she had to be very careful and gentle with me. But I was actually more awake than she thought, and I even thought. And so she shared a graph with me about Sweden. And Sweden hadn't followed a lot of the guidelines that we were, and mandates. And her graph was showing that Sweden was actually doing really, really well.

And I said, "Well, mine is showing that they're doing terrible. Where did you get your graph?" And she said, "Not on Google." I was like, "What? Where are you getting your information from?" She said, "I'm going to tell you that—" you know, she informed me about the media and all these mainstream sites that we get our information from are basically fudging numbers. They're lying to us.

And it just clicked. Like, I just went, "I knew it." And so I said, "Send me more information." And so she did. And, like a lot of us, again, drinking through a fire hose, I was thirsty for it. I just said, "Send me more." And I was getting constantly, not just from her at that point, information sent to me about what this was that we were living through.

And I was also going on certain sites, whether it was following somebody on Instagram or Twitter or whatever, and I would see other people that would comment that maybe I knew from my past. I was really trying to connect with people that were also seeing it. I'll never forget that part of it, because I felt so good when I would see a familiar face on a site that was also seeing what we were now seeing, you know, seeing what it was.

And so that was very helpful, because what I was actually trying to do with all this information I was being fed was share it with my family and my network: my best friend group, and even just some friends around Edmonton, around Canada. I was just trying to share. Like, I'm a very passionate person. If anybody watching this knows me, I'm an extreme empath, and I will definitely get emotional during this testimony. But I'm very passionate about helping people, and I just wanted people to see.

And, you know, they humoured me in the beginning because it was like, "Oh, you know, thanks for sharing." But I often would hear things like, "I don't have time to watch that. That's a long video," or that's a long interview, or whatever it was. But they had time to go on social media, or they had time to go for drinks, or they had time to watch a hockey game, but they didn't have time to look into really what was being sent to them. Or I would get "Jamie look at the site that this is coming from," and I know that most people listening right now are nodding, going, "Yep." It was everything you sent people: If it wasn't on mainstream, it was false information, it was a conspiracy, it was wrong, I was down a dark path.

And that's basically what was said to me very shortly after I was sharing all this information with my husband at the time, my family, my ex-husband, David, who's my son's father. I was sharing with everybody, because I knew the shots were coming at that point. And actually, some of my family had already gotten them—the older members of my family. But our age group, it was our time. And I was like, "Please, you guys, please do your due diligence. Look into this. Research." And everybody was like, "Aw, I just want to get this and move on." And nobody wanted to listen to me.

And, you know, in hindsight, Shawn, I definitely wish I would have been calmer. I wasn't irate, but I was really, like, panicking. And the worst part for me was my best friend group told me that—well, this isn't the worst part; sorry, that's coming after—but my best friend group ended up telling me that I couldn't be around them anymore because I was a risk to be around if I wasn't going to get the jab.

And I remember at that point, I was in such discernment that this was so wrong that I was holding this, like, strength in me going, "That's fine. You guys go and do it." And I was putting on a brave face, like it's not bothering me.

And then my husband actually had taken it without telling me. And I had told him that I wanted him to tell me if he was going to get it. And he was at that time doing the playoffs for the NHL. And I just told him, I said, "Please don't get this." Like, our marriage was not great, and I don't need to let everybody know about my personal stuff, but it wasn't just this that ended my marriage, but it was definitely the catalyst. And he came home and told me that he had already gotten it. And so I felt incredibly betrayed because I wasn't told that he was going to get it.

And I said, “I can’t be in a relationship where there’s no communication or truth. And I was also incredibly concerned about being around vaccinated people or being intimate because of shedding. And that was everywhere. And I tried even sharing all of this with him and my family, but everyone kept sending me the opposite information, and basically validating that I’ve lost it and I’m going crazy.

Shawn Buckley
And can I just back you up? Prior to the vaccine coming up, my understanding is that you came to have some concerns about masking and also that your son was having difficulty with masking. And I don’t want us to skip over that. So I’m wondering if you can share with us what happened there.

Jamie Sale
Thank you, Shawn. That was major because it actually caused a big issue within my own family, my ex-husband and my current husband at the time, my son. The kids were back in school at this point. They did online for a bit, and they went back. And my son was in grade eight at this time, I believe. And again, I apologize if I have the dates wrong or the details wrong, but he was really struggling with this masking situation.

They couldn’t take them off. They had to be in cohorts at school. So he only was allowed to be around certain kids outside. Like, outside in what isn’t maybe fresh air, but he’s outside. And he had to be with a certain, I think it was five to six kids, and they had to wear their masks outside. And he started to have panic attacks, and he would call me and say, “Mom, I can’t breathe. I’m really struggling.” And of course, you know, there was more to it.

I think it was just these children were really feeling—I think intuitively, they knew this wasn’t right. But they felt suffocated. And even without the masks, they couldn’t leave their classrooms like they usually did, to get up and walk to the next classroom to go to music class or to go to math class. They had to stay in their same desk all day—he didn’t have any windows in his room—and masked. And it was like, you can’t even look over your shoulder to talk to anybody. Like, he had to stay forward. The mandates in the schools were insane.

And so I was getting calls, and unfortunately for me, I wasn’t being supported by either dad. I was being told, by picking him up from school or bringing him home— I was studying neuroscience at the time. I really knew that this was the right thing to do: to pick him up, bring him home, calm his nervous system, and I had zero support. I was told that I was enabling him. I was basically raising a wimp if I was going to continue doing this. And not exactly those words, but I was just not supported at all.

And my son at night would cry and tell me he didn’t want to live—like, night after night after night. And I didn’t know what was going on at school. Like, is he being bullied? What’s happening? My daughter, she’s five and a half years younger than him. And she was like, “Why can’t you come lay with me, mom?” And I just said, “I’m really sorry, Sam, but your brother is really, really struggling. He’s really, really sad.” And her dad was away a lot, so I was a single mom a lot that way.

And Jesse was mostly with me at that time. And I just remember feeling like, “God help us. Like, what am I gonna do?” I don’t have any support. My family thinks I’m going crazy. And my husband just got vaccinated. Nobody’s seeing this. And I was just so helpless, I didn’t know what to do. And I lost my best friend group, so now we’re back to that.

And then my son went into grade nine, and he switched schools, and he was in a golf program. And again, I don't remember the exact date, but there was some mention that he was maybe looking at getting the vaccine. And I said, "Please don't. Please don't, Jesse. Don't do this." You know, he was sending me videos on Instagram of kids that were dying. Like, not kids, but teenagers and 20 year-olds, and he would make comments like, "Well, sorry for them. You know, they should know better."

And so I was like, "Okay, he's with me, he's with me. I've got this. You know, I'm going to—" I'd also emailed his principal, which was a new school principle for him, and I sent her all the information on our rights as humans: "Here are God given rights." And she actually emailed me back and said, I'd like to talk to you because I appreciate how you approached this. Your son will not be the only one not wearing a mask, because I said, "He will not be wearing a mask." And I was very polite in my email, and she really appreciated it.

And his dad called me and said, "What an embarrassment. This is his first year at the school and you're making a fool of yourself and you're embarrassing our son." And I'm like, Dave, how can you not see this? But he would say things to me like, "Why is he only like that at your house?" And I would say, "Because he feels safe with me and can tell me he's scared." And so I thought, you know, I'm doing the right thing as a mom. I'm protecting him from not only just wearing a mask, but he's with me in the vaccine situation.

And then it wasn't long after he started school that he texted me and he said, "Mom, I'm going to get it." And I just about died. And because he couldn't, he called his dad. He was golfing with the program and they were going into the clubhouse at this time, and he couldn't go in because he didn't have a vax pass—didn't have the initial paper ones. And he called his dad crying and he felt embarrassed. And I don't blame him.

And I was told he did his due diligence. He's talked to two doctors, and they were sports doctors here in Edmonton. I think you can figure out who that might have been, considering who David works for. And he said, "They said it was safe for him to take. And I was just sobbing on the phone. I'm like, "Please." I was pleading and begging, "Please, no." I'm watching all these young people die and get very sick and myocarditis and all these health problems, and I was sick.

And my poor daughter was watching me literally in fetal positions daily for weeks because I not only lost my son to the whole propaganda crap, but he stopped talking to me for a year and two months because he was listening to his dad and his wife and everyone in their community telling him that I've lost it and it's best to stay away from me. And so I couldn't even communicate with him. I didn't know if he was okay.

And six months later, I get a phone call from his school that he missed his class. And this is, like, anyone that's awake and knows what these shots are doing, it's like I was kind of waiting for a day where I got a phone call that he was in the hospital. So when I got this call that he'd missed school, I was just like this huge rush of fear went through me. "Oh, my gosh." So I reached out to him again, hoping he would at least tell me what's going on. And he still wasn't talking to me.

And I feel like it was around April the following year, because he got his shots in October and November. And he goes, "Mom," he took a picture and he sent it to me. And he goes, "I went to the dermatologist." And it was this kind of a c position or like a line of rash on his side. And he said, "I just went to the dermatologist to get this checked, and it's sand. They said it was sand bug bites. It's nothing. But my appointment was during school time." And I

sent the picture to three doctors that are awake, and he said, “That’s a version of shingles.” And I said, “I knew it.” Like, shame on these doctors.

And I tried to tell him, “You know, I need to detox you, Jesse. I need to detox you. Please let me help you.” And then, of course, I’m crazy. “Mom, I don’t have shingles. I’m not 50 years old.” Because his dad was telling him what to say to me. And I said, “This is what the doctors are seeing now, buddy, you know.” I was trying not to scare him, but I said, “I can help. I can help you.” I didn’t hear from him again until Christmas. And then I think he just got tired of not having me in his life.

But I never gave up. I always tried to message him and tell him I love him. You know, it’s not his fault. I don’t have any diagnosis from any doctors, but being in my life now, I have been able to detox him, but he definitely has a compromised immune system. We went to Mexico this year, and his whole upper lip just imploded with cold sores. And I know people go, “People get cold sores all the time.” But my son has never had a cold sore in his life. So it’s just I’m seeing it, and it’s hard.

There’s just people that know this and listening to the story before me, I’m just sitting here crying because I go, “We know what this does.” And that’s my baby, and I tried. He knew this was wrong. But his dad said to me, “He can’t get into the Oilers arena, Jamie. He can’t get on an airplane. He can’t go see my parents.” But he saw his parents the year before without a shot.

And I said, “Is that not a red flag, that we can’t live in society? He can’t go to a restaurant. He can’t get into the clubhouses for golf.” And I just said, “Is that not a red flag? David, you and I both are athletes. We know,” because I told him, “the media is lying. They’re lying.” And I sent him things to watch, and he’d sit there and go, “Yeah. Like, yeah, I see this,” or whatever. But then he stopped even caring about all that. Then he told me all that—that he can’t do anything, he can’t live, he can’t go into the Oiler’s arena.

And I just remember thinking, “Why is that not a red flag to you? We were lied about most of our career, like, and now you’re gonna believe the media?” “Well, if we can’t believe the media, who can we believe?” he said. And I said, “I’m sending you things, and you’re going to be called crazy if you even watch it, or you start believing it but,” I said, “this is what we’re living.” And he took my son without my consent. And I go, “How is this even doable?” I have a separation agreement that says you have to agree on health, religion, and school. What is the point of having an agreement if the other parent can just take your kid?

Well, Shawn, I realized. I called a lawyer, and I said, “What do I do?” And he said, “Our amazing government had lowered the age to a mature minor to a 14 years-old.” They can’t vote, they can’t drink, they can’t drive, but they can decide whether they want an experimental gene therapy injected into their body, okay. He said, “You don’t have a case, Jamie, because Jesse was 14.” I was like, “What?” And he wanted to get it. He wanted to live in society. He wanted to function like a normal 14 year-old.

Shawn Buckley
Yeah. Imagine, because you think of the age, right? Teenagers wanting to fit in. And he was in a golf program at school, so you can understand that. But I just want to clarify: So because Jesse was living with you. Like, he would go and visit his father, but wasn’t he primarily residing with you, and then all of a sudden for 14 months he’s with his father and not seeing you at all?

Jamie Sale
Yes. We don't have an actual agreement with Jesse. It was just wherever he wanted to be, and it worked out. Before he went to the sports school, he was with me, I would say 70% of the time and with his dad 30%—maybe 60/40 [per cent]. It depended on certain times of the year. I would say even 60/40 for most the time. And then when he moved schools, his dad actually lives near the sports school so that's where I would say the percentage switched. I was getting him 40%, maybe even 30%. And because his dad lived closer, it was a long drive, it was more convenient.

But I definitely felt once the shots came up for the kids, there was massive coercion. And it wasn't even because Dave— That's the hard part for me. Dave didn't believe COVID was even a thing. He just said, this is garbage. I don't believe this. We're fine. Jesse's going to be totally fine. If anything, in the beginning, I was upset with him because, you know, we can only be around certain numbers of people throughout that summer also. And I said, "You're seeing too many people. You're putting him at risk."

And then he's coming to our house, because Craig was all upset that they weren't really treating these mandates very seriously. And Dave's like, "Jesse's fine. He's going to be fine, Jamie." And I was like, "Okay." So he was the first person I called when I woke up to everything. And I said, "I'm so sorry for being upset with you for living and doing what you really should be doing," right, "and ignoring all of this." And he was like, "Yeah, no worries." So when the shots came, it wasn't even that he believed that he needed them, it was,"We're getting them to live in society."

But I was screaming from the rooftops. And even my son knew that these were dangerous. It wasn't even like it was rare. We were seeing people already; they were like the death shots. People were dropping dead, like hours after, or even a month after, or two weeks later. There were kids, you know, between 14—because Jesse held out as long as he could at his age group—they were like his age to in their mid-twenties that were in the hospitals, myocarditis. We all know what we've seen, right? So he was aware of this, and yet these two doctors, sports doctors, told him it was safe. So I, yeah.

Shawn Buckley
I'll just move on to another part of your family. So Jesse's father, David, but you're married to Craig at the time. What happened to your marriage? Because you already told us that things started to get more tense with your position on the vaccine and COVID issues.

Jamie Sale
Yeah, and he said things to me like, "You're saying they're coming after us." I said, "Yes." "You're saying that they're coming after our kids." I said "Yes." "You're saying they're coming after our house." I said, "Yes." And he said, "That's all I need to hear. Like, you've lost it. You're crazy." Like, we were all called all these things: "You're following conspiracy things. You're down a very dark path, Jamie, with no good ending." And I was just like, I just remember feeling numb.

No one in my world—my current family, friends, network—nobody was wanting to hear it anymore. So I said to him, "If you get the shot, I'm done." And so our marriage was over. He came home from playoffs, and that was the beginning of him working on my family. You know, he was obviously very sad and scared for me, because he genuinely thought I was down a dark path, but it was: "She's left. Our marriage is over because I got vaccinated." And

that's my personal stuff, that of course I'm like, "That's not why. That's not the only reason." It was just kind of the nail in the coffin for me. But that was the beginning of just everybody walking out of my life saying that I couldn't be around them anymore because I wasn't vaccinated. I'm a risk to be around.

My daughter was sick once a month. Once the school year started again, she was sick once a month. I was taking her for live blood analysis to figure out what was wrong, because at this point, I don't trust the medical system. I don't want her doing any blood work. I don't want her seeing a doctor. So I find out, you know, she's got some minor issues, but I got her on some really great supplements. But her dad would constantly tell me, "If you just got her vaccinated, she wouldn't be so sick." And then I would say things back, "Have you thought about the fact that you're shedding on her?" And that didn't help. It was just a constant war. It was a constant war.

I was constantly told that I was so sad. I got emails from family members saying that, you know, ridiculous things, that I was down a dark path, but also that I was going to be murdered. Psychics were saying things that, you know, that I'm very ill. So I had all these family members that were crying behind my back and scheming how they were going to save me, because they cared about me.

Shawn Buckley
So you basically lost your friends, you lost your family, like basically everyone in your family except your daughter. But you came to start speaking out and meeting different people. Can you tell me about that part of the experience?

Jamie Sale
Yeah, it was when the trucker convoy— I didn't speak out the initial first year I was awake. I would say even 10 months, 12, 11 months I was waking up to everything. I got very emotionally and even physically at times ill, being awake to things, going down all the rabbit holes. And so I dove into healing. I was working with, I don't even know anymore, I think at least twelve different types of healing modalities I was trying and working with. And when I saw the convoy, at that point I remember like everybody else in Canada just thinking, "This is—" Like, I felt alone. I felt that we were down a road that we just couldn't do anything. I felt helpless and like giving up a lot of days. Yeah.

And then I saw the convoy and I was like, "Oh my gosh." And I felt so guided to put it on social media, that I went to the local convoy to support them. And I was so proud. And I immediately got in trouble from my daughter's dad, Craig. How dare you involve her in your conspiracies. You're supporting a terrorist group. I got absolutely annihilated on social media. I posted just photos of how many people. I was showing videos and taking snapshots of how many people and trucks and signs there were at the local rally, never mind the convoy and how long that one off to Ottawa was.

And we drove all the way around the Anthony Henday, and we actually closed it, that's how many we were. Like, we were, you know, the front of it connected to the back of it. And I just remember crying in joy and relief, even, just feeling like, "Okay, there's more of us." You know, it was like so exciting. And then within hours I was just getting absolutely pummelled on social media: "You should be ashamed of yourself, Jamie. You're an embarrassment to Canada. You should have all your medals stripped of you. I can't believe that I thought you were this Canada's sweetheart, and you were this, and you're this, and you're this, but you're not that at all. You're a fraud. You're crazy." I was called everything.

And then shortly after that, Shawn, I started getting it from local radio stations. People would call in and say, "I can verify she's crazy. She told her son this. She told people this. She's told this." And so then I was getting local radio stations, I was getting national papers and even talk shows, because I have the proof of all of this. Toronto Star, National—like all these national papers and bloggers and people that obviously are paid on mainstream media, they're paid to do this, just came at me. And it didn't really slow down.

Shawn Buckley
Can I just, stop for a sec? Because, so I mean, you are Canada's darling. You're a celebrity. Everyone knows who you are, wherever you go. And all of a sudden, you're basically sharing your joy about the truckers convoy, and you start sharing basically your view on other things and you're being totally annihilated in the media. But are any of the Toronto Star and the radio stations—I mean, these are mainstream media outlets. Surely the reporters are calling you and asking, "Well, you're saying this. Can you verify?" What was that dialogue with the reporters so that there would be fair reporting?

Jamie Sale
I never had any reporters that reached out to me to talk to me. Not one of them came to me and said— Well, they did later on. They came to a couple events that I was hosting and they wanted to interview me. But at that point, I was in kind of a protection mode of: "I know that if I do this interview with this person from the Toronto Star, which is a complete joke of a paper, that they're going to twist what I say anyway." So I didn't, actually. I declined these. I had my group, Canadians for Truth, I had them write me a letter to send to anybody that was going to ask me to do an actual interview and why I wasn't doing it, because I didn't trust them.

Shawn Buckley
Can I just clarify? But earlier on, when they're just going out of their way to basically assassinate your character, they're not calling you then.

Jame Sale
Nothing.

Shawn Buckley
So they're running hit pieces on you without actually speaking to you to see what you're actually saying and why you're saying it.

Jamie Sale
Correct. I was not approached by anyone. I had hit pieces out on me that were saying things, like actual lies, too. They were saying, "Well, no wonder she's lost custody of her children." Things were being—you know, it was a perfect thing for them to turn me into this conspiracy theorist, because my whole career I never spoke out about anything. I never talked about politics. I never had an opinion about anything as far as publicly. You know, of course, with my family and friends, maybe.

So the fact that I'm actually speaking quite loudly on social media months into this whole after the convoy happened, and I'm sharing more and more info, and I'm calling the media out, too, at this time, they just had a heyday with me. So it was like, they had fun just making me out to—yeah, as if I just woke up one day, Shawn, and I went crazy. And so no, there was no fair, "Hey, Jamie, we'd like to have you on our talk show," or, "We'd like to interview you for this paper." Nothing. And you'll notice that there are no quotes. The only quotes that they used were from my social media pages. That's all that they were getting comments from. "And she says this and she says that," but they didn't actually talk to me.

Shawn Buckley
Now, my understanding is you've lost a fair number of social media accounts. So can you tell us about that?

Jamie Sale
I still am. And I was taken down on Twitter. My Twitter account went from 12,000 followers before I was speaking out to 111,000 within six-seven months. And that was taken down before this whole takeover, with Elon Musk taking over. I was taken down and I had to start over. Like many people, Facebook, I was taken down for 30 days. My Instagram account was hacked, and I was taken down on there. I've had to start over there. And I've recently, again, been hacked on Twitter. So I am done on Twitter now. I can't even get on to log out to report it. I can't do anything. I am actually done.

Shawn Buckley
And this is a Twitter account because you got involved with Canadians for Truth, and basically would be regularly interviewing people and putting things out, and actually working the social media channels. But recently, that channel disappeared for you.

Jamie Sale
Correct. I had my own personal name for a while, which got taken down, and then I created the Jamie Soleil CFT, which was Canadians for Truth. But then I switched it because I'm no longer with Canadians for Truth. And I switched it to just Jamie R. Soleil, and that's the one recently that was hacked and taken down. Basically, I can't get on at all.

Shawn Buckley
Before I turn you over to the commissioners, I'm just going to ask a couple of questions. And the first one is, what lessons did you learn through this?

Jamie Sale
To get real with God. It was all I had. I just remember praying through my healing to show me the way through this, God. And I'm not religious. It's not about religion for me. It was about really developing a strong relationship with our creator. And I wasn't like this before, and not that I was atheist, I just didn't really didn't go to church. I knew that, you know, it was important. I was a very spiritual person, but I just remember praying every night, please protect my son. Please show me the way through this.

And I actually got many gifts. I had an incredible tribe show up to support me. I had lots of Canadians that reached out to me, which I just want to take this opportunity to say thank

you to everybody that reached out to me and sent me direct messages over the last three years. It meant a lot. You have no idea. I needed it. And my tribe, my local tribe, my Canadian tribe, even global tribe that I'm now friends with, and I had Canadians for Truth that gave me a bigger platform. I'm so grateful that I was able to work with them for at least a year and a half and do really great things.

But I am a very positive person, and I've always known that even in the hardest times we have to look for the gift. It might not be obvious. You might not even really believe at that moment that there is a gift. But I've been trained to always look, at least tell myself that I know there is one in this. And through prayer, I was receiving a lot of gifts. And so I just tell people, now, "Have faith. Believe. You know, we're in a war. We are in a psychological war, and this is absolutely horrifying. But to not be fearful and to live with faith and know that, you know, we are incredible beings. And the more we get together, the more we stand together, the stronger we are. And that's what we're seeing, even in the freedom community, is that we're winning. And love wins and God wins."

Shawn Buckley
Thank you, Jamie. I'll pass you over to the commissioners and ask them if they have any questions for you. And the commissioners don't have any questions for you. Jamie, on behalf of the National Citizens Inquiry, I sincerely thank you for coming and testifying this afternoon.

Jamie Sale
Thank you for the opportunity.

Witness 7: Dr. Roger Hodkinson
Full Day 1 Timestamp: 07:41:36–08:50:10
Source URL: https://rumble.com/v4yg6lz-nci-regina-hearings-day-1.html

Shawn Buckley
Now, our next witness is also going to be attending online, and that is Dr. Roger Hodkinson. And Roger, I'll ask first of all if you can hear me.

Dr. Roger Hodkinson
Yes, I can.

Shawn Buckley
Okay, can you turn your video on so we can see you as well as hear you?

Dr. Roger Hodkinson
Yes, indeed. Just a second, please.

Shawn Buckley
Now, Roger, we always start by swearing our witnesses in, so I'll start with that. Do you promise to tell the truth, the whole truth and nothing but the truth?

Dr. Roger Hodkinson
Yes, I do.

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

Dr. Roger Hodkinson
My name is Dr. Roger Grant Hodkinson.

Shawn Buckley
And I just want to introduce you briefly to the commissioners and also to those that are watching online. And Commissioners, we will enter Dr. Hodkinson's biography as an exhibit. But Dr. Hodkinson, you trained in medicine at Cambridge University in the United Kingdom?

Dr. Roger Hodkinson
That is correct.

Shawn Buckley
You were a scholar at Corpus Christi College?

Dr. Roger Hodkinson
Yes, indeed.

Shawn Buckley
And you are a certified pathologist, so you have specialized after getting your medical degree in pathology.

Dr. Roger Hodkinson
That is correct.

Shawn Buckley
Now, some people don't understand what pathologists are, but—and correct me where I get this wrong—but my understanding is pathology is basically the study of how disease and illness progresses. So you're actually an expert in how disease and illness progresses, and pathologists are known basically as the doctor's doctors. They're not just the people that do the autopsies. You're looking at biopsies. You're telling the doctors what is going on so that they can treat their patients.

Dr. Roger Hodkinson
That's a very accurate description. We're the backroom guys that give other physicians the answers, and they take all the credit.

Shawn Buckley
Yeah. No, no, it's just I've had lots of pathologists as experts in my legal career, and so I had started thinking: Oh, no, it's like Quincy, the autopsy guys. No, no, they're dealing with living patients because they're the experts in how conditions progress. Now, you were also Chairman of General Pathology Examination Committee for the Royal College of Physicians and Surgeons of Canada. Is that correct?

Dr. Roger Hodkinson
Yes, that is correct, a rather responsible position to make sure that the residents coming out of the tube were correctly reading breast biopsies, for example. A rather important role that meant I was trusted at that time.

Shawn Buckley
Right, and so this is important. This is basically the committee that would decide whether or not a doctor that had done a residency in pathology was actually qualified or not. And you cite that it's a very important role, and you use breast biopsies as an example, because it's pathologists that will look at the breast biopsies to determine whether they're cancerous or not.

Dr. Roger Hodkinson
Yes, in general pathology it's important for everyone to realize that the word "general" is used because we simultaneously run the big labs with all the instruments that produce the hematology, chemistry, microbiology results, including virology investigations, while at the same time having a very different role: looking down a microscope at tissue biopsies and doing autopsies. Those are very different roles. And what that does give me as a general pathologist by training, a very broad scope of practice that allows me to condense various facts and theories for a testimony, such as today.

Shawn Buckley
And you were invited to come and testify today on some COVID issues. My understanding is you've prepared some words to say to us. And I think I would just invite you now to launch into your presentation and then I'll have some questions for you.

Dr. Roger Hodkinson
That's very kind of you, Mr. Buckley. And I would like to add one additional element to my CV which is not traditional. I was the first physician in western Canada, one of only two in Canada, to stand up against big tobacco in the late seventies and eighties. In other words, I've been steeped in public health for decades, and I consider my role as Honorary Chairman of an organization called ASH, Action on Smoking and Health, I would consider that I'd saved more lives trying to control big tobacco than I ever have as a pathologist. But that experience with big tobacco was a huge education for me because big pharma is operating has exactly the same predatory marketing characteristics.

Shawn Buckley
Right, so you've got experience then with basically an industry and how they act, promote their interests that may not be in line with good health outcomes.

Dr. Roger Hodkinson
I would say that I understand real public health, not from an academic ivory tower perspective, which is what's got us into all this trouble, but from a real practical, down to earth, street level, level-headed, common-sense approach, which of course is something that was severely lacking.

Shawn Buckley
Yes. And so, do you want to share with us now the comments that you've prepared?

Dr. Roger Hodkinson
Yes, I would love to. Thank you.

First of all, of course, I would like to thank you for your kind invitation to address this historically important inquiry. I'm honoured to have been invited. My presentation today is about the most grave injustice western society has ever experienced. I'm here because this is the most important moment in my medical career and indeed my entire life. It's the fight for freedom and the very preservation of democracy. The tyranny must be exposed and stopped dead in its tracks.

As you have heard, I'm an old school, traditionally-trained medical specialist who has been a soldier for organized medicine and public health for over 50 years. But no more. I am ashamed of what medicine has become. I intend to paint a very big canvas of the terrible things that happened during COVID. It was never about public health, but all about control.

The Alberta truckers were the first to battle against the despots, not doctors, not the church, not the media—truckers. I was there with them "on the hustings" in Ottawa. Although they failed in their primary objective, they achieved two much bigger victories: They forced the hand of government to take extreme, unwarranted measures to suppress the democratic process using the Emergencies Act, and the truckers also started an international movement to push back on wokeism in all its dystopian guises, including climate change.

Let me summarize what has happened to date. I call it the big kill of people, economies, and trust in all our previously cherished institutions. Nothing was needed to manage COVID-19 except common sense, chicken noodle soup, vitamin D, and reliance on our miraculous natural immunity. If we had done nothing other than how we handled previous flu epidemics, no one would have noticed. It was never close to a viral pandemic, an epidemic at most. What it was, was a virulent pandemic of fear, largely based upon the monumentally flawed PCR test. I speak somewhat knowledgeably of that as a pathologist. We seem to have forgotten what Voltaire presciently said a long time ago. The art of medicine consists of amusing the patient while nature cures the disease.

Everything we were forced to endure predictably failed, with the singular exception of the orchestrated campaign of lies and deceit, which succeeded brilliantly. Yes, the virus is real, but the reaction was a hoax that raped our very soul. I define a hoax as a widely publicized fraud intended to invite unthinking acceptance. I steadfastly refuse to retract my use of the word. It is unquestionably correct. None of the many mandates had any evidence of effectiveness in the medical literature. Masks, social distancing, business closures, travel bans, contact tracing, asymptomatic testing, prohibited gatherings, et cetera, et cetera, et cetera. It was all lies. Nothing could work, nothing did work, and therefore nothing will work now. Period.

The so-called modified mRNA vaccines were actually the first ever large-scale experimentation of gene therapy in humans. The majority of the world's population trusted the fraudulent propaganda and got willingly poisoned. It was not needed, was not tested, didn't work, and has now been shown to have had calamitous consequences. We know from the incredible work of Denis Rancourt, Jessica Rose and Peter Halligan that it has killed

approximately one in a thousand injected and about 20 million worldwide. I said 20 million —and I would like that to sink in.

Ed Dowd has shown that the statistics on permanent disability are many times worse. Humanity essentially became lab rats for experimentation by Big Pharma, and our bodies simply toxin factories. The cure was far worse than the disease and is now documented as the most catastrophic event in medical history. The most sinister use of the gene therapy with children is stopped in many jurisdictions internationally, but in Canada, it is still being advocated at six months of age. This can only be called child sacrifice on the altar of the new gods. No child in good health has died of COVID anywhere. And this gene therapy in children has resulted in untold, senseless deaths. This is murder, plain and simple, and must be prosecuted to the fullest extent of the law.

What did not happen is also deplorable. I'm talking about the total disinterest in urgently investigating all of these disturbing issues, including the massive increase in unexplained deaths, so-called sudden adult death syndrome, or SADS, which is now the commonest cause of death in Alberta. This is disgusting, wilful blindness, because we don't know what we don't know until we look.

I would now like to move on to the even more dreadful outcomes from the gene therapy that I believe are likely to happen in the future. I am talking about a delayed epidemic of premature heart failure and dementia due to silent, diffuse capillary thromboses that kill random cells in those organs, only to be diagnosed later as a major organ dysfunction, conveniently when the perpetrators are themselves dead and buried. But even worse is the probability of the gene therapy causing permanent changes in the human genome due to a process we call reverse transcription. That means the permanent incorporation of genetic information from the gene therapy into the DNA of rapidly dividing human cells in the bone marrow, gut, and testes. We have absolutely no idea what the consequences will be, but the human genome may have been changed transgenerationally forevermore.

The study of reverse transcription into spermatozoa is currently being undertaken by Canadian molecular biologist Dr. David Speicher and others. If this is shown to be occurring, and I believe it will, it would be a Nobel-worthy discovery. Remember, 8% of the human genome is viral in origin from eons ago, so we do know for certain that reverse transcription happens.

These events have been so grotesque we must then ask the obvious question: How could this have possibly happened? Well first off, in my opinion, this was not intentional genocide. I believe such an explanation is ludicrous for a huge variety of reasons. It was the law of unintended consequences resulting from a program operated by the US Department of Defense, the DOD, called dual-purpose research. That is the allegedly synergistic combination of gain-of-function research with preparation for mass vaccination with mRNA in response to actual biowarfare.

Gain of function, of course, is the supremely ridiculous concept that by making a virus more infectious and lethal, one can devise methods to control and treat it. The idiocy of that concept is that viruses, especially RNA viruses like COVID-19, mutate randomly all the time and their mutations are impossible to predict. But more than that, if a lethal virus were to be created with high transmissibility, gain-of-function research is clearly an existential threat to humanity. It must stop by international convention.

The gain of function work was quietly offshored to Wuhan in lockstep with the DOD funding aggressive research into mRNA gene therapy to rapidly counter a potential bio-terrorism

attack with an unrelated novel virus. When COVID-19 escaped from the Wuhan lab, the secrecy of that project was blown and the DOD went into immediate crisis mode with full bore production of a modified mRNA gene therapy to justify the existence of gain-of-function research. They were lusting to trial run a response to a potential future bio threat. It was a purely military operation from start to finish, tightly managed in every detail by the ex-military Dr. Birx. Fauci was just a front-end stooge acting as spokesperson.

The response to the escape should rather have been based upon the founding principles of public health: namely the duty to protect the public from risks they cannot manage themselves, carefully managing risks versus the benefits of intervention. That principle was rapidly dumped and replaced by four repulsive processes that have operated 24/7 for four unbelievable years: namely gargantuan greed by big pharma, stupendous stupidity by the idiocrats, Machiavellian manipulation by the mainstream media, and intimidation of MDs and information suppression by Colleges of Physicians. Every jurisdiction simply copied the lead of China and the USA. The general operating principle was: Don't trouble me with due diligence; it takes expertise, time and money that I don't have.

But oddly, I can also say thank God for COVID, as this unforgivable series of events has had two positive outcomes. Massive institutional corruption has been revealed for the first time involving big pharma, the courts, mainstream media, the alphabet agencies—by which I mean WHO, WEF, CDC, FDA, and NIH—as well as organized medicine. Colleges of medicine internationally have been shown to be co-conspirators with the state in murder by intimidating physicians into compliance with the mandates and gene therapy. They have essentially told physicians to swear that the earth is flat or risk losing their livelihood.

Those colleges are principally there to ensure there is informed consent for treatment, and that treatment should do no harm. But they bowed to governments' dictates and blatantly contravened their own ethical standards by persecuting physicians like me and others who dared to uphold those time-honoured principles. One could summarize this by saying, "Government is now your new doctor. Be worried. Be very worried." Or as I have previously said, "Politics playing medicine is a very dangerous game."

The other positive outcome is that the ultimate cause of all this evil has been revealed. Wokeism. The enemy is now declared and has no clothes. One cannot fight an invisible enemy that wants to abolish religion, travel, money, cars, food, work, parents, and family. Wokeism started insidiously in universities decades ago by an arrogant, self-perpetuating intellectual elite that's been slowly eating away at traditional democratic freedoms. We are stupidly paying them to destroy us.

But then the bad, the very degree of corruption has resulted in the worst outcome of all, the loss of trust in all our previously cherished institutions. Trust is the cement that holds society together. Distrust leaves the people feeling isolated, and that makes them fair game for government control. The successful recipe has now been baked in and is ready to be applied to the next hoax: climate change. The unholy alliance of the WEF, unelected billionaires and multinational corporations, otherwise known as fascism, has furthered this dystopian nightmare.

Another contemptible outcome during COVID has been the massive increase in national debt, the rapidly growing interest of which must be paid, and now amounts to fully one third of all US government revenue. That is totally unsustainable. And I am here reminded of Stein's famous law: if something cannot go on forever, it will stop.

Shawn Buckley
Dr. Hodkinson, can I just break in for a second?

Dr. Roger Hodkinson
Yes.

Shawn Buckley
I'm just curious because we're getting off out of medical stuff. Are we getting close there? There's a whole bunch of stuff I want to follow up with you on.

Dr. Roger Hodkinson
Sure. Yes, I've nearly finished.

Shawn Buckley
Okay. Sorry to interrupt.

Dr. Roger Hodkinson
If you could bear with me. We should all remember that the primary determinant of health is the ability of an economy to pay for it. Logarithmic increases in the interest on the national debt will result in higher taxes, reduced essential services, or both, impoverishing us all. Government has basically legitimized a Ponzi scheme where money has to be borrowed simply to pay the interest on money previously borrowed.

So what can we do about all of this? Is there hope? Remember that the Achilles heel of democracy is enjoyment without responsibility. The resulting silence implies compliance. Our enemy is complacency, and tinkering will not succeed. But crises always create opportunity for major change, and I call the solution The Great Reject. We need to think local, but act global.

First, bottom up. We need solutions, not whining. I hate whiners. People must get involved locally on school boards, city councils and constituency associations to prevent further infiltration by activists determined to destroy our traditions and culture. I call this the tyranny of the minority. Involvement may involve job loss and serious economic hardship, but it is for the greater good of society. Don't leave it up to others to do the heavy lifting.

People must also make a determined effort to get educated by following reliable alternative media, such as the Brownstone Institute, and subscribe to various Substacks such as those run by Dr. Makis and Dr. Trozzi, and the Grey Matter podcast run by Alberta lawyer Leighton Grey. Listen to the recordings of the NCI from truly global experts. And remember, there is a unique Canadian disease called the "terminal niceness syndrome." Just do something, anything. Fight. Demand change. Stop being polite. Bang the table. Our children's future is in dire peril.

Then there's top down. We need Magna Carta 2.0, but that will never happen in Canada with the Supreme Court stacked with Liberal Party appointees who will always obey the Laurentian elite, believing that judges are there to make the law, not to interpret it. No, there needs to be an example on a small scale to show how real democracy could work. That endeavour is already underway and is called a movement for an independent republic

of Alberta, espousing the traditional roles of family, religion, culture, hard work and risk taking.

Then and only then, we will be able to burn all the corrupt institutions down to the studs. We will empower Nuremberg 2.0, and meaning no amnesty for the criminals, rather vengeance delivered by an elected judiciary. This new country will be the happiest, freest democracy in the world—I have nearly finished—and a beacon to emulate. How intoxicating it will be to see a process started by Alberta truckers come full circle and be the saviour of democracy. It can be done.

To close here are my final action items. Get educated and involved. Take your vitamin D, and use cash, not credit. Thank you again, for the opportunity to speak. And here's to freedom, justice and democracy.

Shawn Buckley
Now, Roger, I'm going to want to ask you some specific things, because you covered a lot of topics. And one of the things you spoke about was basically that there could be an upcoming epidemic of heart disease, but this is not something that's going to happen in the next year or two, but literally could be manifesting in ten years. And I'm wondering if you can explain why you feel that way, because I know you feel that you're worried that about ten years out, we're going to have heart disease—so basically, people taking about a significant amount off their life because of the vaccines and basically micro clotting issues. Can you explain that, please, for the commissioners?

Dr. Roger Hodkinson
Yes. The basic mechanism here, as you mentioned, is blood clotting in very small vessels we call capillaries. We know that is happening when people feel perfectly well after receiving this gene therapy because there are certain tests, one is called the D-dimer test. That was first noted by Dr. Hoffe in British Columbia. We do know that diffuse asymptomatic clotting in capillaries is taking place in people who feel perfectly well following receiving a COVID so-called vaccine.

Now, when a capillary clots, the cells it supplies with oxygen and glucose will die, dependably die. But if not enough of them die, and if their distribution is random, it will not produce a clinical presentation of any type. People will not know anything is wrong at all. But the cells that die are the cells that we rely upon as a reserve of those organs when we get to my age. And so killing off those cells, theoretically, and I believe probably, will accelerate the onset of the inevitable heart failure and dementia that we experience in older age. That is truly scary, because the healthcare system is already massively undermanned and underfunded, and that will be an enormous additional amount of money that needs to be provided for staff and resources.

Shawn Buckley
If I can just rephrase that is so our heart and our brain cells do not repair. They don't replicate. We got what we got, and we've got extras. But if we're losing those extras that we're going to rely on as we have die-off as we age, we're basically dramatically moving forward and are going to experience younger dementia and heart disease. Is that basically what you're explaining?

Dr. Roger Hodkinson
That is the prediction.

Shawn Buckley
Okay.

Dr. Roger Hodkinson
There's obviously no way of proving that until it happens, because the very nature of the random distribution of that cell death is hard to quantify. What we do know is that the blood vessels are clotting, the capillaries are clotting. We know that for certainty. The consequence of that is cell death.

Shawn Buckley
I want to move us into a different category because there's a pattern change in cancer. And we've had a couple of witnesses today explain to us some mechanisms about how the vaccination could lead to cancer. But we haven't had anyone sharing with us what the pattern change has been in cancer. And so I'm wondering if you can share with us what you've been seeing in the research and with other experts that you're in contact with about the changes in the patterns of cancer.

Dr. Roger Hodkinson
Yes, we're not talking here about the mechanism, but the demographics have changed dramatically. It used to be very rare to see a young person with an advanced aggressive cancer. It's typically a condition of middle and older age. We're now seeing a large number of younger people presenting late—quite often for the first time in emergency departments—presenting late with an advanced cancer that on biopsy is shown to be aggressive and which refuses to respond to traditional therapy. That group of conditions we're now calling turbo cancer.

And as you probably heard, the two biggest experts on that internationally, one is a Canadian here in Edmonton, Dr. William Makis, an oncologist by training, and also Professor Dalgleish, St. George's Hospital, London, England, also an oncologist—both very sane, deeply experienced oncologists who are saying this is real and needs to be quantified. But like everything else that's happening, the authorities are refusing adamantly to investigate any of these kinds of issues.

Shawn Buckley
And then I want to move to another topic. And it's just, I know that you spend hours and hours a day researching and that you're in contact with a large number of experts, and so you're kind of a generalist as a pathologist that I can rely on. There's also been changes with fertility and pregnancy, and I'm wondering if you can share with us your knowledge on that.

Dr. Roger Hodkinson
Yes, well, I know you're going to be hearing from Dr. Jim Thorp, or you already have. I know him, a wonderful man, the first to blow the whistle on the frequency now of spontaneous abortions, stillbirths, decreased fertility, et cetera. If I could just take you down the tube, so to speak, starting with the ovary and ending with delivery, I think you can appreciate the

multiple points at which attack can take place, with the overall result being what I described.

First of all, we know from Byram Bridle's request to the Japanese authorities' Freedom of Information Act for the Pfizer experimental data. We do know that in rats, the lipid nanoparticles themselves are inflammatory for the rat ovary. The second biggest hit is on the ovaries of rats. That's obviously significant if that's happening in humans, because an inflammatory process in the ovaries is clearly not a good idea if the number of eggs there are limited. A baby girl is born with all the eggs she's ever going to have. They don't make more, a million or so, and every one that's lost because of inflammation is the potential loss of a live birth. That's the first point.

The second point is that if an egg does manage to escape and start moving down the fallopian tube, it may or may not meet a spermatozoan to fertilize the egg, because we now know that there's also been a serious attack on the testes with reduced sperm counts, reduced functional aspects of sperm motility and function, and the possibility, as I said earlier, of reverse transcription having changed the genome of spermatozoa.

But let's assume for a minute, that that fortunate egg meets a fortunate spermatozoa and there is fertilization in the fallopian tube. The fertilized egg continues into the uterus, and what does it find? It finds carnage. The endometrium of the uterus is the most fragile tissue in the entire human body, especially when it's being prepared for implantation. You can put your finger in it, it's mushy. The blood vessels in the endometrium are the most fragile in the entire human body, and they are loaded with the ACE-2 receptor for the spike protein. That is a setup for capillary thrombosis in the endometrium, and bleeding. We know there's been a massive increase in menstrual abnormalities following the so-called vaccination.

So a fertilized ovum is going to have a hard time getting implanted because it finds a very hostile environment. But let's assume that it does implant and continues to grow. We then have the risk of transplacental passage of lipid nanoparticles from a vaccinated mother, again known to be inflammatory, again possibly causing reverse transcription. We do know there's been an increase in fetal abnormalities, as Dr. Thorp will describe. So altogether, there are multiple ways in which one could see why there's an increase in spontaneous abortion, stillbirths, reduced fertility. Multiple pathways, again screamingly obvious possibilities, and it's likely that that is the case.

But where are the studies to show that? Government is running scared. It will not, underlined in neon, undertake to fund any investigation that proves how malicious their actions were. I know for a fact that in Canada, no one, no medical examiner's office or coroner's office, none of them—despite the epidemic of sudden adult death syndrome—none of them have instituted the special stains to differentiate between COVID infection and a consequence of the vaccination. Those tests are well known, well described in the literature, but they will not put in the small amount of money, $10,000 or something ridiculous like that, they will not put in the program to show with some definitive result, what the cause of death was. They're running scared.

Shawn Buckley
And Roger, if I can just make sure that the commissioners and everyone watching understands. So, Dr. Ryan Cole, I think it is, has developed the test so that—

Dr. Roger Hodkinson
Yes.

Shawn Buckley
—pathologists doing autopsies, or even with tissue samples, you can determine: Are these tissues damaged from the vaccine, or are they damaged by spike protein caused by COVID? Do I have that right?

Dr. Roger Hodkinson
Yes. It's not that complicated. Antibodies are raised in rabbits, specifically against the capsule of the virus. The capsule of the virus itself, not the spike protein, the nucleocapsid of the virus. And another antibody is raised against spike protein. So if you find positive staining for the capsule of the virus, it implies that it may be COVID infection itself that's the problem. On the other hand, if that's negative and you're finding pot staining for the spike protein, it implies it's not the COVID infection, but it's more likely to be the vaccine itself.

Shawn Buckley
Right. And here's the cover-up that you're talking about: There's a reliable test for pathologists—you know, whether they're looking at biopsy samples or whether there's an autopsy—there's a test that they can use, but government won't pay for the test so that they can use it. So it's basically a wilful blindness: let's not have the test necessary to determine the cause of the damage or the cause of death.

Dr. Roger Hodkinson
Exactly.

Shawn Buckley
Okay. I just wanted everyone to be clear what you were referring to. It's just governments won't fund it. It's not that pathologists wouldn't use the test, but it's not provided to them by a deliberate government choice. And the last thing I wanted to do is: You became a bit of a celebrity because you did a presentation to Edmonton City Council—and I think this was in 2020. So the Edmonton City Council was going to be considering whether or not to renew a mask mandate, and you did a presentation that somebody taped audio. I'm going to play that for you and then just my question is: I assume you'll adopt that is still true today as far as the efficacy of masking? So David, if I could have you play that audio for us:

> **Dr. Hodkinson [Recording]**
> Mr. Chairman, this is Dr. Hodkinson. I just want to let you know I'm standing by.
>
> **Chairman [Recording]**
> Oh, okay. Well, we would love to hear from you. The floor is yours.
>
> **Dr. Hodkinson [Recording]**
> Thank you very much. And I do appreciate the opportunity to address you on this very important matter. What I'm going to say is lay language and blunt. It's counter-narrative. And so you don't immediately think I'm a quack, I'm going to briefly outline my credentials so that you can understand where I'm coming from in terms of knowledge base in all of this.

I'm a medical specialist in pathology, which includes virology. I trained at Cambridge University in the UK. I'm the ex-President of the Pathology Section of the Medical Association. I was previously an Assistant Professor in the Faculty of Medicine doing a lot of teaching. I was the Chairman of the Royal College of Physicians of Canada Examination Committee in Pathology in Ottawa. But more to the point, I'm currently the Chairman of a biotechnology company in North Carolina selling a COVID-19 test. And you might say I know a little bit about all this.

The bottom line is simply this. There is utterly unfounded public hysteria driven by the media and politicians. It's outrageous. This is the greatest hoax ever perpetrated on an unsuspecting public. There is absolutely nothing that can be done to contain this virus other than protecting older, more vulnerable people. It should be thought of nothing more than a bad flu season.

This is not Ebola, it's not SARS, it's politics playing medicine, and that's a very dangerous game. There is no action of any kind needed other than what happened last year when we felt unwell. We stayed home. We took chicken noodle soup. We didn't visit Granny, and we decided when we would return to work. We didn't need anyone to tell us.

Masks are utterly useless. There is no evidence base for their effectiveness whatsoever. Paper masks and fabric masks are simply virtue signalling. They're not even worn effectively most of the time. It's utterly ridiculous seeing these unfortunate, uneducated people—I'm not saying that in a purgative sense seeing these people walking around like lemmings, obeying without any knowledge base to put the mask on their face.

Social distancing is also useless because COVID is spread by aerosols which travel 30 meters or so before landing. And closures have had such terrible unintended consequences. Everywhere should be open tomorrow, as was stated in the Great Barrington Declaration that I circulated prior to this meeting.

And a word on testing, I do want to emphasize that I'm in the business of testing for COVID. I do want to emphasize that positive test results do not, underlined in neon, mean a clinical infection. It's simply driving public hysteria, and all testing should stop unless you're presenting to hospital with some respiratory problem. All that should be done is to protect the vulnerable and to give them all in the nursing homes that are under your control, give them all 3000 to 5000 international units [IU] of vitamin D every day which has been shown to radically reduce the likelihood of infection.

And I would remind you all that using the province's own statistics, the risk of death under 65 in this province is 1 in 300,000—one in three-hundred thousand. You've got to get a grip on this. The scale of the response that you are undertaking with no evidence for it is utterly ridiculous, given the consequences of acting in a way that you're proposing: all kinds of suicides, business closures, funerals, weddings, et cetera, et cetera—it's simply outrageous. It's just another bad flu, and you've got to get your minds around that.

Let people make their own decisions. You should be totally out of the business of medicine. You're being led by down the garden path by the Chief Medical Officer of

Health for this province. I'm absolutely outraged that this has reached this level. It should all stop tomorrow. Thank you very much.

Chairman: Well, thank you for that again. Hopefully all layers of governments are listening. We have the least amount of influence, but we definitely appreciate everything that you just had to say.

Shawn Buckley
So, Dr. Hodkinson, I think that was in 2020 and it seems now, almost four years later, that I assume that you'd stand by everything you said.

Dr. Roger Hodkinson
I don't change a single word. In fact, it was understated.

Shawn Buckley
Yes. Now I'll turn you over and ask the commissioners if they have any questions of you.

Commissioner Kaikkonen
Thank you, Dr. Hodkinson, I have a question about an earlier comment that you made. You said that the Canadian disease was terminal niceness. I'm just wondering, in terms of our students in the school, how do we instill in our children values that will help them to understand that saying, "No" is okay, because that terminal niceness starts when the school system starts to control our children all the way through. And they're not learning curriculum outcomes as we were raised to learn in an education system. That's being replaced with ideologies.

So I'm just wondering, how do parents, what recommendations would you have for parents that would encourage them to teach their children history and things that matter about our society around us, about democracy, the founding of our country, our great nation, Canada. And that students would understand that there is going to be times in their lives when they're going to have to say no, not to comply to the authority figure in their institution, which is the schooling system. I'm just wondering, what recommendations would you have for parents that will just help the future generations? Thank you.

Dr. Roger Hodkinson
It's very difficult for an individual to change the system. As a practical solution that's immediate, homeschooling is the obvious preferred way to educate children now, because you don't know what's being taught in the classroom. You don't know what books are being made available in the library. We know all about the books advocating homosexuality and graphic details of sexual acts, et cetera, et cetera. The only way to change the schools themselves is to change the dystopian way teachers have been educated themselves.

Remember that a child is taught by a teacher, various "a nudge and a wink," we know what's going on. We know how you influence a child's thinking indirectly, as an adult. That child's thinking is influenced in school, and then they go to college or university and they get a second dose, so it must be right. The second dose, of course, is from the very professors that taught the teachers. And you churn that for 20 years, and you create a culture of teachers

that is total anathema to what teaching should be all about. It's totally distorted the educational experience of our children.

And if there's any way to control that, it's to turn the spigot off in universities, which is populated— Ninety per cent of junior faculty are now obviously, on surveys, 90% of junior faculty are rampant socialists or closet communists. The only way to control that is to fire the lot of them and have them reapply for the positions after having gone through an intensive interview as to what their political standing is. Turn the spigot off. There will be a wailing and gnashing of teeth that we're interfering with the freedom of speech, but of course, it's exactly the other way round. If recent politics has taught us anything, it's that when you're being accused of something, it's a defence, because they are doing exactly that. So there can be no compromise with universities, because they are killing us.

Commissioner Kaikkonen
Thank you.

Commissioner Drysdale
Good afternoon. You made a couple of comments and I have some questions about some specific issues that I hadn't heard before. And then I would like to ask you about some other more broader issues. Around when you first started your presentation, you talked about the flawed PCR test. And I want to ask you, is it the test that was flawed or the application of the test to something that was never intended to be?

Dr. Roger Hodkinson
Well, it's both. Dr. Mullis, who got the Nobel Prize for the PCR methodology, was the first to say this test should never be used to diagnose anything. What PCR is all about is simply one thing. It's making more of the stuff that you want to study. It's not a diagnostic test, it's a method of making more of it so that you have something to identify. It's the identification of what's being multiplied where the problem lies, because the way the testing was done in the so-called PCR method is that you've got this multiplied product, and then you apply to that conceptually a mirror image molecule of what you're trying to detect. It's a lock and key concept, and the molecule that you're using to try and detect it conceptually has a light bulb on it, so that when that molecule latches onto the target, like a lock and key complementary shape, the light bulb goes off and you have a positive.

Now that's the ideal situation, but unfortunately, there are many other ways to get the light bulb to go off. One of them is the reality that the shape that you're trying to detect is similar to other proteins, many different types that have some similar shape. And so you bring in your detecting molecule that hasn't changed, but the thing it attracts now and attaches to is something with similar shape. The light bulb still goes off, a nonspecific reaction. And so our estimate is that 95% of the so-called positive results in asymptomatic people that drove the graph in the morning paper, those were false positive tests. The person did not have COVID—a truly false positive result that, however, met the criterion of the idiocrats, namely to drive fear.

A case in clinical medicine is not a positive laboratory result. A case in clinical medicine is someone who is sick in front of you with a runny nose and a cough and a sore throat and a fever maybe. That is what a case of upper respiratory tract infection is. A case is emphatically not a positive result. It's got to be correlated with a clinical presentation. That was ignored because it suited the concept of driving fear.

Commissioner Drysdale
My understanding was that not only were they using this test inappropriately and or the test was detecting other particles, or similar particles, or portions of particles, but not necessarily the virus. But I also understood from testimony that we heard, particularly in Toronto last time around in 2023, that a lot of these hospitals' emergency rooms had a long checklist. And if you came in, I think the quote by one of the paramedics was, "If you came in with stubbed toe, you met the checklist criteria for having a COVID infection." Are you familiar with these checklists and how they were doing this as well?

Dr. Roger Hodkinson
No, I'm not familiar with the checklist. But you did describe another way in which you can get false positives, and that is if you continue with the multiplication, which is logarithmic 2, 4, 8, 16, 32, 64, 132, et cetera, you eventually end up with a large number of copies of what has been multiplied. If you continue that beyond at least 24 cycles, 24 doubling events, you end up with such a gigantic amount of junk that it's not surprising that famous President of an African state found a positive result with papaya. You can find a positive anywhere you want if you cycle that. If you increase the doubling number of times the population doubles, you will guarantee a positive result with absolutely no evidence of the originating organism being present. The whole thing was utterly fraudulent. They knew it was and they continued using it to drive fear.

Commissioner Drysdale
I know we had testimony from Dr. Laura Braden in Truro last year, and we talked about this very issue. And I recall that there was a time when they were arguing about whether they would do—I don't know, I'm going by my memory—24 cycles on the PCR test, or 37, or 42, or whatever. And Dr. Braden had talked a little bit about that, and she said that when you take 24 cycles and let's say you go to 35, that might not sound like a lot, but you're actually creating billions and billions of replications. And it was always explained to me the magic of compound interest. This is kind of the same thing where it's not a linear line, it's a logarithmic line, which means it's almost a straight line up.

Dr. Roger Hodkinson
Yes. And in many jurisdictions, it was cycled 40 times. That was the case in Manitoba. That's a guaranteed way of pleasing your political masters.

Commissioner Drysdale
You made a comment that I had never heard before, and I might be a little off topic here, but I'm curious. You made a comment about Dr. Birx and I'd never heard that before. Do you have any other comments on that? Or could you elaborate a little bit on that? I think you had mentioned she was military or ex-military.

Dr. Roger Hodkinson
Yeah, that's right, the Colonel. Fauci was identified as the principal problem. He was not. He was just the spokesperson put up there by Birx. She ran the shop with a rigid, rigid handle. She ran the show. She was ex-military. Look, the whole thing was military. The research was military, the distribution of the product was military. It was a military program to

potentially—that's the operative word—potentially protect us against a real bioterrorism threat. You would expect them to have that program ready. It would be demanded of them in case that happened, to have some way of responding.

And so they were developing that mRNA technology for ten years. It wasn't immediately produced. The conversation between Fauci and Trump would have gone something like this: "Hey Don, you know what? We can lick this thing in six months. We got a vaccine almost ready to go." What Trump didn't realize was, it had been developed for the last ten years. It had failed in its intended purpose of delivering chemotherapy for brain cancer. It was known to be very toxic. Fauci didn't tell Trump that. And so Trump would have said— I mean, look, we're dealing with a narcissist here. Trump being pitched by a failed Lilliputian who failed in everything he'd done, in particular the AIDS vaccine, he was looking for glory at the end of his life. And this failed Lilliputian with all the money was pitching to a narcissist who said basically after 30 second conversation, "Hey Tony, let's do it," and the rest is history. He was lied to.

Commissioner Drysdale
Well, I understand that, and I understand how a layman can be lied to. And it's been some time since my wife and I had children, but when we had children 40 years ago, the doctors would tell us, don't take aspirin, don't have a drink of alcohol, don't do all of these things. And I'm old enough, Dr. Hodkinson, to remember thalidomide. And so my question to you is, how did the medical community, how were they convinced to convince their pregnant patients to take a product that had never been tested, was not a vaccine by the conventional sense from what I understand from testimony. How did they convince the medical profession to do this?

Dr. Roger Hodkinson
Because the colleges were instructed by the Ministers of Health to conform with the political playbook. And they did so.

Commissioner Drysdale
You know, having lived through it, it was chilling. But hearing you say that is even more chilling. You know—

Dr. Roger Hodkinson
Look, you've got to understand how the colleges are constituted. First of all, they're private corporations. Secondly, the people that get, as we say, get to be, "on the college," are basically sycophants who are looking to tick off the box on their CV to say they've been "on the college." They're all brownnosers. They're not the people who are going to object and lead. They're going to follow because their careers depend on it. If they were to object at a college meeting that something is unethical and they were the lone man out, if they were thinking of doing that, they'd shut up. Because it's not good for their career. The colleges are staffed by, you know, lesser lights. They're not leaders, they're followers. They got the political message: do as you're told, intimidate, and make it happen. Yes, sir, three bags full, sir. Hence the prosecution of physicians like me and others in Canada, Dr. Hoffe, Dr. Patrick in Ontario, Trozzi, Makis, Luchkiw, et cetera.

Commissioner Drysdale
But has the climate not changed somewhat, that the medical profession should be stepping up? I mean, look at—just a moment—what I see happening in this country is I see people starting to wake up and they're starting to realize the things that you've been talking about, some of the other witnesses have been talking about. And yet the CBC that we paid $1.4 billion for last year hasn't reported on it. But the CBC is running along behind the Ottawa politicians chasing car theft. I've not heard of a person killed by car theft. But do you expect this to change from the ground up in the medical profession when they're starting to see and starting to understand what happened? Or do you think— I mean, from what I hear from you, I think you're saying that we're at great risk of other things that are coming down the pipe, and if our—

Dr. Roger Hodkinson
Unquestionably. Unquestionably. Look, medicine is bought and paid for by big pharma. Bought and paid for. The journals are corrupt. The journals are a business. The principal advertiser in journals are big pharma. Journals will not publish, have not published during COVID any articles that are counter-narrative until very recently when the writing is on the wall. It's a business. You don't upset the principal advertiser. That's just one example.

A principal source of funding of the CDC and the FDA is Big Pharma money. You've got the Chairman of Senate and Congress committees who are lobbied by Big Pharma, and money is put into their re-election campaigns, and they are bought and paid for. How many people know, for example, that 90% of all our drugs currently come from China, our future enemy? That's a mad decision. Very much like Germany thinking they could buy gas from Russia. You don't trade with your enemy. There was a medieval concept of warfare. You starve your enemy to death, you put a siege around their castle. The general operating principle, in my opinion, of global politics should be very simple. It's called ABC: Anything But China, Anywhere But China. They're our future enemy. They're coming to get us. They're in the ascendancy. They don't give a damn about carbon dioxide. I don't think we should either, but we're crucifying ourselves, impoverishing ourselves, making us weaker, and they're loving it.

So, yeah, there's a lot of corruption going on in medicine. Look at American television. I listen to Fox News a lot. That says a lot about me, doesn't it? I listen to Fox News a lot. And on Fox News, on any American channel, you will see a great deal of pharmaceutical advertising. Now, the advertising gets ridiculous in describing all the adverse events that could happen. And you'd like to think that big pharma would be moaning about that as an unnecessary expense because it's the doctor's job to tell you that. No, no, not at all. Because by feeding the mainstream media all that money, they become dependent on you. And so that affects the editorial content. So mainstream media was bought and paid for during COVID. They wouldn't tell you the opposite side of the story. Not a chance, because their advertising revenue depends on it.

Commissioner Drysdale
Thank you, Doctor.

Commissioner Fontaine

Yeah, I'll have a quick one, if I may. So. Yeah, thanks for your testimony, Doctor. So just a quick question. I took some notes here, and I hope I got them right. So I note you said, like, all is a lie. You know, it's a hoax. The PCR is a fraud. You've mentioned about the military program. But on the other side, you spoke about a real threat, and you spoke about a virus being real. I'd just like to know if you consider the possibility that, you know, this lie would also include the existence of a new virus.

Dr. Roger Hodkinson
No, that's a conspiracy theory. I distance myself from any conspiracy theory because the fact-checkers will get you and deny everything else that you're saying. No, the virus is real. It's been seen by electron microscopy. It's been shown to infect cells in tissue culture. It's been identified by virtue of its protein coat with antibodies directed against it. The COVID-19 virus is unquestionably real.

Commissioner Fontaine
Okay, thanks.

Shawn Buckley
And I believe that's it for questions. Dr. Hodkinson, it's just been an honour to have you come and testify. And on behalf of the National Citizens Inquiry, I sincerely thank you for coming and testifying this afternoon.

Dr. Roger Hodkinson
It's been my pleasure, and I really enjoyed it. Thank you so much.

Witness 8: Hon. Nadine Wilson
Full Day 1 Timestamp: 08:50:12–09:31:18
Source URL: https://rumble.com/v4yg6lz-nci-regina-hearings-day-1.html

Shawn Buckley
So our next witness is also attending virtually, and that is Nadine Wilson. And so I'll ask Nadine, first of all, if you can hear us. Also ask if you'll turn your video on, please. So I'll just try that again. Nadine, if you're in the Zoom waiting room, it'd be great if you could indicate whether or not you can hear us, and also if you can turn your video on. Okay, there we go. Nadine, can you hear us?

Hon. Nadine Wilson
Hi.

Shawn Buckley
Hello, Nadine. It's Shawn Buckley speaking. Can you hear us?

Nadine Wilson
Yes, I can, Shawn.

Shawn Buckley
Okay, is it possible for you to turn your video on?

Nadine Wilson
Yes. Okay, now I can see.

Shawn Buckley
Okay, we'll try again. And Nadine and I hadn't met before. So, Nadine, it's Shawn Buckley. You're being streamed live, and you're appearing live in front of the commissioners of the National Citizens Inquiry. And we begin by swearing our witnesses. So I'll ask, do you promise to tell the truth, the whole truth, and nothing but the truth?

Nadine Wilson
I so swear. Yes.

Shawn Buckley
Can you please state your full name for the record? Spelling your first name and spelling your last name.

Nadine Wilson
Nadine Wilson. N-A-D-I-N-E W-I-L-S-O-N.

Shawn Buckley
And, Nadine, I'm just going to run through some of your, I guess, past political experience. So, you are an MLA for the riding of Saskatchewan Rivers, and you were first elected in 2007 as a Saskatchewan Party MLA. Is that correct?

Nadine Wilson
That's correct.

Shawn Buckley
And you have served four terms as an MLA for Saskatchewan Rivers, and you're still a sitting MLA?

Nadine Wilson
Correct.

Shawn Buckley
Now, when you were first elected in 2007, the Saskatchewan Party formed the government under Brad Wall as Premier.

Nadine Wilson
Yes.

Shawn Buckley
And you were Secretary to the Premier when it was Premier Brad Wall.

Nadine Wilson
Legislative Secretary. Yes.

Shawn Buckley
Okay. I thought you were Secretary of the Premier for Wall and then Legislative Secretary under Premier Moe. Did I get that wrong?

Nadine Wilson
I put Legislative Secretary to the two Premiers as well as Provincial Secretary to the Province of Saskatchewan.

Shawn Buckley
Okay. And that's serving under the Lieutenant Governor.

Nadine Wilson
That's correct.

Shawn Buckley
And my understanding is also you've been Deputy Speaker of the Saskatchewan Legislature.

Nadine Wilson
Yes.

Shawn Buckley
Okay. And I just pull that out so that the commissioners and those that are attending understand that you are a very experienced MLA and that you've held a lot of positions. Now, something changed, though, when COVID came along. And I'm wondering if you can tell us what your experience as an MLA with COVID was.

Nadine Wilson
Sure. Shall I start with my prepared statement?

Shawn Buckley
Okay. Well, we tend not to have people read, so as long as you're not going to read, like you want to cover the points. Please do that.

Nadine Wilson
All right. As I've stated, my name is Nadine Wilson, and I'm a wife, grandmother and MLA of Saskatchewan Rivers. And prior to that, I was Reeve of a municipality, twice elected. So I've lived a long time and enjoyed life. I left my political party 14 years ago, in September of 2021, when their attempts to silence and oppress opposition of their mandated restrictions. Up until then, the Party, the Saskatchewan Party, had been my home. I thought I had really strong connections and friendships and bonds with my fellow colleagues in the government. We would join in barbecues, family weddings, family funerals. They stayed in my home. I stayed in theirs. But all that changed when I decided to leave my party over my vaccination status.

I saw lifelong friends and relatives turn their backs on one another. Our government policies created an overwhelming sense of loneliness and despair. I saw it crush families, my community, my province of Saskatchewan. And people were so desperate for guidance, so desperate for leadership from their elected representatives, and yet they received none.

Thousands of people from across the province ended up reaching out to me, as their own elected officials turned off their phones, shut their offices, and would not reply. They would not communicate with the people that elected them. They ignored the tsunami of phone calls. So consequently, they came my way.

All these phone calls and emails came to my little office, and I had to hire more staff. And I'll never forget the shock and bewilderment of all these people in Saskatchewan crying on the phone, talking about suicide, leaving the province, leaving Canada. And I'll probably carry that with me forever, the impact of that time, as I was trying to navigate how to help these people, how to help them find physicians. School age children sometimes were at home bewildered because they couldn't attend school. So, in fact, at this time, there were so many determined people reaching out to me, so many democratic, politically homeless people looking for a government they could trust. I was asked to lead a newly formed Saskatchewan United Party, which we established in November of 2022.

Also at that time, Saskatchewan watched other Canadian churches closed, congregations fined for going to church, and we watched pastors jailed for following their faith and following their convictions—for religious freedom in Canada evaporated in an instant. And this was all done under the use of emergency powers and executive orders. And it allowed for the concentration of power into the hands of a few, including unelected officials. The very essence of democracy was thrown away as decisions were made behind closed doors with little or no transparency, no accountability.

Shawn Buckley
Nadine, can I break in for a second?

Nadine Wilson
Yeah.

Shawn Buckley
It's just, I'm going to re-ask you a lot of the stuff you're covering, and we tend not to let people read at the NCI. It truly is testimony, and I think it's going to be more real for the commissioners and the people watching if actually I just have you answer some questions. If we've missed something, we'll go back. But when COVID hits, you're a sitting MLA in the governing party. You're in the Government Caucus. Am I right about that?

Nadine Wilson
That's true, yes.

Shawn Buckley
But you found yourself in a situation where you came to be very concerned about the direction the Premier was taking things with COVID. And I'm wondering if you can explain what were the problems that you saw? Because it was a big step for you to resign. So can you kind of share that journey with us?

Nadine Wilson

Well, when I was in Caucus, of course, they were asking for proof of our vaccinations. I've never been asked for proof of my vaccinations in my entire life. And I said, "Well, you shouldn't be asking me these questions." And I started arguing with house leadership. My last conversation with Premier Moe, after he said, "I'm going to make life uncomfortable for you. I'm going to make life uncomfortable for all the unvaccinated people in Saskatchewan," I said, "How could you do this? How could you do this to the people of Saskatchewan?" And he said, "Well, I talked to Premier Kenny, Premier Ford, and the Prime Minister and we all agree, all our elected officials will be vaccinated." And I said, "Well, when did we have a vote on this? When did we discuss it?" "Well, that's the way it's going to be."

And that was the final straw, because I had been going home to my office and people were already very frightened, very frightened—frightful—saying, "We're going to leave the country, Nadine, you've got to do something." And in talking with the Premier, his mind was set up. His mind was set to do this. He forgot about who elected him, and the stage was set for this disaster and this chaos which occurred.

Shawn Buckley
Now, my understanding is you're talking about Premier Moe. I mean, he lived about 30 miles from where you live.

Nadine Wilson
That's right.

Shawn Buckley
And you are familiar with him and his family.

Nadine Wilson
That's true.

Shawn Buckley
Yeah. I'm just pointing out there's a lot—

Nadine Wilson
A wonderful farm family.

Shawn Buckley
And then you would have worked with him in the Party previously.

Nadine Wilson
That's right, I did.

Shawn Buckley

Right. And you're having a call because you're feeling you're having to leave the Party, am I right about that? Like, this is an important call between you and him, and the two of you are intimate. You talk freely.

Nadine Wilson
Yes.

Shawn Buckley
And so you're sharing with us: So during this call, you're not wanting to leave the Party. I assume you're trying to find a way out, but he's basically telling, you know, every politician is going to get vaccinated.

Nadine Wilson
That's correct. I felt the Premiere on my last phone call with me was one of—I was many people that didn't matter. Nothing was special about me, and nothing is. I'm just another human being in Saskatchewan. But I was trying to speak for all of Saskatchewan that wanted an option, that choices matter, that we're in a democracy, not a dictatorship. And I didn't feel that the Premier was taking me seriously.

I remember listening on the phone call when he was chopping vegetables on a board, chop, chop, chop. And I thought to myself, well why isn't he having a profound discussion, a very serious discussion? He's about to leave an MLA, fourth-term MLA, who did wonderful things for the province as a group. I was a loyal, hard worker. I thought, why isn't he debating? Why isn't he discussing anything with me regarding the pandemic? I'm an elected four-term MLA with a great constituency, and I have big hopes for Saskatchewan. I had a great childhood, and I want the same to be for my grandchildren. I have ten grandchildren. And I have a wonderful community, and I just couldn't understand why the Premier was so uncaring.

Shawn Buckley
Right.

Nadine Wilson
But that's how it happened.

Shawn Buckley
And you just shared with us. So he's describing to you that basically he's on a call with several people. So he's on a call with Premier Doug Ford from Ontario, he's on a call with Premier Kenny from Alberta, and he's on a call with Prime Minister Trudeau. And the four of them basically make a decision, as he's telling you, that every politician needs to be vaccinated.

Nadine Wilson

That's right. He was making decisions for my bodily autonomy as well as everyone else who was elected. And then at court, it trickled down to all Saskatchewan citizens, whether you object or not.

Shawn Buckley
Right. And my understanding actually is you found it personally offensive to have to share your vaccination status to Caucus. We're talking actually about Caucus, right?

Nadine Wilson
Yes.

Shawn Buckley
And I imagine that Caucus has never asked any other, you know, before: "What's your cancer status? Are you diabetic?" Like, this is the first time ever in your long term since 2007 that Caucus was asking for medical information—personal.

Nadine Wilson
Right. And that's something I would only share with my personal physician. That's private and confidential.

Shawn Buckley
Now, my understanding is it wasn't just that you were being asked to disclose your personal health information, but you were actually also concerned about the Premier in the province putting pressure on people to get vaccinated and treating them differently. Like, there were other things that were concerning you on this journey.

Nadine Wilson
Oh definitely, the massive collateral damage in mental health, mental health for children.

Shawn Buckley
Right. And the economic damage being done and the educational damage.

Nadine Wilson
Yes. The socializing opportunities, even for the growth and development of children. They used the word lockdown, which is a very primitive term. And they used the word lockdowns for senior centres. And the seniors were very lonely. I believe we could have done something else. We could have removed that fear campaign by the media, and we could have done maybe some positive things: instill confidence in the management of medical resources, enforce medical procedures. There are many terms that were quite negative during the pandemic.

Shawn Buckley

And that's what I was just trying to get out, is my understanding from having the discussion with you is there were lots of parts of this that were concerning you: damage being done to people and basically overriding personal autonomy. There's some other part of your testimony when you were reading your statement, I don't think it came out as strong as it should have. So my understanding is you end up leaving the Party, and during COVID basically every other MLA in the province closed their office. Like yours was the only one that people could contact to speak to an MLA.

Nadine Wilson
Yes, that's correct. I had people calling me from all over the province. And one man was very upset because he said, "A politician said, 'how do we tolerate these people?'" meaning, discrimination against people who decided or opted out for many different reasons not to be vaccinated. There were many conversations on the phone where I had to act as a counsellor or just listen and try and calm people down: "You're not alone. There are other people willing to help you." Because at this time, fear was paramount. Fear from the government, fear from the media, it was just pounded into people.

The word 'freedom' kept coming up. It's not merely a word. It's a fundamental principle that we all want and enjoy. And as I said, we all had such great childhoods, and we want that for the next generation of our children and yet the unborn yet to come. Our province is full of resources and wonderful people, and I think we can be so much more if we move on and heal from what we experienced.

Shawn Buckley
Right. Okay, so I just wanted people to understand that you basically ended up also acting differently during COVID because you kept your office open. So you basically became the only MLA that would take calls, which is why you had to hire more staff. I just don't think that came out as clearly when you were reading, so I had cut you off. I'm going to ask the commissioners if they have any questions for you. But before that, was there anything else that you thought was important to add about the COVID experience?

Nadine Wilson
Well, there was the emergency management in the province that was not followed. Every province has an emergency management procedure or policies. And I believe our Premiers all panicked and they didn't follow it. So as to solutions, I think we have to have these prewritten response plans and follow them fully. You know, the people that write them are used to critical situations and challenges, and this would probably prevent a lot of the negative fallout and despair that happened, if we had followed proper protocol.

Shawn Buckley
Your point is of interest, I think, to the commissioners, because we had in Alberta Lieutenant Colonel David Redmond who had run the Alberta province's disaster management team for several years and is a world expert on disaster management, and he made the same point. I mean, you've got the specific bureaucracy that even would have had a pandemic plan, and it wasn't followed. And I'm curious, was there any discussion in Caucus—because you were in Caucus when the plan was not followed—as to not following the plan and not having the bureaucracies in place for that to actually do the disaster management?

Nadine Wilson
There was no discussion regarding it. In fact, the doctor who was on the media in Saskatchewan, we were instructed not to talk to that doctor. There was a lot of miscommunication and lack of communication to the elected officials of how to present the pandemic to our constituents and how to offer hope and guidance to them. The best I could do was listen and just be there and say, "No, this isn't going to last forever."

Shawn Buckley
So, I mean, you're giving us some interesting insight, because COVID was really the largest intrusion into our lives, even in wartime. You know, the government basically locked us down and forced us to wear masks and imposed, literally, a police state identification system, which is what the vaccine passports were. And yet, as an elected MLA in a governing Party, so you guys aren't even having a debate or a dialogue within Caucus. It's all just happening from Cabinet?

Nadine Wilson
I'm not sure even if the cabinet ministers were briefed. I don't believe it was the elected officials. It was someone else. But I'd also like to tell you, after I defected from the Saskatchewan Party and sat as an independent, I was able to ask questions of the government during the legislative assembly. And I want to let you know, on November 24 of 2022, I asked some written questions. Well, I did ask questions, but I also submitted written questions. And I asked about the costs of detention centres and how many people were detained and what was the cost.

And it was six months later, June 7 of 2022, that I finally received a written answer regarding these detention centres. And the answers I got were far from accountable or transparent. I didn't get any answers. You know, they were talking about the costs were not calculated because the team varies in terms of working hours to a service agreement, and as to length of stay at these detention centres, I was advised that this occurred on a case-by-case basis.

So I would say this government had trouble being accountable and transparent. If they could not give me answers while I sat as opposition, the people of Saskatchewan were not getting any answers. And the government was elected to serve the people of Saskatchewan, and they sorely lacked it. And I'm very sorry for what happened to the people of Saskatchewan. In their dire, dire need they could not get answers. I could not get answers for them.

Shawn Buckley
You might have to write a book on what people were speaking about during this time. I'm going to turn you over to the commissioners and ask if they have any questions of you.

Nadine Wilson
Thank you.

Commissioner Kaikkonen
Thank you, Nadine. My question is around the accountability part of it and what you're seeing in society now. You referenced that you were concerned about the students and

vulnerable populations and the breakdown of our social fabric. So I'm just kind of wondering, have you seen healing in any form, or is there going to be in the future necessary government intervention to restore the social fabric that has been lost through the COVID years?

Nadine Wilson
Our social fabric has unravelled immensely. Where once we had a beautiful tartan scarf for Saskatchewan, it's in tatters. What people are telling me that in order to heal, in order for them to move on, they need an apology, they need an acknowledgement from the Saskatchewan government that they were hurt. The people of Saskatchewan are really trying to move on, but I know it's so difficult because they don't trust the government anymore.

We talk about our rights of freedoms and our Charter of Rights that John Diefenbaker had in 1960, that when the crisis arose, where was our government? They were saying, "How do we tolerate these people?" "We're going to make it uncomfortable for you," our Premier said. And people have long memories when they are shaken and hurt and their loved ones are dying and their businesses go bankrupt and they are losing their homes because they can't pay their mortgages. People need an acknowledgement of what happened during this pandemic, and I only truly believe that they can move on once someone says to them, "I hear you. I see you, and I understand what you're going through."

Commissioner Kaikkonen
Thank you, Nadine, for keeping the pulse of the community front and center. Thank you.

Nadine Wilson
You're welcome.

Commissioner Drysdale
I want to make sure that I understood some of the things that you were saying. So you were in government for, or in provincial government as a sitting MLA for four terms. And you had held senior positions in the current government prior to and during the pandemic.

Nadine Wilson
Yes.

Commissioner Drysdale
Did I understand you correctly to say that there were no internal debates, discussions, questioning about what the government was implementing in Saskatchewan, that you weren't party to those kinds of discussions in any case.

Nadine Wilson
Thank you for that question. No, we did not discuss emergency preparation. That was already there. But we did discuss how to deal with the pandemic that is coming down. We

did not discuss the options of vaccinations. It just suddenly came upon us when the Premier returned from a visit to Ottawa with some of the other premiers and then let it known to me personally that all of us had to be vaccinated. During Caucus, you know, they made mention then that everybody should be quite concerned.

And then finally at the end of Caucus, just before the fall session, that's when they started asking for our vaccination records, which was a violation in my eyes and the last straw, because I could see we were deteriorating rapidly, not listening to the people. When I would come home to my office, I would hear conversation regarding what is happening, what is the government doing? And the government wasn't quite clear yet until my last phone call with the Premier when I left, when I resigned. It was no talk of emergency procedures that were already there that we should have followed. And looking back, the government made a lot of mishaps and mistakes by maybe panicking. And then, of course, chaos ensued—

Commissioner Drysdale
I think Canadians have a certain expectation that when they elect an elected official to the government, that decisions that affect them in the government would be discussed with their representatives. Now you, if I understand, you didn't give a direct exact date, but you left the party sometime in 2022. Was that the end of 2022? Mid-2022?

Nadine Wilson
It was September of 2022.

Commissioner Drysdale
Okay, so—

Nadine Wilson
I'm sorry, '21. I'm getting my dates wrong. It was September of '21 because the following year of '22, I helped form a new political party for the people who felt politically homeless.

Commissioner Drysdale
Okay, so I just want to make sure I get this right. So in September, sometime in September of 2021 or August of 2021, you were asked to provide your vaccine status, and that's what precipitated you leaving the party. Is that correct?

Nadine Wilson
Correct.

Commissioner Drysdale
Okay. Now, the things that were related with the pandemic first started in March. We did our first lockdown, per se, in March. So you were in government then. Weren't there any scientists that came in, qualified doctors that came in to discuss with you?

Nadine Wilson
No. Nope. There was none of that.

Commissioner Drysdale
Okay. Okay. Now, my next question is, when they implemented masks, did they bring in qualified doctors to discuss with the elected officials? When they shut down the schools, did they ask, did they bring in qualified doctors and scientists to explain to you?

Nadine Wilson
No.

Commissioner Drysdale
When they brought in mandatory vaccines, did they bring in qualified doctors, medical professionals—and I'm not talking about political medical officers, I'm talking about medical professionals who practice—did they bring them in to discuss this so you could make a decision of whether or not you were going to go with mandatory vaccines in Saskatchewan from the provincial government?

Nadine Wilson
No.

Commissioner Drysdale
I think what I heard you say, and I just want to confirm it, was that the only medical consultation that was had was perhaps between Premier Moe Green, Premier Doug Ford, Premier Kenny, and I think you said, Mr. Trudeau. And are any of them qualified doctors and scientists that would be qualified to make those kind of medical decisions for the people of Saskatchewan?

Nadine Wilson
I have not seen their degrees, no.

Commissioner Drysdale
So what you're telling us is—I just want to make sure I get this right, and if I'm not getting it right, you tell me—what you're telling me is that the elected representatives, number one, were not consulted, were not explained to, prior to the Saskatchewan government implementing these first-ever intrusions into the personal lives of every single person in Saskatchewan.

Nadine Wilson
That's correct. We were told to go home and wait for further advice.

Commissioner Drysdale
And I think you also said, or at least I think what you said, is that when after these decisions were made without consulting or involving the elected representatives, that a lot of the

elected representatives just shut down their offices and didn't respond to their constituencies. Is that what you testified to?

Nadine Wilson
Yes. Fear was a big factor.

Commissioner Drysdale
Can you explain to me? Can you then explain to me how you kept your office open? Like, to your knowledge, could you catch COVID by speaking to one of your constituents over the phone?

Nadine Wilson
No, I don't believe that could happen.

Commissioner Drysdale
So why did the other people's representatives shut down their offices and no longer take calls, according to your testimony, from their constituents, when you don't believe that they could catch COVID over the telephone?

Nadine Wilson
Well, that's something you'd have to ask them, because I don't understand it either. I only know I felt empathy and compassion, and I swore that I would uphold my duty to do everything for my constituents. And it was fairly easy for me to do that because I believed in what I was doing was helping people bring them hope and some humanity. But you would have to ask the other 60 MLAs why they chose to ignore their constituents.

Commissioner Drysdale
Also, is what you're saying is, what your testimony is—and I want to make sure again, make sure I understand this—as leaders of the province, as elected representatives, did you not have access to all kinds of scientific and medical information that were not being made available to the public so that you could make these decisions? Or were you deprived of any other additional information that the public didn't have?

Nadine Wilson
Unfortunately, we were on our own as elected officials. And I read a lot, and I just tried to get as much resources as possible, because the Ministry of Health was quite overwhelmed, and sometimes you couldn't reach them. So we were essentially on our own.

Commissioner Drysdale
You brought it up, and Mr. Buckley brought it up too, the emergency measures organization in Saskatchewan. As a matter of fact, we've heard in testimony earlier today that the aim of what they were doing was to protect the medical system. Did you hear government officials talking about that their aim, their goal was to protect the medical system, as opposed to the goal was to protect the people of Saskatchewan?

Nadine Wilson
Yes, I did.

Commissioner Drysdale
When Lieutenant Colonel Redmond testified to this group, he had said that much of what happened—and I'm going to come around to what you saw—he said much of what happened, a lot of the things that went wrong were because, number one, the goal was set to protect the medical system as opposed to protect Canadians. And he said, number two, the medical departments were put in charge of managing an emergency when they didn't have emergency training, and the emergency preparedness organization was sidelined. And he said some of the issues that happened, there were a lot of senior people involved with EMO, the Emergency Measures Organization, quit. Did you observe anything like that in Saskatchewan or did you hear discussions about that in Saskatchewan?

Nadine Wilson
I heard discussions regarding what you said.

Commissioner Drysdale
Okay, thank you. Nobody else?

Shawn Buckley
I have some follow up questions just because I think it's important for people to understand, because a lot of people don't understand government. So even when I say "Caucus," Caucus is the governing Party. When the MLAs meet together as the government MLAs, that's called a Caucus meeting. I'm correct about that?

Nadine Wilson
That's correct.

Shawn Buckley
And so—

Nadine Wilson
Officers and government have Caucus meetings daily to brief you and prepare you for what's happening in the assembly.

Shawn Buckley
Right. Yeah, so if the legislature is sitting, for example, and there's bills working through, you guys will be meeting: We've got this vote, here's what we're doing, here's why we're doing it—that type of thing?

Nadine Wilson
Yes.

Shawn Buckley
Okay. But with COVID, basically my understanding is as a government MLA, as a member of the government Caucus, you actually weren't involved in any decision making at all in how the government was going to handle COVID.

Nadine Wilson
It was as if there was a cone of silence.

Shawn Buckley
Right. So you guys didn't in Caucus, as Commissioner Drysdale pulled out, I mean, you didn't make a decision on masking?

Nadine Wilson
No, we were just instructed to wear them.

Shawn Buckley
And you guys didn't make a decision on school closures.

Nadine Wilson
Collectively I think we might have gone around the table offering an opinion, but at the end of the day, the decision was made by someone else and not Congress.

Shawn Buckley
And you weren't involved in a decision where we're going to have vaccine mandates for government employees.

Nadine Wilson
No.

Shawn Buckley
Or even just vaccine mandates where you can't, you know, if you're non-vaccinated, you can't go to restaurants or non-essential services. There was no Caucus discussion about that?

Nadine Wilson
No.

Shawn Buckley
And you had indicated you're not even sure that Cabinet had those discussions. And by Cabinet, just for those that don't understand government: So you are a Minister, so you're

Minister of Transport, you're Minister of Health, that forms kind of a mini-board within Caucus called Cabinet. You're not even sure that Cabinet was the one making these decisions on masking and mandates and school closures.

Nadine Wilson
That's correct.

Shawn Buckley
Okay. But you did indicate: So Premier Moe went to Ottawa with the other premiers to meet with Prime Minister Trudeau, and when he came back, basically these things were all being dictated to the province.

Nadine Wilson
Correct.

Shawn Buckley
Okay. So is it your belief that basically decisions were made in Ottawa by the Premiers and the Prime Minister on how this was going to be run, and Saskatchewan followed suit?

Nadine Wilson
Yes.

Shawn Buckley
Thank you. So I've got no further questions. And, Nadine, thank you so much for joining us on behalf of the National Citizens Inquiry. We sincerely thank you for your testimony today.

Nadine Wilson
Thank you for the opportunity to discuss with NCI, and thank you for what you're doing.

NATIONAL CITIZENS INQUIRY

Regina, SK **Day 1**

May 30, 2024

EVIDENCE

Witness 9: Amie Harbor
Full Day 1 Timestamp: 09:31:51–09:51:50
Source URL: https://rumble.com/v4yg6lz-nci-regina-hearings-day-1.html

Wayne Lenhardt
Our next witness is going to be Amie Harbor. And I've got the name up on the screen so far- so far so good. Can you hear me?

Amie Harbor
Yes I can. Okay.

Wayne Lenhardt
First of all, then could you give us your name? Spell it for us, please, and then I'll do an oath with you.

Amie Harbor
My name is Amie Harbor and it's spelled A-M-I-E H-A-R-B-O-R.

Wayne Lenhardt
And do you swear to tell the truth, the whole truth, and nothing but the truth during your testimony?

Amie Harbor
Yes, I do.

Wayne Lenhardt
Okay. This is going to be about what you suffered job-wise during the COVID. Let me start you with January of 2020 and we'll go from there. You were employed with a private company at that point. By the way, are you a licensed teacher?

Amie Harbor
No, I'm a community support worker and an education assistant.

Wayne Lenhardt
January 2020, what were you doing job-wise?

Amie Harbor
I worked for the company, Thompson Community Services, in Penticton, British Columbia, and I had worked there for about ten years. Well, previously it was McNaughton Support Services and then was purchased or taken over by a province-wide company called Thompson Community Services. And I was doing community inclusion, recreation, and helping people live independently, and then also employment counseling and job coaching.

Wayne Lenhardt
Okay, and what happened as the pandemic progressed?

Amie Harbor
So as the pandemic was progressing, it was actually around January 2021 that I started seeing a lot of messaging about vaccines being the answer to solving the pandemic. And I started thinking that they were going to be putting in some kind of mandate and possibly for healthcare services first. And my employment was actually under the umbrella of Community Living, which fell under the funding of the Provincial Health Care System. So I started thinking I was going to have to safeguard my financial situation. So I actually relinquished my full time job and I went part time, and then I accepted casual working with the school district in my town.

Wayne Lenhardt
This happened after Dr. Henry put in either her first or her second health order, I guess, was it?

Amie Harbor
Well this was actually before the health order. I was anticipating that that was the way that it was going. And so by about August of that year, things were looking like they were going to go towards a mandate. So I actually relinquished my part time position, went casual with TCS [Thompson Community Services], and then I took a full time position with the school board. So I was working casual. I was working on call and also just sort of scheduled, but not in any kind of part-time position. And then the mandates came in, in November of 2021, and I was required to be vaccinated and then disclose my vaccine status.

And it was at that point that I knew, like I had known for quite a while, that I was not going to take the vaccine. And so I actually decided to take the stand that I wasn't going to disclose my status because I felt that that was private medical information: was not required by my collective agreement, had never been in any way, shape, or form part of my job for the last ten years. So that was sort of the stand that I took. And because I didn't disclose my vaccine status, I received a letter saying I was deemed unvaccinated. And so I think it was December 3rd of 2021 is when I was put on unpaid leave.

Wayne Lenhardt
You tried to reduce your hours first, if I understand you.

Amie Harbor
Yeah. So I felt that actually put me in a better position actually to stand up for what I believed in, because I had already figured out how to have other employment, but I was still employed by them.

Wayne Lenhardt
Well let me first say, the job that you had that we've just been talking about, that was a unionized job, was it?

Amie Harbor
Yes. Yes, so that was the BCGEU, which is BC Government and Employees Union. And so yes, under my collective agreement there is provision for—political belief is actually mentioned as a protected ground. And so at that time, I put in a request for an accommodation based on political belief. And I was a member of the BC Libertarian Party. I had joined fairly recently as a paid member, and so I reached out to them and asked for confirmation of my membership. And so I had a letter from the President, actually, of the BC Libertarian Party attesting to my political belief, and that was rejected.

Wayne Lenhardt
Okay.

Amie Harbor
So I was put on unpaid leave at that time.

Wayne Lenhardt
Put on unpaid leave. And then you started to look at some school boards, correct?

Amie Habor
Pardon me?

Wayne Lenhardt
You looked for another job with some school boards, correct?

Amie Harbor
Yes, so I already had a job that I had taken in August, the full time permanent position with the school board. So over that next year, it was a very stressful time because as well, the schools were looking. Bonnie Henry was saying that she was going to be requiring the school boards to put in a vaccine mandate as well. But what she did differently in this situation is she left it up to each individual school board across the province. And so one-by-one they were starting to adopt vaccine mandates as well. So even though I had figured out how to safeguard my finances from the one job, it was starting to look like I might be

put on unpaid leave from my second job as well. But thankfully by March, I think it was about half had gone to vaccine mandates, but my particular school board here in Okanagan Skaha did not go to mandate. So I was able to keep that job.

So it was a whole year, actually, that went by. It was then we'd gone through the school year, and then into December of 2022 that I had been on unpaid leave for a whole year and I had not had communication from my employer. They'd asked for my keys back. So at that point I actually finally collected my thoughts, and I decided to put in a grievance at that point. And I put it in under Constructive Dismissal.

So I had looked up under the Canada Labour Code what Constructive Dismissal was. I was still on unpaid leave, but I fit the criteria: someone else had taken over my job description; I'd given my keys back; had no communication. So I asked my union to confirm my status. My employer confirmed that I was on indefinite unpaid leave, and so I started the process of filing the grievance. And it was actually filed in January of 2023, is when I filed my grievance. And I filed it on the basis of "constructive dismissal without cause and discrimination based on political belief."

Wayne Lenhardt
Did you do anything against the province at that point as well, as your—

Amie Harbor
I didn't at that point. I just initiated the grievance through my union. And so I gave them all of my information. And then later that year—I think it was about June of that year, so that's 2023—it went through the couple steps.

And then at step three, the staff rep makes a determination as to whether the likelihood of it succeeding at arbitration. And he concluded that there was no chance of succeeding at arbitration because the province is not party to the collective agreement, and the province's mandate had created the situation where my collective agreement had to be violated. And he also concluded that I hadn't justified or hadn't proven my political belief. I didn't have enough evidence for that, so it was rejected by him.

And then I immediately went to the next step, which would be the grievance appeal committee, and I sent all my information in my position on that. And that took another six months. And so I didn't actually go to the grievance appeal committee until January of 2024 this year.

Wayne Lenhardt
So did you lose any pay? Was the second job with the school board that you found, did that one pay less than your original job with TCS?

Amie Harbor
Yes, actually. I took a fairly significant pay cut because it's reduced hours. And then it's not full time; it's 32 hours a week. And then I also have all the breaks and all of the, like, summer break, which is unpaid. And that's time that I would have stayed at my current job if it hadn't been for the mandates. But even if I had decided to go to the school board as an EA [Education Assistant] voluntarily, I still would have kept my casual position, and I would

have been able to make up the extra hours, and I would have also been covering holidays and everything all through the summer. So, yeah, it was a significant pay cut.

Wayne Lenhardt
Is there any—?

Amie Harbor
But yes. So— Sorry?

Wayne Lenhardt
Go ahead. Go ahead.

Amie Harbor
Yeah, I was going to say, so I filed the grievance appeal committee and went to the grievance appeal committee in January of this year. And my argument is that the BCGEU's constitution actually says that when provincial legislation comes in that significantly modifies the collective agreement, that they will either negotiate with the province for that regarding that legislation, or if they can't come to terms, that they would go to arbitration.

So that was my argument at the appeal committee. And also I looked up provincially and under the human rights code as far as political belief being a protected ground, and there's no—like all of the justification for your political belief, the questions that the employer is allowed to ask, has to do with how they will accommodate you—not the employee having to prove their political belief. So those were my arguments in that regard.

But the grievance appeal committee came back in February and they upheld the original ruling by the staff rep that it wouldn't go to arbitration. And so I appealed again to the provincial executive committee, and that was based on if it was—I can't remember exactly how it's worded—but if the ruling is incorrect according to any other legislation regarding employment. And so it was at that point that, as far as going to the appeal committee, that I drew in the Human Rights Code. Because our BC Human Rights Code says if in situations of conflict, that the Human Rights Code prevails.

So that was my argument to go to the next step, and as well that they didn't represent me fairly, because there were some curious things done at the appeal committee itself. Anyway, the Provincial Appeal Committee refused to give me leave to appeal. So at that point, they came back in March and said that their ruling was final and binding. And so during that time, I decided to appeal to file the human rights complaint as well.

Wayne Lenhardt
And that still has not been adjudicated, am I right?

Amie Harbor
That's right, yes. So I filed that in, I think it was February or March of this year. And the immediate email that comes back, it says that it will take up to ten months to take even a first look at any new complaints—so ten months from that date. And so I feel like because that's again a provincially-funded agency that's meant to protect and safeguard civil

liberties, that that's just an unreasonable time. And so I filed then an Ombudsman complaint, questioning the length of time that they're making citizens wait for their complaints to be heard.

And then, as well, when I received the final ruling from the Provincial Executive, I filed a BC Labour Board complaint. And that's the last one that I filed. And that's based on the fact there's three grounds that you can appeal or that you can make a complaint to the Labour Board on. And what I'm making it on is that they were dealing in bad faith and also discriminating against me based on being unvaccinated.

Because when I went onto the BCGEU website, I found several documents dating back to 2021 where they had sort of laid out how they were going to deal with employees that were unvaccinated. And it appears to me that there's quite a bit of evidence showing that their comments were trying to sort of set the stage that employees, they could grieve it, but they were saying, "It was very unlikely that your grievance would go anywhere," and those kind of things. And they also had a video that they put out that was really discouraging to anyone who was even contemplating not getting vaccinated. So I feel based on that evidence, it's enough to at least open an investigation as to whether or not there was some discrimination right from the outset.

So those are the three. I have three outstanding complaints, and I haven't heard from the Ombudsman yet. That's been at least four months. And then my last email that I received from the Human Rights Tribunal said that was going to be another ten months. So, yeah, it's a waiting game.

Wayne Lenhardt
Im going to turn you over to the commissioners shortly. But two or three quick questions. This all took place in the province of BC, correct?

Amie Harbor
Yes, yeah.

Wayne Lenhardt
Is there still a health order that's still in place at the moment that started all of this? Bonnie Henry, I think, renewed something once or twice.

Amie Harbor
Yes. Yes, it started with the initial provincial health order in 2021, and then it has been renewed. It was renewed in 2022, I think, and then again in 2023. So it is still in place for all employees that fall under the health sector and/or funding, if the funding for their agency flows through the health agency. And it went from saying that "Unvaccinated workers were a health hazard," to now it says "An unvaccinated workforce constitutes a health hazard." And yeah, so she believes to this day that that's the situation.

Wayne Lenhardt
Did you lose any income or salary or whatever relating to either unemployment insurance or pension or anything else that you haven't told us about?

Amie Harbor
No, no. I have not received anything other than the wages I was able to replace by anticipating the situation.

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

Amie Harbor
Thanks.

Wayne Lenhardt
I think the commissioners have no questions. So on behalf of the National Citizens inquiry, I want to thank you very much for your testimony today and good luck.

Amie Habor
Thank you for having me.

Wayne Lenhardt
Good luck with the other issues.

Amie Harbor
Thanks.

Witness 10: Renate Lindeman
Full Day 1 Timestamp: 09:52:05–10:08:00
Source URL: https://rumble.com/v4yg6lz-nci-regina-hearings-day-1.html

Wayne Lenhardt
Next and last witness is Renate. I'm probably mispronouncing Renate Lindeman. Could you give us your full name and spell it for us? And then I'll do the oath with you.

Renate Lindeman
Yes. So my name is Renate Lindeman, and it's spelled R-E-N-A-T-E L-I-N-D-E-M-A-N.

Wayne Lenhardt
And you swear to tell the truth, the whole truth, nothing but the truth in your testimony today?

Renate Lindeman
Yes, I do.

Wayne Lenhardt
Okay, this one's kind of interesting in that you've lived in the Maritimes, I think, beginning in Nova Scotia and then New Brunswick. You come from the Netherlands originally, and you have three children, two of which have Down syndrome, correct so far?

Renate Lindeman
Correct.

Wayne Lenhardt
Okay, maybe I'll just ask you to tell me how the whole COVID thing affects Down syndrome people.

Renate Lindeman
Okay, so I have to go back a little bit, because our story didn't start with COVID or in 2020. It started when my oldest daughter was born with Down syndrome. That's almost 21 years

ago. So she was born with Down syndrome. And then for us, for me, the whole fear started because the medical professionals, the doctors said, "Oh, but Down syndrome means that you have a very weak immune system, so they need vaccinations." It was more or less the mindset, the more, the better. The more vaccinations, the better protected.

Wayne Lenhardt
Could you maybe just tell us what Down syndrome is on a practical level so we can get that in our minds?

Renate Lindeman
Sure.

Wayne Lenhardt
It's a special need of some kind.

Renate Lindeman
It is. It's an extra chromosome on the 21st chromosome. And the typical name is Down syndrome, but it's also trisomy 21, so an extra chromosome. And one of the things that you have is an immune deficiency. So that whole fear, they exaggerated it, that whole fear that started for us 21 years ago. But I thought the more vaccines, the better. So she got them all, and after her MMR vaccine, actually, she got vaccine injured. And that's when I started diving into that whole thinking of, if you have a known immune deficiency, do you actually need more vaccines, or are these vaccines risky? And that's when my whole perspective shifted, because that immune deficiency, in a nutshell, means that you have difficulties detoxing the ingredients in vaccines. So that shifted my perspective.

Wayne Lenhardt
So what happened with your children then? Were they required to take the vaccines?

Renate Lindeman
So I have two children with Down syndrome. My oldest is almost 21, and my middle child is 18 years old. And she got significantly less vaccines, and she's doing a lot better. So my oldest was diagnosed with autism, and severe autism. So when COVID came around in 2020, I knew I wasn't going to vaccinate because of our experience, so we declined the COVID vaccine. I was more worried— I wasn't worried about the virus, let me put it like that, but I was worried about the government language and the measures they took when they started talking about essential and non-essential, for me that sounded all very familiar.

Wayne Lenhardt
And you did some research on that, did you not? And you ended up even writing a few articles. Can you tell us about that quickly?

Renate Lindeman
Sorry, can you repeat the last—?

Wayne Lenhardt
I'm sorry?

Renate Lindeman
Could you repeat the question?

Wayne Lenhardt
I think at that point you got involved in doing a bunch of research on this. I think there is a percentage of these children that would have neurological disorders such as autism, Alzheimer's, learning disorders, and so on. And you ended up doing some historical research as to whether or not you felt they should take these vaccines or not. Am I right?

Renate Lindeman
Yes, correct. That story starts as well. Shortly after birth, my children were born with Down syndrome, and I became an advocate for their lives because prenatal screening programs in Canada and actually around the world resulted in so many children with Down syndrome not being born. So I looked into that as well, and I wrote a lot of articles. One article was published in the Canadian Medical Association Journal, and it focused on how prenatal screening programs resulted in over 90% of children with Down syndrome being selectively aborted. So I dove into the research of that as well.

And so when COVID came around, I was already very familiar with the term non-essential because it stems from the same ideology, because if you find people essential, you want them to be there. So that worried me. And I actually, in the beginning with all the language of the premiers and all the political people or chief medical officers, for a while I actually thought that people, public health, would knock on our door and forcibly inject our children. And I know that has been done before.

Eighty, 90 years ago in Germany, children with special needs, disabled children, chronically ill children, were forcibly removed from their homes by Public Health Officials, and they were sent to specialized clinics. It was called the T4 program. And in these clinics under the guise of care, they would get forced treatments, which often led to their demise, to their death. And the official cause of death would be called pneumonia or other natural causes.

Wayne Lenhardt
How did the children take to doing things like wearing masks and the lockdowns and whatnot? Can you tell us about that?

Renate Lindeman
Yes. So in 2020, when I started with the masks and the social distancing, my children were still in school, but they didn't deal with that very well, so I took them out of school. Well first they closed the schools, and that was a big thing for them because especially my oldest, who has severe autism, they're very routine-based. So if you take away their routine and if you close the things they enjoy, like Special Olympics, they were in a bowling program, it turns the world upside down. The problem with my children was that they don't have the language to communicate their frustration and question, so they communicate in other ways, which is hard. It led to a very challenging behaviour.

So I took them out of school when the school started again and we started homeschooling because I wanted to prevent further situations like that. And social distancing, they didn't get that at all. So I didn't want my kids to go to school and have to be told the whole day, like, stay away from that person. So I took my children out of school and started homeschooling, which was a good decision in hindsight.

Wayne Lenhardt
I think you turned up some literature relating to essential children, and could you tell us about that briefly as well? I think historically there is—

Renate Lindeman
Yes. So historically is, like I said—

Wayne Lenhardt
Was this the NAZI government in Germany?

Renate Lindeman
It was the T4 program. So when people think of that era in Germany, they often associate it with concentration camps and the gassing of Jews, but it actually started years before that with disabled children. So there was a lot of media propaganda saying that disabled people are a burden to society, a financial burden. And in the thirties, they started a program where the disabled people were removed from their homes and placed in specialized clinics where they would receive often deadly treatment. Yes.

Wayne Lenhardt
Yeah. Did you find any reason to think that the autistic children would be single out during this pandemic?

Renate Lindeman
The whole ideology is the same. When you start dividing people in essential and non-essential, that's very dangerous, because who decides who is essential and who isn't, and based on what? Is it based on how much you contribute to society, and what is that then? Can it be expressed in dollars, or? So that whole thinking is very dangerous and it leads you down a certain road.

Wayne Lenhardt
I think at this point I'm going to ask the commissioners if they have any questions or any follow up that they want to pursue here.

Commissioner Kaikkonen
Thank you for your testimony. I'm just wondering, you've taken the kids out of school and they're being homeschooled. Have you seen improvement from when they were going to school, with the exception of the routine being disrupted?

Renate Lindeman
Have I seen what, sorry?

Commissioner Kaikkonen
Improvement, with the exception of the routine of your oldest child being disrupted. Beyond that disruption of the routine, have you seen improvement from homeschooling?

Renate Lindeman
At the beginning they were very— So when the school closed and everything closed around them and they didn't understand what was happening, they developed very challenging behaviour. Like I said, because they didn't have the language to communicate to us their frustration and anger and sadness and everything. So after, I think we did a good job distracting them and finding other things to do. And when school started again, we decided to not take that chance anymore and keep them home and homeschool. And by now we have a good routine. We started farming three and a half years ago with the eye on their development and offering them future employment so they have a meaningful contribution to society. So overall, I think they're doing awesome.

Commissioner Kaikkonen
And in terms of the future, you've written articles. Are you going to write any articles about the division and the fears that you would have about the ramifications if this division continues for your children so that you're alerting other people beyond what you're doing here, which is wonderful, by the way.

Renate Lindeman
Thank you. So you want to know if I'm going to write future articles?

Commissioner Kaikkonen
About the division that is being caused in society and how that will have ramifications on your children, but also other children as well, and what maybe we could do to prevent going down that direction.

Renate Lindeman
I think we see it played out right now if we look around us. You just have to look at MAID, for instance, the stories that emerged since COVID, that COVID vaccine-injured people are now being offered MAID, for instance. It's not that they ask for it. No, it's just offered to them. So again, that whole ideology of, "Okay, so now you are disabled, so your life, obviously, so now you're non-essential." That is basically what it comes down to, right? "So this is what we can offer you: assistance in dying, because your life is no longer worth living."

Commissioner Kaikkonen
So do you have any recommendations for us as commissioners when we write our report and offer recommendations that you would find important?

Renate Lindeman
Oh, that's tough. Yeah, this whole mindset, this nihilistic mindset has to change. I think everybody contributes to society, especially nowadays with AI coming up and more automation and computers. The danger is that the powers that be consider maybe a large portion of humanity non-essential.

Commissioner Kaikkonen
Thank you very much.

Wayne Lenhardt
Any other questions from the Commissioners? No. Okay. On behalf of the National Citizens Inquiry, thank you very much for your submissions.

Renate Lindeman
Thank you very much for the opportunity, and thank you.

NATIONAL CITIZENS INQUIRY

Regina, SK **Day 2**

May 31, 2024

EVIDENCE

Witness 1: Dr. Tess Lawrie
Full Day 2 Timestamp: 00:31:00 – 02:03:53
Source URL: https://rumble.com/v4z9kv2-nci-regina-hearings-day-2-may-31-2024.html

Shawn Buckley
Commissioners, I'm going to open the inquiry. And I'm pleased to announce that our first witness is Dr. Tess Lawrie, who will be attending virtually. And Dr. Lawrie, I'll ask if you can hear us and if you can just speak so we can see if we can hear you.

Dr. Tess Lawrie
Yes, I can hear you. Thank you very much.

Shawn Buckley
Okay, so the first thing we do with witnesses is we swear them in to tell the truth. So I'm going to ask you to promise to tell the truth, the whole truth and nothing but the truth, so help you God?

Dr. Tess Lawrie
Yes, I do.

Shawn Buckley
And will you please state your full name for the record?

Dr. Tess Lawrie
My name is Dr. Teresa Ann Lawrie. I'm known as Tess Lawrie.

Shawn Buckley
And Dr. Lawrie, I'm just going to share with the commissioners some highlights of your background. So you graduated with a medical degree in Johannesburg in 1990. You then pursued afterwards further training to get expertise in obstetrics and gynecology. In 1999, you got a PhD in obstetrics and gynecology. In 2013, you founded the evidence-based Medicine Consultancy, which is an independent medical research company. And independent: you're independent of government. You're meant to basically be an objective voice for anyone that wants independent research.

Your experience includes conducting systematic reviews, designing randomized clinical trials, writing scientific manuscripts, developing clinical practice guidelines. You've published over 80 peer-reviewed journal publications, and you have developed several health guidelines for the World Health Organization. Six of those are listed in your CV, which we will enter as exhibit 187. I'm wanting you to describe for us, if you could this morning, your involvement with the World Health Organization.

Dr. Tess Lawrie
Thank you. Yes. I have, since 2012, worked as an external consultant to the World Health Organization. And my work as a guideline methodologist has been valued generally because we have no conflicts of interest, I've never had any involvement with pharmaceutical companies, but also because my work has been regarded as excellent and outstanding in the appraisals that I have received.

I can show you an example of some of the work that I have done for the World Health Organization. These are some of the highlights, really, because this document—*The World Health Organization Recommendations on Antenatal Care for Positive Pregnancy Experience*—this was a three-year project. There is another one here—*The World Health Organization Recommendations on Intrapartum Care for Positive Childbirth Experience*—and it was very pleasurable for me to participate in that work and the process of drawing up these important recommendations.

I must just say that my expertise is not limited to doing evidence synthesis on pregnancy and childbirth. I was doing other work as well. Obviously, it's research methods, so it's not topic dependent. And just prior to COVID, and at the start of COVID, I was completing a series of systematic reviews on brain tumours for the Cochrane Pregnancy and Neuro-Oncology group.

Shawn Buckley
Now, Dr. Lawrie, we've asked you to come and present on a couple of different topics. And I understand that you have a presentation that I'm going to ask you to just launch into, and then I'll just interrupt you to clarify some things. But I did want to let you know you're going to be speaking about your interaction with Dr. Hill. We will enter as an exhibit that full zoom call, but I've had my AV person just make three little clips, and when we get to that, I do want to interrupt you and play those just so people have a small taste of what the conversation was like. And so now I'll just invite you to enter into your presentation.

Dr. Tess Lawrie
Okay. So these are really just an image of a couple of my affiliations. The Evidence-Based Medicine Consultancy Limited is my professional limited company that I've been running since 2013.

BIRD stands for the British Ivermectin Recommendation Development Group, which we started in January/February 2021 as an initiative to raise awareness about ivermectin as a useful treatment and preventive medicine for COVID symptoms. EbMCsquared is a community interest company established in March 2021 in response to the COVID crisis, and basically it's home to World Council for Health which we established in September 2021.

So when COVID came along, I was very concerned because it seemed like the World Health Organization was not following evidence practice guidelines, and the strategies were not evidence-based, be it masks, lockdowns, or all the COVID-19 genetic injections. And the cursory examination of the literature showed me that. Not a cursory—you know, I did really look into the literature that was available at the time on this new medical technology, and I was concerned at the rapid adoption and push for the COVID injections. But I didn't really have a way of assisting because I wasn't part of a COVID team.

But in December 2021, I saw Dr. Pierre Kory's testimony in the U.S. State Senate, and he obviously was a very experienced doctor and an ICU consultant saying that we should really be using ivermectin. And he and his team, the FLCCC [The Frontline COVID-19 Critical Care Alliance], had done a literature review on the available literature on ivermectin, and one could see there were a number of studies—I think they had 27 studies or so in this literature review—but it wasn't done in the way that I knew the World Health Organization usually evaluates the evidence. So I thought, well this was an area I could help by doing a rapid systematic review in the context of what we were believing at the time to be a deadly pandemic. That was what the news was saying every day with accounts of deaths.

And so I conducted, between Christmas and New year, a rapid review of the studies that were in the FLCCC paper and found that there was more than enough evidence to support the recommendation of the Front Line COVID-19 Critical Care Alliance in favour of using ivermectin for both prevention and treatment. And we sent that rapid review to the UK Minister of Health, Matt Hancock, and also to my WHO colleague who said she would pass it on to the COVID team. Dr. Pierre Kory introduced me then that week—the first week of January—to Dr. Andrew Hill who he said had actually been working on a review for some time and was about to present the evidence to the National Institute for Health in the USA. And he sent me some of Andrew's slides, Dr. Hill's slides.

So I have three of them in this presentation. This was part of the presentation of Dr. Hill to the National Institute for Health in the U.S. where he presents evidence. He introduces ivermectin as a widely available generic treatment being evaluated in 56 randomized clinical trials in over 7000 people. He identifies the mechanism of action likely to be anti-inflammatory, which is very important because a lot of the detractors of ivermectin have harped on about the fact that it's an anti-parasitic: it's used to treat worms and things, so it couldn't possibly be useful for a virus.

And Andrew Hill's conclusions were that in this meta-analysis of 18 randomized trials of more than 2000 people, ivermectin treatment was associated with faster time to viral clearance, shorter duration of hospitalization, higher rates of clinical recovery, and a 75% improvement in survival rates. He suggests dosing for five days provides the strongest virological and clinical benefits.

So these are Dr. Andrew Hill's own slides. And he recommends to the NIH that what strategy might be effective is to test for the COVID virus, and those positive just to treat them immediately with ivermectin. So he was really very much in favour of ivermectin, as Dr. Pierre Kory and Dr. Paul Marik were well aware. And what did strike me though, looking at his presentation, was it wasn't a conventional sort of systematic review.

Subsequent conversations I had with Dr. Hill highlighted to me that he was not used to doing this type of systematic review and meta analysis. He required some guidance from me on assessing quality of studies and risk of bias. And so I suggested to him that he join our team.

I put together a strong team of experienced systematic reviewers, including a health economist and statistician, and suggested that he join our team and we produce a high-quality systematic review. He agreed, and we submitted the protocol to Cochrane for a rapid, high-quality review on the 14th or 15th of January. But on the 17th of January, I read a preprint that he had posted onto, I think it's Research Square preprint server. So this means it wasn't peer-reviewed, and it was a paper that was extremely flawed.

And the paper had the following results: So his results were that in six randomized controlled trials of moderate or severe infections, there was a 75% reduction in mortality. So that's a big reduction—seventy-five per cent reduction in deaths. And he also found there was favourable clinical recovery and reduced hospitalization. But there was this big "but." The "but" was in the conclusions where he says, "Meta-analyses are prone to confounding issues. Ivermectin should be validated in larger, appropriately-controlled, randomized trials before the results are sufficient for review by regulatory authorities."

So this was a real shocker to me, because this meant that ivermectin couldn't be approved. It's a safe old medicine. It's been used billions of times. It's got the safest profile out of any drug we have on the pharmacovigilance databases. It's been around since the eighties, early nineties. And there he was saying we needed to have these large trials before anyone could use this medicine, which just didn't make sense. There was really nothing to lose to tell people, give it a try—plus saying that meta analyses are prone to confounding issues when they're actually considered the sort of gold standard and evidence for clinical practice guidelines. So it was a very mixed message.

And so I called him and I said, "Please, please retract your paper. It's going to cause immeasurable harm." Because people were at that stage, we understood, were dying by the thousands every day. So he agreed to meet on the 18 January via Zoom, and I recorded most of that conversation. Would you like to play the clips that you have now, Shawn?

Shawn Buckley
Yes, that would be good. So I'll ask my AV guy to cue that up. And just again, so we will have as an exhibit the full zoom recording of that conversation. We're going to play three snippets that we selected just to give you a taste of the conversation.

> **Dr. Tess Lawrie [Recording]**
> The fact that there's no— Who is it? Did you get input from WHO? There isn't a WHO name on that paper. Why? If you're paid by WHO, who is it that you are talking to, then? Who is influencing your conclusions? Because when we talk, you say you agree with me, but then on the paper, there's no name there. None of those authors would have drawn those conclusions. So it's you and who?
>
> **Dr. Andrew Hill [Recording]**
> I mean, I think I'm in a very sensitive position here. What I'm trying to do—
>
> **Dr. Tess Lawrie [Recording]**
> Yeah, but lots of people are in sensitive positions. They're in hospital in ICUs dying, and they need this medicine.
>
> **Dr. Andrew Hill [Recording]**

Well—

Dr. Tess Lawrie [Recording]
This is what I don't get, you know, because you're clearly not a clinician, you're not at the call phase, you're not seeing people dying every day. And this medicine prevents deaths by 80%. So 80% of those people who are dying today don't need to die because there's ivermectin.

Dr. Andrew Hill [Recording]
There are a lot, as I said, there are a lot of different opinions about this. As I said, some people simply—

Dr. Tess Lawrie [Recording]
We are looking at the data. It doesn't matter what other people say. We are the ones who are tasked with the— And we have the experience to look at the data and reassure everybody that this cheap and effective treatment will save lives. It's clear. You don't have to say, "Well, so-and-so says this, and so-and-so says that." It's absolutely crystal clear. We can save lives today, if we can get the government to buy ivermectin.

Dr. Andrew Hill [Recording]
Well, I don't think it's as simple as that, because you've got, you've got trials—

Dr. Tess Lawrie [Recording]
It is as simple as that.

Dr. Andrew Hill [Recording]
No. I don't think—

Dr. Tess Lawrie [Recording]
We don't have to wait for studies. We have enough evidence now that shows that ivermectin saves lives. It prevents hospitalization. It saves the clinical staff going to work every day being exposed. I can see you kind of have a deal in, because you seem to have whole lot of excuses that, you know, to justify bad research practice. So, I'm really, really— I'm really sorry about this, Andy.

Dr. Andrew Hill [Recording]
Yeah.

Dr. Tess Lawrie [Recording]
I really, really wish— And you've explained quite clearly to me in both what you've been saying and in your body language that you're not entirely comfortable with your conclusions, and that you're in a tricky position because of whatever influence people are having on you—and including the people who have paid you and who have basically written that conclusion for you. So, I'm afraid, you know, I'm really

sorry because I was really, really, really looking forward to working together with you, you know, and actually just showing a united front and showing: "Look at our scientists coming together for the truth," you know. And I'm afraid—

Dr. Andrew Hill [Recording]
I think you've just got to understand I'm in a difficult position. I'm trying to steer a middle ground, and it's extremely hard.

Dr. Tess Lawrie [Recording]
Yeah, middle ground. The middle ground, it's not a middle ground. What you've actually done is you've taken a position right to the other extreme, calling for further trials that are going to kill people. So this will come out, and you will be culpable. And I can't understand why you don't see that. Because the evidence is there and you are—and not just denying it, but your work is actually actively obfuscating the truth. And this will come out.

Dr. Andrew Hill [Recording]
That's my guess.

Dr. Tess Lawrie [Recording]
How many people die every day?

Dr. Andrew Hill [Recording]
Well, there is a whole group of people who think that ivermectin is complete rubbish. It's [inaudible].

Dr. Tess Lawrie [Recording]
I'm not talking about them. I'm not talking about them. I'm saying we know the evidence. How many people will die a day?

Dr. Andrew Hill [Recording]
Oh, sure. I mean, you know, 15,000 people a day. Yeah.

Dr. Tess Lawrie [Recording]
Fifteen thousand people a day times six weeks.

Dr. Andrew Hill [Recording]
Yeah, sure. No, I get it.

Dr. Tess Lawrie [Recording]
Best to try and get it into the UK, because at this rate, all other countries are giving ivermectin except the UK, the USA, because the UK and the USA and Europe are owned by the vaccine lobby.

Dr. Andrew Hill [Recording]
Yes. My goal is to get the drug approved and to do everything I can to get it approved so it reaches the maximum—

Dr. Tess Lawrie [Recording]
Well you're not doing everything you can, because everything you can would involve saying to those people who are paying you, "I can see this prevents deaths, so I'm not going to support this conclusion anymore."

Shawn Buckley
That's difficult to watch, Dr. Lawrie.

Dr. Tess Lawrie
Yeah, it is difficult to watch for me, too. I haven't watched that. There's a couple of clips that I have set aside, but I haven't watched some of that material for quite some time.

Shawn Buckley
And carry on with your presentation. I just thought it was important for people to understand, you know, just really how shocking that conversation you had with Dr. Hill is, where you're basically saying 15,000 people a day die, and he's suggesting, "Well, you know, it's going to take six weeks for us to come to a different conclusion."

Dr. Tess Lawrie
Yeah, well you know, I was really upset, so I don't know how I come across really to other people. But I was very upset, because obviously I was aware we had something that could not only help treat people who are very sick in hospital—and I had personal experience of being able to help people who are terribly sick in hospital through ivermectin, but not just me, I know that Pierre Kory and others, Dr. Kory, and they had personally said there was that personal experience coming through, knowing that we could really make a difference —but also because ivermectin was useful for prevention. So there was no need for the novel injections, There was no need for this experimental vaccine, which didn't have the evidence. So it was sort of a double thing that I just sensed this massive tragedy unfolding. And there was a man in front of me who could prevent that, but he wouldn't.

So at that point, my life changed rather dramatically because I put all my work, outsourced my remaining work with WHO, two colleagues, and I started to work with the colleagues. We went ahead and we did the systematic review on ivermectin, very good quality review. It passed a full peer review process with *The Lancet Respiratory Medicine,* although the editors refused to publish it, and then we submitted it elsewhere. Eventually it was published in June 2021 at the *American Journal of Therapeutics*.

But in the meantime, what became clear with the Andrew Hill review is that there were definitely other voices in the paper, because a French group called BonSens Civil Society Group commissioned a forensic audit from a communication consultant called Lynden Alexander, and he found there were at least two or three other voices in the paper. So I'll just go back to the slides. I have submitted more slides than I will show. So just to say that the forensic analysis of Hill's paper showed that there were at least two, possibly three, shadow authors involved in manipulating the text specifically to undermine the positive evidence on ivermectin.

And the impact of this was enormous, because this is an example of an email to the UK Therapeutics Task Force, the COVID task force, that I sent, sending them the evidence that we had compiled on ivermectin. And they said, "Yes, they're monitoring it, including the WHO meta-analysis led by Dr. Andrew Hill." So even though his review was not peer-reviewed, it was very poor quality, it didn't follow the *WHO Handbook for Guideline Development,* the quality of evidence that was needed for that. It was highly referenced. And it became apparent to me and others that the reason for this was likely because requirements for emergency use authorization of the novel vaccines, or GMO products, were not met if there were adequate alternatives.

So you can see this is a Pfizer document for the COVID vaccines. And it says that EUA is only met if there's no adequate, approved, available alternatives. And the potential benefits must outweigh the potential risks of the product. Those criteria must be met in order for a product to be used. Yeah, so it became clear to me. So not only that, I also then learned that the WHO had already launched this massive attempt to raise $38 billion to fund its ACT-Accelerator program, the Access to COVID-19 Tools, which none was necessary if there was no pandemic to manage—because, well, we know now that, in actual fact, the pandemic really is a pandemic of iatrogenic vaccine injury, rather than a pandemic of a COVID virus. So there was that going on.

I was aware of these massive conflicts of interest of the World Health Organization teaming up with all these drug companies and tech companies to facilitate digital identifications and novel genetic vaccines that could be produced in 100 days with no safety testing. And then also aware that Dr. Anthony Fauci was speaking very strongly against ivermectin, reminding everybody, saying that it's for horses—which it is for horses, as well as for human beings, as is the case with many useful medicines. But also, you know, became aware that he's very much involved with bioweapons research, which has been euphemistically called, or renamed, gain-of-function research. So he was likely very much involved in creating the COVID crisis in the first place.

So, as I say, I left my existing work. I put it to one side, and I synthesized the evidence on ivermectin, along with colleagues as I mentioned before. And I also did what I usually would do for the World Health Organization in the preparation of clinical practice guidelines, which was to prepare an evidence-to-decision framework, which involves not only the effectiveness and safety of a medicine, but it also looks at people's values and preferences. For example, many people don't like injections, and they like an alternative to having an injection. But also what sort of outcomes they value, and certainly people value death a lot. They don't want to want to die, and so they would be happy to have a medicine that reduced the risk of death.

So also looking at resources: ivermectin is an extremely cheap product. It's easy to administer. It can be self-administered. It can be posted out. We looked at equity. You know, equity: safe, old, established medicines are very equitable because they're very widely

available and accessible over the counter in many countries that perhaps couldn't afford more expensive medicines. And looked at acceptability and feasibility.

Anyway, ivermectin was excellent in all of those criteria. So it wasn't just effectiveness and safety that one was looking at. One looks at a whole lot of other criteria to decide whether or not to recommend a medicine or not. And it was clear that ivermectin should be recommended for both prevention and treatment.

And it was this evidence pack that was then sent to all health authorities we could think of, really: the FDA, the NIH, and the UK authorities, WHO, and South Africa. We did send it to Canadian authorities too. So this is the scientific paper that we eventually got accepted at the *American Journal of Therapeutics*. It's ranked 8th out of 23 million scientific articles. So it's a highly-referenced, highly-read article, and yet the health authorities around the world have managed to totally ignore it. There were attempts to take it down and to criticize it, and so on. It has been bolstered by the impact of other researchers looking into it, and they have drawn the same conclusion: that ivermectin would have been a very useful drug in reducing deaths and bad outcomes during the COVID years.

So just to give you some context: At the same time that I was looking at the ivermectin safety profile because of all the negative press it was getting, I also was looking at the safety profile of the COVID-19 vaccines. And the World Health Organization has a collaborative pharmacovigilance database called VigiBase, which you can access via vigiaccess.org, and it's accessible to the public. You can go in and type in COVID-19 vaccine and it will pop up with the latest number of adverse event reports.

So this is early 2021, at the time when I was looking at ivermectin. The ivermectin adverse event reports numbered just under 5000, and that was since 1992. So it was very, very few adverse event reports over a 30-year period, compared with the COVID-19 vaccine, which had only been around a few months at that time, in March 2021, and there were already almost 200,000 adverse event reports. Obviously, many, many more doses of ivermectin have been given over the years, billions and billions, and less at that stage. But there were many reasons that were put forward as to why that might be.

They were saying, well there was more reporting, and that sort of thing. But of course, I don't know what it was like in Canada, but we certainly saw no reports asking people to please register their adverse event or side effect if they experienced anything untoward after receiving a COVID-19 injection. So I think this is a highly underestimated figure. And by the September, we had nearly 2 million. So that's less than one year of the recordings of adverse events. There was almost 2 million adverse event reports on the official World Health Organization database, without them making a peep about it—so not a word. But what we did get was an ongoing "COVID vaccines are safe and effective," and they're certainly not safe or effective.

This is the data up to the 8th of February 2023. And you can see two years on, there was over five million adverse event reports on the World Health Organization's official pharmacovigilance database. It's absolutely unbelievable that this has been allowed. And we actually accessed the data—I'll just go back to this one here—we accessed the data in January 2023. We made an official application to receive it. We paid a sum of money to receive data. It was in a very limited and difficult format, but a massive database of 23 million lines of data for 5 million people. And it showed that there was more than 58,091 deaths by this time.

Obviously this is just the deaths because there's no follow up. You have no idea how many in this group here went on to have very, very severe outcomes. But 1 million of the 5 million were severe and debilitating conditions. So it's underestimated. It's a massive number as we just look at it. And in case you're wondering if this is normal, it's not normal for vaccines, it's not normal for new medicines to have this sort of impact and be ignored. If you look at the tetanus vaccine which arguably, you know, it has its criticisms, but it's been given billions of times since the sixties, and it's got about 15,000 adverse drug reactions. So this is just unspeakable. You just don't know what could possibly be going on.

The World Council for Health did an analysis of pharmacovigilance reports in June 2022. And the outcome of that, the conclusion, was that there was more than enough evidence on the pharmacovigilance databases to stop the COVID-19 vaccine rollout. This is the vaccine report. You can get it on our website at worldcouncilforhealth.org. But nevertheless, we still have absolutely criminal activity happening at the World Health Organization. On their database today—you can check—there are these infographics in their COVID section recommending re-vaccination or vaccination for COVID in every pregnancy, which is absolutely criminal; saying that the mRNA COVID vaccines are as safe as other vaccines, which is absolutely criminal, it's not true; and saying that there's evidence that children can be safely vaccinated, which is not true.

So this is really upsetting, and I just—you know, what do you do when you have a World Health Organization that has the power and the ears of our governments to cause such tremendous harm? Well, we have to do something. And to just put it in context as to where we are in terms of taking stock: COVID was a man-made health crisis. Safe, established medicines and remedies were withheld and undermined. Dangerous GMO— I don't know if people are aware. These genetic vaccines, the COVID vaccines, are new technology; it's GMO. Genetically-modified organism products were deployed. At the same time, we had this dangerous surveillance technology deployed. It's all in the name of health security rather than health sovereignty and personal health, choice, and wellness.

Political representatives around the world are not listening, so it's not just in Canada. And what we've learned now is that there's a globalist minority who are seeking legally-binding control of humanity through the WHO or UN structures. It's an anti-human, anti-earth agenda. And it's being brought about, or sort of promulgated, through these two documents that are being negotiated this week at the World Health Assembly.

There's a Pandemic Treaty, it's called, which is not yet legally binding and is still in the unratified phase—anyway, unapproved—and the amendments to the International Health Regulations, which are also not approved. But the two documents together are complementary. And what they do is they create a new supranational body that would govern the world and put the World Health Organization and its controllers in charge of future PHEICs [public health emergencies of international concern].

So it's really important to realize we're at a point in human history where we have a single individual who ostensibly has the authority to declare any public health emergency of international concern that he feels inclined to. This was the monkeypox PHEIC, which was declared on the 23 July 2022, where he just said, you know, on Saturday he had a press conference, "I declare a public health emergency of international concern." And we know what happened with the last one he declared. But fortunately, the world didn't pay attention to that one. We have been told there are others coming, so—

Shawn Buckley
Dr. Lawrie, can I just break in for a second? And I understand that these documents, like the Health Regulations and the Treaty, have been in flux. Is it still the case that a country like Canada is at risk, basically, of the World Health Organization in a declared pandemic being able to dictate to us what our health policy would be?

Dr. Tess Lawrie
Only if your government agrees to it. You see, what we are seeing now is that our governments are not in control. They have been infiltrated—this is around the world; it's not just in Canada. They have been infiltrated, and they are dancing to the tune of the so-called think tanks which think on behalf of the globalists and the banks. So the whole thing is inverted. But the fact of the matter is that this whole process is invalid, but our governments are going along with it. There have been procedural irregularities. In actual fact, the WHO doesn't have the ability to dictate health policy around the world in a legally-binding fashion, and our governments don't have the authority to agree to it on our behalf. But they're all just going ahead and doing this anyway. And I have a little slide. So this is why, you know, we really have to wake people up to this terrible thing.

Shawn Buckley
Can I just clarify that point before you go onto your slide? Just so that the commissioners and those watching understand: So Canada is basically acquiescing to a treaty structure that would allow the World Health Organization, if they declare a pandemic, to dictate to us health policy. So let me just use two examples: So during the COVID pandemic, the World Health Organization declared a pandemic, but Canada had the right to decide how they were going to handle the pandemic. Now Canada chose to follow basically what the World Health Organization recommended. But then the World Health Organization declared a monkeypox pandemic—and that slide was just up—but Canada chose not to follow the World Health Organization recommendations for monkeypox.

So the real question is, for a country like Canada, do we not have the expertise internally to decide on a case-by-case basis how we will handle a pandemic declared by the WHO? We're entering basically a situation where we will no longer have the authority to decide how we're going to handle a pandemic. So we could have been locked down, we could have had treatments recommended or forced on us for monkeypox. We chose not to. And so that's the type of thing at stake. And thank you, Dr. Lawrie, for letting me step in and just clarify that.

Dr. Tess Lawrie
Thanks, Shawn. In actual fact, you know, it's often because I don't always know how much people know. And we've been working with this for some time, raising awareness about this WHO power grab since early 2022. And so I'm never sure how much people know, because we're working with it every day, and it's been amazing to see how the public have caught on and are very engaged around the world on this topic. You may be aware that today or earlier in Tokyo, there was this massive rally that was attended by more than 50,000 people, all listening very carefully to what's going on, and all very engaged and concerned about the impact of the new treaty and the amendments to the International Health Regulations on national and individual health and sovereignty.

So I'll just show you. There is this document, if you want to get up to speed on it: *Rejecting Monopoly Power Over Global Public Health*. It was put together, the first version was April

2023, but we have an updated version from May. And it really explains how the two documents—the Pandemic Treaty, or Accord they're calling it, or Instrument or CAII+, it keeps changing names, and the amendments to the International Health Regulations, which is already a legally-binding document—how the two documents are complementary. And there are a number of very concerning issues with these documents.

The one is that they give the director general [of the WHO] unprecedented power, basically, to dictate an actual or potential public health emergency. They centralize the regulation of drugs. They put the WHO in charge of misinformation and disinformation—so basically deciding what the science is—and then measures to restrict. But also in the event of declaring a public health emergency, to then declare who gets the contracts to develop drugs, which drugs or vaccines—it's all vaccine-based—which vaccines are considered safe.

The vaccines are not normal vaccines. They're these modified RNA vaccines. They're genetic GMO products. They require—I'll just explain this because some people aren't aware how these new products work or supposed to work. They're supposed to work by giving the body a recipe to make spike protein. So it's a little piece of genetic material wrapped in a lipid nanoparticle, lipid layer, that helps it get into the cells. Those cells it gets into, it uses the cell's machinery to manufacture spike protein. And that spike protein, when expresses, then stimulates an antibody response.

But there are a number of reasons why this leads to potentially a lot of spike protein being produced indefinitely. Because we don't really know that the original, the pharmacokinetic studies and biodistribution studies were never properly done, or done, or they certainly weren't revealed to the public if they were done, or to other scientists. So we've got this product that just keeps on making spike protein and obviously puts the body under enormous stress.

So it would give them the opportunity to make these so-called new style of vaccines within 100 days, mandate them, link them up to digital passports so you cannot move about, buy food or do anything if you're not up to date with your COVID or whatever vaccination, be it bird flu or whatever else type of pandemic they decide to call or other public health emergency. And they can mandate quarantines and lockdowns. And make no mistake, these documents affect sovereignty, because in the documents they clearly state that—this is the original version of the amendments to the International Health Regulations, a compilation—they clearly state that our governments, the state parties, will follow, will implement the measures recommended by the WHO. So it's really important that people read these documents.

This one, for example, you can see all the red in it. You know, these are all the changes. The word "shall" which is a very important legal word that means "mandatory" or "obligatory" is used more than 300 times, and it replaces other words that were previously "might have been," "should" or "may" or "might." So it's very important for people to realize there's sweeping changes happening while everybody is still a bit shell shocked about what just went down with the COVID crisis and perhaps are looking at the news—

Shawn Buckley
Can I share with you something that's just happening in Canada? So you were talking about how this document will centralize drug approval. Well, two and a half weeks ago in our federal budget bill, the government put in some significant changes to our Food and Drug Act that would allow a drug to be approved in Canada without an application—just simply if a foreign entity has approved the drug. And "foreign entity" is defined so broadly that it

includes organizations that are not government regulatory organizations. It clearly would cover the World Health Organization.

So here in Canada, we have our government basically agreeing to this treaty, where we will lose the right to decide how we will handle a pandemic, as if we don't have the expertise here. And at the same time, if the World Health Organization approves the vaccine, it is approved here without our regulatory body actually looking at whether or not it is an appropriate treatment. So I just wanted to break in that, you know, you said they're centralizing the approval of treatments, and Canada is actually changing the law to permit that in Canada.

Dr. Tess Lawrie
Now it might be that people think, "Well, that's a good idea, because if you've got a pandemic, you want there to be quick response and everything." So it's really important to realize and understand that the WHO is a captured organization. It's a privately-funded body. Eighty per cent of its funding comes from private entities and individuals. So Bill Gates and the Gates foundation puts an enormous amount of money into the WHO, such that he has really a controlling stake in it. It's like 20% or something comes through Gates one way or the other, either through the Vaccine Alliance, Gavi, the Gates Foundation, and also all of his interest in the drug companies, because Pfizer and all of these companies also give huge amounts of money to the WHO. So there is such a massive conflict of interest there. If you can't see that and be concerned, then I don't know how else to convince you.

It's worth looking at these documents. This as a starting point is available as a PDF on our website, worldcouncilforhealth.org, which we have no conflicts of interest. We are not funded by pharmaceutical companies or any wealthy individuals or organizations or private companies. So please do have a look, because we are doing our best to raise awareness of this massive power grab. And the purpose, from what we can see, is to construct a one-world government out of Switzerland, out of the WHO/UN structures, and they can do this through these Public Health Emergencies of International Concern. So please do have a look for yourself.

And I'll just go back just to give you a picture about: What's actually happened through these public-private partnerships in the last few decades is that our governments have become policy enforcers for the World Health Organization and the World Bank, United Nations, and philanthropists, and NGOs, and that sort of thing. But they are just the policy distributors. They're not making the policy either. The policy is coming from the corporate think tanks, the globalist think tanks. Now these think tanks are not thinking on behalf of the welfare of people. They are thinking on behalf of the banks, banking.

So we have the Bank of International Settlements at the top deciding how money is spent and controlling global markets, trade, and national economies. So the amount of propaganda that people have been subject to over the last few years is absolutely astounding, unprecedented, and it is a type of warfare on the human psyche, on the individual. So the public is simply at the bottom here, the policy subjects. We are subject to all of the policy that comes down from the banks to the policy distributors, to our governments that enforce it, and then we pay for the whole system.

So this is not something that's limited to Canada. This is something that is happening all over the world. And it's an endgame in a creation of a one-world government—or attempted creation. Because with the awareness that's being raised around the world, people are saying, "No," and are not going to put up with it.

So what do we do when we have this kind of system, where we've got this concentration of power, with the threats of more pandemics and public health emergencies, and the capacity, I might add, to implement these threats, to act on these threats? Because we know that the WHO supports gain-of-function research, which is bio-weapons research. We know that these pathogens are being developed, that they are used for war. We also know that other sorts of weapons, very dangerous weapons, including weapons-grade microwave technology from cell phone towers and satellites, is also being developed and leaves us as human beings at the bottom of the heap, rather vulnerable. So what we need is, we need a decentralized approach to health.

You know, we are not all the same. We are all quite different. Our country contexts are different, our community contexts and our families and individual health, we all differ. There can't possibly be a one-size-fits-all for everybody. And we know that the medical technology used for the current vaccines is inherently unsafe. So this applies not just to the COVID vaccines, this applies to: all vaccines at this point in time are inherently unsafe if they are using modified mRNA technology—which is being adopted and implemented and taken up for other commonly used vaccines too now. So it really requires the public to be alert, to step up and look after our children especially.

So a decentralized World Health Organization has been formed. It's called the World Council for Health. As I said, it has no conflicts of interest, and each of the country councils formed thus far are completely autonomous. We get together once a month. We have a regional steering committee that meets once a week. And the intention is to raise awareness of the root cause of disease, which in the COVID context, the root cause of disease is now, the mass disease that we're seeing is now the COVID-19 GMO injections. It's causing mass disease and death around the world. So we're raising awareness of the root cause of disease.

Obviously there are other root causes of disease. We're educating on healthy ways and self-determination. So we are getting together to work out how we can help people who have taken the COVID-19 jabs to prevent them from getting sick, but also to help those who have been injured. And also we are facilitating the co-creation of new ethical and better systems that respect and support individual health, sovereignty, and human freedom. We cannot have a healthy world if individuals are not healthy. And a healthy individual is the foundation stone of a healthy world.

And so it's absolutely insane to think that we all have to get injected to have a healthy world. That is absolutely the back-to-front way of looking at things. One has to have healthy individuals, and that starts by connecting with nature, having sunshine, being outdoors off one's mobile phones, and having healthy conversations with one another to facilitate community connection, collaboration, and wisdom.

So in the event of another public health emergency of international concern, the country councils will collaborate on emergency guidance. We are already in process of putting together emergency guidance. And in terms of the WHO, we believe that it is not possible to reform the World Health Organization. It is deeply corrupted, and the only option for countries is to exit the World Health Organization and take back their policy-making and make decisions that are in the best interest of their own people.

The decentralized approach enables solutions free from conflicts of interest. So it enables us to share solutions to the GMO vaccine damage. It enables us to conduct research to help people who've been harmed. It helps us share solutions in new emergencies. Obviously,

whatever comes, we will be putting together help from all corners of the world. Because there are are lots of different types of therapies that are available in Asia, or that are promoted in Asia, that they have the experience of using traditional, as well as holistic, as well as the modern medical technologies. And so the way that we collaborate is to bring all of these things together. We stand together against the violation of rights and freedoms, because what has happened these past few years is totally unacceptable, and a violation of human rights and freedoms—standing together on health and sovereignty campaigns and collaborating on legal and lawful remedies.

And just to say that we have served notices of liability on four individuals at the World Health Organization team: the Director-General, the Chief Scientist, the head of the COVID technical team, as well as the COVID emergency team. So they have all received notices of liability, so they cannot say that they did not know the harm that was caused by the policies and messages that they propagated during the COVID time—and which they continue to propagate because they still have, as I showed earlier, that information on the website.

So I won't go too much further, just to say the individual is at the heart of a healthy and sovereign world. And it does require us all to examine our personal principles, philosophy, and ethos. We have the simple, Better Way Charter, which is how we collaborate with people around the world of different nationalities, cultures, religions, and so on. And so we act in honour and do no harm. We have free will, so we are actually responsible for our choices. We can't outsource them.

Are we part of nature? Spirituality is integral to our well-being, so we need lives of purpose and meaning. Convenience is not good for us. We thrive together, so we don't like to be isolated and separated and in small apartments, and so on. We value different perspectives. We need to be able to hear different perspectives in order for us to formulate our own perspective and learn and grow. We use technology with discernment and we do not tolerate the violation of human rights and freedoms.

So that's a quick overview of what we are doing. And thank you for the opportunity to share it.

Shawn Buckley
Well, thank you for coming to share with us. I'm going to turn you over to the commissioners now for questions, except I did want to ask you if you could briefly, because we are getting tight on time, but briefly comment on the effect of the vaccine on pregnancy and fertility. It's just you've got all this background in the area of obstetrics and gynecology.

Dr. Tess Lawrie
Yes. Well it's been absolutely horrifying to see the authorities, including the Royal College of Obstetricians and Gynecologists, all promoting a novel injection to women in pregnancy. Not just promoting it, recommending it. Pregnancy is the one situation we never give experimental drugs. Even we try and reduce the amount of interventions as much as possible because of the risk to the unborn, to offspring. So it's just something we never do.

So there's a number of reasons why the COVID vaccine, this GMO product, would be specifically contraindicated in pregnant women, although it should not be indicated for anybody. But reasons why it should be contraindicated include the fact that pregnancy is a hyper-coagulable state. Actually in pregnancy, you've got an increased risk of clotting. I'm sure people know pregnant women are at risk of getting deep brain thrombosis and

pulmonary embolism, and— And so one of the serious side effects mechanisms of pathology with the COVID vaccines is they cause clotting, which is why even on the official websites they'll say, "Oh, there's a few clots or strokes or whatever caused by the COVID-19 vaccines."

Well, there's a massive number of clots that are on these official pharmacovigilance databases. This seems to be one of the biggest—clotting is one of the reasons why people die suddenly with the COVID jabs. So giving pregnant women something that's going to increase their clotting is going to lead to increased maternal deaths. And we have seen an increase in the maternal deaths up to 2022—this is on the UK and also the U.S. database—a slight increase again. And so they haven't been the latest data released, and I think we should be demanding data on maternal deaths to see what's happening with women in pregnancy.

The other thing is there certainly are reports of miscarriage, and there would equally be a reason for miscarriage, because there is a similarity between spike proteins and the placental proteins. So if your body is making antibodies to spike protein, these may well cross-react with the proteins of the placenta and thereby cause a kind of a set of an autoimmune attack on the placenta and cause miscarriage.

The other thing is, during pregnancy, one's immune system is modulating. It's sort of down-regulated because you're having to carry a foreign object in you, so your immune system is sort of dampened. And so by taking an injection, that's going to stimulate the immune system indefinitely and ultimately lead to further immune suppression. Because that's what we're seeing, is these COVID injections eventually tire the immune system out and make people more vulnerable to infections.

Pregnancy is also a time when one is at risk of infection or sepsis, especially around the time of childbirth and postnatally. So you certainly don't want something that's going to further suppress the immune system and make one sick. And then, of course, there is also the possibility of the injection crossing the placental barrier into the uterus. We simply do not have these data because: a) We don't study, we don't conduct this kind of research in pregnancy, in pregnant women, because it's unbelievably risky.

So the fact that the injections were rolled out to pregnant women is unconscionable, and I am quite sure has led to a lot of death among women, as well as pregnancy loss in terms of miscarriage and stillbirth, and so on. But we simply don't have the data. It needs to be looked at urgently by the authorities. But these injections must be stopped for pregnant women.

Shawn Buckley
Thank you, Dr. Lawrie. I will ask the commissioners if they have any questions for you.

Commissioner Robertson
Hi Dr. Lawrie, lovely to hear you. I followed you on the World Health. All of these documents that you showed us, we can get them if we go to the website?

Dr. Tess Lawrie
Yes, I can put the links up, but if you go to the World Council for Health website, I can show you. Actually, if I just share my screen, that might be the easiest. If you go to the Council for Health website and then you go to About Us, you'll see the policy briefs. And there's the one

on rejecting monopoly power, and there's also one on digitalization and the risks of digitalization to health and democracy. So I highly recommend both of those, but the two are together: the health security, the WHO and digitalization threats, go together.

And there's also a legal brief which is really important at this time, especially when they are threatening further pandemics and public health emergencies. There's a legal brief called *Preventing the Abuse of Public Health Emergencies*, and it describes that there are four lawful criteria to declare a state of emergency, and these criteria were not met during COVID. So it's really up to us to make sure we know what these criteria are in the event of further public health emergencies that are called [pandemics].

And also if people are looking for resources, if you go onto the videos and you go to Expert Hearings, you will see we have held expert hearings on the contents of the COVID-19 vaccines, where we have had experts around the world explain the issues and the latest science and emerging evidence on the COVID-19 GMO vaccines as well as the legal. We've had panels with legal experts explaining the legal implications as well. So I highly recommend going there.

And then if you are looking for help on how to protect your health following injection, if you go to the Better Way Today Assembly, there are various videos on detoxification and emerging evidence from people on the ground, you know, doctors and other health practitioners, who are really helping people at this time. And we also have a spike protein detox guide. The pharmacovigilance report I indicated earlier is there too, and other ways you can get involved by helping other people too. I'll just go on to—

So I think that's it. There we go. There's a lot of leaflets here that you can get. Well, you can see that we have a number of different translations of our various leaflets, but there is a very simple leaflet on spike protein detox solutions. It's just taking a little bit of time to load. So there are many things you can do.

So this is why it really is a great opportunity to take control of your health, which is what we're hoping people will be inspired to do after realizing that the COVID policies and products were not safe and were not effective. And so it's really time to not outsource one's health any longer, but to take control of it, and especially take control of the health of one's children. Because these globalist have targets set on our children.

And in actual fact, if you are a working parent and your children are at school all day and they're on their mobile phones for several hours before you get home, and they're on their mobile phones after dinner, and all that, the globalists have more access to your children than you do and a greater influence. And so one really needs to take some very decisive steps to taking back your parental responsibility for your children.

Commissioner Robertson
Thank you. I do have one other question. Giving the MMR and the DPTV during pregnancy, do they have the same issues as the COVID-19 vaccination?

Dr. Tess Lawrie
We are cautioning against the use of all vaccines now because the pharmaceutical industry regards vaccines as a licence to print money, and we can no longer trust anything that they say about vaccines. It seems like placebo-controlled trials were never done for any of these

vaccines, and it simply is not wise to take any vaccines at this point in time, particularly not in pregnancy.

Commissioner Robertson
Thank you.

Commissioner Fontaine
Yes, thanks, Dr. Lawrie, for your excellent presentation. Just a question about ivermectin. So you've mentioned its possible mechanism of action would be anti-inflammatory, right?

Dr. Tess Lawrie
Yes.

Commissioner Fontaine
So do you think it's possible it would also have an action against the common flu?

Dr. Tess Lawrie
Yes. Yes, in actual fact, there's a high likelihood that it would be helpful. So if bird flu is coming, we would probably say you could look at our little essentials for COVID to keep in your cupboard. It would be a good thing to have, along with other things with Zinc and Zinc ionophore—well, ivermectin is that—but if you can't get ivermectin, something like quercetin, high-dose vitamin C, vitamin D, these are the things that will help what's coming. But certainly we would think that ivermectin would help with other sorts of influenza-type illnesses, as well as we are getting reports that it's helping with COVID vaccine injury for some people, in combination with other things.

I think one needs to realize there's no sort of miracle cure or anything. It's just to know that for some people, it might be helpful, and it's probably based on those grounds that it's anti-inflammatory. There's also information coming forward to us now that it might be useful for cancers. So, you know, it seems like these older medicines, they drop. They kind of fall off the radar because they're not promoted by the pharmaceutical industry, because they are so inexpensive and can be made by anybody. So we really need to turn our attention to these safe, older medicines and see how we can re-purpose them.

Commissioner Fontaine
Thank you.

Commissioner Drysdale
Good morning, Dr. Lawrie. Thank you for your presentation. I just want to go back a little bit to look at what happened in the timing. And you specifically talked about ivermectin, but I want to talk about some other things, too. So if I recall, the pandemic, at least in Canada, was announced sometime in March of 2020. And by I believe it was the 10th or at least the middle part of December of 2020, the government had announced a safe and effective vaccine, they called it. At that time, had the medical establishment evaluated not just ivermectin? So what I'm saying is, when they announced the arrival of this safe and effective

vaccine, had they evaluated not just ivermectin, but all of the other antivirals that are traditionally used on viral infections?

Because it was my understanding from previous testimony that at least the Canadian government had been stockpiling a number of different antivirals and had been spending millions and millions of dollars, but I've never heard of those mentioned again. I've heard about ivermectin, but I haven't heard about these other antivirals that were available. So with all of that, I guess my question is: There are also other traditional antiviral medicines available at the time. Were those properly evaluated prior to the release of this new vaccine?

Dr. Tess Lawrie
I can't really systematically go through a list, but you know there have always been a lot of different medicines and supplements that one can take. And usually something like the flu is not, you know, it's not life threatening for most people—for vulnerable people, yes, but not for most people. So I didn't systematically evaluate any of the others. But hydroxychloroquine, there was plenty of evidence that that would be a useful medicine to try—another one of those that's been so well, you know, it's such a well-known medicine available over the counter in some countries where they have problems with malaria. And so there were many things that one could have turned to.

I mean, usually when one gets flu, one takes vitamin C and zinc and gets over it pretty quickly. But there were other things, like Aspirin would have been a sensible thing, given the propensity to clotting, you know, if one had symptoms that went on for a long time. So there were lots of things that one could have taken, antihistamines as well. None of these things were evaluated, and neither did they need to be evaluated, really, because they're just over-the-counter medicines. There should have just been a list of things. We put together an at-home COVID care guide. It's on our website. You can find it there as well on the resources section. But there were really a long list of things that people could take to feel better, to manage the symptoms if they were not feeling well during that time.

So in terms of the pharmaceutical things like Tamiflu and all of that, those may have been stockpiled by governments. I don't know. But they should have learned the lesson then, because they were stockpiled, I think, for the previous pandemic or swine flu scare. And the government spent a huge amount, and it was all wasted. So it may have been. And I'm sorry, I can't illuminate any further on that.

Commissioner Drysdale
No, that's fine. That's fine. You talked about this a little bit, and I want to explore this just a little bit. There was a campaign that you referred to where Dr. Fauci and a number of other medical people were referring to ivermectin as horse paste. What do you think the reason that they referred to ivermectin as horse paste was?

Dr. Tess Lawrie
I think they wanted people to think that it wasn't for human use, that it was just medicine for animals.

Commissioner Drysdale
Well, let me ask you: That's interesting. Do they use penicillin on animals?

Dr. Tess Lawrie
Yes. I mean, this is the crazy thing. But there is something, I don't know, obviously it's some sort of psychological nudging thing. You know, they did a whole lot of psychological efforts on humanity to make them think in a certain way and guide them towards a certain thing. And there is this sense that's been cultivated over decades probably, that new is better, that modern is better, that fancy, expensive medicines are better. So I think somehow people fell for that when they were told that ivermectin is for animals and horses, it's not for humans.

I mean, you might remember there was a famous tweet that they actually had to get taken down. The FLCCC, or Dr. Paul Marik, took the FDA to court over a tweet where they said something like, "You're not a horse, you're not a cow. Come on, y'all." You know, it was like suggesting that you're nothing more than—you know, you shouldn't behave like an animal by taking ivermectin. But, you know, the gross deception there, of course, is that ivermectin is a human medicine. It's been used billions of times. And its discoverer, Professor Satoshi Amura, who discovered it on a golf course in Japan, he actually won a Nobel prize in 2015, which is not that long ago, for the immeasurable benefit that ivermectin has offered humanity and other creatures, I presume—but certainly an immeasurable benefit to humanity, ivermectin has been.

And it is a very simple medicine because it's basically a fermented product of a bacteria, which explains also why it would be really safe. It's part of—you know, it seems as close to nature as one can get in terms of a pharmaceutical product. And so, I'm losing my train of thought. But anyway, I think they found ways to embarrass people for using it. I don't know if you remember that Joe Rogan took it as well, the big podcaster in America, the USA. And he took a lot of flack publicly for saying he took ivermectin. So people were sort of shamed for taking this safe, old, established medicine and, you know, it's a disgrace. But they obviously had to make it very unpalatable for people.

Commissioner Drysdale
You talked a fair bit about you had a number of slides with regard to these organizations, you know, the WHO, the banking system, and all of them. But they couldn't have accomplished what you're talking about without somehow capturing the frontline medical profession. And I'm not speaking anecdotally when I say that, you know, the doctors were not just recommending these vaccines for pregnant women, but they were really pushing them towards that.

How can you, or do you have an explanation, or you have an idea as to how is it possible that these organizations were able to reach all the way down to your family doctor and have them recommend things that they couldn't possibly have the information—based on all of the testimony that we've heard—they couldn't possibly have had the information, the basic information they would require to satisfy their legal requirement of informed consent? How did they accomplish that? Do you know? Do you have an idea?

Dr. Tess Lawrie
No. Well, I mean, I've learned as time has gone on these past few years, I think the two main drivers were money and fear. I do think that they're not actually fully aware or they haven't really realized that they will be held personally liable, that they have a personal

responsibility not to harm people, and that cannot be outsourced. But certainly the decision-making was outsourced.

And the first aspect of it, I think, was fear, because when COVID first was launched, they received—certainly in the UK, and I think this is what happened throughout the world—is doctors received these quite alarming reports about how they would be at risk, and all the measures that they would need to take and just, personally, doctors who became quite militant in their approach to COVID and to people who weren't wearing their masks and that sort of thing. So I think they felt personally afraid for their own well-being. And that combined with, I think, other sorts of propaganda, like how well they were doing and how many lives they might have been saving and that, I think they were receiving on a kind of a drip feed.

But I think the other aspect is that it seems that for quite a long time now, they have been receiving incentives to give vaccinations. And so it's a lucrative business and they've been able to turn a blind eye, really, to not ask too many questions. In actual fact, doctors these days, especially the newer ones, hardly get any training at all in immunology. So it's sort of a couple of weeks, and taking vaccines is just not even questioned, it seems. It's just like a fact.

So all of that needs reviewing and revising, and obviously we need to re-educate. But in terms of what happened during COVID, I believe the incentives were—I mean, I can see that they would have made it very difficult. Not very difficult, no—they would have been certainly not difficult to turn down if you were thinking about your patients. I don't know. I wish I knew the answer to this. I wish I knew why my colleagues did what did what they did and went along without questioning. But I did learn from Dr. Mary Talley Bowden the other day on Twitter that she would have been paid one and a half million dollars if she had vaccinated 6000 of her patients. Well, she's not a vaccinating doctor, but that's what she would have made in the incentives.

So clearly, you know, whatever people were paid per vaccine was too much, and it somehow interfered with their ability to make the right choices for their patients—not patients, people. For people. Because people were not patients when they were getting vaccines.

Commissioner Drysdale Well, we heard testimony last year in Alberta how the Alberta Health Services were paying doctors not only to give the injection, but they were paying doctors a stipend to phone patients to recommend that they take the injection. So that was part of the incentive program as well, I'm guessing.

Dr. Tess Lawrie
Yes. I mean, certainly, I'm among many people who gets these regular reminders. And even though one tells the Surgery that one doesn't wish to have any more vaccinations, these reminders seem to just come anyway, you know, on text message, by email, "Your last chance. Book your thing now"—it's like a runaway train. It's like it's been taken over by AI already. And you can just get these reminders and they probably know that, you know, 50% of old people will eventually just give in and go for the injection just to stop these annoying reminders.

Commissioner Drysdale

The other thing I wanted to talk to you about a little bit was emergency measures. We heard a significant amount of testimony last year about how emergency measures organizations are supposed to act. And for full disclosure, I've had some experience with the emergency measures organization in Canada. And in Canada, we've set up—and I assume other places in the world—we've set up in each province an emergency measures group who specialize in how to address emergencies, all kinds of emergencies.

Now, it also seems that one of the basic principles of emergency measures, in accordance with Lieutenant Colonel Redmond's testimony, was that an emergency needs to be run on the ground. In other words, the closer you are to the emergency, the more effective you are. But we seem to be going in the opposite direction. We seem to be looking for some body in Switzerland or something to direct what's going on in Regina, Saskatchewan, without actually being on the ground. And would you think, how effective is an emergency plan or an emergency response when it's being directed from thousands of miles away, as opposed to by the people on the ground?

Dr. Tess Lawrie
Yeah, it makes no sense whatsoever, which is why we are very much in favour of a decentralized approach to preparing for whatever is coming as well. We want to see, really, communities organizing themselves. People need to make sure they know who to go to for medical stuff, you know, how to organize food and make sure everybody's got food, fresh water, you can communicate, and shelter. It's really important that communities now get themselves together. So it even needs to, as I say, be beyond a provincial level. It needs to be right down to communities, because we really don't know what's coming. And the scope and range of things is enormous. It's really time to get to know our neighbours and become self-sufficient and connected.

Commissioner Drysdale
But doesn't the response to a medical emergency, or any other emergency for that matter, vary depending on the population group, their geography, their socioeconomic, their genetics—all kinds of things that are community based? And so if that's the case, and I'm asking you if that is, how do they propose to put in a universal policy or to direct these things from afar when—

Dr. Tess Lawrie
It is literally a one-size-fits-all. You know, if it's bird flu, well they want all the chickens culled. You know, if it's an approach to some other disease, well then they want all the cows around the world vaccinated, or whatever. The climate change thing is also part of the agenda [which] is to make everybody afraid of carbon dioxide, and cows—so, you know, that also all needs culling. So it's this one approach to everything that is absolutely anti-human and anti-the earth and everything. So it makes no sense to have Switzerland and those controlling this agenda to make everybody agree to the concentration of power. It makes no sense for them to be in charge of everything. We really need to be in charge of ourselves as human beings and be able to make our own informed choices guided by trustworthy sources in our community.

Commissioner Drysdale
One last question. We heard testimony last year from Professor Davidson, who is an expert in international law and human rights. And it's my understanding from her testimony that

when a country joins the UN, they're required to adhere to the international human rights legislation. And Professor Davidson talked about essentially two different kinds of human rights: those which cannot be abrogated, and those that under emergency situations can be abrogated. From her testimony and what I heard you talking about, it seems that these recommendations or treaties that are being put together by the WHO are in direct conflict with those international human rights which are, of course, a part of the UN. Has your organization, the World Council for Health, looked into those issues as well: the legal and human rights issues here?

Dr. Tess Lawrie
Yes, we have. So we have a document, the legal brief on *Preventing the Abuse of States of Emergency and the Lawful Criteria to Declare a Public Health Emergency* that does refer to what can and can't be done by these organizations.

We are also in the process of sending today to the World Health Organization and the UN three notices: a notice of urgent declaration of invalidity, because these talks at the World Health assembly and these documents—the amendments and the treaty—are not even valid. You know, they are not in a position to negotiate this on our behalf, particularly because of the conflicts of interest of private funding.

Plus we are sending a notice of a statement of dispute to say that the WHO hasn't respected its own rule of law, which is Article 55 of the International Health Regulations, which means they have to actually share the documents four months before the meeting. The documents have to be circulated and this hasn't been done; they're still negotiating the documents, so the final document hasn't, so they're not in a position—and we dispute that they are in a position to be able to even vote on these this week.

And the other is related to the United Nations Declaration on Pandemic Preparedness, because it is not their role and they're not authorized to do this. And the World Health assembly is not authorized to adopt amendments on behalf of the public. So we will be sending that off to them today. It might have already. Hopefully it's already been sent by my colleague, looking at the time. But it is very important to point this out that what is going on is absurd.

Commissioner Drysdale
Thank you. Thank you, Dr. Lawrie.

Shawn Buckley
Dr. Lawrie, those being all of the questions for the commissioners, on behalf of the National Citizens Inquiry, I sincerely thank you for testifying today.

Dr. Tess Lawrie
Thank you very much. If I could just say one last thing to Canadians. My son used to say, "Mom, I'm going to go and live in Canada one day, because it's the most civilized country in the world." Now, I think he and I both see that civilization is a measure of corporate colonization. It's not a measure of human freedom. So one has to really tap into one's intuition, one's instinct, and one's humanity to transcend one's civilization and become self-determining again. So I just wanted to say to Canadians watching this, it's time to set

yourselves free, along with the rest of us. We're all in this together around the world to counter what's going on.

Shawn Buckley
Thank you.

Dr. Tess Lawrie
Thank you very much.

Shawn Buckley
Thank you, Dr. Lawrie.

NATIONAL CITIZENS INQUIRY

Regina, SK **Day 2**

May 31, 2024

EVIDENCE

Witness 2: Lorrie and Boyd Harrison
Full Day 2 Timestamp: 02:17:11–02:38:52
Source URL: https://rumble.com/v4z9kv2-nci-regina-hearings-day-2-may-31-2024.html

Kassy Baker
Welcome back. I'm Kassy Baker, and I'm here with our next witnesses on day two of the National Citizens Inquiry in Regina. Hello, can you please state your and spell your names for the record, please?

Boyd Harrison (Speaker B)
My first name is Boyd, B-O-Y-D. Surname is Harrison. H-A-R-R-I-S-O-N.

Kassy Baker
And who do you have with you?

Lorrie Harrison
Lorrie Harrison. And that's L-O-R-R-I-E H-A-R-R-I-S-O-N.

Kassy Baker
And can you tell us where you reside at this point?

Boyd Harrison
In Regina, here.

Kassy Baker
Now, do you promise to tell the truth during these proceedings?

Boyd Harrison
Yes.

Kassy Baker
Very good. Now, just by way of introduction, I understand that you're here to talk to us today about your experience trying to travel during COVID and during the pandemic measures. Just before we begin with that, can you please each describe your background, your education, and your work experience?

Boyd Harrison
I retired in July of 2009 after 30 years policing in the city here. Then I worked for a while as a special counsel with the Provincial Government, and then in security with our, at the time, Regina Qu'Appelle Health Region, which became the Saskatchewan Health Authority.

Kassy Baker
Good. And Miss Harrison?

Lorrie Harrison
I'm a retired nurse. I retired in 2015 after 40 years of a broad clinical area. I've specialized in everything from nursing ethics to infection control to a little smattering of everything. So, yeah, that's my background.

Kassy Baker
Very good. Now, at this point, I'm going to get you to describe your experiences with cross-border travel. I believe the incident that you're going to describe for us happened in January of 2022. Is that correct?

Boyd Harrison
Yes, it is.

Kassy Baker
Very good. But first of all, can you tell us where you went? And I believe that the story is mostly going to pertain to your return. But if you can start from the start of your trip, that would be great.

Boyd Harrison
Okay. Basically, as a bit of a preamble, Lorrie and I travel quite extensively in the US. We cross the border a number of times each year just for vacation and travel-type purposes. So when the border opened up—I think it was November of 2021—for land travel, we decided to drive down to Las Vegas in January. So we left on January 3rd. We were down in the Las Vegas area, but prior to going, we wanted to follow the rules. So I printed off all the information we needed from the Government of Canada website, printed it all off.

We were both fully vaccinated. We each had four vaccines at the time. So part of the rules were, at the time we had to have a PCR test done within 72 hours of returning back to the country. So we had that done on a Tuesday evening before we left Wednesday morning to drive back. We got back to the border Friday, early afternoon. I'd better back up here. Before we left we also downloaded the ArriveCAN app. So we filled all that in, and I just followed

all the rules that were put on the website, got up to the border, and the border agent we dealt with refused to deal with our ArriveCAN app.

Kassy Baker
If I may just interrupt you for a moment here just before you delve into that experience. You had noted that you were required to test, you said 72 hours before your return to Canada. Is that correct?

Boyd Harrison
Yes, that's correct. And you had to be at a recognized facility because they were quite stringent on the documentation. And I think, as I recall, it was like $125 or $150 for each of us, U.S., to get the test done.

Kassy Baker
And before you arrived at the border, had you received the results of that test or those tests?

Boyd Harrison
Yes, we did. We received it via email the second day after our travel started.

Kassy Baker
And what were the results of that test?

Boyd Harrison
They were both positive.

Kassy Baker
So, in fact, the test showed that you had COVID, correct?

Boyd Harrison
Yes, it did. And the Monday before we had the test we both kind of had the symptoms of just kind of malaise and a bit of fatigue. And then Tuesday it was drastically better, but it was still tested positive Tuesday evening when we had the test taken.

Kassy Baker
And so this was Tuesday evening when— What day did you arrive at the border?

Boyd Harrison
The 14th of January.

Kassy Baker
The 14th. So can you please just describe your interaction with crossing the border at that point.

Boyd Harrison
Okay. As the website says, you were to use the ArriveCAN app, present the QR code to the agent at the border so there's no direct contact between them or us. We arrived at the border, and the agent at the window refused to accept the QR code, but demanded we physically present her with our passports. So we obliged. And then we went through the usual preamble of the questions, you know, where you've been, how long you've been, so on and so forth. She got to the point of asking, have we tested positive for COVID within the previous 180 days. I responded, "Yes."

Kassy Baker
And what was her response to that?

Boyd Harrison
She said, "When?" And I said, "Tuesday." And there is an extreme change in behaviour, shall I say? She's quite panicky, really just kind of rattled, and stepped back and got a bottle of some sort of disinfectant, I assume, and a rag. And she's wiping down all over the window, the counter, her computer screen. She just went on a rampage of cleaning in the little cubicle.

Kassy Baker
And did she speak to you during this time? Or what were you expecting to have happen at that point?

Boyd Harrison
At that point, I wasn't sure what was going on because she was just doing her cleaning. Then she came back and basically said that she has no idea what she's to do because they've never experienced this. So she directed us to park in the rear of the kind of parking area in behind their office, and she'd have to have someone from Public Health Canada call and to make sure that we kept our cell phone on.

Kassy Baker
When we discussed this in our preparation for this examination, you mentioned to me that initially you were concerned, perhaps that you would not be allowed to return. Is that correct?

Boyd Harrison
At that point, no, because I printed off all the documentation from the website, and it has a list of procedures of what to do if you arrive at the border positive.

Kassy Baker
Okay, so you received a phone call from Public Health. And then what happened during that conversation?

Boyd Harrison
He introduced himself and told us that we weren't allowed back in the country.

Kassy Baker
Okay. And how did you respond to that?

Boyd Harrison
I said, "Well, that's odd, because I printed off the documentation from the Government of Canada website, and that's not what it says at all. It has these guidelines what to do." His response was, "Well, yes, he would let us in, but it's a $10,000 fine per person."

Kassy Baker
And what was your response to being informed that there would be a fine?

Boyd Harrison
I think I just said again that, "Well, that's not what your website says, and we're following your rules." So then he said, "Well, he will let us go this time with a verbal warning, but only this once."

Kassy Baker
And so what else were you told regarding next steps upon your return to Canada?

Boyd Harrison
He told us that to remain in our vehicle, not leave, and that he would be discussing further actions with the border agent that we'd met with previous.

Kassy Baker
And were you left in the vehicle during this time?

Boyd Harrison
Oh, yeah, we were in the back. It was like January 14th. It's a little chilly in Saskatchewan.

Kassy Baker
And so how long in total were you waiting for further direction?

Boyd Harrison
I'm thinking we probably waited about 15 minutes prior to his call and then a discussion with him, and then another maybe five or ten minutes for the agent to come back, and then we had a further discussion with her, with her instructions.

Kassy Baker
And what were the instructions that you ultimately received?

Boyd Harrison
Firstly, she had a whole ream of paper and two boxes which she explained were more tests we had to get done virtually with a lab representative from, I believe it was Life Labs out of BC or something of that nature. It was Life Labs. Anyway, and went through some documentation of how to take the tests, what they have to do, and that we had to quarantine for ten days after entering the country.

So then he had a discussion about, you know, we were entering back into Saskatchewan, which at the time the rules were quarantine for five days after the symptoms start to subside, which would have meant we'd had to quarantine for three days after we got back. So I said, "I appreciate there's different jurisdictions between Provincial and Federal but," I said, "to me, the virus is the same. It doesn't differentiate between two jurisdictions."

Kassy Baker
So you were sent home with a lab test, correct? Or test to send to the lab, is that correct?

Boyd Harrison
Yes. Yes, exactly.

Kassy Baker
So you went home and followed the instructions. Can you describe the instructions that you were given regarding the tests?

Boyd Harrison
Okay, first you had to register these kits, so Lorrie tried to do that. The website just kept going around a circle. So then I tried and I actually got a hold of somebody in person, and then she walked us through it. So we got them registered. So that was done with. Later on that afternoon we got home. So that process probably took about 45 minutes or an hour altogether.

Kassy Baker
And just to clarify, these were tests that you administered yourself? Or were they administered by someone else at this point?

Boyd Harrison
We each had to administer our own virtually in front of a representative from the lab so that they could, you know, confirm that we had taken the samples properly. And then we had to seal them in front of them virtually. And there's a four-step process of sealing them and signing off on documents and putting them into a sealed package for the courier to pick up.

Kassy Baker
And were there any instructions given with regard to the package as it waited for pickup?

Boyd Harrison
Yes. The border agent told us that not to get it exposed to heat or cold through refrigeration or anything, just to keep it at room temperature, basically. So then we got the samples taken, sealed them all, and then we had to call a specified courier company to come pick them up. So this would have been later on Saturday afternoon.

Kassy Baker
And when you were given instructions regarding returning the tests, what instructions were you given regarding their return?

Boyd Harrison
The test had to be taken within 24 hours of entering the country, and it had to leave our property being sent to the lab within the following 24 hours.

Kassy Baker
So you had 24 hours after the test was administered to arrange for the courier.

Boyd Harrison
Right. So that would have been if we had a test taken prior to mid-afternoon or late afternoon on Saturday, it would have had to been taken by the courier by late afternoon, Sunday.

Kassy Baker
And were you able to make these arrangements with the courier?

Boyd Harrison
No. We called the courier and the gal we talked to said that they don't work on the weekend and they pick it up Monday morning, and in the meantime, we're supposed to refrigerate it. So my response was that that was completely opposite to the instruction we were given by the border agent, so whom are we to believe? Her response was that that's how they do their business and they've been lots of them, and they never had a problem. So we followed her direction at that point.

Kassy Baker
So you sent the tests away. Did you have any further response or reactions with regards to getting test results back?

Boyd Harrison
No, it was picked up on the Monday, and I don't recall when. It was a few days later we got a response saying that, yes, we were positive, which we already knew.

Kassy Baker
So with regard to the quarantine, what were the next steps in the quarantining process?

Boyd Harrison
After we left the border, I called our son and asked him to go get some groceries because I said, "We'll be quarantined," which he did. So that part was taken care of. Tuesday, mid-morning, we had a knock at the door so went down to the front door, and it happened to be one of the guys I used to work with. He's another retired guy, and he's working for a private security company that were contracted to check on the quarantine people. So he came to confirm that we were in fact quarantining.

Kassy Baker
And obviously you were at home to answer the door, correct?

Boyd Harrison
Yes.

Kassy Baker
And what, what happened after that?

Boyd Harrison
Lorrie kind of had a conversation with him, and I'll let her speak to that. Other than that, that was basically it. We just talked to him and he confirmed that we were there. And at that point that was all we had to do with that quarantine at that point.

Kassy Baker
Very good. My apologies. So as individuals who had essentially done everything that had been asked of you, you had made every effort to follow every requirement to the best of your ability, to the best of your knowledge, that this was the experience that you had upon returning to the country. Correct?

Boyd Harrison
Yes, that's right.

Kassy Baker
Is there anything else that you think is worth mentioning that we haven't discussed at this point?

Boyd Harrison
Well, after our quarantine, I happen to run into another retired guy that I used to work with who had just got back from a 7-day tour of working at what they call the COVID camp. It's kind of a slang term for it. It's the basically in-custody COVID encampment in North Battleford. And basically asked me if I wanted to go work up there because they were paying very good money and they were looking for retired guys to go up and do security work up there for the in-custody people. But I respectfully declined for a number of reasons.

Kassy Baker
Very good. What do you think could have been done better by our government or by provincial or federal border authorities to streamline this process, or to make it more efficient and effective?

Boyd Harrison
Well, I mean, Laurie can speak to a bit of it here in a minute here. But for me, my thoughts are just that, firstly, there's really no need for all this. I don't see a need for it at all. I mean, it kind of goes along with what Dr. Lawrie spoke about earlier on. But really, I guess the most simplest thing to do is, if you have rules in place, follow them. But, I mean, there's really no other way.

And so, for us trying to get back into the country, the website said one thing, the border agent said another, the public health guy said another. I mean, everyone you go is just different. Oh, then we're getting emails, what, every second day changing rules of what they needed to do. So at that point, we'd already gone past what they were recommending.

Kassy Baker
And Ms. Harrison, I understand that as a nurse, you had some experience in, I believe, public health measures during your career. What do you think could have been done differently to make this process more effective?

Lorrie Harrison
I'm going to go back a bit. When we were crossing the border and we were talking with the crossing guard to begin with, it was rather interesting because I noticed that the PPE that she was wearing was incorrect. And of course, I had a further conversation because I am trained in PPE. In fact, I was responsible for onboarding all of the people for Saskatchewan Health Authority in clinical quality and professional practice. So I'm well aware of what the requirements are.

And I had said to her, I said, "Well, you're wearing the incorrect mask." And she looked at me, "Well, we don't have those masks. We had those masks, but they're all outdated." So she was just wearing the simple paper mask. And in reality, she should be fit tested for an N95 mask that closely fits your face. And of course I told her, I said, "You know, when we cross a

border, we don't want anyone else to get sick from us. Why weren't they following their regulations?"

And of course, even with the ArriveCAN, it was right there, you know. But she said, "Well, they didn't have that operational. They weren't given the proper equipment." So OH&S [Occupational Health & Safety] is kind of popping up in the back of my head and thinking, "Okay, why aren't they following those standards?" And my thoughts are in regards to how they could have changed things was the fact that back in—well, they've had in 2020, or when was it—the SARS fiasco, they had a plan, a pandemic plan back then. And I'm aware of that through the Canadian Nursing Association.

And ethically we're bound as nurses to do no harm, just like doctors and that, ethically and in informed consent. None of that happened. None of that happened. And even in regards to education. Were people in this room, were they properly educated in regards to how to really use a mask? Aren't you all done that in OH&S? So that's kind of where I'm sitting back with.

Kassy Baker
OK. Well, on behalf of the National Citizens Inquiry, we'd like to thank you very much for your testimony. I don't have any further questions, but are there any further questions from the commissioners?

Commissioner Drysdale
As someone who's educated in the use of PPE, whose responsibility is it? How does the responsibility for using the proper PPE—obtaining it, wearing it, being trained for it—who's responsible for that under the legislation?

Lorrie Harrison
Under the legislation in Saskatchewan? The OH&S Act states that it is the employer's responsibility to educate the person or the person who maybe require certain safety measures. But it's also the responsibility of the person who is employed to ask for the education and to do the education. So it's a two-fold thing.

Commissioner Drysdale
So in your opinion, had the border agent, Border Services Canada, satisfied those requirements, understanding that's a Saskatchewan requirement, but did they meet those requirements?

Lorrie Harrison
With the type of mask she was wearing? She had the training, but she did not have a proper fitted mask, and they did not provide that even with the ArriveCAN, which is supposed to prevent as much contact. They didn't follow that, and it wasn't provided to them.

Commissioner Drysdale
And that was in, I'm just checking my notes, that was in November of 2021. What was the date on that?

Lorrie Harrison
Actually, it was January 13th or 14th of 2022. And I believe that's around the same time when the truckers and the mandate and when they had to have the ArriveCAN app up and going for the truck drivers crossing at the borders.

Commissioner Drysdale
I mean, the reason I ask that is because, of course, the pandemic was declared in 2020, March of 2020. So this was almost two years later and the government was not providing their own employees with the proper masks.

Lorrie Harrison
Correct.

Commissioner Drysdale
Thank you.

Kassy Baker
All right. Thank you very much for your testimony.

NATIONAL CITIZENS INQUIRY

Regina, SK **Day 2**

May 31, 2024

EVIDENCE

Witness 3: Dr. Sabine Hazan
Full Day 2 Timestamp: 02:39:38 – 04:11:00
Source URL: https://rumble.com/v4z9kv2-nci-regina-hearings-day-2-may-31-2024.html

Shawn Buckley
So Dr. Hazan, welcome to the National Citizens Inquiry. We begin by swearing our witnesses, so I'll ask if you promise to tell the truth, the whole truth and nothing but the truth.

Dr. Sabine Hazan
I promise.

Shawn Buckley
So also if you would please state your full name for the record, spelling your first and last name.

Sabine Hazan
Dr. Sabine Hazan, S-A-B-I-N-E, Hazan, H-A-Z-A-N.

Shawn Buckley
Now, Dr. Hazan, I'm going to just briefly introduce your qualifications so that the commissioners have some idea of your training. In 1992, you obtained a medical degree from Dalhousie University. In 1992 to 1995, you then did internal medicine residency at the University of Miami. In 1995 to 1996, you did a clinical motility research fellowship at the University of Florida, 1996 to 1998, clinical gastroenterology fellowship. You are the founder and CEO of ProgenaBiome which is a genetic sequencing lab which analyzes the microbiome. You are the CEO and principal investigator at Ventura Clinical Trials. You have conducted over 200 clinical trials.

Now I have a short-form CV, but you're going to be providing us with an electronic version of your long one. And you indicated to me, I think it was at the Senate you testified, and you just wanted to make a point of how many clinical trials and how much research you had done. So you basically taped your CV together, and it just goes on and on and on. So you're going to be speaking to us about some research matters. You're going to be speaking to us about some of your treatments for COVID-19. And when we were discussing having you

come, you agreed to prepare a presentation for us. So I'm going to ask you to launch into that presentation now, Dr. Hazan.

Sabine Hazan
Perfect. And thank you for showing that. Every trial is a two-liner. So I've done a lot of clinical trials for pharmaceutical companies, including cholesterol drugs, reflux medications, Alzheimer medications, postpartum depression studies. I mean, you name it, we've done it. And I'm in a family of nine doctors. My sister is actually who brought ivermectin to the market when she did the study on lice and scabies. And she brought HARVONI to the market for hepatitis C. My husband's a cardiologist. My other sister is a dermatologist. So we're in a family of physicians that have been doing a lot of clinical trials.

So when I stepped into COVID, my interest was really to save my family and to save myself, because I realized that I've been doing clinical trials for a number of years since the beginning at University of Florida. And what I realized doing clinical trials is I couldn't always trust pharmaceutical companies. And I'm the type of person that's not really a trusting soul to begin with. And when people are coming at me with a new medication that has been tested on animals for one week, I kind of start freaking out, because you're not going to put it in my kids when you've only tested it in animals studies for one week.

So a couple of disclaimers, as you mentioned, and I'm going to just say it. I have done clinical trials for pharmaceutical companies for almost three decades. I opened ProgenaBiome which is a genetic sequencing lab, but I have to emphasize it's a research genetic sequencing lab.

We are at the beginning of the microbiome. The microbiome is your stools in your bowels. It is the bacteria, the viruses, the multitude of microbes that surround us, that are on our skin, that are in our nose, in our eyes, in our guts, in our lungs. So the microbiome is not a simple thing to just say, "Oh, well, take this pill and then you're going to be fixed." The microbiome is a multitude of microbes. Some of them we have no idea what they even do. So it is very much research. And everything I'm going to present here today is my research that I did for me, for my family, for my patients, to really see the truth.

And I embarked on ProgenaBiome because I saw that in the clinical trial business, we were heading into the fecal material in capsules. And I couldn't understand how we were giving fecal material, even though we were seeing as gastroenterologists amazing work with Clostridium difficile, which is a bacteria that we get from taking antibiotics and people have diarrhea and die from it. So we were doing a procedure called fecal transplant, where we were taking stools from a healthy donor and putting it in a non-healthy. And we were seeing a lot of stuff in the clinical trial, I mean, in the clinical world as GI doctors.

But when the product became a pharmaceutical drug without really understanding: What does the microbiome do—? I had achieved improvement in Alzheimer's by fecal transplant. And I wanted to understand: What am I seeing when I improve a patient and he can remember his daughter's date of birth. And this was just one patient, N of 1. So ProgenaBiome was really started to understand what I was seeing on the front line as a gastroenterologist doing these procedures.

From there, it was very difficult to— It's very expensive to start a genetic sequencing lab, a research genetic sequencing lab. So we started a foundation basically to raise money, and everything that I do and did, I put into my research. I've not made a cent. When I stepped into COVID with my protocols, I've not made a penny in salary. I've just put everything into

my research, and this was expensive research. But this was a research that was needed and you're going to see this research.

It was also a research—and you're going to see through my testimony—that was very much interfered with. My voice was censored. I could not recruit for clinical trials that I had submitted to the FDA [Food and Drug Administration]. And remember, I was a clinical trial doctor for pharmaceutical companies, so I had a portal with the FDA to submit clinical trials. So the foundation was really created for that. Also from there, I joined doctors that were like-minded. And so we joined together.

One of the first papers that kind of got us noticed during the pandemic was the discovery of SARS-CoV-2 in the stools, whole genome sequencing. So because I was doing a procedure called fecal transplant where I was using stools from a healthy donor to a non-healthy, one of my focus was: What if I'm putting stools that has COVID in my patient, am I going to kill my patient? So is there even COVID in the stool? So the first thing I set myself to do on March 2020, when the first patient came in with COVID in California and around America, was really to basically get stool samples from patients.

So I started collecting a lot of stool samples from day one. I was on the front line. I didn't even have a mask because there were no masks. And frankly, a mask was $20 at the time, and I didn't want to spend $20 on a mask. So I said, "Well, you know what? I'm in this, let me just go in." And we started testing. And to our surprise, the samples that we analyzed, all of them that were PCR positive ended up having COVID in the stools by whole genome.

So I want to emphasize here the difference between a PCR, which is what you're all familiar with, and whole genome sequencing. So PCR is just a piece of the virus. They found a common piece that the virus has. And they basically say, "Oh, well, this piece, if you have it, then you have COVID." Whole genome sequencing is really the whole entire virus. So PCR is, for example, if I have A, B, C, D, E, F, G and that's my sequence, it's just the A. The whole genome is really the entire alphabet of the virus.

And so we took patients, and it was kind of funny because it was sort of a challenge between my scientist and me, because he felt that I was spending a lot of money and may not find anything. And when we found that the patients that had positive PCR in the nose had positive NGS in the stools, that was really a revelation. We discovered that actually close to July 2020. It was actually June, July, something like that. So we ended up wanting to publish that. It took us six months to publish this data.

What we discovered was actually that the virus was different in different families. We also discovered from here that different spike proteins occurred. So what you see here on this graph is really the sequence of the virus at the beginning back in 2020. And you'll notice there's four spike mutations, but some people have two, some people have none, some people have four. And that's how the virus evolved, right? When you look at the whole genome, you can actually follow the evolution of the virus. You can follow the mutations closely.

And so when I saw that, the first question that came to me was: Well, how is the vaccine going to work if the spike protein itself is mutating into multiple combinations, right? Because a vaccine occurs when you have a microbe that is A, B, C, D sequence. You match the vaccine with A, B, C, D sequence. So the vaccine recognizes the bug that's A, B, C, D sequence, right? If the bug is A, B, C, E and your vaccine is A, B, C, D, it's not going to match; therefore, you're going to catch the bug. And so you're constantly catching your tail, trying to catch that new virus.

And this is why the idea of vaccinating against viruses is not a really a good idea because, unfortunately viruses mutate more than bacteria. They mutate and they don't have a mechanism to stop the mutation, right? So you're constantly doing the research, but by the time you're on the next sequence, you're giving last year's vaccine for this year's virus, which is not matching. And this is why vaccines for HPV have not really been successful. That's why vaccines for EBV (Epstein-Barr virus), herpes, HIV have not been successful.

So one of the interesting findings, and when you look at the patients with the symptoms that had COVID in their stools, one of the first observations that we did is: When we took the stool sample at day one, when the patient had a positive nasal swab, the NGS was positive in the stools. However, when we had the nasal swab that was positive at day one, but then the patient gave us the stools at day five, some of those patients—three patients—we noticed that they had a negative NGS.

And so, you know, inquisitive minds want to know. I called the patient and said, "What have you been taking that, you know, your virus was in your nose at day one, but now it's not present at day five." And two of the patients said, "Well, we took the protocol of hydroxychloroquine and azithromycin." So that was interesting. So remember, I had a stool assay that was whole genome sequencing, which is very expensive to do. Each one of these stool samples is roughly about $3,000. So you can imagine when you're doing 10 samples, that right there is $30,000. So we started looking at patients that were on hydroxychloroquine before and after.

So first off, I just want to say, because we kind of had an idea of what hydroxychloroquine was doing to the virus in the stools, we started a protocol with the FDA. So as I was looking for COVID in the stools, I started writing at the same time, "What is the best formula that I can think of with Dr. Borody." Dr. Tom Borody is the father of fecal transplant. He was my partner in this when we started looking, because we said, "Well, here Dr. Borody has brought hundreds of patents for pharmaceutical companies. He's developed a lot of products for pharma. And here I was a clinical research site with a portal to the FDA and a genetic sequencing lab."

So I felt, well, you know what, this is divine intervention. Maybe I'm supposed to do this. Let's figure this out. Who better than us to try to figure out how to survive COVID. And here I am on the front line without a mask, and my whole family of doctors is in the hospital. I've got to figure this out. So I started with a protocol: hydroxychloroquine, azithromycin, vitamin C, D, and zinc. It was written in mid-March. It was submitted to the FDA April 2nd. April 3rd it was approved, within 24 hours. In fact, an FDA agent called me at three o'clock in the morning to tell me to go on to do these clinical trials.

It was surprisingly stopped because of system pressures. And also there was a big movement on Twitter that tried to discredit the trial, because it was initially an open label trial. Because I felt, "Well, we're in the middle of a pandemic. I cannot ethically give a placebo to people. I must give open label." Let's turn off the fire and then go back and see what is working. Go back and say, "Well, what did stop the fire? Right? What did stop COVID?"

But instead we were suppressed in— I've done clinical trials, like I said, for almost three decades and we couldn't even advertise. In the midst of a pandemic, I could not advertise on Facebook, Twitter at the time, Instagram, my accounts were completely blocked. I had 15 Facebook pages, California clinical trials, LA clinical trials, clinical trial recruitment. These were all the way we recruit for studies, for other trials. If I posted one ad for psoriasis study,

I would get 10 patients in one day. The fact that I could not recruit one patient for my own clinical trials in the middle of a pandemic was a problem.

So we were stopped. We went back. We said, "We're not going to do hydroxy, Z-Pak open label. We're just going to do hydroxy, Z-Pak, vitamin C, D and zinc versus vitamin C, D and zinc on its own." And then from there we started doing the clinical trials. As we were doing the clinical trials, we were putting each patient on a monitor. Now in full display disclosure, I had an intent. You know, I'm from the clinical trial world. So here I thought, "Well, Dr. Borody and I are going to start a product." We called it HAZDpaC, but we said, "We're going to put it in full disclosure for the world to see on clinical trials.gov so as many people could see our protocol."

So the vitamin C, D and zinc that you all saw was all from those protocols on April 2nd. And when we posted it on clinical trials.gov, which is a site that is seen by a lot of doctors when we are thinking of like, "How do I treat psoriasis; let me see what pharma is doing," right? Most pharmaceutical trials, when you look at them, they have a name, but you don't know the compounds. I could have easily said HAZDpaC for treatment and kept it secret, and would have probably succeeded in putting a product to market in secrecy. But my intent when I posted that on clinical trials.gov was really to save as many people, to kind of send the message to all the doctors.

So when we discovered as we were doing the clinical trial that we couldn't recruit, it was difficult, we couldn't even raise funds to do these clinical trials. Nobody wanted to invest in a cheap solution. And so what we did is we basically started looking at the patients with halters. And then there was all this—not censorship but, you know, I want to say lies.

You know, when I was writing hydroxychloroquine and Z-Pak on my electronic medical capture for patients to get their prescriptions at the pharmacy, right away there was a thing that would say hydroxychloroquine and azithromycin cannot be written in combination because of cardiac problems. I was putting my patients on Holter monitors and I never observed a QT problem in those patients.

So right away I said, "What is going on here? Why can't I recruit? Why am I blocked? Why is it that these things are being told about hydroxychloroquine and Z-Pak?" I mean, these drugs have been given to millions of people with arthritis, and all of a sudden they're bad. So we decided: So you know, at some point you kind of think like you're on the wrong side all the way, and then you start going, "Okay, well let me look at what I'm doing," right?

So I started looking at the microbiome and I started taking my assay where I had found COVID in the stools, and I decided: So we took 17 patients, we took their stool sample at baseline, and then we gave them hydroxychloroquine, Z-Pak, vitamin C, D and zinc. And we noticed that the virus disappeared between five to eight days of consuming those products, okay. The only patient that the virus remained in that we had a very difficult time with was a very immunosuppressed patient. That week, he had so many other viruses in him, it was very difficult to eradicate this one.

So right away I started seeing the picture. I said, "Well, obviously it's killing the virus. Maybe that's how we stop the pandemic. But the problem is hydroxychloroquine. So from there—and that's again in full disclosure—I created a patent, because I said, "Well, I know the data. I figured out what's going on with hydroxychloroquine." So we applied for a patent in July, 2020. We got it in December of 2020 because we showed the patent bureau the data that we treated people with hydroxychloroquine, Z-Pak, vitamin C, D and zinc, and they survived, and then we gave hydroxychloroquine–two pills if they were exposed to COVID.

So for example, you were in a family and you had a family member that had COVID and you didn't want the other family members to catch COVID. We said, "Well you know, the half life of hydroxychloroquine is 30 days, meaning it stays in your system for 30 days. Let's give one pill at the evening and then one pill in the morning. And then let's give vitamins C, D and zinc," which was also one of my protocols, by the way, which was a prophylaxis protocol of hydroxychloroquine—two pills if you were exposed to COVID only, and then vitamin C and D versus vitamin C, D and zinc. That data is going to be coming up, but unfortunately, like I said, it was very difficult to enrol. So we couldn't get our 600 patients for both trials. And on top of that, you know, it was very expensive to conduct these trials.

So again the patent by the way, incidentally I was offered $10 million for it. And then somebody else offered me $40 million for it. I did not sell it because I felt that it would mess up with my research. So you saw the testimonial of Dr. Tess Lawrie earlier with Dr. Hill. There are some doctors that there are things more valuable than money, and that is truth. The truth is important, the truth to save my family. It would not have helped me to have $40 million in the bank account if my kid had had a complication from a vaccine or had, you know, gotten something.

So it's important when we do research and when we take on this role as physicians to stay ethical, to stay righteous, to not be bought. And I think for me at the beginning, I didn't stand up and talk because I was too busy doing the research.

When my research was censored—and I'm going to show you how this happened—you're going to realize that there were pressures that stopped all this. And unfortunately, those pressures interfered with research. And when we interfere with research, we affect all of us. Because unfortunately, at some point, you're going to catch a disease. And then you're going to go back and say, "I could have, should have, would have, and I didn't because I was too greedy, because I was too busy looking at the price of the stock instead of focusing on my health or my kid's health or my family's health." Interference with research should never happen and should have never happened. And on top of that, research has been biased by politics and money.

So from discovering about the hydroxychloroquine: Now the problem with hydroxychloroquine and one of the reasons that I didn't really push it, is because I've realized—and having been on the front line, this is why you want to listen to people that have actually touched patients with COVID, that have actually looked at the stools with COVID, collected the stools—the problem with hydroxychloroquine is unfortunately, it does kill the virus, but it also kills your microbiome. So it is a great solution. And this is where during the pandemic, not everybody was the same. Nobody is the same in medicine.

We like to remove the idea that physicians, "Well, we don't need the physician, we're just going to have a guideline and we're going to put everybody in a box." Well, the microbiome taught us that we cannot put everybody in a box because we're all different. And if we're all different, we have a different microbiome. That means that different microbiome absorbs different foods, takes on different medications. Different medications work for some people, others don't work for other people. Vaccines may work in some, may not work in others.

So to put everyone in a box and say, well, hydroxychloroquine was the answer. No, because unfortunately in the young population, I don't want to kill the microbiome of the young. I want to improve. So I'm going to find a solution that's safer for the young as opposed to the old person with cancer.

This is where you look at your data and you become a physician and you say, "I'm going to stratify. I'm going to look at my patient, I'm going to take a history," right? That's the point of medicine. This is why you go to a doctor. Otherwise you go to a robot that can tell you you're going to have cancer and tell you that you need to be on this chemotherapy. No, you go to a doctor so they can play detective to understand what category should they put you on? What medication should they put you on? And is hydroxychloroquine a proper drug for you, looking at the other drugs that you're taking? Because unfortunately medications, you know, interfere with other medications. So it's very important to take a history.

Now the finding of COVID in the stools was very important and was very critical because of the fact that one little girl at the beginning of the pandemic, I had treated her family in March and the parents had COVID symptoms. The kids never really had symptoms. So I didn't really treat the kids. I just treated the family. And three months later, the little girl develops Tourette's-like syndromes.

And by the way, I encourage everyone to go to the video of Dr. Hazan with Tourette's. You'll see this video of this little girl. She was having tics. She was non-functional, not able to go to school. I had a suspicion that possibly COVID was still in her gut. I took a stool sample. I looked at her microbiome. It was pretty empty, and it took us six months to actually isolate COVID in her, but we started her on treatment with the assumption that she probably had COVID in her gut. This little girl is treated, cured, graduated high school and is going into nursing.

So this is the importance of genetic sequencing: being that forensic that looks at the patient, that takes the history, understands that the kid was exposed to the parents. Maybe there was a virus in there. Going after that idea of, "Let me look, I'm sure it's there," and then finally finding it and going back and saying, "Well, no wonder she improved with my treatment, because here was the virus before and here was the virus disappeared after. And here was her microbiome completely empty, and now here it is repopulating with new microbes."

And no, we didn't give her poop. We just treated her with different medications. It's actually the art of refloralization, a term I coined to basically change the term fecal transplant because refloralization is more about reintroducing the flora. And there's so many ways to introduce the flora into your gut.

So this is a recent paper that we just published, and this was an interesting finding. I was reluctant to publish it, especially because there's so much criticism out there. This was a paper that we had a donor that was donating stools for her mom who had a condition that needed a fecal transplant. And basically I was concerned that she may have COVID. And I tested her stools and, lo and behold, we found COVID in the stools of this donor, which is the reason why I was developing this assay to begin with—to find COVID to make sure I wasn't giving it to her mom.

The reason this was an interesting case is because we actually found the original strain of the virus in there. And if you recall from the first couple of slides, the virus was much longer, a couple of locations, and then four spike proteins, and then the other regions. This one had like one spike protein and then what you see there, which is basically the ORF1AB and ORF8 regions.

So why this is significant for me anyways, and why I published it, is because one of the things I noticed during the pandemic was the concept that husband would go get vaccinated because he had to go to work, but then wife didn't want to get vaccinated. So

husband comes home and then a week later, the unvaccinated wife gets COVID. And I always wonder, "Well, how did that happen," right? The wife didn't leave home, the wife was at home, you know, the husband is vaccinated. Is he possibly—and that whole idea of shedding.

So the whole idea was: Well, if the husband comes home and he's basically creating this, you know, COVID like sequence in his gut, it is possible he goes to the restroom and then the wife goes to the restroom—remember, I found COVID in the stools, which kind of tells you there's possibly a fecal oral transmission. Every time you go on an airplane and you catch a virus or COVID, you have to ask yourself, "Is it from the toilet that is spreading out fumes and therefore spreading into this airplane that is not really well ventilated," right? So the fecal oral transmission is definitely something we didn't pay attention enough during COVID because then if we did, we would say the bathroom is probably your number one way of getting the virus than, you know, wearing the mask, et cetera.

So why this is important again, finding this original spike, is because this could be the transmission of why the vaccinated could be giving it to the unvaccinated. And this is an important concept, because never in history have we seen— Because I remember at the beginning, "Well, the unvaccinated are the problems," right? We heard our politicians, you know, criticize the unvaccinated. But here's the thing, the unvaccinated stood out there and did not catch COVID. I have numerous, thousands of people that have called me, that have texted me, that—Shawn, you being one of them—that have said, "I was exposed to so many people. I never got COVID."

By the way, I analyzed a lot of those stools because I wanted to know. This to me is the answer, right? To know: How does a person go outside exposed to everyone and never catch COVID? That's called a resilient microbiome. So a resilient microbiome that's able to survive, we need to understand why they're surviving, what microbes are making them resilient, as opposed to someone that basically just got vaccinated four times and keeps getting COVID. So this is an important—

Shawn Buckley
Dr. Hazan, can I just interject, because I just want to make sure I understand. Because you were saying, "Wait a second, it's significant that we found the original Wuhan strain," and I'm just extrapolating and guessing why it's significant. Because viruses mutate quickly, and when you find the original Wuhan strain in this person, it shouldn't be there—except that the vaccine is for the original Wuhan strain, which is a strong indicator that it's shedding from the vaccine. Because you're not expecting to find the original virus within the fecal matter. Did I guess that right?

Sabine Hazan
That's correct. And we didn't find that in one patient. We actually found it in two patients, again, because these stool samples are extremely expensive, and to go super deep to find this original Wuhan strain was significant for me.

Shawn Buckley
Right, because you're just not going to find it unless it's coming from a vaccinated person who his body has been taught to create the exact Wuhan strain.

Sabine Hazan
Correct. And here's the thing. This would have not been significant for me, and I wouldn't have even published. I would have said, "Well, it's probably noise," right? But the fact is over and over again on the front line—and again, this is why you want to listen to your doctors that are touching patients with COVID, and not the people that are reading the papers and criticizing papers—you want to talk to the doctors that are taking the history over and over again.

It was that situation of: Grandma got vaccinated, holds baby, baby gets COVID. Husband comes home, was vaccinated, a week later, the wife gets COVID. So that idea of shedding, I can't understand it. Obviously it's very difficult to prove scientifically. But if there is the original Wuhan strain, and as you said the virus mutates, we should not have in 2021 an original Wuhan strain in the stools. That's why I published that.

So now, with that idea of the Wuhan strain and COVID, one of the questions that I had while I was looking at COVID in the stools: So when we look at genetic sequencing, we have an option. We can do shallow sequencing, which is we look at the microbiome at the surface, or we can do super deep sequencing, which kind of gives you the species. You want to see the species, you want to see the viruses.

And when you do sequencing, there's multiple pipelines that you can do. You can do a deep sequencing to look at the viruses which will not show you COVID. Or you could do a deep sequencing focusing specifically on COVID. Or you could do a deep sequencing looking at the bacteria. In other words, when I have COVID in my stools, what are the bacteria doing? Or you could do a deep sequencing looking at fungus, okay?

So basically, it's different pipelines, it's different reagents. Just to tell you these reagents are about $5,000 to $6,000 on their own. So when you're analyzing a stool, a few stool samples, and you're using a reagent of like $5,000 or $6,000—I think they've increased it to like $6,000 now—you have to really say, "Okay, well, I'm prepared to look and find something, or maybe not," okay?

So one of the things that while I had found COVID in the stools was: If COVID is in the stools, what is it doing to the microbiome? What is the bacteria? Remember, bacteria is 20 times bigger than a virus, right? You count on bacteria in your gut, your gut immunity. When we talk about immunity, immunity starts in the gut. So bacteria is much bigger than a virus. So you count on strong bacteria to essentially get rid of the virus. So if COVID is in the stools, what did the bacteria look at?

So I'm very big on looking at families, right? This is my family portrait. I mean, this is a family portrait, but I've done my own family portrait to look at the differences between my husband and me, my husband and my girls. And this is where I discovered, well my husband and I are very similar, and I'm very similar to one of my daughters, and my husband is very similar to my other daughter. So our microbiome, we share microbes, we live with family. That microbiome is really our signature microbiome in the family.

When I looked at families where one person had COVID: So this is a preexisting microbiome signature in a discordant family. You will see the first column is the kid that had COVID, okay? And then the other three didn't have COVID. What you notice is there's a bacteria that the kid is lacking, which is called bifidobacteria. And when you look at the mom, the mom had bifidobacteria, the brother had a lot of bifidobacteria, the sister-in-law had a lot of

bifidobacteria. They lived in the same quarters, they didn't wear masks, they shared foods, yet those three people never got COVID, but the kid had COVID.

So we started looking and saying, "Well maybe bifidobacteria is the bacteria that's protecting some people. Maybe that's your resilient microbe," right? So then we looked at another family where there were five people, six people, and five of them had zero bifidobacteria, had severe COVID symptoms, but the newborn barely had any symptoms and had a lot of bifidobacteria. We then published a paper because we increased our pool where we said, "Okay, well this is a great finding of bifidobacteria. Let me focus on the bifidobacteria," right? So we decided to do 72 samples.

So in that, you will notice that the majority were severe COVID patients and they had zero bifidobacteria. The mild to moderate had some bifidobacteria, the mild especially, and then when you compare it to the orange on the graphs, you will notice those are my high risk exposed. Those are the doctors, your politicians that were out there exposed to everyone, never got COVID, your nurses that were not masked, never got COVID. Well, she had a lot of bifidobacteria.

Bifidobacteria was one of the microbes we discovered. Another microbe was called Faecalibacterium prausnitzii. So if you were low in bifidobacteria, like you'll notice some people in the orange were low in bifidobacteria, they made it up with Faecalibacterium prausnitzii. So that was protecting them. The severe patients had zero Faecalibacterium prausnitzii or very low Faecalibacterium prausnitzii. And I call it Faecalibacterium prausnitzii. Some people call it fi— I can't even pronounce it. So these names are very difficult to pronounce, but this is my pronunciation.

So if you look at the severe patients, they had zero bifidobacteria and very low Faecalibacterium prausnitzii, as opposed to the high risk that had high bifidobacteria or high bifidobacteria and high Faecalibacterium prausnitzii. The other thing that they had was a high diversity. And then the other thing we noticed that they had was a low bacteroides level.

Bacteroides, which is a group of microbes we just recently presented at the Anxiety Association, seemed to be linked with anxiety. And if you'll recall during COVID, a lot of patients were very anxious. Is it because they had high bacteroides, low bifidobacteria, and therefore were super anxious? And is it because they had, you know, a dysbiosis that we like to call it, which is leaky gut, that they got severe COVID to begin with? So this was an important paper.

Another important paper that we just published recently is *Bifidobacteria Against COVID-19: A Mother and Her Newborn's Gut Microbiome*. So this was an anesthesiologist who chose not to get vaccinated, and she was pregnant. And she saw the data, and she didn't feel comfortable getting vaccinated with the poor clinical trial data out there. And she goes to the hospital, so I started collecting her stools after delivery.

One of my big projects and research is actually collecting the microbiome of moms after delivery and newborns so that I can see the progression of the newborn's microbiome compared to the mom's microbiome, especially because I've done studies on postpartum depression. So it would be interesting to kind of see if there's a signature microbiome in postpartum depression, analyze the women that are pregnant that get postpartum depression versus not.

So this was not a postpartum depression by any means. This was an anesthesiologist who basically was in the hospital and delivered her baby. I collected the stools on day one of mom and newborn, and you could see that the mom had a little bit of bifidobacteria there, 1.5% relative abundance. So we look at relative abundance. That means how much bifidobacteria do you have compared to the rest of the microbiome. Lo and behold, this mom on day 14 developed COVID because she was in the hospital. She took ivermectin, and this is probably why you're seeing a bump on her bifidobacteria up to 19%. On the flip side, you're looking at day one of the baby, and you could see day one of the baby, the baby doesn't really have much, right? It's a sterile gut. And then you could see the bifidobacteria has gone up to 61%. And then on day 14, where she had COVID and was on ivermectin, the baby had 74% bifidobacteria.

We followed this baby. The baby had one sneeze when the mom had COVID. The mom was very asymptomatic, barely any symptoms. She went back, we followed her at three months and six months. So those are the graphs that you're seeing. And you could see that she dropped to 4.5% with her bifidobacteria, and now she's at about 3.5%. But the baby went from 72% to 95%. And this is a non-vaccinated mom whose baby is thriving and is doing great. And this is what we like to see.

So when you look at babies and newborns and moms, what you see is that newborns have a lot of bifidobacteria. One of the reasons that I clued in on bifidobacteria at the beginning of the pandemic is I had this database before COVID, because I was analyzing stools. We're doing 57 clinical trials on the microbiome and disease, so we had a lot of samples before the pandemic. So I got to see firsthand that newborns had a lot of bifidobacteria and old people had very little or none.

So when you look at the process of aging, the process of aging is really this loss of bifidobacteria. So this is important, because as you age, you get disease. You know, bugs come in, microbes come in, viruses come in. Is that the reason that we're aging faster, because we're losing our bifidobacteria faster? And is this the reason that newborns are really resilient? You know, they have viruses, but they get over them really quickly because they're super strong in bifidobacteria.

What is bifidobacteria? Well, most of you don't know it, but I'm introducing it to you guys because it is a billion-dollar industry of probiotics. In fact, your probiotics come from newborn poop. So if you look at the probiotic market, of course, they don't take the poop, but they, you know, extract the poop and the microbe and then they culture it, and then they give you this beautiful probiotic in a capsule. Unfortunately, half the time, they kill that microbe on the way to giving it to you in a capsule because remember, microbes in the gut are anaerobic. They don't breathe oxygen. You know, God made us very complex, and unfortunately, these microbes are not supposed to be given as capsules, and it's very difficult to reproduce them.

It's also very difficult to use these capsules and implant them into the area where they need to be implanted, which is your cecum, which is, you know, at the end of your colon. So if anybody's had a colonoscopy, you put this long tube, and you end up all the way in the end of your colon. And then if you take it by mouth and you go through from the stomach, you have to take this pill and it has to go through your esophagus, your stomach, your small intestine—which if you stretch out the small intestine is the size of a tennis court—and then somehow it has to make it to the cecum. So it's not very easy to get those probiotics in a pill to go all the way to your cecum. So needless to say, you know, $15 billion industry. I think it's up to like $30 billion.

Interesting little fun fact about bifidobacteria is that it actually decomposes plastic. So are people having plastic in their gut found microplastic because they are losing their bifidobacteria? There's actually a shortage of bifidobacteria. And there's a shortage of good probiotics in the world because of that. So they sell you the idea of probiotics. They sell you the label, the marketing, the data that was done really well initially in clinical trials. But unfortunately, when it gets to mass production, you're not being sold what was in clinical trial. And that's the problem with research in general, is once it gets to the market and in mass production, it's not necessarily the same quality. And I'm going to demonstrate that.

So we started following the bifidobacteria level. We decided to look at: Well, who else has loss of bifidobacteria? And you know, Lyme disease is very similar to long haulers. It's very similar to people that have autoimmune processes. And what we discovered is actually Lyme patients have loss of bifidobacteria. Now is it because they've been over-treated with antibiotics going after that little Lyme, that little bug? Or is it that they started off with a gut dysbiosis to begin with because they killed their gut to begin with and therefore got Lyme disease from there?

The other population that we noticed had a loss of bifidobacteria was Crohn's disease. So this is a study that we did looking at patients that were on medications versus patients that were never treated with Crohn's versus a healthy control group. And you could see that the patients that were naive to treatment, never got treated, had zero bifidobacteria. So is Crohn's disease a loss of bifidobacteria as well, like Lyme disease was loss of bifidobacteria?

The next paper that we showed, which we presented at the Digestive Disease Week last year, was this loss of bifidobacteria in invasive cancer. So we compared the microbiome of people that were having squamous cell cancer—for example, thyroid non-invasive cancer—to patients that had colon cancer, pancreatic cancer, head and neck cancer, spread to the lymph nodes, spread to the liver, to the lungs. And we discovered that one of the key features was this loss of bifidobacteria.

So is cancer a loss of your immunity, your bifidobacteria, and therefore maybe the reason the chemo drugs are not working completely is because they keep killing the microbiome? Maybe we should focus on building the microbiome while we are killing the tumour. Remember, with COVID, what I did was what I do with C. diff, right? In order to treat C. diff, which is that bacteria I said people have diarrhea, is I give Flagyl and Vancomycin to kill everything in the gut. Then I take the stool from a healthy donor and I repopulate the gut. So in essence, it's blasting your microbiome and then boosting your microbiome.

What did I do with COVID when I thought of hydroxychloroquine, Z-Pak, vitamin C, D, and zinc? Hydroxy, Z-Pak I knew killed the virus, but also killed the microbiome. Then I added vitamin C, vitamin D, and zinc, and I'm going to show the data on vitamin C anyways. Vitamin D, we will show it later. But vitamin C, D, and zinc was meant to kind of build up the microbiome, right? So it's that same principle where you have to blast and then boost. And unfortunately, we're not there in medicine because this is new research, and new research takes time to be published.

This was an abstract in May. We're 52 papers behind on writing the data. This data is crucial for doctors to see when they start thinking about: How do I treat cancer? How do I treat Lyme disease? How do I treat anxiety? We now showed an assay that can show us what anxiety looks like in the microbiome. Now we can work with doctors and say, "What do you think would treat anxiety? Let's see if it does treat the microbiome and changes that formula, that balance between microbes."

So what increases bifidobacteria? So everybody, of course, thinks the natural response is, you know, "Bifidobacteria: let me take a probiotic." Unfortunately, here are the questions you should be asking, and science is about asking questions. Question number one is: Is the label real? Sixteen out of 17 probiotics on the market say they have bifidobacteria in there, but actually do not. One out of 17 has.

And now there's the second question: Is that one out of 17 dead bifidobacteria, or alive? Remember, alive is supposed to be anaerobic. It doesn't breathe oxygen. So did I kill my probiotics when I put it in a capsule and give it to my patient? And therefore, is the probiotic not working because I'm giving it dead microbes? And what are those dead microbes doing in a gut that's very much alive?

And then the other question is: Does that probiotic actually reach where it's supposed to reach? Remember I told you the small intestine is the size of a tennis court. Did it break somewhere in your small intestine and therefore never really reach the cecum? Did enough of it reach the cecum?

Here's the other question you should be asking: Did you take something with it that killed the microbiome? Did you drink those two glasses of vodka or five glasses of vodka the next day as you were trying to grow your microbes, and now you just wiped everything with five glasses of vodka? You know, are you taking foods that have pesticide in them that, well, you're trying to be good, you're eating green vegetables and you're having your green juice and you think it's amazing, but unfortunately you're drinking a bunch of pesticides that is killing your bifidobacteria.

So it is very complex, and unfortunately because everybody— You know, I'm big on X and everybody asks me, "What probiotic? What should I do?" It's not that simple. It's not cut and dry because I don't know what you're doing. I don't know in what environment you are living. Are you living in a house that's full of mold? I don't know these things. So I'm going to continue with: We published this paper that showed that basically loss of bifidobacteria was actually noticed in people that took the wrong probiotics that were not regulated. So the wrong probiotics is not good for you.

Another experiment that I did during the pandemic was actually looking at products on the market. I went to grocery stores and started analyzing in my area. I didn't analyze the whole country, that's why I'm not going to say which products it was. But in my area I analyzed products, 26 products, and we discovered that all those products said on the label: bifidobacteria—like your kefir, you know, of whatever company. And what we noticed, behind it was said bifidobacteria, but in the product itself only three products had bifidobacteria.

This paper got awarded at the American College of Gastro, because it actually made the physicians understand that not all probiotic drinks are equal, not all yoghurts are equal. Vitamin C, we published actually increases the gut microbiome. So this is the data of before and after patients took vitamin C and increased their bifidobacteria. Bovine immunoglobulin, the blood of the cow spun around that clear liquid actually increased bifidobacteria. And this paper was presented at ACG [American College of Gastroenterology].

Ivermectin: Dr. Tess Laurie was talking about ivermectin, how it's a fermented product of a bacteria. Well, the bacteria is called Streptomyces, and Streptomyces lives in the same family as bifidobacteria. That's why I started paying attention to ivermectin. What I was observing on the front line was that actually patients that were increasing their

bifidobacteria were increasing their oxygen saturation. When I gave it to them with a fatty meal, I was noticing oxygen in the seventies and then went up to 92% two to three hours later. And my question was: I wonder if ivermectin is feeding the bifidobacteria somehow?

This paper actually was the most read during the pandemic and I had 47,000 views, which in the medical literature is huge. And sad to say, it was retracted. This is demonstrating the corruption and the censorship of research when a hypothesis is not even published, or [is] retracted. And the reason it was retracted is because in my paper were other papers that said that ivermectin worked for COVID. Well, I had published already. You know, those papers were not retracted at the time that I published. But even there, even if I quoted papers that were retracted, it doesn't matter, it's a hypothesis. I could quote Santa Claus if I want to in a hypothesis. The fact that that was retracted was a big no, no. And by the way, I knew the answer before publishing the hypothesis.

So from that, knowing all this on ivermectin and discovering that it actually increased bifidobacteria early on in the pandemic, we were the ones that started in July 2020 the protocol on ivermectin, doxycycline, zinc—again, in full disclosure on clinical trials.gov. I could have just called it Ziverdox like everybody else, like, you know, Pfizer called Paxlovid. You don't know what Paxlovid is, but Ziverdox, I decided to put in full transparency.

We discovered ivermectin actually increases the bifidobacteria, but it's short lived; it's within 24 hours. We have not finished analyzing the data for long term. We're still doing that to see if it is beneficial long term. However, the half life of these drugs is very important, how long they stay in your system. Ivermectin only lasts in your system 24 hours. So it makes sense that it would increase the bifidobacteria within 24 hours and possibly could drop it after 24 hours. So it's very important to do the studies properly on these drugs.

But this is something that I observed and I documented and published, was the effectiveness of ivermectin-based multi-drug therapy in severe hypoxic patients. These were all patients that had oxygen saturation less than 90%. They all survived. By the way, I was conducting three clinical trials, high profile, with the FDA watching me on hydroxy, Z-Pak, vitamin C, D, and zinc. I didn't know who was getting placebo, who was getting the vitamins and getting the treatment. Same with the ivermectin, doxycycline, zinc, vitamin C and D. That was a placebo control, so it was a full-on placebo. When the patients were crashing, it was my job to save them. And unfortunately, I had to watch these people very, very tightly and I had to give them everything.

No one died on my shift. I lost no one in any of those clinical trials that the FDA was watching. What I observed was critical, which was the increase in oxygen saturation while I was giving ivermectin in these patients. Why? Because actually there's a hypothesis that it actually binds to the TNF alpha [tumour necrosis factor alpha] and therefore releases those toxins that give you that toxic shock in a way. So it's almost like treating an anaphylactic reaction.

My whole point during the pandemic was: Why is the government telling me how to treat my patients? You know, it's like the government telling me to not give epinephrine—"Oh wait, I've got to have permission from the government to give epinephrine for an anaphylactic reaction?" That makes no sense.

So the next paper that we published—which actually won an award at the American College of Gastro and unfortunately, never saw the light of day because it conflicted with the public health narrative—is *Vaccines Affect the Microbiome: Specifically the Bifidobacteria*. This was

our study. We showed it before and after. And what we showed is it persists in damaging the microbiome.

So you can imagine, this patient has a high bifidobacteria, then takes the first shot, drops a little bit, then takes another shot. And then eventually they end up at zero being dependent on that shot, because unfortunately what's going to happen is otherwise they're going to get infected. And what you've seen with all these people that are getting COVID is really that drop of bifidobacteria and therefore making you immunosuppressed.

This is not a great slide because it's kind of pale, but you could see in here, these are vaccine injured. We have over 150 vaccine injured that we've analyzed. Again, these stool samples are very expensive, so it's hard to get to do these with a thousand patients. But out of all these vaccine injured what we noticed, the commonality is this loss of bifidobacteria. Not only the bifidobacteria, but the whole entire phylum of those people is wiped. And what we're starting to observe is another phylum that's slowly disappearing, as opposed to our super donor's resilient microbiome that have a lot of bifidobacteria.

And lastly, I'm just going to show who I am. So I've kind of, you know, done a lot of clinical trials, but my research is acknowledged by the American College of Gastro. We've had three awards for our work on the microbiome three years in a row by the American College of Gastro, so I'm very proud of my team. Like I said, ProgenaBiome is a research genetic sequencing. We are here to see the data. It's not for sale. And this is why I stepped into the pandemic to give you guys a glimpse of the microbiome and a new future and a new frontier that I hope we can explore without the corruption, without the censorship so all doctors can put their heads together and figure out this vast array of microbes that is surrounding us. Because believe me, the microbes will take over.

The process of dying is microbes consuming your body and putting you back to the dirt to be back with their other microbes. So if you want to understand how to live longer, you have to understand these microbes now before they put you in the dirt, and interference of research affects all of us. And why I opened ProgenaBiome and I didn't sell out is because I knew at some point in my life, I'm going to have a disease. I'm going to be the patient. And I don't want to be on my deathbed saying, "I could have, should have, would have." So instead, "I could, I did, I would." That's it.

Shawn Buckley

Dr. Hazan, I want to clarify something. So you've described to us your research being interfered with. My question is: Prior to COVID, had you ever experienced interference with your research the way you did concerning COVID trials?

Sabine Hazan

Never, never. And in fact, I'll tell you one thing that was really interesting for me. Prior to COVID, I had the FDA in my office investigating my trial. I never had a 483. A 483 is basically a form you get like a slap on the hand. I never had a 483. My trials were always, you're basically following the ICH GCP guidelines [International Council for Harmonization of Technical Requirements for Pharmaceuticals for Human Use Good Clinical Practice guidelines], et cetera.

I do an ivermectin doxycycline trial. It got inspected by the FDA and the agent was lovely and she noticed we didn't submit a form to the IRB, to the regulatory board, and to the FDA.

And this is just a form that's a continuing education form, right? And she's like, "Well, you know, I cannot blind myself and say that you didn't do anything because you forgot this form." And I said, "Listen, I expect you to report this because that's your job. Your job is to find problems. So I respected that. What I didn't expect is to have a 483 on a form that we forgot to submit." Because a 483 is a big deal. It's high, you're not doing research properly. So that was one thing that was really interesting.

The other thing that was interesting: So somebody at the top, you know, directed that, in my opinion. But unfortunately again, that person at the top is going to be a patient, and interfering with research is going to affect them. The other thing was the advertisement. We could not advertise on social media for clinical trials. That's never happened to me in years of doing clinical trials.

Shawn Buckley
Right? So there were two areas, both the FDA interference and social media interference, and we seem to be learning the government was involved with social media.

Sabine Hazan
And the other interference is really the delay in publication. That paper you saw on finding COVID took six months. The other paper of the lost microbes of COVID, which is basically a signature microbiome that could potentially be a marker of susceptibility for COVID patients, took eight months to publish—so delay in publication, also difficulty in publishing right now in high impact journals.

Shawn Buckley
And again, it might be helpful if you can then contrast that with pre-COVID so that we understand you were really—

Sabine Hazan
I did a clinical trial on an eosinophilic esophagitis, and it was in the *New England Journal of Medicine*. It was a great paper. It was a great research. You know, I'm publishing right now, trying to publish, the data on the messenger RNA affecting the microbiome, which won a research award at the American College of Gastro—and nobody's interested in publishing that.

Shawn Buckley
And so that's never happened before on any other topic.

Sabine Hazan
And it's never happened to, you know, my colleagues either.

Shawn Buckley
Right. Okay, I think that contrast was important. I'll hand you over to the commissioners to see if they have any questions.

Commissioner Robertson
I'm very excited that you're here today. I found one of your papers and I was fascinated. And I hope that you can get these papers published. At this time, where can you get these papers?

Sabine Hazan
Where can I get them published?

Commissioner Robertson
Yeah.

Sabine Hazan
There's a couple journals. They're not high impact. You know, obviously my goal is to reach more physicians, so these high impact journals get us to reach more physicians. What I've come to find out is to actually reach more physicians, you just have to do a lot of conferences and speak to physicians directly. So I have 20 meetings this year alone where I'm speaking at Notre Dame, I'm speaking at different faculty. I just spoke at UCLA on anxiety and the microbiome. So unfortunately my work now is getting heard by physicians to physicians. But there are still a lot of papers that are ethical, that are publishing.

There is a movement that is retracting papers. And to me research is: basically everything is hypothetical. We don't know anything. Until you've attained a cure on something, everything is hypothetical, right? And so what I find is: every research is good. Every research should be, if the research was done ethically. Obviously if a research, you know, they lied about certain things, you don't want to put that out there. You know, a patient has psoriasis but really didn't have psoriasis, that's big negligence. But if a research is done properly and there's something that could help other doctors, whether it's right or wrong, I mean, research is about prove me wrong, right?

When I published that hypothesis on: ivermectin increases the bifidobacteria, and it was retracted, my main thing was "Prove me wrong—Hashtag-prove-me-wrong." I mean, that's what science is all about. Imagine if we stopped Madame Curie from publishing or Albert Einstein from publishing. Where would we be right now?

And even in the mistakes of the research, there are findings. Some of my greatest eye openers were from mistakes I've made. Even in the mistakes you find answers, because if everything is right, then where's the discovery? Science is a field of discovery. There is no right or wrong in science. It's either all right, it's all wrong. We don't know, and we've got to be humble enough to say, "We don't know." This is research.

And what we saw this pandemic was egos. We saw lack of humility and thinking that one way is the only way. And what we've discovered is that one way was not the only way because here we are four and a half years later, and we still have COVID amongst us. Imagine if we had caught it early, turned off the fire, and then gone back and said, "I wonder, how did I turn off the fire? What was the best?" Retrospective study, you know, that's the way it should have been done.

Commissioner Robertson

I have one other question. I just want you to be clear that when somebody gets the vaccination, that spike protein remains in their gut and is passed out, and it's producing the whole time it's in the gut.

Sabine Hazan
So the data is not clear on the spike protein because the testing is not there yet. So for me to kind of say, "Yes, it's in the gut," there's definitely data that shows that the spike protein is persistent. But as far as tools and testing of following the spike protein, it's not very clear cut. So even what I demonstrated of finding COVID in the stools, even those two original strains early on, you know, it's not clear cut. But it is, again, research that makes you start thinking, "Well, how is this happening?"

The message here is: How is one person having a vaccine and the other person that was not vaccinating catching COVID, right? It's basically like—and I give this example at the beginning of the pandemic when people were accusing the unvaccinated of being the transmission, that they were transmitting—I said, "I've never seen virgins transmit STDs," right? So how do you start thinking that an unvaccinated is the one that is giving, right? So.

Commissioner Robertson
Thank you.

Sabine Hazan
Welcome.

Commissioner Drysdale
I wasn't quite sure when you were talking about the censorship and you were talking about you were prevented from advertising. Were you prevented by the FDA or the social media companies, or did you advertise and you got no response?

Sabine Hazan
No, no, no. I was stopped by the social media company. I was stopped. Like, my pages were —we could not advertise. I don't know if there's a program that basically blocked us, but we were not allowed. And it was misinformation, you know. Here I am, this was the biggest— You know, I found it so funny in a way, but I mean also so sad. Misinformation: I was doing the clinical trials. I was treating the patients. I was analyzing the stools. I was working with the FDA. Who's giving misinformation? I'm publishing. You're telling me I'm misinforming people? Who is misinformation are the people that are not touching the patients. Those are the ones giving the misinformation.

So when there's a post—and I posted a hypothesis of ivermectin before it got retracted—and first of all, I was put in prison of Twitter for posting that. So basically my account was blocked. Luckily, I know some people in Twitter that basically put me back in there, some of my patients. And then the other thing that we noticed is basically there was that constant misinformation [banner] under everything I posted.

Commissioner Drysdale

Okay. So, I don't know, I can't quote you, but I believe you said that a lot of these papers were being retracted and there was an effort at foot to do that. Who's behind that? Do you have any idea?

Sabine Hazan
So a lot of papers, there's about 14,000 to 15,000 papers out there that are retracted. And you see them as being, you know, you saw the data from, like, Stanford and Harvard and you see them as fraudulent papers and falsifying data, and you could see these bars and they make it look like it's basically been falsified, right? So there's about 14,000 to 15,000. What's interesting about these papers is they all go against the narrative that is meant to sell you something.

So that's dangerous because if you're trying to push a drug, a biologic, and now you're removing everything else that is natural data, or data on ivermectin for example, then you're putting everybody— So especially as you go towards a platform of AI, when you retract all these 14,000 papers, AI is not going to look at those 14,000 papers. It's just going to go on what you're giving AI, what you're feeding.

So then there's a movement that is trying to remove them. And this is why I ask everybody not to be so hard on doctors, because really doctors are the victims here because they were handcuffed. Not every doctor has the courage to be up here. I was trained to be a warrior. I was trained through my career as a woman, as a minority, to be a warrior, to speak. Not every doctor has that capability to stand up to the narrative.

And so when someone was asking Dr. Lawrie about other doctors, unfortunately a lot of doctors have obligations with kids, are scared, fear. You know, I don't have fear. I trust God. And if you trust God, you jump in the Niagara Falls and you know he's going to catch you, right? This is faith—faith above fear.

When fear takes over your life that you're not living, you unfortunately are blocked. In California, we were not allowed to tell patients the side effect of the vaccines. Could you imagine? I know something and I am not allowed to say it, otherwise I could lose my license —otherwise I could have the Department of Health in my office.

And yes, people will say, "Well, you should have fought and you should have—," but unfortunately not everybody has the means as physicians to hire a lawyer. The lawyers also were not excited to step in. And, you know, lawyers cost money to defend yourself, to go against the board. So it's very easy for people to follow, okay—to be in a safer, cushier environment than being controversial and pushing this narrative.

Commissioner Drysdale
Did you tell me that some of the papers that you had that were retracted were actually hypothesis papers?

Sabine Hazan
I only had one paper retracted, the hypothesis paper on ivermectin.

Commissioner Drysdale

Now, maybe you can help me out with this. My understanding of science is that you see something and the first thing you do is you create a hypothesis that: "Maybe it's this?" Then you do some testing and it becomes a theory, and then you test more. So what's the effect of them eliminating you being able to publish hypotheses in that chain of events that science is?

Sabine Hazan
Because a hypothesis opens a door to a research, opens a door to a pathway. So for example, if I hypothesize that ivermectin increases bifidobacteria and I showed you that loss of bifidobacteria was noticed in invasive cancer, then you could start clinical trials on ivermectin in colon cancer, which is what we're seeing. Because then you could say, "Well, you know what, Dr. Hazan said ivermectin increases bifidobacteria, and loss of bifidobacteria is found in colon cancer and invasive cancer. Maybe that formula can help colon cancer."

And the other thing that you have to remember is there's a movement of lack of transparency, right? A lot of these drugs, you don't know what's in them? For all you know, there's ivermectin in some of these drugs, but they have a name that basically says, you know, XYZ, and they called it XYZ.

And so, you know, the FDA knows what XYZ is, and they do that to protect the business, right? Because otherwise everybody would create XYZ. And unfortunately the pharmaceutical company also has to make back the money, the billions of the millions of dollars they've spent on the research. So this is the way that the FDA in a way protects, but in that protection, there is lack of transparency. And I have no problem when you come out with a chemo drug for colon cancer and you want to keep it confidential, what's in there, right? Because you've done the research, you've spent the money on the research. I have no problem with that.

What I have a problem with and what I had a problem with, and why stood up, and why I'm here today is basically giving a vaccine to the whole world without the proper research—with one week of animal studies, with very poor clinical trials, without informed consent. I have a problem with that.

Remember, my training as a clinical trial doctor, and Shawn showed you all those clinical trials that I've done, the one thing that the FDA cares about—and this is where you would get a 483—is if you didn't get an informed consent. So informed consent is very important. Informed consent says: "I have talked to the patients, I have given the patients the time to ask me questions on the product, and then I have given the informed consent as a copy to my patient." It's a three-step process.

When we do clinical trials and we give people investigative products, we tell them, "Here's the consent, go in an office, take 30 minutes to read it, circle everything you have questions, come back to my office, ask me the questions. And then if I've answered all your questions, then sign the consent everywhere, every dot, put your initials on every single page." Then once the patient signs, I co-sign and then I photocopy the consent and I give it to my patient. That was not obtained during the pandemic.

So if I'm being dinged as a clinical trial doctor, because I'm bringing— You have to understand, a psoriasis product would not make it to market if the FDA found that I didn't do informed consent. Why did a vaccine go to market without informed consent? Kids were

lining up at the pharmacies getting the vaccine before the kids' clinical trials were being done. That should have never been allowed. So that's the problem.

Commissioner Drysdale
Well, you know, you touched on something here that I was asking a previous witness, and maybe I'll ask it of you too. And that is: You talked a lot just now about informed consent. When you're asking a patient for informed consent and you have knowledge that that patient is being coerced, blackmailed, forced by a third party, is that true informed consent? Are you obligated to accept that as consent, or are you obligated to take action or not accept that consent if you know it's being influenced by a third party?

Sabine Hazan
You cannot coerce a patient. That's against ICH GCP guidelines. There's guidelines that are created for clinical trial doctors that conduct research. You cannot coerce a patient. In other words, let me give you an example: I did clinical trials. I do clinical trials. I mean, I still do it for companies that are legit. Now I'm blacklisted from a lot of pharmaceutical companies. So by the way, it didn't help me to come out because it actually killed my business of doing clinical trials. I was doing very well doing clinical trials. So the fact that I came out was because I have to sleep at night.

So one of the things about consent and clinical trials: I get paid for bringing patients into a clinical trial. I get paid by the pharmaceutical companies to conduct and follow the patient on the clinical trial. If it was ever found that I coerced a patient— Even in the consent, it says a certain price you're supposed to pay them. We have a problem as doctors when the consent [price] is too much, because then that's a way of coercing the patient, because then the patient is coming into the clinical trial because he wants to make the money for the clinical trial.

So for example, right now there's companies that are selling, you know, microbiome pills, right? Poop pills. And they're paying their donors $500 per sample, right? Is that patient, that donor, going to really tell me the truth about his history if he's getting as an incentive $500? Is he really suicidal? Is he not? Did he travel outside the country? Did he not? Did he use drugs? You know, most of these donors are college kids that are trying to pay for tuition, right? Is that kid, because the incentive is $500, is that kid really going to tell me the truth about whether he's using drugs or alcohol? So coercion, you know, paying patients, trying to influence them, is not allowed.

Commissioner Drysdale
Well, let me ask it another way, though, because we're getting to the answer that I'm perhaps stumbling towards, and that is: Let's say you're trying to get informed consent and the patient says to you, "Well, if I don't do this, I'm going to get fired from my job." Are you able to accept that as a—

Sabine Hazan
Ethically, no.

Commissioner Drysdale
Ethically, no.

Sabine Hazan
Ethically, no, because then that was the incentive. But unfortunately, you know, doctors were scared and the patients were scared and yeah, but ethically, no.

Commissioner Drysdale
One last question.

Sabine Hazan
Yes.

Commissioner Drysdale
Of course, your specialty, what it is, is the biome. You're talking about the COVID-19 or the spike proteins being in the biome and the stools. Is it possible as well that it's in other fluids from the body: you're breathing it out, you're sweating it out. Because you mentioned the word "shedding," and are there other mechanisms for shedding apart from it being in the gut?

Sabine Hazan
So again, science is about hypothesis, so everything is possible. Yes, it is possible. Remember the virus itself, the spike protein actually goes on ACE2 receptors. We have ACE2 receptors in our blood. We have ACE2 receptors in our bowels. We have ACE2 receptors in our brains, in the heart. So anywhere that it can latch on, you know, it's going to latch on.

So again, everything is possible in science. When you look at an experiment, you have to look at every single avenue where it could go right and every single avenue where it could go wrong, and then at the end, the number one thing is "Do no harm." That's what I was taught in medicine. If there's one thing I was taught, is "Do no harm." So, you know, we have to be sure when we give a product that this is the right way. And we have to be sure when we give a product to the whole entire world that this is the right way. Research was not done properly.

Here's another thing. If a group of scientists are here speaking, going against this group of scientists, they should come to the table and discuss the research and each come out with their reasoning. The fact that this never happened— I sent letters to the NIH, I'm out there, I'm vocal. Why didn't anybody talk to me, you know? Someone like Dr. Hotez, why didn't he talk to me? I'm doing the research with the FDA watching me. I'm in the clinical trial business like he was, right? So these doctors are put out there to influence the public. And those doctors, I was blocked on X by Dr. Hotez and all those doctors that are talking about the vaccine.

Just because you have an idea that something is so clear cut to you, does not make it clear cut. And you have to be open to: "Hey, I made a mistake." I'm the first person to tell you I may not know what I'm talking about. I'm the first person to say, "I may be right, I may be wrong. I don't know, but I'm willing to look at it," right? And then let's look at it together. And if somebody tells me, "Well, you forgot this and you forgot this," then I'm going to be the first one to say, "You know what? I made a mistake. I forgot this and I forgot that. Thank you for reminding me."

The fact that we as physicians that were on this side were blocked by physicians and we couldn't come to the table, there was a problem. That was a problem. That's not science. That's propaganda. That's what we saw. This pandemic was propaganda.

Commissioner Drysdale
Well, in consideration of that roll of paper that Mr. Buckley rolled out on the floor and your many, many clinical trials that you've been involved with, if you were to consider the nature of these mRNA vaccines and consider the length of time under which they were tested, can you make a comment about that?

Sabine Hazan
If you talk to scientists who do animal studies on the mRNA, they will tell you that the rats are eating their arms. So that's all I need to hear. That's one. Number two: the technology may be promising, maybe, but it's not there yet. It's still very much experimental. It's been in testing for many, many years. The fact that it came out just in time of COVID is just wrong.

And here's the problem. Humanity cannot survive with one or two people in the planet. Humanity survives because of the diversity of the countries. The diversity of the people, like the diversity of the microbiome, creates a healthy human being. Diversity of humanity exists and allows humanity to survive. You kill off that diversity, you kill off humanity. This is what I'm seeing.

I will tell you that I've been analyzing stools now for the last four-five years, or five-six years almost. And what we noticed is a decrease in the microbiome of humanity. You know, bifidobacteria is disappearing. My whole platform is "Save the bif, and let doctors be doctors." Because what happens when you don't have bifidobacteria in this planet? Is bifidobacteria the reason we have so much plastic? Is bifidobacteria the reason we have an imbalance in the microbes of the planet and therefore all these, you know, climate issues—if you believe in the whole climate problem?

So we have to really look back at the microbes and we have to look at the microbes of not only us. Because we don't live on a bubble; we live in a planet. My stools go into the ground and then feeds the ground that feeds the chicken that feeds the cow, et cetera. It's a circle of life. You interrupt that, you kill off a bunch of microbes—you kill off that circle.

So I think this is a dangerous time for humanity when we are seeing, you know, newborns that are born with— I showed you a great baby that has a lot of bifidobacteria. It's a difficult time in the world when babies are born with loss of bifidobacteria, and is that the reason that we're seeing a climb in autism? You know, the rate of autism was 1 in 2000 in 1980 and 1 in 10,000 in 1970, and now it's 1 in 33 in New Jersey. And it's going to be 1 in 10 pretty soon. You know, what we do, we don't do just to ourselves, we do to the future of generations.

The reason I stepped into this is not for me, but for what I see a hundred years from my life after I've gone from this planet. I'm not going to be here for my kids and their children, but I want to make sure that my actions today reflect on the future of my grandchildren, that my grandchildren are not autistic. I stepped into this because I didn't want to be, like I said earlier on, I didn't want to say, "I could have, should have, would have," but, "I did." And hopefully with my actions, my work, my, you know, ethics—hopefully I can give the courage

to other doctors to stand up, to take a stage, to do what I did, to invest in their research if they feel that it's strong enough.

I didn't know that I was going to find COVID in the stools. It would have been great to have a commercial product out of that stool test of finding COVID in the stools, but guess what? The most important was finding COVID in the stools, which allowed the National Institute of Standards to look at the septic tanks, to look at the stools, which allowed gastroenterologists to look at the microbiome and to look at, you know, the gut for immunity—but also treating long haulers, because now we have a problem with the long haulers.

Commissioner Drysdale
Well, you know, I promised that was the end, but you've just said something I want to go back to.

Sabine Hazan
No problem.

Commissioner Drysdale
And you started out and then you said you had a hypothesis that you might find COVID in the stools, and then a lot of blood flowed out of that. What would have happened if your hypothesis would have been canceled at that point?

Sabine Hazan
I would have spent $125,000 on an experiment that failed, and I would have published it and said, "COVID is not in the stools." Because everything is data. Finding COVID in the stools was great, but also not finding COVID in the stools would have been great too. So research is about, "Yes, I found it," but it could have been a great paper without finding COVID in the stools. And believe me, it would have probably made my life easier, because I wouldn't be up here and I'd be gardening in my garden and enjoying my kids.

You know, what people don't realize is, the last four years have been hell for me because I wrote protocols. I had the FDA in my office, I had the Department of Health in my office, I had trolls after trolls, I had—you know, pharma is no longer really giving us clinical trials. And also the stress level of not being there for my family, for my kids, you know, taking care of patients, high risk, bringing the virus possibly to my house, giving it to my kids, infecting myself, infecting my parents, my family. This was not easy. None of it was easy. But it needed to be done because if it wasn't done, you wouldn't have had all this data. It needed to be done. Somebody needed to do it.

God chose me, maybe because I'm just that bulldozer that's just not going to quit and probably a—you know, S-H-I-T stirrer. But that's the only way you get to the truth.

Commissioner Drysdale
Isn't that your profession?

Sabine Hazan

That's mine, and that's my book too.

Commissioner Drysdale
So thank you. Thank you, doctor.

Sabine Hazan
Thank you. Thank you.

Shawn Buckley
So there being no further questions, Dr. Hazan, thank you so much on behalf of the National Citizens Inquiry for being willing to come and testify as a witness. We so appreciate your testimony.

NATIONAL CITIZENS INQUIRY

Regina, SK **Day 2**

May 31, 2024

EVIDENCE

Witness 4: Colleen Brandse
Full Day 2 Timestamp: 04:58:42 – 05:36:26
Source URL: https://rumble.com/v4z9kv2-nci-regina-hearings-day-2-may-31-2024.html

Shawn Buckley
Welcome back to the National Citizens Inquiry. As we begin day two of our hearings in Regina. It is May 31, 2024, and we're excited to be continuing with testimony. Now for this set of hearings we had made a deliberate decision. We didn't want to have witnesses back who had testified before, with the exception of Colleen Brandse, who we just decided she has a compelling story. And at the end of her testimony in Toronto, there were some unfinished things that we wanted to follow up with. So I'm pleased to announce that we have Colleen Brandse returning as a witness to the NCI. Colleen, can you hear me?

Colleen Brandse
Yes, Shawn. Thank you.

Shawn Buckley
Okay. And we can hear you, too. And that's good because we've had some technical difficulties, so it's nice when we can hear each other. So, Colleen, we always start with swearing our witnesses in. So do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Colleen Brandse
I do.

Shawn Buckley
And, Colleen, can you state your full name for the record? Spelling your first name and spelling your last name.

Colleen Brandse
Colleen Brandse. C-O-L-L-E-E-N B-R-A-N-D-S-E.

Shawn Buckley
Now, Colleen, we're going to go through some of the evidence that you gave last time just because we need it for the context. So we'll just assume you haven't testified before. You just recently lost your husband, Bert. But when you testified last time, Bert was still alive. Am I correct about that?

Colleen Brandse
Yes.

Shawn Buckley
And you had actually just announced to us that Bert had been diagnosed with cancer again.

Colleen Brandse
Right.

Shawn Buckley
And you have a son, Connor, who is 25, and a son, Steven, who is 33.

Colleen Brandse
Yeah, Connor will be 25 tomorrow.

Shawn Buckley
Okay. Well, I was close. So you worked as a nurse in Ontario for a full 28 years?

Colleen Brandse
Yes.

Shawn Buckley
Now, if I recall correctly, you were hesitant to take the vaccines, meaning the COVID-19 vaccines. Can you share with us your reasons for that?

Colleen Brandse
Yeah, I was hesitant because I knew it was new and probably more so because I had just been diagnosed with T-cell lymphoma just before that. And I had gone through hell for 15 months with lymphoma issues, which took a long time to resolve, and to the point where I signed up for medical assistance in dying. And, yeah, I was just afraid of ended up taking something that would send me back to the same state that I had just went through.

Shawn Buckley
Right, and so you weren't wanting to take the vaccine. How did it end up that you did take the vaccine?

Colleen Brandse
So in February, I was diagnosed with T-cell lymphoma. And in June, I had my first audio video call with the oncologist, and at which time my GP had asked me to take it and I said, "I'd prefer to wait to see the oncologist because I'm just nervous." And so, yeah, I did a video conference with her, and she said, "You definitely need to take it. I'm telling everybody to take it." And I questioned whether she thought that I'd be okay because I had just gone through so much with this lymphoma, and she said, "You'll be okay. You'll be fine," and advised me to take the two shots three weeks apart.

Shawn Buckley
And you trusted that information?

Colleen Brandse
I did, because she didn't give me any reason to doubt that she didn't know what she was advising, you know.

Shawn Buckley
Okay. And so on June 7, 2021, you took your first shot. And that was of the Pfizer vaccine?

Colleen Brandse
Yes.

Shawn Buckley
Can you share with us what happened after that first shot?

Colleen Brandse
First shot, I had some numbness and tingling above my lip and in my face, but it resolved within 20 minutes. And so I just put it down to being anxiety, and carried on, and it didn't come back. I had no further side effects. So three weeks later to the day, I took my next shot.

Shawn Buckley
And what happened after you took your second shot, and it was Pfizer also?

Colleen Brandse
Yeah, second shot, I had no initial issues, but two weeks to the day, I developed neuropathy in my feet, shooting pains into my feet. And then eventually, within a few weeks, it progressed to be a numbness up my lateral side of both legs and pain, random pain throughout my body. It would just, I'd get stabbing pains.

Shawn Buckley
And my understanding is you also had foot drop at that time.

Colleen Brandse

Yes. Thank you. Yes.

Shawn Buckley
So what did you do in following these symptoms?

Colleen Brandse
I went to a foot clinic, and I also had a CT scan done to realize that it was related to any kind of spinal injury or, you know, any kind of pathology going on with the spine. And it ended up that it wasn't related. And then I just bought a TENS machine, and I started to work with my TENS machine to get my foot to resume flexibility. And it took a couple months, but it did resolve. But the neuropathy is never resolved, even to this day.

Shawn Buckley
And did anything happen with your vision?

Colleen Brandse
Yeah. So about four or five weeks after that, I went blind in my right eye. Went from perfect vision to no vision. I knew something was going on because I kept saying to my husband, I don't know what's wrong, but my vision is getting really bad. And it was both eyes that were affected, but my right eye just kept deteriorating very quick, and it ended up that I had a rare cataract that I had to have surgery on. My cousin had the identical thing two weeks after I did.

Shawn Buckley
And then, what happened after that? My understanding is, so you get injected June 28, 2021. By December, some other things were occurring.

Colleen Brandse
Yeah. So I developed what I believe is mast cell activation. I have to carry an EpiPen, reacting to different things, especially different foods. So and my IgE was super high, which is showing that I'm having some sort of an allergic reaction—supposed to be less than 100 and mine was 5000. Then I developed— Oh my gosh, sorry for the brain fog here, because that's another big issue. I developed chest pain. Had that for months. Severe shortness of breath. And I've had vocal cord paralysis since my twenties, when they figured I was injured during a surgery when they intubated me. But I've never had this level of issue with it. And now I've got a 30% airway, which has also been an issue over the last two years, where they were gonna put a tracheotomy in me, and I even went for a pre-op. But we can get into that at some point into the conversation. I had bleeding in my urine for four months, mycoplasma, which I've just learned is one of the issues that a lot of us injected are having.

Shawn Buckley
So when you say mycoplasma, what do you mean?

Colleen Brandse

Mycoplasma is like an infection that I've just recently read in research, quite often people that have been injected with this jab are having issues with infection if their immune system is compromised, which I have T-cell lymphoma. So that would explain why I had four months of bloody urine. And, yeah, my breathing issues have been brutal, so I've often wondered, "Do I have it in my lungs?" Because you can get mycoplasma pneumonia, but I've never been tested for that, so.

Shawn Buckley
Now you put up a background behind yourself. Is that also something that happened in December?

Colleen Brandse
Yeah. So that's my mottled legs that'll give you an idea.

Shawn Buckley
When would that photo have been taken?

Colleen Brandse
That's probably around February or March of 2022.

Shawn Buckley
Okay. So you start having these symptoms. What happens after that?

Colleen Brandse
Well, I've gone to the hospitals and supposed to have had different appointments. I've been six months to a year and a half waiting for some of those appointments. But when I went to the hospital, I was having a TIA, which is pre-stroke warning, a transient ischemic attack. I have double brain aneurysms, which I had before the vaccine, but they grew because my blood pressure significantly increased with the vaccines, where I've had to double up on my medication to get my blood pressure under control.

However, the visit that I went to the ER with, the mottled legs, and I had vision issues, dizziness, unsteady gait where I was walking into walls, the doctor there was very angry and upset that my neurosurgeon hadn't done my surgery. He tried to reach him by phone, couldn't get him. Then he came back, and I thought, "Wow, this guy's actually maybe not going to gaslight me." And I thought I might be okay to tell him the truth if he asks.

And he did ask. He said, when I showed him my legs, because he was asking about all the neurological. But then I said, "Look. Look at my legs," and I played dumb like I was a nurse. I didn't want him to know because I didn't want to be gaslit. And he looked at my legs and he goes, "Oh, they're mottled," and I said, "I know." And he said, "When did all this start?" And I said, "Well, two weeks after my second Pfizer." And after that, I was out of there within half an hour. The only tests he did were basic blood tests and the D-dimer, I believe he did. But no CT and no testing for antiphospholipid syndrome, which is one of the tests that he should have definitely looked for, because it could cause strokes and complications with clotting.

Shawn Buckley
Right. So basically, as soon as you mentioned that even just a temporal relationship with the vaccine, there was a visible change. And basically when you say you were out there in half an hour, meaning, they weren't really willing to run tests on you.

Colleen Brandse
No, that's exactly what happened. And I was shocked because I thought I finally found somebody that's actually going to listen and maybe do a CT, make sure I'm not having any issues. And nope, nothing was done. And I've had a small stroke since then. If you look at my left side of my face, it droops lower than the right.

Shawn Buckley
You had mentioned gaslighting, like you were worried that he would gaslight you. What experience have you had? So you basically start having a cascade of symptoms by December, and you would have been going to the hospital after you had symptoms two weeks after your second dose. What has led you to start using the term gaslit?

Colleen Brandse
Multiple things. Multiple appointments where the doctors just don't take you serious. But the particular time that I really felt gaslit was when I went to see my neurosurgeon at Sunnybrook, and I never did get to see him. I saw his student neurosurgeon, his resident, and that was in December of 2021. And he told me that I needed urgent neurosurgery, that they couldn't do a coil in through the leg, and because it was deep in the brain and it wasn't one aneurysm, that it split into two. He said, if this ruptures, it'll be catastrophic, and it is growing. And he requested that I get an MRI done with more detail.

So I did that in January and then went back for a follow up, and he reiterated that it was very urgent that I get this done. And then when I told him by that appointment in January that now I've developed pericarditis, chest pain—well, I didn't know it was pericarditis at the time; I just knew I had chest pain—that my legs were mottled, and I showed him that my immune system was horrible, that I was constantly fighting infections. I asked him if he would call down to the ER after that appointment and ask them to run a bunch of tests and to figure out what's going on so that I could get treated and be stable enough to have the surgery. Because I told him, "I know I will not make it through." And he refused.

So then, come March, the real surgeon called me, and we had the same discussion. He said, "Well, what kind of specialist do you feel that you need to see?" I said, "I need to see an immunologist and an internist because I've got so much going on," and I said "amongst other doctors, but," I said, "that would be a good place to start." He said, "Well, let me look around Sunnybrook and see what I can come up with as far as different doctors that deal with these things, and I will refer you."

Well, I never heard back from him. And then by July of 2022, I had respiratory issues, severe, put myself on prednisone in the middle of the night. I didn't think I was going to actually live. Called my ENT specialist in the morning. She advised me to go to Newmarket Hospital, because she works out of there as well as St. Michael's hospital. She said, "The doctor that's working there, she'll look after you. She's very good." I got there and ended up so busy, it was packed in there, and I ended up getting a different doctor who gaslit me. And by that point, I was so fed up. I was so, because I had pretty much given up on—

Shawn Buckley
Can I just ask you she said or what happened?

Colleen Brandse
I'm sorry?

Shawn Buckley
You said she gaslit you, but can you share with us exactly what happened so we understand what you mean by that term?

Colleen Brandse
Yeah. Yeah. She didn't gaslight me. She told me to go to the ER and that the doctor there would look after me. But when I got there, I ended up waiting for so long that that doctor had gone off duty and a new doctor had come on, and it was a male. So when he came into the room, I said, "Oh, I was expecting a female." And he said, "Oh, she's gone home now." Anyway, he asked me what my issue was. I told him I was having a lot of problems getting air. The doctor prior to him in the ER actually did say to me, "Yes, you're in distress. We will probably have to admit you. But," he says, "well, let me scope you and I'll have a look."

So he scoped me. It was very rough. I've never had a scope that hurt or made me retch. But anyway, he scoped me, and then he said to me, "Well, it's bad, but it's not as bad as I expected." So he said, "I'm not sure what you think I can do for you today." And I said, "Well, it's not just my vocal cords that are a problem. My lungs are a problem, too. I can't get air." And I said, "So, like, I need everything to be assessed. I've had a pulmonary embolism since I was 29 from birth control, and I'm worried that maybe I've got an issue with that."

He said, "Well, I'm an ENT specialist." And I thought, here we go. So he didn't know I was a nurse. I said to him, "Well, that's the problem. You're an ENT specialist. He's a cardiologist. She's a hematologist." I said, "Do you people not work together as a team and look at the whole person?" I said, "Because look at your waiting room." And I lost it. I said, "It's full," you know, and I said, "and don't tell me that those people out there are COVID positive, because I know for a fact they're not, and so do you." I said, "They're all vaccine injured."

But actually, prior to even saying that, I got mad and I walked out of the room and I said, "I knew this would happen." And he was walking behind me, and as we got to the nursing station—and, I mean, there was people everywhere, doctors, nurses, patients—and I turned and I backed up and I walked up to him and I said, "What's your name?" And he said, "Dr. so and so." And I said, "Well, Dr. so and so, you're going to be famous." And I just went up and down him, and he dragged me back into the room and closed the door.

And that's when I said to him, "I don't know how you sleep at night." I said, "You're giving these people an Advil and you're sending them home to die." And I said, "I've been a nurse for 28 years," I said, "and what's going on here is absolutely criminal. And you're allowing the College of Physicians and Surgeons to dictate how you do your job with no conscience that these people are going to die, because you're not doing your job."

So it was quite the 20 minutes, but by the time I was finished, he was like, "I know. Yes, Colleen, I know. I know." You know, and he wasn't arrogant like he was in the beginning. I did file a complaint. Three days later, I did go to my ENT. I was nervous that she'd be angry at me because I knew she would have heard, and she wasn't. She smiled and she said, "good for you." She said, "you've been dealing with so much for so long, I don't blame you." And I literally got up and hugged her. I was like, "Thank you. You're the first doctor that has listened to me and understands."

Shawn Buckley
Okay, I want to move on now to your family, because my understanding is that your husband, Bert, had also gotten vaccinated and your son, Connor, had gotten vaccinated. Can you share with us, first of all, what had happened to your son, Connor?

Colleen Brandse
Yeah. My son, in 2021, had joined the army. My oldest boy's been in the army at that point for eight years or so. When he got there, he didn't have his yellow vaccine card, so they vaccinated him with every childhood vaccine a second time and gave him Moderna, as well as all the military vaccines. He ended up leaving the army within a year. But in 2022, July, he ended up having a pulmonary embolism, which they tried to gaslight him for. They told him in the ER that it was anxiety.

And thank God he phoned me at one in the morning and said, "I'm at the ER, and I'm having chest pain, and the doctor thinks it's anxiety." And I said, "Well, it's not anxiety, Connor. It's probably a pulmonary embolism," like I had been trying to tell him because he didn't believe me with everything. And I said, "Ask him for a D-dimer and a CT scan, and don't leave until you get it." And it came back positive.

Shawn Buckley
So just for people and the commissioners: So a pulmonary embolism is basically a blood clot going to the lung?

Colleen Brandse
Yes.

Shawn Buckley
Okay. How old was Connor at this time?

Colleen Brandse
Twenty-three.

Shawn Buckley
So you're 23—

Colleen Brandse

And he asked the doctor— Because I've been trying to tell my son about all the truth out there, and he thinks I'm crazy and I'm a conspiracy theorist. And I asked him, I said, "What did the doctor say?" He said, "Well, he said it could be a number of things that would cause it." And I said, "No, not in a 23-year-old healthy, athletic male. Sorry." If it was a smoking, non-active, heavy person on birth control, possibly. But even still, it's very rare.

Shawn Buckley
Now within a couple of weeks of this incident with your son being hospitalized in July of 2022, something happened with your husband. What was that?

Colleen Brandse
Yeah. So my husband, in July 2021, was told that he had colon cancer. They did a resection surgery to remove the part of cancer that was in the colon, thought that they got it all, were pretty convinced it was good. July 2022, they did the one-year follow up, and they did a CT as well as his blood markers to make sure his cancer numbers were okay. The cancer numbers came back good. The CT came back good for cancer but showed multiple blood clots in his lungs. I thought maybe at that point, because my husband also didn't believe what I was trying to tell them, my son and him, I thought at that point, maybe this was God's plan and he's waking them up, and they're going to be like, "Mom." And, you know, my husband would be like, "Okay, you were right, you know, I won't take anymore," or whatever.

Now, he had had a booster in December of 2021 that I had tried to convince him not to take, that the turbo cancers were coming like crazy. And he waved his hand at me and, "Ah, you know, I'm not going to listen to your stuff," and he took it. And so then that was July that he was cleared. By December 20, he was told he had stage four terminal cancer that had spread from the colon to the liver and the lymph nodes.

Shawn Buckley
Right. So in late July, early August, he has blood clots, multiple blood clots. And then five months later, he's told that he's got terminal liver cancer.

Colleen Brandse
Colon cancer, that had spread to the liver. Yeah.

Shawn Buckley
Right, right. Okay. So how has this impacted you?

Colleen Brandse
Oh, God, Shawn, it's been—and I don't want to cry, so I'm just going to keep it brief—it's been bloody hell. Because not only am I worrying about my son, who's invincible, he's at that age. I mean, I've had to nurse my husband at home, which I managed to do. I mean, I've lost so much muscle and my own health is so bad, they think I have a secondary cancer. And everybody in the family was telling me to put him in hospice, but I said, "No," because I know he won't get the care that I'm going to give him. And I nursed palliative care for many years. So I kept him home and he died a very peaceful death in February.

Shawn Buckley
Right. Okay. So Bert passed away in February, and we're sorry to hear that.

Colleen Brandse
Thank you.

Shawn Buckley
Now, can you give us an update on your son? Because, you know, you told us you worry about him. And what has happened since you testified last time? You told us in July of 2022, he calls you from the hospital with chest pain and he's had a pulmonary embolism. But something else has happened. Can you share that with us?

Colleen Brandse
Yeah. Two months ago or so, he called me from the hospital again. He was having chest pain. Not chest pain, I'm sorry, my brain fog. He was having neurological symptoms, stroke symptoms, where his right side of his face was drooping, he was having slurred spurt speech, and his vision was weird and his walking was off-balance. And the doctors there thought he was having a stroke. So when he called me, that was what he told me. So I was a mess because I was like, "Oh, my God, here we go."

Anyway, he was cleared of that. They did all the scans and they said that they couldn't figure it out, so they sent him to a hospital in Montreal that deals with neurological stuff only. And they determined him to have what's called functional neurological disorder. So this seems to be something, I guess, that's been around for a long time, but I've never heard of it. But it seems to be a popular diagnosis now that everybody and their sister's getting— So I just hope that they're right. He hasn't had any problems since then. So, touch wood.

Shawn Buckley
Right. But you are worried because he's now had blood clots and now he's had stroke-like symptoms. So blood clots at 23, stroke-like symptoms at 25.

Colleen Brandse
Yeah. And his heart was shown to be enlarged as well—not major, but slight enlargement. So we all know what that means, you know, like, he's probably had some myocarditis.

Shawn Buckley
Now, Colleen, we're going to play a video that you provided for the last week of Burt's life. And my understanding is you want this video to be public and just for people to see how Bert was doing in this last week of life. So we'll play that video, and then you can comment on it.

[Video plays]

And, Colleen, we're not trying to upset you, but Bert died two days after that video was taken. Am I correct?

Colleen Brandse
Yes.

Shawn Buckley
Now, can you tell us how you are doing physically? So, you last testified on April 1 of 2023. How are you doing today on May 31, 2024, almost exactly a year later, or I guess 13 months later.

Colleen Brandse
Well, I have a lot of issues. My immune system's really bad. My breathing is really bad. Like I say, they think I have a secondary cancer, but I don't want to know because if I know then maybe I'll give up. I'm determined to still fight and live and heal myself with God's help. And apparently, my neck now is deteriorated. I've got severe compression in my C5/6 and moderate in my C4/5, which is causing a lot of neuro issues. Like, the specialist thinks that that's causing a lot of my neuropathies and pain and stuff, but the pain in my back and neck is just so bad. But I just keep pushing, and I'm just determined I'm not giving in.

Shawn Buckley
And you mentioned brain fog. Can you tell us about that?

Colleen Brandse
Oh, my memory is so bad, Shawn, you're going to be a new friend next time we speak, I'm sure. It's bad. People that I've known for 25, 30 years, common things, I can't even find the word some days. And it's hard when you know that you are losing it. It's so frustrating. And even my son's girlfriend today told me she's noticed a change, that my memory is getting worse and worse. And trying to organize thoughts, I get overwhelmed because I've got so much I got to do around the house. And it just, I get overwhelmed, and then I get depressed because I don't think I can get it all done. You know, but anyway.

Shawn Buckley
And my understanding is you're also extremely tired most of the days.

Colleen Brandse
Yeah.

Shawn Buckley
Can you tell us about that?

Colleen Brandse
The fatigue is brutal, and I think most of us injured suffer the same, with the brain fog is very common, as well as the fatigue. The fatigue is so bad. I've been doing my own IV vitamin C for a bit. But I mean, you can only do that so long; it's super expensive. So I've got a little bit left that I've stockpiled, and I'll use that when I need to. But, yeah, it's really, it's hard to keep going. And which, of course, when you're tired, I'm sure that that's part of the

reason I feel overwhelmed with everything, because it just, you know, it just compounds that.

Shawn Buckley
Right. And my understanding is that you've become incontinent also.

Colleen Brandse
Thanks, Shawn.

Shawn Buckley
Oh, no, no, but we spoke about this before.

Colleen Brandse
I'm kidding. Yeah, no, that's one of the other issues that I'm having issues with that I never —you know, wasn't something I had to worry about prior unless I was laughing really hard or something, typical stuff. But, yeah, now I'm thinking that the nerves in my neck are being compressed and it's causing that if I don't get up and use the toilet when I need to, then I'm going to not be able to hold it, which is another frustration. But that's minor compared to the other issues. I can deal with that, but it's still another dilemma.

Shawn Buckley
And I'm sorry, I didn't mean to embarrass you with that. I thought we were okay to. I had shared with you that when you testified, I was going to ask you at the end if you had any words to share with Canadians, like what would you say, and asked you to think about that. So what you would like to tell Canadians about your experience, about perhaps maybe how we should be moving forward? And I'll tell you, Colleen, that I find you very inspiring because you've had so much trauma and yet you have such a strong spirit and you just go on. And you have been inspiring to me personally.

Colleen Brandse
Thank you so much, Shawn. I'm so grateful for you and Teresa and the NCI—all the people out there. Like Twitter has been a huge support. A lot of new Facebook friends, Shadoe Davis as well. I mean, there's a lot of podcasters that have reached out to help me. And I can tell you, if it wasn't for all of you, I would have given up long ago. And I just want Canadians to speak their truth, recognize right and wrong.

And this journey has taught me that you think that you have all these people in your corner that you've grown up with, that you've known, family, friends, whatnot, and when it comes down to it, you are it. You're alone. You and your God, and that's it. And I've had to literally drop to my knees and just give it to God and just let it go.

But I still maintain that we better stand together. We better speak our truth. And if you think that you're worried you're going to lose somebody that you care about in your life because you speak your truth, well, then you already had lost them, you just didn't realize. Because when it comes down to it, you find out very fast that you're alone on this journey.

But we need to come together. We need to come together and stand up as Canadians and globally, and say, “No,” the next time they try to push a mandate of any sort on us. “No.” And we don’t need to do it in a violent way, but we need to let our voices and our presence be known that we’re not going to lay down. “No.”

Too many people have died, and way too many people are suffering and committing suicide. And they think it’s okay to initiate programs like MAID for people that just, you know, want a way out. I mean, yeah, that should be a big writing on the wall for many people, too. You know, everywhere I go, I speak. I may not speak publicly after this much anymore, most likely won’t, because I need to focus on me and my health. But every time I’m out, if I get the opportunity to wake somebody up, I do take that opportunity.

Shawn Buckley
Colleen, thank you for those words. And I’ll ask the commissioners now if they have any questions of you. And Colleen, the commissioners do not have any questions. So on behalf of the National Citizens Inquiry, I sincerely thank you for coming and testifying today.

Colleen Brandse
My pleasure. Thank you for all of you, for what you’re doing. And I hope that this fight, eventually, we can all come together and celebrate victory. Have a great day. Thank you.

Shawn Buckley
Thank you, Colleen.

Witness 5: Dr. Robert Chandler
Full Day 2 Timestamp: 05:36:34 – 07:12:13
Source URL: https://rumble.com/v4z9kv2-nci-regina-hearings-day-2-may-31-2024.html

Shawn Buckley
So I'd like to introduce, Commissioners, our next witness, Dr. Robert Chandler. Dr. Chandler, thank you for travelling from California late last night to come and be here at the National Citizens Inquiry. It's just an honour to meet you, and it's an honour to have you present. As you've seen earlier today, we start by swearing our witnesses. So I'll ask if you promise to tell the truth, the whole truth and nothing but the truth.

Robert Chandler
I do.

Shawn Buckley
And, Dr. Chandler, I'll ask if you would state your full name for the record, spelling your first name and spelling your last name.

Robert Chandler
Robert Chandler R-O-B-E-R-T C-H-A-N-D-L-E-R

Shawn Buckley
And Dr. Chandler, I want to introduce you to the commissioners. I will tell you that your CV that you sent me will be entered as Exhibit R-189. But just to give some highlights, you graduated in 1975 from medical school from the Northwestern University in Chicago. From 1995 to 1996, you did a surgical internship at the University of Southern California Medical Center. In 1976 to 1980, you did an orthopedic residency at the University of Southern California. In 1998, you got a Master's of Business Administration from the University of Southern California. You have worked as an orthopedic surgeon.

You've also been heavily involved in the management of medical clinics. You are a prolific lecturer. You have 39 journal publications; they're listed on your CV. You have tremendous experience as both a doctor, a surgeon, and as a manager, and we're thankful to have you here. Now, you and I had spoken, and I asked if you would address some issues, including explaining the Pfizer dump and the like. And my understanding is you were kind enough to prepare a presentation for the commissioners. And so I'll ask you if you're willing to go into

that now. And then, as you've seen, I may interrupt just to get some clarifications and ask some questions.

Robert Chandler
Certainly, that would be fine. Let's get started here. So the focus of my comments are going to be on Pfizer's product, which is BNT162b2, but I'll cover some of the other products as well. I'll also be looking centrally at the issue of women's health, which I think is a neglected topic which I hope to highlight, but also cover why I got involved with this whole project. I'll describe a little bit about the Pfizer documents analysis project that I've been involved with now into the third year, and we'll then discuss the issue of male and female differential problems with these genetic vaccines. And I thought it was appropriate that we cover this topic in May because May is really the month of motherhood. May is named after Maya, the Greek and Roman goddess who gave birth to Mercury and represents more than just fertility, but the nurturing aspect of motherhood, which I think is under attack right now.

And then I'll finish my comments speaking about what you just heard was what I consider a new category of disease, which is why you hear doctors are baffled so much. And I think I'll be able to explain a little bit about why Colleen has so many strange problems that come together. So that'll be the scope.

First is how does an orthopedic surgeon get involved with vaccines? Well, this was my state of mind. As of January through March of 2021, I had researched the vaccines and personally had never had a problem taking vaccines. I traveled extensively in undeveloped parts of the world and went in and got every vaccine I could. Three of my friends died from hepatitis, they acquired in the hospital setting, in the operating room. Particularly in orthopedic surgery, we use very sharp tools and instruments, and we learned during HIV AIDS that we needed another level of security for ourselves or personnel. So we developed some techniques, not knowing early on exactly how HIV AIDS was spread. And being in the trauma setting in a major metropolitan trauma hospital, we don't pick our patients. We don't always know much about them, but we knew something was going around that was very dangerous.

We also got into the topic of aerobiology. As we developed techniques of implanting large implants, total joints, we had to have control over the environment. So we developed high efficiency airflow systems to have rapid exchange of air in the operating room. It would move in layers. We could direct those layers of air motion, purify with HEPA filters, and recirculate back in the OR. So the field of aerobiology was quite mature when this whole disease entity got going. And one of the first concerns I had was with the masks and the plexiglass and the six feet. Well, it made no sense at all. As a professional mask wearer, I just knew the advice that was being passed out made no sense.

So back to how we got involved with this whole project. Looking at the literature that had come out the Diamond Princess, the nursing home in northwest Washington State, I judged that the risk personally, even with comorbidities, to be very low. I told my children that I thought, adult children, that they were just going to get the virus and that we go about our normal life. I also had no distrust of Pharma. I had actually been a clinical investigator for Pfizer through their orthopedic company, which was called Howmedica. They came out with a device that we use to mobilize patients with severe trauma and had a favourable orientation to the product and the way the product was launched. But medical devices are very different from pharmaceuticals, and I had no contact with any manufacturing company or drug company as a product development.

One of the main motivations for me to actually get vaccinated—and I'll tell you a little about my personal experience—was that my grandchildren were concerned that they would get me infected. And I found that to be very disconcerting. So somehow they had communicated to the kids that they were dangerous to their grandparents, so I was willing to do it, and I had no mindset against the vaccine. So when the mRNA was offered, I got in line with thousands of my friends in Los Angeles. This is not too unusual scenery here at Dodger Stadium, and this line of traffic actually goes all the way back to Interstate 5. So a long line of cars going through multiple stations and circuitous pathway—basically stick your arm out the window, get injected and drive off. Wait 15 minutes to see if you had a reaction.

So I had a Moderna one, January 21st. Went back for Moderna two on February 18 of '21, the same process. And 18 hours after getting Moderna two—and I had Lot 022m20a, which is a hot lot, by the way—18 hours after injection, lasting 14 hours, I felt like I'd been hit by the bus, and the bus was still on top of me, by the way. I had lassitude, fatigue, nausea, loss of appetite, myalgia, mental fogginess, and rapid fever elevation. I've taken care of many post-op patients that had fevers; 100-101 degrees is pretty normal after major orthopedic operation. I thought it was just a way the body heals itself. White cells are more effective when they're operating in a warmer climate, so it's part of the natural cycle of healing. So I started feeling hot. I took my temperature; it was 101.2. And a little while later I felt hotter. It was 101.5, alright? I'm probably done with the fever, it's just going to go away. I kept getting hotter. I measured 103.9, and I said, "Whoa, this is trouble." So I started cooling measures. And I thought this was a very unique reaction. I've had many vaccines and had nothing like this, so I was primed to want to know more.

As I was researching children's problems with this vaccine, I looked at a topic which I'll call administrative errors. And this is something you don't hear a lot about. But I found under the VAERS database, which is the Vaccine Adverse Event Reporting System set up by the CDC and FDA, had 37,668 administrative errors in children. Administrative error, what is that? It's the wrong dose. It's expired. It's too many doses. It's a number of things. And this is an area that needs to be looked at, because, among other things, you have the efficiency and properness of the program itself, not just the potential side effects from the drug.

But some of these— When you look at the actual cases, which I did do for the adults, I found one instance where a woman had been injected with 43 doses. Forty-three, no follow up. I found another instance where a lady had been so afraid of the virus that she ended up getting not only the full series and boosters of Moderna, but also the Pfizer product. So there's a whole series of errors and problems that I don't think has really been looked at that much.

What are the residuals? What does it mean to have a fever of 104 degrees? Well, the gentleman lived across the street from me I met at the mailbox one day, and I said, "Alex, you know that vaccine? I had a fever, 103.9," and he said, "Huh, I was 104.2, and I just saw my doctor and I've got stage four lymphoma." Wow. So about a year ago—I have arthritis, had three joint replacements—I started feeling more of a systemic form of arthritis, and I've learned to live with arthritis. And I went to the doctor and said, "I think I need to be worked up for inflammatory arthritis. This is more typical of rheumatoid arthritis or some of the inflammatory varieties." He obtained blood studies and everything came back normal, he said, and I accepted it.

And then a few months later, I went on the Labcorp website to chase down some other blood studies, and I found one of my studies that Dr. Pachorek had ordered—and he was on my side; it was no adversarial relationship—was out of range. And this is a complex topic.

It's called free light chains. It's part of the immunoglobulin system, but it's also an indicator of a variety of illnesses, including multiple myeloma and plasmacytoma. So for the past year, I've had periodic measurements of my kappa free light chains, and they're just barely over the 95% confidence limit, which is about 2.5% of tests that are done, and it's not recognized as being a problem.

But my point to the Doctor was we have a novel drug here. We may be seeing novel diseases. I don't know what the period of surveillance should be for an abnormal blood determination. Let's follow this along. And he was agreeable. So I've had now four determinations. Three were out of range. And now I'm getting down close to going to normal value. And the question, I meet with a hematologist in a few weeks to see whether I need further monitoring. But I don't think this is a real problem health-wise. It's just something that needs to be explained and followed.

Others are not so lucky. Sometimes this actually represents over-proliferation of a certain cell type that outcompetes other cell types and can result in multiple myeloma and plasmacytomas, as well as a number of other diseases. But I don't think I have them, so I'm not like Colleen. I don't have a story to present.

When the opportunity came along to look at the actual documents that the FDA had referred to in approving this product, I was very interested. This came about because of a lawsuit filed by Aaron Siri and his colleagues that ultimately led to the release of 451,000 pages of documentation. That's quite a bit of reading. And so Naomi Wolf and Steve Bannon announced on a War Room broadcast that they thought it would be an interesting idea if they could crowdsource a workforce, volunteer workforce, to deal with these 451,000 pages that the FDA wanted hidden for 75 years. Seventy-five years—that's a long time for something you're proud of, right? You want to tell people how good it is and not prevent people looking at it. So I got quite interested and signed up.

And Naomi was quite surprised at the response. She was overwhelmed. And trying to organize this workforce of professionals from all different walks of life was not her expertise. She's a brilliant writer, but she needed some assistance. She brought in Amy Kelly, a very experienced operations manager, and Amy created the structure for this project, which I will call PDAP, the Pfizer Documents Analysis Project. And Amy organized six teams with a large number of volunteers, most mid-to-late-to retired career people. All walks of life, from molecular geneticists to nucleic acid chemists to biostatisticians to pharmacists, physicians of various types—had a large workforce.

So these teams were organized. Each team has a weekly meeting, and the weekly meeting, for instance, with Team 3—and hopefully they're watching—meets for three hours on Sunday afternoon. And the sessions are absolutely riveting, because we have professionals that are from disparate disciplines, from former military intelligence, civil engineering. The IT people: Tony, Damien, and Dan Perrier—absolutely brilliant at digging out information that those of us on the clinical side can use to do our own analysis according to our expertise. So documents are distributed, the teams communicate, and this is now into year three. And these are all volunteers. Nobody's paid.

What are the processes? Well, there's the documents and data acquisition. When we first got these documents—here's an example of the website where you can actually go and look up all these documents—when these first were posted, they were under an alphanumeric code, so you couldn't even read what the file consisted of. You had a suffix, you had a file size, and being an experienced explorer of rabbit holes, this is perfectly suited for my interests. And I was just randomly opening files, and gradually we started seeing some

structure. We found a few key documents. And eventually all these files could be labeled, which is what you see there on the right. They actually have names you can read. And the Daily Clout IT team has created a tool where you actually can search these documents now, so we have a research platform that we can go in and look at various topics.

So information gets distributed to the teams. You can cooperate, you can work with anybody that has the expertise you're looking for. I started out my medical career finishing orthopedic residency. I was in academics, where collaboration is a key part. But never did I have the kind of reach in terms of being able to communicate with a statistician, a nucleic acid chemist, a pharmacist. And these aren't beginners. People are professionals, they're well motivated, and the efforts have been intense. In addition, there's a number of add-on resources, which I'll talk to you a little bit about.

So what's the output of PDAP? After two years, we have published, not in the literature because—this is my own conclusion—it wasn't worth wasting time. I was seeing what was happening with peer review, and there was just too much material here to get slowed down. So I was all in favour of doing reports and not trying to get them through peer review. Although we have had one paper published. Corrine Michaels and Team 3 put together a beautiful article, which is widely cited, on sort of the first six months of the phase-three clinical trial following the residual group that had not been vaccinated. And that's well worth reviewing.

Plus, we had hundreds of Internet postings on separate websites. Amy Kelly has a Substack. Chris Flowers is a physician, has a Substack. I have a Substack. And there's a couple more. So we're publishing independent of Daily Clout, but Daily Clout is the main source of the output from this effort. We've published one book. A second book is coming out in July. And I look forward to that because we have over 200 photomicrographs showing the histopathology. Histopathology is where surgeons like myself go for medical truth.

You've heard a lot about randomized control studies and some of the science people that have presented, but surgeons have slightly different needs, and working with a pathologist is important. If you're doing cancer surgery, bone infections, bone diseases, you work closely with a pathologist as a source of truth. And volume two coming out in July has a large series of work done by Dr. Burkhardt and Dr. Lang in Germany. Plus there's numerous media presentations, like today, I think, Dr. Flowers has presented previously. That's quite an output for volunteers.

Well, did Pfizer release everything? They were under a court order, right? And the answer is no, they did not. Here's an example. On your right, you'll see a heavily redacted document. This is coming out of the Pfizer files after a federal court judge said you have to release everything. Well, that's not exactly everything. What's under that black ink? And my problem diving into something like this is you turn a page and it's all black. You just, it kind of goes like this, because you're following these sort of complex data streams, and all of a sudden you hit this derail. And some of these have been corrected, and some of them have not. So we're dealing with redactions.

In the Pfizer trial, the Phase 2/3 trial, the protocol requires three blood draws, three different time intervals after injections, and each blood draw consisted of five specimens. And there's 40,000 participants. So that's 200,000 specimens per draw. And there's three draws. So there's 600,000 specimens. When you see a doctor, you get your blood results, right? They call you up or send you a copy. These results have never been released. So how many tests are involved with 600,000 specimens? Well, there are millions. There's millions

of data points of unanalyzed laboratory data. It's remarkable. And this needs to be remedied.

I petitioned Aaron Siri's office to obtain this information, but we haven't seen it yet. So let's get into the documents themselves. This is the sort of the pyramid of how do you get to truth in medicine. Dr. Hazan mentioned some of this. At the top of the pyramid are these high-level reviews, and then there's randomized double-blind trials and cohort studies. Unfortunately, governments have kind of lopped off the top of the pyramid. The Phase 2/3 clinical trial was unblinded. If you're looking for premeditation, I think you have to take that into consideration. Why would you ever unblind a trial for an experimental genetic drug? You need two years of follow up. That was what was in the Pfizer protocol, two years.

Shawn Buckley
Dr. Chandler, can I just emphasize that point? Because some people may not even understand when you say RTC [random controlled trial] and that. So my understanding is the gold standard is a randomized controlled trial. So you have half of the participants are getting a placebo and the other half are getting the vaccine. Nobody knows who's getting what. But if you give the placebo group the real drug, then you can't continue to follow and compare any differences. The whole point of having two groups and nobody knowing who's in what group is so that there's no bias, or reduces bias. But the whole point of having a control group that's gotten the placebo is you can see if that group has different outcomes than the group that has received the drug. That's the whole purpose of having two groups. And what you're telling us is: In the Pfizer trial, they deliberately then gave the control group, that got the placebo, the drug. So you now couldn't tell what the effect of the drug was going forward because you have no comparison.

Robert Chandler
That's right.

Shawn Buckley
And you're mentioning that that's likely evidence of fraud.

Robert Chandler
Yes. Not just fraud, but premeditated. Why would you do that with this novel product that's a genetic therapy where you have all kinds of repercussions. This is the best opportunity to define efficacy and long-term side effects.

Shawn Buckley
Now, if I can just continue, because my recollection in the media was Pfizer was saying: Well for ethical reasons, we had to basically give the placebo group the vaccine so that we could save them. And what I find interesting about that is I expect that, just based on other witnesses that have testified, that there was plenty of evidence of the vaccine causing harm. But did you hear publicly Pfizer was saying: Well, we had to do it for ethical reasons?

Robert Chandler
Yes. And I disregarded that. The fatality rate just wasn't where that was appropriate. And I'm not a vaccinologist, so I just thought, this is tragic. It's absolutely tragic. And it happened

early. It happened in 2020 that you've lost the best tool to understand what this drug is and does. Furthermore, I thought, well, the drop-back position for the CDC—and realize, folks, that these agencies get $14 billion a year, some of it allocated for preparedness—well, if for whatever reason, you've lost your control group, you should immediately launch into match control prospective studies, and those were not done either. Then you get into more observational studies, which have not been done as well.

Shawn Buckley
Can I just jump in again, because it's such an important point. Like in Canada—and I think it's the same with the United States and I think it's the same worldwide—Pfizer was the most used vaccine of all the COVID vaccines, and Health Canada has a page for the Pfizer vaccine. So it's on the Health Canada website. And at the top in bold, the first sentence reads "All COVID-19 vaccines approved of by Health Canada have been proven to be safe and proven to be effective and of the highest quality."

And it kind of begs the question: Well, how can you prove it safe when you don't have any measure? Because you've basically taken away your control group. So it seems to me we're totally now like we're a ship without radar, so to speak, or without a compass, because we actually don't have the data. There's not a single randomized controlled trial to tell us that it's safe and effective. Do you view that as a problem?

Robert Chandler
Yes, yes. To me, early on when I heard that they had unblinded the control group, I said, "This is a tragedy right there. This is a tragedy because they've taken away your ability to find out, and you have to use other means." Well, let's talk about this pyramid. You see what is considered the top of the pyramid. But I'm a surgeon. We don't have those tools. We don't do randomized, double blind, controlled surgeries. There's not enough blind surgeons, I'm afraid. So we've had to deal with trying to improve surgical treatments without those tools, which is fine. I can accept that. We have other tools.

And if you look at the orthopedic progress without randomized, controlled, and some of these prospective studies, you've had joint replacement, you have arthroscopic surgery, you have some of the sports operations, like the Tommy John procedure, a number of operations that have been developed successfully that have improved and expanded orthopedic treatments without these tools. So that wasn't a huge problem for me because we've had to use registries and observational studies, and it takes longer. You have to collect evidence different ways.

And so I was okay with using the tools that we could find which, here are the Pfizer documents. We had access to at least the unredacted. We have the government databases, which are just registries. As I said, I'm comfortable using registries. Part of my training was in Switzerland and Germany, where I could go through some of the registries that they had set up and learned a tremendous amount that I could take back to my patients in Los Angeles. Also, there's the medical literature, and as I have told some of the people I work with, truth is not flowing out of the peer review literature, but it's coming out through other pipelines. And we'll look at some of those other pipelines.

And then finally, another part of what we were talking about in terms of premeditation is, where are the autopsies when people die? Where are the autopsies? Not only that, as we get into the women's health issue, there's approximately 300,000 or so hysterectomies every

year. Who's looked at the tissue for evidence of vaccine harms in the surgical specimens, not just in the hysterectomy, but oophorectomy and some of the other operations?

So as I said, as a surgeon, I'm very close to working with a pathologist to get to truth. And for this product launch, not to have either a sampling or some sort of discipline at looking at autopsy data, is a huge oversight. But I'll present some of the work that was done by Dr. Arne Burkhardt, Reutlingen, Germany, and his colleague Walter Lang in Hanover. They have 169 cases they've extensively studied. Well, I'll discuss that a little bit.

So let's get back to the medical literature. What was this platform? This is the lipid nanoparticle modified RNA gene therapy. What were some of the problems that were identified in the development of this platform? And I go back to articles by Sahin 2014. This is the group that developed BNT162b2. And then I looked at 2018 and 2019. That's pretty close to when this product was developed. Some of the problems that they had encountered was understanding the duration and mode of action of the mRNA as well as the translated proteins.

So how is that whole system regulated? What turns it on? What turns it off? The obvious problem with this platform is you're producing foreign proteins, which elicits an immune response attack on self, which is what autoimmunity represents. In the Sahin paper from 2014, this was in *Nature Drug Discovery*. He mentioned stem cell alteration. Wow. To me, that was a real red flag. What exactly does this stuff do to a stem cell? I'm still trying to figure that out, but I'll touch on that when we get into the clinical material.

Biodistribution, where does it go? What does it do when it gets there? What are the metabolites? Since you're producing proteins, what happens to those proteins? Do they produce a condition called amyloidosis, which is an excessive accumulation of proteins that can affect multiple organs: kidneys, heart, brain. We identified in the animal studies, as well as the Phase 1 trial, that there was a dose effect. The more you got, the more effects it had, and we could see that in the laboratory data. And when they got into clinical trials, they had to decrease, get rid of the 100 nanogram dose. Cytokinopathy, and I'll get into that a little bit later.

This is a catastrophic effect of these products. Dysregulation of oncogene. Oncogene is a cancer gene, and there's mechanisms in your body to regulate those cancer genes and keep them covered up, if you will. Don't let them translate and become active. There's immune suppression, vaccine-induced immunosuppression, a shift of the profile of immunoglobulins to IgG4, which is not an effective fighter of the virus, which is probably why people have been vaccinated get infected more easily.

One thing that doesn't get mentioned, when you go from a microparticle, which is ten to the minus six [10^{-6}] to ten to the minus 9th [10^{-9}] and get into the nanoparticle scale, the particle itself, depending on its composition and charge density, changes. And this is profound. And this may explain some of the strange clotting we see. Changes not only kinetics, which is how fast clots form, but the morphology: it changes the composition, the structure of the blood clots. And that's important because your body breaks down clots. You may be forming aggregates of blood clots that are then broken down by substances called proteases, but these proteases may not work on these altered clot structures. And where is the testing on that particular aspect? It's hardly ever mentioned.

Early on, there were two huge breakthroughs in trying to penetrate this massive amount of data. And I've included for the panel both of these documents in the document I've submitted, which is about 400 pages. Document 2.4 summarizes the 21 experiments in

Wistar Han rats, Sprague Dawley mice and rhesus macaque, on non-human primates. And the list identified 16 major flaws in the animal studies. And this includes characterizing the proteins, understanding the mRNA, where it goes, what it does, how long it stays active, what happens to the metabolites. And the list is extensive and very important.

You can see some of these are continuation of some of the flaws coming out of the laboratory. They weren't evaluated in the animal studies. They assumed the mRNA would be broken down, we know it's not, and that it's widely distributed. The biodistribution studies that were done use the nanoparticle mRNA model, but may not be exactly the same composition as the finally-reduced product. And instead of the spike mRNA, the test for the biodistribution studies that were done used a genetic sequence that codes for a substance called luciferase, which it fluoresces so you can identify the production of that protein in this model using a black light or ultraviolet light. So there's major deficiencies in the animal testing.

The second document that was highly significant was document 5.3.6. And this is about a 38-page document that lists the reports that Pfizer received in the first eight weeks in the US, ten weeks in the UK, of side effects that people reported. And there was about 40,000 subjects reporting three to four side effects per subject. It's a huge number for eight weeks. And if you look at this data, what jumped out immediately to me, if you look at that top column, look at that: 71% of the adverse events were in women. Wow. That's got to be explained. What's the deal?

And I'll get into that a little bit more. But as you go down, and this is Pfizer's data, if you look at the document, it's very hard to read. I created a 24-page spreadsheet which has been downloaded from my website 6000 times. And it's just a spreadsheet, it's just numbers. You look at the next level in red. These are children. This product was not available for children at this point in time. This is 17 years and below, and there's hundreds. This is a protocol deviation. What dose did these children get? How were they followed? And if you go down, you get to the summation. There's 1200, what is it? 27, I can't read, 23 deaths [1223], that's enormous, in eight weeks in the US, ten weeks in the UK. That needs to be explained.

You also look at the categories. How many people recovered? Well, you can't find out, the category is recovered and recovering. What? That's a way to hide data, not to present it. Unknown. Loss to follow up. So very concerning. Most of these complaints were not followed up. We don't have the actual documentation of what was phoned in. But this document proved to be enormously valuable in understanding what happened in the first— This data collection was completed February 28 of 2021. So the CDC, the FDA had this information fairly early in 2021.

If you look at the far left, the leading category is called "Other." And this is the adverse events of special interest. These are the ones that were particularly concerning. And it's by organ system. What does Other mean? Well, I think I understand, and I'll give you some examples of what I think is Other. And Colleen's testimony I think you can categorize as Other. There's so many things going on, it's hard to say exactly what organ system her complaints or problems reside. But number three in order of frequency is COVID. Well these people were treated to prevent COVID. How come the number three adverse event, the special interest was COVID.

Another category of interest was the cardiac, which I think is number four here. One of the interesting things about cardiac is it means the heart. And I looked in the autoimmune category to find [that] myocarditis and pericarditis were registered under autoimmune

condition and not cardiac. Well, lowers the number of cardiac adverse events if you put some of the problems in other categories. So I re-joined the myopericarditis in the cardiac category there—got it back where it belongs. But the reveal here is Pfizer recognized not only myopericarditis, but recognized it as an autoimmune condition. Wow.

And again we have the high level of female reporting. Looking more closely, this is a great illustration that is consistent with the biodistribution studies. The product goes everywhere and it's capable of producing problems everywhere. And the graphic display of data is the male-female difference in multiple disease categories. And you'll see the numbers vary but never do males exceed females in these categories. We'll find that males have some problems on their own, but most of these differences are statistically significant. VAERS going back to 1990, when the modern data collection began, to 2019 is about 60% to 62% females reporting adverse events. That needs to be explained in my opinion. Why is that? That's for all vaccines. When we get to the BNT162 and mRNA-1273, the Moderna product, we're at 71%. That needs to be explained as well.

And looking to the next stage, how solid is this observation? Well, Appendix 2.1 represents almost 1.3 million adverse event reports. How many in females? Wow, 72%. So we're looking at almost 1.3 million events. This looks like a real phenomenon. So one thing led to the next, and I started trying to explain how this could be. What's the difference? So I looked at the biodistribution studies. The top graph shows the difference in uptake of this mRNA LNP [lipid nanoparticle] delivery system. And the top curve is for females in ovarian uptake. And the bottom curve is for males. You see a huge difference.

So it appears that the end organ acceptance of this product varies according to something that's fundamentally different between men and women. Reports of female sexual dysfunction, reproductive dysfunction: 148,874. And this is probably 10% of what's really out there, and maybe a multiple of ten, rather, less than a 10th of what's out there. And the males: 1,745. That's striking. That's an 85 times difference. And if you look at all of the adverse events in females, 16% of them involve the reproductive system, compared to less than 1% males. So this sex difference looks to be real. The bottom histograms compare, on the left, the female dysfunctions which have to do with the menstrual cycle. And there's many categories. This goes on for many pages, and I've reproduced that for your records. Compared to the males, a very short list. So this appears to be a solid phenomenon.

In trying to explain how does this happen, I started looking at Dr. Burkhardt's histopathology data, and we have an example of—in the center is the hormone cycle that originates with a release of a chemical from the brain that goes to the pituitary, that then releases luteinizing and follicle-stimulating hormones, which goes to the ovaries—also goes to the testicles—and first produces male hormones. But in the female, those male hormones are converted to the female hormones: estrogen and progesterone. In the starting molecules, cholesterol. So you have cholesterol becoming male hormones, and in the ovaries converted to female hormones. Is it possible to come up with an enzyme in the genetic code, to code for the enzyme that makes that conversion? And is that something that's possible to do if you wanted to deliberately do that? I don't know the answer to that question.

But if we look at what are the effects on the tissues in the system, we find that there's evidence of vaccine injury in the pituitary, in the ovaries, and the uterus. And Dr. Burkhart and Lang developed staining techniques that differentiates spike protein from the vaccine, from COVID itself. So these are vaccine related. And one of the underlying pathologies are accumulation of lymphocytes of various types. And those lymphocytes can be characterized according to the type of proteins that appear on the surface, the cell membrane surface,

they call the CD classification. And some of the staining that you'll see in subsequent films will highlight those accumulation of these highly differentiated lymphocytes, which essentially are released, in my opinion, to hunt down sites where the mRNA is producing these foreign proteins, and that there's this self-attack on those sites. And so we see this in every organ involved, other than there's no sections of the brain itself, at least in this series.

So next thing I looked at was the maturation. We know that women have menses, which means month, I think it's Greek. And we know about circadia, or circadian rhythms, which is a daily rhythm. We know about annual rhythms, migrations of animals and the blooming of trees. It's called the circannual. And so we have a circumensis rhythm in women that men don't have. And it is one that goes through the development cycle from birth to death, which is clearly different than men. Men don't have periods. And if we look in the chart that's got all the bars, that's stratified by age and by sex. The yellow bars are the reports of adverse events categorized by age.

And the brackets are bizarre. On the left is [age] 6 to age 17. It's a huge bracket where they've aggregated very granular data, which disturbs me. You give up so much of your statistical data with those brackets. But you see this pattern where at birth there's pretty equal distribution of adverse events. And then about the time of onset of menarche, women just take off with the adverse events. And during the child-bearing years, increase until it starts to come in line with the male frequency of adverse event reporting after menopause.

So I looked at that and I said, what's happening physiologically? And the line chart at the top in white shows you the hormonal changes that happen during those first 12, what is it, 20 years? It seems to parallel that shift towards predominant, strongly statistically significant during the childbearing years. I managed to find a data set that was more granular. Looking at, I think it's up to age 29, where we actually have the adverse event reporting by year. So it breaks up that category of 0 to 17, and it follows that same pattern. You can see how well the bottom chart in orange follows that maturation and onset of menses on the top.

So now we're tied into histopathology and the female hormonal cycle as possible explanation for this difference. Looking then, at adverse events as reported in VAERS. We see that there's a very strong signal with women in that reproductive category, 2.6 times more adverse events and two to three times more serious adverse events in less than three years with these gene therapy products than in 19 years with all other vaccines. Huge difference, and they're significant.

If you look at the second chart on your right, you'll see categories of deaths, life threatening illnesses, and permanent disability took a big jump up in comparison with all vaccines for the years 1990 to 2019. What is the nature of the problems? This is from a Pfizer document, Appendix 2.2. This was data extracted by Jessica Rose, which I think you've heard from. And this is an indication of specifically what is the uterine ovarian dysfunction as of 6-18-2022. And as a trauma surgeon, bleeding attracts my attention, particularly when it's called hemorrhage.

Hemorrhaging is, to me—and maybe that's not what's behind this category, it's not explained—but hemorrhaging is not something that's mild, it's something you start thinking about serial blood studies and possible transfusions. And this was reported in over 35,000 women—and again, multiplied by ten and you're talking about some huge numbers, as well as multiple other abnormalities. And I've included the entire list of those abnormalities. It goes on for pages. I don't remember the total number. So this looks like it's real.

What happens in terms of abortion, spontaneous abortion, miscarriages, stillbirths? I would say we largely don't know. I don't agree with the figures that are put out there, that the [Pfizer document] 5.3.6 and some of the work that was done in the Shimabukuro paper, April and July or June of 2021, I don't think they have a number. And so I think this data is just not very reliable and not very available.

Looking to VAERS, you'll see that there was a substantial spike, though, in reports of spontaneous abortion in 2021, when these vaccines were released, and then it tapered off. And there's a more detailed view on the right showing the pattern. And there's an artifact here has to do with how long after injection do people attribute what happens to the vaccination period? And I would argue that the longer separated those two events are the least likely it is for anybody to report that as an association. So I wouldn't say this drop off in 2022 is real. It needs to be looked at separately. But it does look like there's a signal for spontaneous abortion.

So we have evidence of differential impact on the female reproductive system, and it's sustained. What then is the effect on the birth rates and population? I looked at that, and this is data from Sweden, and there's a lot of data. I wrote a whole article on this. It goes into great detail. Birth rates have been declining in western countries for a long time, and the linear regression is fairly smooth, and it's just a downward trend. Women are having fewer children, so we're not looking for a small difference. We're looking for what we call a second derivative deviation, which is a substantial drop off the trend line.

There's not a particularly good illustration with that red line. It just shows you that it's a downward trend. But it also, if you look at the 2021 data, you see how it cuts off that corner. And in 2022, approximately nine months after the introduction of these products, there's a severe drop in the live births. And this is data from Sweden. I looked at 22 countries and report on this fairly extensively, but across multiple countries in Europe, there was on average an 8% drop in live births. Some of these calculations are mine, others have been done by Konstantin Beck, Luzern Switzerland, who has published several papers on this, And this appears to be a significant effect, that not only is there a differential effect on females that involves a reproductive system, but now it turns up as a decline in population as a result.

And there's a lot of data here. Look at Switzerland. They had an 8.7% decline. And the Swiss have good data. Goes back 150 years to the start of the modern constitutional government structure. And there's no year that's comparable to 2022 other than World War I. And I've talked to some of my Swiss colleagues and said, "What happened in World War I? You guys didn't—you weren't fighting." Well, they had a general mobilization, and apparently the men were separated from the women. But that was the only—in 150 years, there's nothing like this.

Finally, we get down to you see the deficiencies in the research platforms and the impact it has on certain organ systems. And getting back to testimony of Colleen, how do you have such widespread symptomatology, and I propose the following structure. I call this CoVax disease. We have organ systems on one side where we list and identify the different organ systems. Then we match different processes with those organ systems, and we look at autoimmunity, coagulopathy, vasculopathy, demyelination, inflammation, neoplasia, fibro-protein deposition disease, immunologic disease. And we try to match the organ system with a pathology to get a better understanding of what that other category is and how Colleen possibly could be so unlucky to have all of these things happening. And I think this is a tool that we can use to get to discovery of what underlies that.

I'm not the only one thinking this way. This is a paper from Samim and Associates out of India, which they call, their term was Co-VAN, where they have looked at all of the neurologic disorders that they can identify associated with these gene therapy products. And I think they identified about 38 different entities that go into the neurologic manifestations of what I call CoVax disease. And there's a second paper in neurology that has come to the same conclusion. More recently, there's a paper published that identified 28 types of urologic and renal disorders associated with these products.

Now we get back to the biodistribution, the multi-organ system involvement, and the idea that we're dealing with fundamentally different medical phenomenon, which explains the bafflement. You'll hear that term a lot. The doctors are baffled. Well, I think we're looking at something that's fundamentally different. One of the more dramatic manifestations of multi-organ system disease is multi-systemic system inflammatory disease in children, or MIS-C [Multisystem Inflammatory Disease]. And I'll show you what that looks like. This is the data out of VAERS from ages 0 to 17. There were no cases prior to 2021—no cases—and continued in 2022. Again, you've got that reporting problem. How far away from the injection data are you going to attribute something to the injection?

Interesting, there's a male predominance in this disorder, as there is with myocarditis and pericarditis. So the boys are affected as well; it's not just a female problem. Here's an example, this is a case published by Nushida et al. from Japan. This involves a 14 year-old female received BNT. She's a middle school athlete, healthy. Dose one resulted in arm pain, no fever. The vaccine industry calls this reactogenicity, which is a term I'd never heard before. I have my doubts about why it exists. So she had arm pain, which is not that uncommon, and I'll talk a little bit more about how this product affects muscle. She received dose two almost exactly when she should have, according to the guidelines. Now, she missed the day of school. She had a low-grade fever. She had dose three. It was about nine months after dose two. She had a low-grade fever, overnight had difficulty breathing, and she was found dead. Age 14, healthy.

At autopsy, I mentioned you have these abnormal lymphocytes that appear in great quantities and appears to be the body attacking itself. This little girl had eight organ systems that were being attacked by her own body. But what if you have a mild form of this and you have the widespread distribution of these attack lymphocytes? You're going to have some unusual symptoms and some unusual patterns. And as we look through the Burkhardt Lang series, I found it to be striking that the lymphocyte accumulations, almost to the point of ectopic germinal centre level, occurs in multiple organ systems quite commonly.

This is a muscle on your left. This is heart muscle, which is smooth muscle. Skeletal muscle is called striated muscle. And you can see the regular banded structure on the left. That's normal heart muscle. And the little blue dots are what we call myocytes. It's the cell that keeps the muscle fiber healthy. On the right is an example from the Burkhardt series of what myocarditis looks like. I think it's striking when you see that the muscle is almost liquefied. And in the Pfizer animal studies, they looked at the point of injection in these experimental animals, and their actual term they applied was jellied muscle. So this drug seems to have a profound effect on muscle tissue.

Our second case, this is a 22 year-old competitive athlete, 50 meters swimmer, endurance athlete—well, I guess it's a short distance—but at one year following his first dose, he had clinically significant myocarditis to the point where he committed suicide. His involvement following that inflammatory phase, you have a fibrosis stage. And these are sections from

this young man's heart. This is the right ventricle. And remember how gelatinous that slide looked like. As time goes by, that inflammatory reaction is replaced by just rigid scar tissue. And the heart's supposed to beat. It's like you've got this leather replacing that muscle, and the heart can't beat, it can't pump out blood. So this has involvement of the almost transmural across the entire thickness of the wall of the heart. But in the upper left, which would be on your right, where that arrow points, you have ongoing inflammation.

So this wasn't a one time event. This is a process that's ongoing, and it's active one year. And this is one ventricle. And here's the second ventricle. It's an early stage. You see the muscle fibres are broken down, but you actually have ongoing, significant inflammation with this accumulation of what I call attack lymphocytes. I don't think it was known at the time he committed suicide that he also had an aneurysm developing in his aorta. And depending on where an aneurysm develops, it may or may not be operable.

We found case number ten in the Burkhardt series, where the aneurysm developed just outside the aortic valve and bled into the pericardial sac, and essentially stopped the heart from bleeding because of the clot in the sac. With Dr. Burkhardt, when he presented this material, he didn't also say they found an aneurysm in his coronary artery. So this young man had basically had three potentially fatal lesions.

So people that have these bewildering problems, what is the suicide rate? Look at these. This is just a query in VAERS, and I was looking for suicides. And if you look at these categories, suicide is not even on there. You have behaviour, ideation, attempt, threat—where's suicide? Well, it's in there. If you go and you look at these cases, I found 15 cases where the suicide was successful. That's not reported as a suicide, but the data is actually in here. And of 15 cases of suicide, 13 of them were with the genetic drugs. And looking at the actual case reports of these people, and you heard Colleen's story, people have these horrible manifestations of disease. They can't get help. They're desperate, and they don't know where to go—and it results in suicide.

Well, interesting with all the push and nudging to get these vaccines, I would argue that the public figured it out not to follow all that advice. This is a plot of the vaccination doses administered monthly with paired time wise, with the adverse events normalized back to the date of injection. So the injection dates and the adverse event dates are from the same month. And you'll see there was waves of injection, which is the yellow line. And the public stopped getting this product. It's amazing. They figured it out. Each successive release, you'll see there's less and less uptake and consequently fewer adverse events reported. And this is highly statistically significant.

Consequences, we have a declining population, declining health. We have people with unknown medical problems, turbo cancer, what I call turbo CoVax. And we've just started releasing a report, 99 is up on Daily Clout website, and it's my report where I look at some of these cases that are hidden in VAERS. And I'll do a whole series of case reports out of VAERS and some other sources.

But the impact—and there's a lot of people that are looking at macro data, population data, and these numbers vary—but Denis Rancourt, I think has spoken to this group, has estimated 17 to 20 million deaths worldwide, a birth decline of 8% to 10%. And then the novel diseases I think we're seeing: aggressive cancers, turbo cancers, severe insulin resistant diabetes, unusual presentations like the FLCs, the free light chain disorders, multi-organ system involvement in children and adults, immunocompromise, birth defects inheritability are yet to be explored.

I had an opportunity to speak to Congressman Massie's staff and Congressman Murphy, and this is what I told them. And I gave them a sort of brief version of what I've just given to you. And I recommended that they stop the use of these products immediately, that they pass legislation to stop the censorship and harassment of medical and scientific professionals who are trying to help. If you were to analogize to warfare and you have a wounded soldier, it's like shooting the medic that comes to help the soldier. The doctor patient relationship needs to be restored, and we need to promote public discussions. And I applaud this organization for what you're doing, bringing this to the public directly and establish centres to start identifying the magnitude and character of these disorders so we can begin to help people.

Finally, I thought spirits need to be lifted a little bit. This is the sacred valley in Peru. This is where the Spanish wiped out the Incas, but one of the most spiritual places I think I've ever been to. So I'll just close with that. And thank you for inviting me.

Shawn Buckley
Dr. Chandler, it's a pleasure to have you. I just had one clarification from your presentation before I ask the commissioners if they have questions for you. When you were going through how Pfizer had categorized different conditions, you had mentioned that they mentioned myocarditis and pericarditis as an autoimmune reaction. And I wasn't sure whether you were agreeing or disagreeing because, for example, later on you're showing that heart slide of that 14-year-old, which really is an autoimmune reaction, and the pericarditis and myocarditis could be an autoimmune reaction. So I wasn't sure if you were agreeing with Pfizer's classification or disagreeing with how they had classified those as an autoimmune.

Robert Chandler
I think that's one thing they got right. Yes.

Shawn Buckley
Okay. I just thought we'd clarify that because the mechanism is the body actually attacks the heart tissue. And the heart tissue doesn't regenerate itself. So, you know, we've only got so much, and so—

Robert Chandler
Yes, there's a variety of manifestations of cardiac pathology and myocarditis, and pericarditis are just one of those things. There's also arrhythmias and there's vascular diseases. I mentioned the 22-year-old had an aneurysm developing in his coronary artery.

Shawn Buckley
Right. And I'm sorry I said 14-year-old, thinking of the Japanese lady.

Robert Chandler
Yeah, that was the other one.

Shawn Buckley

So, yeah. Okay, so I'll ask the commissioners if they have any questions.

Commissioner Drysdale
Good afternoon, could you bring up your slides? I think it was about slide number four. It was titled Useful Summary Report 2.4, 5 point something. It was about three or four slides in.

Robert Chandler
Back to Dodger Stadium. Oh, I think I went by it. This one.

Commissioner Drysdale
Okay. Now, I just want to be sure I'm understanding this, and I don't know how many clinical studies you've been involved with on your career. Have you been involved with actual clinical studies and how they're put together and whatnot?

Robert Chandler
I participated in the interlocking nail project sponsored by Howmedica Pfizer, not as an organizer, contribute cases. I worked in a busy trauma centre, so I was involved with some nationwide collaborative studies, but not as an invest—I'm not a research type.

Commissioner Drysdale
Understood. The purpose of a clinical study is to test the—oops, the screen just went off again, oh there we go—the purpose of a clinical study, as I understand it, is to evaluate a certain treatment or a protocol and to see whether it's safe, to see whether it's effective. And in order to do that, is the quality of the information, is the detail, the accuracy of the information that they're recording—I would think would be paramount, would it not, in order to carry out that application or that determination?

Robert Chandler
Absolutely.

Commissioner Drysdale
So then I ask you, I'm looking at your slide, and perhaps I don't understand it, and it's the small box to the right that you've got labeled as Table 1.6 AES. And the first few things there, it's got Gender and it's got *F*, *M*, *ND*. Well, *F* must be female. *M* must be male. What's *ND*?

Robert Chandler
It's unknown.

Commissioner Drysdale
So you're telling me that 7%, 2990 of those people that they brought into this study, they didn't know if they were male or female?

Robert Chandler
That's right.

Commissioner Drysdale
Okay, let's move on here. You got age. Oops. Screen just went away. Somebody doesn't want me to see this screen. So I just go down, you've got less than 12, 16, 17, 18, 50, and then there's something that says *UKn*. What's that?

Robert Chandler
Unknown.

Commissioner Drysdale
So out of 42,000 people that they selected, that they solicited—if I heard Dr. Hazan correctly, she has to advertise to get people to come into these clinical trials—so this is a clinical trial of 42,000 people and they don't know the age of 6,876 people.

Robert Chandler
Let me clarify what 5.3.6 is. The clinical trial ended in fall of '20. Beginning with mid-December extending to the end of February is where this data comes from. So this followed the clinical trial.

Commissioner Drysdale
Understood. But is this not information provided to the CDC or FDA from Pfizer?

Robert Chandler
Oh, yes. Yes, it is.

Commissioner Drysdale
So what you're telling me is that Pfizer said to FDA, here's our results of our clinical trial, and it's supposed to prove, or it's supposed to disprove the efficacy and the safety of this, but the basic fundamental thing, how many are male or how many are female, they don't know, some of them. 2990 they don't know if it's a male or female. They don't know the age of 6,876. And I just want to continue on this.

So I'm looking down as well, and it says Outcomes. So out of 42,000 people, 19,582 means they don't know, they say Recovered or Recovering, and recovering means they haven't achieved the recovery yet because they're in the process. So they don't know what the final outcome of whatever number of that it is, because some are recovered and some are recovering—that's 20,000, almost half. And then they've got Not Recovered, 11,361 people. They've got unknown again, 9400 people—that's 22% of this controlled study. They don't know what the outcomes are.

Robert Chandler

Let me clarify. This is not the control study.

Commissioner Drysdale
What is this? Oh, this is the February document, which studied—okay.

Robert Chandler
This is the post-marketing data.

Commissioner Drysdale
So on the post-marketing study, which is a follow up, once the vaccines are being pushed out to the public, they're following up and they're submitting this information to—I suppose this information would be used to review the safety of the product, and the data is this incomplete. What's the purpose? In Canada, I know who it is, but in the USA, there's the FDA and the CDC. What's the purpose of those two groups in reviewing this?

Robert Chandler
God knows.

Commissioner Drysdale
What do you think the public thinks their purpose is? When the FDA says, we've approved this, or the CDC? I guess it's the FDA. I guess when the FDA says, "We've approved this drug," what do you think the public thinks that means?

Robert Chandler
That all of this was analyzed thoroughly and explained, and it wasn't.

Commissioner Drysdale
Would it be possible to look at this post-marketing study data, which is missing so much information, has so much basic information missing, to make that determination.

Robert Chandler
My opinion is that you stop right here and you look and you find out what happened to these people. This is also part of the clinical trial that the numbers aren't quite as impressive, but similar things did happen. And I'll say something. We got down on Team 3 with looking at—our IT people, Dan and Tony and Ed, were able to pull out the patients—we actually looked at their records. They're all superficial. It's horrible. If I was on rounds with a medical student and I said, "Can you present the case to me?" and they gave me what Pfizer has recorded, I'd have said, "You need remedial help. That's not the information."

Commissioner Drysdale
Well, in the clinical trial, going to the clinical trial now, we heard previous testimony that those first clinical trials were just unhealthy people. They tested people to see that they weren't pregnant. They only applied it to—there were a number of people that were discovered to be pregnant partly through the study. And my question to you is, how do you

only test on a certain group of healthy people, and then roll it out and mandate it for people of all ages, all health conditions, all manner of comorbidities, and think that that's safe and it's a complete study. How is that possible to extend that to an actual population from a selective population?

Robert Chandler
You can't.

Commissioner Drysdale
Thank you.

Robert Chandler
Let's see if I can clarify that a little bit. One of the groups that was underrepresented in the phase three trial were people of my age.

Commissioner Drysdale
Yeah.

Robert Chandler
Not that they didn't have comorbidities. So there are comorbidities in that clinical trial, and they're somewhat balanced. There's some irregularities in the dropouts, and Team 3 is looking at that data pretty carefully. So the group that they were really pushing it for the elderly was not adequately tested.

Commissioner Drysdale
Thank you for that.

Shawn Buckley
Well, it looks like those are the questions. Dr. Chandler, thank you again so much for being willing to travel and share with us today. We so appreciate you coming. On behalf of the National Citizens Inquiry, I'd like to sincerely thank you for coming and sharing with us today.

Robert Chandler
My pleasure.

Witness 6: Evelien Wiersma
Full Day 2 Timestamp: 07:12:45–07:33:17
Source URL: https://rumble.com/v4z9kv2-nci-regina-hearings-day-2-may-31-2024.html

Wayne Lenhardt
Our next witness is Evelien Wiersma. Evelien, can you hear me? Okay, first of all, could you spell your name for us? And then I'll do an oath with you, and we'll go on from there.

Evelien Wiersma
Okay. First and last?

Wayne Lenhardt
Yes.

Evelien Wiersma
Okay, first name. E-V-E-L-I-E-N. Last name W-I-E-R-S-M-A.

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

Evelien Wiersma
Yes, I do.

Wayne Lenhardt
How do you pronounce your first name again, because I'm apt to get it wrong here?

Evelien Wiersma
Evelien.

Wayne Lenhardt
Okay. I gather what you're going to talk about today is your husband who got COVID ended up in the hospital and ended up passing away. So let me set the stage then. At, I believe, December 16th of 2021, your husband got ill. Could you tell us his age and his condition and whatnot, and set the stage for us for the rest of what happened?

Evelien Wiersma
Sure. We actually were meeting with a group on the weekend and someone was ill. And a few days later, we both started feeling not well. And on December 19, we took an at-home test and both tested positive. And I seemed to have milder symptoms than he did a few days later. His temperature was going up, his oxygen levels were going down, and he was sleeping almost nonstop. So I called the doctor's office.

Wayne Lenhardt
Okay. Excuse me. How old was he?

Evelien Wiersma
Oh, sorry. He was 67.

Wayne Lenhardt
Okay, and what was his health like at that point?

Evelien Wiersma
He had excellent health. He, the week prior, biked around the block 21 km. He's a hunter. He's a construction worker. He had arthritis, but he didn't take anything for that. He was on no meds, no comorbidities.

Wayne Lenhardt
Okay, was he working or retired at that point?

Evelien Wiersma
He's a retired police officer. And then he started a construction company with his son-in-law. So he was still working, doing the planning of the homes, et cetera, the pricing.

Wayne Lenhardt
Okay, so December 16th, he gets ill. December 19th—this is all of 2021—he tests positive for COVID. And then what happens?

Evelien Wiersma
I called the doctor's office. I believe it was either the 20th or 21st. And I knew those were critical days that he needed help. And the advice I received: Wait until his oxygen levels dropped to 85 and his temperature goes up above 103 and call an ambulance. And when I questioned them on that, they said, "That's our policy."

Wayne Lenhardt
Okay, so then you did that, am I correct?

Evelien Wiersma
Yes.

Wayne Lenhardt
And then what happened next?

Evelien Wiersma
On the 23rd, when I talked to Clair, he didn't seem to comprehend what I was saying. He didn't respond. His temperature really spiked. His oxygen levels went down. And since I wasn't feeling well either that day, I was kind of almost blacking out, I called our daughter and she was very, very concerned. And so she called an ambulance, with my permission.

Wayne Lenhardt
And that was on, correct me if I'm wrong, December 23rd of 2021.

Evelien Wiersma
Yes.

Wayne Lenhardt
Correct. And his fever spiked and his oxygen levels dropped to 85 or below, am I right? Yeah. So you called the ambulance, and then what happened? He went to the hospital, did he? Was he admitted?

Evelien Wiersma
Well, yes. I'd like to tell that story a little bit, because when the medics arrived, one went to Clair, the other questioned us on our vaccination status and obviously was not impressed. They wouldn't take a stretcher into our home, so they put Clair—somehow they got him outside, put him on a stretcher outside and it was a rainy, windy, cold day. He was dressed in shirt, socks and underwear. And when we questioned that, said, "You know, could you put a blanket on him, please?" He said, "No. Good for him. He's got a high temperature. Cool him down." So there was already a definite unease there on our part.

Wayne Lenhardt
Okay. So did they treat him in any way?

Evelien Wiersma
No. They took his temperature, checked his oxygen levels, and then just put him in the ambulance and took him to the hospital.

Wayne Lenhardt

Okay. Did you go with him to the hospital?

Evelien Wiersma
Weren't allowed.

Wayne Lenhardt
They wouldn't let you go?

Evelien Wiersma
No.

Wayne Lenhardt
So they took him in. Where did they admit him to when they got to the hospital—or you don't know?

Evelien Wiersma
Well, I do know. They admitted him to emergency, and then from there, he was put on a medical floor.

Wayne Lenhardt
Okay. Are you aware if he got any medication?

Evelien Wiersma
Not the first 12 hours or so. All they gave him was oxygen and Tylenol.

Wayne Lenhardt
Did he get worse at that point?

Evelien Wiersma
We weren't in contact with him, so hard for us to know. I just have to go by what we were told.

Wayne Lenhardt
Okay.

Evelien Wiersma
And that was, that he was declining. So by the following day, they had transferred him to ICU.

Wayne Lenhardt

Okay. And I believe that was December 24. Is that correct?

Evelien Wiersma
Yes.

Wayne Lenhardt
And did they put him on a ventilator at some point?

Evelien Wiersma
Yes. And that's another story. During this time that he was in the hospital, no doctor contacted us. We never spoke to a doctor. We had to call if we wanted information. We were following FLCCC protocols, and so we asked them to use different medications. And of course, the answer always was, "The nurse didn't have the authority. We have to talk to a doctor." We'd say, "Let us talk to one." And that never occurred until December 25, when we got a call from a doctor and he said he had talked to Clair about being put on a ventilator, and Clair had said, "No." And that makes sense because Clair and I had researched this and decided that that's not the route we would go if it came to that.

So he tried to talk to us to talk to Clair to tell him to be ventilated, and I said, "No. If Clair is this bad, why don't you try something like ivermectin or something very similar?" The doctor became angry with us, told us he had other patients to look after, and basically hung up on us, but not until I had said to him, "Don't ventilate Clair until you've talked to me again."

Wayne Lenhardt
And did they ventilate him after that?

Evelien Wiersma
Yes. The following day, we got a call to let us know that he had been ventilated. So that was without our consent.

Wayne Lenhardt
Okay, and this whole time you haven't gone into the hospital to see him because you weren't allowed, is that—

Evelien Wiersma
No. We asked every day. Our daughter had had COVID, so she had natural immunity. But their response was, not until Clair tests negative. And apparently he must never have tested negative.

Wayne Lenhardt
So your daughter never did go in to see him. Is that fair?

Evelien Wiersma

No, no.

Wayne Lenhardt
Okay. So then, again, going from your knowledge here, he got onto the ventilator on the 26th of December. Then what were you aware of after that? Did he get better or did he deteriorate, or what?

Evelien Wiersma
His oxygen levels went up and down. His blood pressure was up and down. Clair kept prior to this saying to us, "I'm not getting looked after here. I need to get out of here." And we did try that. We had called for help. He was a former police officer, so we approached the police and said, "Let us take him out. Don't come when they call you." But they didn't agree to do that. So while he was intubated, everything was up and down, up and down. We were not aware of the medications he was given. We knew very, very little. We had no contact with doctors or anything.

Wayne Lenhardt
Then what happened after the 26th?

Evelien Wiersma
We received a call early December 30, and our daughter was told that her dad was dying. And when she asked if we could come to see him, she was told, "No." And she told them, "Well, we're coming anyways." So I and our four kids went to the hospital early that morning. I wasn't aware that they had said, "No." And we're then met by the hospital staff, who asked us what we were doing there. And we said, "Well, we've come to be with our husband, our dad."

And it took us, I would say, probably a good 15-20 minutes to convince them. And they finally let up myself and our oldest daughter. Now I am still recovering, and when I'm in stressful situations, I tend to get lightheaded. And that's exactly what happened when we were in Clair's room. And they called a code blue on me, took me out of his room, brought me to the ER. In the meantime, our other kids were told to stay out of the hospital. They had to wait outside. Our youngest daughter had just had a baby, and the security guards were extremely rude to her.

So here I was in ER. They allowed another of our kids up to be with our oldest daughter with dad. And I'm trying to get back up, and they won't let me. And so our children asked if one of them could be with me. And for a long time, they said, "No." And then finally they said, "Well, we'll be very gracious, but if one of you goes to be with your mom, then if that person goes to see his or her dad, they won't be able to go back to mom." So our son stayed with me. And every time we asked the doctor, the nurses, can we go up? The answer was no.

And then all of a sudden, out of the blue, it was, "Oh, you can go up now." So we did. And when the elevator door opened, I could look into Clair's room, and I knew he was gone. He died about ten minutes prior.

And so we were only allowed to have two people. We weren't allowed to be together after he died. They made me double mask. When my daughter asked for some water for me, that was refused. So that was an extremely difficult day. But I think what I want to point out most is the fact when Clair was admitted, he had pneumonia. They also saw a rise in white

blood cells, so when I had a nurse look at his papers, she said it was a start of sepsis and he was never, ever treated for that. He was given no antibiotics. It was just let go. And they actually gave him two antibiotics about 3 hours before he died.

So I have four doctors look at Clair's records, all independently, and they all came to the same conclusion that had normal procedures been followed, Clair would very likely still be alive today.

Wayne Lenhardt
Are you able to give us any specifics as to what the normal procedures would have been that they were suggesting should have been done?

Evelien Wiersma
Well normal procedure: I've been told by ER nurses if they get a patient with pneumonia, it doesn't matter what kind of pneumonia, they right away put them on antibiotics because pneumonia so easily turns into a bacterial infection. I had a brother-in-law in the past who had turned septic twice, and they gave him antibiotics—researched until they found out what was causing the sepsis, and then knew exactly which antibiotic to give him. So that's what should have been done for Clair as well, but it wasn't. So his death certificate lists two causes of death: one is septic shock and the other is COVID.

Wayne Lenhardt
And so far as you know, there was nothing really done for either of those. Is that fair?

Evelien Wiersma
That's correct.

Wayne Lenhardt
Okay. I think I'm going to ask the commissioners if they have any questions. But just first of all, this was at the hospital in Chatham, Ontario? All of this happened in Chatham, is that correct?

Evelien Wiersma
That is correct.

Wayne Lenhardt
Okay. And there's only one hospital in Chatham. Is that correct?

Evelien Wiersma
Yes, that's correct as well.

Wayne Lenhardt
And there is sort of one ambulance service in town. Is that also correct?

Evelien Wiersma
Yes, that's correct.

Wayne Lenhardt
So that all happened there. Okay. Do the commissioners have any questions?

Commissioner Robertson
Hi, I'm really sorry for your loss.

Evelien Wiersma
Thank you.

Commissioner Robertson
When he was traveling in the ambulance, did they do any treatments at all?

Evelien Wiersma
I have no idea. We were not made aware of that. I don't think so.

Commissioner Robertson
Okay. Then when he was in the ER, did they give him an IV or anything, any treatment?

Evelien Wiersma
I think they gave him oxygen and they continued to give him Tylenol to bring his fever down. And then I believe the following day, they started a steroid, dexamethasone. And that would be basically, as far as I know. I'm not a medical person, so when I read his health records, it's all very difficult for me to interpret, so I have to go by what the doctors told me and the nurses told me.

Commissioner Robertson
Okay, thank you.

Wayne Lenhardt
Are there any other questions? Okay. On behalf of the National Citizens Inquiry, thank you very much for giving your testimony today.

Evelien Wiersma
All right, thank you.

NATIONAL CITIZENS INQUIRY

Regina, SK **Day 2**

May 31, 2024

EVIDENCE

Witness 7: Dr. James Thorp
Full Day 2 Timestamp: 07:46:10 – 09:14:30
Source URL: https://rumble.com/v4z9kv2-nci-regina-hearings-day-2-may-31-2024.html

Shawn Buckley
Welcome back to the National Citizens Inquiry as we continue day two of our hearings in Regina, Saskatchewan. Commissioners, I am pleased to announce our next witness who is attending virtually, Dr. James Thorp. James, can you hear us?

Dr. James Thorp
Counsel Shawn, I can hear you.

Shawn Buckley
Thank you.

Dr. James Thorp
Can you hear me?

Shawn Buckley
Yes, we can hear you fine. So we always start by swearing our witnesses in. So, Dr. Thorp, I'm going to ask you if you promise to tell the truth, the whole truth and nothing but the truth, so help you God?

Dr. James Thorp
So help me God. I promise.

Shawn Buckley
And can you please state your full name for the record? Spelling your first name and spelling your last name.

Dr. James Thorp
James. J-A-M-E-S, middle initial A, period. Last name Thorp. T-H-O-R-P

Shawn Buckley
And Dr. Thorp, I want to introduce you to the commissioners by just highlighting some of the parts that I pulled out of your CV. But Commissioners, I advise you that the full CV is marked as Exhibit R-197. It's quite a lengthy CV, but Dr. Thorp, just some of the highlights. In 1979, you graduated with your medical degree from the Wayne State University School of Medicine. You then did an internship from 1979 to 1980 at the University of Colorado Health Science Center in obstetrics and gynecology. You then in 1980 to 1983, did a residency at the University of Colorado St. Luke's in obstetrics and gynecology.

From 1986 to 1988, you did a fellowship at the University of Texas Medical School in maternal-fetal medicine. I note from your CV that from 1986 to 2015 you held various teaching positions, including clinical professor, teaching obstetrics and gynecology in various universities. You are a board-certified obstetrician, gynecologist, and maternal-fetal medicine physician and you have 45 years of obstetrical experience. You have served as a busy clinician your entire career, but you've also been active in clinical research with over 250 publications. And in your 45 years of practice, you have seen about 27,500 high-risk pregnancies. More recently, you have focused—

Dr. James Thorp
Actually, counsellor, I'll just mention, no, I saw that many patients in just the last four and a half years.

Shawn Buckley
Oh, actually, you know, it's funny because that's what my notes showed and I thought that is such a high number, it has to be that decimal is in the wrong place—so literally 27,500 in the last four and a half years, which includes the COVID period. So we couldn't even say a total number for your 45 years of practice.

Dr. James Thorp
Correct.

Shawn Buckley
Okay. And then finally I was going to say you focused your research more recently on COVID-19 pandemic. You've published over 70 publications and two books documenting the dangers of the vaccine in women of reproductive age and pregnancy. And Dr. Thorp, I'll advise the commissioners that it's your expertise concerning pregnancies and gynecology that we have asked you to come and do a presentation on that subject. And my understanding is you've prepared a presentation. So I'm going to invite you actually to launch into that, and I'll just interject to clarify some points and perhaps ask some questions.

Dr. James Thorp
Thank you Counsel Buckley, Commissioners, citizens of Canada. Thank you for this opportunity. I very much appreciated the testimonials so far. You know, Dr. Bob Chandler, like myself, is extensively experienced. I appreciate his testimony and was very saddened by the victim's testimony. Not only the hockey player's father, Sean [Dan] Hartman, but also Colleen. Tragic. I too, I'm a disabled veteran. Like, I served the United States America Air

Force. I too served in the Cold War, like Dr. Chandler did, and I witnessed what went on. So I want to say from the start that I'm not an anti-vaxxer and I really have never been up until about 10 years ago. I push vaccines, I receive vaccines, all my children are vaccinated. But up until around the turn of the century, I became very skeptical of what the pharmaceutical companies were doing and what the medical journals were reporting, even though I have been a reviewer for most of the major medical journals, including the New England Journal of Medicine. So with that, my eyes were open to the truth. And this is what I'll testify to today.

It was actually said during the Cold War—1986 and April and thereafter— with the horrible disaster in Chernobyl, and it was stated because of the lies of the Leninist regime that perpetrated a massive number of nuclear reactors with a fatal flaw in them. And they were hidden from the Russian people, the Soviet citizens, and the rest of the world. And that exploded in mid-April of 1986 with the worst atomic disaster in the history of world, including much more radiation release than that of Hiroshima and Nagasaki. And it was said after the truth came out, when the Soviet Union was forced to disclose the truth, it was very difficult for them to do. And it was said, every lie incurs a debt. Eventually all of that debt will repaid.

And what has transpired here? With a combination of five events: The atomic weapon dropped on Hiroshima; number two, the atomic weapon dropped on Nagasaki; number three, the disaster of the diethylstilbestrol [DES] event. Horrible disaster. DES caused untold problems and massive death and injury in obstetrical patients for a drug that was marketed to prevent pregnancy complications that caused them not only in the first generation of sons and daughters of DES-exposed, but also the second and third generations. Then came the thalidomide disaster number four. And then came the Chernobyl disaster. Put all five of those disasters together and the COVID-19 vaccine has killed and injured 585,000,000 global citizens as of last year. And I can prove that. It makes all of those five disasters combined look like child's play. I'm going to share my screen and let me know if you can see that, please.

Shawn Buckley
We can see that it shows National Citizens Inquiry Testimony at the top.

Dr. James Thorp
Great.

Shawn Buckley
So if you want to carry on with your presentation.

Dr. James Thorp
Trying to transition that slide. Let's see. Looks like there. There we go. No, it's not transitioning. There we go. Just start out with what I know to be true. I've been a student of the Bible most of my life and a student of the prophetic, and I do believe the Bible. I think it's the only book ever published in the world that proves itself, and I won't get into that. But our Creator told us through prophet David that he created us uniquely. He knit us together in our mother's womb from a single fertilized cell. We were human and endowed with his spirit made in God's image. And we were perfectly and wonderfully made. I believe that.

Then the question is, if we were perfectly and wonderfully made in a womb, why have we subjected pregnant women to six vaccines now in a total of four shots? Is the pharmaceutical company's cartel trying to suggest that they're improving on God's work? Well, I would guess so. If that's not an abomination from the fetus until the infant of 12 months of life, there were 11 vaccines in 1986.

Interestingly, the same year as Chernobyl. That's when the Vaccine Injury Act came into place and President Ronald Reagan gave the pharmaceutical cartel a free pass of legal immunity. Now we have 42 vaccines given to a fetus and an infant of 12 months of life. Look at the soaring rates of autism. You know, back in my day, the risk of the incidence of autism was maybe 1 in 20,000. I'm an old guy. Maybe 1 in 10,000. Now it's 1 in 32—it's one in thirty two. And the latest projections are by 2040, it'll be 1 in 2 Canadian citizens.

I testified for Ottawa Police Officer Helen Grus, who's being persecuted in Ottawa by your prime minister and by the Ottawa Police for investigating sudden infant death syndrome. She did her job. She's a hero. And now she's being persecuted. My testimonies and that of many other experts were thrown out of the court. And as we speak, she is being persecuted by your prime minister, by your government, for speaking up for the truth. She's a Canadian treasure. She's a hero. She's a truth teller. Detective Helen Grus. God be with you. Every lie incurs a debt. Eventually, all of that debt will be repaid.

For those of you, I want to strongly recommend a book if you doubt anything that I said or am saying. Listen, this book was published five years ago. It's 500 pages by two brilliant Israeli geniuses. They opted to remain anonymous. Why? Because anybody that has attempted to do that over the last century has been destroyed. Literally destroyed. So they chose to remain anonymous. But this 500-page book is written for the non-medical person. This is an easy-to-understand book. It has over 1300 references. And in this book, 1300 references, it's never been disputed. Not one fact of this book has ever been disputed.

Do you know that the United States Food and Drug Administration and Department of Health and Human Services, HHS, there are anywhere, depending on how you count them, around 90 vaccines on schedule. There's never been one vaccine of any on schedule that has ever, ever been proven to be safe and effective by the gold standard—that is a randomized, double-blinded, placebo-controlled trial. You saw Dr. Bob Chandler talking about the manipulation, the manipulation of the trial during Pfizer.

That's nothing new. That's been going on for a century. There's not a true placebo, never been a true placebo. And you know, there was a lawsuit against the Federal Government and Pfizer for one of the researchers who worked for Ventavia, who was the outlet. And this was published in the British Medical Journal; she was interviewed. And she disclosed that there were horrible abrogations and violations of good clinical practices. Go look that up.

I find it interesting as a student of the Bible who had read Revelation 18. It says the whole world will be deceived in the end times by sorcery or magic. But the Greek root of that word is pharmakeia. Pharmakeia. P-H-A-R-M-A-K-E-I-A. In many places in the Bible it talks about in the end times there will be great delusion. Is it just coincidence that the root word of the pharmaceutical industry, pharmacies, is pharmakeia? Perhaps.

Now, we've always lived by the golden rule of pregnancy. It's very important. This is not anything unique to a physician or a nurse or, really, anybody with any education. Our Creator gave us this innate knowledge. We all know that regardless of where we live, you do not use novel substances in pregnancy. In fact, even many foods that are considered safe

and beverages are not to be used in pregnancy because they have the potential to harm a baby. You know, simple foods: unpasteurized milk, unpasteurized cheeses, kombucha, certain fish, and certain fish preparations—these are not to be used in pregnancy because of potential harm.

DES we talked about. 1938 it was ruled out from a pharmaceutical. They made unknown, vast amounts of money and it was marketed to prevent pregnancy loss. And of all things, that's exactly what it did. Most people don't understand. Diethylstilbestrol was a much greater disaster, really, than any of those five events I talked about up until the COVID-19 vaccine. Everybody remembers thalidomide, right? Because of the horrible pictures of the severe birth defects called phocomelia. So that's emblazoned in people's minds. But DES was far worse. It affected not only the sons and the daughters of those exposed in their mother's womb, but also the grandsons and granddaughters and the great-grandsons and great-granddaughters.

DES was horrible. Thalidomide was terrible. And thank God for one Canadian citizen who emigrated to the United States of America as a young investigator. And she was employed by the FDA. Her name was Francis Oldham Kelsey. She was decorated by John Fitzgerald Kennedy in 1962 because she was the sole person that refused to buckle to the pressure of the FDA and the pressure of the pharmaceutical industry. And she said, "No, it will not be approved by the FDA." She's rolling over her in her grave as we speak. Frances Oldham Kelsey.

So again, I go back to 2800 years ago what God spoke through his prophet Hosea: "My people die for lack of knowledge." Has this prophecy of this end time ever been so completely fulfilled in the last 2800 years? Again, the golden rule of pregnancy. What on earth transpired? What were these people thinking? How did 60,000 OB-GYN doctors in the United States of America and the six provinces of Canada, all of a sudden, simultaneously with a corrupt and criminal American College of Obstetricians and Gynecologists, the corrupt and criminal American Board of Obstetrics and Gynecology, the corrupt and criminal Society for Maternal-Fetal Medicine? How is it that all three of these organizations that have honoured me my entire career—?

I was a board examiner for the American Board of Obstetrics and Gynecology. I've been honoured by the American College of Obstetricians and Gynecologists with teaching awards, research awards. Same with the Society for Maternal-Fetal Medicine. I served a term on the board of directors, three-year term. And now I'm attacking them voraciously. They tried to come after me on September 27, 2021. They threatened 60,000 OB-GYN doctors and said, "If you don't follow our narrative, we will destroy your career and take away your state license and take away your accreditation from the American Board of OBGYN that you've worked for your whole life." And to that I said, "No, you won't." And I wrote them a 98-page letter—a ninety-eight page letter—in early January 2022.

Counsel Buckley has a copy of that letter. Anybody can go, it's been an open-source letter. It was published. It's on the Internet perpetuity. Just google on a search engine: James A. Thorp, open letter to the American Board of OBGYN. Ninety-eight pages of data, including experts in my own experience and my own analytics from the government databases. And if that were not enough, 1019 peer-reviewed publications in medical journals that I reviewed that were published in just 12 months up until that time, January 2022, documenting death and destruction and severe injuries after the COVID-19 vaccine, in just 12 months.

Since then, I've heard nothing from these three organizations. They've heard a lot from me. I've called them criminals, and I've called them up in front of Nuremberg Two because they

are criminals. And they are still to this day, pushing the most lethal, injurious drug ever rolled out in the history of medicine.

I'll show you what has caused this. This is a disaster beyond proportion. I'm going to refer to four irrefutable sources of data that nobody in the world can refute. And by the way, since I came out, since 2020, I've challenged anybody in the world to debate me. Isn't it interesting? After I again reiterated that challenge to the American Board of Obstetrics and Gynecology, the Society for Maternal-Fetal Medicine, and the American College of Obstetricians and Gynecologists, nobody in the world will debate me. Why is that? Because they know they're dead wrong and they know I'm right. They took large amounts of bribe money to toe the narrative of the HHS and the CDC.

These four studies that are irrefutable, why are they irrefutable? Well, very easily, because two of them come from Pfizer and two of them come from the government. And I'll go through these. The Pfizer 5.3.6., mandated legally, this was available to everybody in the world in early 2021. Now, Dr. Bob Chandler reviewed this cursorily, and I tremendously respect his work. I tremendously respect Dr. Naomi Wolf and her cloud strike team. And she asked— You know, I'm very, very supportive of her work, but I wanted to remain independent. So everything that I've ever spoke on is not from the cloud strike, because I want them to be independent and I want to be independent. And so you have two independent sources. I have no formal relationship with Dr. Chandler or Dr. Naomi Wolf although I respect them tremendously and they're spot on.

So this is all my own analytics, and what I will show you in subsequent slides is that, first of all, there were not any pregnant women that were supposed to be in that study. Okay? This was a legally mandated 12-week follow-up that every drug or device that enters the market, the company that markets them and rolls them out is legally obliged to report the first 12 weeks of adverse events. Okay? So this is Pfizer's own data. There was an 81% miscarriage rate. I will show you that. If the vaccine is given in the first trimester, according to their data, there's an 81% miscarriage. There is a five-fold increase in stillbirth rates from their data—not Jim Thorp—from their data over expected rates. There's an eight-fold increase, an eight-fold increase in neonatal death rate expected from their data. And there's a 14% incidence of breastfeeding complications in babies whose mothers received the vaccine in pregnancy.

Here's the data. This is page seven of this document. It was available to the world in early 2021. A whistleblower released this, probably from Pfizer, or maybe from the FDA. Somebody with a conscience released it to the world. You probably had it. I certainly did. I did my due diligence. Everybody I know that was doing their due diligence had this. Look it up at the top, in the red circle, what do you see? I see 42,086 casualties. And by the way, this wasn't 12 weeks. It was only 10 weeks. From mid-December 2020 to February 28, 2021—42,086 casualties. Look at exactly how many deaths: 1223 deaths.

To Dr. Bob Chandler's point, were women targeted? Look at the ratio of women casualties to men. Look at that tight confidence interval. That's a 3.2-fold increase in women compared to men. Women were purposefully targeted. And I will prove that to you. This is the same page. This is the same document, a different page. This is—no, this is the same page, seven. This outlines—this is not Jim Thorp's—this is an injury-to-kill ratio from Pfizer, the injured-to-kill ratio. Do the math, it's very simple. The math is right there. The injury-to-kill ratio is 33.4.

What does that mean, Canadians? That means for every person killed, multiply that times 33.4. So you take Dr. Denis Rancourt's data from last year where there's 17 million people

killed. You know how many were injured? 565 million global citizens were injured. And add 17 million to that and then you've got 585 million global citizens killed or injured—again, making those five events I spoke about earlier look like child's play. Child's play. There's no war in the last 70 years that's come close to this. The typical injury-to-kill ratio, you know, might be 0.9 in Hiroshima and Nagasaki, all right? In Vietnam, after the wars, World War II or so, maybe two, three. As we approached past Vietnam, that injured-to-kill ratio got a little higher because we got a little bit better in battlefield medicine and saving lives.

This is page 12 of the same document. This is their obstetrical data. There were 270 pregnant women. They weren't supposed to be enrolled in the study. They were not supposed to be given the vaccine. Look at this: 238 out of the 270 had no follow-up. This is a typical pharmaceutical trash. This is very difficult to interpret. The pharmaceutical industry has been corrupt for a century. They are masters at manipulating and switching data. That's why it's not inherently obvious. But the miscarriage rate, the neonatal death rate, everything that I told you on the prior slide is documented. This quote from Isaiah chapter five verse 20, couldn't be more true today: "Woe to those who call evil good and good evil, who put darkness for light and light for darkness, bitterness for sweet, and sweet for bitterness" [Isaiah 5:20].

Here's the second Pfizer study. This is an abomination. This is typical pharmaceutical chicanery. And by the way, remember, don't forget Pfizer had the largest fraud award given in the history of medicine in just 2008. You're not dealing with trustworthy people. You're dealing with an industry that places profit far greater than human life and human tragedy. Bourla and Bancel.

So this phase two, three trial, okay, allegedly a randomized, double-blinded, placebo-controlled trial, but it was not. It was unblinded. The data was manipulated. But here's the horrible thing. You know, when I plan a randomized, double-blinded, placebo-controlled trial—and I know I'm using big words, but for the audience, that's the gold standard of trial—I needed 70,000 patients in the placebo group and in the vaccine group. Look at the pathetic number that they had. They had only 163—a hundred and sixty three—patients, half in the placebo, half in the vaccine. And there's Brooke Jackson, the whistleblower. *British Medical Journal* was honest enough to publish her work. Lookit, she's an American hero, by the way.

So they ended up publishing this, or finishing it in July of 2022. They sat on it. Everybody's used to this safe and effective narrative that has been propagated by a bunch of lies. It wasn't safe and effective. They finally released it less than a year ago, July of 2023. And this is what they found. This is what they found in those newborns that had the vaccine compared to the newborns that had the placebo. Look at these horrible eight newborn complications. I won't go through them all, but they're horrible.

There is no woman or no person in this world that if their OB-GYN counselled them as a couple and said, "Hey, Mr. and Mrs. Smith, this is Pfizer's phase two, three clinical trial. You can take the vaccine in pregnancy, but if you do, the risk of your baby being depressed and having low Apgar scores is 100% greater. The risk of a serious, life-threatening complication, meconium aspiration, is significantly increased. Newborn jaundice, 80% increased. Congenital malformations, birth defects, increased by 70%. A specific defect of the heart, a hole in the heart, atrial septal defect, increased 220%. Fetal growth restriction from starving fetuses because of placentas not working, substantially increased. Birth defects of the skin, congenital nevus. And the last one is probably the most upsetting: Babies with birth defects that have developmental delays for six months of life, that's all

they followed them up, was increased 4.1-fold." No woman in their right mind would have ever taken that drug. No woman.

But unfortunately, as I'll show you later, these 60,000 OB-GYNS that didn't stand up like I did to collect their bribe monies and their paychecks and disregarded their Hippocratic oaths, they were nothing more than mouthpieces for their institutions, for their medical organizations—the three that I mentioned: the criminal cartel of ACOG [The American College of Obstetricians and Gynecologists], ABOG [The American Board of Obstetricians and Gynecologists], and SMFM [Society For Maternal-Fetal Medicine]—and they were mouthpieces for the Federal Government. Nobody would have taken this drug, not a soul.

Have you heard about this study on the media? Where is this on CNN? Where is Prime Minister Trudeau talking about this? Where's the Ottawa Police Department who's persecuted my client, my colleague, Detective Helen Grus. Why aren't they talking about this? Why isn't the Canadian press talking about this?

Here's a third piece of evidence. Okay, yes, it has my name on it, but it's not my data. This is all open-source data. This was published, by the way, in the most rigorously peer-reviewed journal I've ever published in—over 250—the Journal of the American Association of Physicians and Surgeons. And I had a brilliant cadre of co-authors, including Claire Rogers, my second author, Stuart Tankersley, Michael Deskevich, Counsel Redshaw, and last but not least is Peter McCullough. But we did exactly the prescription of the HHS and the FDA. We analyzed it exactly as per their protocol, as outlined by their standard operating procedures, which is biased in their favour. They demand a comparison of a novel vaccine with a traditional vaccine that's safe and effective.

There's no such thing as a safe and effective vaccine. They all cause harm and death. It's a matter of how much. So this always biases. If you do the risk ratio of the adverse event, whichever one you choose to that of—we chose influenza vaccine in this study—if the risk ratio exceeds two, that's considered a breach of the safety signal. Well listen, this is their data and these are the 18 adverse events that we looked at. Ladies and gentlemen, these risk ratios weren't two or 2.5 or 3. These were close to 100—in some instances, well over 1000. These are chances of probability that are essentially zero or one in a million for most of these adverse events. This is striking. Now, this only took from 1998 until then at that time when this study was completed, roundabouts late 2022.

Here's a fourth piece of evidence that is currently— It's a similar study, but it's much more extensive. This goes all the way back to 1990. And it compares the COVID-19 vaccine, not only with the influenza vaccine, but then COVID-19 versus all of the other vaccines—all of the other vaccines in the VAERS, the Vaccine Adverse Event Reporting System, the governmental registry. And by the way, again, this is all open source. Anybody in the world can do the analysis that we did and published last year, or this analysis and refute it. Nobody in the world has refuted it. Nobody, nobody.

So there weren't 21 adverse events, actually. This is not yet in press, but it's about to be in press. There's about 30 adverse events that are striking. Again, these PR interval, the risk ratios far exceed the breach of safety. And these are just a few of the adverse events. But look at that, look at the complications there. I don't have time to dwell on all these, but what you don't see on here is about 10 more: neo-newborn infection, newborn death, multiple newborn complications. And this will be published also again in a peer-reviewed medical journal article. Again, nobody's criticized the data. Nobody. Anybody in the world can repeat this data and can refute it. Nobody has.

How do you reconcile this data that they're throwing around that's published in the peer-reviewed medical journals as suggesting that the vaccine is safe and effective in pregnancy? Well, very easy. You know, just today it broke that, well guess what, we knew this two or three years ago that now the ONS [Office for National Statistics] in the UK and United States sources are admitting that they manipulated the vaccine status. We knew they did that. In other words, those that died from the vaccine short order afterwards they received the vaccine, and they were switched from vaccinated to unvaccinated. That's a matter of fact now. But there's many, many other sources of bias.

You know, again, he who pays the piper calls the tomb. The Washington Post last year and the New York Times last year reported not exactly conservative bastions of truth, by no stretch of the imagination. These two newspapers reported that over $5.2 trillion was spent during the pandemic, and they have no idea where it went. Well I'll tell you where it went. I'll tell you where it went shortly. It went, a large proportion of it, to bribe nearly every thread in the tapestry of Canada and the United States of America. That's where it went.

You know, you look at the Forbes Magazine that looks at just one type of bias. You know, all of these articles, the medical journals, *PubMed*, *National Library of Medicine*—these are all owned and captured journals. You look at the flagship article, *New England Journal of Medicine*, by Shimabukuro in June of 2021. This is an abomination. Here's another criminal. The editor of the *New England Journal of Medicine*, he's a criminal. And so is the lead author, Shimabukuro. Twenty-one authors projected this out. I believe it was a ghost-written article by Pfizer suggesting that the vaccine was safe and effective and necessary in pregnancy. That went out to the whole world, and all those people that bow and worship to the *New England Journal of Medicine* and the other fraudulent medical journals, they followed suit.

But when you look at this article, Eric Rubin went in front of the FDA and testified for pushing the vaccine in children. In children. And this is what he said, and I quote, he says, "Well, we're never going to know how safe it is until we roll it out and see." Well, you did that, Eric, and you increased the risk and you killed and injured literally millions of children, and you must be held accountable. And Shimabukuro and all 21 authors, these were all federal employees. Federal employees. And Shimabukuro himself had an appointment at the FDA and the HHS as the head of the vaccine safety committee. That should never have been allowed. That is a major conflict of interest.

And then, if that weren't bad enough, they took 700 patients in the third trimester that received the vaccine, and they unethically, immorally—I believe illegally—underhandedly, deceptively shifted those to the first trimester to dilute the miscarriage rate from 82% down to 12.6%. And that's published in my peer-reviewed publication from two years ago, if you have any question about that. Again, very deceptive.

And every article in support of the vaccine and pregnancy has similar problems. The massive amount— Look at the NIH funding for just the top 20 universities. Just the top 20, just for one year. Johns Hopkins University: 789 billion dollars? Are you kidding me? Down to number 20, Northwestern: 413 billion dollars? And these authors that conduct these research and publish this, of course their departments have a protocol of pushing the vaccine. They wouldn't be allowed to publish anything else. It's all trash. It's rubbish. And that's why all you need to see is the four studies that I've showed you. Again, here's the list. And you can add another one to that since the purposeful miscategorization of vaccine status. Add that to this, because it just broke.

So we already alluded to the data of Dr. Denis Rancourt. And he's not alone. I stand by his data. I've looked at it. In fact, if you look at his data and you extrapolate it to Canada, which I

will, I believe, on the next slide, or to the United States of America. To the United States of America that would extrapolate to 700,000 to 800,000 Americans killed and about 23 million killed and injured. Well, there's many experts that say, "No way. The vaccine has killed a lot more than 800,000 Americans." Peter Breggin, who studied it carefully, and I just interviewed him on our weekly show, he says, "No, 2 million Americans have been killed."

Again, putting these catastrophes from Bourla and Bancel by Denis Rancourt, a Canadian patriot, many around the world agree with him, many experts. I stand by his data. And by the way, the New Zealand data is totally consistent, which is the only data in the world second to his data now that is a time-cohort individual series that shows a massive increase in death, the New Zealand. So that would be Mr. Young's data. But listen, again, Bourla and Bancel make the five. Not just Hiroshima and Nagasaki, add thalidomide, add the DES, add Chernobyl to that. You add them all together; they make them look like child's play.

Here's a Canadian deaths. Here's how many. If you extrapolate Denis Rancourt's data to Canada, this is 82,082 Canadian citizens killed. It's more than this. The reason why it's more than this is because Canada and the United States pushed this harder. We're not representative of the rest of the world. A much greater proportion of our population was inoculated with this lethal, deadly, alleged vaccine.

Again, using Pfizer's own data themselves the injury-to-kill ratio, 33.4, so 2.742 million Americans. That includes Miss Colleen [Brandse], who you watched. Trudeau injured her. That's Trudeau who's responsible for her injury, and the other 82,082 Canadians killed and the 2.742 million Canadians injured. Sean Hartman, that hockey player that I followed—he's dead. He is no more. That's your government. That's Biden. The Biden and Trudeau fascist regime are responsible for these deaths and injuries.

I want to move on to some— You know, I owe a lot of credit to my beautiful wife, Maggie Thorp. And we published a cadre, now 16 or 17 articles, and she's a brilliant counsel, an attorney, and so like attorney Shawn. And she is extensively practiced in the area of investigative fraud in the insurance industry, and she's done very well. So she got on our page. She is now my co-author and my co-researcher, and we published about 16 or 18 articles just in the last 18 months. These are medical legal briefs, highly cited, okay. On the America Out Loud platform. Very easy to get to. Just google America Out Loud forwards. Go to the search bar here. Click the Menu. Takes you down. Click Authors and Hosts, you'll see Maggie Thorp, JD, and myself, Jim Thorp, MD.

This is our latest article. This went viral. Do you realize, Walgreens, one of the main pharmacies in the United States of America, and CVS [Pharmacy], they took billions of dollars to push the vaccine and to censor and intimidate and gaslight physicians like me, Pierre Kory, and many others. You know, Mary Talley Bowden, all of us that were prescribing these life-saving drugs in 2021, they suppressed us, they gaslit us, they mocked us out illegally, and they pushed the vaccine, and they pushed through the TTAC [National Telehealth Technology Assessment Resource Center]. And you'll see, they pushed the fraudulent COVID testing—billions of dollars. Ladies and gentlemen, citizens of Canada, this is how the game was played.

You know, we're looking at the lies that we're told. I'll go through this real quickly and try to wrap this up. We started out in 2023, "Oh, the vaccine stays in the arm." We were mocked and ridiculed and fact-checked, okay, telling us, "No, you're wrong." Well, lookit, I expressed concern in 2021 that there could be some permanent potential devastating genetic problems with integration of that vaccine into the DNA.

One year later, Alden and colleagues proved in a human liver cell in Sweden—Alden and colleagues, 2022, two years ago, in a human cell—mRNA, the deadly mRNA from the vaccine was reverse transcribed into the DNA of a human cell that was in vitro in the lab. That same year, Hanna and colleagues showed that that vaccine injected in your arm, it didn't stay in your arm. The lipid nanoparticle went to every cell in the body, including the breast tissue, including being excreted by lysosomes and exosomes in breast milk and inoculating breastfed babies. It's catastrophic.

Hanna and colleagues repeated the same study a year later. Same thing. Now, earlier this year, now we have, finally, the American Journal of Obstetrics and Gynecology admitting after denying it in multiple publications—investigators pro-vaccine: "Oh, it doesn't cross the placenta." Of course it crossed the placenta. Nanotechnology was designed to cross every God-made barrier—every God-made barrier. So they proved that it goes into the fetal blood, the lethal vaccine. It concentrates in the placenta, consistent with all the 27,500 patients that I saw—not in my career. That's just since 2018 when I was employed by SSM Health Hospital Systems, one of the largest Catholic health care systems in the country, before they had to fire me because I testified in the United States Senate and was on Tucker Carlson. So despite the fact that I was the most profitable, the most efficient, and saw the more patients than anybody else in the division, they had to fire me while regaling me as a model physician for their system. Why? Because they took 307 million dollars.

Also, for the first time now, there appears to be preliminary—not smoking gun—from another Canadian I believe, and this is Mikolaj Raszek, who has the first—not smoking gun—preliminary data that says the sum of all fears may be true: the DNA is maybe reverse transcribed, maybe permanently into your DNA. And God forbid if the same thing happens in the gametes, in the sperm and ova, which my experts that I'm researching with tell me that it does. You're looking at a potential permanent alteration of humanity. Did you see the movie *Utopia*? Go back and watch it. This is exactly what they said before the pandemic ever even started in that TV series. Go watch it.

This is my wife Maggie Thorp JD, Counsel Maggie Thorp JD, and myself. Freedom of Information Act: I told you I'd show you the goods. Well, she sucked up to the Department of Health and Human Services and to the FDA, and she made some friends there and we crafted a Freedom of Information Act request. We got 1400 pages, friends, that were directed from the American College of Obstetricians and Gynecologists. They signed a cooperative care agreement. They took millions which captured all the obstetricians up in Canada, all the obstetricians in the United States of America, and some of the obstetricians in some of the countries in South America.

Colluding with the American Board of OBGYN and the Society of Maternal-Fetal Medicine: If you become a misinformer and you deviate from our narrative, we will remove your state licence and we will remove your accreditation. Unfortunately, they didn't have the courage to do it to me. Because of my stellar career and because of the 98-page letter, they knew who was right. And by the way, they've recertified me: my voluntary recertification in both 2022 after they threatened me, and in 2023.

This was just published December, another one of Maggie Thorp and my article—186 billion dollars to more than 420,000 hospital systems in the United States of America. He who pays the piper calls the tunes. Okay? They signed a cooperative care agreement. Their employees, they pushed the vaccine and all their mandates on their employees and on their patients. They are demonic. They are criminal organizations. Pay for play, quid pro quo, cooperative care agreements. That's why I was fired from SSM Health last summer. And if that weren't bad enough, not only did they grab the pharmacies, pay them off, not only did

they grab all the hospitals and paid them off, not only did they grab all of the drugstores and paid them off, they did the same thing to faith leaders. It's an abomination.

Every lie against the truth. The debt is incurred and that debt will ultimately be fully repaid. This was from a conference. We published this earlier this year. This went viral too. All the faith leaders. Francis Collins, then director of the NIH, regaled himself as a follower of Jesus. He's not, he's a follower of Satan. He lied to a massive national summit of faith leaders of all religions: Jewish, Christian, Muslim, American Indian. He lied through his teeth calling it safe, effective, 98% effective. Regaled it as the miracle from God.

Jeffrey Zients, the Chief of Staff of the White House did the same thing. This came directly from our equivalent of your Prime Minister Trudeau—corrupt globalists to the core that want to take down the global population. And this also came from Vivek Murthy, then Surgeon General, still Surgeon General. This is an abomination. They paid them off to push the vaccine and eliminate vaccine hesitancy to their congregations.

There's our article that I talked about before with CVS. Look at the cute little ads, you know, to give you the clot death kill shots to your children, innocent children. They're coming after our children and it starts in the womb. Fauci, Rochelle Walenski, God will not be mocked. There's a reap and sow judgment. The truth will come out. It's a matter of when. Thank you, Canada. Thank you Counsel Shawn, and thank you, Theresa Buckley. And thank you members and Canadian citizens. I'm happy to entertain any questions.

Shawn Buckley
So doctor, your screen share, so we can see you. You can't see the faces in the room and the faces on the commissioners. I think many of us want to go back and have a shower. I know I I feel like weeping over what you've said. I had not seen dollar figures like you provided to help explain basically why our institutions failed us.

I know one of the things that's puzzled me: This National Citizens Inquiry, Dr. Thorp, this is our 9th city. We're now in our 26th day of hearing. Prior to this week, we had called 305 witnesses under oath—many experts that you've cited, including Denis Rancourt, who testified both in French and English because our Quebec City hearings were in French. And we basically learned that every College of Physicians and Surgeons, every College of Pharmacy, every College of Nurses—there wasn't one in any single province that stood out as demanding informed consent, of actually adhering to their own ethics code that pre-COVID they would discipline members for.

And we've had no explanation as to how this occurred. And you're basically sharing an explanation with us about funding. And we had the same issue with churches, and you're providing an explanation for us. And I actually feel ill. I do want to follow up with some questions, though, before I have the commissioners ask you questions.

Have we seen some significant changes to the fertility rates since the vaccine rollouts? So you've showed us the Pfizer data and some VAERS data on miscarriages and stillbirths. Do we have any data yet on the fertility rates? I understand that research into that is not being sponsored by government, but I'm just wondering if you can comment on that.

Dr. James Thorp
I can comment on that. You know, when you look at the second study that we published—well I published many studies—but the first study that we published a year ago in the *Journal of the American Association of Physicians and Surgeons*, you can look at menstrual

irregularity as a proxy, a very good proxy for infertility, for obvious reasons. And I think that what we have from the Lin article that was published earlier in the year from the *American Journal of Obstetrics and Gynecology*, which we all knew, but they emphasized that this COVID-19 vaccine mRNA goes into the fetal blood, all the organs of the fetus, but it concentrates in the placenta.

It also concentrates in the decidua. The decidua is a name for kind of like a deciduous tree, that's a part of the lining of the uterus that sheds with each menstrual cycle. That's the innermost lining that is closest during pregnancy to the membranes and to the baby inside the womb, what we call the fetus. So it concentrates the mRNA in the decidua. And not only is it concentrated, it's bioactive with high, what the authors call "notably high," signals for spike protein which is the bioweapon. And I think that that clearly, at least in part, explains the devastating complications with fertility. The devastating complications in pregnancy in part are related to that, I believe. That's my conjecture.

Now, fertility, birth rates all over the world have dropped. Just look at the most vaccinated countries. They've dropped the most. The least vaccinated countries have not experienced much of a fall. And I'm talking about birth rates that have dropped. Of course, birth rates are seasonal, so you have to do an age adjusted. But you're looking—and I'm going to use a technical term of statistics—you're looking at a standard deviation where, like two standard deviations would be all the way to the 95th percentile above the mean. Two standard deviations below that mean, the 5th percentile thereabout. We're looking at multiple standard deviations, what we call sigma of reduction in birth weights in many countries globally, including Canada and the United States.

Shawn Buckley
Right. So basically, we're seeing a drop that cannot be explained just as an abnormality, but the deviation is too high. It's a strong signal that something's happened. And I'm sorry that when I was introducing you and I used the term that you've basically seen 27,500 high-risk pregnancies, and I just assumed that had to be in 45 years, not four and a half years. Have you seen a change then since the vaccines in basically how these high-risk pregnancies are presenting?

Dr. James Thorp
Absolutely. In 2020, at the height of COVID infection, right, I really didn't see any problems. In fact, if you just take— I think the best proxy for that is not only did I see it with my own eyes, but the best proxy for that was fetal death or stillbirth rate. If you take the aggregate stillbirth rate, right, from the three years preceding 2020—in other words, you look at 2018, 2019, 2018, and 2017—the aggregate stillbirth, according to the national statistics by Statista, was about 5.84 stillbirths per thousand births. In 2020 did it go up, did it stay the same, or did it go down? COVID-19 didn't cause any stillbirths. The stillbirth rate in 2020 was 5.73. It went down, 5.73 per thousand.

All the stillbirths, okay, and there are massive whistleblower sites: Lionsgate Hospital in British Columbia, they have, like, 13 stillbirths in one day. And Daniel Nagase, Mel Bruchet —incredible physicians, Canadian physicians that I know—and three doulas have testified witness to that. The same thing in two cities in Waterloo. The same thing in Michelle Spencer, my postpartum nurse whistleblower from central California. There was a massive increase in stillbirths. So the data is in. What I saw with my own eyes in my patients was a catastrophic increase in every pregnancy complication you could imagine—not only

miscarriage, not only bleeding during pregnancy, but chromosomal abnormalities, malformations that were off the charts.

And there's a rational explanation for this. Every pregnancy complication you could imagine: severe hypertension, what we call cervical insufficiency, where the cervix opens. Any woman that has had a vaccine, even probably a couple years or three years now, the spike protein, if that's present, it's the inflammation surrounding that decidua and next to the cervix that causes rupture of membranes and a weakening of the cervix where the membrane comes out and deliver. That's called cervical insufficiency and that's made worse in multiple gestations.

So increase in preterm labour, cardiac arrhythmias of the fetus, blood clots of the placenta, infarcts of the placenta, a severe reduction in amniotic fluid volume because the placenta is not working, fetal death in the womb, blood clots, maternal complications, and then preterm delivery, and an increase in preterm death, an increase in newborn asphyxia, an increase in newborn infections, and many more. It's devastating.

Shawn Buckley
You're likely one of the most experienced doctors in this area in the world. And what you've just described for us, I think I can accurately describe as a catastrophic change since the vaccines have been introduced. Would you agree with that characterization?

Dr. James Thorp
That's putting it mildly. This is the greatest disaster in the history of medicine. This is the greatest breach of the golden rule of pregnancy in the history of medicine, maybe the history of humanity.

Shawn Buckley
This is anecdotal and so it has no value, but I'm going to ask if you've heard something similar. I was advised by somebody—I live in the province of Alberta—and I was advised by somebody with connections to the Alberta government that there is a fear of this type of information becoming public because mothers will go ballistic. Have you heard anything to indicate that there's a concern by the authorities of women and childbearing years coming to understand what's happened?

Dr. James Thorp
Yeah. Listen, the truth needs to be told. And the truth will set you free. Right? Every lie incurs a debt against truth, and it needs to be repaid. The problem is I know I've seen so much death and destruction. I have friends, patients, that have had normal pregnancy before the vaccine, and rollout have had loss—catastrophic loss, after catastrophic loss, after catastrophic loss. It's horrible and it's very, very difficult for a pregnant woman who has voluntarily taken the injection and believed her obstetrician, trusted her obstetrician: "Mrs. Smith, this is safe; you need to take it to protect yourself and the baby." She was nothing more than a mouthpiece for the Canadian and American government and a mouthpiece for Pfizer and a mouthpiece for the medical organizations. She betrayed her Hippocratic oath. She lied to the patient. She didn't do her own due diligence.

So when you have that problem and you have that immense bond with the baby, you can't—it's very difficult to come to grips with the reality that your obstetrician lied to you. Your

government lied to you, the medical organizations lied to you, and I caused this because I took the vaccine. That's a very devastating thing to come to grips with.

Shawn Buckley
Another thing I wanted to ask you is whether you've heard of this change. And it seems to be a change that likely will hide statistics about stillbirth. But in the province that I live in, the province of Alberta, I have been advised—and again, it may not be true—but I've been advised that pre-COVID if you had a fetus die, that the mother could go to the hospital and the hospital would basically have the stillbirth there, but that mothers are now being told by the hospitals, "No, you go to a private abortion clinic," and that way it would not show up as a hospital statistic. Have you heard of anything like that happening?

Dr. James Thorp
You know, I haven't heard that, but I wouldn't doubt it. Listen, the Ministers and the provincial government there and the state government, your national government, our national government, are corrupted. They've changed vaccine status. They've pushed a false narrative. You know, 70% of our legislators in Congress, the United States of America Congress, took bribes from Pfizer in 2020. They're captured. They really don't care about anything except lining their own pockets, the majority of them.

Shawn Buckley
And then finally, this is tied to the fertility question that I asked earlier, but you had mentioned briefly that there could be changes, or that the spike protein, it would congregate in testes and ovaries. And speaking about potential changes to the human genome, do we know yet whether spermatozoa has been influenced with perhaps genetic changes that could be passed on to the next generation?

Dr. James Thorp
It's strongly suspected. Dr.—a very close colleague of mine—that's her area of expertise and she's from Houston. And she has preliminary evidence that, yes, the spermatozoa are changed. There's no smoking gun evidence, but what we do know, and we knew this years ago, we knew that the lipid nanoparticles concentrate in the testes and in the ovaries. And in fact, the Japanese Pfizer data—you know, your Canadian hero from Toronto, Dr. Byram Bridle—he did that FOIA request. He knows full well all Canadians should know that Pfizer had that data from the time of injection into laboratory animals. Forty-eight hours later, there's 118-fold concentration of the lipid nanoparticle in the ovaries, and it causes—

You know, the rate-limiting step to fertility is not men's sperm. Men create millions and millions and hundreds of millions of sperm daily, hundreds of millions daily. But a woman fetus, a girl inside the womb, a preborn baby girl, only has a million ova, right? And those ova start a natural, what we call apoptosis, which is a die-off after birth. So she goes down for the rest of her life from a million. And what we've seen is that there's many reports of premature menopause and in young patients, so they lose their ovarian reserve. And the ova that do survive have been in very close contact with some severe toxic substances at a high concentration.

So yeah, I think that this is going to be a potentially devastating hit. And again, women were purposefully targeted for several reasons. Number one, regardless of what country, what nation of origin, what colour your skin, women make all the health care decisions. So kudos

to the HHS and the CDC and Deputy Secretary of the HHS then, who was named Mark Weber. You know, he knew that and that what he did was marketing strategy, and that's why they targeted women, because he called them low hanging fruit. You target women, capture the women, they make all the decisions.

There's a second reason women were targeted. Contrary to, I think, many of your liberal progressives on both sides of the border, Newsflash: Men can't get pregnant, right? So they know, everybody knows, that the most vulnerable patient is a pregnant woman. So if they could convince pregnant women and the people, we the people, that it's safe, effective, and necessary in pregnant women, they've won the whole enchilada. Everybody in the world should be vaccinated. That's why they targeted women.

Shawn Buckley
Thank you, Dr. Thorp. I'll ask the commissioners if they have any questions.

Commissioner Kaikkonen
Good afternoon, Dr. Thorp. Thank you for your testimony. I'd like to thank you also for embedding the scriptures into your testimony. I think it's very important that the citizens of Canada understand the times and seasons in which we live and the great deception that we have been under since this started in 2020. So thank you, because not a lot of witnesses have been able to tie the two together, so you did a very good job there.

Dr. James Thorp
Thank you.

Commissioner Kaikkonen
But I'd like to go back earlier to your testimony, or your earlier references to the Ottawa Police Services Detective Helen Grus. And given that we've listened to your testimony, and we understand that your expertise in all of the things that she is dealing with, do you have any understanding as to why the tribunal—I believe it's a tribunal, judicial that's running that investigation—do you have any understanding as to why they would say that you weren't a credible enough witness or an expert witness, that they would reject your testimony even before you came to Ottawa?

Dr. James Thorp
That's a great question. And it wasn't just my testimony. You can go look at the records. They rejected six of us. And, you know, I would advise you to talk to the Counsel of Record, the defence attorney, who is a brilliant—I believe her name is Bath-Sheba van den Linde [Berg]—and she had all of her experts rejected. So I believe the reason why they did it is because what this hero, this Canadian superstar hero, stood up, she stood up to men. You know, by and large, women are more forthright and braver and more courageous than us male counterparts. This is a Canadian hero. She stood up. She investigated nine sudden infant death syndrome, right? And she did her job. And she's being punished because it's contrary to the narrative.

Listen, there's nothing new under the sun. This has been going on. Look at Galileo, that same thing went on. He upset the narrative. Look at my hero, Ignaz Philipp Semmelweis in the mid-1800s, who discovered why 50% in some months of pregnant women were dying

of infection, puerperal fever after birth. He discovered bacteria. He discovered that the physicians were going from the autopsy room up to labour and delivery, and infecting and killing their own patients. But when he published that, he was thrown in an insane asylum and probably killed.

You know, they did the same thing to Dr. Mel Bruchet up there in Canada. They tried to do the same thing to him that they did to Ignaz Philipp Semmelweis. There's nothing new under the sun. The power structure cannot assimilate that they were wrong and they're being favoured by their politicians. So they're always going to suppress the truth, if it's counter to the narrative. That's why the Ottawa Police are doing what they've done. But in the end, Helen Grus will win. The truth will win, because we who know the end of the story, know that God wins, and God favours, as we are on the right side of history. Helen Grus is on the right side of history. And Helen Grus will be vindicated. And the perpetrators of these crimes will be severely punished, either in this world or when they bow to our Messiah.

Commissioner Kaikkonen
Thank you very much. And keep candid in your prayers, because we need it. Thank you.

Dr. James Thorp
God bless Canada.

Commissioner Fontaine
Hi, good evening, Dr. Thorp. Thank you very much for your excellent testimony. Just a question. You've touched the subject of the very numerous vaccines which are given to our babies. You've also mentioned the book *Turtles All The Way Down [Turtles All The Way Down: Vaccine Science and Myth]*. I'd like to know what you would tell a mother of a young baby who has maybe already taken some vaccines and who is wondering if she should continue with the schedule or not. I'd like to know what you would tell a mother of a young baby.

Dr. James Thorp
Well, I would tell that mother that the indiscriminate use of vaccines is extremely dangerous. I have whistleblower data. It's not just Helen Grus. I have whistleblower data from the United States of America. Policewomen—like, again, it's interesting that it's women, isn't it?—that can't stand that they are legally obliged to do formal investigations when there's a death outside of the hospital. So these sudden infant death syndrome cases have to be investigated, like Detective Helen Grus was doing—her job.

I know and have a relationship with a policewoman in a large metropolitan city, and she has a large number—over the decade; this is even before COVID-19—that 50% of sudden infant death syndrome occur within 48 hours of a vaccine. And this is what is coming all over the country now if you follow and know who to follow in the vaccine groups. This is being stated by multiple different sources. There's all types of anecdotal evidence now in which the perpetrators, the mothers, can't be denied of the obvious.

You know, there are certain criteria for causation and association. There's an important set of criteria called Bradford Hill criteria that are associated with causation, right? So otherwise, causation cannot be proved without that sophisticated gold standard study that

I referred to: randomized, double-blinded, and placebo-controlled trial. But when you give a perfectly normal, healthy human being a shot like COVID-19, or a baby any standard vaccine, and a death occurs in an otherwise healthy, that meets part of the criteria for causation.

So, you know, again, 50% of babies that die of SIDS [Sudden Infant Death Syndrome]—and these are babies where child abuse, where battered baby syndrome, where drug use—all of these have been eliminated. These babies also require an autopsy. And my whistleblower tells me that the vast majority of those autopsies, that those babies that died of SIDS are abnormal with a large proportion of them having brain bleeds. This is exactly what the vaccine is causing. So 50% of babies with SIDS have had a vaccine within 48 hours and 80% within a week. That's pretty condemning data. And my whistleblower will not come out. She says, "The guys in the unit are kind of suppressing. They don't care." It's the same old story. They're afraid of being murdered, suicided by the pharmaceutical industry.

Commissioner Fontaine
Thank you, Dr. Thorp.

Commissioner Drysdale
Thank you, Dr. Thorp. One of the things that have occurred to me in listening to your testimony and listening to the testimony of many of the others, including Denis Rancourt, you may or may not be aware, Denis Rancourt did testify here and he had to come back and testify in virtual in September of 2023 because the Canadian statistics on deaths were not available. In other words, it was taking two to three years for Statistics Canada to get the statistics out. And what has occurred to me in listening to your testimony and numerous others is you speak about the corruption of the institutions and the criminality of those people in it. How confident are you in the numbers that you're receiving, the statistics that you're getting, from these very same people and organizations?

Dr. James Thorp
It's a great question. I'm very leery of any numbers that come from the Federal Government in the United States of America or from your Federal Government for lack—I'm sorry, I'm not using the correct terminology—

Commissioner Drysdale
Statistics Canada

Dr. James Thorp
Provincial Government, anybody that's under the control of Trudeau. That's not going to come out. They're going to be manipulated just like the pharmaceutical companies are manipulating these studies. So I'm very leery. I'm shocked that the Office of National Statistics in the UK actually came out and actually admitted that the data was being manipulated. They admitted it. They said the vaccine status of those who were killed after the vaccine were switched from vaccinated to non-vaccinated. It's a matter of fact, right now. That's what's been going on in the United States of America for a long time.

Commissioner Drysdale

So having said that, and having said that the primary source of these statistics that we're quoting both in Canada and the UK and United States and other places are from those same organizations, do you think that they've increased the number of deaths or do you think they've been decreasing them? What is the likelihood that they're making it, that they're decreasing the numbers or trying to hide the numbers?

Dr. James Thorp
They're clearly trying to hide the numbers, but it's just like the VAERS database. The death and injury signal is so high that even their manipulation can't normalize it. You know, I have experts, Julie Threet, T-H-R-E-E-T, Albert Benavides, who I know very well. These are VAERS data experts. They've clearly shown that the Federal Government has lied and manipulated the VAERS data. They have proof. And this is exactly why they villainized the VAERS database and why they're trying to change it: they don't like open-source data because they can't cheat. They've cheated and manipulated full extent on the VAERS data. But the data signal is so dangerous, so high, that it's impossible for them to hide. And the more they hide it, the more people like Albert Benavides, myself, Julie Threet, many others expose it, because there's a trail. That's why they villainize these open-source databases.

Commissioner Drysdale
One last question. We heard numerous testimonies in Canada from doctors who were punished for reporting to our equivalent of the VAERS system which is called the CAEFISS system [Canadian Adverse Events Following Immunization Surveillance System]. To your knowledge, were doctors punished or had their licences removed for reporting adverse reactions?

Dr. James Thorp
Yes, absolutely. In fact, in my division there was a young brave woman that—imagine this—had the audacity to follow the law. Because if a physician suspects a vaccine-related injury, there's mandatory reporting to VAERS under the threat of a serious fine, okay? So she had simply did nothing more to say, "Hey, you all have to report to the VAERS system." She was fired.

Commissioner Drysdale
Thank you.

Shawn Buckley
Dr. Thorp, those being the questions from the commissioners, on behalf of the National Citizens Inquiry I sincerely thank you for coming to testify. And your evidence has been extremely valuable.

Dr. James Thorp
Counsellor Buckley, I'm so grateful that the commissioners and that you would allow me to present and speak from my experience. And I'm very grateful for the Canadian citizens and the heroes, all of you. I love the Canadians and I'm very proud of those of you who are standing up for truth. Thank you for having me.

NATIONAL CITIZENS INQUIRY

Regina, SK **Day 2**

May 31, 2024

EVIDENCE

Witness 8: Mark Varga
Full Day 2 Timestamp: 09:14:54–09:58:35
Source URL: https://rumble.com/v4z9kv2-nci-regina-hearings-day-2-may-31-2024.html

Wayne Lenhardt
Our next testimony is going to be by Mr. Mark Varga. So, Mark, if you could give me your full name and spell it for me, then I'll do an oath with you and we'll proceed.

Mark Varga
Yeah. My name is Mark Varga. M-A-R-K V-A-R-G-A.

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

Mark Varga
Absolutely. Before God. He is my witness.

Wayne Lenhardt
Perhaps we could just start with your background. Perhaps you could go back to your qualifications, your degrees, your certificates, whatever that is, and we'll get to the point where you're at the [Windsor] Regional Hospital and we'll go from there.

Mark Varga
So my background is I have a bachelor in psychology and a master's in kinesiology with about 25 years within the health and safety field. I worked at Chrysler in the automotive industry and health and safety for approximately ten years. I was at Diageo, a beverage company, doing health, safety, and risk management for approximately five years, and then moved to Windsor Regional Hospital as the Safety Manager there for about five years. And then the most recent just before COVID, in 2018, my family and I moved up to London as part of a church plant. And I was hired at London Health Sciences Centre as a Clinical Educator in Workplace Violence.

Wayne Lenhardt
So and you grew up in Windsor, did you?

Mark Varga
Yes. Spent most of my time up in Windsor until 2018. And that was when, for the first time moving outside of Windsor, we moved up to Glencoe, a small little farming community, maybe 45 minutes southwest of London.

Wayne Lenhardt
What titles did you have in your job in the—

Mark Varga
Everything from Ergonomic Specialist to moving into a health and safety role and risk management at Diageo, then into health and safety management, and then finally to a clinical education position.

Wayne Lenhardt
At some point, you and your family got COVID and you recovered. So when was that?

Mark Varga
So very early on in the spring of 2021, our whole family got it. I don't remember who got it first, but it went through our family systematically. And it was interesting to watch the difference in our family, how we all reacted to it. The youngest child was over it within a day or two, the next oldest, a couple more days, the third oldest, maybe four or five days, and then my wife and I, me being the oldest, lasted the longest—a couple weeks. But we all recovered just like you would from normal flu, not really any lingering symptoms.

And we kind of carried on because we believed, even as Dr. Thorpe put up at the very beginning, we believe that God made our bodies incredibly complex. And with the immune system that we have, that as long as we keep feeding that with the proper nutrition and food and any supplements to increase that immunity and immune response, that we had everything we needed to fight COVID without having man-made manipulation being injected into us. And so that's kind of how we went about towards COVID. And we just took extra vitamin C, extra vitamin D during that entire time, kept a good balance of diet, and very quickly went through the house and it was done.

And I knew I had natural immunity, but because I worked in the hospital industry, I knew that I needed to prove that. And where that came from is my time at Windsor Regional Hospital for those five years. As a Health and Safety Manager, I managed all the vaccine immunization policies. That was my responsibility. I ran and organized immunization clinics for the flu shots, and all of those things. So I knew that every policy that I'd ever seen regarding immunization, all of them said that you can prove vaccine status. Even on the bottom of page one of this, that I believe the commissioners have, it says "to prove immune status through laboratory test results."

So knowing that that has been the history forever on vaccinations and immunizations, I went and got my blood tested, because I wanted to prove to myself first of all, but also to my company, that I had natural immunity. And so I went got my blood tested out of my own

pocket, brought it into the Employee Health Office or Occupational Health and Safety Office, and said, “Here’s my results. I’m immune to the COVID virus, and I won’t be taking the vaccine.” They weren’t sure what to do with that. They were quiet and they accepted it.

And that was kind of it, because very shortly after that or around that same time, the new COVID policy came out which didn’t match very well with the immunization policy. Because the new COVID policy instead said that immunization/vaccination was only through vaccination. There was no immunization through natural means anymore. That’s not considered. In their definition, it even stated “immunization is only through vaccination,” which really stunned me, because that went against decades of known science that had been in every policy of immunization for every disease that we had listed in our policy. I managed these policies. I knew them.

And so it was kind of shocking to me that all of a sudden I’m being told that the science has changed. There’s new science out there that says, “No, you can’t get this immunization through natural means,” that God’s design of your body is not good enough, and somehow we are better at playing God than he is, and we can figure out ways to make that happen better. So that was kind of a big shock to me.

The messaging was coming through mandatory e-learns at the hospital to daily emails that were being sent out on the status of the cases—within the hospital, within the community, from the public health unit to obviously Public Health Canada—that the vaccines were safe and effective, there was nothing wrong with them, and that COVID was the pandemic of unvaccinated. And so I began tracking those numbers as they came out from the hospital because just like at the beginning, I take an oath to tell the truth—not just in front of an inquiry, but all the time. Because before God, he expects truth. He is truth.

And so I began to track the numbers and challenge my bosses, my manager, and my director, because they were the head of health and safety within the hospital, to say, “So, yes, early on it seems like the cases of COVID in the community and in the hospital are unvaccinated,” I said, “but that’s because no one’s seen the effects of the vaccine yet.” And so I just silently kept tracking them until things began to change. And all of a sudden, the numbers started to become pretty close to equal. Actually, the day before I was fired, the cases had crept up amongst the vaccinated so that 40% of the COVID cases within the community and within the hospitals were amongst vaccinated individuals.

And I sent that to my manager and my director the day before I was fired to say, “So this is clearly starting to change.” Within two months to the day that I was fired, the vaccinated accounted for two times the number of cases within the hospital. Within three months of me being fired, it was up to six times the cases of the unvaccinated. And clearly the numbers kept on skyrocketing from there. And so clearly, this wasn’t an issue of vaccinated or unvaccinated. There was things that were happening unrelated to the virus that clearly were associated more with the vaccines, but no one wanted to admit that or to look at those data points.

And that’s why I kept tracking them and even followed it up even after I was fired, with emails to my boss. I don’t think it got through, or maybe it did, I don’t know. But I want it to be clear that even after we were fired from LHSC (London Health Sciences Centre), it was fascinating that it wasn’t until you removed all the unvaccinated staff that absenteeism related to COVID and sickness skyrocketed amongst the staff—because you took all the healthy people out that were coming to work and were doing the job because they had natural immunity, or whatever the case may be.

And so it was a rather fascinating time to go through that at work, because my job was to train the staff. So every day I was interacting with different staff from all over the hospital. And one of the things that I found rather disturbing was that as soon as you take staff outside of their environment of the department they work in, and outside of the auspices of their managers and their directors and the hospital administrators that were all touting the narrative—as soon as you took them out of that environment to an off-site where they're training with me, every day I'm hearing about side effects from a bunch of staff that now feel free to be able to talk amongst themselves about that they felt coerced and bullied and harassed into taking a vaccine that they didn't want, and then now dealing with the side effects of that.

And it was really disturbing to that, because they would never say that in front of their manager because of fear of reprisal, fear of censorship, fear of being fired, even though they were vaccinated. And so it became somewhat of a safe place for them to share those things amongst other colleagues and to me. But again, there was no "if" I brought that up to my director and manager, because we managed the health and safety of staff. That was our job, so they needed to hear that. But of course, it's only my word, and there's no corroboration to what I would say. And so that very quickly became a point of vilification against me because, well, I'm just bringing up the negative points, "And it's only because you're unvaccinated and you're trying to make this seem like it's worse than it is." And so all of a sudden my name's getting smeared for simply just telling the truth.

So it was a difficult time to go through all of that, and especially this idea of knowing that I'm going to be fired—not for doing something evil or wrong. I didn't steal anything from the company, I didn't kill a patient, I didn't follow a wrong protocol. I simply did my job and told the truth. And even through all of this, there were so many little elements of manipulating data, manipulating the messaging, to just keep shouting to the staff of how they must get vaccinated or you're going to be fired.

Wayne Lenhardt
Let me bring you back to the timeline again. So at a certain point, I understand that the mandates came in, but the mandate was that you were allowed to test three times a week rather than get vaccinated, if that was your choice. Do you remember when that happened?

Mark Varga
That would have been probably right around August. So I was fired in October, and it was about three months or so of testing that I had to do. So we were basically given the mandate that according to the new policy, you have to test—and the policy that changed six to seven times in a matter of months because every two or three weeks, another version came out to deal with some other issue that had come up. But it was either you're going to be put on a leave of absence, effective, it would have been probably July-ish, around there, of 2021, or you can test for the three times a week for the next several months until termination date at the end of October. So I chose to prove that I am a good worker and to make the point that I'm immunized to it, so I had no fear of it. So I said, "I'll test as many times as you want to, just to show that I can be a good worker, a worker with a good work ethic and that wasn't afraid to keep going."

Wayne Lenhardt
So the three times a week testing, was that going to allow you not to have to get vaccinated? Or were they saying you could do this for a certain period of time, but at the end of that period of time, you better get vaccinated?

Mark Varga
Yes. It was simply going to be a temporary measure. And so I knew that. I knew going into it that, temporarily, I'm going to have to do this for a few months, but in the end run, I'm still going to get fired anyhow. But we're a sole income family, and so I knew that the longer that I worked, the longer we had a paycheck, the better our family situation was going to be.

Wayne Lenhardt
And when did they terminate you then, and how did they do that?

Mark Varga
So in the middle of October, I was pulled into a meeting where they basically asked three questions: "Are you aware of the vaccination policy?" "Yes, I am." "Our records indicate that you are not immunized or vaccinated per the policy. Is that correct?" I said, "No, that's not correct." They kind of stopped. "Oh, were you vaccinated?" I said, "No, I was immunized. I got COVID. Per the test results which Occupational Health has, I am immunized. So I'm not vaccinated, but I'm immunized." There was quiet. They didn't know what to say because I said, "Your own policy says that it's immunized/vaccinated. I'm immunized, but I'm not vaccinated." And then the third question was, "Well, because you're not, then you know that come October 22nd, you will be terminated unless you are going to get a vaccination. Are you going to?" was their third question. I said, "No."

So then they set a date for October 22nd as my termination date. And at that meeting, same three questions were asked—exactly the same three questions, the same way, and I answered in the same way. I said, "No, you're wrong again. I asked you to document it in a meeting two weeks ago that I am immunized." "Well, per the policy, it says vaccination only." I said, "Then your policy is wrong and goes against the previous policy that has been in place for decades that immune status is acceptable by laboratory results." So that was kind of the end piece of it.

Wayne Lenhardt
So as of October 22nd, then, of 2021, you were terminated.

Mark Varga
That's correct.

Wayne Lenhardt
Did they give you any severance or did you apply for unemployment insurance or anything?

Mark Varga

So they initially said, “You can also apply for a vaccine exemption per the human rights code.” And so I did that as well because that was allowed under here. But even that, I gave it to my director to look it over and to give me some advice and feedback before I submitted it. And she says, “It looks great, you should,” If it were up to her, she said “You would get an exemption based upon what you’ve written.” She said, “But I’m just going to tell you ahead of time off the record, the hospital has made a point. They are accepting no exemptions, and they are denying every single one of them because they want people to go to the tribunal, to get the tribunal to make a decision and not make a decision at that level.”

And in the letter that came mere days after I submitted, the response from the hospital was: “According to the human rights code, you are not entitled to an accommodation from the vaccine mandate because of the health and safety risk to the general population”—even though I’m immune. And so that was the one piece of it. And then, there was no, “You’re going to be given a record of employment.” But at that time we were also told, and that was in the news, that EI (Employment Insurance) was not accepting any submissions for employment insurance from anyone who’s not vaccinated and was fired from their job.

So I was kind of in this tough spot. The government says the Human Rights, I’m not accepted under that. The government under EI, even though they’ve forced me to pay for 30 years into the system, I can’t ever access that money because I’m not vaccinated. And then on top of that, because they mandated it to health care, and that’s where I was working, and all hospitals at that time had the vaccine mandate, I couldn’t work within my field, and I couldn’t go back into health and safety because most of the health and safety roles as managers also had vaccine mandates.

So I couldn’t get EI because I’m unvaccinated. I couldn’t get another job within my area of expertise because I’m not vaccinated. So I was in this spot of: “So I’m without a job and without any prospective job in the future related to what I do because I chose not to be vaccinated.” And part of that choice—and I guess I should have started with that part of the story—is back in 2015, I went on a mission trip to Zambia, Africa, to Lifesong Harmony Schools, where a friend of mine was operating a school for orphan children.

And when I went there, because we were travelling through Ethiopia, I had to get the yellow fever vaccine. And it was a requirement. And at that time, I believed the science, I believed the pharmaceutical industry, I believed, you know, that everybody had my good health in mind when doing things like that. And so I took the vaccine and went to Zambia and I came back with allergies to eggs, gluten, and dairy. So now my diet is forever changed or I have a messed up gut from a vaccine that I was forced to take.

So with that kind of brooding in the back of my mind, I’m now put into another situation where I’m forced to take a vaccine that nobody tells me what the side effects are to. And I know what happened the first time; I’m not exactly too excited to have it happen the second time. And so that was kind of also lingering in the back of my mind.

Wayne Lenhardt
So how long were you unemployed then, at that point?

Mark Varga
So I went through one whole year of just literally living on savings. I took all my pension out of the hospital, which obviously hospitals have great pensions. So being in the hospital for almost ten years, I had at least a decentable size of money to be able to draw from. So for

the first year, I just pulled out savings from retirement, and by year two knowing that I can't do that for that long. I'm only 50 years old at that point in time, a little early for retirement. And so my wife and I were talking about it and trying to, like, "What do we do? How do we get an income?" And we were praying about it, and really just—my wife's a phenomenal baker, and so we said, "You know what? Why don't we start self-employment and just do a gluten-free bakery?"

And so that's what we started. A year later after that, so in 2023, my youngest teenage son decided he wanted to open up a coffee bar. So I've helped him launch that as well, pulled a little bit more from savings. So, yeah, we're definitely not in the black yet, from a financial perspective. I'm still pulling from my savings, but I have to say, God is faithful. The stress of not going into that environment of health care anymore, and instead working with my family every day is fantastic. Because the health care industry, I was proud to work in it when I was there, because you were there to help people. You were there to heal people. But over these last few years, the health care industry has turned into the death care industry.

And it's insane. Everything that I was taught going into health care was thrown out the window. From, "Well, you can't wear a surgical mask into a TB room because, well, that's airborne and you're going to get TB. You have to wear an N95, and you have to be properly fitted." I was a mask fit tester for N95 for the staff, and then all of a sudden now we have this new airborne virus, supposedly that it's safe now to wear a surgical mask? "And don't worry, you won't— It's okay, but wear it all the time, even outside the hospital—even outside."

It's just all of science, everything that I knew growing up that I was taught in school, from textbooks, from teachers, from experts, from reading journal studies—all of that was thrown out the window to say, "No, we have new science that tells us differently." But nobody could actually show that science. And it didn't matter, because if you questioned that, you were censored, you were shut down, and you were fired.

Wayne Lenhardt
Were these mandates ever lifted? Are they still in place in Ontario right now?

Mark Varga
In Ontario, as far as to my knowledge, all of the hospitals still require a COVID vaccine to work there.

Wayne Lenhardt
Right. And was that a provincial requirement, or was that just the hospital doing this?

Mark Varga
To be honest with you, I'm not 100% certain. I know it came down from, I believe it came down from the Ontario government at the time. Then I believe that was lifted from the government's perspective, but all the hospitals kept it in place in spite of that.

Wayne Lenhardt

I think at this point I'm going to ask the commissioners if they have any questions they'd like to ask.

Commissioner Kaikkonen
Thank you, Mark, for your testimony. I have a couple of questions. The first one: You referenced the policy changing every couple of weeks. Do you have copies of that? And did you submit those to the commissioners?

Mark Varga
I submitted the final version six of it, but I can go back and I can submit all of those. Yes, I made sure I kept a copy of every one of those policies, because it just kept on growing and growing and growing, and it was just like, that doesn't make sense to me.

Commissioner Kaikkonen
But it would be helpful for us when we write the report.

Mark Varga
Yes. Yeah, I will make a point of doing that.

Commissioner Kaikkonen
And then the second one: I just want some clarity around the human rights tribunal. Which code was it? Was it religious exemption that you were looking for?

Mark Varga
So I applied under the religious creed, and I believe in the documents that I did submit is the letter, and in there they reference the code and where it talks about where those that are applying under the religious exemption were not entitled to accommodation in there, and they gave their reasoning for it. So it was a way of saying, "You can apply, the policy says you can apply, but we're really not going to accept any of them." And to my knowledge, not one of the exemption letters were accepted by the hospital.

Commissioner Kaikkonen
And did you get a letter from London Health Sciences that refused you as well for the religious exemption, or there was no—

Mark Varga
That was their reference. Their part of the letter is one little paragraph, and then the bigger paragraph is the human rights code, and then basically saying, so on behalf of it, we thank you for your time, but we're not accepting it.

Commissioner Kaikkonen
Okay, thank you.

Wayne Lenhardt
Any other questions?

Commissioner Drysdale
Just a couple of questions. When you were employed at the hospital, were you under a collective agreement? Did you have a union?

Mark Varga
So when I was first hired by LHSC, I was. And so I came in actually for the first time in my life as a unionized worker. Up until then, I was never unionized in all my career. And so I came in as a unionized worker, and then within probably by about the first year or two into that, my time at LHSC as a clinical educator with ONA, the Ontario Nursing Association, they petitioned to change that role to a non-union position because I didn't carry a nursing designation. I didn't have a BHSc in nursing, so therefore how can I be part of ONA when I'm not a nurse? So then halfway through my time at LHSC, I switched from unionized to non-unionized. So in a sense that kind of maybe hurt me, too, because I had nobody covering my back—not that they did a lot for them, but.

Commissioner Drysdale
How busy was the hospital? I mean, you left the hospital in the fall of 2021, right? And so through the period of time that the government was messaging that the hospitals were overcapacity and that they couldn't handle the load, what did you observe?

Mark Varga
So, obviously, training various staff in various departments, I was all over both campuses at LHSC. And so what you saw was overcapacity in one area because the other areas were undercapacity. Because they had certain wings of the hospital completely shut off. No patients there, no staff there, because that was just in case COVID ramps up and we have thousands of people and thousands of cases at once, so we're keeping that as a separate COVID wing, even though we may have nobody on it or only one patient on it.

And so, yeah, the overcapacity was much like it always has been as long as I've been at the hospital. It's in Emerg, or in potentially ICU, because what we saw throughout the pandemic was the rush to ventilate. And so, of course, that can only be done in ICU. So those two areas of the hospital had always had more people in it, but the rest of the hospital was not. Staff were walking around bored on certain departments and certain floors because there was no patients to take care of, or only two because they wanted to cohort COVID patients together. And so, yeah, there was a lot of number-switching, if I can call it that, to make things look worse than they are.

Commissioner Drysdale
Understood.

Mark Varga
At least that's my observation.

Commissioner Drysdale
So, obviously the policy of the hospital for everyone to be vaccinated applied to all staff. And so my question is: Are you aware or do you have an estimate or a feeling of how many people in that hospital that work there were in the same position as you and lost their jobs, or they took early retirement, or they quit or they were fired?

Mark Varga
So here's funny you should ask that. This is, again, another one of those areas where truth was trampled in the streets, as Ezekiel says, or Isaiah, one of the prophets, right? Where truth was not relevant, not important. LHSC reported to the London Free Press that they only terminated 84 employees for not being vaccinated. And yet at the same time, I'm watching the numbers they're reporting, because they started by reporting it in June by department: how many of the staff were vaccinated, how many were not vaccinated, as a way to force those that weren't vaccinated. "See how many of your colleagues are getting the vaccine."

And so in June, it was 70% were fully vaccinated. By September, it was 80% were fully vaccinated. And then within just a period of from September to October 21st, there was only an additional 325 staff according to their numbers—and I have those, I saved those—according to their numbers, there were only 325 more staff that were vaccinated the day before I was fired. And it said that there were 8500 staff in the hospital that were fully vaccinated that amounted to 92% of the hospital being vaccinated.

So then I'm thinking, so if 8500 amounts to 92%, then what happened to the other 700 that weren't vaccinated? Because if your policy says you're going to terminate them, well, 700 doesn't amount to 84, which is what you're reporting to the public. And then at the same time, in order to get 92%, our staffing rates at the hospital consistently over the years has always been around ten and a half thousand. Well, to get to 92% when 8500 are vaccinated means you're missing about 1000 people in addition to the 700 that didn't get vaccinated. So according to the numbers, it sure looks like there's between 1000 and 1500 that no longer are working at LHSC that were prior. So I don't know where those numbers went to, but according to them, they only fired 84.

Commissioner Drysdale
I want to ask you with regard to your expertise about occupational health and safety, particularly with PPE: We've heard testimony from a number of witnesses that the vaccines have caused injury. As an employer, when you provide an employee with PPE or a procedure, and that procedure or PPE is faulty and causes harm, is that employer liable for having provided or forced you to use that PPE or that procedure?

Mark Varga
Of course, because it's inadequate. I mean, that's been always the history, and that's why, I mean, within the health and safety realm, we were always retraining and training again. And if there was any discrepancy between a person's following or not following, I guess, the prescribed PPE, there was always education, instruction, discipline, and potentially up to the point of termination if you didn't follow the proper PPE.

Now, if the company was wrong on the PPE side and an employee was injured, there's always going to be an investigation from the Ontario Labour Board or the Ministry of Labour who would come in and they would then, after review say, "That wasn't adequate

training, that wasn't adequate PPE, that wasn't adequate managing and disciplining of the employee for not wearing the proper PPE," whatever the case may be. And then there would be charges and a fine, typically, to the employer for not following the proper—

Commissioner Drysdale
Right. So the employer had a responsibility then to ensure that the procedure or the PPE was safe.

Mark Varga
Correct.

Commissioner Drysdale
They had a responsibility and a requirement to inform you of what the risks were of those procedures or those PPE they provided you with. So in your experience, or in your opinion, as someone who's worked in that area for a long time, enforcing somebody or mandating somebody to take a vaccine to supposedly prevent something from happening in the workplace, would that not cause that vaccine, or the mandate to take a vaccine, wouldn't that then become an item of PPE that the employer was responsible for?

Mark Varga
That's an interesting question, actually, that I've never actually heard posed before or thought about. Because typically, personal protective equipment, PPE, was always something that was external to the body. And so you could put on gloves, you can put on masks, you can put on a whole suit, all kinds of stuff like that, because it's something that you're just simply wearing or putting over the body. Whereas their vaccine and the policies and the messaging that they were saying is that this vaccine is protective against COVID. But yet if it's protective, then it should fall under some sort of personal protective—maybe it's PPI, injection? I'm not sure.

But, yes, technically, an employer should be liable, especially those industries that didn't deal with patients, that didn't deal with vulnerable sector, people that had all sorts of comorbidities and all those other things that go on: fast food restaurant or, you know, even auto manufacturing, or whatever. Because I had friends from Chrysler that were still back at Chrysler, even though I wasn't there, that Chrysler put in a mandate for their auto workers to be vaccinated or be terminated. And a matter of fact, a friend of mine was told he was going to be terminated. He chose early retirement instead. But yeah, that was the thing, and yet it's not personal protective equipment. You're saying it is, but then if it is, then you're liable.

And so it's, again, throughout this whole pandemic, it's this doublespeak. It's okay for you, but not for me. And I think that was, again, frustrating because truth is so important. We can't survive, this country can't survive if you don't live on truth.

Commissioner Drysdale
Did you feel pressure or coerced? Would you feel coerced to take the vaccine?

Mark Varga

Absolutely. And that was the other thing that was frustrating too, because as a health and safety manager, not only did I deal with policies that related to immunization and vaccination, I dealt with policies related to bullying and harassment in the workplace. I wrote those policies, I knew those policies back and forth. I participated in meetings with staff members that were accused of that, with labour relations and all that kind of stuff, and with unions.

And it was mind boggling to me that we all know the policies and what they say and that you can't do that, but yet when the employer does it, it's okay because they got the rubber stamp to bully from the government. And yeah, it was frustrating because I couldn't point out to a policy and say, "But you're not following the policy." "But that doesn't apply, because this is for the health and safety of the patients." But yet you can't prove that unvaccinated people are actually giving COVID to the patients.

Commissioner Drysdale
Thank you very much.

Wayne Lenhardt
Are there any other questions from the commissioners?

Commissioner Robertson
So you were working in the capacity of occupational health and safety?

Mark Varga
Yes.

Commissioner Robertson
And I know you're in the hospital. Do you know of other criteria that was being imposed on people in the outside world? Because I know of some people, they're iron workers and they were going 40-60ft in the air. And we're told, "They're on their own, they have to wear masks, they have to wear face guards." Like, do you have any knowledge on that?

Mark Varga
It was across many industries, and not just the mask, because again we were all told: "You go into a grocery store, you got to have the mask on. You go into the restaurant, you got to have a mask on until you sit down and take your mask off because COVID can't happen here, it can only happen over there." And so, yeah, there was a lot of that within every industry, even something as—and we had this at the hospital too—even remote workers at the hospital that didn't work [there].

Because that was one of the things: My bosses supported me, and I have nothing bad to say about my bosses, because they really tried hard. When I was told that I was going to be terminated at the end of those three months of testing every other day, my boss was working to try to get me— Because up until then, up until just before the vaccine mandate, I was the only one doing all the workplace violence training in the hospital. And then just at the beginning of that year, January-February of 2021, they hired six more to help me out because they had made a commitment to the unions to train staff faster. Because if everybody's got to come through me, I'm a bottleneck for training 10,000 people. So more

staff were hired that were going to report to me, and I was going to oversee the whole program and the rollout of it.

And when they told me that I was going to be terminated at the end of the three months of testing, my boss said, “You know what? Let me see if I can figure out a way to get you to remotely, because you’re the expert on this. You have the best training. You set up the whole program. I want to keep you overseeing it. So if I can do this remotely, would you be willing to stay on it?” “Absolutely.” And very quickly, as much as she pushed, the hospital pushed back and said “No, even remote workers who don’t come into the hospital must be vaccinated.” Which is ridiculous, but yet that was the ludicrousy. There was no rationale, there was no logic to any of the arguments. It was just, this is—and I appreciated Dr. Thorp’s testimony—this is what we’re being paid to say, and therefore this is what we have to do.

So, yeah, every industry, from auto workers to iron workers, as you said, to remote workers that don’t even come into a workplace, it was rolled out because everybody was scared of what the government was going to do if they didn’t follow it. Yeah, unfortunately, a lot of people—well you know. Of anybody, you know the best the extent of the people that were injured by the vaccine mandates—whether physically in their flesh, mentally, spiritually, emotionally. The ramifications are so disastrous.

Commissioner Robertson
I agree.

Wayne Lenhardt
Any other questions? Going once. On behalf of the National Citizens Inquiry, I want to thank you very much for your testimony.

Mark Varga
I want to thank all of you as well. I appreciate it.

NATIONAL CITIZENS INQUIRY

Regina, SK **Day 2**

May 31, 2024

EVIDENCE

Witness 9: Allison Nesdoly
Full Day 2 Timestamp: 09:59:07 – 10:23:13
Source URL: https://rumble.com/v4z9kv2-nci-regina-hearings-day-2-may-31-2024.html

Kassy Baker
Hello. I'm here with our next witness, Allison Nesdoly. Allison is going to testify as to some of the observations she's made during her time working in long-care facilities since the vaccination. Allison, before we start that, can you please state your full name and spell it for the record, please?

Allison Nesdoly
Okay. My name is Allison Mariah Fawn Nesdoly. A-L-L-I-S-O-N N-E-S-D-O-L-Y.

Kassy Baker
And do you promise to tell the truth at these proceedings?

Allison Nesdoly
Swear to God, yes.

Kassy Baker
Very good. Can you tell us a little bit about your background to start with. I understand that you have a family and children, and I understand that you live relatively nearby. Is that correct?

Allison Nesdoly
Yes.

Kassy Baker
Very good. Can you just give us a bit of your educational background and your background working in long-term care?

Allison Nesdoly
So, I have a CCA [Continuing Care Assistant] certificate from the Northwest Regional College, so I was working as a CCA for a number of years. I also have an admin certificate from the online Robertson College.

Kassy Baker
And I understand you graduated in 2009 with what is essentially your health care aid certificate, is that correct?

Allison Nesdoly
Well, I believe that was 2008.

Kassy Baker
Okay. And you've essentially been working in long-term care since that time. I understand you have a family, so there's been a few interruptions.

Allison Nesdoly
Yes, we've moved around in the meantime.

Kassy Baker
Very good. But since that time, you've had experience, and it's all been in long-term care facilities, correct?

Allison Nesdoly
Yes.

Kassy Baker
Very good. So, as a health care aide in a long-term care facility, what are your duties and obligations?

Allison Nesdoly
So we're supposed to notice if anything's changed with the residents. We provide care. We help feed, we help bath them, we help get them dressed. We're, you know, emotionally supportive to how they feel. We help porter them out into the dining rooms.

Kassy Baker
So it's safe to say that in your line of work, you're working in very close physical and perhaps emotional or psychological contact with your residents. Is that correct?

Allison Nesdoly
Absolutely.

Kassy Baker
And I understand that you actually worked in several facilities when you resumed your work here in approximately January of 2001. Is that correct?

Allison Nesdoly
Yeah, like I did casual, but full-time hours in one facility, and then I branched out to a couple others.

Kassy Baker
Very good. I understand when you did return to working in long-term care, it was shortly after the first vaccination had been administered to the residents. Is that correct?

Allison Nesdoly
Yeah.

Kassy Baker
Okay. And I understand that you observed a number of unusual phenomenon at that time. Can you please describe some of those for us?

Allison Nesdoly
Well, I noticed a lot of them would decline. They would have rashes. There would be rashes on their peri area that, like, I've never seen that red before.

Kassy Baker
So by rashes, can you just briefly describe what you mean when you say "rash"?

Allison Nesdoly
Well, just on their skin. Rashes, like on their crotch area, too—like, really, really red. Soreness, like a lot more pain. They just seem to deteriorate, a lot of them.

Kassy Baker
And this deterioration, or this decline, as you described it earlier, was that limited to physical symptoms and a physical decline?

Allison Nesdoly
Ya, well, like, they couldn't walk as well anymore. They stopped walking after a while. Like, they would just get sicker and sicker and go downhill.

Kassy Baker
Did you notice any cognitive decline in the residents after this vaccination?

Allison Nesdoly
Yeah, not initially right away, but down the road, yes.

Kassy Baker
Now, I understand that you returned to work again in early 2021 and that at some point a vaccination policy was brought into your places of employment. Did you choose to be vaccinated at that point?

Allison Nesdoly
No. I was going to have nothing to do with that.

Kassy Baker
And why did you choose not to receive the vaccinations?

Allison Nesdoly
Because I was looking at information around the world. I was doing some of my own research. I also have a sister and a brother-in-law that are lawyers, and they warned me against how dangerous this vaccine was.

Kassy Baker
When we were discussing this previously, you mentioned that you had also had some previous health concerns regarding vaccinations. Can you describe those for us?

Allison Nesdoly
Yes. Well I have a history of reacting to vaccines—not very well. From when I was a baby, my mother told me my leg blew up and I had different symptoms because of that. And, yeah, so I missed quite a few of my childhood ones. And as I grew up and I got into health care, with some coercion from the health nurses, I decided to get some, but I just felt like I reacted to them. I almost felt like I developed some arthritis and some issues afterwards that I didn't have prior.

Kassy Baker
So just to summarize, you did receive some early childhood vaccinations, but your mother described a reaction that, of course, you don't remember because you were quite young. Is that right?

Allison Nesdoly
Right. Yeah.

Kassy Baker
And that reaction included some swelling on—

Allison Nesdoly
Yeah, swelling. My leg blew up is what she said. And then they needled me again. And then she didn't go into detail, but my reaction was even worse, she said. And then even the doctor had said, "Well, maybe we'll wait till she's older," or whatever.

Kassy Baker
So as a result, you didn't receive any further childhood vaccinations at that point, correct?

Allison Nesdoly
Well, when I got a little bit older, I had gotten, I think, the tetanus one. And then after that, I never did receive the Hep vaccinations until I was in my twenties.

Kassy Baker
And that was when you entered into the health care field, correct?

Allison Nesdoly
Yeah.

Kassy Baker
Good. Now, you've described some of these phenomena that you witnessed after vaccination amongst the residents. Did you also observe anything unusual with your coworkers who had been vaccinated?

Allison Nesdoly
Yes, you know, I'm a carer. That's what we were trained to do, is to pay attention and listen to people, right? So I noticed with other staff, they were complaining about arm pain that lingered, headaches—wicked headaches that they've never had before. One in particular instance, I had a staff member, she developed a really big, large red rash on the side of her stomach there. And she actually let me take a picture of it. She also had COVID prior to her vaccination, had a vaccination and had COVID again at least, I think, twice more that I know of.

And then she said, "I'm just itchy here." And she had this huge rash. And eventually, too, it looked like honestly it aged her. I honestly can say that. She looked like she aged ten years, on top of she was telling me, "Oh my foot hurts now, my leg." So in my mind, I thought, "Okay, did you develop some kind of immune disorder or arthritis or—?" You know, that's what was going through my head.

Kassy Baker
You've described a number of skin phenomena. Had you noticed any other more significant or more concerning phenomena among the staff?

Allison Nesdoly
Lumps on staff that they would show me. I noticed, one nurse, he had developed a rash on his neck, but it looked like open sores. And I think he was getting treatments for them, but it

would go away, but then return. I know a nurse had seizured, and another care aid had seizured and passed out while she was in her vehicle on break. Thank God she wasn't driving.

Kassy Baker
And did these seizures occur close to the times that these individuals had been vaccinated, to your knowledge?

Allison Nesdoly
Yeah, close to my knowledge, yeah.

Kassy Baker
Okay. Within how long would you estimate?

Allison Nesdoly
I can't be quite sure of that, but it was shortly after.

Kassy Baker
Like, days?

Allison Nesdoly
Yeah. Probably, yeah.

Kassy Baker
Something along those lines?

Allison Nesdoly
Yeah.

Kassy Baker
Did you discuss these observations with any of your co-workers? Was this something that the staff would talk about?

Allison Nesdoly
You know a lot of the co-workers were talking amongst themselves. They were talking about it and they were concerned. Yeah.

Kassy Baker
You mentioned at one point— I just want to go back to vaccination of the residents. Of course, you arrived shortly after the first dose had been administered, but then there were, shortly thereafter, second and third doses administered. Did you notice any patterns or any reoccurring phenomena that would occur after vaccinations?

Allison Nesdoly
It wasn't just me that noticed it and was concerned. It just seemed like every time they would roll this out into people's arms, we'd have mass outbreaks of COVID or RSV. RSV I've never seen like that.

Kassy Baker
Just for clarification, can you tell us what RSV is?

Allison Nesdoly
It's a respiratory virus.

Kassy Baker
And so you and the other staff, just to summarize, you noticed that shortly thereafter each round of vaccination, there would be an outbreak of COVID and/or RSV, is that correct?

Allison Nesdoly
Kitchen staff and care aides, housekeeping staff, we were able to predict what floor was going to have an outbreak even before it occurred, because we knew they were getting these shots.

Kassy Baker
And approximately how long after a floor would be vaccinated would an outbreak occur?

Allison Nesdoly
Probably a few days to a week. It just seemed like there was always a pattern of that.

Kassy Baker
I see. Is there anything else that you observed that you feel should be noted or mentioned at this point?

Allison Nesdoly
Yeah, I was working on one of the floors, and this one really bothered me. I used to take care of this elderly woman, and she had beautiful olive skin, and she was the sweetest lady. And I helped do her care and I'd help toilet her and that. And she was even able to stand out of her wheelchair, grab onto the rail and, you know, help turn herself. She was quite still ambulatory. And then she was getting them too.

And it was about, I don't know. I don't know quite the timeline, but it just seemed months down the road, she went from being a fairly healthy individual, considering she was in a nursing home, to now she was in a Broda. Her beautiful olive skin was now black and gray, and you couldn't move her from her bed to her Broda or barely move her without her just screaming because she was in so much pain. And another thing I noticed, too, like when I went behind her to move the Broda, I noticed on the back of her neck, she had weird lesion-

like holes—like I want to say about the size of a dime, maybe a little smaller—that she had on the back of her neck, which I thought that was really weird.

Kassy Baker
Had you ever seen anything like this during your time in the care home previously?

Allison Nesdoly
No.

Kassy Baker
Okay. You gave me one additional example regarding a gentleman that you cared for. Can you describe that experience?

Allison Nesdoly
Yeah, that was pretty disturbing, too. I was on another floor and this man, he was quite thin. He was in a Broda, but he was very strong and a bit aggressive. And he was probably strong enough still, honestly, when he was mad to grab me and throw me around. I liked that guy, though, but he'd wear the cutest hats and he could feed himself sometimes. And his Broda was parked outside of his room across from the nursing station, and he had received, I want to say a flu shot and a COVID shot—he got plugged with both. And he went from being his regular self, and he'd sat in that Broda and he was kind of like screaming quietly like, "Ahhhh," just like that. You could tell the poor man was in pain. Something was going on.

Kassy Baker
And just to clarify, this was a significant change from his previous condition, is that right?

Allison Nesdoly
Yeah. Yeah.

Kassy Baker
And within approximately how much time would you estimate from when he received the vaccinations did this change in his condition occur?

Allison Nesdoly
Well, I don't quite know what time during the day she gave it to him. But what I found disturbing was I was standing over him, watching him, and the nurse who did it, she came up and she kind of looks at him, she's like, "Gee, you know, he was having such a good day." So with her words there, I knew he was okay prior. She's like, "He was doing just fine. I thought he would be able to handle it." And she just looked puzzled and walked away. And I was thinking, "OMG, this is horrible." And then I think that was my last shift. I returned shortly after, maybe a day or two, and he was dead. He was gone.

Kassy Baker

Thank you. What made you want to testify today?

Allison Nesdoly
Because I'm concerned. I am really worried for this country, for people. You know, is the cure worse than the disease? We don't really know enough about this. We don't even know really exactly what's in it. And then there's so many experts, too, that have a lot of medical knowledge and they're advising against these shots. And another thing that bothered me about that, too, was I knew that wasn't that man's—it wasn't his first shot. I had asked a full-time staff on that floor, and she's very smart and knowledgeable, and she figured that was probably his fifth one.

Kassy Baker
And I understand that there are still ongoing boosters within the care facilities that you're working, correct?

Allison Nesdoly
Sorry. Can you repeat that?

Kassy Baker
Sorry. There's ongoing boosters of a majority of the residents at this point?

Allison Nesdoly
Yes. Yeah.

Kassy Baker
Do you know how many boosters have been administered to a majority of the residents at this point?

Allison Nesdoly
A hundred—no, I don't know. Like, at least while in one facility, I think if they're on at least, like, their 8th or 9th one. It's a lot.

Kassy Baker
All right.

Allison Nesdoly
Yeah.

Kassy Baker
Thank you very much for your testimony. Those are all of my questions. Are there any questions from the commissioners?

Commissioner Drysdale
Have you any idea how many people like you were either fired or left the facility due to the mandates?

Allison Nesdoly
I'm not sure how many left because of the mandates. I knew some girls had seemed to develop kidney problems, and I know one for sure, she quit and she went into a total different area of work. You know, truthfully, I don't think I got it as bad as maybe some of the other staff did. I was lucky that way, for some reason. They wouldn't like—you know, you dealt with bullying and snarky comments, right? Snitty comments. But they never directly would approach me and be too snarky. They would always more like make their snarky comments in front of me, and I just ignored it, basically.

But I know they had turned around and then they implemented a program where you had to pay like $225 to $250 off your check to pay for those tests—not the PCR where you stick it up your nose, but just the swabs. So they were making the unvaccinated staff pay for that. I somehow was lucky. They didn't go after me until the last minute, and by then I knew Scott Moe was going to pull it right away.

And so when the manager came and approached me and asked, "Are you vaccinated?" and I kind of just smirked at her. And she's like, "Well, you have to sign up for that program." And I said, "Well, I'm pretty sure Scott Moe's pulling it tomorrow, because that's what I was told. Right?" And she's like, "This is the SHA. No, that's not going to happen." And then the next day, luckily, it was pulled, and I was so grateful.

Commissioner Drysdale
In your best estimate, how many of the residents were unvaccinated—didn't even have one shot?

Allison Nesdoly
Well, the two? Unvaccinated?

Commissioner Drysdale
Unvaccinated. Right?

Allison Nesdoly
That's the funny thing, is I know of two in one facility, and one lady, older lady, she was never in really good shape, but the funny thing is, they're still alive.

Commissioner Drysdale
Did they have any lockdowns in the facility while you were there?

Allison Nesdoly
A lot of isolation. A lot of residents had to stay in their rooms when outbreaks would occur.

Commissioner Drysdale
But I thought you said, except for two, they were all vaccinated.

Allison Nesdoly
Well, when outbreaks would occur, they would go to their rooms, right?

Commissioner Drysdale
But wouldn't they be protected from something if they had multiple vaccinations? Why would they have to be locked down if they had multiple vaccinations, you think?

Allison Nesdoly
Well like I say, every time these shots rolled out, it seemed, poof, we'd have outbreak after outbreak.

Commissioner Drysdale
Can you comment on the effect that locking up an elderly person in their room for some period of time— You didn't specify if this was an hour at a time or days at a time. Was it like a day? Was it two days? Was it a week?

Allison Nesdoly
It would depend on how many people were sick, I guess.

Commissioner Drysdale
Well, what did you see? Did you see people locked up for a day, two days, week?

Allison Nesdoly
Um, sometimes a few days, or longer. I would say, maybe a week or two.

Commissioner Drysdale
During these lockdowns, were their loved ones able to come and see them?

Allison Nesdoly
Well, I think there was debates about that. I think there was some staff in one facility that I know of there was still some people that were coming in, but they had to mask up. But I think when there was huge breakouts, I think they were pushing them to stay out.

Commissioner Drysdale
What would be the effect of isolating an old person locked up in a room for days at a time? Would that be a benefit to them? Would they do better after that? Or would that damage them mentally, physically, emotionally, spiritually?

Allison Nesdoly

Oh, it was, you know, loneliness, depression, and you could tell when they were allowed to come out, they were so happy and so excited. And it probably did affect them mentally and, you know, it probably made them— I know with one particular resident, I think he got used to just being in his room, so afterwards it was hard to integrate him to come out more.

Commissioner Drysdale
I think that's all I've got tonight. Thank you.

Kassy Baker
Are there any questions from any of the other commissioners?

Commissioner Drysdale
No.

Kassy Baker
Very good. On behalf of the National Citizens Inquiry, I'd like to thank you very much for your testimony here today.

Allison Nesdoly
Thank you, guys. Appreciate it.

Witness 10: Marcos Sobral
Full Day 2 Timestamp: 10:23:51–10:45:52
Source URL: https://rumble.com/v4z9kv2-nci-regina-hearings-day-2-may-31-2024.html

Wayne Lenhardt
Our next witness is Marcos Sobral. Could you give us your full name? Spell it for us, please. I'll do the oath with you and we'll proceed.

Marcos Sobral
Yes. Hello, I'm Marco Sobral. M-A-R-C-O-S Sobral. S-O-B-R-A-L.

Wayne Lenhardt
And you swear to tell the truth, the whole truth, nothing but the truth?

Marcos Sobral
Absolutely. I surely do.

Wayne Lenhardt
Thank you. Okay, this is going to be a bit of a blitz through your university career, starting with your undergrad and going on to doing your master's degree. So let's set the table here quickly. Stop me if I get any of this wrong. In 2020, you are still an undergraduate at the University of Winnipeg, correct?

Marcos Sobral
Yes.

Wayne Lenhardt
And in 2021, you were accepted into the master's program at University of Winnipeg.

Marcos Sobral
In 2022.

Wayne Lenhardt
Oh, in 2022**.**

Marcos Sobral
Yes.

Wayne Lenhardt
Great. Okay, you had to finish your honours year. Was that 2021?

Marcos Sobral
The honours year would have been fall of ’21 into winter of ’22. Fortunately, we were allowed to complete it all online.

Wayne Lenhardt
Right. Okay. Then you submitted a thesis. You got a thesis advisor, I believe, in June of 2023, correct?

Marcos Sobral
About, I’d say, May or thereabouts, yes.

Wayne Lenhardt
You had a project you had to do in 2023, something called Knowledge Synthesis Project, correct?

Marcos Sobral
That came later, in the winter of ’24.

Wayne Lenhardt
Okay. And then you had a whole bunch of trouble with getting advisors and whatnot, and it seemed to relate to COVID. So perhaps you could maybe just go through that area and how it all developed.

Marcos Sobral
Sure, yeah. Thanks, of course, to you and the other council and the commissioners and, of course, all the others who are willing and able to testify, of course also to our good volunteers. And a special thanks to our Canadian truckers and everyone else who would not bend the knee to the sycophants in Ottawa and Davos. And for me, it all started: There was a personal journey that was extremely destructive, but academically, it all started in June of 23, June 8th approximately, when I had a great advisor who I very much admired and looked up to. He was a prolific scholar in my eyes. And I submitted my thesis proposal for my masters that I had been working towards for years, as we mentioned.

I had advanced degrees from the University of Manitoba in the past, but the truth and pursuit of knowledge has been sort of a singular obsession of mine, so I wanted to continue

and pursue it even further. And you had to get an honours degree to be accepted into the master's program. So I did. And when I submitted that thesis proposal—you know, I'm not a straight A student; I don't have all A's; I've even had a C+/ maybe once or twice—but I've never had my work ridiculed, and it was ridiculed. I was threatened to get dumped from my advisor, and I was told that he had no interest in doing anything about COVID, and nor would anyone else in the department.

And, you know, as everyone else here I'm sure early on could see a lot of the deception, misdirection, and lies that was going on, with especially mandates, I mean, it failed sort of every test of logic. The masking, especially the lockdowns, failed every test of ethics, every test of logic. I mean, if lockdowns worked, why did we do them? And if they didn't work, why did we do a second one? I mean, we could go on. So I wrote about that, and my whole first year of training was about how to do qualitative work, specifically interviewing people. And it was expected that my project would involve interviewing members of the community.

And so I thought this would be a great opportunity to present some research that I had done and see what the public thought about: What do you think about COVID? What do you think about, sort of, everything that's happened?

So it was basically just about something that had always had me curious, ever since early 2020 when I saw people descending into madness on social media was: How could you compel people to behave in ways they normally wouldn't? Why would someone do something, for instance, like take an experimental medical treatment that they normally wouldn't, that they don't want to take, and they actually, if you ask them, can't tell you coherently why they want to take it? And so this is what I had been sort of really inquisitive about. So I put that all into my thesis proposal that really just had to do with conformity, psychology, the experiments of Solomon Asch going back to the fifties, et cetera, et cetera.

Wayne Lenhardt
And at that point, at least one of your professors had written something about COVID hadn't they?

Marcos Sobral
Yes. And so that came a bit after I started asking for help. I wrote several emails saying, "Well, I don't understand. Please help. Please help me understand. I can see that you have published several articles on COVID. So have other department members. What's the problem?" And, you know, reflecting now with the benefit of hindsight, it's very clear why: because I did not conform to the prescribed narrative. And I think I've heard sort of confidentially told to me that I was viewed as a dangerous intellectual that had to be silenced, blackballed, blacklisted—and they went to great lengths to ruin me. And it's been twelve months of a sustained effort to do so, to this day.

Wayne Lenhardt
Okay. So let's go through this really quickly. You had one of your advisors, I believe it was your advisor, that had done something on COVID. You made a submission that had something to do with COVID.

Marcos Sobral
Yes.

Wayne Lenhardt
And all of a sudden, they told you that they would not touch anything relating to COVID. Is that fair?

Marcos Sobral
Yeah. Your submission is not good, and we're not interested in doing anything related to COVID.

Wayne Lenhardt
So you tried to comply with what they were asking for. But at that point, the doors seemed to start to close on you. Is that fair?

Marcos Sobral
It was based on material that they had told me about, the work of Stanley Cohen and moral panics. That's been a very well-studied phenomenon. And so I took that material, and that's what I used for my first thesis proposal. And they urged me to do a second thesis proposal with different material from Stanley Cohen based on a book called *States of Denial*. And so I did. And they said it had to be criminological because I was in the criminal justice department, so it had to have a strong emphasis on criminal justice.

And I thought, "Well, what better than the extensive criminal history of the pharmaceutical industrial complex," right? So these companies that have a prolific history for paying, you know, record criminal penalties for fraud, falsifying data, bribing physicians, they've paid tens and millions, and in some cases billions in penalties. And, you know, there was one paragraph there that was about vaccines because it's a significant issue, aside from opiates and everything else. And some professors were quite measured. They said, "I'm not interested." And others blasted me and said they didn't want to participate in an anti-vax project.

Wayne Lenhardt
And another professor that seemed quite helpful to begin with gave you a zero on a project.

Marcos Sobral
That also came much later.

Wayne Lenhardt
Oh, okay.

Marcos Sobral
So by now, at this point, it's probably July. I've submitted two proposals. I've been sort of laughed at, called names. And so I said, "You know, how about this?" I already had an award-winning proposal that the Social Sciences and Humanities Research Council had given me a

research grant for. But, you know, it was something that I had done all through my honours thesis—it was my honours thesis—and I thought, "Well I'd like to do something different, but I have this as backup. Let's just use this proposal and run with it." Absolutely not, it's not good enough.

And I did not understand for the longest time why. And now of course, again in hindsight, it had to do with, in the criminal arena, some concepts that are two sides of the same coin—which are coercion and consent—and about how even the Supreme Court of Canada has sent down rulings in 2010 about coercion and consent with respect to interrogation and false confessions—which a frightful number, thousands of them, have happened because they are invalid when someone has been coerced.

And so I discussed those trilogies of Supreme Court rulings, you might call them: the Sinclair trilogy, which is part of a different trilogy, the confessions trilogy. And, you know, it has to do with the right to counsel, the right to silence, and the term "voluntariness," that was very much clarified. And so there were these factors, like police trickery, oppressive conditions, et cetera, that invalidated someone's confession.

Wayne Lenhardt
And this is all in the Criminal Justice Department.

Marcos Sobral
Correct.

Wayne Lenhardt
So this is the kind of thing they do.

Marcos Sobral
Yes.

Wayne Lenhardt
Okay, I want you to tell us about two things. Number one, you were told that you were going to voluntarily withdraw from the university. And I want you to tell us about the 0% mark that you got that you had to appeal to get overturned.

Marcos Sobral
Yes. Well, you know, there are elements, without skipping too far ahead. That was my third proposal. I also did a fourth proposal that on August 31, after having spent weeks now, months, the whole summer virtually in my office toiling away, they said, "Sorry, you're out of time. Your proposal is not good enough. Sorry, you're out of time." And they kicked me out of the thesis stream and took my masters away from me, yeah. And so I was devastated. I checked my email before I got in my car, and I thought I was having a heart attack. I called my doctor and, you know, he said, "No, you're probably just having a panic attack." And I was like, "What do I do?"

Anyways, so I sent an email to some of the senior department members, and I included the Dean of Arts, the Dean of Graduate Studies. And I said, "Please help. You know, I don't know

what's gone wrong. Something has gone horribly wrong. You know, for whatever my part, I'm sorry. Please don't take this away from me. I just want to be treated fairly, you know, and I'm willing to work with anybody. I don't know what's going on, because that fourth proposal was 40 pages long. It had nothing to do with COVID." I did exactly what they told, and now looking back, they spun me around to keep me dizzy with a bunch of conflicting instructions that were impossible to meet, and I tried. I tried to acquiesce to everything they asked me to do.

And so they said, "We'll discuss it and get back to you." And so about early October, first week of October, I got an email from the registrar inviting me to an office, which I wasn't sure where I was going. I had applied for jobs on campus. I saw that he worked in the English Department. I thought, "Oh, they're going to offer me a job." And he had invited me to the security office where him and the head of security shut the door behind me and slid me a piece of paper across the desk that said, you're kicked out of school on account of your voluntary withdrawal. That was insult to injury. I knew that something horribly wrong had happened, and I excused myself from this situation. I said, "I'm sorry, I need to seek advice. I need to seek counsel."

I reached out to about, I'd say, ten or twelve local law firms to get some type of advice or representation, and they all told me that they could not assist or advise due to conflicts. So I had to get a lawyer from Toronto, who has been so great. And at my own legal expense, he made quick work of it, and within a day they had reinstated me. So I was back. But then they started saying that it was on account of behavioural issues, which I thought I reached. I said, "Who?" I had a conversation with the registrar. I said, "What are you talking about? This is crazy."

They made these false allegations that I had been overly critical of someone's project. I reached out to that instructor and I said, "It's October. I haven't been on campus since April. I've never heard of anything about this." I reached out to my peers; there had only been two of them in my classes. I said, "Hey you guys, we were friends, we've gone on field trips together." I said, "I'm sorry if I've ever been critical." "No, no, nothing, no, no, no." Just very passively asking, and no one would address it. The instructor wouldn't address it. They ignored my inquiries. And I thought, you know, I could swear even in the feedback that I got 100%. I got full marks on all those classes. There was no mention of anything in the feedback. There was even mention that I had not been critical enough, that I should have asked more questions.

So it was completely fabricated and manufactured. Needless to say, this whole situation has been extremely destructive for, you know, not just financially for legal fees, but for my own personal health. And so now I'm forced out of the thesis stream into the project stream, which means instead of the nine credits I would have got for my masters, I need to find those nine credits elsewhere in three classes: So one class I was forced to take online at Athabasca University that later I realized I had to go through the whole application registration and pay again more tuition out of pocket; four [credits], another class on campus called Peace Building and Social Justice; and a knowledge synthesis project, which was worth another three credits, which is like a thesis project but smaller.

So the online class went great. The other class, Peace Building and Social Justice, because I already had a degree in conflict resolution studies, it was a friendly, familiar department—on the very first assignment that was an essay outline, I got an F, which is very jarring and unprecedented. And so I invited the instructor to discuss it. And I said, "You know, is this like a 49 F or a zero F?" And he said, "It's a zero F." To make a long story short, I was forced

to appeal the grade, and it was overturned to a B+ thankfully. I found some justice there. But he trashed my work pretty well throughout.

I mean, I thought to myself many times: "Are you being unreasonable? Are you being paranoid? Are you being irrational?" But it becomes clear that over now twelve months has been a consistent pattern of collusion to make my life impossible and to ruin my reputation. And I've been full-time in academia since about 2007 or '08. My record is excellent. I have a very respectable GPA. Nothing of the sort has ever been alleged or accused of me of any type of behaviour issue before.

So with this knowledge synthesis project, I was appointed another advisor. And for my first draft I thought, "Okay, this time it was very clear to me that this was about COVID," and I decided that I'm just going to write about COVID, and I'm going to make it about moral panics. And my advisor approved it again, this very well-studied phenomenon. And after my first draft, he said, "You need to remove all mention of COVID from your paper," which was a single mention in the first paragraph.

And so for the second draft, I wrote more about COVID. I talked about the legal implications. I talked about the wholesale social destruction and the damage that happened. And it was impeccably and thoroughly and very-well cited. And then he said it was very problematic, my argumentation about COVID. And I would ask him, "How?" And I would get these very circular, incoherent replies that really made no sense. I said, "All I'm asking is, is COVID a moral panic? Does it qualify?" And a research question was a central, core, necessary component of that project. And he said, "You have to remove that research question. There's no research question." I said, "Okay, well, the guidelines also call for some type of justification in the form of a research question." "There will be no justification," they told me.

And so I completed the project in my third draft, and when I went to submit it, he threatened that there would be severe consequences. First he said, "I will not accept any project that has any mention of COVID in it." And then I said, "Well, the project is done." I can't change the research question once I've done my research, which was 61 full articles with full attribution and citation of the author, the title, the year, and a direct quote from each article discussing moral panics. And it was the most—because I looked—it was the most heavily-cited masters submission in the last five years in the department. And he said, "You have to remove it all." I said, "I can't change it once the research is done and I've written up and presented the data. I won't do it. I won't change it. He says, "If you submit this as is, there will be severe consequences."

And there were. They're holding my degree hostage, and I've experienced nothing but intimidation, persecution, discrimination, ridicule, abuse. Even once I got reinstated, they retaliated and invited me to another closed-door meeting where they escalated these absurd, false accusations, and they even implicated other students, who—I don't know if they realized that we were all friends—and I asked them, like, "You guys remember anything like this happening?" "No, what are they talking—?"

So, I mean, it's been a nightmare. I love academia. It's been sort of my main focus for a long time. Fifteen years I've been at it full time, and I've never experienced anything like this. And I want to be gracious and measured and diplomatic when I talk about these things, because these are people who I had a really good professional relationship with and who I admired, but they lost their minds. They lost their minds.

Wayne Lenhardt
Do you think it had anything to do with grant money in the department?

Marcos Sobral
So I can only speculate. But just like the pharmaceutical industry and media, large parts of academia are also captured and extremely corrupt.

Wayne Lenhardt
I think I'm going to stop there and ask the commissioners if they'd like to explore anything here. No questions?

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

Marcos Sobral
Thank you.

NATIONAL CITIZENS INQUIRY

Regina, SK **Day 2**

May 31, 2024

EVIDENCE

Witness 11: Debra Milcak
Full Day 2 Timestamp: 10:46:08 – 11:07:32
Source URL: https://rumble.com/v4z9kv2-nci-regina-hearings-day-2-may-31-2024.html

Kassy Baker
Hello, Deborah, can you hear me?

Debra Milcak
Yes, I can. Hello?

Kassy Baker
Very good. I would just like to begin by asking you to state and spell your full name for the record.

Debra Milcak
Yes, my name is Debra Clare Milcak. It's D-E-B-R-A C-L-A-R-E M-I-L-C-A-K

Kassy Baker
And do you promise to tell the truth at the proceedings herein?

Debra Milcak
I swear on a Bible that I'm telling the truth.

Kassy Baker
Good. Now you're here today to talk to us about two things, or at least two parts of one thing might be a more accurate way of stating that. First of all, you're going to tell us about your experience as an unvaccinated COVID patient in a hospital in November of 2021. And then the second part of your testimony is going to involve your experience using alternative treatments for COVID. Is that right?

Debra Milcak
That's correct.

Kassy Baker
Very good. And I just want to clarify that you're here testifying today, but in fact, both you and your husband were admitted. Is that correct?

Debra Milcak
That is correct.

Kassy Baker
All right. Can you just begin by going back to November of 2021 and describing when you first began to feel some symptoms? And I'll let you take it from there.

Debra Milcak
Okay. My husband was the one who got sick first. He got sick on November 20, I believe. And then there, following a few days later, I got sick as well.

Kassy Baker
And what were your—sorry, just to interrupt, what were your symptoms when you say you started to feel sick? How did the illness begin?

Debra Milcak
Well, the lack of energy is indescribable. That was the first thing. And secondly, it became obviously that the breathing was hard to do.

Kassy Baker
And you said you began to experience these on what day in November?

Debra Milcak
Peter started on the 20th and I'm not sure of my date. I just remember the 20th because that's when we had to shut down the restaurant. So that date sticks in my mind. And so I must have been two days or so later.

Kassy Baker
And at what point did you decide that your symptoms had progressed sufficiently that you felt you needed to see a doctor?

Debra Milcak
Oh, we had a friend that gave us—and I know I'm not using the right terminology for the, I call it an oximeter. You put it on your finger and it measures your oxygen saturation.

Kassy Baker
And what—

Debra Milcak
And Peter's hit 60. And we already knew it was bad, but that was like, okay, we've got to go now.

Kassy Baker
And so your husband Peter's oxygen saturation over a period of days or weeks was decreasing? Can you just clarify that?

Debra Milcak
Yes. It just kept on decreasing, decreasing, and decreasing. And at one point, he started seeing bugs crawling around the walls of the bedroom.

Kassy Baker
And I take it there were no bugs on the walls.

Debra Milcak
There were no bugs.

Kassy Baker
And so at what point, how many days later, after you began to notice symptoms did—

Debra Milcak
Oh, the days, yeah, we went in, I did initially think it was the 3 December, but I have learned since that it was the 4 December, and so, we decided to go to a clinic because we really didn't want to go to the hospital.

Kassy Baker
And what prognosis did you receive when you attended the clinic initially?

Debra Milcak
Oh, we met quite a lovely doctor there, actually. She treated us well, and she did give us prescriptions for antibiotic and steroids. But she said that we really need to go to the hospital, that we were really so sick that, you know, she would like to know more about us before she could ever treat us for anything more. So I do believe she sent us up there with some requisitions as to different tests she wanted to have done. Some were blood tests, I know, and I'm not sure about the tests, actually.

Kassy Baker
And so when you went to the hospital, did they perform these tests?

Debra Milcak
Yes, they did.

Kassy Baker
And do you remember what tests were performed?

Debra Milcak
I don't know. I know there was a blood test, and oxygen of course was tested as well. There might have been some x-rays. I'm not sure now.

Kassy Baker
And what was your physical condition like, other than having varied oxygen saturations?

Debra Milcak
Yeah, very, very weak. Very, very weak. We had to carry my husband into the car, and I had help as well.

Kassy Baker
So what happened when you first attended the hospital to obtain these tests? What were your interactions with the hospital staff at that point?

Debra Milcak
I think in the first, the beginning part was fine. And then I guess when they put us in the isolation ward, or an isolation room, I mean, I could hear the staff members talking about us very derogatorily because we weren't vaccinated, you know. And at one point, we lost—

Kassy Baker
Sorry. For clarification, was one of the tests that was requested by the clinic doctor a COVID test?

Debra Milcak
Yes.

Kassy Baker
And did you and your husband complete the COVID testing?

Debra Milcak
I did not. Eventually, after quite a number of hours, I think early morning hours, my husband did acquiesce to having it done. He wanted a spittle test, but they didn't want to do that, so he ended up doing the nose swabbing. Yeah.

Kassy Baker
Okay. So what treatments were suggested or recommended to you by the hospital staff at this point?

Debra Milcak
Well, they were giving oxygen to us, which was fine. They gave us, you know, antibiotics. Everything was fine. We didn't want to have any remdesivir, I think it's called. So we didn't want that. And the other thing that they offered, of course, was the intubation for my husband, and that we certainly did not want to do, because we knew that the outcomes were not good if you were getting on that.

Kassy Baker
So if they were suggesting that he be intubated, I take it that his condition was quite poor at this point, is that right?

Debra Milcak
Yes, it was. But I have got a report from the hospital now, and when he went in, I think they registered his saturation at 74, possibly. And once they gave us the air through the nose, you know, that you often see in the hospitals just lying in bed normally, his saturation went up to 80 something, up to 94. And he was quite comfortable at that, so we were happy with that.

Kassy Baker
So you didn't feel that he needed to be intubated at that point, is that right?

Debra Milcak
Not if he had the air, no. As long as he had the air helping him, absolutely not. Yeah.

Kassy Baker
Now, regarding treatments, did you make any requests for any particular treatment?

Debra Milcak
Oh, yes, we did. We had asked three different doctors for ivermectin, and it was quite odd, actually, because all three of them responded with the exact same words. And it was, "Ha ha ha, you mean that horse medicine?" And I accepted it the first two times, but when the last doctor said it to me, who was the head guy out at the ICU, I looked at him and I asked him if he was a doctor. And I waited for his response, which was slow in coming. And he did respond, "Of course I am."

And then I said to him then, "You know very well that you have ivermectin in this hospital. You give it to lupus patients and rheumatoid arthritis patients," and I said, "and probably other ones that I don't know about." And that's when he said that they go with the CDC protocols, you know. And I said, "Well, we don't necessarily do—" No, sorry, I did tell him at that point that he, being a doctor, and if he felt we could benefit by having the ivermectin, then he would have the right to give it to us. And that's when he responded saying, "Well, we follow the CDC protocol. I'm sorry, we don't."

Kassy Baker
And just to go back, I want to highlight that this was the ICU doctor you were speaking to at this point.

Debra Milcak
Yes, and I understood him to be, you know, the high man in the ICU.

Kassy Baker
And had you or your husband, Peter, were you in the ICU at this point? Had you been admitted into the ICU?

Debra Milcak
No, we were in the emergency only.

Kassy Baker
So how long did this interaction at the hospital take place? Or how long were you at the hospital, is what I'm asking.

Debra Milcak
Pretty much, it was right around 24 hours, because we came in in the afternoon of the fourth, and we left on the fifth in I do believe the afternoon as well.

Kassy Baker
And were you discharged from the hospital or did you choose to leave? Can you describe the circumstances around you're leaving the hospital?

Debra Milcak
Yes. Well, different doctors came and saw us. You know, I thought it was four, but reading the report now, I do believe it's more than four doctors came and nurses and social workers and many people trying to talk us into doing the swabbing and the intubation and this. And they could see clearly, really, Peter did not want to be intubated. And whatever he wanted, I was backing him.

And so then they brought down a doctor from the second east wing. And she was willing to take us up there and I guess give us the same treatment—uh, not us, Peter—give him the same treatment that was downstairs at the ER, but that I would not be allowed to go upstairs with Peter, that he would have to go alone. And at that point, my husband had said, "No, I don't want to go," he said, "unless my wife can come." He actually said that I'd gotten him out of another difficult situation and that he felt confident that I could, you know—he wasn't going to do anything without me beside him. So, of course, I supported that idea.

Kassy Baker
If I can just summarize, I believe what you're saying is that as long as you were in the emergency room receiving oxygen, you could stay together. And you were satisfied with that.

Debra Milcak
Yeah. But they did actually separate us for a few hours.

Kassy Baker
Okay, that you were separated for a few hours, but in order to continue receiving the oxygen, you were going to have to be admitted into the hospital, and you would have been separated at that point. Is that correct?

Debra Milcak
That's right.

Kassy Baker
And what was your objection to being separated?

Debra Milcak
Peter did not want to be separated from me because, you know, we had already experienced several hours of them trying to get us to do things we didn't want. And him being alone and so sick, he wanted me to advocate for him.

Kassy Baker
Okay. When you left the hospital, had you been discharged, or was that a choice that you decided you no longer wanted to be in the hospital?

Debra Milcak
Well, it was put to us that unless we went to the east wing and we weren't going to go to ICU where we would get intubated, that they no longer could treat us in the ER—that this was the wrong place to be.

Kassy Baker
Okay, so when you decided— Pardon me.

Debra Milcak
So we decided, we said, "Well, I guess we go home then." I mean, what else are you going to do?

Kassy Baker
And so what was your plan for when you returned home? And before we get to your plan for returning home, what was the response that you received from the hospital staff when you advised that you would prefer to go home rather than stay and be admitted?

Debra Milcak

Well the ICU head guy, to Peter he said, "You must be hallucinating." And he just said, "No, I'm not hallucinating." And then the other thing that happened when it actually came time to leave is I asked for the medications we were on, and the doctor said that, "If I don't intubate you right now, you will die by tonight." That was the head guy. That happened a little bit prior to what we're talking about now.

Kassy Baker
And this is directed to Peter, correct? This was directed to Peter.

Debra Milcak
Yes, absolutely. Yes, to Peter. And so when we went to leave, I asked for the medications because they hadn't given us anything or any prescriptions or anything. So they said, "What for?" And I said, "Well, we need them." And she said, "Well, you're only going home to die." And I said, "Really?" I said, "Okay. Well, we did come in the hospital with prescriptions for myself and for my husband, and I would like those back, please."

Kassy Baker
And for clarity, you're referring to the prescriptions that the clinic doctor had prescribed to you, correct?

Debra Milcak
That's correct, yes.

Kassy Baker
Very good. So you had decided to return home. What was your plan for treatment when you arrived home? What did you and Peter expect to do to look after yourself?

Debra Milcak
When I said to her that we had those scripts, then she provided us one bit of antibiotic and one bit of steroids, so that was fine. So our plan when we got home, we were talking to our friends while we were in the hospital, and they were working on getting us air oxygen, because the hospital wasn't going to give it to us to go home, and they didn't give it to us. I mean, they did relent about the other two items, but they weren't going to give the oxygen. So our friends went about town trying to get oxygen, and they did. They got it with our daughter's help, and we actually bought the machine, because it was better than renting it. And so when we got home, it was all set up and ready to go.

Kassy Baker
So you had oxygen available at home that you could continue to use in the meantime?

Debra Milcak
Yeah, we had three different varieties of it, actually. Yeah.

Kassy Baker

What other treatments were you hoping to utilize?

Debra Milcak
Ivermectin. Yeah, ivermectin. I mean, that was crucial. That's why we're alive today.

Kassy Baker
And you've already described to us that ivermectin had been requested from the hospital and refused, so how did you obtain ivermectin?

Debra Milcak
Well, I had a doctor give me some. Yeah. Well actually, the first bit, I hate to say this, but I got it illegally. It was in the black market. And I got human-grade from a pharmacist person. It was terribly expensive. For three days, I think it was $800. And then I had a doctor who got a hold of some ivermectin, the horse liquid. And we used that.

Kassy Baker
And what was your condition after you started using the ivermectin?

Debra Milcak
It improved. Yeah, it improved. I mean, we did use other things as well. You know, we have a whole list of things that we used.

Kassy Baker
Pardon me. I believe that you mentioned you are continuing to use ivermectin at this point. Is that correct?

Debra Milcak
Yeah. Anytime we get anything in the chest or something, we like to use it.

Kassy Baker
Okay. And how has your condition changed from when you started showing symptoms of COVID to the present time?

Debra Milcak
Well my husband didn't die that night, and he's still alive. He can still cook my dinners for me. So it's doing, you know, quite well. It did take some time. I mean, he was so gravely ill that he did lose all his weight and muscle as well. You know, he looked like a man that would be thrown in an Auschwitz pit for dead, but not quite—you know, completely bones only.

Kassy Baker

On that note, I believe that we have a couple of photos illustrating your husband's condition. Are those available?

Debra Milcak
Oh, yes.

Kassy Baker
We'll just wait a moment here for them to appear.

Debra Milcak
Yeah, that was him. Oh, my goodness. I'm going to cry.

Kassy Baker
And so this was Peter. What day was this taken?

Debra Milcak
I think the dates on the picture, I think, is the 15th of December.

Kassy Baker
So at this point, you'd had COVID for nearly three weeks, is that right? His symptoms appeared sometime around the 20th of November.

Debra Milcak
That's correct.

Kassy Baker
And this was after you had returned from the hospital by a week or more at that point, correct?

Debra Milcak
Correct.

Kassy Baker
Okay.

Debra Milcak
That was very, very scary for the first at least ten days, I guess. Yeah. Well, maybe even a little more, because that's the 15th.

Kassy Baker

And I believe you've told me that you've continued to use ivermectin and that you've continued to see some improvements. Do we have the second picture that you provided to us?

Debra Milcak
Well, yeah.

Kassy Baker
So can you describe what we're seeing.

Debra Milcak
I took that just the other day.

Kassy Baker
So, if you can, I think the dates of the first picture says December 20, 2021. This was again several weeks after you'd been to the hospital, is that right?

Debra Milcak
Yeah. Oh, this is May this year.

Kassy Baker
And then the second picture is just taken a few days ago, is that right?

Debra Milcak
Yes, that's right. Yeah, with the December 20th. That's right. Sorry. Yeah, because we got sick in November 20th. That's right.

Kassy Baker
Okay. Do you have anything else that you would like to mention at this point that we haven't already discussed?

Debra Milcak
Well yes. I read over the report from the hospital, and there was somebody—it doesn't say whom, but I guess I wouldn't be able to tell you anyway, so it just says the writer—who was advocating for us to stay in the ER, and that way we could have the air there and have the medications we were on. And then it looks like the head doctor—which I will not say his name because I don't think I'm allowed to—in the ICU overrode it. You just kiboshed that whole idea if we did not go to east. And, of course, that would mean separation, yeah. So he knew that he was sending us home to die, as he said.

Kassy Baker
Well, we're very glad to see that Peter— Sorry, I think we have a bit of a delay here.

Debra Milcak
Yeah. Sorry.

Kassy Baker
Please continue your thought.

Debra Milcak
Yeah we do. That's fine. I think I said it all.

Kassy Baker
Well, we're very glad that both you and Peter have recovered at this point so well. I think that concludes my questions, but do we have any questions from the commissioners? It looks like we don't. So on behalf of the National Citizens Inquiry, we'd like to thank you very much for your time and for your testimony here today.

Debra Milcak
Well, thank you, and letting me tell my story.

Witness 12: Estelle Debae
Full Day 2 Timestamp: 11:07:47–11:18:17
Source URL: https://rumble.com/v4z9kv2-nci-regina-hearings-day-2-may-31-2024.html

Wayne Lenhardt
Our next witness, and I think last one, is Estelle Debae.

Estelle Debae
Debae.

Wayne Lenhardt
Okay. Could you spell your name for us? And then I'll do an oath with you.

Estelle Debae
Estelle. E-S-T-E-L-L-E Debae. D-E-B-A-E

Wayne Lenhardt
And you swear to tell the truth, the whole truth and nothing but the truth in your testimony?

Estelle Debae
Yes, I do.

Wayne Lenhardt
I think given the lateness here, I'm going to try to lead you a bit more than I might. You did a lot of traveling during COVID. I think the interesting part of your story is how things changed, the requirements changed over time. I think we've got five trips that you took during COVID. So the first one was in September of 2020, I believe it was. You were out of the country and you came back from New Zealand in September 2020. What happened when you crossed the border at that point?

Estelle Debae
We landed in Calgary then came to Regina, and we had to quarantine. We couldn't have our dogs with us, the dogs that needed to go outside to go to the bathroom. So a sitter kept them for two weeks. We had to order groceries online. The cops came to check on us, I think it was either day 2 or day 13. And the cop who came up to the condo suite seemed to be rather embarrassed by having to do this and asked if we were okay, and I said, "Yes, of course." And then he left. And we did notice some kind of—we weren't sure what it was, though—cars that would sit around the condo for, you know, the block nearby for hours on end. This was each time that we did quarantine.

Wayne Lenhardt
Okay, so there was no testing at that point during COVID. And it was a straight 14 days quarantine.

Estelle Debae
Yes. And I don't remember now if we got calls. I don't think we did.

Wayne Lenhardt
Okay. Second one then, you were away out of Canada, August 3rd of 2021. Your husband had gone for a job interview in Italy. I believe you had to quarantine that time as well. Is that correct?

Estelle Debae
Yes.

Wayne Lenhardt
How long was that?

Estelle Debae
That was another 14 days.

Wayne Lenhardt
Fourteen days again. Okay. Then on October of 2021, that was another trip when you arrived, but you were testing positive at that point.

Estelle Debae
When we came back, we travelled again. Sorry, when we came back at the end of August, we had to quarantine. We had to get a PCR test at the end of it.

Wayne Lenhardt
Okay.

Estelle Debae
And we tested positive, both of us. And we went to the exhibition grounds to get it done. And we were told, "You can't take any pictures." And they had signs everywhere. You can't take photographs, no videotaping, nothing. And yeah, we tested positive for that time.

Wayne Lenhardt
Was that another 14 days of quarantine?

Estelle Debae
Yes. And there we got calls, and we had to fill out the ArriveCan app.

Wayne Lenhardt
Okay. Then the fourth trip was November 15 of 2021, I believe.

Estelle Debae
Yes.

Wayne Lenhardt
You left for Europe. You came back to Mexico for a couple of months. And then from Mexico, you came back to the Regina airport April of 2022. What were the requirements there?

Estelle Debae
Well, I didn't want to come back to Canada because I'd heard that, well, we weren't able to travel in Canada at that time, so I would have had to do quarantine in a hotel in Calgary or wherever I would have landed first in Canada. And since I had my dog, and I had read online that sometimes they would take your pets away from you and there was no sign as to where the pet would go, well, I'm not going home. I'll wait until I'm able to get a flight directly to Regina. So that's what I did. When I arrived, that was the low point, I should say, of the COVID quarantine and all that. I was probably one of the only ones, maybe the only one who was jab-free when I came back on April 7, 2022.

And the border guard asked me, "Are you vaccinated?" And I said, "No." And she said, "You mean you're not vaccinated?" I said, "No, I'm not." She goes, "You didn't get the vaccine?" And I said, "No, I did not." And I was as cold as a stone. And so I think it was after the third time, she says, "I'll have to speak to my colleague." So she goes to him and says something to him and she comes back to me—and this was 09:00 p.m. on a Saturday night—and she says to me, "Well, you know, I'm going to have to call Health Canada tonight about all of this." And I said, "Okay." And then she didn't do anything or say anything, and then she said, "And I'm going to have to take you back to the back room." I said, "Okay." So I went. And again, I didn't respond, nothing. I just said "Yes, no," that was it. And then when I got to the back, she had me there for about 10 or 15 minutes. And then she gave me the two PCR testing kits, and she said, "You have to test on day one and day 14."

That was when it got very complicated because I was good for day one, because I had proof of recovery. But on the day 14, when it came to do it, I had to do it in front of somebody on video in Surrey, a BC nurse. I'm not sure who that person was. I had to download the app for the video. I don't remember the name of the video app. It took 24 hours of figuring out how

to do it. I had to call the help desk many times, or maybe two or three times. And the check mark to say everything is okay was below where I printed my name, typed my name. So you had to scroll down on my iPad more, and that's all it was. And why didn't you put that check mark higher up so people don't have to scroll down? I'll phone you three times.

Anyway, it's very frustrating. I don't know how people who were not very technologically adept would have been able to do this. And it was weird that I had to open the box and everything, close it back up in front of her, and then do the actual test in front of her. I had to test myself in front of her. Then I had to box it all back up. I had to get a friend to take it to the post office to give it to Purolator who had the contract. I couldn't get it done at Haztech. I'd gone to Haztech the other times to get the PCR test—oh, no, the one time at the exhibition grounds, which was Saskatchewan Health. And when I got the PCR test sent to—It was on day eight we had to do the second PCR test.

I didn't get the results of that until day 15 or 16, after I was done quarantine. And it said you can't really do anything, you have to stay in quarantine until you get your results back. I thought, well forget this. I'm not going to do that day quarantine, I'm fine. I wasn't sick or anything. And the whole thing was very controlling. I got a call every day asking how I was, and they would ask me the same question in different ways. I had the sense, "Are they trying to catch me in a lie?" And then finally the one guy called one day, hard to understand his English. I said, "You know, this is getting very frustrating because you asked me the same thing four times. I've already answered you, and I'm not sure why you're doing this." I know exactly why he was doing it: to confuse me and upset me.

And the whole process coming out of that was a way to confuse people. I got rather paranoid at these grey cars that would sit around my condo. Oh, yes, and then a cop came back. A different cop came back this last time, April 7th—no, not April, my last time back with having to quarantine. And the manager of the condo building said, "Well, is she expecting you?" And he said, "No." "Well, then you can't come up." So he wasn't able to come up, so that was good. Anyway, the control and the intimidation, shaming me for not having been vaccinated was bizarre, to say the least. And I think people need to know what people have gone through.

Wayne Lenhardt
The good news, I guess, was that all of the mandates were lifted on June 28 of 2022, and everybody was able to travel, so.

Estelle Debae
Yes.

Wayne Lenhardt
Do the commissioners have any questions to this witness? No.

Estelle Debae
I could say more, but just the whole times of different places I would travel to, Canada was the worst when they gave that PCR test. I had it done in Brussels, I had it done in Italy, I had it done in Mexico, and it was just a lightly, you know, coming up my nose. But in Canada, they had all joined into the control that they got of being able to do this to people and treat people in the way that they did, was disgusting.

Wayne Lenhardt
On behalf of the National Citizens Inquiry, we want to thank you for your testimony and for coming out today.

Estelle Debae
Thank you for doing this, everybody. Thank you.

NATIONAL CITIZENS INQUIRY

Regina, SK **Day 2**

May 31, 2024

EVIDENCE

Witness 13: Glenn Aalderink
Full Day 2 Timestamp: 11:18:40 – 11:40:47
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Kasey Baker
Hello. I believe we have our next witness ready. Glenn, can you hear me okay?

Glenn Aalderink
Yes, I could hear you.

Kasey Baker
Very good. Can you please begin by stating and spelling your name clearly for the record.

Glenn Aalderink
Glenn John Aalderink. G-L-E-N-N J-O-H-N A-A-L-D-E-R-I-N-K

Kasey Baker
And do you promise to tell the truth at the proceedings herein?

Glenn Aalderink
So help me God.

Kasey Baker
Good. I understand that you're here to testify about your experience as a nurse working on a COVID ward in a hospital in British Columbia. Before we jump into that, can you please just give us a little bit more information about yourself? I understand that you are married and have a family, is that right?

Glenn Aalderink
Yes, I do.

Kasey Baker
Very good. And can you just briefly describe your education and your previous work experience.

Glenn Aalderink
So first five years of my adult working life, I worked in a chemical plant. I was a first aid attendant for 20 years, volunteer firefighter for 15, and a nurse for the last five years. I went to Sprott Shaw College after my mom passed away. I used her estate to advance my education. And because I spent so much time previous to that getting very sick and injured people to hospital, I thought the next logical step was for me to go to the hospital and work there.

Kasey Baker
Very good. And just before we leave your background, I just want to touch on a couple of points here. You've noted that you worked as a firefighter and that you worked in a chemical plant. And I presume that during your work in both of those areas would also give you some additional experience regarding personal protective equipment. Is that a fair assumption?

Glenn Aalderink
Yes very fair.

Kasey Baker
You underwent some specific and extensive training in that area.

Glenn Aalderink
Yes, we did.

Kasey Baker
Very good.

Glenn Aalderink
We were working in life-hazardous environments.

Kasey Baker
All right, if we can just jump ahead a little bit in time. How long had you been working as a nurse when COVID hit in 2020?

Glenn Aalderink
I was in my third year.

Kasey Baker
And had your entire career as a nurse been completed at the same hospital?

Glenn Aalderink
Yeah, the same facility.

Kasey Baker
And what was your relationship like with your employer?

Glenn Aalderink
I would have said up to that point was very good.

Kasey Baker
Can you tell us what you observed when COVID first came around in or around March of 2020?

Glenn Aalderink
I remember sitting there on that day, and I always took the last break. Because I like getting everything done before I took any breaks. So I did all my morning assessments, handed out my morning meds, and my partner said she was going to go for coffee. Then it seemed like it took her forever to come back. And I finally poked my head in the nursing staff room, and I went, "Are you coming out?" And she said, "Oh, yeah, sorry, I got sidetracked." And by this point it was like four hours into my shift and I was pretty hungry, so I gave her the update on what was going on with my patients and her patients.

I sat down and just started devouring my coffee snack, and it was silent in the nurses staff room. Not a voice was being spoken. The TV was on, and I could just feel these palpable waves of fear washing over me. I took like a half-bite and I stopped. I looked around and I looked up on the TV, and that was the day that they started announcing the worldwide pandemic.

Kasey Baker
And can you describe what your duties were generally in the hospital up until that point?

Glenn Aalderink
I was a surgical nurse, so I would deal with normally pre-op, post-op patients, getting people back up after—at that point, it was orthos of knee and hip surgeries and broken bones—and I get them up and get them ready to go home after the surgeries.

Kasey Baker
So when the pandemic was first declared, what changed in your facility? How did the hospital respond and what measures were implemented at that point?

Glenn Aalderink
So when they announced the pandemic, they asked for volunteers, and I volunteered to be on the COVID floor. As I was an older male nurse, I figured it would be better for me if it was

going to be as disastrous as they were predicting, that if I could sacrifice myself for one young female co-worker, I was more than willing to do that. Yeah, I got that mentality. I was one of the ones that ran into burning buildings.

And then the hospital, it decanted everybody it could. Surgeries actually slowed down for a while. We went into that ridiculous PPE protocol in there, and it was like we're being told that one mask had to last us all day, and we'd have Tupperware dishes to put our masks in. And on our floor for the most part, well before I got injured, it was fairly empty. We had one patient who was there for about a three-week stay with a COVID diagnosis. Most of the time I was either pulled to other wards or I was sent to screening at the entrances to the hospital, just checking everybody who came in if they had any symptoms. And I had way too much time on my hands.

Kasey Baker
All right, I want to go back and just highlight a couple of points here. So I believe you're testifying that the capacity of patients that you saw coming into the hospital decreased. Is that a fair summaries? And what percentage do you think you observed as a decline in capacity?

Glenn Aalderink
Prior to the pandemic it was very common for our hospital to be at 120% to 125% capacity, consistently.

Kasey Baker
And during COVID?

Glenn Aalderink
And there was days I would hear 55% to about 65% capacity after the pandemic.

Kasey Baker
And you also— Pardon me, I apologize, I believe there's a bit of a delay here. You also mentioned, or I believe the word you used was "ridiculous,"—a ridiculous mask policy. Can you just elaborate a little bit on what in particular you were concerned about regarding the policy?

Glenn Aalderink
Well, okay. From my previous experience, not once in any dangerous situation—whether it was at the chemical plant, or in a firefight, in a fire scene—was I given a procedure mask to protect my life. It was always forced air. The bare minimum in the chemical plant was a respirator with special filters.

Kasey Baker
And just to clarify for everyone, a procedure mask is just a surgical mask, is that correct?

Glenn Aalderink
Yeah. The blue or white mask that they like to wear in healthcare.

Kasey Baker
So from your previous experience as a firefighter or working in a chemical plant, if you had respiration concerns, you would be fitted with different equipment, is that correct?

Glenn Aalderink
Yes. You'd either have forced air, self-contained breathing apparatus, or a respirator at the bare minimum.

Kasey Baker
And that, of course, was to aid you in your defense against chemicals or smoke particles. Can you, for the less educated of us, just describe your understanding of the difference in particle size between smoke or the chemicals you would have been working with compared to the COVID virus?

Glenn Aalderink
Sure. So in 2017, Bonnie Henry during the wildfires we had in British Columbia announced that procedure masks, or surgical masks, were not effective against wood smoke. In my experience, even in a wildlands fire like grassland fire or forest fire were we given anything other than our breathing apparatus if the smoke was that bad. Smoke particles are much larger, like almost 100 times larger than a viral particle. And if they weren't going to stop—according to Bonnie Henry in 2017—going to stop smoke particles, what were they going to do to try and stop a viral particle?

Kasey Baker
Did you raise your concerns regarding the mask policy with any of your colleagues?

Glenn Aalderink
Yeah, anybody I could talk to. And a lot of it was the standard answers: "Well that's what we're supposed to do." And I just felt that in my experience, it's not what you would do if it was such a dangerous environment. And I even opined to some people that if the government really truly cared about safety, they would just supply every Canadian with a respirator which is actually designed for you to breathe and wear for long term, and give them a viral filter just like they use in the level four viral labs, and replace them whenever the filters needed replacing.

Kasey Baker
So how were your concerns dealt with by the other staff? How did they respond to your concerns?

Glenn Aalderink
A lot of them were very reticent to actually even engage. They just followed the procedures. There were some heated debates, some refusal to actually have any discussion, but it was not very well received. Everybody just wanted to wear a mask, it seemed.

Kasey Baker
And what was your response to not only the masking policy, but the lockdown policy and the COVID measures that were then implemented?

Glenn Aalderink
Well from the very start, to understand basic nursing and stuff, a masking mandate is a non-pharmaceutical medical intervention. And at that point I started looking at that, going, "Well, that's starting to go against informed consent and against basic nursing ethics." I in no way could see putting something that was produced with chemicals on your face and breathing through that as being optimum for our health. Neither was locking people in their houses, not allowing people to go on trails to be active outdoors away from other people.

And to me, it went against informed consent and medical autonomy. We all should be allowed to measure our own risks and rewards and make our own decisions based upon what we know and our understanding, and then move forward in the direction we choose —not what was forced upon us by government leaders.

Kasey Baker
So I understand that based on these convictions that you've held, you ultimately started a protest group. Is that correct?

Glenn Aalderink
Yes, I did.

Kasey Baker
Can you describe the protests and what you were protesting and when, and just describe that experience for us a little?

Glenn Aalderink
It was basically the protests were against the government mandates. I felt if you wanted to do it, that was up to you. That is your choice. But the other side of it is that we should have a choice to not do it if we don't want. We started off a very small group. At some times we'd have only six people. Other times we actually started going, we got up to 200 to 300 people at a time. And then, of course, the September 1st rally: That was in September 1st, 2022, right before they terminated the nurses in BC. I helped organize that nationwide Stop the Mandate protest.

Kasey Baker
And did your involvement in the protest affect your relationship with your employer?

Glenn Aalderink
Yes, it went sour fast.

Kasey Baker
Can you elaborate on the souring of that relationship?

Glenn Aalderink
So I was disciplined after I—like I had hurt my shoulder and I was awaiting surgery, and they disciplined me then. And then after the September 1 rally, the BC nurses college started an investigation into me. And then after the mandate and after I healed—well, forced healing—they terminated me in January of 2023.

Kasey Baker
So I just want to clarify a little bit of your testimony. You noted that initially when the vaccination mandate came into effect, you were in fact on sick leave. Is sick leave the correct word? You had been injured in an incident at the hospital, correct?

Glenn Aalderink
Yes.

Kasey Baker
And as a result of that injury, you were not, in fact, in the building working for several months before the vaccination mandate was implemented, correct?

Glenn Aalderink
Correct.

Kasey Baker
Okay. So in the time leading up to the vaccination mandate, what was your employment status? Were you asked to complete any forms disclosing your vaccination status at that point?

Glenn Aalderink
It wasn't until the final termination meeting or final disciplinary meeting where they terminated me that they asked me what my vaccine status was. And I refused to answer, as none of the people that were present there were on my medical health team. And the employer at that time stated that they knew my vaccine status, and that was just another grounds for termination.

Kasey Baker
So regarding the vaccination, you've indicated that they presumed you were not vaccinated. What concerns did you have specifically regarding the vaccination mandate?

Glenn Aalderink
So the vaccine—well, I hate calling it—the injection mandate, it flies against four of the eight basic nursing ethics that all of nursing is built upon: informed consent. So if I give you a Tylenol, I can explain to you how it works, the benefits of it, and the side effects of that medication, and you can make that choice. I like to use the analogy of heroin. If you take a needle of heroin and you stick it in your arm, if I try and stop you I can be arrested for assault. If I stick that needle of heroin in your arm, even if you beg me to do it, I can be guilty of assault. If you die from that needle of heroin, I am then guilty of murder. So if you buy that heroin, you have informed consent. You hopefully had talked and went through that.

With the mRNA injections, there was no admitted side effects, which we have all seen started coming out. And in my opinion, I cannot give you medication unless I can fully explain to you the risks and rewards of it. Then with a mandate, well that's being forced upon you, and they may dither about whether holding a person's job over their head is coercion or not. I felt it was, because you're not allowed free will. So medical autonomy, again, that plays into the heroin. If I force that heroin into your system, I'm guilty of assault or murder.

Kasey Baker
I was just going to ask, that explains your concerns regarding the injections on a mass level. But personally, did you have any particular concerns regarding your own health and the injections?

Glenn Aalderink
Yes. So my family history on my dad's side, him and three of his siblings all died of massive heart attacks. My one aunt would have probably died of a heart attack, except she was murdered after a second one. My son had died just two years previously due to a brain aneurysm. So I was very concerned about that with what side effects they actually were kind of letting start slip: the myocarditis, pericarditis, thrombocytopenia. And knowing what those mean through my training and my education, I wanted to be able to have a very frank and honest discussion with my doctor.

And then when I went in, my doctor, literally after I explained and him looking at my medical history, he turned to me and said, "I don't care what it says, I am forced to recommend that you take the vaccine," his words. And then he went on about how he was the care director for one of the old age homes here and he injected every one of his residents, and I just was mortified with that. And I haven't been back to see him since.

Kasey Baker
So following your termination, did you have a union that you could apply to for assistance?

Glenn Aalderink
Yes, the BC Nurses Union. And we just finished our arbitration here two weeks ago, and the union used a charter rights argument rather than just labour law. So in that, the agreement that came with the employers was that if Bonnie Henry changes the mandate or drops a mandate for all healthcare workers to be vaccinated by January 1st, then the companies, the employers, have to bring us back and reinstate all our sick bank, all our vacation pay, our

seniority and everything. If she doesn't do it but if falls after January 1st up until May, I believe—March or May, I can't remember at this point—the employer can do that if they so wish and rehire us.

Kasey Baker
And at this point, has the mandate been lifted in British Columbia?

Glenn Aalderink
No, it has not. It is still in effect.

Kasey Baker
So at this point, are you able to practice as a nurse at all in British Columbia?

Glenn Aalderink
I am not. I am spray welding right now on a remanufacturing plant.

Kasey Baker
Do you have any further options of appeal that you can pursue which might allow you to work as a nurse again in British Columbia?

Glenn Aalderink
We are trying one last Hail Mary attempt. Even the lawyer says that he doubts it, because they formed an agreement between the union and the employer. It's going to be really very hard to get that to change. So I would say, realistically, no.

Kasey Baker
So what does the future hold for you in terms of your nursing career at this point?

Glenn Aalderink
If I stay in BC, I can never be a nurse again.

Kasey Baker
Is there anything else that you would like to mention that we haven't discussed already?

Glenn Aalderink
I just would like to express my gratitude to everyone involved who's set this up and running it. It's sorely needed, and I'm just very appreciative of having this opportunity to speak.

Kasey Baker
I believe that concludes my questions. I'll just have a look over and see if the commissioners have any further questions for you. It looks like there are no further questions. That being

said, I would like to thank you very sincerely for your testimony here today on behalf of the National Citizens Inquiry. Thank you.

Glenn Aalderink
Thank you very much.

NATIONAL CITIZENS INQUIRY

Regina, SK **Day 3**

June 1, 2024

EVIDENCE

Witness 1: Dr. Pierre Kory
Full Day 3 Timestamp: 01:02:05–03:10:28
Source URL: https://rumble.com/v4yvzz9-regina-hearings-day-3.html

Shawn Buckley
Commissioners, I'm going to formally open the June 1, 2024 hearings in Regina of the National Citizens Inquiry. Commissioners, for the record, my name is Shawn Buckley. I am lead counsel for the Commission. I am pleased to introduce our first witness who is attending virtually this morning, Dr. Pierre Kory. Dr. Kory, can you hear us? We'll ask you to speak just to make sure we can hear you.

Dr. Pierre Kory
Oh, I'm sorry. I was muted. Yes, I can hear you. Thank you.

Shawn Buckley
Yeah, I've been doing that for the last two days. We're very pleased to have you with us this morning. I'll ask if you can state your full name for the record, spelling your first name and spelling your last name.

Dr. Pierre Kory
My name is Pierre Kory. That's P-I-E-R-R-E. Last name is K-O-R-Y.

Shawn Buckley
And Dr. Kory, we swear our witnesses in. So I'm going to ask, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Dr. Pierre Kory
I do.

Shawn Buckley
And I just want to introduce you to the commissioners. Now, we have entered your CV as Exhibit 207, so R-207 for the commissioners to review. But it's quite a lengthy CV, and I just want to go through some highlights so that the commissioners and those watching this morning understand who you are.

In 1996, you obtained a master's in health policy and administration. In 2002, you received a medical degree. In 2002 to 2005, you did a residency in internal medicine. In 2005 to 2008, you did a fellowship in pulmonary disease and critical care. You are the former Chief of Critical Care Service and Medical Director of Trauma and Life Support Centre at the University of Wisconsin. You have pioneered using ultrasound to diagnose critically ill patients. You have pioneered using hypothermia to treat post-cardiac arrest patients. In collaboration with Dr. Paul Marik, you pioneered the research and treatment of septic shock patients with high doses of intravenous vitamin C.

You were on the front line of COVID-19 hot spots. You led the ICU in New York City during their initial five-week surge. You went on to run COVID ICU units in Greenville, South Carolina. You were also doing this in Milwaukee and Wisconsin. You co-authored over ten influential papers on COVID-19. You are the President and Chief Medical Officer of the Frontline COVID-19 Critical Care alliance, referred to as FLCCC. It is an organization of critical care specialists who focus on the research and development of effective COVID-19 treatments and vaccine injury treatments.

You have written a book on ivermectin called *The War on Ivermectin*. You are likely the world expert on the use of ivermectin. You have 56 peer-reviewed journal publications. You have written several medical books. You have written several chapters in medical books. Now I understand that you have prepared a presentation for us on various topics that we've asked you to present on. I'm going to ask you to go into that, but I do hope you can tell us, before you launch into that, how you came to be—I'll say on the non-government side of the COVID narrative. Because you didn't start on that side.

Dr. Pierre Kory
Correct. When it was apparent that there was going to be a pandemic of a novel virus that was a pulmonary and critical care disease, and I was a pulmonary and critical care specialist—I mean, it was predominantly causing death through acute respiratory failure, which is one of my areas of expertise—I was 50 years old and I would consider that the peak of my career.

And I took it very seriously. I thought I needed to be all focused, needed to be on combating this and figuring out how to treat it. And I quickly became expert in numerous facets of the disease, along with my colleagues—I would say my mentor and friend, Paul Marik, who is one of the most published critical care specialists in the world, actually in the history of our specialty.

Myself and other colleagues, we started sharing papers, preprint servers, talking to doctors around the world. We talked to doctors in China and Italy, Seattle, New York. I have colleagues who run ICUs in New York. And when they got hit, I was on the phone with them every day. And I just immersed myself in everything COVID. I took it extremely seriously. And I testified for the first time in May of 2020 about the critical need to use corticosteroids in the hospital phase of the disease.

I did that at a time when every national and international healthcare organization recommended against their use. And that was the first time I went against, as you said, the narrative and the government's position. I did that in a Senate, in a United States Senate hearing, and I was quickly and roundly criticized for that, almost to the tune of malpractice. However, two months later, that became the standard of care worldwide, was the use of corticosteroids.

And as we continued to study disease, and particularly the therapeutics—that's essentially what we focused on—Paul and myself, we were watching all the trials data, looking to see when the data was sufficient to find a drug, any drug to apply in our protocols, We were building protocols at the time. And we found that the data for ivermectin was more than sufficient in October of 2020. And December of 2020 I testified about the critical need for ivermectin in the early phase of the disease. And the same thing happened, except much, much worse.

That started a war on ivermectin, because there is—and I'm going to end here—as I quickly came to discover, and I'll tell you about today, that triggered enormously powerful and financially-interested institutions and forces for whom ivermectin was very inconvenient to their interests. And I then had to witness the last three years of, as I said in my book, a war on ivermectin. And that was a disinformation war, and I'm happy to talk more about that.

Shawn Buckley
Yeah. No, I'll have you launch into your presentation. I just wanted the commissioners and those watching to understand. I mean, you got into this because as a critical care specialist, you were just trying to find out what is going to help patients. So you were just trying to figure out: How do you basically be of the best service possible to help patients facing the crisis that we were facing?

Dr. Pierre Kory
Correct.

Shawn Buckley
So I'll ask you to launch into your presentation.

Dr. Pierre Kory
Okay. So, actually, let me do share. I'm sorry, give me one moment.

Shawn Buckley
And we can see your screen.

Dr. Pierre Kory
Okay, thank you. So, as I said in my first opening statement about how that led to me to discover that there was a war on ivermectin, I would ask the audience to ask yourselves, who are these forces that would want to attack ivermectin? And it's my opinion that ivermectin was extremely inconvenient to those vaccine manufacturers, because a multi-billion—if you can almost go into the tens or even 100 billion—market for worldwide vaccines opened up, which promised incredible profits to some of the most powerful corporations on earth, if not one of the biggest industries on earth.

And it wasn't just the vaccines that ivermectin threatened. It was also these pipeline patented pharmaceuticals such as Paxlovid, molnupiravir, remdesivir, and monoclonal antibodies. And again, the combined markets for all of these wares are clearly over 100 billion if you look at worldwide. I mean, just in the U.S., we've spent somewhere between

three or five billion. It's likely more at this point. So it is a massive financial market that ivermectin threatened. Because ivermectin is obviously, if the audience doesn't know, it's off-patent. It has numerous manufacturers around the world, and it's widely available, and it's extremely inexpensive. There are no major profits to be made off of ivermectin—not at all.

And I want to also call attention to the fact that the system in the United States, this is what's called a forest plot. I don't know if you can see my mouse, but there's a gray line to the right of all these green triangles. That gray line indicates zero effect of a medicine. Anything to the left shows that there's a positive benefit to the use of the medicine. The farther to the left it is, the more potent it is. So this is ordered in terms of potency, according to the summary data of all of the clinical trials done for each medicine.

And if you can see for ivermectin, which I put in under a block at the time that I made this slide, there's now over 100, but there was 93 controlled trials. Approximately 40 were randomized. The rest were observational control trials, which are extremely valid. And so you have these massive evidence bases, some smaller, some larger, for 47 different medications that are effective. I would argue that the audience has no idea that there's that many medicines that have been shown to be effective in clinical trials against COVID.

The other important part of this slide is I circle the only approved medicines in COVID. And it might be a little faint, but those circles, circle the price, the cost. And I find it remarkable if you look at all of the different costs of all of the different interventions—which range from zero, such as diet, to one dollar, five dollar, ten dollar—coincidentally, I find it odd that the United States only approves medicines that are over hundreds, if not thousands of dollars. There's not one cheap medicine on that list of approved medicines. And the only thing that was recommended, especially early on, was fever control with Tylenol. And that, unsurprisingly, increases mortality. It is an absolute myth that you should treat anything but the most severe refractory fevers.

Now, I've already laid out what happened, that ivermectin was very inconvenient to one of the most powerful industries on earth. And the focus of my talk is to talk about the disinformation campaign, or the war on ivermectin, that was launched when the data began to emerge that it was effective. I would say that myself, my colleagues, and Paul Marik, and the FLCCC alliance at that time were responsible for bringing forth and disseminating the evidence of efficacy around the world.

The problem that we came into is: As soon as we started doing that, really bad things started to happen to us and our careers. And the reason for that is that industries, not just the pharmaceutical industry, for years have developed tactics to counter science that's inconvenient to their interest. They know how to destroy inconvenient science. And the science we were bringing forth for ivermectin was extremely inconvenient.

Now, these tactics, it's called *A Disinformation Playbook*, from an article written by the Union of Concerned Scientists back in 2017, where they delineated the tactics that have been used for decades. This playbook was actually invented by the tobacco industry in the 1950s, when data began to emerge that cigarettes were causing cancer. And they actually hired a public relations firm. Remember, this war is actually fought using media and public relations. And they literally disseminate disinformation, which is information intended to deceive and/or harm. And meanwhile, what do they call folks like us, scientists who bring forth this evidence? We are labeled misinformationists. So it becomes a war of those labeled misinformationists against those that are spewing deceitful and false information.

The tactics they use are named after American football plays, for those of you not familiar with American football. And I would say the most powerful is the first one, called The Fake, where they conduct counterfeit science, and they try to publish it as legitimate research. They are actually highly successful at doing that. And they can do it for their own products. They can do fraudulent trials, such as with the vaccines, which I may get to later. And they could also do fraudulent trials to show that competing products don't work, such as ivermectin.

And I'm going to go through examples of this, because I had to witness this. You know, when I first testified in the United States Senate for the second time in December of 2020, and I brought forth all of the evidence around ivermectin, and I demanded that it be globally deployed worldwide, some countries listened. Many cities listened. There are numerous, almost just incredible examples of precipitous drops and deaths and cases when certain regions did that—all roundly dismissed by the media. But when I did that, suddenly we started to see these tactics being deployed against us.

And I didn't know what disinformation was at the time, nor that there was a playbook that industries followed. But within a few months of that testimony, I came across this article, and I would say it changed my life. It gave me an insight into what was happening in the world, because I couldn't make sense of it. I thought that the information I brought forth to the world through that Senate hearing would be welcomed. I didn't know that I would be championed or become a hero for it, but I certainly didn't think I would become a villain. And I was very quickly villainized throughout the world's media.

Again, this is inconvenient science, all of these competing medicines. But keep in mind how threatening ivermectin was. And the pharmaceutical industry is not stupid. They know their medicines. They know their drugs. They know their competitors. And they knew that ivermectin was a threat because the Nobel Prize winner, Satoshi Omura in Japan, he knew that there was ten years of in vitro data showing that it was a broad antiviral against RNA viruses. There was efficacy in the lab against Zika, West Nile, dengue, even influenza. And so he asked Merck early on that we should do a clinical trial. However, Merck answered, no.

Merck actually helped invent ivermectin, but they lost the patent protection from making obscene profits many decades ago. Not only did they refuse to do clinical trials, but they also did the most brazen thing. On the night of February 4, they posted on their website three brazenly false statements warning the world that there's no scientific basis that it might work, there's no evidence that it does work, and that they were worried about its safety. This is one of the safest drugs in the history of medicine, and you have a pharmaceutical company posting brazen lies without scientific authors, without any data.

And on the right of this slide, I will show you what the clinical trials evidence base was on that day that they posted this on this website. And I will tell you the most shocking thing about this. The idea that a pharmaceutical company would spread a lie against competing medicine is not novel. But what was novel to me is to watch the media firestorm that erupted in favour of Merck. I had to watch headlines in major newspapers. I had to see the same lies spewing out of broadcasters mouths across the world's television screens on nightly news that Merck is warning against ivermectin, saying it doesn't work. And that lie was just repeated in this synchronous cacophony around the world. And it was very distressing to watch, because I knew it was a life saving drug. That's when the war started. And that was just soon after my testimony, but they'd already denied looking into research.

At the time, on that day, these were the trials for early treatment and prophylaxis. And that's what's truly remarkable, is that no one ever talks about the massive evidence base for

its efficacy in preventing illness. It's far more effective than the vaccines back then, and even now. And early treatment at that time had a considerable base. Now it's much larger. Like I said, there's, I think, 103 controlled trials as of today.

This was, again, some time ago. This is when we were at 99. And again, if you look at most of the results, they are far to the left, showing very potent efficacy against death, hospitalization, time to recovery, and even cases. Yes, there are a few to the right which show that it didn't work or it was harmful for maybe a particular outcome. But those were very small numbers, and I will tell you, those were the ones that the world mostly focused on, rather ignoring the vast majority of the evidence base.

Now I want to talk about the most potent tactic that I saw being used to destroy evidence of efficacy. What happened was the largest trials, the most highly-funded trials in the world began to be conducted and then published. And what we noticed when they were published is we saw brazen, fraudulent manipulations against the ivermectin group when they compared it to controls, and they did the same thing over and over. And I have a chapter in my book called *The Big Six*, because at the time, those were the six largest trials. They were the only ones published in high-impact medical journals, and they were the only ones that launched PR campaigns, again, across the world's newspapers and television stations, which trumpeted these results that ivermectin was found ineffective.

Now first of all, ivermectin was not found ineffective in those trials in a number of cases, although they were presented as such. But you could see in those trials that ivermectin had little chance of being found effective. And why is that? They know how to design trials. They are expert at doing this. They can design a trial to show whatever they want. And I will tell you, the high impact medical journals are not a filter, they are not a safeguard for the publication of these trials. They sail to publication.

And I didn't know how brazen the corruption was at the level of medical journals prior to COVID. In fact, I used to venerate these medical journals. But when I saw what they were publishing and how they were allowing these brazen frauds to sail through, I have very little regard and I have actually a zero trust now in much of the published scientific literature.

So what they did is, first they conducted large trials in areas where ivermectin was ubiquitously available. It was over the counter in a number of these countries, and they were done in regions where the local governments were telling people to use ivermectin. And then they didn't put in much safeguards to exclude people who had been on ivermectin when they entered the trial, so it's very hard to show that ivermectin is more effective than ivermectin.

And then they repeatedly gave low doses. They invented a weight-limited dosing, such as if you were over 85 or 75 kg, you got the same dose as a 75 kilogram person. This is brazenly harmful, because ivermectin is a weight-based drug, You have to dose it according to weight. So they basically took the most obese patients and gave them particularly lower doses.

Then they also had this wide inclusion criteria to allow patients to enter a trial for early treatment trials up to 14 days from first symptoms. And then they tried to only enrol the most mild and youngest and healthiest. Because it's very hard to show efficacy of drug if most of your trial population will never go to the hospital. Then as a result of those things, you need massive sample sizes to show efficacy when you do these above steps. But I will

tell you, they failed at showing inefficacy. And I'm going to give you an example of what they did.

And this is an example of five of the largest six reviews and papers which claim to find ivermectin ineffective. Let's zero in on a couple of them. This is one of the largest and most publicized. This was done by the National Institutes of Health of the United States. ACTIV-6 was their series of research in COVID. And I want to emphasize that this is ACTIV-6. There was around 1, 2, 3, 4, 5—they waited years into the pandemic to do this trial. Every one of the first five rounds were patented, pricey pharmaceuticals. This is no accident. But this was really atrocious, what they did in this trial.

When you do a research trial, you need to submit a trial protocol which goes over exactly how you're going to execute and do your statistical analysis of the data. And it is considered basically research fraud, or I should say it's considered a violation of a research protocol, if you change the outcome that you're studying in the middle of the trial. And I will tell you, my theory is that they were seeing efficacy of ivermectin, and so they had to bury the evidence. So they changed the outcome.

And so if you look at this slide, the original trial protocol was to measure the outcomes at 14 days, which is how sick they were, how many were in the hospital, and how many deaths. And their original primary outcome was the clearance of symptoms, I believe, at 14 days. And in the middle of the trial, they change it to 28 days—for a viral syndrome, an early treatment trial. By 28 days, most everyone is largely better. If you look to the right, the way in which you prove efficacy is you have to set a statistical threshold. Their statistical threshold was anything above 0.95.

And if you see, ivermectin was statistically significantly superior at day 7, day 14—and lo and behold, coincidentally, that statistical significance disappeared, but not completely. What that posterior P means is that at day 28, ivermectin still was 74% more likely to be effective. That's what that means, that posterior P. And so it was showing efficacy all throughout, but the way they wrote this up is that it was ineffective because it didn't meet the 0.95 threshold—which is also misleading and I would argue, fraudulent.

The principal investigator of that trial also committed fraud in hydroxychloroquine. And I just want to make a quick mention that although I wrote a book called *The War on Ivermectin*, one of my colleagues, one of my deeply studied colleagues, could easily have written a book called The War on Hydroxychloroquine, because it was the same war swaying tactics that I went over earlier, and the same results as well.

Now, this one gets even worse. I just talked about ACTIV-6. Now let's go over to the UK and Oxford—right, Oxford University. This is a really good example of how and why they do these things. So this is the comparison of the trial designs for Merck's pricey molnupiravir on the left, and ivermectin on the right. And what is curious about this is that there's the same principal investigator.

And I would like the world, if there was still a functioning media, to interview Dr. Butler and ask him: "Why, with molnupiravir, did they set a limit that you could only enter the trial if you were within five days of symptoms, but with ivermectin, you allowed people to enter up until 14 [days]? And why, with molnupiravir, you only included elderly people or sicker young people, but with ivermectin, you included anyone over 18—you had no comorbidities or illness?" And then also, "Why in one case you would treat for five days and the other twice a day, and the other one you only do three days?"

And what I will tell you is, what he did with molnupiravir is truly a historic feat. Which if you look, they randomized 25,000 patients a median of two days from onset of symptoms, which is truly an impressive feat that takes incredible skill and effort and resources to do that. However, with ivermectin, they allowed up to 14 days from onset. Why would you randomize everyone within two days for molnupiravir, and [then] let people go up to 14 days?

And then the other thing is, with a lot of these patented pharmaceuticals, you hear about the results first from a press release and then you get to see the data, and it usually comes out very quickly after the trial ends. However, with ivermectin, these people sat on the results in the middle of a pandemic for 19 months without a peep, without anyone knowing what they found.

There's other anomalies. So for instance, in the middle of the trial they suddenly announced that they had run out of ivermectin—one of the most widely available medicines in the world. And a journalist called the supplier of ivermectin to that group in Oxford, and the supplier answered that: "We have no problems with supply." We have no idea why they suddenly announced that they'd run out of a med, which also would be a historic failure of any research trial is to run out of research medicine that you're studying.

Again, I talked about this massive delay between completion and publication, which is unprecedented if you look at—well, they're still sitting on their hydroxychloroquine trial results, so I shouldn't say unprecedented, because they've sat on those results now for over 1000 days. But with these repurposed drugs, they often take just immense amounts of time.

Now, the other things that they did is worse. So the long delay between registration and enrolment: When participants were filling out forms, they weren't hearing back from the trial until eleven and nine days later. These are two participants who showed their study enrolment papers and when they contacted the trial. So while they were slow walking the enrolment, they were also slow walking the medications.

With molnupiravir, they were getting the medication the next day, overnight. And with ivermectin, they first were allowing people to pick it up quickly, and then they removed that and forced everyone to get a delivery. But when they delivered it, again, molnupiravir was the next day, but with ivermectin, they did not require it to arrive there on the next day. And so you could see that these aren't just biases. These are overt, brazen tactics meant to do a trial to hide the evidence of efficacy.

And then they went even further, if you'll believe this—I mean, this is truly incredible actions that they took—but then they stopped being open every day. And so they only were open five days a week, so if you got sick late in the day on Thursday, you were never going to enrol or get any medicines until middle or the late of the next week. This is a list of the crimes. I'm not going to go over it. And if you think I can't make the story worse, I'm going to keep making it worse.

In the actual paper which was published— And I have to also put out another anomaly. All of the other big trials done by these august and respected institutions were published in high-impact medical journals. This particular trial, which was packed with the most brazen fraudulent actions, was published in the 7th most popular infectious disease journal, which I will guarantee you, no one but an infectious disease physician would ever read. They buried it in the medical literature, which is one of the most important and largest trials of ivermectin in the world for COVID—and Oxford buries it in a 7th ranked journal.

But here's what they found. They actually found a highly statistically significant result in favour of ivermectin, which is that patients were fully better two days earlier than if they weren't treated. That is a highly meaningful result to most people: to be better, fully better, back to work, whatever you want to do, two days more. So you would think that this appeared on headlines around the world. No, it did not.

They found many more results that were positive in favour of ivermectin in terms of Long COVID symptoms. So they were showing statistically significant reductions in Long COVID symptoms, as well as getting better quicker. These are even more in favour of ivermectin. But here's how it was published, and this has happened before in the medical literature. So despite all of that incredible data in the paper, I'm just going to read the conclusion in the abstract as it was published: "Ivermectin for COVID-19 is unlikely to provide clinically meaningful improvement in recovery, admissions, or longer-term outcomes." That is a brazen lie. Their data contradicts that statement, but that's how it was published.

So how could they have pulled that off? I'll show you. They invented a statistic called "probability of meaningfulness,"a statistic whose calculations I have no ability to understand or comprehend. But I will tell you, it has never been described before in the medical literature. I cannot find any example of this statistic called "probability of meaningfulness."

And here I'm showing that in the budesonide trial that Oxford also did, this is how it was published. There, they found a three-day improvement in full recovery. They did not include a probability of meaningfulness. But for ivermectin, they invented this new statistic. It clearly didn't meet whatever threshold they held, and that is how they supported that conclusion. That is a lie.

Other anomalies is that when this was published, you could find it nowhere. I looked for the results of the Principle trial. Any coverage of this Principle trial I could find nowhere on Google searches and, oddly, on their own website where they have the results of other medicines that they studied. So they studied numerous medicines in COVID—they didn't even put the results on their website.

Other things that they do, is that I have in my book documented many researchers around the world that I was collegial and part of a network with, who are writing to me that they couldn't publish their studies of ivermectin. So they would censor positive studies. They would selectively publish these fraudulent, negative studies that I already detailed to several of them, and then they would reject all positive studies. Some of them were very high quality studies from very esteemed professors that I list here, and yet they were getting rejected, rejected, rejected from anything but 3rd tier journals.

And then those of us who were successful in publishing in high profile or well-regarded journals suddenly found our papers retracted for unprecedented reasons and sometimes no reasons. And so these are some of the examples of the retractions. My own paper with my group and Paul was retracted even after passing full peer review. Three rounds of peer review from senior scientists—suddenly the journal decides to retract.

And then you see in the medical literature, in the high impact journals, you see these editorials just arrogantly dismissing and denigrating anyone who believed that ivermectin was effective. And they always use the same argument. Everyone who believes it's effective were later proven false by high quality, rigorous trials. Over and over again, you'll hear that the largest, most high quality, rigorous trials showed it was ineffective. So, anyone who thinks it's effective is dumb, wrong, and doesn't understand science.

I just gave you guys examples that that is absolutely the opposite of what is true. Those supposedly high quality, rigorous trials are brazen frauds. And this has happened around numerous medicines over decades. So this is not a new phenomenon. These are not new tactics. I'm just trying to articulate and show you how they did this with ivermectin.

Now, outside of the medical literature, they did plenty of other things, so they go after researchers and institutions. And Dr. Andrew Hill from the University of Liverpool, who I used to be a colleague with and worked, he somehow was made to retract his own paper. He willingly retracted it, self-retracted it, and republished it as a negative review. The first one was astoundingly positive. It included 24 randomized controlled trials. And so what he did—and this is actually in the *New England Journal of Medicine*—is he started removing trials from his evidence base using invented categories.

So if you can't read it, that drop off from the trials in the red, he excluded potentially fraudulent studies. I would challenge anyone to define what a "potentially fraudulent study" is. It was not defined in the paper. Then he excluded high risk of bias studies, which is defined. That's fine, but that's actually not a typical action that you do. You actually include all trials, whether they have high or low risk of bias. But then—and this is where it gets almost laughable—he excluded studies with "some concerns."

Who knows what those "some concerns" are? But it allowed him to further disappear the statistical significance of his findings. And then that basically reversed everything. And basically this painted the narrative, which you saw throughout the media over the last few years, that all of the positive studies are fraudulent. Again, the world is upside down. The positive studies in the high impact journals were actually the ones that were fraudulent. But these that weren't published in high impact journals were made to appear fraudulent.

They also manipulate agencies. The WHO did very similar behaviour. What I find interesting about the ivermectin review by the World Health Organization—okay, the World Health Organization—is this you're looking at, what's called that forest plot, of just prevention trials. The WHO: How are they going to address this? There's not one negative trial. Several of them are randomized controlled trials. Several of them are quite large. And so it would be very hard to dissect or disappear this evidence base. And if you look, on average it's 82% improvement, but there's a number of studies where almost no one got COVID if they were taking ivermectin. This is really threatening to the other side.

So what did the WHO do about this? Very simple. This sentence appeared in their guideline: "While ivermectin is also being investigated for prophylaxis, this guideline only addresses its role in the treatment." So I would ask the audience to ask yourself, why would World Health Organization, a purported public health organization who has the world's public health as their primary purpose, why would they not look at the evidence base for an ubiquitously available, extremely safe, and highly effective preventative?

I think you all know the answer, but I'm going to say it anyway: This was the biggest threat to the global vaccine campaign, which made many dozens, if not $100 billion for the pharmaceutical industry—and so they just ignored it. And the evidence of regulatory capture by industry at the WHO over the last two decades is astounding, and I don't have time to go into it. But that is literally an organization that works solely and directly in the interests of the pharmaceutical industry.

And the evidence base that they were faced with, they just started excluding trials, just like Dr. Andrew Hill. Even though all those trials originally met their protocol for trials to look at, they excluded, excluded. But here's where it gets worse. Despite all the exclusions, in

their own guideline they found that in the trials for ivermectin, the ivermectin groups had an 81% less chance of dying—and it was a statistically significant result.

So I would ask you to ask yourselves: "What did they do about this? How could they not recommend ivermectin when their own data that they had acquired showed that it reduced mortality by 81%?" Pretty simple. They wrote this. They actually did not recommend it because the GDG, the Guideline Development Group—and it pains me to read what they wrote in that document, because this is a crime, this is actually a crime against humanity—they wrote that they "inferred that almost all well-informed patients would want to receive ivermectin only in the context of a randomized controlled trial, given that the evidence left a very high degree of uncertainty."

Now what uncertainty is there? It was a statistically significant result. It was a large reduction in the most important outcome of any medicine, which was death. There are very few medicines in history that reduce your chances of death—maybe outside of antibiotics—of 81%. Well, what they did is they graded the quality of evidence. This is another trick that they do when they find inconvenient science. All you have to do is call it low quality and say it's not to be trusted. That's essentially what they did here.

But this is what they're really saying. This is how I understand it as just one human on this planet, is that they're telling me—and I'm going to consider myself a well-informed person—they're telling me that I would want to refuse to take ivermectin outside of a randomized trial.

Even if I were in bed breathing at 30 times a minute with advancing COVID on six litres of nasal cannula, and a doctor would come in and say, "You know, Mr. Kory, we have this medicine. It's called ivermectin. It's been around for decades. It's really safe. And the best available evidence shows that it might reduce your chances of dying by, like 81%. But you know, the WHO thinks that the trials evidence is of low quality." And I would say to that doctor—while breathing with advancing COVID and increasing oxygen requirements—I would say to that doctor, "I'm just not comfortable taking that unless it's in a well-studied, well-organized trial." This is absurd. This is a crime. But this is what they do.

Compare that to how they approved ivermectin for other diseases like scabies and strongyloidiasis: worldwide approval on minimal evidence bases when you compare it to ivermectin [for COVID].

And then the censorship in the media and the journals. Obviously, I hope you all know about Trusted News Initiative, but it's essentially the largest press corporations, media corporations in the world who combine together to censor information that is inconvenient to those with financial powers. Simply, that's the best description that I can do it. Our social media was censoring it. You posted about ivermectin, you got deplatformed, shadow banned from any one of the social media platforms. They were vicious: Facebook, YouTube, Twitter, LinkedIn, you name it.

And then we find out that our U.S. government paid a billion dollars to media corporations to run PR campaigns for the vaccine: "Safe and effective. Safe and effective. Get your vaccine. Unvaccinated people are bad." And so we were washed in false propaganda from the beginning, and it was paid for by our own governments. Bill Gates, the amount of money he gives to media organizations is astonishing: 24 million to NPR. Why would this purported health philanthropist have to give so much money to for-profit media organizations? It makes no sense unless you know why he's doing it, which is he needs to control what the

citizens on earth believe. He gives money all over the world, numerous countries, and the largest media corporations.

And what those media corporations did is in every article you saw, in mass media you saw the same statements uttered and quoted, with lettered doctors saying all sorts of absurd and false scientific statements like: "All of the studies were small. They were low quality. They were observational. They only work/showed efficacy in parasite countries. Ivermectin advocates promote it with religious fervor." And that's a form of censorship, because what they're doing is they're trying to denigrate and insult and make those advocates like myself appear uncredible.

Notice how they say ivermectin "advocates" and not ivermectin "experts." And why are they saying that I promote things with religious fervor. I'm a physician, I'm a clinician, I'm a scientist, I'm a researcher. It's not about religious beliefs. But yet they want to do that so that people don't listen to us, because they want to make those doctors who believe it works appear uncredible.

And then they make it seem like we want to have political careers. My entire medical career crashed and burned. I lost multiple jobs because of my supposed advocacy. It's absolutely horrible. And that is actually a tactic called The Blitz. And they've been doing this for years. Merck used to run a campaign with their Vioxx scandal. They would keep hit lists of doctors who were trying to bring forth the information about the toxicity and lethality of Vioxx, and they did that for years. And those who found that ivermectin was effective, if you just look at the FLCCC, our careers ended. Three of the five careers ended, in academics at least, with false accusations, medical board complaints, forcing to retire.

Umberto Meduri worked for the federal government in the VH [Veterans Health] Administration and we have, under very good confidence, knowledge that that call to force him to retire came from Washington to his hospital in Memphis, Tennessee. Flávio Cadegiani in Brazil, same thing. His advocacy for early treatment drugs: he was in court, I think, eleven different accusations in court. He was even falsely accused of crimes against humanity. This is what they call The Blitz.

I'm going to finish here and just talk about what I think was the penultimate battle in the war of ivermectin, what finished ivermectin for good—at least in terms of major knowledge of efficacy and widespread use. And this is what they really had to resort to. So what I call is this was the horse dewormer PR campaign.

And it began in August of 2021. It was triggered by data that came out of the pharmacy databases showing massive rise in ivermectin prescriptions. And the other side had to do something about this, because if it was continuing to be used at such a high rate, real world knowledge of its efficacy would spread like wildfire. Patients would be telling their friends, their colleagues, their families, "Hey, my doctor gave me ivermectin, and it worked." Doctors would be treating more and more patients, realizing that it was having amazing efficacy, telling their other doctors—and they couldn't let that knowledge spread.

So what did they do? They started a war. And the first shot in the war was in the lower right hand corner, when the FDA put out that historic tweet about: *You are not a horse, you are not a cow*. FDA starts making fun of a medicine, making it appear uncredible. Like, who would take a horse medicine, right? And that was August 19, 2021. This is after that pharmacy data came out.

Five days later, August 26, upper left hand corner, the CDC puts out a false advisory. They are trying to make it appear dangerous, right? So first it's uncredible, then it's dangerous. And that was investigated by investigative journalists, who found that it was inaccurate data on rises and controls, and it was actually inflated. It was like, I think, four calls increase, and they called it a 70% rise in calls to poison control centres. This is propaganda.

Remember what propaganda is. It's a story or a message to get you to think or act in a certain way. These are little messages and stories. They're trying to influence your thinking. So first it's a horse medicine: "It's uncredible. Stop using it, folks." Then it's a dangerous medicine, right? So they're sending little messages about danger. They know how to use media. They know how to use propaganda. And then if you look in the top right corner, September 1st, a few days left, and look how each action is spaced out by five days: boom, boom, boom. These are propaganda bombs.

Then you have some of the largest professional organizations in the country suddenly calling for the immediate cessation?—of prescribing, dispensing, and using, what I would think is fentanyl—but no, it's ivermectin. They're going after one of the safest drugs in history. This is absolutely terrifying that an industry this powerful can use these agencies and these organizations to spew propaganda at an average citizen in the United States.

That FDA action was finally reversed. The FDA was forced to admit through a settlement that they acted outside their regulatory authority, and because they knew they were going to lose the case. And I want to credit my colleagues, Mary Talley Bowden, Paul Marik, Robert Apter, who are the litigants in that lawsuit. And the FDA was forced to remove every single thing they've ever said about ivermectin on social media and on their website.

Then after those three actions by the agencies, then they brought in the real infantry and they launched the infantry, which is all of the world's media. Suddenly, you saw a PR campaign with the only thing that late night talk show host broadcasters would say is: "horse dewormer, horse dewormer, horse dewormer," again, "message, message, message" that no one would want to take a horse dewormer to treat. That is the most crazy idea. And that's why I was laughed at. Numerous late night hoax joked about it—and that was around the world.

And the prize for the most absurd propaganda goes to the Rolling Stone who put this article in. And let me just read the headline: *Gunshot Victims Left Waiting as Horse Dewormer Overdoses Overwhelm Oklahoma Hospitals*. I would like you to read that again. That is made, in my opinion, by a professional PR agency—an assassin of a PR agency. Because that was "Clippy." That went viral. Who would not click on that headline? It is so absurd, you have to read it. And the thing about that headline is it was 100% false.

The hospital the next day said that the doctor who was quoted in that article as saying that absurd headline hadn't worked for them for three months, and they hadn't seen one ivermectin overdose. But remember, a lie goes halfway around the world before the truth gets its pants on. The other thing about this is: look at the headline. Basically, you have to picture someone who is shot by a gun in the stomach, bleeding, trying to hold the blood back, and they're left waiting as ivermectin overdoses are rushed in, in gurneys. I mean, this is absolutely absurd that Rolling Stone would publish something like that.

Then I think I can play this for you. Can you hear the audio?

Shawn Buckley

We can.

Dr. Pierre Kory

> [Audio playing] —*reporting that their calls are spiking in places like Mississippi and Oklahoma because some Americans are trying to use an anti-parasite horse drug called ivermectin to treat coronavirus, to prevent contracting coronavirus. What would you tell someone who is considering taking that drug? Don't do it. There's no evidence whatsoever that that works. And it could potentially have toxicity, as you just mentioned, with people who have gone to poison control centres because they've taken the drug at a ridiculous dose and wind up getting sick. There's no clinical evidence that indicates that this works.*

I would just like to point out what the evidence base was on the day that they trotted out Dr. Anthony Fauci onto a national television prime time show to issue talking points. If you notice, he said it twice: "There's no clinical evidence that this works." This was the evidence base on that day. All of those green bars are positive results for ivermectin. There were 63 controlled trials, 31 randomized, and he goes out there and says a brazen scientific lie. And he also puts in a talking point about how dangerous it is.

Again, he is a master practitioner and participant in propaganda. And I'm finishing here. But this propaganda went around the world in headlines and major media periodicals. And by the way, that horse deworm PR campaign that I just ran through, if you see all of the timing —August 19, August 26, September 1, Dr. Anthony Fauci on August 29—I mean, this was a bombardment of propaganda. And it all led up to one month later the announcements of Merck's molnupiravir and Pfizer's Paxlovid in press releases that we have a life-saving drug coming. They had to clear the way to launch these drugs for their immense profits. And I'm going to stop there. Thank you.

Shawn Buckley

So, Dr. Kory, and that's just one of your presentations, am I right?

Dr. Pierre Kory

Yes. I have other topics.

Shawn Buckley

One thing that came to my mind as you were giving this presentation is, even when you were referring to the one trial that was published where they're trying to say it doesn't work, that there was an 81% reduction in mortality of COVID cases. And am I correct then that the other studies would show similar reductions in mortality?

Dr. Pierre Kory

So that was the WHO. That was a meta-analysis. So a meta-analysis is where they include a number of studies, and then they do a summary analysis of all of their data. And that's where in their collection of trials that they included—this is after excluding numerous trials with immense benefits—they included only a certain collection and then deemed them too low quality. But despite that, it was a statistically significant reduction in mortality, is what they found in that collection of trials.

Shawn Buckley
Right, of 81%. I'm just wondering, looking at all of the clinical evidence that you consider reasonable, is 81% reduction in mortality a figure you would settle on, or would the figure be higher or lower?

Dr. Pierre Kory
I would say that would be approximately correct. I think the efficacy depends on timing. If you were to distribute ivermectin to every household in the world that they could take upon first symptoms of COVID, I would say the efficacy in terms of death would be much, much higher. A lot of those trials vary in the timing of when they started that treatment. But 81% for a reasonably-timed and prescribed drug would be on the low end for me.

Shawn Buckley
Okay. And where I'm going with this is: I'm just trying to figure out then, because this is life and death. I mean, we're talking about a reduction in death by COVID. We had Dr. Tess Lawrie as a witness yesterday, and we watched clips from the Zoom call that she had taped with Dr. Hill. And she's saying in those clips—and this would just be the UK I think, the data—but literally we're talking about 15,000 people per day dying that could be saved, you know, most of them saved with ivermectin. What type of numbers would we be talking about in the United States of lives that could have been saved if ivermectin had been promoted instead of basically attacked?

Dr. Pierre Kory
You're talking the vast majority. I mean, we've had over a million deaths in this country alone. You're talking about in the many hundreds of thousands. But I would argue, I haven't testified about hydroxychloroquine. But remember, hydroxychloroquine was widely advocated for much earlier in the pandemic. Had that become the standard of care early on, like in the spring of 2020, I would say that almost all of them would have been avoided, because there was numerous other things that you could have done. But in both cases, yes, hundreds, hundreds of thousands of lives would have been saved.

Shawn Buckley
Right. And I'm thinking, I don't know if you're familiar with the work of Denis Rancourt.

Dr. Pierre Kory
Yes

Shawn Buckley
But I think he's worldwide indicating that there's excess mortality of around 17 million. And it seems that the main intervention that's changed is the vaccine, because he also does it temporally. So if we're talking 17 million deaths worldwide, if hydroxychloroquine and ivermectin, and my understanding is combination treatments can even be more effective, literally we didn't have to have most of these deaths at all.

Dr. Pierre Kory

Not at all. The ways in which this pandemic could have essentially been extinguished, and extinguished early on, are innumerable. And I would just argue that one of them would have been mass campaigns to check and replenish vitamin D levels. Vitamin D: I just would like to say one little thing. The way in which I discovered that article called *The Disinformation Playbook*, was because one of the world experts on vitamin D, who had been doing research on vitamin D for decades, wrote me an email one day. And it said, "Dear Dr. Kory, what they're doing to ivermectin, they've been doing to vitamin D for decades."

The vitamin D literature is so polluted with fraudulent trials showing that it doesn't work for anything. It's a massive threat, but to the pharmaceutical industry, that they have so many trials showing that vitamin D is a nonsense intervention, when actually it's extremely life saving. And had we treated the widespread pervasive vitamin D deficiency, particularly, I would argue in the U.S.—and I don't know what Canada's like, but you guys are pretty north of the equator; I would imagine, especially in the winter, vitamin D levels are quite low—had that been addressed, we would have had a very different landscape.

Shawn Buckley
Now, and I don't want you to be worried about the time, we're about 38 minutes before I want to turn you over to the commissioners. Can we address the shedding issue and then perhaps also the issue of side effects caused by the vaccine?

Dr. Pierre Kory
Yes, I'm happy to share my summary review of shedding. Let's see. Give me one second. I'm sorry, I'm just having—just give me 1 second. I don't know why it's not coming up, but I'll try one more time. Okay, here we go.

So I'm sure many people are not aware of the concept of shedding, but I will tell you that the FDA is. So the FDA, as far back as 2015, published a document called *Gene Product Shedding Studies*. And also in a similar European Medicine Agency's document, they also talk about shedding. So gene therapies—and a good example is the mRNA vaccines, right?—the definition is that they mediate their effects by transcription of genetic material. We inject them, genetic material, they transcribe it and they make a protein.

And so that's what these are. So what happens is the protein that the genetic material is programmed to produce, that protein can be shed through any number of ways. And so in their own document, they define shedding as the release of the gene therapy product by any or all routes: feces, secretions, skin, urine, saliva, fluids, and I would argue, even exhaled breath.

All gene therapy products that I have found have shedding on their inserts. So there's a product called Luxturna, which can go up to seven days in the secretions. Another one called Roctavian: in the semen for six months. That means the genetic material is producing that protein that's supposedly therapeutic, and it's going into the sperm for six months. Another gene therapy product was for a month in the feces. And so you have to be careful of the feces. And I would argue, I'm sure that the shedding was occurring in other fluids. If it's going into the semen for six months, you have to wonder why it's not in other routes.

Pfizer knew the risks of shedding. They had it in their own trial protocol that a number of exclusions—they didn't want people to enter the trial if they were exposed to vaccinated people. There's no other explanation for these exclusions. Even those breastfeeding or having been exposed environmentally, they have it in their own trial. They're literally

admitting that they were worried about shedding, as they should have been, because the FDA literally recommends shedding studies be done for all gene therapies.

The other problem, the other piece about shedding that you have to understand, is that the mRNA vaccine is a nanoparticle technology. So the mRNA is injected in these lipid nanoparticles. And the reason why, is the lipid nanoparticles can cross any physiologic barrier: They can cross the skin, the tissue, the lungs, and they can go through cell walls and any membranes. Now that's the synthetic nanoparticle. But we have a biologic counterpart, which is called an exosome. Exosomes are also tiny fatty sacs which circulate in our bodies, and they actually direct cell behaviour. They're almost hormonal in that they are parts of cell-to-cell communications.

Now, exosomes can take up any number of things, like nucleic acids, proteins, lipids. And what's been found is that exosomes can take up the spike protein. They're constantly produced and they are involved in intercellular communication, and they also can disseminate widely. You know, we were told that the gene material and the spike protein would only be produced locally. That's not true. The spike protein that was produced was then carried throughout the body in exosomes.

These exosomes can cross the placenta. They can go into breast milk. Again, this is why those other gene therapy products were shedding as well, and like I said, they can cross biological barriers. From one review paper, these ultrafine particles are capable of entering the body through skin, pores, debilitated tissues, injection, olfactory, respiratory, and intestinal. So exosomes, these tiny fatty sacs, they are ubiquitous and they can be excreted, and they can be absorbed by others.

And so the mechanisms of shedding, as I understand it, is that you need to disseminate the spike protein widely. It has to go either to the lungs or other places where we secrete or exhale. There would have to be sufficient concentration in those areas to then make someone else sick. And then once you excrete them from whatever orifice or manner, then they would have to be absorbed by someone close by. And in terms of pregnant women, they would have to either get to the baby through the placenta or through the breast milk.

Well, low and behold, we have evidence for all three of those mechanisms; [they] are actually a reality and they are scientifically proven to occur. A leaked EMA letter noted that mRNA is distributed widely. A Japanese document showed that the lipid nanoparticles go all over the body and they distribute to every organ. And even Australia's TGA evaluation report noted and revealed that the nanoparticles go everywhere. So spike protein can be produced everywhere in the body, and not just the arm.

The other thing is that spike protein has a particular affinity for the biological counterpart of nanoparticles, which is the exosomes—which is what exits the body. And we know that mRNA and spike protein can circulate in the body for wickedly long times. One study which ended after 187 days, in at least one study subject, found circulating spike protein in the blood—let alone the tissues, but in the blood. So they're produced widely, they're produced for long periods, and spike protein-coated exosomes can trigger an immune response in lung cells.

These are studies demonstrating vaccine product persistence. And then there's case reports of this dissemination. There's one actually published study of a man who died of a horrific encephalitis, brain inflammation. And on autopsy they found spike protein everywhere throughout the brain, the heart, the muscles. And then another autopsy series by a German pathologist: He found that in the 50 autopsies where he was asked to stain for spike protein as a second opinion because families were strongly suspicious that their loved one died, he

found disseminated spike in numerous organs and causing massive damage—particularly to blood vessels, which then led to the death of the patients. And I will tell you, it's standard protocol around the world to not look for the spike protein, which is another part of this multifaceted fraud.

Now the third condition is that the exosomes must be able to enter the body. The inhalational route presents the highest risks, and that's described in gene therapy and nanoparticle literature. When inhaled, specific sizes are efficiently deposited by diffusional mechanisms in all regions of the respiratory tract, so we know they can be absorbed. What's shocking is that in a 2023 study, they actually looked at children of vaccinated adults and they found that the children who hadn't been exposed to COVID, hadn't gotten COVID, suddenly they were showing antibodies to the spike protein.

Now in that paper, the researchers hypothesized that the parents' antibodies were being transferred to the children, presumably through the breath. But I've never heard of humoral immunity being transferred to children, otherwise I would be immune from every disease or virus that my parents had had. It doesn't happen. We know that it's the spike proteins that are being shed to those children and they're developing antibodies to the spike. We know that the mRNA is found in the milk at varying time points and it is packaged into breast milk extracellular vesicles. Extracellular vesicles, or EVs, are the same thing as exosomes.

Can baby absorb vaccine products? Well I would have thought that if a baby got it through breast milk that it would be destroyed by the acid in the stomach. But actually it's been shown in numerous papers that the encapsulated exosomes is protected from gastric juices and actually can enter the body through the intestinal wall.

And I give you a clinical example of that, is that in the post surveillance data for these, is that there were these breastfeeding catastrophes: central nervous system hemorrhages and strokes in babies who were breastfeeding—and they were removed. They were excluded from the post surveillance data. And this is literally the reasoning that Pfizer gave: "The two cases were determined to be non-contributory and are not included, since these two cases involved babies who were indirectly exposed to the vaccine through the breasts."

So if anyone wants to doubt that—"Shedding is not real"—you need to ask Pfizer why they admitted in their rationale for exclusion that the baby actually got the vaccine through breast milk. They're literally using that as a rationale.

Other neurological catastrophes: convulsions, strokes. I've never heard of this before. I've never heard a baby breastfeed and suddenly start seizing, outside of any other context of being ill. And again, they are excluding these from that post-surveillance database and they're using the reason is that, "Oh, it wasn't a vaccinated baby, they were only indirectly exposed through breast milk." It's absolutely absurd.

Anaphylaxis: Mother of twelve month-old boy received first dose of COVID-19 vaccine at 9:15 am. She breastfed her twelve month-old son three hours later, and while breastfeeding —and while breastfeeding—the child developed acute anaphylaxis. Again, a number of these respiratory failure after breastfeeding. I mean it shows that in certain women who are producing a lot of spike protein, that breast milk can be quite toxic. And these things are reported.

Skin exfoliation: This is a paper showing the massive amounts of menstrual abnormalities reported to VAERS, which is unprecedented. And the CDC has a threshold, a proportional

reporting ratio, so a PRR. Per the CDC, anything over two—which is if there are reports that are two-fold more than the baseline reports for the flu vaccine—that is a trigger for a danger signal, and that should be investigated. So if you have twice as many COVID adverse events than the flu for any particular symptom, it should be investigated.

Well, in this paper, they showed that VAERS was showing in some cases near 10,000 the PRR for any menstrual abnormality compared to flu—miscarriages, you know, in the hundred. And so these are proportional reporting ratios that have never been described for any vaccine released. This shows you how toxic these vaccines are, particularly to the menstrual. And why is it so damaging menstrually? Why would a mother who got vaccinated have so many menstrual problems? And again, it's because of shedding. I believe this is the transplacental exosome transfer of spike protein which is toxic to children, not only through the breast milk.

And then we have collected well over 1000 reports that patients have written to myself on my Substack that I've collected that show numerous side effects, along with a colleague of mine who wrote a similar one. Now, there's also a paper which is still on preprint, and it will never be published, that paper, and I've talked to one of the authors, but it's the famous paper with Seligmann as the senior author, where they showed a consistent correlation between vaccine rollouts and mortality.

Now, there was an unnoticed fact in that trial which they also found, that in several countries, in U.S. and Europe, at a time when the adults were getting vaccinated in the rollout of the campaign, they noticed that unvaccinated young people who are not eligible for the vaccine, their excess mortality also rose for a period of 18 weeks. So I think that is indirect and very compelling data to show shedding, right? So the definition of a shedding event for me is—actually it's defined as the development of a typically-described adverse event of the vaccine by someone exposed to a vaccinated person. And so young people dying at increased rates as we're vaccinating older people would be a pretty good explanation for that.

Another group called My Cycle Story very early on: And I just want to mention menstrual irregularities is far and away the number one symptom of adverse events, not only in vaccinated women, but also in unvaccinated women. When the vaccines rolled out, many, many, many women noticed after years or even decades of normal cycles that they were developing menstrual abnormalities: amenorrhea, loss of period, heavy bleeding, irregular periods, prolonged periods. And this was censored on social media, dismissed as anecdotal. But the science is there for it. There's very good reasons as to why that was happening to those women.

And there's not only primary shedding, where you can be around a vaccinated person. But there's also secondary shedding that's been described, where a child comes home from school and the parents sense they start developing adverse events just from exposure to a child who's exposed to other children. And what I would say about shedding—now I'm going to the clinical aspect based on my expert observations as an expert who treats vaccine-injured patients, Long COVID patients, and who's collected a lot of these clinical reports—but the sensitivity to shedding varies. I would argue that most of us are not sensitive. It's generally kind of highly environmentally-sensitive people.

But I would also argue many people don't know that they'll get a certain symptom and not feel well. They don't know that it could very likely be because they were exposed to someone that was shedding a lot of spike protein. But the descriptions that we've collected in the thousand, I mean, it's totally reproducible. People are just talking about the same

things happening in the same situations or being around certain people. It's just too reproducible. Unless there's a conspiracy where they all got out there to produce these reports, it's impossible. And many of them are actually produced and written by researchers, doctors. And so like I said, it's mostly sensitive patients.

The characteristics are they tend to be more susceptible during booster rollouts or early on in the campaign, or someone recently vaccinated. But there are others who are sensitive to vaccinated people even far long after they've been vaccinated. Young and healthy people tend to shed more frequently, and it actually varies by the individual. So for instance, some people they would go to church and they'd be fine, but there were certain people at church that they felt that kind of made them ill, gave them dizziness or vertigo or nausea.

Most common by far is menstrual abnormalities. Decidual cast shedding, which is historically extremely rare when the entire lining of the uterus is shed, that has been described numerous times by women who weren't vaccinated whose husbands were. And this happened soon after the husband was vaccinated. Some of the anecdotes are extremely compelling and actually have led to divorces. There was one description where the woman, every time her husband came to bed she would get violently ill with headaches. And she actually could not physically be around her husband because she was so sensitive to the spike protein that he was shedding.

Headaches, tinnitus has been described. Nosebleeds, dizziness is also extremely common, and even brain fog. Less commonly is things like atrial fibrillation, peripheral neuropathy. But these have all been described by people who suddenly had close exposures to vaccinated people, and they never had these symptoms before. And the symptoms would develop in temporal associations of exposure as well as resolve, as those exposures removed or a few days would go by. But a lot of times these symptoms would occur repeatedly.

So for instance with seizures, there was one report of one man who, he went to numerous social events after which he would have a seizure. And in fact, he was one of the rare cases where we had a report of death. Although this happened a few times, he actually went to Thanksgiving dinner, and after that Thanksgiving dinner, he had refractory seizures and died. And so the patterns, the temporal associations, the reproducibility shows that there's immense clinical evidence that shedding is occurring. And I'll stop there.

Shawn Buckley
Dr. Kory, one thing that jumped out at me is: You were basically talking about a paper that isn't going to be published, so I assume just the authors are choosing not to continue to try and have it published. But where—

Dr. Pierre Kory
Mr. Buckley, I didn't mention this, but they told me that they had tried to publish in 30 journals and gave up for futility.

Shawn Buckley
Right. And you would have read it and you didn't see any difficulty with their methodology or anything, so this is likely just another case of censorship?

Dr. Pierre Kory
100%.

Shawn Buckley
Right. But the finding that you were talking about that I found interesting is: You were describing the vaccine has been rolled out for a specific age group, which didn't include people under the age of 18. And yet there appears to be data in more than one country that basically is indicating a rise in mortality for people under the age of 18, which correlates with the release of the vaccine and mortality in vaccinated people.

Dr. Pierre Kory
That correlation is there. The data shows it. And my sort of review of shedding, I would understand that to be emblematic or some supportive clinical evidence that's the mechanism as to which that is occurring. I believe it's because shedding is exposing unvaccinated children to vaccinated parents.

Shawn Buckley
Right. Now is there anything then that unvaccinated people should do or could do to help mitigate the effects of being around people that are shedding?

Dr. Pierre Kory
There are a number of things that we've seen the patients have reported are helpful. Not to belabor the fact, but ivermectin is one of them. We do also like some of the safe proteolytics that break down spike protein, like nattokinase, bromelain, NAC [N-Acetylcysteine], as some have shown. One woman reported that nicotine, she felt when she took nicotine she was less sensitive to shedding. But I want to make an additional point that it's not only the unvaccinated that are sensitive to shedding.

In my practice, I have numerous vaccine-injured patients. And I'll give you a really compelling clinical example, which is a patient told me at a visit a few months ago, he said, "Dr. Kory, you know, there's something weird happening." He says, "I can't go to grocery stores." He said, "I went to Trader Joe's a couple of times, and within ten minutes I feel terrible. All of my symptoms get worse." He has a lot of chronic symptoms. And then he added, "I was at a farmers market yesterday. It was really crowded, and the same thing happened. I felt really unwell." And I asked him, do you know why that is? And he had no idea.

I actually explained shedding to him, and I showed him the science behind shedding. Myself and my partner, we have numerous patients in our practice who have had to alter their social behaviours because they feel ill when they're around certain exposures or crowded areas, and they tend to keep to themselves now. I've had some who had to ask to work remotely from home. So this is real and being suppressed and/or it's just dismissed as ravings of a Looney Tune when we try to talk about it. But the science is there, the documents. The FDA knows this is happening. Pfizer knows it's happening. And so this is not an invention or a conspiracy theory.

Shawn Buckley

No. Just so I understand, you started one of your presentations with: Basically, the European EMA and the FDA both acknowledge that for these types of products, that shedding is a risk, and shedding should be investigated. And if I recall your evidence correctly, you also indicated that basically companies like Pfizer for the COVID vaccines were not required to do shedding studies. And yet Pfizer's own documents, they're excluding patients that literally have died or had poor outcomes from shedding, so they know shedding is happening. So the regulatory bodies normally would require these shedding studies.

And then you're sharing with us: Basically there's evidence of young people dying and the most obvious explanation—and we all know correlation doesn't mean causation—but at the same time, when we're talking about the death of young people, when the only change, the only intervention, and it perfectly tracks vaccine uptake and the death is happening, I mean, that is a serious outcome. So if that's caused by shedding, and if this shedding is real, we're really talking about significant negative health outcomes that people may not be aware of. People could be feeling sick and having no idea.

Dr. Pierre Kory
I totally agree. And you have to think the well-described excess mortality rippling across the world affecting nearly every highly-vaccinated country, based on that data, you'd have to hypothesize not only could it be driven by the vaccine itself, but also by secondary exposures to the vaccine by those who didn't get vaccinated.

Shawn Buckley
And there's some irony here. Because during the COVID experience we would hear things in the media like there's a pandemic of the unvaccinated. So basically the public messaging to force people to get vaccinated and to create this division between unvaccinated and vaccinated for several political reasons and to convince the unvaccinated to get vaccinated, we were being told, "Well the unvaccinated were public health risk." It appears, Dr. Kory, that actually the opposite is true, that we could now be experiencing a pandemic of the vaccinated.

Dr. Pierre Kory
I believe that, yes, your statement is correct. The vaccinated do represent a risk to the unvaccinated via this shedding mechanism. That is totally clear. The science is absolutely convincing. Luckily, I believe the magnitude is not as much as it could be. I do think it's a minority who's sensitive, obviously, to shedding. So I am not sensitive. I travel everywhere.

But my deep concern is that based on the more recent information about DNA plasmid contamination, as well as now we know some of the contaminant DNA plasmid contaminants, there is evidence that it's integrating into cells. Although I don't have any short-term acute sensitivity to being exposed to a vaccinated person, what about if DNA plasmids are going into exosomes and they're actually affecting me? What is my long-term risk? And so the implications of this are vast and terrifying.

Shawn Buckley
I just want to make sure that the commissioners and those watching understand. You're now actually talking about unvaccinated people having foreign DNA being incorporated into their body, so they could end up themselves making spike protein when they haven't

been vaccinated, or they could be integrating into their genome foreign DNA with unknown consequences. Is that what you're referring to?

Dr. Pierre Kory
Well, I don't know. I don't have evidence that we are absorbing mRNA released from a vaccinated. We believe that it's the spike protein, predominantly. But I do hypothesize that we could be getting mRNA or DNA, and it could be functional, and it could integrate. That's more of a hypothesis, but it's a concern knowing that these things shed. We don't know exactly what's being shed. And I do want to put forth one more piece of evidence.

I know of a group that did a study where they exposed unvaccinated women to vaccinated women. And although I know the overall result, I don't know the methods, I don't know the size. They did not want to release that because they feared it would threaten their ability to publish. This was many months ago. I've checked in with them since. They have been unable to publish. They were very hopeful at one point. They were at a very late stage in the peer review process, but suddenly that peer review process stopped.

And this is another tactic that journals do. It's not reject or retract, but they sit on studies. And you're not allowed to submit an actively reviewed study to a different journal. That's considered to be a violation of the publishing ethics. And so they've captured that study. So I don't know that we'll ever see those results. But they've told me that they found that 70% of the women reported menstrual abnormalities after close exposure to vaccinated women. So that is the first trial I've ever heard of where someone actually studied shedding. Which is you're right, Pfizer should have done that. The FDA recommends that be done. But it wasn't done.

Shawn Buckley
Right. I'm thinking back to pregnancy consequences, and we had Dr. Thorp testifying yesterday about effects on pregnancy and fertility. And this would be of vaccinated people. But if it's true that 70% of women that are unvaccinated who spend time with vaccinated women have interruptions to their menstrual cycle, that could have huge consequences on fertility going forward.

Dr. Pierre Kory
Absolutely. And that is an area that I'm looking into, is the birth rates. Those are a bit delayed, but across Europe, there's been analyses showing precipitous drops in birth rates, timed with the vaccine campaign.

Shawn Buckley
Now I do want us to go into a different topic. And, Dr. Kory, it's just that a lot of the people that watch the National Citizens Inquiry, both live and after, is they don't typically follow people like you. And the idea, actually, that there are side effects from the vaccine might be new to them. So I'm wondering if you can share with us, because vaccine intake has dropped dramatically. And yet currently my understanding is we are seeing adverse reactions of a different type. And I'm wondering if you can speak to us about basically what you're seeing in your clinical practice and what the research is showing about the manifestation of new diseases and new conditions now that likely are attributed to the vaccines.

Dr. Pierre Kory
Yeah, so let me be clear on what I'm expert at, in terms of vaccine injury. So I would just tell you based on my expertise and my experience, really. I divide the side effects from the vaccine into what I call vaccine injuries, and then what I call post-vaccine injury syndrome or post-vaccine syndrome—injuries I consider to be kind of single organ problems and generally acute. So things like stroke, heart attack, Guillain Barre, even cancer, skin conditions, things like that, that people are reporting. Vertigo, tinnitus, dizziness, vision problems, those are generally single organ things.

My clinic and my experience: Those patients don't come to me. They're generally within the system. I have a private practice that's fee-based and I don't have an employer. So those that come to me are actually sick with a condition that I call Long Vax. It's the same thing as Long COVID. This is what I call Long COVID, because even Long COVID should be differentiated. People can have problems after COVID, but the syndrome that I see is not a new disease. It's been described for decades. It used to be called myalgic encephalitis, or chronic fatigue syndrome.

My practice is largely based on patients with Long COVID or Long Vax. And they come to me with the triad of these three symptoms. And these are chronically ill patients, most of them were vaccinated, obviously at this point, back in 2021. And they've done long slogs through the system trying to get care for these three symptoms, [of] which one is a new, inexorable, debilitating fatigue which is closely matched with something we call post-exertional malaise.

So patients who used to be fit with incredible endurance and exertional capabilities, suddenly— Like, in some of the worst case scenarios, one gentleman who used to run a full business and make a lot of money, he would walk to his mailbox, come back in the house, and have to lie down for 2 hours. So fatigue, post exertional malaise.

And then what we call brain fog, which is some amount of a cognitive deficit. In order of frequency, it goes from word-finding difficulties—so patients who's trying to speak, you know, "Hand me," then they want to say "cup," and they can't get the word for the cup or the pen.

Short-term memory: They're forgetting things that are told to them by their spouses, you know, the classic walking into the room, forgetting why they walked into the room. And also I have people reporting kind of little brain-foggy things that happen when driving. And that's just an aside, but we have immense data showing motor vehicle accidents have gone up in COVID to incredible amounts.

And then also sometimes confusion: inability to concentrate, focus. So you see cognitive deficits, fatigue and post-exertional malaise. So that's the core. Almost everyone has those three. Sometimes I'll see someone who doesn't have brain fog, but in general, the fatigue and post-exertional malaise is classic.

Now, that has traditionally been called ME/CFS [Myalgic Encephalomyelitis/Chronic Fatigue Syndrome]. And in a position paper by the Mayo Clinic in '21, they noted that ME/CFS was skyrocketing in this country. Obviously, they called it Long COVID. But here's the really important thing to understand. In my practice, 70% of my patients are Long Vax. It's the same disease. It's caused by the spike protein that is damaging and causing numerous pathophysiologies in the body. But the vast majority, it started after the vaccine, not after COVID. So I would argue Long Vax is far more common than Long COVID.

Another difference is that on average, in my experience, Long Vax are sicker than Long COVID, with some pretty memorable exceptions. But on average, they're far sicker, more debilitated. They have far more frequent this kind of other side menu of symptoms. So after you talk about that triad of fatigue, post-exertion-related brain fog, the next most common is kind of a tie between dysautonomia—so rapid heart rates, low blood pressures. When people start to walk, suddenly notice their heart is beating at 140 minutes, there's no good control of the heart rate. They get up suddenly, they feel faint, the blood pressure drops.

And they also complain of immense amounts of sensory neuropathy—so suddenly these sensations of burning, tingling, pins and needles, numbness, pain. And that can be one of the more difficult symptoms to treat. But that's common. And then after that, we see GI [gastrointestinal] complaints, and then what I call is cranial symptoms, the most common probably being tinnitus. But then I have patients who develop headache syndromes. They have all these oddly-described headaches, vertigo obviously, vision problems, and even hearing problems. And then after that, maybe dermatological. So the symptom, burden, and variety is so vast.

And these patients are very common. These are the ones who come to me. They're actually disabled. And the thing about ME/CFS or Long COVID or Long Vax patients is that from that Mayo Clinic paper, they also say one of the most common descriptions of that disease is that they see numerous doctors, undergo vast amounts of diverse testing, and most of the testing is normal.

And so if you go to a system doctor with this variety of complaints and they start doing tests to figure out what it is, and the tests are all coming back normal, what do you think their diagnosis is that they render these poor patients with? Generally, "Oh, go to psychiatry. Maybe you just need a little physical therapy." Or they just send them to a neurologist, cardiologist, pulmonologist—they're just over referring.

And so these patients that have gone through these slogs through the system, no one's offering them treatment, just testing and referrals. They come to me rather desperate. And like I said, many are disabled. They cannot do anything anywhere near what they used to do. And some of them can't work. Many others cannot exercise. I mean, exercise is a worse thing for a Long COVID and Long Vax patient. It totally flares their symptoms, so they always have to pace and moderate. And their lives have been immensely damaged and changed.

Another feature—and this is where it gets really, really sad—from the Mayo Clinic paper, is they report that over the decades of study of ME/CFS, that only 5% ever return fully to their baseline premorbid functioning. And that is a devastating prognosis. I would say knowing the spike protein and what it does, I think our treatments are a little bit more effective than historically the ME/CFS that was caused by, like, Mono, EBV virus [Epstein-Barr Virus]—that's a very common trigger for ME/CFS—Giardia mycoplasma can do it. But we have a pretty good knowledge of the spike protein and what it does in terms of the pathophysiology.

And so I think our treatments are smarter and oftentimes much more effective than the case reports and series that I've read in the past of this disease. And so I'm a little bit more hopeful. But, you know, I've been in practice over two years, and although patients can come to us with 20% functioning, with some I've only got them to 40%. But I will tell you, a patient who's operating at 20% and you get them to 40%, they are immensely grateful. But as a physician, I'm not happy. I see them as disabled at 40%. But we get many patients to

70%, 80%, 90%, but it's very hard to get someone fully off medicine and back to their completely fully-functioning former life.

Shawn Buckley
Dr. Kory, you just said you've been in practice two years. You mean you've had your private practice for two years, because we've gone through your extensive history before. Where can people access, like the FLCCC has treatment protocols? So for people watching that may be experiencing what you're describing, what resources are out there for them to access getting assessed and getting some professional advice?

Dr. Pierre Kory
Yeah, so the FLCCC—so flccc.net—has not only a protocol for vaccine injury, but also lists of providers who try to treat. I have a private practice where I do telehealth in all 50 states, and we do try to help Canadian patients through their physicians. Mine's called the Leading Edge Clinic. But [go to] the directory at FLCCC and it's called the I-RECOVER protocol. We have it for Long COVID and Long Vax. But the challenge with those protocols is that there are things that patients can access without a physician, but there are many things on there where you really need a physician.

I will tell you, it is such a complex disease, that although I know people who've tried some supplements, nutraceuticals, and have derived benefit, boy, I really think it needs an experienced physician—and there's very few out there. For instance, Long Vax is not even recommended. If you look at the state of this country and how it's responded, I mean, we have Long COVID clinics within many academic medical centres. And I will tell you, many patients have come to me after going to those clinics because their experience was testing, referrals, no help, no mitigation of their symptoms.

But there is no Long Vax centre. There is no centre for vaccine injury. No one is studying it. Even the research effort in this country, there was $1.2 billion devoted to studying Long COVID, and they haven't started any of the trials. They only have three that are ready, three that have been designed, one that's ready to enrol. This is as of a couple of months ago. That may have changed, but that first trial was studying Paxlovid, which is another brazen absurdity if you've listened to my lecture.

Paxlovid is an antiviral that has none of the mechanisms of these other drugs that we have in them. Paxlovid would have near nil chance at a benefit in a Long COVID patient, yet that's what they want to study. And I wonder why that is. And if my cynicism doesn't come through, obviously this is what our system is built on: rewarding industries to try to provide them opportunities to make obscene profits.

Shawn Buckley
Thank you, Dr. Kory. I'm going to turn to the commissioners and see if they have any questions.

Commissioner Drysdale
Good morning, Dr. Kory. Mind if I have a couple of questions. I'm just trying to read my notes here in this darkened environment. In the conversation, you had talked to Mr. Buckley about statistics concerning COVID deaths. And I was wondering, has anybody done estimates or studies as to the veracity of those reported COVID deaths?

And what I mean by that is, we've had a number of witnesses to this Commission who testified about how their—for instance, there was one that testified in Alberta last year. It was the doctor of a patient and the patient was a young boy and he was dying of brain cancer. And on his deathbed he'd already gone into a coma, if I recall. And they came in and swabbed him and he died the next day, and they said it was a COVID death.

And we also heard a testimony from a paramedic in Toronto who said there was a patient who jumped off an eight-story building and they swabbed what was left and they called it a COVID death. So when we start to think about what effect an intervention may have had, like ivermectin, how do we balance that with the numbers that have been reported and the veracity or the accuracy of those numbers, based on some of the information we've been hearing about how this or that was called COVID death?

Dr. Pierre Kory
Yeah, I think your point is absolutely fair. And I would like to say that is why I wasn't precise at giving a number, because I'm well aware that COVID deaths during much of the part of the pandemic were completely inflated. And there were incentives to do that. Any time there's incentives, that does guide human behaviour. And institutions had incentives to call things COVID deaths. So that's why I can't say for certain it's 700,000 [or] 800,000 would have been saved, but I do believe it's in the hundreds of thousands.

I would also like to add that I don't know if that behaviour has stopped in terms of calling a COVID death a COVID death, but we know Omicron is much milder. Many, many fewer people are entering hospital. COVID is not a major concern right now in terms as a cause of death. So that was then. Now we're in a different time point, and we have, I think you started talking about excess mortality. That's a different issue now. Now we're seeing excess mortality which cannot be blamed on COVID, and it's unexplained why we're seeing so much pervasive and large excess mortality.

And I argue that the answer is in the life insurance data in the United States. The group life insurance data is absolutely damning that the vaccines are the cause of the excess mortality. And the reason why is they provide very detailed excess mortality on all age groups. And the meteoric, unprecedented, historically unprecedented rises in death amongst numerous young age groups perfectly timed with the proliferation of vaccine mandates in this country, I find to be at minimum compelling, and more accurately, absolutely damning evidence that the vaccines are a huge driver of continued excess mortality. Now I changed the topic a little bit in my answer, but I did want to say that those are two different excess mortality discussions.

Commissioner Drysdale
Oh, absolutely. You know, I've had one of the experiences of my life here. We've been traveling across the country, and I get to speak to thousands and thousands of people. And as I was listening to your testimony, one of the things that occurred to me was it's a daily event for me, or perhaps many times daily, where someone comes up to me and they whisper in my ear: "You know, I take ivermectin."

And so my question to you then is: Do we have any statistics? And I would imagine they would be easy to obtain as to the use of ivermectin in United States or Canada. I mean, the manufacturers must know they're producing 100% more or 200% more of it or 3% more of it. So do we have any idea how many people on their own are using ivermectin?

Dr. Pierre Kory
So that is not a question that I have researched or have data on, but I do have some insight into that. So Edenbridge Pharmaceuticals based in New Jersey, they make 99% of the FDA-approved product in the United States. Their sales were up many, many-fold at various points in the pandemic. I happened to be a little collegial with their CEO, and I talked to him maybe sometime in the past year. He said his sales of ivermectin went back to normal: pre-pandemic.

Now the reason for that is retail pharmacies, part of the war on ivermectin—I didn't go too much into it—but after that horse dewormer campaign and the FDA's tweet and the FDA's misleading statements they put on their website, you couldn't get ivermectin through retail pharmacies. I've recently heard, which I have not verified, that Jim Thorp—actually who apparently testified yesterday—he and his wife discovered pretty damning evidence that the financial incentives that the government gave these huge retail pharmacy chains literally implies that they put out directives. And we do have knowledge that pharmacists were told not to fill it.

So the retail pharmacy data nowhere would reflect the amount of ivermectin that is being distributed and used because, for instance, in my practice all the ivermectin that I prescribe, it all comes from independent compounding pharmacies. So that data wouldn't be found. And I would tell you, my network of colleagues who use or prescribe a lot of ivermectin were using compounding pharmacies. So I figured it's hard to find that data.

And then the unfortunate reality of this war on ivermectin with this political clamp down, the totalitarianism of this, you know, single protocols to treat COVID, is that many patients have resorted to using animal products. And I think that's a sad comment on our health systems. But I know, for instance, my colleagues in other countries, in South America, a lot of it was over the counter bought, you know, everywhere, but also many places were using animal products.

You know, after my ivermectin testimony, it was interesting. I was immediately asked to lecture by physicians, organizations, different groups, kind of around the world. So sharing the data on ivermectin, Paul and myself, Paul Marik, we gave a number of lectures in South Africa. And I don't know if it started like a civil war, but ivermectin was a major political issue after those lectures. And I remember there was even a television broadcast one weekend where they were interviewing farmers who said that the national supply of animal ivermectin had disappeared. They couldn't find it in veterinary stores and, like, there was a huge run on it.

So it's a long answer to say we have no idea how many people are taking ivermectin, having access to ivermectin. The other thing is, many people order it from India. It's a huge producer of ivermectin. You can get it cheaply, and if you can get it through the borders, because I think they look harder for ivermectin than fentanyl. That's obviously a joke, and I shouldn't be joking, but the way that these countries and the way these industries who control these countries have acted towards ivermectin, you know, people have had to resort to lots of things. But I know many who have ordered from India. So, anyway, long answer to say that you're absolutely right. I think many people probably are, but we would have no idea how to accurately estimate that.

Commissioner Drysdale

Well, you know, it's interesting. It's kind of like prohibition. When they brought in prohibition against the alcohol, particularly in the United States, these speakeasies showed up all over the place, and you never knew what the heck you were drinking because it was not regulated. And so that's what we're talking about here, that if people want a product, they will get the product. But the trouble is, it hasn't necessarily gone through proper regulatory channels, so you might be taking an actual veterinary product. I think that's what we're saying, is it not?

Dr. Pierre Kory
I think that's an excellent analogy.

Commissioner Drysdale
The other thing that I would like to talk to you about is: Just looking around, and I haven't got any direct evidence of this in the United States, but I can tell you in Canada that there are certain places, like in British Columbia, where the government has essentially legalized hard narcotic drugs. And they have these safe injection centres, and people can go there and inject themselves with whatever they inject themselves with these days. And yet the government's war on the distribution and use of ivermectin, which if I understand your testimony has a very safe profile, seems to be more effective than stopping something like fentanyl. How is that possible? How is it that we can stop a drug like ivermectin, but we can't stop fentanyl?

Dr. Pierre Kory
I only have one brief answer to that. It's because, in my opinion, the world has gone mad. The world has gone absolutely mad. And the reason, my belief for why it has gone mad is through unrelenting, very powerful, very coordinated propaganda and censorship.

It's getting our societies to behave in illogical, almost unconscionable and unimaginable ways. I mean, the absurdity of what you just described, which is absolutely accurate, makes very little sense. But I think the information that's directing people to behave, they're just behaving extremely illogically. And I think that's why I say the world has gone mad, and it's because of people are following information that's false, misleading, inaccurate, and unhelpful, and harmful, actually, to our citizens.

Commissioner Drysdale
Are you familiar or do you, off the top, know the orders of magnitude of the reported deaths by VAERS, for instance, on ivermectin, as compared to the amount of deaths reported for the COVID-19 vaccines?

Dr. Pierre Kory
I know VigiAccess, which is the WHO safety database, which is considered kind of the premier one in the world. Ivermectin data on adverse events has been collected since 1992. There have been 16 reported deaths over that time span of 30 years, a little over 30 years—sixteen reported deaths associated with ivermectin. I think the adverse events reported is in maybe the single digit thousands, or 16,000, maybe.

When you compare that to the vaccines in VigiAccess, there's—now I forgot, I had that number—but there's well over a million adverse events of the vaccines. And in deaths, it's

in the 10-, 20-, 30,000 I think is in there now compared to ivermectin. And keep in mind, ivermectin over those 30 years: billions and billions of doses. At the beginning of the pandemic, it had been reported that 4.1 billion doses had been distributed in its history. And so the safety comparison, they are incomparable.

Now, I'll add another further comment on safety. There was a world scoping review, but done by one of the most famous and highly-regarded toxicologists named Jacques Descotes in France, who since passed. But he did this review in 2021, and in his review of all of the case reports, all of the literature, he concluded that not one single death had ever been caused by ivermectin—that those reports were all due to the reactions to the parasites that were infecting those patients. And they had a strong inflammatory reaction and died from that, but it was not— Because there's been massive, massive overdoses of accidental and intentional overdoses, and people have not succeeded in killing themselves with ivermectin. So I would argue it's one of the world's safest medicines.

Commissioner Drysdale
To my mind, one of the most chilling things that you testified to today—and I want to go through that with you just so that I understand—has to do with this phenomena called shedding, which I was surprised to hear you say that at least it was on the FDA website. I'm wondering whether it still is there.

But my question has to do with: We heard a lot of testimony, and we heard in public that, "Oh, you know what, if you get the needle, first it stays in your arm," and then we found out it doesn't. And they were all supposed to aspirate the needles, and they weren't. And then we heard it doesn't go anywhere else, and it does. Then we heard—and this is where I'm going with this on the shedding—we heard that, "Well, it only lasts in your body for a certain amount of time, very short period of time," and now we're hearing that it's longer than that.

But the part about shedding really bothers me. Because if this phenomenon, if what you're saying is correct, potentially you will never be free of the spike protein, because you'll get it from someone else as they continue to get boosters. And even though your body may or may not stop producing it, you get another dose of it when you go to grandma's for Christmas, or you go to the church, or you go to— Is that what we're talking about, that we may never be free of these spike proteins in our bodies? Is that the potential?

Dr. Pierre Kory
I think that is an accurate statement. I would just try to mitigate that statement in terms of magnitude of effect. Although yes, technically it's true that as long as these vaccines are continued to be used, I think we also need more data until how long someone can produce spike protein. Like I said in that one study, they found it circulating the blood up to 187 days, but that was only a small number. I think it was only one subject in a study of 20 patients.

So again, I think it's a small proportion that will continue to produce spike. But your question is: "Will we ever be free of it?" And I will argue absolutely not as long as this campaign with mRNA technology is continuing to be used for our vaccines. There absolutely should be a worldwide moratorium. I know we're coming closer to a few countries. There have been papers that were published that called for that based on just shedding. But you know what happened to those papers? They were almost immediately retracted.

Commissioner Drysdale
You're right, and we found that on this side, I can tell you that September of 2023, this Commission recommended the cessation of the use of the mRNA vaccines in Canada. And I don't think that was carried by any of the mainstream or legacy media companies that I'm aware of. Are you aware of that? Did the CBC report on our recommendation to discontinue mRNA vaccines in Canada from September of last year?

Shawn Buckley
And Commissioner Drysdale, you're looking at me. I can advise you that I'm not aware at all. And the NCI administration does track what media is reporting on us. And to my knowledge, that was not reported by the mainstream media.

Commissioner Drysdale
I have another question, Dr. Kory, with regard to one of the things that occurs to me when I'm listening to your testimony: is the huge variation in effects, in side effects and deaths, et cetera. Now I understand that the population that we're talking about is an extremely varied population, even between brother and sister, or brother and brother, or husband and wife. But we've also heard significant testimony about the presence of quality control issues with these vaccines.

We've heard that there is foreign DNA in them because they never cleaned it out properly. We heard of testimony of segregation within a lot. We've heard of foreign materials in them, leftover DNA or strands of DNA or RNA in them. How can we get an understandable picture of something with this level of complexity? Even when the main instigator, or potentially main instigator is so variable within itself, how will we ever know the answer?

Dr. Pierre Kory
In the current state of science and society, we cannot know the answer. Science isn't functioning. I don't think it's functioned for several decades in terms of objectivity, transparency, confidence. But there are innumerable scientific questions that need to be asked, researched, and answered around this mRNA technology and the vaccines. There's no appetite or incentive to do that.

You know, those who control the institutions of science, for instance, they control all the journals, they control the funding research agencies, they control the regulatory agencies. In such a world where the industry has near complete control of those institutions of science, there's no appetite, push, or incentive. In fact, most of their behaviours are in covering it up and not investigating.

So those of us who are really fighting for our patients, trying to answer questions so that we can help our patients, you know, we're doing that with one hand tied behind our back and a blindfold over our eyes. And it's a really an unfortunate state of the world, but we're going to keep trying as best we can. But I appreciate your question. I think my answer is it should be deeply saddening to anyone who's listening.

Commissioner Drysdale

You know, the other thing that occurred to me in listening to your testimony and listening to testimony that we heard, I think it was yesterday, and that is that one of the recognized side effects of the vaccine is a COVID-19 infection. As a matter of fact, CDC has announced that on their website probably six months ago.

So if people continue to get the COVID-19 vaccine, this is a self-perpetuating pandemic, is it not? And when people who were unvaccinated were accused of being a risk to the vaccinated, if you get a vaccination and one of the key symptoms is a COVID-19 [infection], it's kind of the opposite of what we were being told, is it not? The unvaccinated are at risk by the vaccinated, and we have a self-perpetuating pandemic.

Dr. Pierre Kory
I mean, I'm going to say a short answer and a long. The mRNA platform, but in particular the mRNA vaccines, is the most toxic and lethal intervention in my mind in history—a medical intervention. The way you talked about, it is the opposite. If you noticed in my lecture, particularly on ivermectin, what was deemed as truth and disseminated as truth is actually the opposite of what is true. And so there are a lot of opposites. And remember, that is what propaganda is: it's trying to present a reality that is not true. And the propaganda around these vaccines have been immense.

What's so disturbing is how much it was contrary to the truth. They weren't just a little wrong or moderately wrong, they were like 100% absolutely false. And so when you talk about these vaccines, this safe and effective mantra, and the fact that it reduces—Remember: "It reduces your chances of infection 90%, 70%, 50%. Ah, never mind, it reduces hospitalizations. Nah, it reduces death," right?—that all of those things have been directly proven true. And I will tell you in particular, the opposite of what is true is the thing that they held on to the most for so long, which they were shouting from the rooftop—and still do, right?

This is still a major prevailing narrative: is that the vaccines reduce hospitalizations and death. And I will argue not only their papers, [but] many analyses showing that that is false—and from the more transparent public health agencies around the world. Like at one point, Australia and the UK were actually dangerously transparent. Why do I say dangerously? Dangerous to them.

And I think it was even Ireland: they stopped releasing vaccination status data because it was so bad. It was showing the opposite of what they were claiming. But the other problem is in the U.S., actually, the data seems to suggest that it does reduce hospitalizations and death. However, this is the catch: there was a systematic miscategorization of vaccination status in the U.S.. You cannot believe the hospitalization data in the U.S., and I was directly a witness to this.

And I've talked to many nurses. The most prevailing electronic medical records system in the country, which is made by a company named Epic: every vaccine that anyone else ever gets, if you bring in your card, it gets logged into the actual vaccination record of that patient. It's an actual record, has all the dates, you know, as you've probably seen vaccination records before. But for some reason, with the COVID vaccine, it didn't go into the record. It went into the nursing note. The only people who were documented as COVID vaccinated were those who received the vaccine within the hospital system that they were attending.

And we all know most everyone got vaccinated at Walgreens, CVS, Rite Aid—I'm sure you guys have those companies in Canada—or vaccination centres. So very few people enter the hospital with "vaccinated" as their status. And the CDC weaponized that. They constantly showed data showing that the hospitals were full of the unvaccinated, when the opposite is true. And I just saw evidence come out about a week ago, the same thing happened in the UK. A group of my colleagues actually published a study in which they analyzed the vaccination status, and they found damning evidence of systematic mischaracterization.

So just going back to your point of the belief about the vaccine being nearly the polar opposite is truly astonishing. It really is. Like I said, it's not that they were a little inaccurate or a little misleading or overstated, they were saying the opposite of the truth.

Commissioner Drysdale
My last question is probably the most difficult, and that is: One of the themes that has come out in the last 26 days of testimony that we've had is that fraud, lies, accusations of lies, the complete abandonment of the fundamental principles of medicine—informed consent, do no harm, sanctity of doctor patient relationship—and as people are waking up, we see people going to ivermectin speakeasies, for a better term. They're not going to the medical system anymore. We see the rise in all kinds of other alternative treatments.

How will we ever restore the trust and reliance between the patient and the doctor when it has so fundamentally been attacked by not just the practitioners, but even the Colleges of Physicians and Surgeons, the FDA, or Health Canada, for whom I always thought was there to protect the patient. How are we going to heal this system and this tear in our society?

Dr. Pierre Kory
So, you know, that is a very challenging question. I could answer two ways, but I'm going to go with this one. I actually think the only way forward is for that trust to erode further. It has to be near complete, pervasive, and damning so that a new system can rise in its place so that it's constructed to fortify itself for the way our system's been captured. I mean, the behaviour of the medical system in COVID was truly unconscionable.

And again, I'm going back to the same theme. The propaganda emanating from the agency leaders' mouths, agencies and medical journals, they were lying to doctors, and they were lying to doctors who believed in those institutions. And so, you know, I'm going back to my phrase earlier that the world went mad. However, those that understand this, that understand how bad it was in COVID, and that those agencies and institutions were weaponized for profit and not patients' healths, everyone needs to understand that. Our politicians need to understand that, our physicians, our medical students need to understand that we are under immense industry capture of our healthcare institutions. And there's no soft fixes to that. I think that there needs to be almost, I don't know, a revolt, a rebellion.

But those forces are so powerful. In the United States, the biggest lobby is the pharmaceutical industry. They spend $660,000 per member of our congress, which is two to three times the budget of the coal and gas industry. All of the high profile medical journals in the world literally make immense profits. They're highly profitable businesses, by the way, and it all is derived from the pharmaceutical industry. Our world's media, one of the biggest advertisers is the pharmaceutical industry. And so, you know, until we somehow have a mass rebellion against that industry and its capture—and you need a critical mass of people.

And I think, maybe I'm going to finish on a positive note and a rather respectful and admiring note for the work that the National Citizens Inquiry is doing. But I think the answer is more things like this. Inform the public, inform the citizens of what's really going on, because you can't fight an invisible war or a war that people don't even know we're at war. We don't even know that we are being targeted and our health and our systems are being attacked and corrupted, and I just think we need to disseminate that knowledge.

I will tell you that prior to COVID, I had that faith and trust in institutions. I venerated those journals. I thought only the best science and scientists were published in those journals. I literally started this pandemic thinking that Dr. Fauci was a sympathetic guy in a tough spot with a lot of critics, trying to do the best he could. And none of those things were true.

And so I've been awakened, and I'm aware of what's really going on. And as a longtime educator and teacher, I've committed myself to continue to educate those that need education. I mean, I just want to make people aware so that they can make those decisions. And, you know, part of your question is like, yes, they're seeking outside the system alternative therapies. I think that's good. I think that's good. I think more people should know to do that and know that they should be very skeptical of what's in that system.

And I hate saying this, but they should be very skeptical of what a system physician tells them, because unless those physicians wake up to the corruption, they are going to be tools of the pharmaceutical industry, and they are going to spew lies that they are told from their very trusted journals. Again, I probably repeat myself, but I think the answer is spreading more awareness and education of what the true state of things are.

Commissioner Drysdale
Well, I did say that was my last question, but you've brought up something that I can't help but ask about, and that is: You know, in the investigations that we've done, every time we've lifted up a rock or every time we've looked into something, we've found corruption.

And we have been focused on what happened in COVID-19: you know, the vaccines, the treatment people were getting in hospitals. Is it not reasonable for people to make the assumption that this corruption is in all aspects of their healthcare system? I mean, is it believable that the pharma industry has only corrupted those things that had to do with COVID, or is it more likely that they have corrupted every aspect of this system?

Dr. Pierre Kory
I think it would be hard to describe the scope, scale, and history of that corruption. It did not start in 2020, not by any stretch of the imagination. Just in my own specialty, no one would ever hear of this drug. But there was a drug called Xigris, manufactured by Eli Lilly. And when I started training in my specialty in 2005, Eli Lilly had put together a national— It was a drug used for sepsis in the ICU, and it was a powerful anticoagulant, like a blood thinner and anti inflammatory. That's at least how I thought it was working. It was $5,000 a dose.

They put together a national campaign for sepsis awareness, for which they had an answer, right? This $5,000 a day drug. They put out a fraudulent trial showing that it reduced mortality, and they got almost every ICU doctor in the country to use it. I will want to give credit to my mentor, who I was training under that time. I never once prescribed that drug,

even at a time where it was ubiquitous and standard in ICU's around this country, making billions for that company. And it later was found that it increased mortality.

There are innumerable stories of similar drugs and strategies. Statins are nearly worthless for what they're purported to be used for. Vioxx killed many. The benefits of chemotherapy and radiation are vastly overstated. I don't even think I'd have the time to answer the amount of fraud. I mean, our system is not built for the patient's health. It's built for profit. And that's a really sad state. And it didn't happen yesterday.

I mean, the history of doctors who found treatments that were not profitable to the pharmaceutical industry—and what happened to them, particularly around cancer and other diseases? They get destroyed, their careers get blown up. And I think I'm standing here before you as one of them, just for trying to educate the global public about the fact that there was a highly effective treatment for COVID. I lost numerous jobs and, you know, was forced out, media hit jobs, attacked, medical board complaints, you name it. But this is what happens.

And so, yeah, I think to your question, it would encompass every specialty, every medicine. I think we need to be highly suspect, skeptical. Do your own research. And I know that's something they tell you not to do, right? But I would try to do as vast and as diverse a review of different sources. And you have to decide who's the most credible. But be very skeptical of official and expert sources because, I'm sorry, they've been captured, and they oftentimes don't know they've been captured. I used to believe things in medicine that were not true, and I believed them because I trusted those who told me they were true.

Commissioner Drysdale
Thank you, Dr. Kory. Anybody else? Nobody? Nobody else.

Shawn Buckley
Dr. Kory, those being the questions from the commissioners on behalf of the National Citizens Inquiry, I sincerely thank you for coming and giving evidence today. Your evidence has been very helpful.

Dr. Pierre Kory
Thank you. It's an honour.

Witness 2: Dr. Marian Laderoute
Full Day 3 Timestamp: 03:21:44–04:39:55
Source URL: https://rumble.com/v4yvzz9-regina-hearings-day-3.html

Kassy Baker
Welcome back to day three of the National Citizens Inquiry in Regina. We have with us our next witness and we're pleased to welcome Dr. Marian Laderoute. She will be speaking to us regarding her research on shedding, vaccine shedding. And just by way of a very brief introduction, she will of course be taking us through her experience in some detail. But just as we prepare to hear from her, I'll let you know that she has a PhD in medical sciences immunology from the University of Alberta. And she has had a career in pandemic and infectious disease prevention since 1996, working with both Health Canada and Public Health Agency of Canada. Can you hear me, Dr. Laderoute?

Dr. Marian Laderoute
I can. Can you hear me?

Kassy Baker
We can. Can you please just begin by stating and spelling your name for the record, please.

Dr. Marian Laderoute
My name is Marian Laderoute. Marian is spelled M-A-R-I-A-N. Laderoute is L-A-D-E-R-O-U-T-E.

Kassy Baker
Thank you very much. I understand that we have a presentation. Are we able to put this up on the screen?

Dr. Marian Laderoute
Okay, I'll just open it and—just a moment here.

Kassy Baker
No problem.

Dr. Marian Laderoute
Okay, now do you see it?

Kassy Baker
Not yet.

Dr. Marian Laderoute
Okay, just a moment. I'll go back.

Kassy Baker
Thank you.

Dr. Marian Laderoute
Just a moment here. I'll go back. And I think I have to share my screen first, so. Okay, I'm pressing the share button. Can you see it now?

Kassy Baker
Not yet, no.

Dr. Marian Laderoute
Okay, well then how about this? Do you see that?

Kassy Baker
We can see that, I believe.

Dr. Marian Laderoute
Okay, so I'll go to the beginning. All right, so I'm set.

Kassy Baker
I think we're ready. I'll let you take it from here.

Commissioner Drysdale
Just a moment.

Kassy Baker
Oh, one moment. My apologies, I forgot to have you swear in. Thank you very much Commissioner Drysdale. Dr. Marion Laderoute, do you promise to tell the truth at these proceedings herein?

Dr. Marian Laderoute
I most certainly do.

Kassy Baker
Very good. Thank you.

Dr. Marian Laderoute
Okay, my talk today is about shedding of the spike mRNA gene therapy products. And I'll be looking at the mechanisms, and I'll be focusing mostly on mortality outcomes.

So there is a high likelihood of a causal link between the injections of the mRNA COVID gene therapy shots and sudden early death involving myocarditis, which on average occurs six days with a median of three days after the last shot. The rate of myocarditis has increased by 2300% in 2021, of which 3% resulted in deaths. These are the reports to the VAERS database. And there have been many calls for the halting of the use of these mRNA shots because of the problems of micro clotting and myocarditis.

However, others like myself are of the opinion that the mRNA gene therapy vaccine approach is so dangerous as a stealth bioweapon, that it and vaccine mandates should be banned forever, and this immediately written into the Canadian Constitution. And I hope to convince you of this by the end of my testimony today.

So I'm bringing you my testimony based on a career in pandemic and infectious disease prevention for Canadians since 1996. So I was actually hired in direct response to the interim report of the Krever Inquiry into the tainted blood scandal of the eighties and nineties. So I was hired into the Blood & Tissues Division in the Bureau of Biologics at Health Canada. The efforts here led to expert and public consultations which resulted in the establishment of a voluntary moratorium on xenotransplantation, which is the implantation of animal tissues into humans. In this way, the issue of xenozoonotic infections causing a pandemic in Canada was alleviated. And I welcome you to download and have a look at this report, which has received many praises internationally.

After this, I was hired by the LCDC [Laboratory Centre for Disease Control] to develop risk mitigation measures against emerging zoonotic diseases, including the development of a blood donor—sorry, my picture is in the way—of a blood donor screening test. So in our quest to examine the impact of xenozoonoses on the human immune system, my research team identified the activation of the elusive foamy retrovirus of humans that we identified as HERV-K102 [human endogenous retrovirus K] on chromosome 1q22, which generated these foamy macrophages in response to viral infections.

So the Public Health Agency of Canada then issued patent applications worldwide for these blood donor screening tests and for the exploitation of HERV-K102 activation for pandemic preparedness. We showed HERV-K102 was replication competent, both in the body and in the test tube, and that it generated these foaming macrophages. We now know that these foamy macrophages provide this important trained innate immunity.

So trained innate immunity actually provides what we call heterologous, or nonspecific protection against pathogens and cancers. And it actually includes pathogen neutralizing innate antibodies, as well as the innate T-cells that recognize surrogate markers—in this case, the HERV-K102 envelope protein that is expressed on cells that are infected with

viruses, and which are actually also captured on the viruses as they bud from the infected cells.

Finally, it's believed that the HERV-K102 particles themselves can kill virus-infected cells in tumour cells by undergoing lytic infections. In contrast, in the normal cells, the HERV-K102 simply integrates and waits at the ready to pounce if the intruder enters the cells.

Now, what's really important to understand is that HERV-K102 particle entry into cells is able to provide an alternative means to not only activate, but to quickly amplify the critical type I interferon response needed for COVID recovery. And in fact, it explains how, in a humanized mouse model of mild COVID-19 disease, that macrophages were somehow able to achieve this.

The most important evidence, however, to date is that there is evidence of HERV-K102 increased integration in a cohort of individuals that are known to be resistant to HIV acquisition. And this is the famous cohort of the HIV-exposed seronegative cohort from Nairobi, Kenya. So this actually argues that high HERV-K replication pre-activation may strongly protect against HIV infection, and where HIV-1 is considered pandemic virus.

Now in the paper below—this is a preprint available since December of 2023—it is suggested that foamy macrophages and the HERV-K102 replication are key also to the recovery from COVID-19, the disease caused by SARS-CoV-2 which represents a second pandemic virus. Indeed, HERV-K102 at [chromosome] 1q22 may have helped ensure the survival of the human species from RNA epidemics that would have been prevalent at the time of encounters with other hominins who subsequently went extinct. Taking all this evidence together, it appears the crucial host defence mechanism of macrophages promotes survival against pandemic RNA viruses.

So these two papers represent our data showing that this virus replicates both in the body and in the test tube. So we—in the first paper up here at the top, the 2015 paper—we're claiming that HERV-K102 is the elusive foamy retrovirus of humans. Now, we don't really understand foamy retroviruses very much, except to say we know that they're non-pathogenic, they like to replicate in the sebocytes and sebaceous glands, and that they're known to co-evolve with the host. So the latter suggests that it plays a role in human survival.

Now when the macrophages start producing the HERV-K102 particles, they take on this foamy appearance, which is shown here by electron microscopy. And these vacuoles contain hundreds and thousands of these particles that are 100 nanometer in size on average. And all their physical characteristics are identical to the CD9 exosomes that are known to be released from macrophages.

Kassy Baker
Sorry, Dr. Laderoute. I'm just hoping that we can pause here for a moment and just clarify what you've told us up until this point. So please do correct me if I'm wrong, but I think what you've told us is that through your research, you have identified particles that essentially—or cells perhaps is the better word—that bestow particular immunity against viruses. And you've identified them as these foamy microphages, is that correct?

Dr. Marian Laderoute
We know that macrophages are protecting against pandemic diseases, and nobody really knew why. And what I'm saying here is what we discovered at the Public Health Agency of

Canada is that these macrophages, these foamy ones, actually express the HERV-K102 particles. So after day six or seven, they will actually lyse and release the particles. And I just have to say that Russ et al. recently confirmed our findings. Does that help?

Kassy Baker
I believe so.

Dr. Marian Laderoute
Okay. So in order to really understand what shedding is all about, you have to understand what antibody-dependent enhancement of infection into macrophages really is. So we call that ADE. So during natural infection, progression to severe COVID-19 is associated with the early onset of these spike protein antibodies. This is all part of the adaptive immunity that occurs before the innate system has cleared or inactivated SARS-CoV-2.

So in other words, the spike antibodies cause progression to severe COVID-19 when the SARS-CoV-2 virus is present. It doesn't prevent disease. So this raised a red flag as to: Why would you use COVID-19 vaccines designed to produce antibodies to the spike protein of SARS-CoV-2, as this would cause harm and not protect the host?

So the monocytes and the macrophages do not express ACE-2. So the only way that SARS-CoV-2 can get inside the macrophages is through this antibody-mediated dependence on the spike antibodies. So when SARS-CoV-2 enters into these macrophages by ADE, this will actually block the critical launch of the HERV-K102 protector system, which we need for recovery and for survival.

So this is why the IgG1 and 3 [IgG1/3] antibodies to spike protein and ADE are so dangerous. It also explains how it is the COVID-19 vaccines were doomed not only to failure, but to increase risks of death upon subsequent exposures to the SARS-CoV-2 virus.

I would like people to understand that there's no adaptive immunity vaccine that generates antibodies to the RNA spike protein of any emerging pathogen that can be considered safe, due to the well known and experienced problems of ADE.

So in this slide, I'm just trying to show you a picture of what this kind of looks like. So down here below, I have these protector foamy macrophages that are producing the HERV-K102 particles. And this blue V is actually representative of the Fc receptor for the tail of the IgG spike antibodies. And once the antibody binds to the antigen, it enters the cells.

So it's through this mechanism, this ADE, that SARS-CoV-2 enters inside the protector cells and converts them to a disease-causing cell which actually produces tons of the SARS-CoV virus, rather than the protector one.

And what I'm trying to illustrate here on this slide is that it doesn't have to be restricted just to the SARS-CoV-2 virus. It could be the actual free spike protein. It could be the vaccine lipid nanoparticles that have the spike protein on it. And it can even be, as I will discuss later, the HERV-K102 particles that become contaminated with spike protein. These, too, can also enter into these cells and convert them to the bad, or the disease-causing cell types. So in my opinion, this is what really is going on with shedding.

Now we heard from Dr. Kory this morning the different methods of shedding, but most people believe it's through the exosomes from the upper respiratory tract. So these are the

sebocytes. Now sebocytes are the cells of the sebaceous glands found in skin and in all the mucosal tissues. And under normal circumstances, they actually just produce the HERV-K102 particles and release them by cell lysis on day seven.

So as shown here in the green are these protector HERV-K102 particles that when shed to the new person induces the critical interferon response as well as the HERV-K102 protector system. And this is what generates the herd immunity.

Now in people who have received the second dose of the mRNA vaccine, the lipid nanoparticles that they've been injected with contain the spike protein. So this then, through ADE, allows the contamination of the HERV-K102 particles into these—it transforms them into these bioweaponized exosomes that promote high risk of deaths due to micro clotting and myocarditis when shed to others. And the most important thing to realize about these exosomes is that it actually represents antigen antibody interaction, which, unfortunately, when it is IgG1/3 will cause complement activation and really initiate that dangerous coagulation cascade.

Kassy Baker
Dr. Laderoute, if I can just make one more clarification at this point. I just want to be sure that I understand and that our viewers of course understand as well. I believe what you've said, and again please do correct me if I've misunderstood, is that the spike protein—whether through natural infection or through a vaccine—when it enters the body, it can essentially transform healthy cells that would normally help us fight infection and turn them into dangerous infecting cells. Is that sort of more or less accurate to say?

Dr. Marian Laderoute
Yes, I think you've got it, Ashley. But may I continue, because this slide also deals with something similar. So most people listening today know that Vitamin D3 actually protects against the onset of severe COVID. It actually protects against many all-cause mortality, but let's just focus on COVID for today. So what it does is it essentially downregulates the adaptive immune system and favours the innate immune system, including the activation of the HERV-K102 particles in these cells.

So it turns out that Vitamin D3, when it's optimal—greater than 50 nanograms per mill [mL]—this blocks the ability of the SARS-CoV-2 to convert the protector lipid body negative foaming macrophages to the lipid body positive dangerous ones that are actually producing the SARS virus. So the Vitamin D is preventing this apoptosis resistance and is preventing the onset of immunosenescence, which we know causes chronic illness.

So if we look at the exosomes in plasma from patients that are infected with COVID-19, first of all most of the exosomes are coming from macrophages, and these are CD9 positive. If we look at the ones that are derived from mild patients, we see they have these expression of proteins that are involved in these functions, which indicate to me that these exosomes are probably HERV-K102 coming from the lipid body negative foamy macrophages.

In contrast, when we go to the more severe forms of COVID-19, we see different types of proteins that are being captured as exosomes. And these appear to be coming from the lipid body positive, the dangerous disease-causing foaming macrophages, which here it's very clear that they're provoking microclotting, complement activation, and dysregulated inflammation.

Now it turns out, when there's a transition from mild COVID to severe, we lose about 75% of the beneficial exosomes. And in fact we get about a 75% drop in the green, which is your CD9, the macrophage-type exosomes, whereas these purple ones are the CD41a, which is coming from the platelets.

So in addition to that, Bansal et al. had studied the production of the exosomes following the Pfizer vaccination. So it turns out they couldn't demonstrate any exosomes at all until day seven, which fits with the known history of the HERV-K102 particles. They're released on day seven. But on day seven, they could not detect any spike protein in these exosomes.

Now these exosomes are CD9, telling you they're coming from macrophages. However, by the 14th day after the first dose, they did see some very, very weak signal of spike protein contaminating these exosomes. However, 14 days after the second dose, they showed a very, very strong signal, as shown here. And this tells me that first of all, the lipid nanoparticles, they do have the spike protein on the particle surface. And secondly, it tells me that these antibodies, these IgG1/3 to the spike protein, are actually focusing the lipid nanoparticles to the macrophages and sebocytes.

Now this group also showed that by four months, neither the IgG1 or 3 antibodies or the exosomes were detectable. So if we extrapolate that information to the upper respiratory tract, we can say that it looks like shedding can last up to three months after vaccination. Now in this other paper quoted here, they provided evidence that the antibodies themselves were also aerosolized from the upper respiratory tract and transferred to third parties, such as in this case, captured on their masks.

So I just wanted to reiterate that the sebocytes, these are the main cell types of the sebaceous glands that are found in skin and the mucosa. They can be with or without hairs. And we know now that these sebocytes, they have the identical morphology of the lipid body negative foamy macrophages. And we know that they do express HERV-K102 because Nelson et al. showed it both in vivo and in vitro.

And it turns out sebocytes can become activated like the normal macrophages. And once they're activated, they can be infected by SARS-CoV-2 through the classical ADE mechanisms, which involves this Fc receptor for IgG. And it's called the R2A receptor, which is CD32. And this issue of the activation of the sebocytes indicates the contamination of the lipid nanoparticles with endotoxin could be playing a role in helping to promote the bioweaponization of the exosomes.

So this is the famous Cleveland Clinic data, which shows that depending on how many doses you've had, it determines how likely you're going to be infected with SARS-CoV-2. Now what I find interesting about this is that, to me, it implies that the spike IgG1/3 in the upper respiratory tract is not being converted to IgG4, even after multiple boosters. So the problem with the vaccine is that it contains the spike protein apparently on the outside of these lipid nanoparticles. And the spike protein is very toxic. And worse, it causes abnormal micro clotting, which involves a slightly different confirmation of the fibrin clot. And what's kind of interesting too, is endotoxin or lipid polysaccharide also can do this.

Now, there have been numerous reports of symptoms in pathologies that are identical to the adverse effects of the mRNA vaccines. But this has been observed in people who were not vaccinated but who were recently in contact with people who were recently vaccinated. So has there been any evidence for excess deaths or sudden unexpected deaths? And I think we need to acknowledge that Edward Dowd was one of the first to approach this problem. And he reported that there was excess non-COVID deaths amongst younger people, and

many of these involved these sudden deaths, so the SADS [Sudden Adult Death Syndrome]. So this is where the concept of SADS and the vaccines came to be.

Now, more recently in a FLCCC webinar, Mary Pat Campbell provided this data which shows in the 16+ who were vaccinated, you got this excess all-cause mortality, particularly in 2021. Now also reported by Edward Dowd was that this really happened quite a lot, very strongly in the third quarter of 2021, and persisted into the fourth quarter.

But what I find really interesting about her studies was that she provided an average by age group. And we can see here for the 0 to 24 age group, there was a 12% increase in all-cause mortality over this time. Three per cent of this were due to COVID deaths, and 9% were due to non-COVID.

And so if we look at the next age group, it was 31%, where there was 10% COVID deaths and 21% non-COVID deaths. So if you take this non-COVID percentage and as a ratio over the COVID-19 percentage, you end up with these non-COVID-19 to COVID-19 death ratios, which in my mind provides a lovely index of the issue of the unexpected and excess non-COVID deaths. So I use this index to examine as a proxy for shedding.

Now I have to qualify the data before I can show it to you. And that is to say, this data is the data from the UK ONS, which stands for the Office for National Statistics. And they claim right in their bulletin that deaths that occurred on the day of vaccination count as vaccination-associated deaths. Now Professor Norman Fenton and colleagues indicated that the ever-vaccinated totals that were provided by the ONS in these documents appear to have been manipulated to essentially discount the deaths that occurred in the first 14 days following the vaccination.

But when I saw the data, I saw that the problem was easily overcome by manually adding up all the individual age standardized mortality rates for each vaccination category, as shown in this slide. So this is the all-cause mortality, and this is the actual per 100,000 patient years. And this is the actual rate provided by the ONS for the unvaccinated—so for the first 17 months of the vaccine rollout.

Now, what they claimed for the Ever Vax—and Ever Vax means people who received at least one dose of the vaccine—here we see that in every case, they're claiming the rates were much lower. But if you actually go into the database and pull out the actual numbers for each subcategory of vaccination, you see that, in fact, the numbers were much higher for all the vaccinations, with the exception of February. So from this, I was able to recompile the data so that you actually have the actual rate for the Ever Vax by all-cause COVID-19 and non-COVID-19 mortality.

So when you have this ratio of Vax to Unvax, it means when this number is over one, it means that the rate in the Ever Vax was much higher than in the Unvax. So for the most part, we see here it's always over one. So that's telling you that the vaccines are basically killing, or there's higher risk of death if you were vaccinated.

Now, a very important point is that for 2021, had the ONS revealed the true data—so across the board for these numbers—in my view as a previous regulator for Health Canada, it means nobody would have continued to use the COVID vaccines worldwide had they published this data. The second thing you would notice is, for all-cause mortality there is only one month where there was some evidence for benefit.

And in this particular month, what happened was 95% of the people who were immunized—these are mostly older people—95% only received the first dose. So you're actually seeing the benefits of trained innate immunity, which actually decreases all-cause mortality. So it was quite significant for COVID-19, but perhaps not as powerful for non-COVID mortality.

So if you look at the COVID-19 mortality, you can see that, as we all expected, with time there would be a higher risk of death with time, which represents this problem of ADE. And in the non-COVID mortality, you can see that there's onset is occurring sooner, faster, and at much higher levels. And this increased risk of death for non-COVID-19 mortality relates to the vaccination-associated deaths—so both the early and the later, which I'm calling shedding. I will talk about these 71,000 vaccination-associated deaths that were excluded from this analysis in a later slide.

So I'd like to acknowledge that Dr. Jessica Rose was able to plot my data, and it's given here. So this is that index that I told you was probably a good marker for shedding. So this is the non-COVID-19 mortality over the COVID-19 mortality. In blue is the vaccinated and in the orange is the unvaccinated. So following the first dose, there's not much difference. But when the second dose was being administered, you can see that there was a huge increase in this index, and it actually lasted about three months which is consistent with shedding.

And there is a corresponding mirror image of: what is happening in the vaccinated is actually being reflected in the unvaccinated. So when the risk goes down, it also goes down in the unvaccinated. So overall, when you consider this data, the only real way you can explain this is through shedding.

So there were two key periods when negative excess all-cause mortality was observed in the UK. And when you get this negative excess, it's because of the heterologous protection by trained innate immunity. So Omicron, which was kind of like an attenuated virus, induced a little bit of it and we really saw quite a lot of it following the first dose, as I already mentioned.

Now in this slide, I'm trying to illustrate the temporal changes to the COVID-19 and non-COVID-19 mortality rates in the unvaccinated by the dosage of the vaccinated. So to make it more understandable, I'm going to start with E, which is Omicron from January to February. So with the onset of Omicron, which infected both the vaxxed and unvaccinated, they had a significant reduction in the COVID-19 as well as the non-COVID-19.

If you now look at the first dose of the vaccine, which was only given to the vaccinated, we basically see the same picture as we did with Omicron. But now the vaccine is causing death, non-COVID deaths in the vaccinated, but of course not the unvaccinated because they're not receiving the vaccine. So I would submit to you that in A is the first evidence ever that is consistent with HERV-K102 particle protection being horizontally transmitted to third parties to give you your herd immunity.

Now in B, after the second dose when we know those dangerous IgG1 and 3 antibodies to spike protein BMA, we can see this whopping increase in COVID-19 mortality in both the vaccinated and unvaccinated. So this suggests to me that these are the protective particles after the first dose, and they are being converted to these deadly exosomes after the second dose. If you look at the non-COVID-19 for the unvaccinated results, here you can see over time there is a sequential decrease, apparently, in the number of protector HERV-K102 particles that are being transmitted—to the point where by the fourth dose, from May to June of 2022, we're now seeing most of those exosomes are actually dangerous.

So in this slide, I'm showing that it's extremely rare for a traditional vaccine to show deaths beyond 60 days. So this data covered 2015 to 2023 for all vaccines reported to the VAERS reporting system in the United States. So you can see here that in contrast to the rarity of cases where there's deaths that occur beyond 60 days, we see it's very common in the COVID-19.

Now it turns out for the COVID-19, a lot of these actually involved SARS-CoV-2 breakthrough infections, which is not found for traditional vaccines. So in reality, these late onset deaths that occur beyond 63 days could be due to SARS-CoV-2 infection shedding, or both. But fortunately, when we look at the ONS database, we can see that any case where it was revealed that the person was SARS-CoV-2 infected, this no longer is captured under the non-COVID deaths. It would be captured under the COVID-19 deaths.

So there were two tables of data from the ONS that provided raw death counts. And the first one is table eight, where they provided the death counts by age group. And they provided the all-cause mortality rates, the deaths numbers, and the COVID-19. And so I had to, in purple, calculate the non-COVID-19 deaths for each of the age groups and across the board. So what you can see here highlighted in the yellow, is that there were notable peaks that occurred in July and October of 2021. And July was when we had the onset of the second dose to the elderly, and October 2021 was the third dose to the elderly.

So by just taking the data provided by the ONS for the months January 2021 to May of 2022, these were the non-COVID total deaths that occurred. The lowest month was May of 2022. So I chose that as the background and subtracted it from these numbers, which gave me these numbers for the excess non-COVID-19. And it turned out for the shedding deaths for the unvaccinated, it was over 72,000. At the same time, the C19 or the COVID-19 deaths only amounted to 46,000. So the shedding was much higher in the unvaccinated.

Now, in the vaccinated, I did the same things, except January 2021 was when the lowest point was achieved. So I subtracted that number from all of these numbers, which gave me, in purple, the excess non-COVID deaths, which I'm calling our shedding deaths. So according to this, there was 430,855 case deaths that were potentially related to shedding at the same time in the COVID-19 deaths, for only 41,112, which represents about a ten-fold increase rate in the shedding deaths over the COVID-19.

Now, from the ONS table nine, it listed the deaths by onset interval. So it was very easy to count the number of deaths that occurred under 21 days, and that totaled 43,088. And for the deaths that occurred beyond 63 days, it was 420,194. The fact that these two numbers, the 430 and the 420, they're within 4% of each other, so it gave me confidence in the data.

If we look from all the totals, it turns out in England for those first 17 months, there were 5,248 lives that were saved by the vaccine. And I would submit to you that these were all due to after the first dose, which involved the trained innate immunity. At any rate, for every life that was saved by the vaccine, the vaccination process caused 103 deaths, which from a regulatory standard is obscene, actually, and it's certainly not acceptable. So if you look at the percentage of the actual non-COVID deaths that were due to shedding, you'll see that in the unvaccinated it was 75% and it was 75% in the vaxxed.

Now, I'm not sure if those two things are connected, but if you recall, I mentioned earlier that there was 71,000 deaths that were excluded from this analysis. So if we assume that those 75% were shedding deaths, then instead of having a total of just under half a million shedding deaths, it turns out it's over half a million shedding deaths in England over the

first 17 months of the rollout. And if we add in the 43,000 and some odd early vaccination deaths, we get almost 600,000 iatrogenic deaths. Iatrogenic, meaning it was man-made, it was not naturally occurring.

Now there's a Dr. Wilson Sy of Australia who found that 74% of the excess deaths in Australia were caused by the COVID-19 mRNA vaccines. So he says Australia did not suffer a COVID-19 pandemic, but has suffered a man-made pandemic relating to the use of gene therapy products inappropriately as vaccines.

Now, it turns out that Sakura recently published data showing that for 29 countries that the vaccination associated deaths on average were 1.7-fold higher than the number of deaths associated with SARS-CoV-2 infection covering the years 2021 to 2023. So I attempted to estimate for Canada what the numbers would be. I came up with an average of 40,281 COVID-19 deaths for the three years from 2021 to 2023. There were approximately 85,490 excess non-COVID deaths, of which 7,865 would have been these early direct vaccination deaths, based on what we found for England at 9.2%. And the shedding deaths representing about 90% would have been about 77,645 people that suddenly—met their maker, I guess.

So we have to appreciate that the shedders of the bioweapons are only those who have had at least two doses of the mRNA vaccines. And only the mRNA or the adenovirus DNA vaccines induce the deadly IgG1/3 spike antibodies in the upper respiratory tract. So in the blood we get the conversion of this dangerous IgG1/3 to tolerogenic IgG4 at six months after the second dose, or with the third dose. However, this conversion to the IgG4 is not the case with the adenovirus vaccine. So this would help to explain the higher risk of micro clotting/myocarditis, for the adenovirus COVID-19 vaccines, and why they were sequentially pulled from the market. And then, in fact, they are no longer being produced.

Now, the people who are at the highest risk of shedding are those who were infected before receiving the COVID-19 mRNA gene therapy shots, because in the blood these people do not switch to the dangerous spike; they do not switch the dangerous spike IgG1/3 to IgG4. So the younger one is, the more likely they were not vaccinated until after they were naturally infected. So a higher proportion of the younger population may have been at increased risk of early vaccination injury as well as shedding deaths due to the persistence of these complement binding IgG1/3 antibodies to the spike protein.

So in order to mitigate the risk of emerging or pandemic RNA viruses—and I have to say these are recommendations, are not medical advice, but general scientific opinions—is first of all, keep your vitamin D3 levels optimal. And you should be tested once or twice a year. Adopt a healthy lifestyle weight and maintain a healthy blood pressure. Where required, such as those with comorbidities including hypertension, reverse and prevent the immunosenescence of macrophages with alpha-fetoprotein [AFP] antagonists such as daily zinc, genistein, 7 keto-DHEA, which is legal in the United States but not in Canada, ivermectin—I published an article indicating that ivermectin is also an AFP antagonist. And there's other things like near-infrared that you can do to help improve your situation.

But most of all, you should avoid any adaptive immunity vaccines that would generate IgG1 and 3 spike antibodies to the RNA virus, whichever is causing the emerging pandemic, because it would cause the ADE infection of the macrophages, which turns out to abolish the HERV-K102 trained innate immunity that you need for survival. But most of all, in my opinion, never accept an mRNA gene therapy product as a vaccine.

So in summary, the evidence is provided that suggests that there is shedding that causes deaths and it relates to the bioweaponized HERV-K102 exosomes from sebaceous glands in

the URT [Upper Respiratory Tract]. And this may have been the most important cause of deaths during the years 2021, '22 and '23. And these iatrogenic deaths, or man-made deaths, are associated with vaccination, which includes the early direct vaccination deaths and the later onset shedding deaths.

Now these were stealth deaths involving a bioweaponized gene therapy shot that was inappropriately used as a vaccine. So many of these people would not realize what was happening and would have died suddenly or at least unexpectedly, because susceptibility was not per-se related to older age or poorer health status. Rather, what mattered was whether or not the person had been infected with SARS-CoV-2 prior to receiving the two doses of the mRNA vaccines. So this helps to explain that excess risk of death in all age groups, including the higher propensity for the younger adults.

So in addition to workers dropping out of the medical professions due to vaccine mandates and censorship, iatrogenic injuries and deaths may have contributed to the current shortages of nurses and doctors, because they too were likely infected prior to the RNA vaccination, which placed them at higher risk. So based on my expertise, I would make the following recommendations that all countries pull out the COVID-19 vaccination record and link it to the mortality rates and raw death counts to actually determine the true risk versus the benefits of the COVID-19 vaccines.

In my opinion, the alleged fraud of Pfizer regarding the use of the clean lipid nanoparticles for the clinical trials that use process 1 and the dirty ones for the mass vaccination that used process 2, I think this could be further pursued in the courts with the purpose of recovery of the taxpayers' dollars to help deal with the compensation to the vaccination injured or killed.

Now, it is very clear that the mRNA gene therapy technology risks well exceeded the benefits in England, and you could actually consider the use of these products on a mass scale as being akin to genocide. So I think we should consider that we need to amend the Canadian Charter of Rights and Freedoms to ban forever the use of the mRNA gene therapy products as vaccines in both humans and animals. And I even question the mandating of vaccines, because even this could be considered unconstitutional.

To keep the blood, organs and tissue supply safe, it may be useful to support the further development, evaluation, and validation of using the HERV-K102 activation methods as a screening tool to guard against emerging or unknown pathogens. And there is obviously a need to fund research on the risk of these lipid nanoparticles and the cDNA, the viral vector gene therapy products, for impact on the presumed contamination of the HERV-K102 particles.

And we need a lot more research to be done to understand how HERV-K102 protects humans against pandemic viruses. I have posted a case study that on my Substack that provides valuable insight on some of the symptoms of shedding and what might be done to minimize the risks of death.

So in conclusion, in my opinion, the mRNA gene therapy shots have converted the protector HERV-K102 particles that give you herd immunity to bioweaponized exosomes that cause microclotting and carditis deaths. So gene therapy vaccines is an oxymoron. And I'll finish there. Thank you.

Kassy Baker

Thank you very much for your extremely interesting testimony. I have a few questions that I've made notes of as we've gone through, and I'm hoping that you can just give us a little bit more clarification. First of all, you used the term bioweaponized several times throughout your testimony. Can you explain why you've described it in this way?

Dr. Marian Laderoute
I think I'd have to say that I've been influenced by Dr. David Martin, who has explained that the genesis of the mRNA technology to be used as a vaccine actually came out of the Department of Defense from the USA. So he considers these mRNA vaccines to be bioweapons that cause death.

Kassy Baker
You also noted several times towards the end of your presentation that mRNA gene therapy, or the mRNA, what we've called vaccines—you've clarified that this is an mRNA gene therapy—should never be used for vaccines. And you underlined the word vaccines. In your opinion, are there potentially other applications for which mRNA gene therapy might be safe or effective for the treatment of humans? Or is it something that should always be avoided? Or can you answer that at this point?

Dr. Marian Laderoute
Well, there are some mRNA gene therapies that are not actually used as vaccines, and I haven't really studied the actual adverse event reporting for them, but they would tend to be less problematic. But here we're talking about pandemic and the survival of the human species. And as a vaccine, from what I can see here, if the vaccine is eliminating your only hope of survival, then it would be like a bioweapon. So my objection is primarily for uses of vaccine. But I'm also saying that if you do use it for another purpose, you have to examine what does it do to the HERV-K102 particles, and does it actually put you at risk of dying sooner due to infectious diseases or cancer?

Kassy Baker
Very good. Thank you for that explanation. I'd like to turn to the commissioners at this point to see if they have any questions for you. Commissioner Drysdale has a question.

Commissioner Drysdale
I have a couple of questions directly and perhaps indirectly, I think when you first started your talk, you talked about, was it a voluntary moratorium in Canada against the transplant of animal tissues into humans? Is that what you said?

Dr. Marian Laderoute
That's correct.

Commissioner Drysdale
Aren't they still doing that? Aren't they putting pig bells into people's hearts still in Canada?

Dr. Marian Laderoute

As far as I know, they're not. But what is very interesting is, after the first year of the vaccines that were used worldwide, the FDA actually allowed a compassionate use case of the transplantation of a pig heart into a human being. And so this would be, I think it was, yes, January 7, 2022. So this man of 57 years of age received a heart from a pig and he lasted two months, perhaps, and ended up dying because of a porcine CMV [Cytomegalovirus] infection.

So subsequent to that, there are now many, many cases of clinical trials that involve people who are brain dead being implanted. So unfortunately, what I see dangerous here is that the mRNA vaccine technology has convinced the FDA: "Oh well, we have the means to deal with any pandemic so we can go ahead with the xeno." But as far as I know in Canada we haven't allowed it yet.

Commissioner Drysdale
When did this voluntary moratorium come in, in Canada?

Dr. Marian Laderoute
I think, okay, so our forum was in 2007, and then we had a lengthy public consultation process conducted by third parties. And then it was only after that that it was formally announced. So that would be at least by 1998.

Commissioner Drysdale
Okay, thank you. I have a number of other questions here. When you're talking about in your attribution or, sorry, the way you determined or tried to estimate the deaths due to shedding or not, and we obviously, in the all-cause mortality, we see a jump in the deaths. How do we determine whether or not those deaths were either vaccine or shedding related, as opposed to we've heard testimony from other witnesses about how they were locking old people up for months on end, or people committed suicide, or all of the other things that may have been caused by the NPIs, the non-pharmaceutical interventions. Have you somehow screened out those or estimated those?

Dr. Marian Laderoute
Well, that would be part of the background that I was subtracting from the totals for each month.

Commissioner Drysdale
Okay, so that's how you tried to estimate that.

Dr. Marian Laderoute
Mm-hmm [yes].

Commissioner Drysdale
You also talked about, to some degree, multiple doses. And it appeared that in a first dose, the effect of shedding was not so great. On the second dose it was greater. I mean, we've also heard testimony of people getting five, six, seven doses of this stuff. I know you haven't studied it, but do you have any kind of an opinion as to what that might be? Is it an

increasing risk? Is it a logarithmic risk? Perhaps that's not a fair question, but what are your opinions on that?

Dr. Marian Laderoute
Well, I provided you with data in that one slide where I showed that by the fourth dose, essentially everything that's being released as an exosome from the upper respiratory tract would be considered the bioweaponized exosomes. So there would be very few particles that were actually uncontaminated HERV-K102 particles to protect the host.

Commissioner Drysdale
Right. But we don't know what the effect of four, five, six doses would be, whether you'd be producing more of that in greater quantities or—

Dr. Marian Laderoute
Well, if we just go based on the data I presented for the fourth dose, it clearly indicates that by the fourth dose, there's no more HERV-K102 protective particles. And I would assume, based on other evidence, that this would continue with each dose.

Commissioner Drysdale
Right. Okay, one of the other things you talked about was when you were looking at the data and how they were reporting it, I think it was in the UK, that they counted as a vaccine death, a death that occurred on the first day. And you did some mathematical or arithmetic, I suppose, manipulations or analyses to try to add to that. But, you know, we know that the effects of certain things are not known for a long time.

For instance—and we talked about this in previous commission hearings—if I tested cigarette smoking for a month or two months, I'd not know that it caused cancer. And it takes certain things, certain irritants, if you will, medical irritants, to cause cancers and something else in the long term. And so what I'm guessing here is that we have no idea what the long-term effects of these vaccines might be, one year, two years, three years out.

Dr. Marian Laderoute
Yes. And your question is?

Commissioner Drysdale
Well, the question is exactly that we have no idea what the long term effects might be. You know, they're counting vaccine deaths one day after, and you were able to perhaps project that out reasonably to whatever period of time was, days or something. But we don't know if those vaccines will be causing deaths or damage to people a year from now or two years from now or three years from now. So we're missing that part of the data in your analysis, are we not, the long term effects of these vaccines on the body?

Dr. Marian Laderoute
Yes, absolutely. I just want to make a point about the issue of the shedding versus the integration. Now, the HERV-K102 is a retrovirus, so it contains functional integrase and

reverse transcriptase. If that particle is being transfected with the mRNA coming from the vaccine, it means there's a much higher likelihood that there could be reverse transcription and integration into the human genome. So I didn't address that in my talk because there's only one case of a report. Unfortunately, the data were not provided that suggested that in humans there is this integration into the peripheral blood lymphocytes. So I didn't want to really address it, because we haven't really had a chance to look closely at the issue.

But most certainly, if there is integration into the host DNA, and in particular, for example, if it's the progenitor in the bone marrow that leads to the monocytes and macrophage lineage, this person might have to be on some kind of treatment for the rest of their life. Because if it's permanently integrated into the genome of the bone marrow cells, it could last the life of the person's existence. But we don't have that information yet.

Commissioner Drysdale
Well, that's interesting. I'm glad you brought that up, because we've had a number of people, a number of experts who've talked about the unknown side to this. First, these injections were started in December of 2020, so we've had them for a few years now. We don't know if they are integrated into the DNA of a person. We don't know if it was integrated into a DNA of a person, whether that's transgenerational. We don't know, or we suspect that even if you avoided getting the vaccine, that you can still get it through shedding.

We understand that they use E. Coli to produce this in the factory, and they never purified it properly, so there's E. Coli in this. And E. Coli is in the gut of every human, every living being on this planet, as far as I understand. So what you've described, Doctor, is a Pandora's box. And we have no idea what effect this may not just have on our loved ones, but on our loved ones to come, generation and generation from now. Perhaps that sounds incredible, but I hear that from experts like yourself over and over and over again. Am I overexaggerating this, or is this a clear potential, or a possible potential?

Dr. Marian Laderoute
To me there's no clear data that it has happened so far, but it wouldn't surprise me that we will come up with the data that shows there can be permanent integration into the genome, which means these mRNA vaccines are genetically modifying humans. But as I said, we don't actually have direct evidence of that yet.

Commissioner Drysdale
Well, I'm just—sorry, when you were answering the question I was looking through my notes, and one of the experts in the last day or so had rightly talked about—we were talking at the time about pregnancy, and the witness talked about thalidomide, and the witness also talked about another medical procedure.

Dr. Marian Laderoute
DES [Diethylstilbestrol]

Commissioner Drysdale

Right. And I have to say, I'd never heard of that before, which is incredible. And from the testimony, that was generationally carried, and I believe they said two to three generations out, you would still be suffering from this.

Dr. Marian Laderoute
Yes.

Commissioner Drysdale
So with it, go ahead. Sorry.

Dr. Marian Laderoute
No, but if it gets into the germline, which is, you know, less likely, but if it does get into the germline—after all, the HERV-K102 came in to the germline, and it's just a non-pathogenic foamy retrovirus—but if it gets in the germline, it will affect all generations to come. Yes, it's scary, I think.

Commissioner Drysdale
How is it possible that someone would have opened the door on something and not only sent it out to the world, but forced people to take it? How is it possible that people, not just in one organization—you know, it's easy to point the finger and say the FDA is evil, or Ken Drysdale is evil—but you've got FDA, Health Canada, you've got the UK, the NIH, I think it's the NIH in the UK, all over the world. How did these experts from all over the world not only open the Pandora's box, but force you to put your head into it? How is it possible?

Dr. Marian Laderoute
Well, I think that's the very important question, but personally, I can't answer that. It obviously involves corruption and a lot of evil and people who are only interested in monetary gain and not about the health or viability of even the human population.

Commissioner Drysdale
Well, Doctor, you were talking about shedding, and that in my mind, that's more or less, or not necessarily so, but more or less a non–contact thing. For instance, I breathe on you or something. But what does your research potentially have to say about our blood bank and our tissue banks, and all of those things? Does this extend into the tissue bank? Do these drugs survive in a blood sample? Do you know or do we not know that?

Dr. Marian Laderoute
I would say that I'm a blood banker from my original foundation of my education, and I would have to say that there should have been measures that should have been implemented ASAP to prevent the potential transmission of the spike protein, or even the virus, of course, through the blood supply. And I don't think those measures were taken. In fact, I think in the United States they just implemented something a few weeks ago, which is long after the storm and the horse is out of the barn. So to answer your question, I believe the answer is, yes, that these things are a threat to all of these tissues—especially the semen donors for pregnancies, but also all tissues and all blood and blood products. So I

don't think people were seriously considering how dangerous these mRNA vaccines really were.

Commissioner Drysdale
I asked this question of Dr. Kory earlier, and that is: If you consider shedding, and you consider the ongoing push in Canada for people and children as old as six months old to get boosters, because they're still pressing this now, have we created a self perpetuating system here? So, and what I mean by that is the CDC has reported, and Health Canada, I believe, has admitted that one of the consequences of the mRNA vaccine is an infection with COVID-19. So if you continue to get these COVID-19 shots, you're continuing to get infections, you're now shedding it to other people and causing infections, so is this a self-perpetuating closed-loop system that potentially we've created?

Dr. Marian Laderoute
Absolutely. The pandemic would have ended in May of 2021, I think it was, according to one paper, based on the natural evolution of the virus. But because they intervened with the vaccines, the vaccines were actually—and I've written about this in that paper that I published on preprints in December—that it's the actual use of a vaccine that causes IgG1 and 3 to the spike protein [that] caused the selection of variants. So every few months you got a new variant popping up because of the use of vaccine. So yes, I think it's very clear that the vaccines perpetuated the pandemic, and we wouldn't have it today. It would have naturally dissipated by May of 2021 had we not introduced the vaccines. So yes, every time someone gets immunized with these mRNA vaccines, it's probably affecting the health of many people around them.

Commissioner Drysdale
How difficult, technically difficult—given the magnitude of what you're talking about, and Dr. Kory talked about it as well—how technically difficult would it be for you to do a study or someone to do a study and select, I don't know, 100 non–vaccinated people, and take 100 vaccinated people and test both for the spike protein, or whatever other kinds of proteins you need to test for to determine exactly whether or not this is happening. And I guess, before you answer that question, I guess that doesn't necessarily say it's all shedding in the manner that you're talking about. It could be shedding through fecal matter, it could be shedding through skin transfer, but at least we would know that there's a transference between these two groups. So my question is just to reiterate, is this an impossible study to carry out? Is it impossibly expensive? Is it technically impossible? And has this been carried out?

Dr. Marian Laderoute
Well, I think Dr. Pierre Kory told us this morning that they did do such an experiment in a clinical trial, and they did find that there were 70% change in menstrual periods in the unvaccinated when they were exposed to the vaccinated women.

Commissioner Drysdale
Yeah, he did talk about that. It was only in women. So that's only, what, 50% of the population? I was just wondering how that might translate to men, considering they also reported that the vaccines affected both sexes differently. So it's not necessarily so that if a woman is affected in a certain way, then a man might not be infected in a different way.

Dr. Marian Laderoute
Yes, but there were there other studies that showed that in families when the parents were vaccinated, the children who were known never to have been exposed to the SARS-CoV-2 virus, they ended up with antibodies to the spike protein.

Commissioner Drysdale
I didn't want to hear you say that. It's also terrifying. Thank you, Doctor. I very much appreciate your time and your expertise. Thank you very much.

Dr. Marian Laderoute
Oh, you're most welcome.

Commissioner Kaikkonen
Thank you, Doctor. I'd like to go back to your roots a little bit. The Krever Inquiry, the HIV, the tainted blood scandal that so many individuals in this country died from—we saw that passage of accountability come about from the transition between the Red Cross and Canadian Blood Services as a consequence of that inquiry. Now you're suggesting that Canadian Blood Services is not putting in the protective measures that they should have, or at least being aware of the research of the potential repercussions and ramifications from their actions.

Do you see at some point in the future when—I call this the people's court, NCI—so when we get to the point of accountability for our officials, do you see another further transition from Canadian Blood Services to an organization that will be current in the research and will be protective of the people, both staff and donors, that are within the organization in the near future? Or at least in the future?

Dr. Marian Laderoute
Okay, I guess what you're asking is, would there be another COVID inquiry, another Krever Inquiry? And I think the answer would have to be, yes. But right now I'm not aware of the extent of the damage that has occurred. And some of these products are frozen for quite a period of time, so it may be a while yet before we actually know the extent of the damage done.

Commissioner Kaikkonen
So plasma is frozen for ten years. It's got ten-year term or maximum expiry date. So it might be ten years down the road before we would actually figure out what was done in the last three years?

Dr. Marian Laderoute
Yes, roughly.

Commissioner Kaikkonen
Thank you.

Kassy Baker
Are there any further questions from the commissioners?

Commissioner Robertson
Hi, I really appreciate this information, as scary as it is. We all have to realize having grandchildren. So I just want you to make sure you're saying that the more doses the vaccinated people have, the more infectious they are to the unvaccinated, and you produce more exosomes with the fourth, that are being transferred.

Dr. Marian Laderoute
Okay, well, let's not confuse the SARS-CoV-2 virus infection from the shedding infection. But in either case, actually, it turns out that most of the transmission of the virus is coming from the upper respiratory tract, and that is also where the shedding is occurring from. So, I'm sorry, what was your question again?

Commissioner Roberston
The more doses you have, the more infectious you become to the unvaccinated population.

Dr. Marian Laderoute
Yes, but I mean, even the Cleveland data show basically it falls off after the third dose. I mean, there's only a point of no return where you can't really increase the antibodies more than a certain amount. So I think that was showing that basically you reach your maximum after the third dose. But basically the data I was showing on shedding indicated that by the fourth dose, you're eliminating virtually all the protector particles that normally would be shed from the upper respiratory tract.

Commissioner Robertson
Thank you.

Kassy Baker
Are there any further questions? All right, for the record, I would like to enter Dr. Laderoute's presentation that we've just been presented with, along with her CV, and it will go into the record as Exhibit R-069. And on behalf of the National Citizens Inquiry, we would like to thank you very, very sincerely for your testimony here today. Thank you.

Dr. Marian Laderoute
Thank you very much.

Witness 3: Sheena Clarke
Full Day 3 Timestamp: 04:40:08–05:23:46
Source URL: https://rumble.com/v4yvzz9-regina-hearings-day-3.html

Kassy Baker
Hello, Sheena.

Sheena Clarke
Hello.

Kassy Baker
Hello, you can hear me all right? And I can hear and see you.

Sheena Clarke
Yes.

Kassy Baker
Very good. Now, Sheena, can you please spell and state your name for the record?

Sheena Clarke
S-H-E-E-N-A C-L-A-R-K-E. Sheena Clarke.

Kassy Baker
Now, do you promise to tell the truth, the whole truth, and nothing but the truth at these proceedings herein?

Sheena Clarke
So help me God.

Kassy Baker
Now, I understand you're here to testify today about your experience working as an RN in a hospital through COVID and through the vaccinations, of course, and that you're also going

to tell us about the effects that you've observed and the impact that it's had on your life and career. Can you just start by telling us a little bit about your background, where you reside, your education, and how long you've been working in this field?

Sheena Clarke
I am an RN in New Brunswick and I have been a nurse for 20 years now. I actually worked in a major hospital here from 2004 when I graduated, up I believe until around 2017. I worked in all departments. I was a float nurse. I was one of the only nurses that did not refuse to go to any department, so I would work anywhere, wherever they were short that day. And I actually went to two local hospitals. So I was the only one who would drive over and go to the other hospital, because I was pretty adaptable and worked everywhere from emerge to family med to ICUs. It didn't matter; I went there.

Kassy Baker
So it's fair to say that you've had a very broad exposure to most areas of most hospital wards of various types, and that you've certainly treated many patients during your career.

Sheena Clarke
Yes. After that, I did go into the nursing home sector. I had children and decided it would be better for me just to take on part-time employment in order to raise my children. So I transferred into the long-term care setting and have worked at two different nursing homes since, and in the public sector as well.

Kassy Baker
So during the early days of the pandemic, in or around March of 2020, where were you employed at that point and what kind of facility?

Sheena Clarke
It was a nursing home. I was the night charge nurse.

Kassy Baker
And in those early days of the pandemic, what were your initial observations and assessment of the pandemic? What symptoms did you see in your patients at that point?

Sheena Clarke
There was a lot of fear in the early pandemic. When I graduated, I was a vaccine pusher, so I quite enjoyed vaccines and had a little bit of a wake up later. But during that pandemic, what I noticed was a lot of people were not reading research. The TVs were on 24/7 spouting fear. A lot of the residents were absolutely depressed and very, very confused. They just wanted to see their families. They wanted to die because they were so lonely.

There was no COVID in my facility. I worked with wonderful people. There was nothing. The only thing that I would say is that, I mean, we already knew that we had problems in the SARS pandemic. A report was already done about it, and we learned that we needed proper PPE protocols, which is your personal protective equipment. We did not have enough

supplies, so we were told to use dirty masks, two masks a week, keep reusing them over and over again, put them in a Ziploc baggie in your locker.

And I saw patients getting really, really fearful from what was on TV. And they were, like, wearing masks to bed, sleeping with masks on. And it was really, really hard to get them out of the mindset that something terrible was going to happen to them. They were very depressed and very, very fearful. And the staff was, too.

Like, we had—I call them mayonnaise memos. We had constant memos from public health every single day, telling us about the case counts, the numbers. And they would have the weirdest things I've ever seen on there, like: stop sharing condiments, effective immediately, because mayonnaise can spread COVID. “Stop sharing. Do not bring your lunch from outdoors at a restaurant, but you can bring it from the Superstore. But you can't bring it from the Superstore anymore; it has to come in Tupperware from your home. But you're allowed to bring coffee in, but not food”—like, they were insane. There was a lot of fear and a lot of depression.

Kassy Baker
So you were at the same facility when the vaccination rollout occurred, is that correct?

Sheena Clarke
Correct.

Kassy Baker
Leading up until that point, had you spoken out about your concerns regarding what you were observing: the fear, the changing policies in memos. How did you respond to those initially?

Sheena Clarke
Well, I had kind of seen it coming. There was already things that were going on within our province themselves, and I was able to sit in on legislation hearings with regards to childhood vaccine mandates. And there were some things said by some of the Ministers there that caused me quite a lot of concern—almost a threat that something was coming. So that bothered me. I could see something in the works.

Kassy Baker
And when was that? Sorry, when you attended this hearing, approximately when was that?

Sheena Clarke
Around 2017—no, sorry, it started in 2017. It progressed into 2018 and I believe 2019. I can't remember those dates exactly, so forgive me. But I had listened to multiple doctors, nurses, the public speaking out, and what I got the impression of, there was a lot of lobbyist activity going on and a lot of people with certain agendas to push.

And I was threatened by somebody. It's hard to say, but they were being very disrespectful to some of the speakers. And I asked them to please stop what they were doing. It was a Minister. And they said to me, “You're not afraid of me?” And I said, “Of small men? No.” And

they said, “You will be. Wait and see what happens in the fall.” So there was a lot of things that were already happening.

Kassy Baker
I'm sorry. And that reference was before the pandemic, is that correct?

Sheena Clarke
Immediately before.

Kassy Baker
Did you raise your concerns regarding what you saw with management regarding your residents’ mental states, the fear that you were seeing? Did you raise those issues with management?

Sheena Clarke
I did, constantly. It was just something that we had to get through. It was only two weeks, and then it was only going to be a month or maybe about two months. So, like I said, these memos constantly came out and said, “Just two more weeks, three more weeks.” So it was ongoing, like the bar was being pushed. So there wasn't much we could do.

Kassy Baker
And just to clarify, did you see any cases of COVID within your care home at that point?

Sheena Clarke
No, none.

Kassy Baker
So as we've already established, you were still working at the long-care home when the vaccines were rolled out. Do you remember approximately when the vaccination started being administered to the residents?

Sheena Clarke
Yes, it was in January of 2021.

Kassy Baker
And what can you tell us about your observations regarding your residence in those early days?

Sheena Clarke
I already had a religious exemption. I was happy that the residents were going to get the vaccine. Like I said, I constantly read the research. I was aware of potentials. And after the first shot, the Pfizer was frozen. I did notice some weird things, but I really second guessed myself. I figured they would have had to work out these kinks. Like the WHO said they were

going to make sure that these were safe and there was going to be a robust reporting system.

So what I initially saw was people, literally the day of and after—like, the days after—they were really, really short of breath. They would get up in the night and ask if there was something that they could have for breathing. And I worked with the most wonderful people. It was such a loving care home. Like, I loved my job. And the residents typically slept all night, so they were waking up and saying, like, “I can't breathe. I can't breathe. Can you give me something? Can you give me a puffer?” And they were also complaining of non-radiating chest pain. So I would do their blood pressure, and their blood pressure wasn't high. They had no signs that they were having a heart attack but they had this, they were like, “Oh, it feels like pain. Just pain, like burning rubbing pain in my chest.”

Kassy Baker
My apologies. Just to clarify, roughly, how long after the administration did you start observing these?

Sheena Clarke
Days for the shortness of breath and the chest pain—days to weeks, there were multiple people with that issue. Yeah, days to weeks. And then it progressed. More people complained of the same situations. I noticed. I incidents-map a lot to try to figure out what's going on. So there was just numerous people complaining about that.

They said that there was a burning in their chest. I’d do their blood pressure, it was often low. It wasn't high. They had really irregular and high rapid pulses—just not normal for them. Previous pulses were maybe 60, and they were at, like 152. I'd call the doctor, and they would, in one way or another just get me to get them to rest, give them fluid, that sort of thing.

Because in the nursing home system, it's kind of like the perfect storm. If you're going to enrol a new technology, you have a group of people who are very locked down. They don't have contact with their family, and the majority of them don't want to be sent to a hospital. So they've agreed to that beforehand. They only want symptom management.

There was also seizures. Patients started having seizures with no seizure history. People with seizures history had worse seizures. And there was fainting or just going flaccid in a chair, and it looked like Transient Ischemic Attacks. So, TIAs, quite a few of them.

Kassy Baker
And at what point did you start observing these more serious side effects, like the seizures and the TIAs?

Sheena Clarke
Weeks, and the months following. But I also noticed there was changes in blood work because I was responsible for taking all the bloods at night and writing them down. And there were changes that I'd never seen in blood work. Like, I didn't know what they meant, because we normally look at the same thing, like sodium, potassium chloride, you know, your red blood cells, white blood cells, things like that. And I was noticing things, like, I didn't even know what they were. Really odd, odd numbers like esinophils—way out of

range. MCHC [Mean Corpuscular Hemoglobin Concentration], which is like, I didn't even know what that was: mean corpuscular hemoglobin. I don't even know—hemoglobin count, I think that's what it was. MCV, which was mean corpuscular volume—low white blood cell counts with people with infections. So there was a lot of weird things going on, but I couldn't really put it together at that time. I thought, “Maybe I'm just overthinking this.” I knew the research, but I did raise an alarm that I think something's going on here.

Kassy Baker
My apologies, when you say that you raised an alarm, who did you raise your concerns with?

Sheena Clarke
We were told to put our concerns on the doctor's board, so I did pass it along. The doctors would be aware of this, but I will be very, very honest. This vaccine rollout was very fast, and something that I advocated for right from day one was I recognized that there was a knowledge gap, and doctors and nurses are not trained on how to recognize and report vaccine injuries at a bare minimum. Like, I self-educated; we're a self-regulating profession. So I always read research. That's all I did is read my Bible and research. And I was a little bit aware of what I could be seeing, wondering why it would affect the blood. And when I raised the alarm, there wasn't too many people that understood what they were seeing. There was a huge knowledge gap. There was not a good reporting system to begin with.

Kassy Baker
So, regarding the reporting system, did you attempt to make formal reports regarding your observations?

Sheena Clarke
So that didn't happen until— Like, I had called public health at that time. And they said, “Did the person have any anaphylactic shock?” And I said, “No.” And they said, “Well, the only side effects of this is a sore arm and possible anaphylaxis within 15 minutes. Are you seeing any of this within 15 minutes?” And I said, “No.” And they said, “24 hours?” And I said, “Well, you know, a couple days, yes.” And they're like, “Are you the person that is responsible for reporting in your facility?” And I said, “What are you talking about? Like, we have the vaccine injury form here. I've reported injuries before, so why am I not allowed to now?” They said that they designated one person in each nursing home who was responsible for all the reporting, and that wasn't me. And the vaccine was safe and effective and not to worry about it. And then after the second shot came out, that's when I became very concerned. That was also a frozen shot. And that's when I actually tried to report stuff.

Sheena Clarke
Essentially— Go ahead.

Kassy Baker
I apologize. I was just going ask if you spoke with the individual identified as the designated person to report side effects within your facility? Did you speak with that person? Did you know who that person was?

Sheena Clarke
Yeah, and she was concerned. We were all scared. Everybody kind of started noticing things that were happening, but I think that we mostly noticed after shot two. It was very, very mild in shot one.

Kassy Baker
So what did you observe after the second shot?

Sheena Clarke
Yeah. So I had to write a couple of these down, because I have short term memory from PTSD now, and I do want to make sure that I cover them. I did notice all the same symptoms above, mostly people fainting or looking like they were having TIAs. We had a 300% to 400% increase in infections, because I was responsible for mapping that stuff. And I could see normally we might have three infections a month, and that jumped up to 13. And they are just random numbers. They're not exact. But I did note that it was 300% to 400% increase, and these infections were not going away anymore with antibiotics. So they would need multiple rounds of antibiotics.

And previous to working there, right before I had children, I was studying to be in natural medicine, and I had more of a holistic understanding of how the body tries to excrete toxins. And I really enjoyed studying epigenetics. I understood that these toxins and these stressors are actually what diseases are, and there's not really any such thing as genetic disease. It's, you know, the way the stressors and the toxins affect your body.

So I was aware of how things tried to escape your body. So when I'm seeing infections in the lungs, the skin, the blood, the bladder, the bowels, everything right across the board in, I would say, about 15% to 20% of the patients, at that time it caused me alarm, because I wondered if something was going on with the immune system.

And people were also coming up to me, and we didn't test them initially. But after the shot, they were acting like they had COVID symptoms, right? So they told us not to test at that time. Everything that you did at that time had to go through—and I'm not sure who it was, but somebody higher up. Like, there was people watching the hospitals. You couldn't admit people unless you had approval first from a nursing home. So when we noticed these breathing problems and the dry cough and everything, we wondered if they had COVID, but we didn't test for a little bit. We eventually did start testing, but there was nothing.

I also noticed immediately following the second shot, there was a lot of staff that called in sick. And, I mean, we all loved our job. I loved the management there. I have nothing bad to say about it. It was a very scary time. But I'm not used to seeing that many sick calls. You might have one every couple of days, but I was getting three to five sick calls a day, and they were all the exact same thing. They were, “I'm really bleak. I really don't feel very well. I've been vomiting non stop.”

I remember one person telling me it felt like their brain was swollen inside their skull. They'd had a migraine. Migraines were the big thing that, “I feel like I've had a migraine for seven days.” And it was repeated calls and call-ins with these people for, like, days to weeks after.

Kassy Baker
Did you experience any of these symptoms yourself?

Sheena Clarke
I did not take the vaccine.

Kassy Baker
Right. Did you notice any changes in your health following the vaccinations that occurred within your facility?

Sheena Clarke
Not the first one, but after the second one came out, like I said, I was seeing— The main thing that really caused me concern was the blood clots. So we had blood clots in legs, DVTs; they're called deep vein thrombosis. We had PEs, pulmonary embolism. We had blood clots everywhere. We had multiple heart attacks and strokes within a very short time —multiple residents. We had elderly ladies telling me that they were restarting their periods and the blood clots that were coming out of them were massive—like the size of two fingers.

So people started developing blood blisters on the skin, and perhaps there was a cause for it. I can't correlate. I cannot definitively say that this was caused by the vaccine, but, I mean, you've heard other people's testimonies. We had blistering all over the body, and it was determined it was like a bullous pemphigoid, which is—was rare, I will say.

There was failure to thrive. People just stopped wanting to eat, drink, anything immediately after the second frozen shot. Lots of herpes and cold sores, like multiple residents not even in contact with each other had cold sores on them. And shingles, lots of shingles. There were residents who were going jaundiced, so it looked like something happening with their liver, but they also had what I thought was petechiae all over the back. But I later realized it was a thrombocytopenia rash.

There was increased confusion and memory loss. Rapid progressing weakness, lack of mobility. People who were able to stand were no longer able to stand. The colds and flus: When people got colds and flus after that, it lasted a lot longer, and they got a lot sicker. There was really high blood sugars, pardon me, in the diabetics. Rapid and aggressive cancers: so people who were in remission, like, just exploded. And there might have only been three people with a history of cancer, but they were in remission. And then new people started getting cancer. High increased death rates. Sudden and unexpected deaths.

And eventually, some of these things as more shots came out—because I do believe we're on number eight or nine now in the elderly—the Foley catheters I noticed. And I've also—not my personal experience—but I know a lot of nurses, they're pulling white fibrotic clots out of PICC lines and foley catheters. I've seen multiple Foley catheters clog after three days. They are hard, hard, white fibrotic clots that look like a vascular system. And when you try to cut them with a scalpel, they're not cutting. They're very, very—almost like a rubber thickness.

After that stuff had happened— Oh, also I remember nurses, they all said they were having problems with their menstruation: heavy, heavy, painful periods. That was another reason why they called in: big blood clots. And there was issues in pregnancy afterwards. There

was staff that also fainted and had issues, cardiac issues, in staff as well. Oh, there was so much. I can't remember it all.

Kassy Baker
Thank you.

Sheena Clarke
But that's when I became very concerned.

Kassy Baker
So did you try to raise these concerns again with the administration or with public health? And what was the response that you received?

Sheena Clarke
Well, that was when I got threatened by public health, that I was not the proper person to report, and they had remembered me calling because I wanted information. Like, our vaccine inserts were blank. There was no information we really had on them. Like, informed consent wasn't truly given, I mean. So I was wondering, "Are you seeing any of this stuff?" And it just was like a mockingbird: "It's safe and effective. It's safe and effective. You have no reason to be concerned. These types of things are in your head. It's a conspiracy theory."

So at that point, I started reaching out to people that I knew. The thing with nursing and working in a lot of places is, you know a lot of people. It was confirmed that six other local nursing homes, the staff that I knew in them were all experiencing the same thing. But only a few people in each nursing home kind of noticed it, and they had the same result that I did. We were told from the outset what to expect for reactions, and it was a sore arm and anaphylaxis within 15 minutes. So all of these things fell outside that range, and they were not of concern. "Old people are old and they have health concerns and they die," was what I got as a response.

Kassy Baker
So when you tried to raise these concerns with the facility or with public health, how did this affect your relationship with your employer? Did it put a strain on your working relationship?

Sheena Clarke
Initially, well, it didn't. There was quite a few nurses that were concerned, it was RNs and LPNs and some RAs, too. And we had mentioned it and put it on the doctor's board a few times. It didn't seem like it was getting addressed, or like Tylenols were being ordered. But again, we don't really go to drastic measures in the nursing home. But at the bare minimum, I figured that an injury report should be filled out. And when I was raising these concerns, I came to the point that it was time for me to share the research that I knew.

So I started leaving research in the nurse's office, the doctor's office. I never once spoke to any of the patients about it. I didn't feel like that was my role to do that, but I definitely was advocating for them. I guess that the research that I had left scared people. And I was told

that I was not allowed to leave research in— The Doctors and nurses share an office usually in nursing homes, and I wasn't allowed to share the research any longer. It was too scary. And if I had a need to share the research on patient concerns, then I had to put it in a sealed envelope and slip it under the door to somebody.

Kassy Baker
How long did your employment continue at the facility from that point?

Sheena Clarke
At that point, it became increasingly strained. I was scared. Like, I was really scared. I know what a normal death looks like, and these weren't normal deaths. I felt like I was witnessing murder, and it became really hard. I was already having health issues from wearing the dirty masks. I'd already needed to start puffers, and I was developing really large blisters behind my ear and the back of my neck, and I thought it was from wearing PPE all the time. That's what I was told, the mask ties rubbing all the time in the PPE. So my health was already starting to fail there.

And I began to start having a lot of anxiety, thinking, "What if this really is vaccine injuries and nobody is helping me with this? Like, what happens if this gets unrolled to the public?" I began to call outside because I recognize the knowledge gap, right? So, like, I cannot point a finger and blame there because it was very, very top down controlled. So I started calling everywhere, like I said: public health, my regulatory bodies, everywhere I could, trying to get help. And I was gaslit at every single turn.

I was crying. Like, I probably sounded nuts because I was writing all these emails, trying to share research. And I remember one time I began to feel so unsafe that I actually had to start recording my phone calls in some of the circumstances with the upper echelons of where I was trying to contact, not within my facility. But I was terrified because I was being gaslit so much.

And I remember bawling my eyes out and saying, "Please don't give this to the public. Like, we're only on shot number two. Just pause it. Just figure out what's going on here." All you need to do is look into the incidents. Like, you can incidents-map that something is going on here. And I remember bawling my eyes out and I said, "Please don't give this to kids. Don't give it to kids."

It was shortly after that that—it was in the summer-fall area—that I was reassured multiple times by my union that they were not going to mandate anything because we had enough vaccinated staff within our nursing home. I was trying to tell them what I was seeing. And then some people had began dying. We had a lot of deaths, probably around the end of summer, beginning of fall of 2021—a lot of deaths. And one of them really, really, really affected me. And, yeah, it got hard. I cried a lot. I cried every day.

Kassy Baker
You mentioned earlier that you had received an exemption and that you had some assurance from your union that you would not be required to get the vaccine. But I understand at some point your employment was terminated. Can you tell us a little bit about the circumstances of your termination?

Sheena Clarke
So I was starting to have really, really, really bad health issues with regards to the masks. Well we eventually got clean masks, and that wasn't their fault at all. That was just supply, you know. But I was aware that there were multiple facilities outside of nursing, like places in my area that had more than enough masks that they could have shared. But anyway, I was already having health issues from that stuff.

And then I experienced around the fall of 2021 that mandates came into effect. The union had said that they were waiting for direction from the government on what to do with regards to mandates, and they were looking into the legal issues. I'm not the type of person to wait, so I went higher and I actually called the ones above them that make decisions. And they were waiting for direction from the federal government and looking into the legal implications.

My health was failing. I began having flashbacks, but I still, like, "You know, I'm going to get through this. I'm going to do the right thing." I know, I've kind of gone off topic, but I did attempt to report a few things. Nothing, I had to wait for management or somebody else to do it. And all this stuff had caused a strain. The mandates did come out. I'd already had a mask exemption, which wasn't accepted of course, so I continued to work masked.

And then the mandates came out. They refused to look at my religious exemption. They said it wasn't a real exemption. It was signed by my pastor. It was a real exemption. I've had a religious exemption since about 2010. And I went on stress leave just prior to that because my son, all this stuff was going on. I was really just crying a lot. And my son actually got really sick and was a life and death situation and was rushed into the local hospital, at which point my five year-old autistic son, I was told that I was not allowed to be with him, and we weren't sure if he was going to live. They told me that I was being removed because I was unvaccinated. So there was all of these stressors happening.

I went out on sick leave. I did switch to sick EI [employment insurance], I believe it was in December of 2021. And my doctor at that time told me just to take some time off and hopefully that the stuff would get figured out, because it didn't look like they could legally do this. I eventually lost my doctor at that time as well, so that made things difficult.

But, yeah, I was on sick leave around December 2021, and I got a letter in December telling me that the mandates were going to take effect. And I figured, "Well, I've got until about Easter. I shouldn't need to do anything right now." And hopefully, I was already in contact with the union. I thought, "Hopefully they are going to figure things out before I have to go back." And then I received a second letter in January of 2022 telling me that I was terminated, while I was on an approved sick leave. I wasn't put on a leave without pay. I was terminated.

Kassy Baker
And I understand that you still have not resumed duties as a nurse at this point, is that correct?

Sheena Clarke
No. Well, I actually am working in nursing, yes, but that's a different situation. When I came back to nursing, I didn't realize that it had affected me so bad at the previous place. And like I said, I worked with amazing people. It was what was above that, so the silencing that came from above that, that was controlling all of us, right? Like the fear, the silencing, safe and

effective. So when I returned to work this time, I was guaranteed— Like, I made sure I did my due diligence. I worked in the public sector, outside of nursing for a while.

One of the things that I noticed when I was back at the other place— Like, I have returned to nursing, but I do need to talk about this because I do believe it's crucial. One of the things that I noticed early on when I wanted to report these as injuries: Because I was able to go into the *PubMed* literature, anything that I did I made sure I had the science to back me up. I could find proof that it had already been recorded, whether it's in VAERS or whether the science was in *PubMed*, about a lot of these things that I was seeing.

And so I went to the forms to fill it out because I was just going to do it anyway. And one of the things that I noticed is that we were told to use the New Brunswick AEFI [Adverse Events Following Immunization] forms: Acute Injury Following Vaccination, or whatever they're called. But we were told to use those and typically we'd use Canadian forms. And when I looked at those forms, I noticed that there was a difference. This was in about May 2021. There was no area to report COVID-19 injuries, but on the Canadian forms there had been since the very beginning of the rollout. So they left that section out. This was the 9E section on the NB AEFI form. They later added it before I returned to nursing.

In the time that I was out of nursing, working in the public sphere, I spoke to thousands of people—just non-leading questions. Pharmacists, police officers, firefighters, paramedics, anybody that I saw working within that field, I would just say, "How have things been?" And they were seeing all the same things as me. So before I returned, I'm—

Kassy Baker
Sorry, we are running over time at this point, and I want to ask you just one more question before we can conclude. And that is why you wanted to testify here today?

Sheena Clarke
Well, when I went back to nursing, they assured me that things were going to be fine—I'm meaning public health. They had told me that they opened up the vaccine reporting system to allow anybody to testify—so the public or anyone. But what I noticed was that there was still a knowledge gap. They did not disclose to people what was actually happening and what nurses were seeing, or doctors.

And for me, the effects of this has had a massive impact on my life. Like, at the beginning of the lockdowns, we lost a family member. They couldn't handle being shut in for so long. Like, it affected the education of my kids. I had three special needs kids and I had to tutor them all. My church was shut down, and I had to have church outside in the middle of winter for three years. I lost my home business. I had social isolation. I was terminated.

Everything was tried. Everything has literally been stripped from me. I now have depression, PTSD, anxiety. I have physical health effects because of the stress that I went through. These abscesses were finally diagnosed, and they're stress induced. Well, one of the ways they can happen is a stress-induced, is what I was told.

I'm facing an uncertain future as a nurse. I did everything that was right. I went to every official to try to tell them the errors that I was seeing, the knowledge gaps, and I was constantly silenced. But after I would tell them, especially when I got to the part of arbitration, the changes would happen within weeks later. When I would disclose what was

happening and why I had a legal case and why I was going to win, they continuously told me that I was wrong about everything. But then the changes happened after that.

At this point, I've had a massive financial impact. Literally everything that I once had—friends, family, everything—it's all gone. And I was the breadwinner. I don't know if I can pay my mortgage next week, and I've been living like that for two years. The amount of debt that I've gotten into. Everything was taken, and I was just trying to do the right thing. And I know that they are worldly things, and I know that there's a lot of other people like me out there and just they are terrified to speak.

I did everything on my own, trying to make a change. And I felt like one person—like, I felt like David up against Goliath. And I really, really, I wish that more people would come forward with what they know, Because I know thousands, thousands of people who have told me their story.

Kassy Baker
And were so glad that you are coming forward now with what you know. Are there any questions from the commissioners?

Commissioner Kaikkonen
Thank you for your testimony. I have a couple of questions. When you said that the staff were only allowed two masks, did anybody do a refusal to work under the Occupational Health and Safety Act, or did anyone go to the union and express concern?

Sheena Clarke
I did.

Commissioner Kaikkonen
You did? And what did the union say?

Sheena Clarke
There's a shortage. It's something I have to deal with.

Commissioner Kaikkonen
So there was no help or protections in that avenue?

Sheena Clarke
No. They didn't even help me after I was terminated, really, until I studied all the law myself and started threatening.

Commissioner Kaikkonen
Okay. And the residents, did they get regular change of mask or were they limited as well because of the supply shortage?

Sheena Clarke
They were not supposed to be wearing them because they didn't really have the mental capacity to be able to take them off, and they were wearing them to bed at night, sleeping with them on. So they didn't need to wear them. It's just some people were in such a state of fear, they were wearing them 20—like, days on end and sleeping with them. I had to remind them that they were safe, there was no COVID, and ask them to please not suffocate themselves.

Commissioner Kaikkonen
And when you were on an approved sick leave, did you ask your doctor for a medical exemption as well to supplement your religious exemption?

Sheena Clarke
They weren't allowed to write medical exemptions. I actually had spoken with their higher ups and they were not allowing any medical exemption to be written for any circumstance whatsoever.

Commissioner Kaikkonen
And that was coming from the New Brunswick Health Authorities? Do you know where it was coming from?

Sheena Clarke
I told from my family doctor that he was not allowed to write any form of exemption, even for a mask. But he knew how sick I was. And in the beginning he did try to advocate for me, and I believe that's what ultimately led to him trying to make up a situation so that he could get rid of me as a patient. Because what I was seeing and saying was bothering him, and he was ethically conflicted as well.

Commissioner Kaikkonen
Okay. And my last question is about the knowledge gap. Where would you suggest that the knowledge gap start to be corrected? Would it be in the Bachelor of Science, the Bachelor of Science in Nursing? Would it be at the public health agency level? Would it be at the employer level? Who should be filling the gaps, the knowledge gaps, so that what is being mandated by the health authorities actually works into practice on the day-to-day level, from your operational side.

Sheena Clarke
There's no mandatory reporting and there's no mandatory education on it. And most people don't realize that when the body is trying to shed toxins what that will look like. And they don't have vaccine ingredients, they don't study how it could affect the body. So right now, I believe it needs to be in the education system. Because we learn about blood transfusion reactions, we learn about pharmaceutical reactions, but we don't learn about vaccines. At least when I went, and I have asked girls that are just coming out, they're taught how to give the shots; they're not taught what happens afterwards.

So I believe it needs to happen in the education system, but it also needs to happen at public health, because public health was being controlled somehow too, being told what to

do. And I actually had public health nurses disclosing to me that they were being told to keep the injury numbers down, but they had had hundreds of women calling and complaining about menstrual issues and stuff.

So every time there's a vaccine roll out, no matter what it is—flu shots or COVID shots—there needs to be some form of mandatory education, and that is not currently it. We get a little, like 1 hour that we can do to look into it at a self-directed pace. So it really needs to be directed at all levels. It's never been a training that we have. We're self-directed professions. And that's what I was told by my higher ups, like my association. They said, "You're a self-directed profession. If you're not reporting and you recognize them, well, then that could fall back on you one day." But we were being stopped by public health, whoever was controlling them.

Commissioner Kaikkonen
Thank you very much.

Kassy Baker
On behalf of the National Citizens Inquiry, we'd like to thank you so much for your testimony here today. Thank you.

Sheena Clarke
Thank you. God bless.

Kassy Baker
Same to you.

Witness 4: Allan Hunsperger
Full Day 3 Timestamp: 05:51:38–06:26:06
Source URL: https://rumble.com/v4yvzz9-regina-hearings-day-3.html

Shawn Buckley
Welcome back to the National Citizens Inquiry as we continue day three of our hearings in Regina, Saskatchewan. Commissioners, for the record, my name is Buckley, S. I'm attending this lead counsel for the inquiry this afternoon. I'm pleased to announce our first witness following the break is Mr. Allen Hunsperger. Allan, welcome to the National Citizens Inquiry.

Allan Hunsperger
Thank you, Shawn.

Shawn Buckley
Now, Allan, we begin by swearing in our witnesses. I'll ask you first if you will state your full name for the record. Spelling your first name and spelling your last name.

Allan Hunsperger
Allan. A-L-L-A-N. That's correct way to spell it. And H-U-N-S-P-E-R-G-E-R.

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

Allan Hunsperger
I do.

Shawn Buckley
Now, you have an interesting background is you have a long history in the media. Can you just briefly share for us your media background?

Allan Hunsperger

Well, 50 years ago, 1974, I was driving by a radio station in Martinsville, Indiana, and the Holy Spirit told me to go in. I had no idea why. So I drove around the block. He said, "Go in." I didn't know why, drove around the block. Third time he said, go in. So finally, I went in. The reception asked if she could help me. I had no idea. I said a quick prayer, how can she help me? And I said, "How do you get an advertisement of a church event happening on your station?" After that, she said, "Is there anything else?" I asked the Lord, is there anything else? And out of my mouth said, "Well, I'm a youth pastor, and a lot of young people in the seventies here are getting a bad rap because of the draft dodgers and everything else. And I know young people who love God and love family, and I think they should be celebrated. So they should come on the air and share their testimony and probably play some contemporary Christian music in between the testimonies." And the receptionist said, "Well, that sounds like a great idea, but you have to talk to the manager. He's not in. Leave your phone number and I'll let him know. And if he's interested, he'll give you a call."

I got back to the church, phone rang. It was the receptionist. She said, "I told the manager, he wants to see you tomorrow at 10:30." I went down there, told him the same thing, and he said he had been giving the local high school 15 minutes of time, and they turned the radio station into a jukebox. And he said, "I think your idea is better. So the contract is almost over. When a new contract starts, I'm giving it to you." And I said, "Oh, well, I don't have any money." And he said, "Don't worry about it. This is no charge." He said, "Do you know anything about radio?" I said, "No, sir, I know nothing." And he said, "Well, I have a disc jockey that believes like you. He'll help you." And that's how I got started in radio 50 years ago.

Shawn Buckley
And you ended up starting the first Christian radio station in Canada?

Allan Hunsperger
Yes, in '78, when we came back to a pastor in Calgary, felt that the Lord asked me to start a 24-hr. gospel music radio station, and among other things he told me but we said, "Sure." And so we found out that it was illegal to have a Christian radio station or a television station in Canada and had been illegal since 1921. So I was shocked because I can remember as a boy hearing my premier of Alberta preach on the air on Sundays, Brother Manning, and I just couldn't believe it.

So I found out that, yes, it's true that back in 1921, the Aird Commission at that time was the former CRTC [Canadian Radio-television and Telecommunications Commission]. And because they did have three, at the time, religious stations: a Catholic station, a seven-day Adventist station and a Baptist station. And apparently they were using the radio station to fight each other. And so the CRTC said, "Well, we're going to stop giving religious organizations a license."

Shawn Buckley
And Allan, I'm just going to—I'm not needing all that detail.

Allan Hunsperger
Okay.

Shawn Buckley

We want to get to the recent stuff, but I was just making the point, is it took years though, right?

Allan Hunsperger
Fifteen, 15 years to get the law changed.

Shawn Buckley
Right. And then you're also the person that set up and ran the Miracle Network.

Allan Hunsperger
Right. Dick Deweert. That was his vision. But he asked me and my son if we would contract to hire staff and get the Miracle Channel running. So in January of 1996, we brought on Canada's first television station.

Shawn Buckley
Right. And as far as the first Christian radio station, where was that located?

Allan Hunsperger
In Edmonton.

Shawn Buckley
And it's still running, isn't it?

Allan Hunsperger
Yes. CJCA started up on Easter Sunday, 1994, and the theme song, the first song we played was He's Alive.

Shawn Buckley
Well, that's pretty good. So okay, right now you are the co-host of a television program called Talk Truth, that is a daily program, and it's through the Daystar [Television] Network. So it's basically in every cable and satellite box in Canada. But you didn't have that at the beginning of COVID.

Allan Hunsperger
No, when COVID started, I just felt that something was wrong. I didn't know what, but I had this feeling that we would be different in Canada. There's fake news in the US, but not in Canada. And then when I began to find out that the Canadian media was all singing off the same song sheet, literally. If you watched each channel, they were all saying the same thing, using the same wording, doing the same thing, and they were only telling one side of the story. And I felt that the Lord said, "I want you to get on television, radio, and expose the lies and tell the truth."

Shawn Buckley

Okay. And so you feel that that's what the Lord's asking you to do. So about when was that?

Allan Hunsperger
That was in March of 2021. We were doing a weekly show on Daystar Canada.

Shawn Buckley
No, when did you come to realize that you were supposed to be doing a show?

Allan Hunsperger
Oh, yeah. In the early spring of 2021.

Shawn Buckley
Okay. And then so how did you end up having the show?

Allan Hunsperger
Well, we got onto Daystar Canada, and we took one week at the time, and then we felt that more needed to be covered. So we began to pray about a daily show. It was going to cost us about $600,000. We believe in cash only, not in debt. So we asked the Lord for $200,000 to be placed in the bank account before we would start. And then we felt that probably throughout the year, it would take three instalments of $200,000 each in order to operate. And so we did get our first $200,000. And Daystar had told us it would take 18 months before a daily program became self-sustaining. And our program took six months.

Shawn Buckley
Right. Now, so you're told to start a radio station. Did you take some other steps? What was the journey to end up at Daystar?

Allan Hunsperger
Well, somebody suggested that, well, we should— First of all, I tried my own broadcasting company that I started, Touch Canada Broadcasting, which started six full-time, commercial, full power radio stations in Alberta. And so I thought, "Let's get on the radio station." Called my former partner, and he didn't want to get involved in the controversy, so I tried to put a guilt trip on him, and I said, "Well, all this stuff is lies. And what are you going to do when the general public finds out that a Christian radio station didn't warn people about the lies that were being told them?" And he didn't really give me an answer. So then we start saying, well, what are we going to do?

Shawn Buckley
I'm just going to slow you down there. So you're going to your former partner in a basically broadcasting network with six stations that you began?

Allan Hunsperger
Yes.

Shawn Buckley
And they didn't want the subject matter touched. It wasn't any concern about you running a program.

Allan Hunsperger
I'm not sure, it could be. Allen Hunsperger is a controversial person, so it could have been me as well. But we were talking about the program and they didn't want to get involved in the controversy.

Shawn Buckley
Okay, and how would you have been describing the program?

Allan Hunsperger
Well, I was just saying we're going to expose the lies and tell the truth. And I, at that time, I really didn't know how that was going to happen. Had no idea. I was just trying to follow what the Lord was leading me to do, and that's all I felt.

Shawn Buckley
Okay, so that network turns you down, even though you've got that personal connection. So what was the next thing you tried?

Allan Hunsperger
Well, we tried the Miracle Channel, obviously, because we started the Miracle Channel and they were willing to give us a slot of time, but it was like 02:00 in the morning once a week. And we kind of thought, "Well, if we have to take it, I guess we will, but we really don't want to take it." So somebody suggested we look at Daystar. Well, Daystar Canada is Canadian, but the headquarters is in Dallas, Texas. So I really wasn't interested in that and I kind of pooh poohed it. But we had a friend who got friends together to kind of do a fundraising meet and greet time. And I needed a place to tell people we're going to start broadcasting on, whatever.

And so about two days before this banquet was going to happen, I went back to the Daystar website, saw that there was a thing that if you have a suggestion for a program, type it in here. So my son and I filled out what we knew and, yeah within a day later, Daystar called us and loved the program. And obviously it was going to be a father and son program. And they said, we want you on our network.

Shawn Buckley
Right. And I'm just also going to back up because the next step is kind of the funding and you just, I'm going to say, just understanding you need to do it.

Allan Hunsperger
Right.

Shawn Buckley
But you had an experience when you were younger concerning a building. And I just want to—and just very briefly because, you know, I want us on COVID—but what happened and what was the lesson that it taught you?

Allan Hunsperger
Well, when I was 17 years old, I was the president of our youth group in Didsbury, Alberta. And our youth group was the biggest in the area and it was growing. And I felt that God was asking me to start the old theatre on Main Street to get that fixed up and make it into a youth centre so we could invite young people to come in and have a coke and whatever and we could share about Jesus Christ.

So I did some investigation and the man that owned it lived in Calgary, he wasn't going to rent it to us. He was going to sell it to us. He's going to sell it to us for $3,000. It needed some work on the roof and some other stuff and, I don't know, we thought it was going to be $5,000 or $6,000 by the time we were all done. And of course, back in those days you could buy a three-bedroom house for $18,000. So it was a lot of money.

And then I was on the church board as the president of the youth group, and there was some concern by some board members that what would we do if young people smuggled in some beer and whatever and blah, blah, blah. Make a long story short, I canned the idea, which really wasn't my idea. I felt it was God, but I wasn't really raised on visions and stuff like that.

So what happened is the Elk Club, a year or two later, came along, bought the building, fixed it up, made it into, you know, people can play bingo and everything else right on Centre Street there in Didsbury. And churches used it for wedding receptions. And now today it's worth a lot more than a couple thousand.

Shawn Buckley
What's the lesson you learned?

Allan Hunsperger
The lesson I learned was that $6,000 and a little opposition was bigger than the God that I served.

Shawn Buckley
Right. So don't stop when you're told to do something.

Allan Hunsperger
That's right.

Shawn Buckley
Okay.

Allan Hunsperger

Nothing's impossible with God.

Shawn Buckley
Let's get back then. So Daystar is interested. You have your fundraiser. What happens?

Allan Hunsperger
Well, and we also decided—Daystar said, "We'll send you a credit app." We said, "No, we're on cash only." "Okay, well, if you're going to be on cash only, you have to pay two weeks in advance of the month. And if you're late, it's going to be $125 a day." We said, "Okay, we'll do cash. Cash, that's fine with us." So we've been going now, it's over two years now, coming up by doing cash upfront and God has supplied and we're very grateful for the people across Canada that have believed in what we're doing and supported.

Shawn Buckley
Now you started this to kind of expose, to bring truth to what was happening. Because you got plugged into a network of people that you started calling as guests. Can you share with us how that happened?

Allan Hunsperger
Yeah. Well, I only knew two doctors back then that was fighting it. One of them was Dr. Dennis Modry, who was for Alberta, the first doctor that did heart and lung transplants way back in the eighties. He's world renowned. He wrote an open letter to the Premier telling the Premier how he should handle this thing and basically handle it normally like you would a flu. Just make sure you take care of the elderly, give them vitamin D, et cetera, but don't shut businesses and all this other stuff. And also Dr. Roger Hodkinson, who also was involved with this. And we actually interviewed him as one of our first interviews trying to find out what's going on.

Well, after we interviewed Doctor Hodkinson, all of a sudden I started getting an email. And an email was information that was back and forth from doctors. And on the email, the Cc, they didn't put it under the Bcc to hide these emails, they put it on Cc so you could see all the emails. So I was getting an email on a regular basis. And when you looked at that Cc part of it, it was Cc to doctor, doctor, doctor, doctor, doctor, doctor, Allan Hunsperger, doctor, doctor, doctor. And I couldn't believe it. And one of the doctors, of course, was Dr. Peter McCullough. And so I sent him a letter, explained who I was. "My son and I are starting this program, blah, blah, blah, yadda, yadda," and sent it off.

And lo and behold, on my cell phone, I get a phone call and it's from a Texas clinic. And I answered it and it's Dr. Peter McCullough. I absolutely couldn't believe it and found out that his wife is from Canada. In fact, when this COVID started, he and his wife came up to Toronto and took her parents back to the United States and took them out of Canada. And he would be more than happy to come on and be interviewed by my son and I. And that's how it started to happen. There, right in front of me were all these famous doctors: Dr. [Pierre] Kory, that you just heard about, and all these other doctors. It was right there in front of us, and we've had no trouble getting guests since.

Shawn Buckley

Right. So basically your first guest list was given to you by way of these emails. And then it just kept cascading after that. So can you tell us about the show?

Allan Hunsperger
Well, I got to give you a little background. My son had told me before all this, "Dad, I don't think I can work with you." And, you know, kind of the father-son scenario. But then God did a work on my son's life, and God did a work on my life. And we began to put this show together. And it's just been absolutely amazing how we've been able to connect with these people, and they've been willing to give us time, even though we had really no background in this whatsoever.

And now, I mean, we got to interview Robert Kennedy Jr., and we interviewed him twice. We interviewed just Michelle Bachmann here lately, who ran for Vice President of the United States back in, I think it was 2012. And plus, you know, doctors and lawyers and ordinary people and nurses and citizens. And, of course, we've had the National Citizens Inquiry on with Shawn Buckley, and we've really appreciated being able to broadcast your guests as well so that the whole country can see it.

Shawn Buckley
And what has been the most impactful things that have happened with this journey to set up this TV station that you felt led to set up?

Allan Hunsperger
Well, I think what's coming out of it is that we now are to the place where we want to start a national television and radio broadcasting corporation. In fact, we've incorporated it in Alberta called Truth Broadcasting Network, Inc. And we are planning to cover 92%, or at least 90% or more—

Shawn Buckley
I'm just going to stop you because what I was really after is kind of: What did you learn about what was going on, as you carried on this journey? What kind of lessons that way, right? Because you didn't know what was going on when it started. And I know your opinion changed, so I'm just wondering if you can share that journey with us.

Allan Hunsperger
Well, let's show the verse on the screen here of the verse that God gave us, which was Psalms 24, one and two. The earth and everything in it, the world and its inhabitants belong to the Lord, for he laid its foundation on the seas and established it on the rivers. So you got to look at that. The earth and everything in it, the world and its inhabitants belong to the Lord, for he laid its foundation on the seas and established it on the rivers. So when you start to think about that, then you have to ask yourself the question, "If that is true—and it is, because it's in the Bible and the Bible is true—if that's true, why did God let this COVID thing happen?"

And we believe that there's many, many reasons, but two of the top ones that we've come up with is number one: to show us how evil, evil really is. I mean, I've been in the ministry for over 50 years. I know what evil is. But I never fathom how evil is really. I mean, you saw it even today at this hearing where you're seeing doctors proving that there's a bioweapon being placed in people's bodies today in 2024. It's still happening to babies and children.

They're still vaccinating them. After all the statistics and all the facts that we have, why in the world would they do that?

All the statistics that you've gone through here and all the graphs and everything else done by doctors, and nobody, by the way, from the other side is willing to debate it. Nobody is willing to stand up and say, "No, no, no, you're wrong. We want a debate on television." You know, kind of like, "We double dog dare you to come on, let's do it." But no, no, no, they will not.

In fact, I was sitting beside a gentleman coming back from Atlanta this last week, and he had had seven jabs. And as far as he's concerned, there isn't another side to the issue. There's no other side. So when we were talking to Dr. Makis this week, when we were interviewing him again, I asked Dr. Makis a question, "What do you say to somebody like that?" I mean, what question can you actually ask a person? "What do you mean, there is no other side? How do you know if you're not willing to sit down and at least listen?"

We have grandparents that have written us emails. They still can't meet with their children and their grandchildren. And when they say, "You know, we want to send you Talk Truth. There's a doctor on here that will show you," the children don't even want to listen, don't even want to view it. How evil is evil? I mean, it blows your mind.

So then the second question that we believe God has allowed this to happen is he wants to know what we're doing about it. What are we doing about it? Thank God for NCI and what you guys are doing about it. And of course, what Corri and I decided is that we've got to do something about it. And I think he's asking every pastor, every church, every citizen of this country, what are you doing about it? Because what this scripture says is, we've got to get back to God. We bring out in our programs the God factor. We got to get back to God. I don't care who you are. I don't care what you believe. We got to get back to God.

This country started on the supremacy of God and the rule of law. Sir John A. Macdonald said this Canada is a Christian nation. That is our roots. And if you really study it, freedom only comes from God. God is the one that created man and put him in the garden of Eden and gave man a choice. Obey me or disobey me. And if you study the scriptures, you'll find out that God says this over and over again, "Choose you this day, who you will serve."

God doesn't mandate anything to anybody. He allows you to make a choice. The minute we start mandating and censoring people is the minute that you know that's a lie. You don't censor the truth, you don't have to stop the truth, but you do have to try to protect the lie. And in Canada we have laws being drawn up even as we speak here today, that if you keep saying what you're saying, we're going to throw you in jail. Fine, throw me in jail. Throw us all in jail. You don't have enough room in all the jails to throw us all in jail. The people that are my heroes—you know, Paul, Peter, John in the scriptures—all got put in jail. The apostle Paul's ministry was mostly from imprisonment. So if that's what we have to go through to get back to the truth and get back to freedom, then let's do it.

Shawn Buckley
I'm wondering is: You're talking about censorship, what are your thoughts? And it'll be my final question before I turn you over to the commissioners. But you've been in broadcasting for most of your life, and heavily involved. And, in fact, my understanding is: One of the reasons why it was so hard to get a Christian station, was the CRTC didn't believe you could be non-biased because legally you have to present both sides of an argument if you're doing any news. So can you give me your thoughts on, well, the mainstream media and COVID, in light of censorship and the fact that they're legally obligated to present both sides?

Allan Hunsperger
Well, it took me 15 years to get the law changed in Canada, and what was pounded in me in 15 years is you have to provide balanced programming in matters of public concern, alright? And they said the premise was you're religious, so you can't be balanced. And they were talking about, like for example, abortion. You're going to bring up pro-life, but you're not going to talk about pro-choice. So you're not going to be balanced, so therefore, you know, you can't abide by what Canada has always believed in: balanced programming. When you think about that, you first of all grab ahold of that and you say, "Yeah, I'm pro-life." But when you think about that a little further, so what you're saying is, "If I'm religious, I can't be balanced, but if I'm not religious, I'm balanced." Excuse me. That's crazy.

In fact, I welcome anyone to come and give the other side. We're already doing that on our show now if we bring up, for example, a school board that's told a trustee member to either shut up or we're kicking you out. So we interview that school board trustee that's getting kicked out, and we invite the chairman of the board or anybody from that school board to come on the program and give their side of the story. And we'll do that over and over and over again because we are not afraid of having that discussion. Pro-life, pro-choice, creation, evolution, you name it.

Shawn Buckley
Right, and in the mainstream media. And I'll turn you over to the commissioners, but I'll just state for those watching that missed day one is: So we sent out, I think it is 86 subpoenas for these hearings to basically the public health officers and ministers of health across the country and selected health officials, inviting them to come and testify—and in fact, making it clear we'd bend over backwards for them and even hold virtual hearings when they could, because we want to hear their side. And we sent out invitations to every sitting MLA and every sitting MP in Canada, inviting them to testify, and we only had one say that they would come and testify. And we had Nadine Wilson testify on Monday. Yeah, so we understand what you're saying is just the point of trying to have both sides come so that people can hear both sides and make up what they think. So I'll ask if the—

Allan Hunsperger
Can I just add one more thing, Shawn? You had a lady doctor on yesterday, a scientist who shared with me out in the lobby that she spent tens of thousands of dollars developing a paper, a study to prove what she was saying, and she couldn't get anybody to publish it. So what came to my mind when she said that? The reason why nobody would publish that, is nobody cares. So if you have a media that will cover that, so we say you come and tell us a story, and then we put out the challenge across the nation: "Why wouldn't anybody publish this?" You see, but now we can spend millions and millions of dollars on something, and it might all be true, but if you don't have media that's willing to broadcast it, it's all a waste. And so we desperately need it, and I believe God will give it to us.

And one other thing. You're looking at you sent out these 85 things to health ministers and whatever, and they ignored you. Well guess what? When David stepped up to Goliath, even his brothers laughed at him and said, "You're only a youth. What are you talking about?" It's not us that are doing it. It's God. But God needs us to do it through.

Shawn Buckley

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

Commissioner Kaikkonen
Thank you for your testimony. I really appreciate it. I particularly like the choose life, choose death references from the scripture. I think we're all called to do something, and God certainly has put us all in the right place. My question is: I'm from Ontario, so I have seen a lot of local governments, all the way up school boards, and now into the provincial government levels where there's this push to push aside anybody who has convictions and also religion. And I'm just wondering, are you seeing that where you are, or is it just an Ontario thing? Thank you.

Allan Hunsperger
Well, I think it's more in Ontario, but I think that we were censored in the beginning when we first started, but that's because we were on some networks that we thought weren't going to censor us, and then they did. But now we're on Rumble. We basically have all of our television programs on Rumble. And then, of course, Daystar. And one of the things that God showed my son, which was good, was that he showed my son that when it comes to censorship, they can pull a podcast or whatever, but to shut down a radio station or to shut down a television station is a whole other ball of wax. And I think the other thing is that the scripture tells me in the New Testament that your courage scares the enemy. So I think, who cares what they say? What does God say? He's the final word.

Commissioner Kaikkonen
Thank you.

Shawn Buckley
There be no further questions, Allan, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing with us today.

Allan Hunsperger
Thank you.

Witness 5: Donald Best
Full Day 3 Timestamp: 06:26:40–07:47:40
Source URL: https://rumble.com/v4yvzz9-regina-hearings-day-3.html

Shawn Buckley
So commissioners, I would like to introduce our next witness, who is a Mr. Donald Best. Donald, can we begin this afternoon by having you state your full name for the record, spelling your first name and spelling your last name.

Donald Best
My name is Donald Robert Nelson Best. D-O-N-A-L-D. Best. B-E-S-T.

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

Donald Best
I do.

Shawn Buckley
And you're very accustomed to actually spelling your name in court and swearing because you were a former Toronto Police—we'll say police officer, but you were a sergeant. You were a detective from 1975 to 1990.

Donald Best
That's correct.

Shawn Buckley
You're now an independent journalist with emphasis on integrity issues in law enforcement, the legal community, and the justice system.

Donald Best
That's correct.

Shawn Buckley
You have over 45 years experience in law enforcement, complex investigations, undercover investigations, intelligence work and investigation management in both public and private sectors.

Donald Best
That's true.

Shawn Buckley
You have extensive experience in anti corruption investigations, arrest of corrupt police officers and public officials, and you have investigated over 100 individuals over the years in those areas.

Donald Best
That's true.

Shawn Buckley
So because what you're going to talk about, you know, there being corrupt police officers and officials, I think is very germane. You also have extensive experience investigating organized crime, including long-term deep cover investigations into the relationships between organized crime, law enforcement, the legal community, and governments.

Donald Best
That's true.

Shawn Buckley
Now, Donald, you know we're actually not under that tight of fuse. We've got time to fully put this story up. But I wanted to introduce to everyone that basically you're a career police officer, over 45 years of police work and investigation, and you're here today to speak to us about the Constable Grus case. And Commissioners, I will advise you that I had contacted counsel for Constable Grus, Bath-Sheba, to see if we could have Constable Grus attend. But because Constable Grus is in the middle of professional discipline proceedings, which actually were continuing this week, the lawyer was not willing to give the go-ahead for that to happen. So Donald Best has extensive knowledge and he's been following this. So, Donald, we really appreciate you coming. Is there anything else in your background that you'd like to fill in?

Donald Best
No, I think that pretty well covers it. I'm very honoured to be here. I appreciate the work of the National Citizens Inquiry. I think it's absolutely phenomenal, the number of witnesses that you've taken testimony from. And it's not just an archive for—I want to make this clear—I don't believe it's an archive just for historical purposes. I believe that it has real utility and will have increasing utility as more investigations are done into what happened. And

just as Detective Helen Grus tried to do an investigation, I think that this body of evidence, sworn evidence, will become of increasing importance.

Shawn Buckley
And Donald, I'll let you know you had sent me a list of documents in PDF form for us to make as exhibits, and I will advise you and the commissioners. It's just that I had already travelled so they haven't formed part of the record, but we will enter all of those as exhibits so the commissioners will be able to review them. So don't be afraid to refer to any. And they'll also be linked as exhibits when your witness page is up. So I'm wondering if you can perhaps start then by giving us the background on the Constable Grus case and just basically launching into what you think should be explained.

Donald Best
Yes, well I have a bit of a cough today. So I'd like to focus on the Detective Helen Grus case, and I'll make it a very factual chronology at the start. So everything that I'm going to say when I get into the chronology is evidence based. I've seen the evidence. I've heard it. I've seen the exhibits. And when we get to my commentary or my analysis of it, I'll do that at the end.

So this is the case of Detective Helen Grus. She's an Ottawa Police detective, and she's charged with discreditable conduct for initiating an alleged unauthorized investigation into a cluster of unexplained infant deaths in the Ottawa area.

Now Detective Grus developed this investigation in about December of 2021 into January of 2022 due to her suspicions that there was a possible connection between the unexplained deaths of nine infants and the mother's vaccine status—whether or not they had the COVID vaccine. And I will lay out the factual chronology, but at the end I believe that what is being done to Detective Grus and what is being done in terms of stopping criminal police investigations into the potential harms of these vaccines, I believe that this case, Detective Grus, is probably the most important case in law enforcement in Canadian history for 100 years. I do believe that, and I believe you'll see why.

So my reasons for being interested in this case, I learned in March 2022 that Ottawa Police had suspended a highly experienced senior detective, seized her work computer and files, shut down a criminal investigation into the potential connection between the COVID vaccines and the deaths of nine infants. Now when I heard that, I feared that this would deter not only Detective Grus, but other police officers all across Canada from launching any criminal investigations into, well, the manufacturing, approval, purchasing, mandating, adverse effects—everything to do with the vaccines. I also feared that it would cause police officers to not do thorough investigations or do investigations of unexplained deaths properly if there was a chance that the vaccines were involved.

Shawn Buckley
Donald, can I just stop you, because you've got so much experience as a police officer, including in management. I mean, you were a detective. You were a sergeant. I understand if a police officer did an investigation for an improper purpose that you would have, you know, professional misconduct hearings. So if a police officer was basically doing it to harass somebody or have somebody charged fraudulently, I could see professional misconduct. But are you aware ever in your career of a police officer being subject to

professional misconduct proceedings for in good faith undertaking a criminal investigation, let alone one to see what's the cause of death for infants?

Donald Best
No, I've never heard of this before in my 45 years in and around law enforcement. I've never heard of that before. Now most of the police officers who have been charged—and I've charged and arrested one or two myself—for looking in, for gathering information that is confidential for distribution outside the police service, whether to organized crime, whether to the press, whether to corporations, outside interests, and that is strictly prohibited. That is not what we had in the detective Grus case. Not even close.

Shawn Buckley
Okay, continue. Thank you. I just wanted to clarify that, because I think it's important for people to know it is unheard of of a police officer who in good faith starts an investigation to be subject to misconduct.

Donald Best
Never heard of it. Never heard of it. And other reasons why I was very interested in this case— I mean, I've devoted so many resources over the last two and two and a half years, and I thank my family for going along with me for that—I wanted to know the circumstances and the influences that caused the Ottawa Police Service to stop an investigation, to order the stop to an investigation into these infant deaths without the answers that Detective Grus was looking for. She had barely initiated this investigation when they shut it down. She was looking for answers, and those answers have not been found.

Now you know, as a society, as individuals, it should be our instinct and our innate duty to protect life, adults, children, babies in their mother's arms. So if there's any possible connection between the COVID vaccines and infant deaths, that would be important to know. Yet the Ottawa Police shut down that investigation, have not re-initiated it, no one has. And they've charged, suspended, disciplined, sanctioned the one officer in Canada who to my knowledge had the integrity and the courage to go ahead and initiate this investigation, which needs to be initiated.

So many police officers on the job and retired know exactly what I'm talking about. They know that there is reasonable suspicion to initiate a criminal investigation into many aspects of the vaccine. And we heard in court just this week during testimony that the criminal activity that Detective Grus was investigating was criminal negligence causing bodily harm and death. That was the nature of her investigation, and they shut that down.

Shawn Buckley
Donald, I think I should tell you we had yesterday as a witness, Dr. Thorp, who has a long career as a gynecologist and obstetrician and, you know, literally PhD in residencies, and in the last four and a half years has just personally dealt with over 27,000 high risk pregnancies—like a complete expert. And he was sharing with us—he actually put it up on screen for us to see—a document from Pfizer. And in fact, I can give everyone for the record the document number, I believe. No, I put those notes away, but they'll be in Dr. Thorp's testimony. He pulls it up, and it's actually by law so when you run a clinical trial, you have to basically take adverse reaction reports for twelve weeks after the end of your clinical trial.

And they're reporting just on twelve weeks, but a couple of the reports that they took out—and I'm sorry, so it's not that document, it's another one he pulled up—basically of a couple of babies that died: one died nursing, maybe the other died while nursing too. And Pfizer didn't count them as deaths because it wasn't a direct intervention, it was due to shedding caused by the vaccine. But there's a clear causal relationship being admitted by Pfizer: "The vaccine caused the death, but we're not going to count it as a vaccine death because it was secondary, due to shedding." So we actually have the manufacturer believing that infant deaths even in the clinical trial occurred, let alone afterwards, but it's not being reported. I just thought I would share that background with you.

Donald Best
And it's also interesting from the perspective of the incidents we're talking about here with Detective Grus, her investigation. That was two and a half years ago, and there was enough there for a reasonable suspicion for her at the time. And yet here we are, two and a half years later. Think of the testimony that came out at this inquiry. Think of the medical reports. Think of the progress, the revelation of the Pfizer documents—all of these things an incredible amount of evidence since Detective Grus launched her investigation. And yet, no police investigation.

So I was also interested in this case from a professional standpoint as a former police officer. Detective Grus is charged with launching an unauthorized investigation. Well, in 45 years of being in and around law enforcement, I have never before heard of an unauthorized investigation. In my 15 years on the Toronto Police, I never once asked for permission to investigate anything.

I would ask for assistance. I would ask for resources, maybe some advice. I'd even go to the Crown. But I never asked permission, because law enforcement officers, sworn officers, don't have to ask permission. We have set this system up so that officers have independence—autonomy to act as they see fit under the law and their oath of office. And we do that to prevent outside interests from interfering with police officers, individual police officers, and organizations.

I mean as a squad leader and a sergeant, I sometimes was supervising 50, sometimes almost 100 officers. I never had one come and ask me for permission to initiate an investigation, not once. When I was a new police officer only three years on the job—I was 24, 25 years old, really just a kid—I initiated a murder investigation without telling anyone. And in one hour I tracked down the suspect. Yes, I called for backup at the end, but I never asked for permission. And I never told anyone until I went in to arrest the suspect, which I did, and he was convicted.

So what can have changed? In all this time, what can have changed? Well I think I know, because during my time as a police officer I would often have to resist pressures that threatened my individual autonomy, independence, and authority to conduct, initiate, any investigations I wanted to in accordance with my oath of office, the rule of law. We would always have people coming to us: "Would you drop this ticket? Would you leave this bar alone? Oh, that restaurant over there is the brother-in-law of so-and-so and he gives, you know, to the Widows and Orphans Fund." People would always ask. But if you do that, if you say, "Yes," once then you lose your authority. You lose your autonomy. So we have to fight for it.

We had an incident, and I'll go into it in more detail later, where my squad leader, Sergeant Harry Darcy, was ordered not to enforce the Liquor License Act at certain bars. And he said, "No," and that takes courage. That takes integrity. And so you have to fight for it. And I'm wondering, "Have police officers today surrendered their autonomy and their authority?" I really wonder about that. And as we get to the end of this, we'll talk a little bit more about that.

So the system is set up so that if you're going to order a police officer to not investigate something or stop an investigation, you had better have a legitimate reason for doing that. You had better have a darn good reason for doing that. I have seen a Chief of Police back down. I have seen senior officers, politicians, a member of provincial parliament back down when a police officer stood up with integrity and said, "No, I'm going to enforce the law. How dare you." And one time I saw a very senior police officer threatened with arrest for obstruction of police.

If you don't stand up, if you don't have the courage, then you lose your autonomy and your authority—not because they take it from you, but because you surrender. And that's true in the medical profession, in law. We've seen the doctors and the pharmacists and everybody—all these professional bodies in professions where people are supposed to have rules and autonomy and integrity and courage to stand up—and we have seen constantly, time and time again, these people have been ruined and destroyed and attacked. And I think you'll agree with me there. So it's the same in policing.

So I wanted to know the facts. I've worked with evidence all my life. I want to know the facts. I want to know why Ottawa Police would shut down an investigation into infant deaths before they knew if the COVID vaccines played any part in those deaths or not. That was my journalistic mission.

Now I want to just quickly say there's a publication ban in place. The tribunal that is judging Constable Grus has made a publication ban. Any of the victims, the babies, or their families, their names are not to be published. Also, that's the case with one of the police officers who is a prosecution witness. I understand the reasons for that ban and I accept it.

So I attended the majority of the hearing dates personally. I've written 30 or 40 articles about it. I was accredited by the Ottawa Police and the Hearing Officer as a journalist and authorized to make recordings and transcripts for my own notes. I can't publish them, and I did so. And I've been interviewed. I've been on several broadcasts and such. I've also been interviewed in the legacy media in the UK, the United States, Canada. So there is great interest in this case, but there doesn't seem to be in the Canadian media.

As part of my research, I also secretly recorded phone calls with Public Health Agency of Canada personnel. And I gathered other evidence showing that the Public Health Agency of Canada personnel interfered with and influenced the Ottawa Police investigation into Detective Grus starting in March of 2022—and even continuing after she appeared before the tribunal.

Now, legal exhibits. I have said that I have several exhibits that I put into evidence here today. Just a few days ago the Ottawa Police, the Tribunal Officer, made an order that they will be releasing so many documents—several thousand pages of documents is what it is. Now for two years they withheld many exhibits and legal documents and motions from the media and the public, contrary to the open court principle. But just this last week, that order was made. When I get that package—and it will take maybe even a month for them to

redact all the names of the babies and such—I will submit it as a package to the NCI, and it will form part of my evidence.

So Detective Helen Grus, a 21-year veteran Ottawa Police officer, in 2016 she was assigned to SACA, Sexual Assault and Child Abuse unit. And this is the unit that is assigned to investigate all unexpected infant deaths that occur outside of hospitals. And so that's part of her duty. And it's a tough unit to work in. They really do put the best of the best there. Just like homicide, you have to be first of all a top-notch investigator—top-notch investigator. But you also have to be very stable. You're called upon to investigate horrific, horrific events, so you need a special type of person in there. And Detective Grus is certainly that.

She's well liked, more than well respected. Her 2021 performance review which forms part of the record at the tribunal: "Detective Grus is a dedicated employee who puts her victims' needs above herself. Well versed in her role as an investigator in SACA, one of the most senior officers in the unit. Detective Grus is a wealth of knowledge and does not hesitate to assist or provide guidance to others. She is a revered investigator in SACA and has a large resumé of experience. I would encourage Detective Grus to pursue promotion and other career aspirations. SACA is lucky to have such a skilled interviewer and investigator as Detective Grus." Unquote.

Shawn Buckley
I'm just going to stop you. This is actually an Ottawa Police performance review of Constable Grus. So this is an internal assessment by the Ottawa Police of Constable Grus and how she was performing her duties.

Donald Best
That's correct. And like every other police officer, Detective Grus has initiated hundreds and hundreds of investigations on her own, self-initiated. It's just what police officers do every day. We heard some evidence that kind of made me smile this week, and it's the truth. If a police officer is driving down the street in a patrol car and sees something out of the corner of her eye and turns around, that's the start of an investigation. I mean, for me it was the start of a murder arrest. So that type of thing happens.

Now in 2017, Detective Grus was praised for a self-initiated investigation. Now let's substitute the word unauthorized. It was unauthorized. None of these investigations are authorized. You can do whatever you want as a police officer, investigate whomever you want. But she self-initiated an investigation into an unsolved historical sex assault upon a child. She hunted down and arrested that suspect. And, you know, the newspapers and the Ottawa Police praised her to the hilt for initiating a criminal investigation and looking into old police records of a case that was not hers—that was someone else's—and she decided to do that, and she solved that case. And that was just wonderful. And she won an award. She was praised both in the papers and by the police.

But that wasn't about the vaccine's impact upon a cluster of deceased infants. Same situation, just something different that you're not allowed to investigate. And that's how I view this. So she was highly valued, Detective Grus, highly valued both in her unit and by the Ottawa Police prior to this investigation.

In September of 2021, Detective Grus wrote a lengthy and widely distributed email to the Chief of Police and her colleagues. It's about three pages long, and it forms part of the evidence that I put in today, the exhibits. In that email she asked questions, including about

the efficacy and adverse effects of the "emergency use authorization vaccines" which were in the process of being mandated at that time, September 2021, in the Ottawa Police. She also asked, "Would the Ottawa Police Service take full legal and financial liability for any injuries, adverse effects, and/or deaths occurring to members following the receipt of any emergency use authorization vaccine potentially mandated?" For asking that, for writing that, she was sanctioned officially and by other officers.

Her immediate supervisors ordered her to never talk again about COVID vaccines—this, in the unit that investigates unexplained infant deaths—ordered never to talk about COVID or the vaccines again. She was ostracized. She was spied upon. They sent out instructions to other police officers that they were to be with her only when another officer was present so they could collect evidence if she broke the order to not talk about COVID or the vaccines.

She was transferred, only Detective Grus was transferred from downtown to the suburbs to a Kanata office far, far from downtown. She, a senior detective with 20 years plus on the job, was ordered to work during the Christmas party. Now look, in every factory, in every job across this nation, it's the young new employees without families who work during Christmas. That's just the way it is. For them to assign a 20-year veteran to work during Christmas and the Christmas party, well, that was a message. It was punishment. It was ostracization. It was despicable in my opinion. Sorry for giving my opinion. She was not welcome at home parties. Any of the Christmas parties that occurred that the police gave at Christmastime 2021, she wasn't invited or she had to show proof of vaccine before she and her family would be allowed.

Now about this time, December 16th, 2021, Detective Grus went to a town hall meeting with the Chief of Police and Deputy Chief about the vaccines and about vaccine-injured personnel and the mandates, because there were several officers even by that time who had testified that they believed that they had been injured by the vaccines. One of the topics of discussion at that meeting and at the SACA unit and throughout the Ottawa Police Service was a spike in unexplained infant deaths two to three times the annual normal rate—nine noted deaths, a cluster. And of course people, especially people in SACA, were talking about this: "Whatever could it be?" And there was also a cluster of infant deaths since the vaccine release. And this discussion was taking place in December of 2021.

Now Sergeant Major Peter Danyluk and Chief Sloly acknowledged Detective Grus' suspicions that perhaps the COVID vaccine might have had something to do with it. So they acknowledged that she was saying that. And in a private meeting with Sergeant Major Danyluk—and he worked directly for the Chief—Detective Grus informed of her research, the developing investigation, and she was using sources like the Public Health Agency of Canada, the Centers for Disease Control, the vaccine manufacturers. And interestingly enough, Danyluk later testified for the defence, for Detective Grus. And he stated that there was nothing wrong with what she was doing and it was perfectly acceptable, this research and investigation she was doing.

Then early in January we had an unprecedented event. On January 11th, 2022, an infant under one year old died in its mother's arms. This was the second one in the Ottawa area in six weeks. Now we heard expert testimony at the Detective Grus trial by an experienced police detective who has investigated or supervised over 600 infant death investigations. And in those 15, 20 years he's only seen one—so 1 in 600, and he wasn't really sure about that—that died in their mother's arms.

Usually they put the children to sleep and they're not alive in the morning. But to have a child apparently healthy, animated, alive, die in its mother's arms—so rare that he had only

seen that 1 in 600 times, yet we had two in Ottawa in six weeks: healthy, in their mother's arms, and then dead. One of those two deceased infants had an enlarged heart, which is a condition noted in the possible adverse effects of some of the vaccine manufacturer's literature.

So on January 13th, just two days later, Detective Grus had another meeting with the Chief of Police and other officers, and she updated the Chief on her investigation. And so this means that in early January, the command officers, SACA, Sexual Assault and Child Abuse Unit, and throughout the Ottawa Police Service knew what Detective Grus knew: knew that there was a spike in deaths, knew that there was a cluster since the vaccines came out, and knew that instead of 1 in 600, they had two in six weeks, infants that died in their mother's arms. That was known.

Detective Grus examined the SACA files for the investigations that had been done for the nine deceased infants. Now Detective Grus had not been assigned any of those. We heard evidence, and it's quite true from my background that you can look as a police officer, you can look at any reports throughout anything if you have a legitimate reason—and Detective Grus did. Two dead babies in six weeks is a legitimate reason for looking into those nine infant deaths. And what she found, what she discovered, was that the police records of these investigations into these nine infant deaths, some of them were complete, some were not—I'm talking about the investigations—but there was no record of the vaccine status of the parents and the child.

Now there's a coroner's form that is designed as a guide to assist police officers in investigating infant deaths. And one of the questions that is asked is about the vaccine status of the mother, the father, and the child. And this as an investigative question goes back to at least the 1980s when I was involved in investigations of infant deaths. And that was one of the things that was asked, along with, you know: "Any of the parents drug addicts?" All sorts of things: "What kind of environment does the mother work in? Does she work in a chemical factory?" All sorts of things that would be asked. And one of them, even back in the 1980s was: "Any recent medical treatments? Any vaccines for the child? What about your medical treatments or vaccines? Any prescription drugs for the parents?" Totally normal to ask that. And it was not answered in, I think, eight out of the nine investigations that Detective Grus looked into.

Now Detective Grus also learned by talking to some of her compatriots that they deliberately didn't ask the parents of the deceased infants about their vaccine status for fear of upsetting the parents. Now let's just consider that. We have officers from the very unit of the Ottawa Police that is assigned to investigate unexplained infant deaths. We have a police procedure that goes back decades, and we have a form that comes from the Ontario Coroner's office. And the Ottawa Police procedure is it must be filled out. It must. That's what must be done. But officers, they said out of concern for the parents, didn't want to upset the parents. Why? Because they didn't want to the parents to think that maybe it was something to do with the vaccine? Since when do essentially homicide officers not ask questions that are relevant for fear of upsetting the relatives of the deceased?

Shawn Buckley
Donald, I'm just going to break in. I'm looking at the time and I know what you want to cover. So we're going to have to pick up the pace if you want to get through everything.

Donald Best
Okay. January 30th, 2022, Detective Grus called one of the fathers. It was a cordial and appreciated call. She wanted to know the vaccine status of the parents. Colleagues complained that Detective Grus had looked into the files and essentially had revealed that the investigations were not well done. And so Detective Grus found herself suspended on February 4th, 2022 by the Professional Standards Unit. They suspended her for an unauthorized investigation, insubordination, disobeying an order. Now that was later dropped because no one gave an order for her to not investigate anything. And they ordered her to stop the infant deaths investigation. They seized all her evidence. They searched her desk, her personal laptop. And then they wiretapped Detective Grus and her family in mid-February. She had nothing to do with the con—

Shawn Buckley
I'm sorry.

Donald Best
Yes.

Shawn Buckley
So they wiretapped the police officer and the police officer's family.

Donald Best
Yes.

Shawn Buckley
Are you aware of that ever happening for a police officer that is not alleged to have committed a crime?

Donald Best
No. First of all, I was injured in work, a police motorcycle accident, and I worked nothing but wiretaps for a year. I'm very experienced with them. And the type of wiretap, there's various ways of getting a wiretap. And we know that this wiretap against Detective Grus and her family was obtained under the section of the criminal code where no evidence has to be given. The officer just goes in and says, "I need it." Now this is reserved for abductions, child abductions in progress, hostage situations, murders about to occur, active terrorism. That's what this is about. And the police basically get a free license for 36 hours to wiretap a suspect. We don't know what they told the judge. They didn't have to do anything in writing or present any evidence at all, but they got that warrant for 36 hours.

When it was over they didn't come back with more evidence. They didn't extend the warrant. It was just because they could, knowing that by law they had to notify Detective Grus that she had been wiretapped. She gave evidence on the stand how devastated she was to know that she and her family were wiretapped. And don't forget, that's not just the phones anymore. It's your email, it's your conversation, it's your chats, it's everything.

And I know, because I did this for over a year, that it isn't just the subject of the investigation who ends up being wiretapped. And I listened to people plotting murder. I listened to just

terrible things. But I also listened to their daughter talking to their boyfriend, explaining that she was pregnant. I knew she was pregnant for three months before her parents did. I knew that the grandmother was a methamphetamine addict and kept vodka and methamphetamine in the garden shed. I knew all the secrets.

Think of all the things that you say to your spouse. Think of all the things you say during business deals, and your son, and that your teenagers talk to each other. Think of all that. That is all heard and all learned, and that is what they did to Detective Helen Grus and her family, knowing that it's just like that and knowing they would deliver a written notice to her that would be devastating, saying that on that weekend—and she gave evidence to this—there were family members over, there were cousins and uncles, and all of them would have been wiretapped, too. This was just sheer intimidation.

And while I'm at it, I might as well cover some other intimidation, briefly. In January of 2024, this year, there was a court date. Detective Grus would have taken the stand in her own defence for the first time. And a short time before she was due to testify, Inspector Hugh O'Toole of the Ottawa Police Professional Standards Unit, the same one who charged her and initiated the investigation, he sent an email to her—not to her lawyer, directly to Detective Grus—threatening her that if she gave certain evidence and used certain exhibits in her defence, she would be investigated and, the inference is, charged again.

The defence team, you can imagine, they stated that it was witness intimidation under the Criminal Code, obstructive justice—which in my humble opinion it is. They left the courtroom, and they filed a complaint out at the front desk of the police station for this criminal offence. And I don't know what happened, but I know we heard evidence this week that there was a private prosecution in play or finished, I don't know, of Inspector Hugh O'Toole for witness intimidation under the Criminal Code.

Now, Inspector O'Toole has not been in charge of that unit since I think about February of this year, and I understand he is off for some reason. And I was just stunned to hear that—everybody was stunned—a witness going on in a few moments, and she receives a threat in writing by a man who has a law degree? Wow. That was no accident. So that's what happened in January. And you want to talk about intimidation. I'll just continue going on here.

So that was the wiretap. And then we had in late March, 2022, rogue police officers in Detective Grus's squad contacted the CBC, Canadian Broadcasting Company, a reporter named Shaamini Yogaretnam. And they illegally, unlawfully revealed the confidential information about the babies, about the investigation, about the cluster of infant deaths, and what Detective Grus was alleged to have done. But they also put in a few other things which we know now from testimony were untrue.

Detective Grus never went to the coroners to get the coroner's report, and yet the CBC reported that. Detective Grus never unlawfully called parents and upset them; they reported that. The CBC reported a lot of items that were not true. But before that report came out—and it came out on a Monday—on the Friday, the CBC reporter, Shaamini Yogaretnam, delivered an ultimatum to the Ottawa Police Service.

Now every investigation, including the investigation into Detective Grus, has a plan. And I don't know what the plan was, but I can tell you that in the plan they probably would have been going to inform the parents of the infants, or not, because they didn't know. After everything else was investigated, that plan went out the window because of the ultimatum from the CBC: "We're publishing this story on Monday."—or actually, they gave them 24

hours on Friday. And CBC said to the police, “Have you notified all the parents?” which means: “We’re going to notify them in the story.” They didn’t know anything about this. There was no upset.

And so on Friday, members of the Professional Standards Unit started phoning each one of the parents, upsetting some of them. And the parents were told that Detective Grus had done an unlawful, unauthorized investigation and violated the privacy of the parents and the infants. That’s what they were told. Incredible. So the Ottawa Police allowed the CBC to take over the direction of that investigation, and they did. So that article was published on Monday, I believe it was March 28th, 2022. There was also a radio show. I recorded that, I have the transcript. It’s in evidence here today.

And there was a second article that came a few days later where one of the mothers who had been upset by the call went to a lawyer, complained, threatened. And in that article, Detective Grus was called rogue. None of this would have happened except that these actual rogue officers violated the confidentiality, violated their oath, I believe, in my humble opinion, violated the Criminal Code, but certainly violated other laws to do what they did. And yet when Detective Grus asked Professional Standards to launch an investigation into who those officers were, Professional Standards refused. Inspector Hugh O’Toole refused to launch a criminal investigation, any investigation into the source of that terrible leak by those rogue officers.

Ah, but they charged Detective Grus and blamed her, saying—and they did, it’s in the court documents—they blamed her that that CBC series of articles discredited the Ottawa Police, brought the Ottawa Police into discredit and disrepute, and that Detective Grus was to blame for that—not the corrupt police officers who briefed the CBC. So why was that not investigated? I don’t know. They wiretapped Detective Helen Grus.

Shawn Buckley
And Donald, we’ve got about five minutes.

Donald Best
Okay. So they charged Detective Grus with discreditable conduct. They interviewed her May 12, 2022, three-hour compelled interview. Detective Grus turned over all her evidence of the criminal investigation to the Professional Standards Unit, and the Professional Standards Unit with that evidence—which included the Pfizer documents and all sorts of evidence that provided a foundation for the suspicion of criminal negligence which she said she was investigating—and they took that information and they did nothing. Not one thing.

And so she was charged. The Police Union abandoned Detective Grus. The Police Union had been for the mandates. They abandoned Detective Grus. They would not pay her legal fees. Her legal fees are now exceeded a quarter million dollars, as I understand it. But they have paid the legal fees for officers accused of rape, sexual assault, taking bribes, and assault causing bodily harm. They paid all those officers the legal fees, but they wouldn’t pay the legal fees for Detective Grus.

I tried to interview the president of the Ottawa Police Association, the union, and he refused to be interviewed or answer any questions as to why the union would pay for all those criminals—some of whom were convicted in uniform—and would not pay for Detective Grus. Bias.

The tribunal is not a criminal court. It runs by its own rules. It's run by the Ottawa Police. The Tribunal Officer who is like a judge, except he has no legal training and he's paid by the Ottawa Police Service, so it's conflicted. There are no rules really. They make them up. The rules of court are not the rules of a tribunal. I'm sure you could expand on this much more than I could, sir. But some of the decisions that have been made have really been unusual.

Detective Grus was not allowed to see her own handwritten duty memo book for January 30, 2022. You remember that's when she made that phone call, she made notes. They won't allow her to see that book, her own written notes for her defence. The tribunal allowed a prosecutor's conflict of interest. The prosecutor from the Ottawa Police Service, one of the main witnesses is her sister-in-law. And when that was announced in court, the entire gallery gasped, because if that happened in a criminal court, that would be it. The charge would be thrown out and both the prosecutor and the judge who allowed that would be under investigation.

Shawn Buckley
Can I just stop you, because I want to make sure I understand. So you mean the officer that is acting as—we'll call it not the judge, but what are they called?

Donald Best
Okay, the prosecutor is a lawyer, part of the legal team. They're an employee of the Ottawa Police Service Legal Department. The prosecutor is a lawyer. Her name is Vanessa Stewart. And the judge, if you like, the trials officer, the adjudicator, several names, he is— I'm sorry, I'm gapping right now. In any event, he is a retired—Chris Renwick, a retired police superintendent from the Ottawa Police. And so he serves as a would-be judge. He has no legal training. Most of his cases are maybe an officer got drunk on duty and is pleading guilty. This case has been going on now for some 20 days of hearings.

Shawn Buckley
Right, but there's a connection between the prosecutor and the adjudicator, is that what you were saying?

Donald Best
No. No, between the prosecutor and one of the primary prosecution witnesses, who is a police officer named Stewart. So we have the prosecutor, Stewart, and the witness, Stewart, who are sisters in law.

Shawn Buckley
Oh, okay. Yeah, no, that's really not something you allow because it just appears to be unbiased.

Donald Best
Right.

Shawn Buckley
And prosecutors actually have a duty not to get a prosecution, but to put all evidence fairly forward. So that's very interesting.

Donald Best
Yeah, and the agreement was that the girls wouldn't talk to each other when they went shopping or a barbecue or dinner about the case.

Shawn Buckley
And we're getting down to about 1 minute.

Donald Best
All right, fair and fair enough. But also the prosecutor weaponized objections, especially when defending her sister in law. And it just goes on and on and on. Expert defensive witnesses were not allowed. And this is really something: On November 26th, 2023, Hearing Officer Renwick rejected all five defence expert witnesses—four out of the five because they were associated with, or testified for the National Citizens Inquiry. And that included yourself, sir.

The names are Dr. Eric Payne, Dr. James Thorp, Dr. Gregory Chan, lawyer Sean Buckley, and Ottawa Police Staff Sergeant Retired Peter Danyluk. None of those witnesses were allowed. It was said that they were biased because they put in statements that defended Detective Grus. For instance, Dr. James Thorp had an expressed opinion that the Ottawa Police Service should be investigated for their political prosecution of Detective Grus. So no testimony from James Thorp. Sergeant Daniluk …

Shawn Buckley
That wasn't a public statement. That was a statement in his affidavit in support of Constable Grus.

Donald Best
That's correct.

Shawn Buckley
Right. So he's not being disqualified for anything he says in public. He's being disqualified for voicing something in an affidavit in those proceedings.

Donald Best
Yes, all these people put in affidavits and were rejected because of the anticipated evidence that they were going to get. Staff Sergeant Danyluk was rejected because he said that the disciplinary system is being used against Constable Grus, and leadership failed in not investigating the media leak to the CBC. So no testimony from him.

Lawyer Shawn Buckley "was a moderator at the April 26, 2023 National Citizens Inquiry and put questions to a witness, a former RCMP Corporal Daniel Bulford, on Detective Grus's

actions and charges." And also Dr. Eric Payne and Dr. Gregory Chan were witnesses at the inquiry. So none of you are allowed to give defence testimony whether—I mean, you believe what you said; you swore in an affidavit, but that was disallowed. And we can go on and on and on.

I believe that this case is critical for two reasons: One, we had an experienced senior detective investigating on reasonable suspicion, reasonable probable grounds, a cluster of nine infant deaths that were so unusual, two of them, that not even 1 in 600 had been seen before. And she was wondering .about the connection between the vaccine, the mRNA vaccines, and these infant deaths and the mother's vaccine status and breastfeeding. And the Ottawa Police shut that down without getting those answers.

And number two, I'm thinking of police officers and their lack of integrity and their lack of courage for standing up. Their independence has not been taken from them—they have surrendered it. Their authority has not been taken from them—they have surrendered it.

Quick story. Police Sergeant Harry Darcy, my squad leader back in the eighties, was told not to touch any of the vessels in Toronto Harbour that were operating without a liquor license. They were operating as gambling dens, brothels, drug distribution units. One that operated with the Chinese triads, organized crime as a gambling den with a brothel downstairs, was owned by a member of Provincial Parliament in Ontario. And Sergeant D'Arcy got so much pressure, it ended up he was in the office of the chief, Chief Jack Marks, and Harry D'Arcy said to the chief, "You can transfer me, you can fire me, but you can't order me not to enforce the law and to do my duty."

Where are those police officers today? If Detective Grus were here, I'd ask her to stand up. But she's not here. I understand why not. But retired Staff Sergeant Harry D'Arcy is here, and I'd like him to stand up now so we can all have a look at an honest copper—where are you, Harry, stand up—who had the integrity and courage like Detective Grus has the integrity and courage. It's a leadership problem. Top down. I don't know how we're going to fix this in policing, but I know that Detective Grus is being railroaded. And the question we should be asking is: Why did they stop that investigation?

Shawn Buckley
Donald, why did they stop that investigation, in your professional opinion?

Donald Best
In my professional opinion, it was to deter any other police officer in this country from launching an investigation into how these mRNA vaccines were developed, licensed, distributed, mandated, who made money, who mandated it that made money—and as we've seen the evidence in the last four years, it just keeps coming. So Detective Grus is a message to other police officers in Canada to stop them from investigating. It's worked.

So I'm appealing every police officer who's watching this. And I know there's many of you still on the job. You've spoken to me, many off the job, but it takes less courage when you're off the job. All those police officers who know what's going on: Do your duty. Obey your oath of office. Regain your authority and your autonomy. Because right now you've surrendered it.

Shawn Buckley

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

Commissioner Drysdale
Good afternoon and thank you for coming out. You talk about the duty of a police officer, and you talk about the oath. Let me ask you a question. To what people in Canada do our laws apply? Do they only apply to a certain group of people? Do they apply to politicians? And do they apply to police? Or do they just apply to a certain class of people? In general terms.

Donald Best
The rule of law means that every person is equal before the law. Before the police, the police are supposed to treat everyone equally. The courts are supposed to treat everyone equally. The law is supposed to be applied to all equally. That is no longer true. The rule of law is quite absent in Canada. I know we see it all the time. We see law enforcement officers favouring certain political groups at a protest, bringing coffee to one group, yet dragging away the other. We've seen police cars painted with the political slogans and the social slogans of the day. So they have abandoned their universality. They are giving a message that we favour this group and that group.

Now look, whether you like Black Lives Matters or not, they marched and the Chief of Police for Toronto knelt with them as they were marching. And they were in violation of some of the COVID laws when they did that. But I guess that was okay. We had a situation where a terrible, terrible terrorist attack occurred in London against the Muslim family. Terrible. And at that time, the rules were, the COVID rules were that only twelve people could go to the funeral. So our Premier, Premier Ford, changed the rules for an afternoon so 1000 people could go to the funeral. But that was okay for that funeral, but not others. And we had other nonsensical rules. We had police—

Commissioner Drysdale
I understand, sir. My time is short, so I need to condense the questions and answers a little bit. Otherwise they'll pull me off the stage in just a few seconds. From what you've talked about, you know, you're talking about alleged corruption at the highest levels in the police force in Ottawa. But you've also talked about alleged corruption right down into the ranks —you know, the officers supposedly who leaked the story to the CBC, those officers who would not stand with Helen Grus.

We don't have to look back far to remember the beatings during the convoys, the lack of videotape evidence during the convoys, all kinds of things—you know, the alleged political wranglings that were going on within the upper regions of the police service which have been the subject of the Emergencies Act investigation. In your opinion, when corruption is allowed to continue and they get a free pass, does that corruption heal itself and go away? Does it get worse? Does it spread to other organizations? Or does it just go away and heal itself?

Donald Best
It never heals itself, sir. There have to be people in every profession—and you see it in the medical profession, law, law enforcement, and judges sometimes—standing up, and they have to say what they have to say and stop it. I view it like this: Only 1% of any profession

are absolutely, ruthlessly corrupt. Only 1% have the integrity and the courage to say anything about it. And the other 98, while they may not be corrupt themselves, it's their silence that empowers the corrupt.

Commissioner Drysdale
You had mentioned that you felt that the message here isn't necessarily about Officer Grus, but it's a message to other police. I ask you, sir, you've told us about wiretaps that are granted in this country without written authorization, without an argument. Because of course the intent of these things, according to your testimony, is to address issues such as an imminent danger, like somebody's going to be murdered or kidnapped. But we see that, or at least it appears from your testimony that certainly wasn't the case here. And yet someone granted a wiretap to these people. So my question is: Is this not also a message to everyday Canadians they may be being monitored? As a matter of fact, are they being monitored? Are their public interactions being monitored? How many Canadians are subject to these types of wiretaps or their social media monitored by the police?

Donald Best
Well the answer is, I don't know, but it's part of the larger question. I will be very brief. Over the last few decades, we've seen our police turn from community-based policing into more of an occupying army, militarization of police. That happened very gradually, also the police surrendering their autonomy. But when the response to COVID came, it was like it just went into overdrive. And we had police officers handcuffing visibly pregnant women behind their backs—which is just a no no; I could go on for hours about that—for the egregious crimes of watching their son playing hockey while being unvaccinated, for pushing their three-year-old daughter on a swing in a closed park, and for walking in Quebec City, walking down the street without a mask out in the open.

And these women were brutalized. You don't handcuff pregnant women behind their back. You don't do that. That's lesson number one in use of force, first day of police college. And yet there we go, 200-pound thugs dressed as military, paramilitary. Oh, we had evidence in the Grus case. One of the officers described the Ottawa Police that he worked for as being a paramilitary organization. So this has infested our law enforcement throughout Canada. It's been coming for a long time, but it just went into overdrive.

Commissioner Drysdale
But isn't this coming from on higher? Isn't—

Donald Best
It is. It's a lack of leadership.

Commissioner Drysdale
Well, no, I mean beyond the police. Did we not during the COVID issue—correct me if I'm wrong here—did the Supreme Court of Canada not come out with masks on? Did the Chief Justice of the Supreme Court not say that the protests were an illegal protest when there had not been a ruling that it was an illegal protest? Have I remembered that wrong or have I remembered that correctly?

Donald Best
That's correctly, sir. That's correct. But one of the big things I remember is when the Commissioner of the RCMP, our National Police Service, Brenda Lucki— There was that mass murder where the man dressed as an RCMP officer down in Nova Scotia. And early in that investigation, Commissioner Lucki called the homicide officers and asked them to release information about what kind of firearms were used—and this is almost a quote—to further the government's political agenda. So we had the highest police officer in the land of our National Police Service corruptly inserting a political agenda into a homicide investigation of mass murder that had just gotten started.

Commissioner Drysdale
Well let me ask you another question. If I was to go speak in the public square and a police officer was to follow me out to the public square, not speaking to me but watching me and looking me over the shoulder, do you think that would be harassment or intimidation? You think I would feel intimidated?

Donald Best
Look, I've worked undercover, in crowds.

Commissioner Drysdale
No, in uniform.

Donald Best
In uniform. Well you know, police officers in uniform can stand there, and they can be members of the community that protect everyone, uphold the law, keep people safe, protect lives and property. But at a certain point, whether in uniform or plain clothes, they can be a political force enforcing political agendas, and that's exactly what has happened to our police services in Canada. They no longer operate under the rule of law and without influence so that everybody can trust them and depend on them. I don't know how we're going to get that back.

Commissioner Drysdale
Well you know, let me take that just one step further, because I think you've agreed with me that if a police officer was following me into the public space and I was giving a speech and they were there, it would be an intimidating issue to me. Why is that different when the police without warrant monitor our social media posts, which are now the public space? You know, the social media forms the basis of the public square today, whether we like it or not. And the police services, from what I understand, are monitoring a lot of our Canadian citizens' social media presence with no warrant, no warning, not necessarily any probable cause. Is that not intimidation, just like it would be if I stepped into the public place and they followed me out and watched me?

Donald Best
It is, if their intent is to monitor your politics, your religion, your opinions. If they are indeed preserving lives and protecting property, and that's why they're doing it— Don't forget I spent a year wiretapping people, all with warrants, okay. But when we see police

officers and organizations taking sides, doing surveillance on people who are our political opponents—when we see the police ordering the banks to seize bank accounts, freeze bank accounts, stop credit, destroy businesses, homes, lives, you can't get a mortgage anymore—when we see the police doing that to put forward a political agenda and please the political masters—we are in big trouble. And, yes, we are.

So my answer to you is: If the police are there to monitor you about what you think and what you say and how you're in opposition to something peacefully, then yes, tremendously intimidating—and it may well be done for exactly that reason.

Commissioner Drysdale
We had testimony last year from Judge Giesbrecht, a retired judge in Manitoba, and I asked Judge Giesbrecht, "What might be the result of the people coming to a realization that there is no rule of law, that they can't go before the courts and get a fair hearing." And I believe he said that you get anarchy or you get revolution. I am certain he said that the outcomes were not good. I know I've drifted a little bit off of Helen Grus directly, but I think the story—

Donald Best
I don't think so, sir.

Commissioner Drysdale
Well, the issues here are so much larger.

Donald Best
Yes.

Commissioner Drysdale
And what's your opinion about if the people of Canada can't— What will happen if they can't trust their police? And what we've heard earlier, we don't seem to be able to trust the medical system, and their money's not safe in the bank because the police can shut it down. What's the inevitable outcome of that?

Donald Best
I think it's a complex outcome, and it's no one outcome. Certainly, absolutely, mistrust of police. People are afraid of police now, and is it any wonder. If you have to worry about what you say and think in public, is this Canada? I have said, and this is my opinion, that we are not only on the threshold of a police state, we've crossed that threshold.

When the police, in order to punish political opponents of the government, contact the banks, freeze accounts, wiretap the families of good, decent Canadians, we're here. We're here. I don't know how we take it back. We are here. Canadians are not violent people. I expect that there will be all sorts of efforts to regain municipal politics, provincial, federal. There will be a walking away from certain institutions, parallel economies. We see these things happening.

You know, you asked me about revolution and such. I think the biggest revolution is to not comply when they drag pastors out of their churches in front of their screaming children

while the liquor store is open across the street. When Adamson's Barbecue in Toronto, they sent the police unit in there, basically trampled the people who were waiting to buy a sandwich, dragged them away. But Costco was open down the street and Walmart was open the other way.

And, you know, you had to wear a mask if you stood up going into a restaurant, but when you sat down you could take it off because there's no virus there—I guess just like there was no virus in the liquor store, but there was in the church, obviously. But this is just insanity. And I think somehow people have realized that. I wonder if they would be able to impose such things on us again. They want to, but I wonder if they could.

Commissioner Drysdale
Thank you, sir.

Commissioner Kaikkonen
I'm deeply disturbed that the Ottawa Police thinks they can write off the legitimate concerns of the Canadian people and that they can do so in such a way that just—we're not important in their minds. I think that when we think of the NCI, we travelled to Ottawa, we were there. If the Ottawa Police had any concerns whatsoever about ordinary hard-working Canadian taxpayers raising their concerns, asking questions, providing sworn testimony, they should have come and listened. They would have found a lot of information and enlightened them and informed their practice. I wondered about in the Helen Grus case, was there ever a request for a change of venue that the case could be heard in a place that wouldn't be as toxic—is that a right word to use here—because of the irregularities that have been happening in her particular case?

Donald Best
Well, there was. The venue where it's at holds only about 20 seats for the press and for citizens who want to see it. And in March of this year, 75 people showed up, so there was an overage. There was quite a situation in the lobby. The police threatened the citizens who had showed up that they were going to tow their cars. Many of those citizens were retired police officers and calmed the police down. So the Ottawa Police announced they had rented a 200-seat conference venue in downtown Ottawa to have the hearing so that everyone could hear it. And then they secretly changed it back to the small place.

They said that they would broadcast it on the Internet, which they have done before, all the fall of 2022. And then they stopped. And then at the last moment they announced, "No, there would be no large venue and it would not be broadcast." And it's now just back at that Kanata little community boardroom, 20 seats. And this goes along with everything else: restricting the public and the media access to all the documents. The open court principle says it should all be public, but they're not doing that.

Commissioner Kaikkonen
Quickly, do you have any points that would help ordinary Canadians to just create their own stance here? Any recommendations that would allow Canadians to move this forward so that we can move towards judicial rule of law principles?

Donald Best
I think it's up to people who hold positions of power and authority in every profession. Uphold your oath, have the courage and the integrity to do the right thing. And if we do that as individual Canadians, they won't be able to do what they've been doing to us. But it takes just a few people to stand up. Courage is contagious. Courage really is contagious.

But look, I understand. People have families. They have mortgages. Yeah, so do a lot of people who testified here. So do a lot of people who gave up their police jobs, and who are being attacked as medical doctors. They had a lot to lose, too. Some of them lost everything. So that's how we're going to do this: individuals with integrity and courage.

Commissioner Kaikkonen
Thank you.

Shawn Buckley
Donald, on behalf of the National Citizens inquiry, we sincerely thank you for coming and sharing your testimony today.

Donald Best
I'm honoured. Thank you for having me.

NATIONAL CITIZENS INQUIRY

Regina, SK **Day 3**

June 1, 2024

EVIDENCE

Witness 6: Jeanette Wightman
Full Day 3 Timestamp: 07:48:15–08:01:02
Source URL: https://rumble.com/v4yvzz9-regina-hearings-day-3.html

Wayne Lenhardt
Our next witness will be Jeanette Wightman. My name is Wayne **Lenhardt** and I'm of the lawyers of the NCI during these proceedings. Jeanette if you could spell your name for us, and then I'll do an oath with you.

Jeanette Wightman
Jeanette Wightman J-E-A-N-E-T-T-E W-I-G-H-T-M-A-N

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

Jeanette Wightman
I do.

Wayne Lenhardt
Your story is an interesting one about you employment during the pandemic. So, to start this off, what were you doing when the pandemic started in January 2020?

Jeanette Wightman
I was the purchasing manager of a production facility in Medicine Hat.

Wayne Lenhardt
Okay. So it was a housing factory in Medicine Hat?

Jeanette Wightman
Yes, we build modular homes.

Wayne Lenhardt
Right. You were the purchasing manager.

Jeanette Wightman
Yeah.

Wayne Lenhardt
So you were part of management, correct?

Jeanette Wightman
Correct.

Wayne Lenhardt
And you had been there for a while, had you?

Jeanette Wightman
At that point I was there for—that was 2020, so, 14 years at that point.

Wayne Lenhardt
Okay. And you were making some sort of management salary.

Jeanette Wightman
Yeah, management salary plus bonus.

Wayne Lenhardt
Okay, so tell us what happened after COVID started in 2020.

Jeanette Wightman
Well, first when the government shut everybody down for 2 weeks, management stayed in and production staff, I think, was sent home, if I recall correctly. And at that point we didn't have a lot of orders. So once we were allowed to bring people back in, we cleared out the production lines so that any homes that started were completed.

Then we had orders starting to come in, like they were coming in fast and furious. So when we were allowed, we started up the production facility again. And shortly after that, we had started seeing lead times on materials start to jump due to COVID, due to—you know, most of our stuff came from China. So there were issues with shipping, shipping yards not being open due to COVID, and then shipping yards on our end not being open due to COVID, which caused long delays.

So there was a struggle to get material on the ground in a timely manner. Our lead times would go from two weeks to six weeks to twelve weeks without any notice. So with us having a large backlog at the time, it was a struggle to get product in. I spent a lot of extra time trying to make sure that the plant stayed running.

Wayne Lenhardt
And there were no mandates that affected your plant at that point?

Jeanette Wightman
No.

Wayne Lenhardt
What happened as you went into 2021?

Jeanette Wightman
2021 started off similar to what the end of 2020 looked like. And it was in August of 2021 when our VP of Canada had started to mention that the Canadian government was looking at vaccine mandates for travel. And he had mentioned that being management, you had to be able to travel for your position, even though it was not in my job description for traveling. And the previous purchasing manager, who had done the job, I think, for nine years, had never had to travel for work.

And in my experience as a purchasing manager—by the end of 2021 I think it was six and a half years—I only traveled once. We opened up a new RTM [Homes] location. It was a self-drive to Saskatoon. So at this point, I had no expectations of having to drive anywhere. I've never been to any trade shows or sent to any management meetings anywhere. So I asked my GM [general manager] if, you know, the VP was planning on doing meetings or planning a work trip, because he's coming up with this information about the vaccine. And my GM, he didn't know what our VP was planning, but he had told me that he didn't ever. Because he used to be the purchasing manager, he didn't know. He never had to travel for work, so he wasn't sure.

Wayne Lenhardt
So as the summer went on, there was more talk about a mandate for the plant.

Jeanette Wightman
Yes. Once the election was finalized and Trudeau announced he was bringing in the mandate, our VP in September had sent out an email stating that he was planning management meetings, and they were going to be held in either November or December at one of our BC locations, because we have five locations in Canada. So he was going to have all management go to BC.

Wayne Lenhardt
Okay. And then there finally was a mandate laid on and a date for it, correct?

Jeanette Wightman
Yes. Then the VP had decided that he was going to implement a vaccine mandate for management only. Now I work in the production facility, and every day I had to walk through the plant, through all the production workers who didn't have to get vaccinated,

but I was supposed to be vaccinated. So it just—it didn't make any sense to me why he was forcing just management and why he was planning—

Wayne Lenhardt
So essentially, it was a small enough plant that regular workers and management were basically all in the same space. Is that fair?

Jeanette Wightman
Yeah. Management was out on the floor quite often.

Wayne Lenhardt
So when the mandate came down, which was end of October, if I'm correct?

Jeanette Wightman
End of October was the deadline for everybody to get vaccinated.

Wayne Lenhardt
That was 2021, correct?

Jeanette Wightman
That was 2021.

Wayne Lenhardt
Okay. So how did you cope with that? Tell us what you did.

Jeanette Wightman
Well, I stressed about it a lot because I didn't want to get vaccinated because I, at that point, didn't believe they could come up with an effective and safe vaccine within a year. So I, you know, had lots of discussions with my husband about what to do, because I didn't want to lose my job, because we were, you know—

Wayne Lenhardt
So what did you do?

Jeanette Wightman
Well, I eventually had to tell my GM that I wasn't getting vaccinated, and he was directed to replace me and start looking right away because he knew I wasn't going to get vaccinated.

Wayne Lenhardt
Sure. So you stayed with the plant though, correct?

Jeanette Wightman
Yes. My GM didn't want to lose me, and he didn't himself want to get vaccinated, but because of his personal situation, he had to. And I know he didn't feel it was right what was being done, but his hands were tied. It wasn't his decision to let me go. So he offered me a lower paying position, which at that point, I mean, I went to my doctor because I was so stressed over this. My doctor gave me three days and, "Here, take some pills and this will help you get ready to take your vaccine next week." And I just, I couldn't.

So when I was looking for other jobs, everything that was posted you had to have proof of vaccination. And I knew that if I lost my job that I wouldn't be able to collect unemployment, because they were saying that not being vaccinated wasn't a valid excuse. So I wouldn't have been able to collect unemployment, and I would have been out of work. So my only option at that point was to take a lower paying position.

Wayne Lenhardt
Yep. So you had to move out of management into basically a worker position.

Jeanette Wightman
Yeah, correct.

Wayne Lenhardt
Can you give us an idea of even what a rough percentage decrease would have been?

Jeanette Wightman
Well, the salary decrease wasn't—you know, it was about 10,000 a year, the salary decrease. But it was the bonuses that make all the differences. And bonuses, in my six and a half years, range anywhere from 80,000 up to close to 200,000.

Wayne Lenhardt
And the bonuses just didn't exist at that lower level.

Jeanette Wightman
No. No.

Wayne Lenhardt
So are you still with that factory?

Jeanette Wightman
I am, yeah. I'm still working with, and the VP who had implemented this is no longer with the company. He retired last October.

Wayne Lenhardt
And did it cause you some stress while all this was going on?

Jeanette Wightman
Absolutely, yeah. I mean, there was already stress in the position trying to keep a plant running. And at that point, both my sons were living at home, and with the whole situation with COVID, they were stressed out. They were both suicidal. So I had stress at home. I had stress at work trying to keep a plant running. And then I had added stress put on me to go get vaccinated.

Wayne Lenhardt
Is there still a vaccination mandate in that plant?

Jeanette Wightman
No.

Wayne Lenhardt
Oh, they lifted it.

Jeanette Wightman
Yeah, well, actually I can't answer to that because I don't know what the new VP has decided, but because vaccines aren't required for travel, and which was the whole reasoning behind forcing management—

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

Commissioner Drysdale
I just have one question. I want to make sure I heard you right. Did you say that you went to see your doctor, and he suggested to give you pills that would help you get the vaccine?

Jeanette Wightman
He gave me pills to help me sleep so I would be less stressed, so I could get the vaccine.

Commissioner Drysdale
Thank you.

Jeanette Wightman
And I still have those pills sitting beside my bed to remind me how our healthcare system dealt with this.

Wayne Lenhardt
Are there any more questions from the commissioners? Going once, going twice. Okay, on behalf of the National Citizens Inquiry, I want to thank you very much for giving your testimony.

Witness 7: Amanda Rodriguez
Full Day 3 Timestamp: 08:01:25–08:23:55
Source URL: https://rumble.com/v4yvzz9-regina-hearings-day-3.html

Wayne Lenhardt
Our next witness is Amanda Rodriguez?

Amanda Rodriguez
Rodriguez.

Wayne Lenhardt
Okay, could you spell your name? And then I could do an oath with you.

Amanda Rodriguez
A-M-A-N-D-A R-O-D-R-I-G-U-E-Z.

Wayne Lenhardt
Okay. I think you've got a story to tell about your father and his death as well as your own work experience. So can we start with January [2020], which is when the pandemic started. If you could maybe pick up your story there, please.

Amanda Rodriguez
My dad had cancer. Stage four. It was metastasized in his stomach, his lungs, and his bones. He ended up going through chemotherapy and radiation. We didn't want him in a home, so we were taking care of him at home. And on January 16th, I returned home and I just had a feeling I shouldn't go to sleep. And around 12:30, 12:45 he shot up in bed, seizuring. He was stiff as a board, eyes closed, jaw clenched, completely unresponsive. He would fall over and things, so I had to hold him up. We called 911. Four paramedics arrived, and they took the information of what I said, but then they asked if we were vaccinated. I said, "No." They went pretty quiet after that—also very slow. So they took my dad outside. It was the middle of winter, as it was January.

Wayne Lenhardt
Can I stop you for a second? I forgot to swear you in. Do you swear to tell the truth, the whole truth, and nothing but the truth in your testimony today?

Amanda Rodriguez
Yes.

Wayne Lenhardt
Thank you. Sorry. Proceed.

Amanda Rodriguez
That's okay. When they took him outside, he was in his underwear and in a wheelchair. for some reason they didn't put him on a stretcher. They left him outside the ambulance for approximately five minutes in the winter just with a small hospital blanket. I was allowed to go in the ambulance. We got to the hospital and were met with the charge nurse. Same thing. The charge nurse asked if we were vaccinated. I explained to her my dad's condition. He was actually using an oxygen tank at the time because he couldn't breathe on his own. So I explained to her, "You know he's going through chemotherapy. He's exempt." I also told her he can't wear a mask because he can't breathe.

I was also exempt from being vaccinated, which I attempted to show her the exemption papers I had. She refused to look at them. She just said, "There's no exemptions. They don't exist. There won't be any accommodations made at the hospital." I pulled up the mandate at the time detailing exemptions. She was just asking me how did I even get in the ambulance because I shouldn't have been allowed in the ambulance, like, just a bunch of arbitrary things that had nothing to do with the medical emergency.

I explained his condition, that he had actually invoked his power of attorney, so he needed a designated person. Through palliative care, they gave him dexamethasone which is a steroid. He had a complication with that, and it made him lose his mind, essentially. He didn't make any sense. He couldn't remember anything. So I explained to her he needs a designated person for many reasons. I also pulled up the hospital's own policy around end-of-life care and COVID exemptions. She just said, "The hospital can determine what they will and won't do." Sorry, I need a minute.

She asked me if I was the power of attorney. I told her no, but I was next of kin and also responsible for his home care. She made me call the power of attorney for some reason. He was in Brazil. She just said that only vaccinated people would be allowed. I did offer to call my sister who's double vaccinated, but in the meantime I asked her, "How are you going to provide care? He's unresponsive. He is cognitively impaired." She said that I wouldn't be allowed with him, that I could stand outside the hospital in between the doors outside, or they would roll him down the hall, and then I'd have to go the opposite direction down the hall, wait down the hall, and then the doctor would come out and talk to me.

I just asked her, "My dad needs medical attention, but how are you going to get consent from him?" This was relevant for many reasons because he had a severe allergy to penicillin. Also, the chemotherapy is a known contraindication with the COVID vaccines. It was one of the only government-sanctioned exemptions. He also had broken his arm from a tumor. So there were many positions in which he couldn't sit or lie down because it would completely stop his breathing. And at that point, he was clearly incapacitated. So if they put

him in the wrong position, he would have suffocated to death—and also just the arm having extremely limited mobility. The point is that he needed somebody there to basically say all that. And to take him away for an indefinite amount of time without even knowing what was wrong with him, I didn't feel comfortable with.

As soon as I brought up consent, she got super upset with me. She said that I was rude and that I needed to leave the hospital. I did not get to talk to her again after that. Security guards came. They tried to restrain me. I knew my rights at the time. I knew that they weren't allowed to put their hands on me, so I evaded that. But, yeah, this was like the beginning of a six-hour standoff in the ambulance alley. Nobody ever came to check on my dad. He often would accidentally pull his breathing tubes out or knock them over. I would adjust them every time. If he was wincing or moaning in pain I would attend to him, put the blankets back on him, adjust the stretcher height, and things like that for him.

Wayne Lenhardt
He was virtually unable to talk about his—

Amanda Rodriguez
He couldn't talk. Yeah, he was completely stiff. Like, couldn't even open his eyes at that point.

Wayne Lenhardt
So was there any family there that was able to talk to the staff about the care that he was going to get?

Amanda Rodriguez
It was only me. I was the only one that was there. We didn't want him in a home, so he was at home with me, and I was sleeping on the floor beside his bed when it happened.

Wayne Lenhardt
Did they let you into his room, though?

Amanda Rodriguez
No. No, never. It's kind of hard to describe because it kind of feels like I was in a dream after that, because I came in on a 911 call with my dad unresponsive, and then she basically shunned us for not being vaccinated and then just left. And nobody ever came back. So I called my sister several times. I ended up calling the patient advocate line, but I couldn't get anybody on the line because it was around two and three in the morning. They just left. And the paramedics went to the front a few times because they wanted to hand off the patient, right? Like, they came in on an ambulance, and she just never came back, and nobody would come take him in.

So we were there for about four hours before I could get a hold of my sister. It didn't matter, any of the policies or anything regarding what she was trying to say— "Are you vaccinated for—?" I showed her my legal reasons for not having them, and she just said, "It doesn't matter. We're not going to accommodate that." But, yeah, my sister ended up showing up. I

had asked several times for somebody to give him his medication because he hadn't had his medication in several hours at that point. But for time's sake, I'll summarize.

My sister arrived, and we had been told that when she arrived to let them know and they would come escort her to where my dad was. Instead of that, they just told her, "No, you're not allowed in." And I asked my sister, "Why—

Wayne Lenhardt
Was she vaccinated?

Amanda Rodriguez
She's double vaccinated. Yeah. So they wouldn't let her in. When I asked her why, she said she didn't know. They just said that that was what the charge nurse told her to do. At that point, my dad began to collapse. Somehow he mustered the energy to look at me and he said, "I love you, Amanda. Goodbye." Obviously, I lost my mind at that point.

The paramedics got increasingly uncomfortable with what was happening as well. And I looked at them and I just said, "Why are they doing this?" And he said, "I don't know." So he went to the front trying to get a doctor to come out to attend to my dad. A doctor did come out. I had written down on a piece of paper his allergies and the things that he couldn't have and things like that, so that at least if they weren't going to let any of us talk to any doctor or attend to him, then at least they had a piece of paper with his care requirements on it. The paramedics took it.

The doctor came out and he immediately just started yelling in my dad's face because he wasn't answering, which was very hard to watch, and yelling in his ears because my dad was falling over and things because he was in extreme distress. He was pulling on his arms trying to adjust him. Again, very traumatizing to watch, knowing what was wrong with him. They took him away. We didn't see him again alive, ever.

The charge nurse had called the police saying that I wasn't wearing a mask and that I was becoming violent towards staff. So we weren't even allowed in the hospital. We had this standoff with the police outside where the two doors are. Like, you know how there's a sliding door to get in and then another sliding door to get in the hospital? They wouldn't even let us in the hospital. They made us stand outside. The cops threatened me with several tickets. They kept trying to convince us, like, "Oh, you're being dramatic. He's not going to die. Just go home," despite every government policy surrounding end-of-life care dictates that that person can have at least one person around—irrespective of COVID. I ended up calling his palliative care doctor as well, but he didn't answer. It was the middle of the morning.

Eventually, by that time, he had called me back and he also said he didn't know what was going on and that he was going to call the hospital himself. He did so. And I'm not sure what happened with that, but he texted me and just said, "I tried to outline his care," including basically giving credit to what I said—as in, he was cognitively impaired, he's end of life, the issues with going through chemotherapy, and taking other drugs. I asked him, "Why isn't my sister allowed in? That's what they told us we needed—for somebody to be by his side. And they told her, no." And he just stopped answering me, unfortunately.

The next day—or I guess I didn't sleep; I was very traumatized—I kept calling the hospital to see what was going on with my dad, obviously, because he was convulsing. I was slapping

him and talking to him, and he wouldn't answer. So I was calling the hospital to see what happened to him: "Is he okay?" He didn't have any clothes. He didn't have any shoes or anything because he was sleeping. He didn't have a wallet. He didn't have a phone, a health card, money—nothing.

So I called asking if we could bring him stuff, and they said that he was barred from having visitors. Any visitors at all were not allowed for him and that me specifically was banned from the hospital. I called back several times, just trying to see that if a shift change or something would change—like, someone would have some humanity and stop asking me to beg for my dad's life, one, and for him to die with dignity. Nothing changed. They just kept telling us, "No."

They ended up moving him to St. B. Palliative Care [St. Boniface Palliative Care Service] that night. And then the next morning, just before noon he was dead. When we saw him, he was completely paralytic. He was like a vegetable: one eye open, one eye closed, like tongue hanging out the side of his mouth. Which was very odd because when we called the hospital, they kept saying, "Oh, he's so chatty. He's awake. Oh man, he's so friendly. Like, he won't stop talking to everybody. He's actually so excited. We need to give him some medication to calm down." So I don't know. There's a big chunk of time we don't know what happened, but he ended up dying the next morning, just before noon.

Wayne Lenhardt
This all happened in the space of a couple of days.

Amanda Rodriguez
Yeah, it was—

Wayne Lenhardt
It was January 16th he went in.

Amanda Rodriguez
Yeah, 12:30, 12:45, just as soon as the 16th began. Yeah.

Wayne Lenhardt
2022 when the mandates—

Amanda Rodriguez
2022.

Wayne Lenhardt
—I think were already coming into place, or already were. Okay, I think I'm going to stop you there. We're going to talk about your employment also, because you weren't vaccinated, in a minute. But I'm going to stop and maybe ask if any commissioners have any questions on this part of it. Okay, I guess that's a no. This is all in Winnipeg, by the way. Which hospital was that in Winnipeg?

Amanda Rodriguez
HSC [Health Sciences Centre] Hospital. And then he was moved to St. B. palliative unit.

Wayne Lenhardt
St. Boniface.

Amanda Rodriguez
St. Boniface is where he died. But this whole event transpired at HSC Hospital.

Wayne Lenhardt
All right, you had a job doing what? Should we go back to 2020 or should we—

Amanda Rodriguez
2020, yeah.

Wayne Lenhardt
Okay. What were you doing for work at that point?

Amanda Rodriguez
I worked in group homes, so it was a government agency.

Wayne Lenhardt
Tell us what you were doing and what your problems were.

Amanda Rodriguez
Okay. We were in a group home with, I think, four or five kids at the time. I was a salaried, unionized employee. When COVID started we all had a meeting about how to keep the kids basically having a home and it not being like a jail, because their home is essentially 24-hours staff. So it's kind of unique in the sense that they don't get a break when they're at home from things like masking and all the COVID rules because they don't have a home—they live in a government home.

So we had a meeting. We agreed to certain things. Long story short, I did tell my boss at the beginning that I had a medical exemption for a mask. He was a brand-new supervisor at the time. And supervisors in that particular agency are not unionized, so their jobs are at risk. I told him that I knew it would be a point of contention, and he and I made a deal about how he would accommodate my medical exemption.

Fast forward to probably 2021, they started to get really extreme with COVID rules. They were testing kids to meet quota numbers, not because anybody was sick. They were bribing kids, like making them vaccine appointments and then saying, "I'll buy you McDonald's after," and things like that. But I am summarizing, just to be clear. It's obviously more nuanced than that. Eventually, when they came to employees needing to be vaccinated to keep their jobs, I did serve my employer with a notice of liability for vaccines, testing, and

masking, but I also gave them two exemptions: one for a mask and one for a vaccine. And then, yeah, all hell broke loose, kind of.

Wayne Lenhardt
Was there an interaction that resulted in a union grievance or something?

Amanda Rodriguez
Yeah. So because they were testing the kids without any reason and not telling anybody, sometimes they would test one kid four times in one day just to make sure that, I don't know, that he didn't have COVID, I guess. I'm not sure. But then when you would get a positive case, it would change: Who could work that day? Who was there that day? And then there would be isolation requirements and things like that.

So once I served them with my exemptions, they started to send me lots of mail saying they didn't believe that it was real or that I had a genuine exemption and that there wouldn't be any accommodations. But then, I don't know, I guess they'd have a meeting and then they'd say, "Oh, yeah, just send us your paperwork." So they're playing this cat and mouse of "we're going to accommodate." But then they would say I was being insubordinate. I ended up going on stress leave because they were pestering me so much.

And every time I went to work, it was kind of like you had to be careful what you say, who you talk to. You had to be super mindful of what you were and weren't doing around the kids because they would kind of point to things that were so insignificant, like how far away was your thigh from the client's thigh when you were sitting on the couch—like, in inches. So you had to be really careful about what you were doing. So I ended up going on stress leave.

When I came back after two months, they were as soon as I came in, "You need to wear a mask. You need to wear your PPE." In a union, they have to warn you before they can write you up. So they were trying to berate me with basically orders. And then when I didn't follow it or a week had passed before they had reviewed my exemptions or things like that, they would say, like, oh I didn't have one.

It ended up being that when they tested one of the kids, I worked that day, so my number was given to Public Health. Public Health called all the employees working that day, asked questions, and one of them being if you're vaccinated or not, to which I said, "No." And she said, "Okay, these are the rules for unvaccinated people with exposure," which meant that I couldn't work. The employer used that to say that I was insubordinate and that I knowingly put kids at risk and suspended me for a week without pay—despite the public health-care workers saying that it was of no fault of my own, that I had to isolate, and that there were just different isolation requirements for vaccinated and unvaccinated people.

And then that started like a two-year battle with them, because they started to threaten to fire me weekly at that point. Yeah, they said a whole bunch of stuff. To summarize, they used that event to say that I was putting the kids at risk and they could terminate me for such reasons. So it went back and forth. One minute they were willing to accommodate, the next minute I'm insubordinate and dangerous and I should be fired.

Wayne Lenhardt
We have various documents. For example this one is titled Circular. It's September 24th of 2021, and it's Circular COVID-19 2021-52, and it's a five-page document. It'll be an exhibit online. So I'll double-check those when I get home after these hearings and make sure all these documents are there if you'd like to have a look at them. So I don't know that there's much point in us going through this detail at the moment so—

Amanda Rodriguez
No, for time's sake, no.

Wayne Lenhardt
So eventually—

Amanda Rodriguez
Long story short, they tried to fire me because I wasn't vaccinated and I wouldn't get vaccinated. But I was unionized, so they tried to bring up things from nine months previous and write me up for them and create a file looking like this was a pattern of behaviour and I should be fired. But it all started when I served them my notices of liability and exemptions.

Wayne Lenhardt
And they finally managed to do it, didn't—

Amanda Rodriguez
Well, no, I won. I won. So I won my union case. They were not supposed to suspend me for a week without pay. They found it to be wrong on the employer's part, but what they offered me only addressed the money part and not the rest of the discrimination and lack of accommodation and things like that. So I didn't agree. And then we were in a stalemate for about a year and a half, and then they said, "Well, you can quit or we'll move you and give you your week's pay." But at that point that bled into when my dad died, and I just couldn't deal with it anymore. So enough time had passed that they considered my position abandoned, but I won.

Wayne Lenhardt
Did you get a different job after they—?

Amanda Rodriguez
Yeah.

Wayne Lenhardt
Yeah, okay.

Amanda Rodriguez
Yeah.

Wayne Lenhardt
And it has no mandates at the moment.

Amanda Rodriguez
No, I'm a free bird.

Wayne Lenhardt
Okay, all right. At this point, are there any questions from the commissioners? Okay. And I'll double-check to make sure all this material is there if you want to look at it. Okay, on behalf of the National Citizens Inquiry, thank you very much for coming and giving your testimony today.

Amanda Rodriguez
Thank you.

NATIONAL CITIZENS INQUIRY

Regina, SK **Day 3**

June 1, 2024

EVIDENCE

Witness 8: Andre Boucher
Full Day 3 Timestamp: 08:24:09–08:33:51
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Wayne Lenhardt
Our next witness is Andre Boucher. So, Andre, if you could give us your full name and spell it for us, and then I'll do an oath with you.

Andre Boucher
Sure. My name is Andre Boucher. It's A-N-D-R-E B-O-U-C-H-E-R.

Wayne Lenhardt
Let me start you off in January of 2020, we'll start this story. What were you doing at that point? Where were you living and what kind of job did you—

Commissioner Drysdale
Wayne, you didn't swear in the witness

Wayne Lenhardt
You're right. I'm having a bad day here. Do you swear to tell the truth, the whole truth, and nothing but the truth in your testimony today?

Andre Boucher
I do.

Wayne Lenhardt
Thank you. Okay, back to 2020. You were working where and in what province and in which city?

Andre Boucher
So in 2020, I was working for Cameco Corporation in Saskatoon. I was running a department within the company called alphaNUCLEAR that made safety monitoring equipment for the mine sites. So when the pandemic was declared in 2020, I was

considered an essential worker, so I kept working and had to go into the office every day. Cameco had a policy where the majority of the people stayed home, but I was one of the ones that went in to work.

Wayne Lenhardt
Okay. And you'd worked for them for quite a few years, correct?

Andre Boucher
Yeah, I'd already been working there for 21 years, I believe, at that time.

Wayne Lenhardt
So in 2020, there would not have been any mandates right off the bat in 2020 so—

Andre Boucher
No.

Wayne Lenhardt
When did they start talking about them and did they implement them?

Andre Boucher
Well the talk about mandates began probably around the time that the vaccine, supposed vaccine, was announced. So yeah, one of the first, in February of 2021, our CEO, Tim Gitzel, he had sent a communiqué to everyone on his personal blog that he has on our website. And he went through, you know, talking about safety and all this kind of stuff, but he did make a clear statement that Cameco won't be enforcing a vaccine protocol. He says he believes it's important that you get vaccinated when the time comes, but there would be no enforcement. So that was fine, but I was a little leery.

And he did mention, you know, if you had any anxiety or concerns, which I had—the word choice of anxiety made me feel a little paranoid—about getting the shot, he says, "I encourage you to educate yourself, talk to your family doctor, and seek out trusted sources of information to learn about the science." And I took that to heart, you know. The whole time I worked there for 20-some years we were always told, *always question the status quo*, you know. There's better ways to do things always.

Anyway, I took that to heart, and I spent a good year researching everything I could, listening to everybody that I could find on the Internet that wasn't being censored. And I came to my own conclusion about this experimental gene therapy. I wasn't impressed, so I said, no, that's not for me. And I had made my choice at that point. So then the rest was how it rolled out within the corporation: how they went about, you know, they started out with a request.

If you wanted to volunteer your information on your vaccine status, that was okay. But if you didn't want to tell them, you didn't have to. You could just say, "Prefer not to say." And that evolved over time to where it was, "Yeah, we'd like you to tell us, and we're going to demand it." So at one point, it became a demand. And at that point, I had to let them know I

wasn't vaccinated. And they had passed a policy, I guess, in early September of 2021 that everyone would have to be vaccinated to work there.

I was informed later that if I didn't get vaccinated by November 15th, then I would be terminated. So that's exactly what happened. I did not go to get vaccinated. And on November 15th, I was given a letter saying that I would no longer have a job. I was placed on unpaid leave for, oh I think it was something like eight or ten weeks, which just happened to coincide with my date of termination, which would be December 30th.

Wayne Lenhardt
I think it was 27th.

Andre Boucher
Oh, 27th. Okay, yeah, you looked over the documents. Anyway, it worked out so that I'd be fired just so I couldn't get a bonus for that year. So, well, whatever. I guess they've got to save whatever they can. So yeah, that's basically my story. And then I had applied for EI after that, and was told because of my misconduct I would be denied EI. And I asked them—I did appeal it, and it was kind of just a waste of time—but I asked the lady that took the appeal who said I wasn't going to get EI, I said, "Well, could I at least have my premiums back?" And she just laughed. I paid for 40 years. I figured I should get the premiums.

Wayne Lenhardt
Exactly. Did you try to get another job or did you look or—?

Andre Boucher
Yeah, well it did take its toll on me, to say the least. You know, I was there 23 and a half years, and then nobody even said goodbye to me. Like it was a Friday and it's, "Go home. Don't come back." If I had showed up, security would have escorted me off the property, so I didn't bother showing up. But, yeah, I probably took a month, a month and a half off. And well first I applied for EI in January and was denied, and then started looking around. I did eventually end up getting another job working for a company that makes radiation equipment. And kind of funny in a way, the work that I do is for Cameco, so I still work for them indirectly through another company, because I guess they still needed my services but —

Wayne Lenhardt
Okay. Is there anything else you'd like to tell us before I turn you over to the commissioners?

Andre Boucher
The one year, you know, it was an interesting place to work for the year, because there was no other story. There was only one story. It was the official story, and you weren't even allowed to speak of anything that could be considered negative towards the vaccine. One time, a lady that I worked with, she knew I had been researching it. She asked me some questions and I gave her the truth. I said, "You know, you should really listen to this doctor, and you should look at this." And I didn't tell her what to believe. I said, "Just get yourself

informed. You know, look into this stuff. These people, they have nothing to gain by what they were telling people," I said, "They're people that seemed trustworthy."

So anyway, I told the story, and a couple of days later, my direct supervisor came to me and he said, "You can't talk to people about this at work. That lady was scared after you talked to her. You can't talk to them anymore." So I was banned from talking.

Wayne Lenhardt
Wow.

Andre Boucher
Yeah.

Wayne Lenhardt
Okay. Are there any questions from the commissioners?

Commissioner Kaikkonen
I just want to know. You were told in September that by November that you would have to have a vaccination. Wasn't the company a little bit concerned in that two-month period that there might be issues with staff and COVID?

Andre Boucher
Possibly, I don't know. I know before I left, I was asked to contact a former employee that had worked for me to see if he would come in when they fired me. So I found them a replacement for me.

Commissioner Kaikkonen
Thank you.

Andre Boucher
You're welcome.

Wayne Lenhardt
Are there any other questions? On behalf of the National Citizens Inquiry, I want to thank you very much for your testimony today, Andre.

Witness 9: Roxanne Cote
Full Day 3 Timestamp: 08:34:14–08:53:06
Source URL: https://rumble.com/v4yvzz9-regina-hearings-day-3.html

Kassy Baker
Hello, Roxanne. Can you please spell and state your name for the record?

Roxanne Cote
Roxanne Cote. R-O-X-A-N-N-E C-O-T-E.

Kassy Baker
And do you promise to tell the truth at these proceedings herein? Sorry. Can you please verbally confirm that?

Roxanne Cote
I do.

Kassy Baker
Thank you. Sorry, maybe I missed that. I understand that you're here today to testify as to your experience regarding your termination regarding your employment with a not-for-profit. And I want to be careful how I word this, because you are in the midst of ongoing litigation. Is that correct?

Roxanne Cote
That's correct.

Kassy Baker
Okay. First of all, can you please just give us a little bit of your background and explain your education and the work that you were doing that led up to your termination.

Roxanne Cote
So I worked for an agency that provided crisis for people in distress, and I was hired as their first professional fundraiser, and I worked for them for 13 and a half years. I have an

undergraduate degree in international business, and I hold a lot of other certificates. A lot of them were related to my role and the agency work. And also just continuous upgrading, and also had a certificate in fundraising management.

Kassy Baker
Can you describe what your daily duties involved while you were in this position?

Roxanne Cote
Well first of all, I was part of the leadership team and I was responsible, basically, for bringing in revenue to provide the crisis services to the community. That involved being out a lot socially in events. I was a spokesman for the organization. I did a lot of public speaking, presentations, securing funding, building relationships. Maintaining relationships was probably the key role of my position.

Kassy Baker
And how did you feel about your work?

Roxanne Cote
I loved it.

Kassy Baker
What was your relationship like with your coworkers and your employer prior to COVID?

Roxanne Cote
I had a very good working relationship with all of my people I worked with. I was a very valued employee, and it was a career. It wasn't a job. You know, I took all these courses to be educated, and I had over 20 years experience. So, I mean, I was helping the most vulnerable in the community, and it was just, it was a calling for me to work there. And it was something that I had planned to retire doing.

Kassy Baker
So, when COVID first appeared around March of 2020, what measures did the organization implement to keep the business running during this time?

Roxanne Cote
Well in March of 2020, all of the staff and volunteers were asked to work from home. And there was only some exceptions for some managers. I was one of them that I could go in for one or two days a week because I needed to access, you know, faxing, et cetera, et cetera, for funding applications and donors, and, you know, that type of work.

Kassy Baker
Now you've testified that a large part of your work was finding and obtaining donors and donations to the organization. Were you able to continue doing this successfully during this time that you were working primarily from home?

Roxanne Cote
Actually the year and a half that I was working from home, there was more money raised during that time period than previous years. So it was very effective, definitely effective.

Kassy Baker
And that was largely your job within the organization, was to secure the funding. Correct?

Roxanne Cote
There was a team, but I primarily held most of the funding relationships.

Kassy Baker
When was the issue of a vaccination policy coming into place first raised or discussed within the organization?

Roxanne Cote
Well it started back in, I think it was around September of 2021, and the official policy came out the end of October to all the staff and volunteers. And everybody needed to be in compliance to show that they were vaccinated by December 15th of 2021.

Kassy Baker
Did the policy allow for the possibility of an exemption to be requested?

Roxanne Cote
In the correspondence that came out, it mentioned that there would be exceptions made according to the Alberta Human Rights Act. There was 15 protected areas and they would look at it on a per-person basis on the exemptions. And at that time, I appealed. I sent in an exemption, and it was a religious exemption, and it was denied. And I appealed, and it was denied. And I was told that my file would be closed.

Kassy Baker
Are you aware of whether or not any of your other coworkers applied for any exemptions?

Roxanne Cote
I have no idea. It wasn't something that was vocally talked a lot about within the agency.

Kassy Baker
As far as you are aware, did any of your other coworkers share your concerns regarding the policy or the vaccinations in general?

Roxanne Cote
As far as I know, everybody else was in compliance with it.

Kassy Baker
So you had testified previously that you had really loved your career and that you had derived a lot of satisfaction and joy from it. At this point, how were you feeling with regard to your position within the organization and the requests for exemptions that you were making and the replies that you were receiving?

Roxanne Cote
Well I actually felt quite alone and unsupported, and I knew that my morals and my religious beliefs wouldn't allow me to comply. So I knew that I was going to have my job terminated had I not taken it.

Kassy Baker
On that note. You've made a note of something that happened on December 15, 2021. Can you just clarify your employment status at that point?

Roxanne Cote
Well, that was the last day that I worked. I went and cleaned my office out and knew that I never, ever would return. I was highly stressed, and prior to that, I went on a month's stress leave. The doctor wouldn't provide me extra time, even though I knew mentally and emotionally and psychologically, spiritually, that I wasn't well enough to go back. But he would only allow a month's position or a month's stress leave for my position.

Kassy Baker
And what happened when your stress leave was completed?

Roxanne Cote
Well, I went back to work. I was working from home still, and it wasn't easy.

Kassy Baker
Do you believe there was any reason why you could not have continued to work from home?

Roxanne Cote
Well, that option wasn't there. Their goal was to have all of the staff and volunteers back into the agency by a certain timeline. And, yeah, there just wasn't any options given to me to work further from home, do any testing. It was pretty cut and dry. You either comply and get vaccinated or you're terminated.

Kassy Baker
So when you received your termination, was there a reason given for the termination?

Roxanne Cote
It was misconduct.

Kassy Baker
In other words, you were terminated for cause. Is that—

Roxanne Cote
Oh, with cause. With cause. And the reason was misconduct. So even at that time, I even appealed through EI and, you know, I put in my regular application, and it was denied. And then I appealed, and then I didn't have the mental capacity to pursue further with the EI.

Kassy Baker
So you found yourself without employment. What did you do at that point?

Roxanne Cote
Well.

Kassy Baker
Did you try to find other work in your field?

Roxanne Cote
Yeah, I did. This is hard. I just didn't have confidence in myself anymore. I had no self esteem. I didn't feel I was worthy. I gave 120% in my job. I had no independence, had no significant other. All I had was my work. It was my whole purpose. And I didn't have a reason to get up in the morning, and I didn't even want to be here. And I had a plan. And if it wasn't for a couple of really close friends, I probably wouldn't be here today.

Kassy Baker
We're glad you are here today. Were you able to find any other work in your field? Were there jobs available that you were aware of?

Roxanne Cote
Well in my career in fundraising, I applied for only a few because about 90% of them required the vaccine. I did have some interviews where I went into my second and third interviews and wasn't successful. I felt that there was a stigma around this whole having to be vaccinated. And it's a small community of fundraising professionals, so I didn't feel that there was any more any opportunities for me, any hope, even to gain employment at that time. So I just started applying for anything and everything and to take some small menial jobs. But with a mortgage and being the breadwinner, it was hard to make ends meet, for sure.

Kassy Baker
And so how did you make ends meet?

Roxanne Cote
I ended up selling my home, and I moved to my hometown, back to Saskatchewan where my roots are.

Kassy Baker
Why did you want to testify at this hearing?

Roxanne Cote
Well, I think the hardest thing for me is working on forgiveness and healing for myself for not feeling guilty and shameful and even selfish for not taking the vaccine, and that I am enough. And there's a verse, John 8:32, that says, “You will know the truth, and the truth will set you free.” And it has been a heavy burden for me. Every day I get triggered. I'm getting stronger every day. And I also hope this story will inspire others that you need to see the light. You're not alone. You're worth it. And there is support, places like the NCI, for sure. And I'm just so privileged to be able to have been given the opportunity so I could finally, somebody could hear my voice.

Kassy Baker
Thank you. Those are all of my questions. Are there any questions from the commissioners? On behalf of the National Citizens Inquiry, we'd like to thank you very much for your testimony here today.

Roxanne Cote
Thank you.

Witness 10: Yvonne Nickel
Full Day 3 Timestamp: 08:53:20–09:23:42
Source URL: https://rumble.com/v4yvzz9-regina-hearings-day-3.html

Kassy Baker
And I believe we have our next witness ready to go. Yvonne, can you hear and see me okay?

Yvonne Nickel
Yes, I can.

Kassy Baker
Very good. Yvonne, can you please state and spell your full name for the record?

Yvonne Nickel
Yvonne Nickel. Y-V-O-N-N-E N-I-C-K-E-L.

Kassy Baker
And do you promise to tell the truth at these proceedings herein?

Yvonne Nickel
I do.

Kassy Baker
Very good. Now, I understand you're here to testify today on two related but separate matters. The first item that you're going to testify to is to your observations that you've made while practicing as a lactation consultant and working with largely vaccinated mothers. And secondly, you're going to tell us about your experience with what you understand and believe to be symptoms of shedding from vaccinated persons. Is that correct?

Yvonne Nickel
That's correct.

Kassy Baker
Before we jump into that, can you please just give us a little bit of your background and explain your education and your previous work experience?

Yvonne Nickel
Yeah. I'm a retired public health nurse. I was employed through the health unit in Medicine Hat for 33 years. I also have, well, I have my RN and I also have my bachelor of nursing. And I have a post-diploma in neurological and neurosurgical nursing. And I'm also an international board-certified lactation consultant, which I obtained in 2008.

Kassy Baker
So just with all of your education together, how long have you actually been practicing as a nurse?

Yvonne Nickel
45 years.

Kassy Baker
Now I think we'll start with the observations that you've made while working in private practice as a lactation consultant. Can you explain to us, first of all, when you opened the practice, and then explain the observations that you've made since beginning the practice?

Yvonne Nickel
Okay. I did start my business in April of 2020. I was kind of gas lit through the health unit just for my beliefs that we weren't giving informed consent for regular routine childhood vaccination, as I had come across a couple of instances of SIDS deaths that happened within a couple of days, two, three days following vaccination. And so when I started getting a little bit vocal about that, I was sort of hushed or escorted out of my job. So I decided to start a private practice, because I feel the need for lactation support for breastfeeding moms. There's such a need for it because a lot of people do struggle with that. And just to qualify in terms of because I was working for about a year before the rollout for pregnant women and childbearing women of that age.

So within the first year or so of my private practice, I would say that I was seeing some tongue tie in babies. And I had previously seen tongue tie in babies when they started rolling out vaccine for pregnant women. So they started in 2012 with the DTaP, which is tetanus diphtheria pertussis, for pregnant women. And also in around 2009, they started rolling out the flu vaccine for pregnant women. And in the early teens or about 2015 or so, I started noticing that of these women, the pregnant women now delivered, that their babies were exhibiting tongue tie—so much so increased from the previous what we had been seeing for years or decades.

And so I started to see that there was some kind of correlation to having a toxin while you were pregnant. And that being—I don't know, there's many toxins in these vaccines—but primarily one of the neurotoxins in DTaP is aluminum, and in the multi dose flu vaccine, there is mercury. And so both of those do cross the placental barrier and as well the blood brain barrier for the baby. So I was noticing. And they also coined a new term during that

time where babies were born and their brains were inflamed, and so they would fly them to Calgary and put them under hypothermia to cool their brains down. And in these instances —and I've even seen a baby that did have a seizure disorder directly after birth—and in these cases, the mothers were vaccinated with DTaP and flu.

So fast forward to 2021 after they had rolled this out, and I don't see a huge number of women breastfeeding, because that service is still provided at the health unit by someone else. And so I'm the only one in private practice. And so generally, when people can receive a free service, they're not going to pay for the service out of their pocket, kind of thing. But I did start to observe that these babies were tongue tied if the mother had had COVID vaccination or if she had had COVID vaccination even prior to her pregnancy. So these observations have been over the last, well, since 2021—so for three years.

Kassy Baker
If I can stop you there, sorry, just to get a little bit more information. Roughly how many—I know you've said that you didn't see that many mothers during this time—but how many cases of this tongue tie have you seen in your limited practice since 2021, when the vaccinations were first rolled out?

Yvonne Nickel
Okay, I would say anywhere around 35 to 40.

Kassy Baker
And how often? I know it's hard to compare because you also made a transition from being a public health nurse and working in a public institution to private practice. So I know it's hard to compare, but can you provide us with some sort of estimate of the possible increase you believe that there was.

Yvonne Nickel
Yeah, it's hard because at the health unit, if there was, let's say, 100 mothers, we were only seeing the ones with problems. And so we would maybe see 20 out of 100. But out of those 20, I would say 19 of them would have had tongue tie. And like I said, for various reasons, but the percentage of mothers taking shots during pregnancy is very, very high. The doctors are recommending it. The obstetricians, they present for their prenatal appointments and they are pretty much— It's actually just about brought into the room during their prenatal appointment. So it's deemed as safe and effective like COVID, like everything is deemed safe and effective. So, I'm sorry. You were saying about—

Kassy Baker
That's okay. I was trying to confirm that you've seen what you believe is an increase in this phenomenon.

Yvonne Nickel
Oh, yes, definitely. But I was seeing an increase out of the mothers that I would see even at the health unit because of DTaP and flu vaccination. But it seemed to be even more than that. Because of course there are times where maybe that's not going to happen. But there

is absolutely hands down I can tell you, that if the mother was vaccinated with COVID, the child had a tongue tie. That I was seeing, and that was virtually all of them.

Kassy Baker
This has been your experience since starting your private practice?

Yvonne Nickel
Yes. Yes, definitely.

Kassy Baker
And just briefly, why is it a problem if the baby is tongue tied?

Yvonne Nickel
Well, because they cannot generally nurse effectively. So there is treatment, of course. There's generally laser resection of tongue tie, which can kind of rectify the problem, but oftentimes it's a delay in treatment. And so if babies are not breastfeeding effectively, the mother's milk supply is compromised and will be less, and so the baby won't be getting enough to eat, and so then they generally supplement with formula. And when all of that comes on, it changes the baby's gut microbiome so that they are basically forever more susceptible to chronic disease.

It's very far reaching. And it's also like if mothers can't breastfeed effectively or exclusively, which is where you get all the protection for babies and their health, they are also more susceptible—mothers that are not breastfeeding—to disease, and cancer being one of them, uterine or breast cancer, and also depression. So exclusive breastfeeding is very protective for mothers against depression.

Kassy Baker
So you've noted concerns with several vaccines at this point, flu vaccines, the DTaP and COVID. And you've explained the concerns I think you had with each of these. Were you always from the start of your career concerned about vaccines? Have you received vaccines? What was your relationship with vaccines generally until you started making these observations?

Yvonne Nickel
Well, I started work in 1986. I was young, healthy, had no health problems. And when I left 33 years later, I had five autoimmune conditions. I was in chronic pain. And so during my time at the health unit, I received 35 shots that encompassed 65 antigens. So at the beginning of my career, I was a gung-ho public health nurse. I thought vaccines were wonderful, and there was no problem. Safe and effective, like always. But even in the inserts of the vaccines, it basically hardly alludes to the fact that it can cause autoimmune or immune system problems. And you don't even notice that things are happening for probably at least ten years. And I would say, for me it was a good 15 years before I started really in the throngs of autoimmunity. Both my children are vaccine injured as well. But I would have never guessed, at least for one of them, that the vaccine was the culprit until I came to learn far more through my vaccine injury.

Kassy Baker
So I think at that point, we will jump ahead a little bit to your own experience and your experiences with shedding. Can you bring us up to March of 2020? I believe you noted that you contracted COVID in these early days of the pandemic. Is that correct?

Yvonne Nickel
Yes, early March 2020 I did contract COVID, and it did resolve after about five weeks, which was, I think, a little bit longer. But there again, I have autoimmunity, so maybe that explains why I might have had a little bit longer session of COVID. And also something that I came to be diagnosed with—and I'm not exactly sure in what relation that was, whether it was after COVID or after the rollout of the vaccines—but I have been diagnosed with MCAS. So that's mast cell activation syndrome.

Basically I have an excess number of mast cells, which kind of make me histamine intolerant. So basically it's just that I'm super sensitive. I'm super sensitive to everything: food, lots of allergies, chemicals, scents, EMF—electromagnetic frequencies, as well, are very troubling for me. And I don't know if that was the reason, but I assume that was the reason because in some of the literature I've read, people with allergies or that are more sensitive seem to be the people that are more affected through shedding. And so that happened in May of 2021, is when I had my first experience of shedding.

Kassy Baker
So just to clarify, you got COVID in March of 2020. It lasted about five weeks. And I think from what you've testified, it's fair to say that you had some continuing, more chronic conditions, but you didn't have any particularly unusual or serious conditions from when you recovered from COVID until May of 2021, when the next part of your story will be told.

Yvonne Nickel
Correct. I was fine. I made a good recovery from COVID, yes.

Kassy Baker
So in May of 2021, you had an experience. Can you please describe that for us?

Yvonne Nickel
Yeah, it was after church. I was speaking to a lady outside that had been vaccinated for COVID on Friday, and this was the Sunday, so two days later. And within about a couple of minutes, three minutes, maybe, of speaking with her, I had severe abdominal pain where I actually was doubled over and could hardly stand up. I had to get into the vehicle. My husband and I started heading home. And it was during that drive, another couple of minutes later, that I experienced what was brain fog, or what would I come to know as brain fog. I had never been brain fogged in my life, so I didn't really know what was happening to me. But it was very, very frightening.

And this experience happened over and over again, particularly the brain fog, which was a very predominant symptom. And it didn't go away easily. Sometimes in fresh air, it might subside within an hour, an hour and a half. But if I wasn't able to be outside, it sometimes would last three and four hours that I was unable to function. And, I mean, I wasn't able to

put a tea kettle on. I wasn't able to do anything. I would just sit at the kitchen table because I was seriously unable to do anything.

I did experience heart palpitations sometimes. I do have a blood pressure cuff. Sometimes my blood pressure was a little bit wonky, too, during these times. Because I was trying to figure out what was going on with me, which is why I would be taking my pulse and my blood pressure, just to see if there was something going on because I didn't know how to help myself. And it just didn't subside easily. And that was very, very frightening.

Kassy Baker
You've noted that you believe it was with regard to shedding. And that first incidence, you've noted it occurred after you met with a very recently-vaccinated person. Can you advise why you continue to believe that this is a shedding issue? Like what correlations between the onset of your symptoms have you noticed?

Yvonne Nickel
Well, it occurs every time I'm in more of a confined space with people that are vaccinated. And in my private practice, I of course ask people, the mothers, dads, if they are vaccinated. And I notice also that there were times—because my assessments take two hours about in a home, and so that is a very extended period of time—and I would lose my train of thought. I would lose words, unable to talk sometimes, and really just lose focus. There were times, a couple of times, where I had difficulty finding my way home, navigating my driving home, just because I was so brain fogged. And it would happen fairly soon into the visit. So that's why sometimes I wonder whether it wasn't taking me that long because I was just not as focused, I think, as I would normally be or where I always had been. Yeah.

Kassy Baker
Have you been able to get any treatment for these symptoms?

Yvonne Nickel
Yes, and that's been ongoing. I follow protocols through the FLCCC and the Wellness Company. I'm on various supplements, enzymes, and I also am on prescription compounded ivermectin. And I do that prophylactically, as well as antiviral prophylactic prescription. And there's also another prescription medication called LD naltrexone that I take to sort of calm the immune system.

Kassy Baker
And have these measures been able to eliminate the symptoms?

Yvonne Nickel
No, not eliminate, but certainly mitigate in some respect. I am not as severely brain fogged. I'm so grateful for that, actually, because that was very concerning. The worst-case scenario that I had, or the worst symptom or disease that I experienced, which I know too was a result of shedding, was at Christmas in 2021. I did have someone in my home that had been recently vaccinated for three weeks and I developed cold sores and that went up inside my left nostril. I did have years and years ago a herpetic eye ulcer, and it reactivated the eye ulcer and then went into my brain. I had severe headache, head pain, stabbing head pain.

I was put on a course of antiviral and ivermectin, and I made a recovery after about three weeks and with much prayer. And like I said, not just on that instance, but ongoing I do massage, chiropractic, laser therapy, acupuncture. There's so many things that I have to do ongoing. And I have exposures, probably four or five times a week at least, if not daily. And so on a daily basis, I take MMS, which is like a chlorine dioxide. I do nasal rinses, nasal sprays, a nebulizer, and again, take things to mitigate in terms of supplements and vitamins and minerals and stuff.

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

Yvonne Nickel
Well it's definitely been a big financial burden as well, because in being retired, the insurance plan that I have is very minimal. Most of the time when I'm going two to three times a week for therapies, that anything through insurance is out within a month or two. So for basically ten months of the year, it is totally out of pocket everything. And I know we've spent in excess since 2020 of $40,000 trying to mitigate my symptoms. So that definitely has been a toll on our life because of financial impact.

The other thing that I wanted to mention, I feel that there is no informed consent. And it's just even through this shedding, people weren't given informed consent that actually took the shots. And now people like myself that are vaccine-injured through shedding, there's no informed consent for that either. I didn't consent to that and just feel that I want to just tell that story that shedding has certainly impacted my life. It's tough when your children or your family—because there's not a lot of information. I've heard more information in the testimonies today and yesterday than I've heard before of shedding. And just to know that, you know, when your family doesn't believe you, it's very devastating because this has been so impactful for my health, and particularly my brain health. And so I was glad to tell my story.

Kassy Baker
And we thank you for it. Those are all of my questions. Do we have any questions from the commissioners?

Commissioner Robertson
Hi, Yvonne. I'm not sure when they introduced the DTaP to the pregnant women, but—

Yvonne Nickel
I believe it was 2012.

Commissioner Robertson
It was 2012. Now, did you see a huge increase in seizures in infants?

Yvonne Nickel
No. No, no. I only knew of one baby that seizured shortly after birth whose mother had had the DTaP and the flu vaccination. Yes.

Commissioner Robertson
The reason why I'm asking, I've seen or I've had moms telling me this, their babies are having seizures after having their two-month shots, their four-month shots, and everyone's telling them this is normal.

Yvonne Nickel
Oh, it's not normal at all. It is very tragic. Very, very tragic what they mislead and they convince pregnant mothers of. I feel very proud to say that I have never vaccinated a pregnant woman. I did my best to change my clinic days, do whatever I had to do, so that I would never have to vaccinate a pregnant woman. Because in my nursing education, pregnancy is an absolute sacred time. I mean, she's not even supposed to eat fish for the mercury contact. She's not supposed to clean a litter box or eat old cheese or whatever. But they can go ahead and actually give them toxic vaccines that contain mercury and aluminum that are neurotoxic and crossed into the brain.

And I've seen in my practice—and, I mean, I've immunized literally thousands of babies—but in my practice, I've only come across two SIDS deaths that were directly within, like, days. The one was three days. The other one was about two days or four days or something like that: one after the two-month shot, so the very first shot; and one was after the six month shot.

And I can tell you at that, I was doing a home visit. They had had a second baby, but they told me that when their baby died—and at a crib death, or any death at home, a coroner is called—and they said that the first question the coroner asked when they came in the house was, “How long ago was your baby vaccinated?” So to me, the coroners know. There are many people that probably know. And also, I can tell you that in the insert— Now this is the older vaccine that was being used in 2018, 2019. They've since changed. It's now a hexavalent, it's a six-component. When I was giving it, it was a Penta, so it was five—five different antigens in one shot. But right in the insert, on the very first column, it says very plainly, “Cases of SIDS have occurred following immunization.”

Commissioner Robertson
Thank you.

Yvonne Nickel
But we never say that, so we do not give informed consent. I believe that there is not one public health nurse that would be actually saying to a parent that's sitting there with her baby, “I want to let you know that your baby can die of SIDS getting this.” And I'm sure that I never did it. So I feel that there's definitely not informed consent.

Commissioner Robertson
So you've seen tongue tie.

Yvonne Nickel
Yeah.

Commissioner Robertson
A huge impact?

Yvonne Nickel
The reason that tongue tie, I believe, is more of a factor is it seems to be a switch, an epigenetic switch that's turned on in the presence of toxins. So that could mean infection. That could mean something else. But particularly, there are toxins in these vaccines. And there has been some research into tongue tie. It turns on a switch, an epigenetic condition called MTHFR, which is a methylation cycle, and it's responsible for detoxification of the body. So when the body can't detoxify properly, then sort of, if you've been exposed to these toxins, they can kind of accumulate in your body. Tongue tie is considered a midline defect, so it could be like a cleft lip and palate. It also can be heart issues or even genital issues, anything that follow along the midline.

Commissioner Robertson
Thank you.

Kassy Baker
Yvonne, I would like to thank you very sincerely for your testimony here today on behalf of National Citizens Inquiry. Thank you.

Yvonne Nickel
Thank you very much.

Witness 11: Sarah Choujounian
Full Day 3 Timestamp: 09:24:01–10:05:44
Source URL: https://rumble.com/v4yvzz9-regina-hearings-day-3.html

Shawn Buckley
So I'd like to introduce our next witness. And Sarah, I don't want to ruin your last name, and I'm sorry, it's a difficult one. Can you introduce yourself by saying your full name?

Sarah Choujounian
Hi, my name is Sarah Choujounian.

Shawn Buckley
Okay, I'm glad I didn't try that. And can you please spell your first and last name for the record?

Sarah Choujounian
S-A-R-A-H and then C-H-O-U-J-O-U-N-I-A-N

Shawn Buckley
Sarah, we swear our witnesses to tell the truth. Do you promise to tell the truth, the whole truth, and nothing but the truth?

Sarah Choujounian
Yes.

Shawn Buckley
Now, Sarah, you've been a nurse since 2004. Personally, you've got three children. You've got Latoyia, who's 26, Naomi, who's 18, and Sadie, who is 17. Now, when COVID came along, you were working as a nurse in two places. Can you tell us what happened?

Sarah Choujounian
Yes. So I worked as a nurse in a nursing home mostly. That was my main job. And I also worked in the community with kids. And so when the pandemic hit, it was actually very

obvious to me that something was off. When you work in a nursing home, you know that the government doesn't care about these people. They get the cheapest food possible, and as much medications as possible is pushed onto them. So I thought nobody was going to believe what was happening. Unfortunately, everybody did, and I was the only one that seemed to be concerned at work. I was actually chief steward of the union. And so I called the union and told them, "You know, what are we going to do? They're taking away our rights. They're taking away my resident's rights." And the union said, "Sarah, don't you care about your residents?" And so I understood that I might lose my job if I kept talking and pushing my beliefs, and so I stopped talking.

Shawn Buckley
Can I just interrupt you for a second? So you are basically chief steward of the union for the nursing home that you worked at, and you're getting concerned that the residents are losing their rights and that actually union members are going to lose their rights. And when you phone the union, there isn't a discussion about protecting rights? It almost sounds like you were gaslit, like: "Don't you care about the residents?" Can you give us a little more detail about that conversation?

Sarah Choujounian
Actually, at first so I called my union rep, which is the person that is higher than me that I contact when there's a problem. And he actually didn't know the answer to my question and said, "Oh, that's interesting." You know, he went along something like, "Oh, that's interesting. I'm going to have to ask what to do." And so he asked, and I think he called me back within the same day. And that's when he told me why wouldn't I want to go with what they're saying, don't I care about my residents.

Shawn Buckley
Okay, so what did you do after that?

Sarah Choujounian
I stayed quiet. I was a single mom of three. I couldn't go to my other job. Anyone that worked in a nursing home was not allowed to work in another place, and so I lost hours. I was already in a lot of debt as a single mom, and so I stayed quiet for while and started seeing my residents deteriorate.

Shawn Buckley
Can you describe what you saw?

Sarah Choujounian
Yeah. I had a resident that died within a week, of a heart attack. People were saying it was a coincidence, but she was the type of resident that every time I came in in the morning, I had to call her daughter and know exactly what time her daughter was going to come in, because her mom was going to ask me every five minutes when her daughter was coming. And if her daughter was two minutes late, she would go into an anxiety mode. And she had heart problems, so you can imagine what happened to her after one week of her daughter not being able to come in. Also, we have to remember a lot of these people have language

barriers, dementia, and really had no idea or didn't understand what was going on, or didn't care.

Shawn Buckley
Right, so you're saying the residents: So basically they're under lockdown, where the family can no longer come in and see them. You're saying many of the residents didn't understand what was going on.

Sarah Choujounian
Yeah, exactly. And we have residents that, you know, you have to think: The nursing home is the last stop for these people. And the only thing that really brings them to life is their families, when their families come in. And some of our residents would never eat from us, and their families had to come in for every meal or every day. And so what happened to those people? They call it failure to thrive. They just gave up on life and died alone. And it was just so detrimental.

Also, at some point, they started letting people come and do window visits. And that, I don't even know, maybe that was worse than them not coming because that was even more confusing for some of them. And a few were getting agitated, and it was just so sad to see. And I heard management start talking about, for those people, that maybe they shouldn't get visits. No one was talking about, like, how messed up this was and how we should let people in. We actually had—they hired volunteers to come feed people and help us from outside, and the families couldn't come in. It just made no sense.

Shawn Buckley
So let me just follow up, because you used the term "failure to thrive," and you basically described a situation where some of the residents literally depended on their families, where the families even had to come in to feed them. Now, I'm assuming that this is a very predictable consequence that should have been foreseen. So is this common in nursing homes, that there's a percentage of the population that is so dependent on their families that it would be predictable that they would fail to thrive without their families coming in?

Sarah Choujounian
Absolutely. I would say that at anytime there's two or three on my floor. So on a unit of 32 people, there's at least two or three.

Shawn Buckley
Right. And when you have an entire system of nursing homes in a province where basically they're being shut out from the outside world, then you've got a certain percentage that you know basically are going to die from that decision. Would that be fair to say?

Sarah Choujounian
Well, I thought of that immediately, so I don't see why management or higher positions wouldn't have thought of that.

Shawn Buckley
Okay. And so I'd interrupted. So you're seeing these bad outcomes for your patients, or I should say even residents, because they can't see their families. So what happened after that?

Sarah Choujounian
Well, things got worse. They actually started testing us and testing the residents. And in my nursing home, three housekeeping staff tested positive with absolutely no symptoms. And so now, not only is the facility and the units shut down, everybody in the facility—because housekeepers go around on every floor—had to now stay in their rooms for 14 days until everybody was tested negative again, after 14 days. And so we can imagine how detrimental that was. You know, if a resident did not want to listen to this—some of them are very demented, too, and already agitated knowing that their families are not coming in—and so if residents weren't listening, they were said to have a behaviour. The doctor would be called and they would be sedated. I also witnessed situations where—

Shawn Buckley
Can I follow up? So basically, these residents are kept in their rooms 24 hours a day for 14 days because three staff members tested positive, but they didn't have any clinical symptoms.

Sarah Choujounian
Exactly.

Shawn Buckley
But literally the residents now are confined to their rooms. They're not allowed to leave their rooms for 14 days?

Sarah Choujounian
Yes.

Shawn Buckley
And I just bring that up, like, as a criminal lawyer, you can't have somebody in solitary confinement that isn't allowed out every 24 hours, because we consider it would be cruel and unusual and unconstitutional in that context. But that's like on a 24 hour period. You're talking about 14 days.

Sarah Choujounian
Yes. And if someone tested positive, it would start again. I've heard of nursing homes that did that for, like, three months at a time. Not at my nursing home, so maybe I shouldn't talk about that. But at my nursing home also, if anyone was trying to get out of their room and getting agitated because they wanted to go walk in the hallway with their walker, and if they didn't listen, they would just take their walker away. And that is so detrimental to their capacity to ambulate. But also, they're alone in their room and they're at risk for falls. And we all know if a resident falls, they're at risk for hip fractures, and everything is—it's all downhill from there, right?

Shawn Buckley
And I'll just break in. When you say, you know, they lose their ability to ambulate, you mean walk? It's just you're using a medical term that some of the people viewing your testimony might not know. So what you're seeing is: people that rely on walkers to keep walking, if they stop walking, they literally could lose their ability to walk in a short period of time.

Sarah Choujounian
Absolutely.

Shawn Buckley
Okay, thank you. I'm sorry for interrupting. Please carry on.

Sarah Choujounian
Oh, that's fine. And, yeah, that was pretty much it. I started deteriorating myself. I just couldn't watch this happen. It was also detrimental if a resident was about to pass away, then the family can come in, and they had 15 minutes. So let's say if there was three people that wanted to visit before their parent or the resident passed away, they each had five minutes and they had to completely gown up—so the gown, the mask, the shield, the gloves. And it was just the resident sometimes did not recognize them or was already almost gone and on morphine. And so it was just, like, they didn't even know. It was so inhumane. And so I decided to speak out.

Shawn Buckley
Right. Okay, so I'm just going to go over what you just described. So the resident is dying. So surely there could be no concern about the resident catching COVID from one of the family members, because the resident is just going to be taken to the morgue shortly. Am I right about that?

Sarah Choujounian
Yes.

Shawn Buckley
And as far as the family goes, you know, we're just talking even if there is a risk, and they're going to walk into the room once and they're going to walk out and leave the facility, why would the facility care if they came and stayed all day in the room with their parent or other loved one?

Sarah Choujounian
That's a great question. I did not understand that either. And as I said, they hired volunteers to come and feed the people that wouldn't eat to help us, because we were understaffed, too.

Shawn Buckley
Okay, so you weren't given an explanation as to why families of dying people were only allowed a maximum of 15 minutes collectively. So if there's three of them, it's five minutes each to say goodbye.

Sarah Choujounian
No, anytime I asked any question, it was said that this was Public Health's policy and I just had to follow it.

Shawn Buckley
Okay, so you started speaking out. Tell me about that, and tell us about the consequences of that.

Sarah Choujounian
Well, at first I started posting, actually, in a private group online called Mothers Against Social Distancing. And I was quite happy because I felt very isolated and people were paying attention and I was, you know, getting a lot of feedback, and people were interested. So I kept posting about what was happening in the nursing home, like, "There's three people with no symptoms and everyone's locked down," or, "We're all being tested with this PCR test that's not a diagnosis test."

So I was saying things like that, and someone in the group took a screenshot, went to my profile, took a screenshot of where I was working—because I didn't think I was doing anything wrong, so I wasn't hiding that I was a nurse or where I worked—and a headquarter was informed right away and I was put under investigation where they wouldn't even tell me why.

Shawn Buckley
Oh, so you're being put under investigation for social media posts, but you're not even told it's for social media posts so that, you know, you could decide whether or not you wanted to continue posting.

Sarah Choujounian
Right. I had an idea because I was having so many problems with them. They were telling us to actually do a lot of things that were so wrong and that we weren't supposed to do as nurses. Like, for example, we had to wear the same mask for 8 hours. Usually if you touch your mask, you have to change it. Or they were telling us to— Usually when people are in isolation, when you wear a gown, you actually have to take it off in a certain way: like inside out, not ever touch the outside, put it in a red—like in a box that will be taken away without you touching it. But now they were telling us to take off the gown and hang it up and put it back on. So there was a lot of things that I was complaining about and I was giving problems about. So I knew that, you know, I was kind of getting in trouble, but I didn't know why exactly.

Shawn Buckley
Okay, so you're told you're on probation. What happens after that?

Sarah Choujounian
Well, I was quite upset that they were trying to shut me up when I was trying to help my residents. And someone actually approached me and asked me if I wanted to speak at a rally, and I absolutely. So I spoke at a rally within maybe a week of the investigation starting, or something like that. And so I spoke out on October 31st, 2020, founded Nurses Against Lockdown to unite all nurses, bring the ethics back into healthcare, and educate the public.

And so, yeah, I thought that was the day where all the nurses were going to come on stage and we were going to put an end to this. Unfortunately, that didn't happen. And I was fired on the Monday. So that was Saturday, and I was fired on the Monday. Not fired, they didn't say I was fired because I spoke out, but it was kind of obvious that they saw the video and that was it. The investigation was done.

Shawn Buckley
So what were the reasons given for your termination?

Sarah Choujounian
You know, I didn't follow the social media policy and public health policies, and so I forget the exact wording, but it's like misconduct.

Shawn Buckley
Okay, so can you share with us what types of things were you posting that all of a sudden, something that's happening outside of work is a round of firing?

Sarah Choujounian
Well it was really like, we couldn't talk anything. And this was in 2020, so it was actually really scary and weird what was happening. So, sorry, I forget the question.

Shawn Buckley
Well, I was just curious, what were you saying in your posts—

Sarah Choujounian
Oh, yeah.

Shawn Buckley
—that led to your firing?

Sarah Choujounian
Yeah, so things like, "How ridiculous is this? They shut down the entire nursing home for, you know, three housekeepers that had no symptoms." And I guess the administrator really didn't like it because I mentioned her in it. I was just like—because I asked her and she said, "No one has symptoms." I just thought it was so ridiculous. But I also posted about how the PCR testing was irrelevant, and how wrong everything was. So I was posting against the narrative and the pandemic, basically. It was six tweets. Well, not all tweets. There were like

some on Facebook and some on Twitter. And, yeah, there was six things, and that's what they fired me for. I was just talking about what I was seeing.

Shawn Buckley
Did they give you a list?

Sarah Choujounian
Yes, I do have them. I have the actual posts. Yeah, sorry, I didn't send you that. I sent you the twelve allegations from the College.

Shawn Buckley
Right. Well, we'll get to that in a second. So you get fired. What happens after that?

Sarah Choujounian
Well, I thought the union was going to help me and represent me, but they were definitely not with me. So I had already spoken out, and another nurse, Kristin Nagel, saw me speaking out and we teamed up. And from there, we teamed up with nurses in the States, too. And that's when we went to Washington, DC on January 6, 2021, not knowing at all it was a political thing. And so we kind of got mixed up in that.

Shawn Buckley
Right. So just because the commissioners and people watching your testimony might not understand when you're referring to January 6th, you're meaning the same January 6th where in Washington there was the rally by people that were concerned that the election wasn't fair, and some people in the United States are saying that was an insurrection. So you happen to be basically on Capitol Hill, except you're at the Supreme Court part for a health rally at the very same time that the other event is happening, literally a block away.

Sarah Choujounian
Yes.

Shawn Buckley
Okay, just so we're there. And so you're speaking at a health rally on January 6th, but you're not there to participate in the other rally.

Sarah Choujounian
Absolutely not. Actually, we were supposed to go speak in Florida, but Del Bigtree and his assistant reached out to Aaron, who is one of the nurses in the States, and so we were excited. We thought we would have more people that were going to hear us. And so we decided to go to Washington. That's how we ended up there: at a Freedom and Health Summit.

Shawn Buckley

Now, there's an old adage that no good deed goes unpunished. What happened to you for going to this January 6th health event, and speaking?

Sarah Choujounian
So when we came back, I was fired from my second job. We were put under investigation — that was the first investigation by the College; I have, like, five or six now. And we were completely defamed internationally by the media, called domestic terrorists by some, countless death threats, even had the RCMP come at our door.

Shawn Buckley
Okay, just so everyone understands what you're saying: So basically, the mainstream media goes after you and you are literally referred to as a domestic terrorist.

Sarah Choujounian
Yes.

Shawn Buckley
And various other things are said. Now you sent me two videos, which I'm not going to play during your testimony, but we will enter them as Exhibits R-072 and R-073 so that people can watch. There are two mainstream media clips about you and another person so that people can understand what you're talking about. So basically, you are completely attacked when you get back. And, you know, did this surprise you? How did you feel about all of a sudden being a celebrity?

Sarah Choujounian
Yes, actually, it did. It surprised me a lot. Like, we weren't expecting that at all. Thank God I wasn't alone and Kristen was with me, because it was really scary, honestly. And I did the social media, so I really saw, you know, all the threats that were coming in, and it felt very dangerous and very scary, especially being on the media. And, you know, I went outside and I didn't wear a mask, so some people were recognizing me. I felt in a lot of danger.

Shawn Buckley
Okay. And again, so Canada Frontline Nurses: You co-found that with Kristen Nagel.

Sarah Choujounian
Canadian Frontline Nurses, yes.

Shawn Buckley
Canadian, I'm sorry. And you guys have a social media presence, you have a website, you're manning that, and there are death threats coming in, which include death threats against you personally.

Sarah Choujounian

Yes. Actually at that time, the social media was still Nurses Against Lockdown that I had founded when I first spoke out. But when we came back from Washington, we founded Canadian Frontline Nurses that was a chapter of Global Frontline Nurses that we had founded while we were in the States with the other nurses. So this was, like, the first chapter and we were going to try it out. And so it was, again, all about uniting nurses, educating the public, and bringing the ethics back into healthcare. So when the attacks came, it was still Nurses Against Lockdowns, but very shortly after I kind of merged the two pages and it became just Canadian Frontline Nurses.

Shawn Buckley
Now I have a very important inquiry now because, you know, for a little while you guys were actually attracting nurses. And now here we are in June 1st, 2024, the federal government is signalling they're going to lock us down again. They're changing the law to make the pandemic easier to deal with and have no liability. Is there now, you know, a group of nurses that are standing to unite healthcare professionals, that are standing to educate people on things like what happened with COVID, and are which standing for traditional nursing ethics, like informed consent?

Sarah Choujounian
I don't think that there's any nurses that are speaking out as much as we were about medical freedom, and we were actually creating a new healthcare paradigm. But there are a lot of groups of nurses. I know in BC there's a very strong group, and nurses are going against their regulatory boards. And there are some, absolutely.

Shawn Buckley
Now we're running out of time here, so what happened with you and the College? Because even this week, this is a relevant question because you were in proceedings this week. Tell us about what's happening with the College of Nurses of Ontario.

Sarah Choujounian
Yes. So when we came back from Washington, I said that we were put under investigation by the College, so this disciplinary hearing is actually derived from that. And there was twelve allegations against me. And so, again, the PCR test is not a diagnosis test; I was saying that vaccines are not safe and effective; I was saying that there was alternatives like hydroxychloroquine and vitamin D. Some of them are videos of other people talking, other doctors talking. You know, there was something said about how there's fetal matter in vaccines. So twelve allegations like that, basically.

Shawn Buckley
Right. It's interesting, one of the allegations—and I'll advise the commissioners: So the College put together a table of these, so they've listed them and we will enter those as exhibits R-070 and R-071; there's two separate pages—but, Sarah, one of the allegations is you post a link to an audio file by Dr. Roger Hodkinson. And we played that on day one of these proceedings on May 30 and had Dr. Hodkinson as a witness testifying and basically saying today he stands by everything he said. So it's interesting that you're being disciplined for linking to an audio file by an esteemed pathologist who even today says everything he said was correct. So what's happening with the College? So you're in the middle of proceedings. Where are you?

Sarah Choujounian
Yeah. So it was supposed to be a seven-day trial: our experts against theirs. We're now at day—it's going to be day 20 on June 7th. You know, their experts have gone. My experts are Dr. Pelech, Steven Pelech, and Dr. Byron Bridle. Both have been only partially, very limitedly qualified. And so we're having a hard time putting the evidence in. Actually, yesterday we had to put in a motion to ask: "How can we get this evidence in for when we actually go to court?" because we have to show that we tried and that they didn't let us. So we're really having a hard time with the case.

It's also a public hearing, and they're making it very difficult for people to watch and log in. People have to email them and ask for the links a few days before each court date, or court dates in that same month. And this is a very important case, actually. And in the case, it's shown that everything that I said is now true, pretty much everything. But the problem is that there was no way of me knowing it back then, so it's kind of that kind of ridiculous. And the case actually has precedence in Canada for freedom of speech in nursing, so it's actually a very important case.

If I lose, nurses, as we saw, would no longer be able to be the last line of defence between the patient and the medical industry. And people would not be able to give an informed consent because we couldn't give all the information. Informed consent means that people know the risks, the benefits, the alternatives, what it does in the body, and they can ask any questions that they want. And this didn't happen. And this is why we spoke out.

Nurses, in nursing school, in ethics class, the first thing that we learn is that when the medical industry turns against the people, it's our jobs to, I quote, "agitate and advocate for what is best for our communities." So I actually did exactly what I was supposed to do, even with all the coercion and intimidation that they did. And so we would completely lose that. As we can see, nurses couldn't speak up, and a lot of harm was done. So this is a very important case. If we win, it actually uncensors all the nurses and we have the power to do our jobs, which is being patient advocates. It's one of our first main responsibilities.

Shawn Buckley
It's curious. It's almost like I didn't hear you correctly, although, sadly, I know I did. So they're not even saying that you were wrong in what you said. They're saying, "Well, you couldn't have known it at the time you said it." Did I basically understand that correctly?

Sarah Choujounian
100%.

Shawn Buckley
Okay. So I just want the commissioners and those watching your evidence to understand. So you are basically facing currently—I mean, yesterday you were in proceedings, which is why you couldn't testify yesterday—so you are currently facing professional misconduct proceedings. You're having to defend yourself with a lawyer—this is serious—for things you said during the pandemic, when in good faith you were trying to advocate for patients. And you were right, but they're saying, "Well, you couldn't know that you were right at the time, so we need to discipline you for saying things that turned out to be correct as you were advocating for your patients." Did I sum that up correctly?

Sarah Choujounian
Absolutely, and I just want to add—

Shawn Buckley
Okay, and then it makes perfect sense when I put it that way.

Sarah Choujounian
Yeah. Crazy. And I just want to add, because what I think made them even more mad is that on December 16th, 2020, they sent out an email censoring nurses, telling us that we were not allowed to speak against anything that Public Health said.

Shawn Buckley
Yes. Well, that sounds to be consistent with what we've heard with what other Colleges have communicated. So you shared with us basically some fundamental nursing ethics that nurses actually, you were trained have an ethical obligation to stand up when they see the pharmaceutical industry or anyone else has gotten out of line. And the nurses are the last line of defence for the patient. Which is why so if you get squashed, the message is that any nurses that stand up will be squashed. Is that why this is so important?

Sarah Choujounian
Yes.

Shawn Buckley
So how do people support this case that you're in?

Sarah Choujounian
People can donate. Do you want me to say where?

Shawn Buckley
Sure.

Sarah Choujounian
Okay. So people can donate in two places. I have a Give, Send, Go. So givesendgo/sos_for_sarah. Or they can send an email at sarahscnocase@hotmail.com. And another way that people can really help is—and this is very important; this is where I'm having, well, I'm having trouble with everything basically—but we need for people to log in and show interest. This is very important for the hearing. I was also told that, you know, when I do take it further up, the judges usually lean towards what the public wants. And so I really need to get, like, public awareness going. But I'm very censored. And so, you know, I need for people to help me and/or try to log on and watch the case, or just log on at least, so that they see that people are there.

Shawn Buckley
Okay. So people, if they're following what's going on, even the act of watching the proceedings and getting their network to watch the proceedings will send a message to the adjudicator that the public is watching what they're doing. So basically, so that they know that the public is interested, and that in itself would give you support.

Sarah Choujounian
Yes. And people have to email them to get the links, and they can email them at hearingsadministrationgroup@cnomail.org.

Shawn Buckley
And they can also call and email the Ontario College of Nurses and ask how they can follow the proceedings so that they're signaling that the proceedings are going to be watched. I'm going to ask the commissioners if they have any questions for you, Sarah.

Sarah Choujounian
Okay, thank you.

Commissioner Drysdale
Good evening, Sarah.

Sarah Choujounian
Good evening.

Commissioner Drysdale
I have a couple of questions. You, as an RN in this facility, you were dealing directly on a one-on-one basis with the residents, is that correct?

Sarah Choujounian
Oh, yes. I have to say that now my license is suspended, but I was a registered practical nurse.

Commissioner Drysdale
Okay. So you were essentially on a daily basis interfacing with these residents and you were observing in real time what was happening and what the effects of the actions of the facility were having on them, correct?

Sarah Choujounian
Yes.

Commissioner Drysdale

What did the attending doctors say to you when you met with them to discuss your patients or your residents each day?

Sarah Choujounian
The doctors never came in after the facilities were shut down. Everything was done through Zoom. I didn't hear about or see the doctor. I think once I had to send them pictures of a wound and he wanted to know this— Like, they didn't come in. So we didn't even have the same kind of access to doctors. We can call them as usual and get orders in that way, but doctors stopped coming in when the facilities shut down.

Commissioner Drysdale
So the facilities are shut down. The residents, in your own words, were under great stress. They were confused. They didn't know what was going on. Some of them were giving up on life. And the doctors didn't come to check on their patients?

Sarah Choujounian
No.

Commissioner Drysdale
What about the regulators? How often did you see the regulators coming in to monitor what was going on in the facilities, given these unusual times and these lockdowns? How often did the regulators come in and talk to you personally about what was going on with those residents?

Sarah Choujounian
Sorry, what do you mean by regulators?

Commissioner Drysdale
Well, I'm assuming by your question that there weren't representatives from the government, independent representatives, visiting the facility to see what was going on and how the patients were doing?

Sarah Choujounian
No.

Commissioner Drysdale
So Ontario Health, or whatever they're called in Ontario had, according to your testimony, enacted these measures, which according to your testimony were known to have deleterious effects on the patients. And yet those same people that enacted those orders weren't coming in to check on the effect of the orders?

Sarah Choujounian
No, not that I saw. Not even once.

Commissioner Drysdale
So apart from yourself, then, there was no one there to advocate for these people?

Sarah Choujounian
No. Well, there's management. They're supposed to, but they definitely weren't.

Commissioner Drysdale
Did you have daily scrums with management to discuss the individual patients one on one?

Sarah Choujounian
No. Anytime if we did have any meetings with them, it was about more isolation, more lockdowns, like more restrictions. And that was, again, a problem I had because I complained about that, too.

Commissioner Drysdale
Well let me ask you a question about that, because you talked about that several times. You said there was lockdowns, and 14 days, and if somebody tested positive after the 14 days, it started again. Is that not telling us lockdowns were not effective? If they kept getting infected and they were locked away from their loved ones and they were in isolation, doesn't that mean that that procedure wasn't working or wasn't effective?

Sarah Choujounian
I would think so.

Commissioner Drysdale
But if it wasn't effective, and in your testimony you said that this had tremendous deleterious effects on these people—because we call them residents or we called them elderly, but what we're talking about is people, are we not?

Sarah Choujounian
Absolutely.

Commissioner Drysdale
So you were saying that they were giving up on life. Some people were dying, And it obviously wasn't working because you said that infections kept happening and then they would start the clock again. Why would they continue in a procedure that was so damaging to these people, and yet continue it?

Sarah Choujounian
Oh, sorry, maybe I misspoke. But in the nursing home where I was, it was just the three housekeepers that tested positive. And then after 14 days, they weren't positive anymore. And I was kind of put under investigation around that time, and so I wasn't there to see, you

know, what happened when the vaccines were given or afterwards. None of my residents had actually tested positive for COVID.

Commissioner Drysdale
So none of them tested positive for COVID, but they were still locked down. Would it not have been possible to continue to monitor them to see if any COVID was coming in as opposed to just locking them up, considering the effects of the lockup?

Sarah Choujounian
Absolutely. We even know that residents are more prone to viruses when they're under stress and that they do better and there's less viruses when their families are around. Because they're in a better spirit, they're in a better mood, and their mental health definitely affects their physical health too.

Commissioner Drysdale
So the doctors weren't there to monitor them in person. There was nobody from Ontario Health coming in to regulate and see what was going on.

Sarah Choujounian
Nope.

Commissioner Drysdale
You're just on your own?

Sarah Choujounian
Yeah. They even stopped doing rehabilitation and physiotherapy. There was no more activities. It was just they just had to stay isolated in their rooms. And we know that isolation is really bad for your immune system and can put you at risk for all kinds of things, including viruses.

Commissioner Drysdale
And you weren't really given an opportunity to report this or discuss this with the nursing association or with the doctors, or what about the people's sons and daughters and grandchildren? Were you not able to contact them and tell them what was going on?

Sarah Choujounian
Nobody complained and everybody went with it. I just couldn't believe it. I still can't believe it. There was families that were so adamant about their parents' care and were there every day, and everybody listened. I had maybe one resident's daughter that I spoke to, but she wasn't the power of attorney and the other daughter didn't feel the same way as her, and so she didn't have a say.

Commissioner Drysdale
How did they get informed consent from all of these residents or people, if they—I'm assuming some of them were not competent to give informed consent?

Sarah Choujounian
Informed consent for what?

Commissioner Drysdale
For any kind of procedure or that was going on at the time. I know you weren't there when the shots were rolled out, but even the care. I mean, that's a change in care, is it not, when you lock somebody up when they're on a regime of exercise or physiotherapy and you change that and you lock them up? Doesn't someone have to give permission to do that? That's a change in procedure, is it not?

Sarah Choujounian
Yes, but everything was thrown out the window. There was no more rules like that. Everything was: "We're in an emergency, we have to save these people. We're going to do everything they say, and we are not allowed to ask questions." We were not allowed to ask questions.

Commissioner Drysdale
Thank you very much.

Shawn Buckley
Sarah, the commissioners don't have any further questions. On behalf of the National Citizens inquiry, I sincerely thank you for attending today as a witness.

Sarah Choujounian
Thank you for having me.

NATIONAL CITIZENS INQUIRY

Regina, SK **Day 3**

June 1, 2024

EVIDENCE

Witness 12: Lex Acker
Full Day 3 Timestamp: 10:06:15–10:48:21
Source URL: https://rumble.com/v4yvzz9-regina-hearings-day-3.html

Shawn Buckley
So our next witness is Mr. Lex Acker. Lex, are you able to hear me?

Lex Acker
Yes I am.

Shawn Buckley
And we can hear you. Lex, can you state your full name for the record, spelling your first name and spelling your last name.

Lex Acker
My name is Lex Acker. L-E-X A-C-K-E-R

Shawn Buckley
And Lex, do you promise to tell the truth, the whole truth, and nothing but the truth?

Lex Acker
Yes.

Shawn Buckley
Now by way of introduction to the commissioners, you are a chartered financial analyst, and you have been so since 2017.

Lex Acker
Correct.

Shawn Buckley
Okay. And you've got over ten years of experience going through SEC filings of publicly listed companies?

Lex Acker
Yep. Financial statements of all kinds.

Shawn Buckley
Right. You've worked for hedge funds as a research analyst and as a compliance officer of an investment firm. You studied Certified Fraud Examiner, U.S. version, which is a 2000-page curriculum on financial fraud.

Lex Acker
Correct.

Shawn Buckley
And you basically specialized in rigorous due diligence of financial statements.

Lex Acker
Yes.

Shawn Buckley
And I just bring out that background so that there's an understanding that you can approach financial matters with a fair amount of rigour. So we'll switch to a different gear, but that introduction will become important a little later. You're here to talk about EI and EI issues and your experience. So perhaps you wanted to share with us what your experience with EI is, and how that then led you to do an analysis that you're going to share with us.

Lex Acker
So during the previous testimonies of many witnesses this year and last year, lots of people got fired. They applied for EI and everybody was denied. And I'm here to present to the public why and how they did it. So a little bit of backstory. My wife was a nurse in British Columbia, and she was fired for not taking the shot. I told her not to take the shot because I calculated excess mortality from Canadian obituaries. So I had figured that out around October 2021. The mandates were being talked about in the media in summer 2021. And that's when I got busy, because she was supposed to get the shot in April 2021. She had an appointment. She had a headache that day. She didn't go. And then meanwhile, during the summer of 2021, adverse information came across. And then I started poking and I came to my conclusion that these shots were harmful. And then she was fired.

She's not an activist. She's kind of a meek person. She doesn't want to raise trouble. She doesn't ask too much question. You know, she just wants to be a nurse. I'm the troublemaker here. I'm the one who's pushing things here. So she got fired. And I said, "Well, you're going to apply for EI."She said, "Well you know, they said on the news that, you know, we're not eligible." I said, "Well you're going to apply anyway." So I wrote up the

application and, you know, she looked at what I wrote and said, “Yeah, that’s fair.” So we sent it to EI, and it was denied.

So we applied for something called the Reconsideration. So that’s like another agent looking at the case, and it was denied too. So I kind of expected that. So I filed an ATIP [Access to Information and Privacy] for my wife’s file, EI file. And ATIP stands for Access to Information and Privacy. So if you want to know what is all the data that the federal government has on you with a particular ministry or department, well, you file a ATIP and you ask them, “Please send me everything you’ve got on me.” So I obtain an ATIP to get my wife’s entire EI file.

When we received it, I received 1200 pages of stuff. So I went through it. I’m very good at going through, like, large amounts of text. And I have all the EI agents’ notes, everything that they wrote, all their reasoning and thinking, and whatever they were following, I have it. And in those notes, they make reference to something called the BE memo 2021-10, or October 2021. And the BE memo, the title of it is *EI Eligibility and Refusal to Comply With a Mandatory Vaccination Policy*. So I actually got my hands on the internal EI policy that they were using to adjudicate the EI claims of unvaccinated working Canadians. I’ve got their playbook. It’s about ten pages. And I’ve assembled a few slide decks that I’m going to turn on pretty soon. And I’m going to show snippets of that BE memo, that EI policy.

Shawn Buckley
And I’ll advise you, Mr. Acker, that the entire policy that you’ve sent us will enter as Exhibit R-143.

Lex Acker
It’s very important that every lawyer in Canada have their eyes on that policy. So with my slide decks, I’m going to show various parts of the EI policy on how to adjudicate claims from non-compliant workers, and I’m going to connect it and relate it to agents’ notes. So let’s start this. How do I share screen? And I’m going to share this one. Can you see the screen?

Shawn Buckley
Yes we can. So we see the screen, and the top line is EI Online Reference Tool.

Lex Acker
Correct. So that’s a twelve-page document, and that’s what the top part looks like. And I’m going to bring up the first slide deck. So that’s the first slide. And EI agents, they were directed to adjudicate EI claims using the BE memo, so they were not following normal adjudication procedures. So we have right from the start a two-tier system. The first snippet I took, that’s the top one and says, “The memorandum is not linked to any legislative or regulatory amendments.” It has no footing in law, doesn’t apply the EI Act, doesn’t apply EI Regulations, and it does not apply the Digest of Benefit Entitlement that EI agents use to adjudicate any normal EI claim.

Shawn Buckley
And I’ll just interject. When you said earlier it basically created a two-tier system, so the EI Act and the EI Regulation set out a specific procedure for how to adjudicate claims,

including when you ask for a reconsideration. This is just a policy, but it doesn't have the force of law. But if it's followed, it deviates from the normal EI Act and Regulations. So that's what you mean that basically there's a two-tier system. So people that lost their job because they wouldn't take the COVID-19 vaccine were treated differently.

Lex Acker
So the reason why all the unvaccinated Canadians who were fired for not complying with a COVID vaccination mandate, and the reason why they didn't get EI, it's because of that text that I'm showing. That's the cause, that's the mechanism that was employed.

The next slide is the bottom. That's the last page of the text from the policy. And basically what I'm saying is: When an EI agent, they have questions with respect to this internal memo, they do contact the EI Operational Policy Service Desk. So it's not just a memo to just inform EI agents, it's actually, like, it's really the policy because if they have questions about it, they go to the Policy Service Desk.

The next slide is, well, I knew what I was facing and I recorded every phone call with every EI agent that we dealt with. And I transcribed the parts that were important. And I also recorded a bunch of other phone calls since the pandemic started, because, you know, I'm awake. I know what's going on here. So I'm going to read. And the purpose of these excerpts from a transcript, it's to show the public that EI agents were directed by upper management to apply the BE memo and deviate from the normal procedures.

So during one phone call with an EI agent, his name was Agent Mitchell. He was a nice guy, Mitchell Wells. You know, he was very sympathetic. He was not happy about the decision that he had to give. He was definitely not comfortable with what he was doing, but he was instructed to do that. And I asked him during the call, you know, "Is there a policy to automatically deny claims from unvaccinated?" And, he kind of didn't really answer that question affirmatively.

But if you pay attention to the language that he used throughout the call, you know, at 52 seconds, he says, "That's how 'they' want us to approach the situation." At minute 1:33, "They took it to the consultant level because you made a very convincing argument in your application. You got everyone's attention." What he's referring here to, is that in the application, I made reference to a Supreme Court ruling that medical coercion was assault. So that's a court case that I got from Police For Freedom. They wrote a letter, and in the footnote I found it. I thought, "Well this is very useful." So that's how I got their attention at the highest level.

Then, "They're not thinking about the constitution." That's one thing that Mitchell Wells said. Minute 2:16, he's telling us, "Nobody was forced to get the vaccine. You were given the ultimatum." That's ridiculous. "This is the new policy. Adhere to it or risk suspension or dismissal." These are the words of an EI agent giving us an explanation as to why the application is going to be denied.

At the five-minute mark, he's saying, "I deal with situations like this four or five times a day. Everybody makes very solid, logical arguments." So he's dealing with lots of EI claims from unvaccinated workers. And then, "The policy they have today, like I said, this case is taken very, very seriously. This is what we have to do. And ultimately, this comes from leadership of the country, like legislators. This is the direction we're given."

You know, Mitchell Wells, during that call he admitted receiving instructions from above, right? So it's a policy-based decision lacking any type of official jurisprudence. Oh, and of course, this is an admission that there's no law behind what he's doing. What else do we have here. So, like, he says, "These mandates were put in effect by provincial governments, supported by federal direction."

What else do we have on that topic. Then I'm asking him, because I'm kind of speaking for my wife here on that call, "So as time passes, when the policy becomes unreasonable, you know, this can be reversed?" Question mark. That's me asking. And he says "Yes, there's a door for interpretation on that third point." And then the last quote I thought was making the case that they're receiving directions. "This is fully how they, behind the scenes, want us to look at these files."

So this is to introduce the BE memo. That's the internal policy of the EI Commission to systematically and automatically deny all claims from unvaccinated workers non-compliant with the vax mandate. And agents were directed to use that memo and put aside the law and the normal system.

That was the first slide deck. I'm going to move to the next slide deck. The next slide deck is about how the BE memo is gaming, defeating, the adjudication process. Let's get into this one. Fact-finding. Well the EI commission, they have something called the Digest of Benefit Entitlement, and this is a very large manual on how to adjudicate a claim.

So when they receive a claim, they look at what the claim says, they take the side of the employer, they will reach out to the employer, they will reach out to the claimant, and they balance the facts. They gather the facts. And then if on balance of probability, one side is more compelling than the other, then it wins. So the BE memo introduces its own fact-finding process that is very different than what the Digest of Benefit Entitlement says.

And it reads like this, like the way I underlined it is, "The decision-maker is responsible for ensuring that fact-finding is complete before making a decision." And then they define what complete means: "'Complete' means that all facts necessary to make a sound decision have been obtained and are included in the claim file." And then a little bit below this, they are like, "However, if the answer is—"And then they have four questions below. And if the agent is capable of answering yes to all these questions, then his fact-finding is good enough for the case. So, "Have all interested parties been contacted?" That's one question. The next one is, "Was the policy"—that is like the employer vax mandate policy—"was it communicated to the worker?" Yes.

Shawn Buckley
Now Lex, we've got about ten minutes.

Lex Acker
Oh geez, I've got so much more material.

Shawn Buckley
Yeah. So I think, you know, reading the specific questions, is you're going to be missing the forest for the trees.

Lex Acker
I get it. So the next slide is that this is more where the normal process goes. So when an EI agent adjudicates a claim, they normally have to get the contract, the work contract, the collective agreements. In the case of the BE memo, they don't get the collective agreement. So they cannot see if it was within the employee-employer relationship, if it was correct within that context.

I'm going to move faster now. So I find that the way they fact-find, it's very unfair and it's very narrow fact-finding, and it's designed to exclude any information that would invalidate the reasonableness of the vax mandate as an employer.

Shawn Buckley
And I'll just jump in. Clearly, they do not have to get the employment contract. So literally, it could be a term of the employment contract that the employer cannot force a medical treatment on the employee. So the employer would be violating the contract with their mandate, but the EI agent doesn't even need to get the contract under this policy.

Lex Acker
No, he doesn't.

Shawn Buckley
Okay, thanks. I just wanted that emphasized.

Lex Acker
Okay. So here I've got notes from the EI agent. So the second EI agent, her name was Crystal Asselstine. And what she says here is, "I acknowledged their arguments, sources cited, scientific documents submitted in support of [the claimant's] belief around the safety and efficacy of the vaccine and the legalities/reasonableness around vaccine mandates and policy implementation. I advised them that these are not issues that the Commission can address," like, it's beyond the authority of the Commission. And she says, like, the Commission doesn't have jurisdiction to weigh on the efficacy of the vaccine. It cannot determine if the government acted legally. And this is kind of very disturbing. She says, "We also have no jurisdiction when it comes to Charter Right violation arguments." Wow, that is disturbing.

Shawn Buckley
Yeah. Except I'll just let you know. Legally, you have to be a court to be able to adjudicate on those issues. So if you raised a charter issue to an adjudicator in a tribunal like that, they'll say, "Well, we don't have jurisdiction, because the courts say they don't." So, it doesn't mean they don't have to follow the Charter, but they can't make a ruling on it.

Lex Acker
Good point. Next slide. Another thing that I've noted from the BE memo, it appears that it is shifting the burden of proof against the unvaxxed EI claimant. And in different sections, like when the BE memo talks about voluntary leaving, they require exceptional circumstances. We see that language coming up in the section under Voluntary Leaving. We see it under Exemptions, and we see it when the BE memo gives instruction on how to handle religious

reasons. So there is, there is a shift of burden of proof against the claimant that is introduced by using the BE memo.

I'm trying to move fast because we have so little time here. So the fact-finding of the BE memo is designed to be very narrow. It prevents facts from countering the reasonability of an employer vax mandate, and it's prejudiced against the claimant.

This last slide here, this is where it gets a little bit more perverse. If you have a medical exemption, they will use that and they will say, "Well, you're unavailable now for work because you have a medical exemption. And very few employers, you know, can hire you because they all have a vax policy." So if they don't ding you with misconduct, then they will exclude you on being unavailable if you have a medical exemption.

Shawn Buckley
Right. So basically we're clarifying that: Somebody who for legitimate reasons has a medical exemption—so they could literally be taking chemotherapy, which is contraindicated with the vaccine—so they have a valid exemption, but be healthy enough they could work. There's no problem them working. They're actually disqualified from EI because other employers will have a vaccine mandate, and so—

Lex Acker
—it puts a restriction on them.

Shawn Buckley
Yeah, that's quite fascinating. That's quite fascinating.

Lex Acker
Yeah. And the way they wrote that BE memo is quite evil, too. The next part I'm going to move on to is Misconduct. Many witnesses here, they mentioned that they applied for EI and they were denied because of misconduct. So I'd like to cover that a little bit, how they go about it. This is the normal EI adjudication. This is from the Digest. And when they consider if there was misconduct, then one of the first things is: Was there a breach of the employer-employee relationship, right? Well, that goes directly to the contract. And of course, they don't ask that. We just saw the way that they gained fact-finding is that the EI agents will not look at the employment contract, right?

Normally, the misconduct, did it have a material adverse effect on the employer? That's one question that an EI agent normally has to ask. And well, in the case of the BE memo, when it's applied they're not going to consider, "Well, okay, if you're unvaccinated, can the employer demonstrate how adversely it affects the workplace?" Well, no employer can demonstrate that an unvaccinated is causing harm.

So that's the normal adjudication process with respect to determining if there's misconduct. The BE memo, they've got these three points to determine whether there was misconduct. So there was a policy, and was it communicated to the employee? Were the employees aware of the consequence of the policy? And was the policy reasonable? And these are the only three criteria that they go by. So the—

Shawn Buckley
Right, but I'll just break in because they said earlier that they're not there to determine the reasonableness of the policies.

Lex Acker
Well, in the normal EI adjudication process, EI agents do have to assess if the employer policy is reasonable.

Shawn Buckley
Right. But if it's provincial mandates that are adopted, basically the employees adopt them and they're not supposed to look into whether they're reasonable, as I interpreted your earlier slides.

Lex Acker
Yeah. When EI agents follow the BE memo, they will not make a determination if the employer policy is reasonable or not. And they will use this double-speak language. They say, like, "the 'application' of the policy" as opposed to the policy itself. And what I did, being a research analyst, is I went into the database of the Social Security Tribunal, which is the next level to appeal this, and whether you've got all historical decisions. And I looked for the language, like "application of policy" or "application of employer policy," and there's nothing that comes before 2021. So when you look at the language like "application of the policy," that is double-speak.

And then this is a snippet from the EI agents' notes from my wife's file. And we see the same three points that I showed in this slide. So this is clearly to demonstrate that the BE memo exists. Agents were directed to use it. And we see that they simply cut and pasted their own BE memo policy in my wife's EI file. So it was used.

What do we have here? Well, okay, this is about what is the Commission normally? What would it do normally when it comes to misconduct? Well misconduct has many reasons: It could be tardiness; it could be, you know, you broke equipment, you've been negligent, things like that. One of the reasons is to keep refusal to carry out an order and instruction—which is like, well, the order and instructions to be vaccinated.

Well, the normal procedure is, "The officer must try to determine whether the order or instruction was reasonable and whether it contributed to any legal statute or provision of the collective agreement." Now we see why they don't want to ask for the collective agreement, because there's no collective agreement out there that has a vax policy.

Shawn Buckley
Lex, I need you to speed up so we can get to the calculation.

Lex Acker
So maybe I should move to the next deck. So let's move to the next deck which was religious exemption. Religious Considerations. Well, there was a supreme court case in Canada in 2004 and it states, you know, "The state is in no position to be, nor should it become the arbiter of religious dogma." That's important. The BE memo says, "the interpretation of sacred texts by the client themselves must not be seen as a particular practice required by

their faith. It is important to ensure that the exceptional circumstances provided by the client are actually of a religious nature and not of a personal or political nature."

Essentially, what the EI Commission will do in the case of an unvax EI claim is that they will decide if your religious practice is legit or not. That's it. They become the arbiter of your religion. So, for example, in the case of my wife, she's a Buddhist. I'm a Buddhist. And what the agent did is that they went on the BBC website and they found that the Dalai Lama—

Shawn Buckley
Lex, you're giving us too much detail. We're going to have to jump, actually, to the financial stuff.

Lex Acker
The financial stuff? Okay. Yeah, so let's go to the financial stuff. That one is very interesting too.

Shawn Buckley
And I am sorry to rush you, but we've got a hard stop at the venue and we've got one other witness following you. But I mean, the point you're making is that they basically went through the different ways that people could get around getting fired, such as voluntary leaving, availability, suspension and dismissal, leave of absence, exemptions, religious or medical—and they basically worked around that with the memo.

Lex Acker
Exactly. Every possible legal path that would lead to approving regular EI benefit, they gained it. That's in a nutshell what the BE memo does. Let's move to the motives.

Shawn Buckley
And we may have a virtual hearing in a couple of months. We do have the option of having you flesh this out further. And we will enter the EI memo which, I don't know, I read it and it's pretty clear that they're doing a workaround. But this next part, I had not heard this from anyone before, and I want the commissioners and those watching to hear your theory, because I found it fairly compelling. So if you could launch into that, please.

Lex Acker
Very well. So vaccine mandates were not required to reopen the economy in 2021. In terms of, like, economic data, unemployment and employment rates, and GDP levels—everything had practically recovered by the time of the mandates. And by Q1, first quarter of 2022, it was better than pre-pandemic levels. I'm going to show three slides rapidly.

So here we've got the Canadian Employment Rate. What do we see here? Well, we see a big dip in April 2020. And before the pandemic, it was like at 62.1%. By Q3, 2021, the employment rate was back at 60.9%. That's nearly pre-pandemic levels. And by February 2022—that's the trucker event—it was back at pre-pandemic and better than pre-pandemic levels.

Next slide, the Canadian Unemployment Rate. So we see like a big spike on the declaration of the pandemic. And then by the time of the mandates, it had decreased to 6.6%-6.2% the unemployment rate—which is, you know, very reasonable, very well manageable. We didn't need lockdowns and mandates to reopen the economy.

Another slide is the Employment Levels, in terms of millions of people. Pre-pandemic, we had like 19.2 million people employed full time. And then by October 2021, we had like 19.1 —pretty much like same level. There was no need for the mandates. So why did they do this? There was a need to override the moral compass in the common sense of EI agents, so that's why they came up with the BE memo. They needed the agents not to apply the EI Act —the Act, the Regulations, or the Digest.

Let's dig into the numbers here. So the average dollar value of a regular EI claim is about $26,000. I calculated it. And this can be derived from the expenditures of regular EI benefits and the monthly statistics on active EI claims. I went through these numbers and I computed it's about $26,000 per EI claim. So we can make a very easy, quick argument. For every 40,000 EI claims from unvaxxed workers, that's $1 billion that the government would have to pay. So this is a strong financial incentive to exclude, remove the eligibility of unvaxxed Canadians.

Next slide. The next question is, how many working unvaxxed Canadians were there? What is the total liability of letting them get EI? What does it look like? So in October 2021, we had like 5.7 million unvaxxed working Canadians, right? Thirteen per cent were self-employed. So that leaves about 87% of them were employed and eligible to EI. So that's about 4.96 million. So, out of these 4.96 million unvaccinated eligible working Canadians that could lose their job and claim EI—? Although the real question is, you know, what percentage of that would be willing to lose their job. So that's equivalent to figuring out a vax mandate non-compliance termination rate. And this is a topic that came up. Like, it's a question that came up many times during the other testimonies. You know, people are asking, "How many people didn't comply and were fired?" I have an answer for this. Next slide.

Now, I studied deeply the financial statements of BC and British Columbia Nurses' Union, and I've been able to derive that at least 9.7% of nurses in British Columbia were fired for non-compliance with the vaccination mandate. I've looked also at the annual reports of the British Columbia Municipal Pension Plan, and I looked at the drop in employer contributions between 2021 and 2022. And I've been able to calculate a range of, like, 8.6% to 11.5%.

So I have an educated guess here, coming from two different data sources, that in the general working population, the non-compliance rate to a vax mandate is approximately 10%. So if I take that 10% and I multiply it by 4.96 million of working unvaxxed Canadians, that gives us approximately, let's say, 496 [thousand] terminations. That's like 500,000. Now, 596,000 [496,000] unvaccinated Canadians claiming EI times $26,000 per claim. That's like $12.9 billion. That's what the government needed to avoid. They needed to avoid this massive liability.

Canada could never afford lawfully, its vax mandate. There was a massive price to pay for it. And that's why they needed to cause the EI agents— They created the BE memo to cause the EI agents to disobey the Employment Interest Act and apply it.

And in 2022, a side note about the employment insurance system. It's a big account. It's called the Employment Insurance Operating Account. It's financed by worker contribution

and employer contribution. And the way it is set up is that on a forward-looking basis for the next seven years, it needs to break even. So it's got this rolling deficit or surplus. Right? And then they will adjust the worker premium and employee premium such that over the next seven years, using forecasts, it breaks even. It's a self-sustaining system.

Well, in 2020, it had a surplus of 3.9 billion. In 2022, it had an accumulated deficit of 25 billion. So you can see that the stress that it would put on the system if they would not exclude the unvaccinated, if they would not prevent the unvaccinated Canadian from collecting EI. That's the motive. That's the financial motive. That's why nobody got EI, no unvaccinated. But, I know a case through my network. I know of a couple who worked for the same government ministry, and they were both fired for non-compliance with the vax mandate. And one of them got EI, the other one didn't get it. But in general, nobody got EI if you weren't vaccinated.

Shawn Buckley
Lex, this is a fascinating analysis, and the different things you looked into to verify your numbers and come up with are much appreciated. I can tell you we haven't seen an analysis like this in relation to EI, but we have heard over our now 27 days of hearings, person after person that was denied EI when they lost their job for not taking the vaccine. And you've given us a different look. I'll ask the commissioners if they have any questions and the commissioners don't. And, Lex, I'm behind in my emails. Do we have a copy of all of those slide decks, particularly the one with your numbers?

Lex Acker
Yes, I emailed them to you.

Shawn Buckley
So I'll make sure that all of those slide decks become an exhibit so that people can look in detail at the work you've done. And we definitely thank you for doing that work. I know, having had previous discussions with you, that you were working quite diligently to make sure your data was robust. So, Lex, on behalf of the National Citizens Inquiry. We sincerely thank you for the work that you've done and for coming and testifying today and sharing this with us.

Lex Acker
There's one last thing I wanted to show.

Shawn Buckley
Okay. How long are you going to be?

Lex Acker
It's going to be 30 seconds.

Shawn Buckley
Okay.

Lex Acker
Am I still screen sharing?

Shawn Buckley
You can.

Lex Acker
Okay. All right. So two charts from the British Columbia Centre of Disease Control, the BCCDC. This chart here is the immunization coverage for influenza among healthcare workers in acute settings. And I just want the public to know that healthcare worker confidence in vaccination is plummeting. And you can just see by that chart, in 2023, it dropped at 49%. They're rebelling. There is a rebellion amongst healthcare workers in British Columbia against vaccination in general.

And it gets better. In the long-term care facility, it's 40% only that is vaccinated for influenza. It used to be like above the seventies, and in acute settings it was around 80%. The healthcare system in British Columbia is rebelling against vax immunization in general. That's what these charts are showing, and that's good news.

Shawn Buckley
Thank you, Lex. So we'll let you go now. Thanks again. On behalf of the National Citizens Inquiry.

Lex Acker
Thank you very much.

Witness 13: James Roguski
Full Day 3 Timestamp: 10:48:55–11:34:04
Source URL: https://rumble.com/v4yvzz9-regina-hearings-day-3.html

Wayne Lenhardt
Our next witness is James Roguski. I may be mispronouncing that. Can you hear me, James?

James Roguski
I can hear you fine. And you pronounced it perfectly. Thank you.

Wayne Lenhardt
Okay. First of all, could you spell your name for us? And then I'll do an oath with you.

James Roguski
James Roguski. J-A-M-E-S R-O-G-U-S-K-I

Wayne Lenhardt
And do you promised to tell the truth, the whole truth, and nothing but the truth in your testimony today.

James Roguski
I do.

Wayne Lenhardt
I don't have a lot of detail on the specifics of your presentation, but it's going to be on the WHO pandemic treaty, I'm assuming. So if you could maybe—

James Roguski
Well, actually, it's going to be primarily on the, just hours ago, adopted amendments to the International Health Regulations.

Wayne Lenhardt
Yeah, actually, I heard that from Mr. Buckley just a few minutes back. So, if you could maybe give us a snapshot of your qualifications, and then just start your presentation.

James Roguski
I am 64 years old. I studied computer science in school 45 years ago. But in recent years, I've been involved in natural health. I used to manage a couple of mom and pop herb and nutrition stores. I've written a couple of books related to that topic. I have built many websites and reported on natural health issues. And two years ago, all of that was censored off the internet. Well, not all of it, but quite a lot of it was censored off the internet.

And I found that I came upon documents about the WHO [World Health Organization], and I applied my research capacities over the last two years to basically reading the documents and reporting on what the WHO had been facilitating in regards to negotiations around the world with all the many different countries on two tracks. You mentioned both the Pandemic Treaty and the International Health Regulations. I'm not a doctor. I'm not a lawyer. I'm just a regular person who dug into the information, read it and reported on it to the best of my ability, and I continue to do so.

Wayne Lenhardt
Okay. Why don't you proceed, and I'll ask you any questions that I have as we go.

James Roguski
Okay. The timing of this is actually quite fortuitous. We sort of foresaw that it would be better to do this testimony today, because only about five or so hours ago in Geneva, the 77th World Health Assembly concluded their yearly meeting just hours before the deadline, the last hours of June 1st. And one of their very last orders of business was to adopt amendments to the International Health Regulations.

And so, my testimony is about the latest changes that the various nations have made to the International Health Regulations. Those were originally adopted on June 25th 20—I think, actually, I'm sorry, I may not be clear on the date, but I think it was July 25th, 1969, they were amended several times. They were last amended in 2005. And to my knowledge, very few nations on the planet, Malta being one exception, have actually gone through the process of implementing them correctly into their national laws.

I cannot speak to whether Canada has done so. It does not appear that Canada would require Parliament to vote on it. That's not part of the legal structure in Canada and other Commonwealth nations. And so it's simply adopted, approved, or signed off on, whatever term people may want to use, by the executive branch of the government. And so back in May of—

Wayne Lenhardt
Can I stop you there for a minute? And again, we do have a hard stop at eight o'clock, I believe. Number one, what are these regulations and why would a country want to adopt them?

James Roguski
Well, the 2005 version of the regulations set standards for nations to comply with basically on reporting whether or not they have identified some kind of unusual outbreak of disease in their country. And so if your health system identifies very specific diseases that are listed in the annexes of the regulations, they're supposed to have an International Health Regulations focal point, which is an office in the national government that communicates directly with the WHO to alert the WHO that there's some kind of a health problem—in this case, Canada or any other country. And the WHO will then determine whether or not that constitutes a Public Health Emergency of International Concern or PHEIC, or "PHEIC" [pronounced "fake"], and that would then alert all of the nations of the world that something was going on in Canada that could spread across the border and would alert all of the many nations.

And so after COVID, there was the belief that was put forth two years ago by a declaration in the 75th World Health Assembly that they wanted the WHO to strengthen the International Health Regulations. And even prior to that, there was a special session of the World Health Assembly that ended on December 1st, 2021, that the nations asked the WHO to oversee negotiations to not only strengthen the International Health Regulations, but to also negotiate a new Pandemic Agreement. So there's been two tracks of negotiations, one for amending—the many times already amended International Health Regulations—and another for a new agreement.

Now what happened today, about six, five or six hours ago, was the World Health Assembly was presented with the results of the negotiations that have been going on for well over a year. And they had late night sessions all week to finalize the details of the amendments to the International Health Regulations, and they did adopt those changes. The other track, the Pandemic Agreement, they did not reach a final consensus agreement. They kind of knew that coming into the meeting, and so they agreed to extend the negotiations.

The next negotiation is scheduled to start sometime in July. They hope that they can get it done in a short period of time, and they might call a special session before the end of 2024. And if that does not happen, then they're shooting for getting a consensus agreement on a new pandemic agreement for the next World Health Assembly, which happens in the last week of May every year. So that would be 2025.

And so I would like to take a little bit of time just explaining to people what these amendments are, because there has been a lot of confusion about what is in these documents. Today is really the first time we get to see what they've actually approved. I don't know if you have any questions or if you would like me to go ahead.

Wayne Lenhardt
Let me put this into perspective from my position here. Number one, I guess the first question I have is: Why does Canada need to get involved with these regulations? Are we not capable of figuring out our own health situation? And if we need to deal with other countries, our cabinet can pick up the phone and call England or wherever they have to. I mean, if you read some of the material on the WEF [World Economic Forum] and the WHO, it looks as if there are certain serious concerns about the WHO wanting to actually come into countries and essentially take control of them if they could declare a pandemic. And then we can get back into what into what is a—

James Roguski
If I may, that information is flawed information. It has been making the rounds. And what I'd like to do is stick to the evidence of what's in the document. That concern is not what these documents are about. Many people have said that, and I'm here to testify for what these documents actually say. I encourage people to read the documents. They are publicly available. And what you'll find is that, well, number one, Canada is a party to the International Health Regulations. They've agreed to work with other nations through this legally-binding international instrument. They agreed by default, because the way the International Health Regulations were adopted and the way they are amended is not by a proactive approval of the amendments.

Now that the amendments have been adopted by the World Health Assembly, and Canada sent a delegate, each nation has—and this is arguable—but between 10 and 18 months to review these amendments. And the head of state or any other authorized person, could be maybe the foreign minister or the health minister, could reject the amendments—any individual one, sort of like a line item veto, or they could state a reservation where they could sort of nitpick the details of any given version of this. But the fallacy that you mentioned is that this is not about the WHO commandeering Canadian healthcare.

If I could summarize the best way for people to understand what is going on in these amendments, and in the WHO in general with everything that they do, there are three things that they assume are just absolutely wonderful. Diagnostic testing: think of the RT-PCR, which is in my view not a test at all. It's a laboratory process improperly used to diagnose people. Various drugs that are claimed to be beneficial: they call it in this document "relevant health products." And one of the most important things here is that they actually do define relevant health products, and it includes the very things that many people in the NCI testimonies are very, very concerned about. Relevant health products include medicines, vaccines, diagnostics, and they recently added cell- and gene-based therapies.

Now, the purpose of these amendments is not to question the effectiveness or the safety of any of those products or any of the health protocols that were put forth: the social control mechanisms of social distancing or lockdowns or isolation, or any of those sort of things, travel restrictions. The purpose, obviously, in these amendments is to redirect wealth, essentially, from wealthier nations who have more money to put into what they call a "financial mechanism" to fund the build out and manufacture of more diagnostics, more pharmaceutical drugs, more mRNA—I hesitate to call them vaccinations—mRNA products, as well as, like I said, gene-based and cell-based therapies.

Because the reason why these negotiations were called for is that back in December of 2021, a number of nations were unhappy that nations such as Canada—use that as an example—signed contracts to get 400 million jabs for approximately 40 million people. And many nations were unable to afford or secure contracts to get what most people would call "pandemic-related products." They wanted the WHO to negotiate agreements, whether amendments or a new agreement, to ensure equitable access to—they now call them "relevant health products."

I'll venture off of the facts and give an opinion, if I may. I think that it's atrocious that there was not one word mentioned, and to my knowledge throughout the entire World Health Assembly all week long, questioning the safety and effectiveness of any of the products that were touted as being beneficial during the COVID years.

And so the problem that we have with these amendments is that they were put forth and they were agreed to by people who apparently completely and totally believe that the best way to prevent, prepare for, or respond to anything that could be called a "public health emergency of international concern" is through the very testing, diagnostic procedures, drugs, or jabs that I'm quite certain a lot of people who've testified to the NCI are calling into question. There was zero calling into question the veracity and safety of these products.

And there's many, many details in the amendments. The documents are readily available, I would point them to Article 13. One of the sections I'll read verbatim is that: "The Director General of the WHO 'shall' support states parties upon their request, in scaling up and geographically diversifying the production of relevant health products, as appropriate, through relevant WHO coordinated and other networks and mechanisms."

Now that goes hand in hand with Articles 44 and 44bis, which is a funding mechanism that will seek funds from wealthy nations—of which Canada would be considered a developed nation—to take money from wealthy nations to run it through various funding allocation mechanisms to build out the capacity, geographically diversified or distributed capacity, to manufacture more diagnostic tests, drugs, and jabs without any thought about whether or not those platforms are actually valid.

So the main concern is that, you know, Canadian money would be used to build out Big Pharma around the world. And there are a handful of amendments to Articles 24-27-31-35 and Annex 6 which strengthen the rules and the requirements to use those very, in my opinion, flawed diagnostics and products to potentially allow foreign nations to restrict the travel of Canadian citizens outside of Canada.

Article 31 in the International Health Regulations says that the nation to which you are travelling can compel travellers to undergo medical examination, prophylaxis, vaccine—depending upon what you determine a vaccine to be—or be isolated and quarantined. And the amendments and the annexes that I listed seek to strengthen what I feel is an absolute infringement upon an individual's right to travel and their bodily autonomy to be able to do so without having a nation express its national sovereignty at the, quite frankly, abuse of the individual rights and freedoms of the person who's seeking to travel.

Wayne Lenhardt
Okay. I assume you have more analysis.

James Roguski
I certainly can. I was taking a breath so that you could get a word in edgewise.

Wayne Lenhardt
We'll have the commissioners do that at the end.

James Roguski
Sure. The definition of a pandemic was never in the International Health Regulation. So anyone who previously had ever used the term "pandemic" was doing so by using a vernacular term. It wasn't anything that was in the International Health Regulations, and it still isn't. They had bounced around the idea of defining a pandemic, but in the final version,

they defined a “pandemic emergency.” And as I read it, I would like people to think about how, quite frankly, vague a “pandemic emergency” is. It means a public health emergency of international concern that is caused by a communicable disease. And there’s four things: 1) has or is at high risk of having wide geographical spread to and within multiple nation states; 2) is exceeding or is at high risk of exceeding the capacity of health systems to respond to those states; 3) is causing or is at high risk of causing substantial social or economic disruption, including disruption to international traffic and trade; and 4) requires rapid, equitable, and enhanced coordinated international action with whole-of-government and whole-of-society approaches.

Now, that is vague enough that a pandemic emergency could be declared by the Director General. He can do that without any other check or balance on his declaration. It appears to be solely up to, in Article 12, the Director General to make that determination. If you look at those words very carefully, it would not require any statistics about how many people were hospitalized or how many people may have died, not even how many people have gotten ill. The term is defined in such a vague way that I feel it should be void for vagueness, because it enables the Director General to make that declaration. And there is no means by which the World Health Assembly can compel the Director General to reevaluate that determination.

Now, that does not compel, or mandate, or order, or require any nation to actually take action. That’s one of the false bits of information that’s been circling around the Internet. But it gives the ability for—whether it’s national, provincial, or municipal authorities—to use that as an excuse to then also declare an emergency based on nothing other than the fact that the Director General made a declaration.

I can speak very specifically to the United States in our laws. I should have said at the beginning, I am a resident of California. I live in Glendale, California. In the United States, our health minister, if you will, the Secretary of Health and Human Services, is able to declare a public health emergency on a national basis simply by saying, “Well, the Director General of the WHO declared an emergency.” So that’s the justification needed. It’s not an order, it’s not a command, it’s not the WHO taking over your nation’s health situation. It’s an enabling act that is often used as an excuse.

And so my encouragement is to every person in Canada and every person around the world to read the document—it’s not horribly difficult—and not to listen to the hearsay evidence of what other people say about it. I don’t want people to listen to what I say. I’m trying to simplify it and encourage people to read what is, you know, as of six hours ago, brand new international agreement that your nation and every other nation has between 10 and 18 months to evaluate and reject, and between 12 and 24 months to implement into law and practice in your country.

Wayne Lenhardt
Okay. Is that pretty much the conclusion of your presentation? And should I ask for questions?

James Roguski
I welcome any questions given the time. You know, there’s 60-70 pages of documents here. But the main issue that I think I would like to bring to NCI’s attention is that this entire document is predicated on what I believe to be a fraudulent set of premises. They’re based on the concept that one authority figure can use some type of a diagnostic test to determine

that another human being, man, woman or child, is somehow contagious, is dangerous to their fellow men, women and children. And that—I again give an opinion—fraudulent belief in such a use of a PCR as a fraudulent diagnostic test, they want to believe that that would authorize your national officials and give them authority to infringe upon the rights and freedoms of people who would like to travel.

And when you apply that also to drugs and vaccines, which would then require vaccine certificates, which are mentioned in the articles that I mentioned earlier— The requirement for someone to subject themselves to a flawed test, flawed prophylaxis with whatever kind of drug, and flawed, quote unquote, "vaccines" that don't do what vaccines had originally been defined as doing: imparting immunity—if an injection does not prevent infection or prevent transmission, it's just nomenclature to be able to call that a vaccine. And I'm pretty sure that this document does not define a vaccine.

So in requiring people to submit themselves to those fundamentally flawed premises, the money that is being redirected from wealthy nations like Canada to poorer nations to build the infrastructure to manufacture billions of dollars of these products, is a mistake beyond imagination that is only matched by the mistakes that have been made over the last four to five years. So thank you very much. If you have any questions.

Wayne Lenhardt
Let me ask the commissioners at this point if they have any questions. I do have a couple of comments that I think I'll make maybe near the end. Any questions from the commissioners?

Commissioner Drysdale
So, if I understand you correctly, this agreement isn't binding on the sovereignty of a country. It can't force a country to do something, but it may be used as a precedence to undertake something in a country. In other words, if the WHO declares an emergency, then the country like Canada could use that as an excuse to declare an emergency in Canada, whether one exists locally or not, but they're not legally bound to do so. Is that correct?

James Roguski
Correct.

Commissioner Drysdale
We've seen this. This is interesting in that we've seen this right down to the level of municipal governments, where municipal governments don't enact, debate, dispute their own laws, but they take on the suggestions of various NGOs and adopt those measures. We've seen this in the climate change issues that have come right down to the municipal level, where we find that the municipalities just adopt these NGO-type recommendations. And that sounds to me like what this is.

And it's pernicious because politicians seem to lean towards taking on the suggestions, if you want to call it that, of these other groups, because it's easy or it's popular. I'm not sure what the requirement is. So even though this isn't legally binding, it certainly is another one of these intrusions from an outside source which our government or municipalities have a tendency to adopt. Is that about right?

James Roguski
Let me confirm what you said, but add a little something to it. The authority for the Director General to do that by declaring a public health emergency of international concern has been in place since this was agreed upon in 2005 and came into effect in 2007. And that's what actually happened in COVID, is the Director General declared a public health emergency of international concern, and nations around the world responded to that voluntarily. However, they decided to do so.

Now in some countries, it is written into regulation that the health minister very specifically can cite that as the only reason. You'd have to look into every nation and province and municipality to see what authority that person had, to declare an emergency in their jurisdiction. What's being added is an additional higher level called a "pandemic emergency." So the vagueness of this, it's like splitting hairs to try to decide: Essentially, the Director General gets to determine if he wants to declare a public health emergency of international concern, and at the same time decide whether or not he wants to call that a pandemic emergency.

I'm sure there will be all kinds of papers written about the differences between the two, but the important part is, that's how we got into the COVID mess to begin with. He made a declaration, and nations and provinces and municipalities and counties all around the world, it's this cascade downward. So I agree with what you said exactly. It's just adding yet another level of complexity.

Commissioner Drysdale
Well, but, see Canada—I want to make sure I'm thinking about this correctly—Canada has experienced the huge consequence of vagarity, if that's a proper word, a vagueness in legislation. And I specifically talk about what happened here with regard to our Charter of Rights and Freedoms. There's a clause in our Charter of Rights and Freedoms that says you have all of these rights and freedoms and they come from God, "except." And what we had happened in Canada in the last three or four years was that those rights disappeared because it was an "except." And we also found in Canada just recently that the federal court did rule that the government violated those Charter of Rights and Freedoms because of this vague clause, and yet there's no penalty.

You know, you go out and you speed in your car and you get a ticket and there's a penalty. You pay a fine, and that's a pretty minor law. But if you break the highest law in Canada, the Charter of Rights and Freedoms, nobody goes to jail, nobody gets a fine, no one gets a yelling at from an RCMP officer. And so having that taste in my mouth right now, and having spoken about how this is vague and it can be interpreted one way or another, and knowing that governments have a tendency to use these experts or these opinions of these outside NGOs, or whatever you want to call them, and use that as an excuse, really concerns me.

James Roguski
If I may, you're talking about something that touches my heart. You're using words that I've spoken, I can't tell you how many times. But I want to make sure I'm clear about something, okay. All of the abuse of rights and freedoms that happened within Canada are a result of the vagaries of Canadian law.

Commissioner Drysdale

Correct.

James Roguski
There's nothing, there's nothing in here that is going to force Canada or any provincial official or municipal official to do anything. This is not the WHO commanding anything. All of those problems that you have—and you really touched something, that you said it as well as I could ever say it, and I just want to agree wholeheartedly—you can speed and get a ticket, but you could violate people's rights to the point where, you know, enormous harm.

It really comes down to: If a doctor failed to give you the information that you need to be properly informed in order to give consent—you know, fully knowing the risks and benefits of any treatment—can you find the law that would penalize that doctor for failing to do something that we all believe is a requirement? If there is no penalty written into the law, then it's not really a crime. And until that happens, crimes are going to— Unethical, immoral, and horrible things can occur if the law has been corrupted to not restrain that behaviour with some sort of penalty.

Commissioner Drysdale
Right.

James Roguski
That's not what this is about, okay. This is about what Canadian officials can do, or vice versa, when someone is travelling internationally. It's you are very, very vulnerable the moment you set foot out of your country and you're on some other jurisdiction. Canadian laws don't necessarily apply if you travel to some other country and vice versa. So international travellers are incredibly vulnerable under the International Health Regulations. They want it that way. That's why it's been in there since 2005.

The rest of this document is taking money from wealthy nations, putting it into a funding mechanism to build out Big Pharma around the world where poor nations, they want more jabs, they want more diagnostics, they want more drugs, because they truly believe that those things are the path to preventing or responding to the next pandemic. And I think you've taken plenty of testimony that would call that into question.

Commissioner Drysdale
I agree with everything you said. But with regard to the international travel, I'm not sure that even before this you had a right to international travel. I mean, don't get me wrong. Let me explain myself. You have a right to leave Canada. You have a right, according to what's written in your passport, to return to Canada with undue delay.

But the United States doesn't have to allow me in for any reason. It might be because I'm wearing purple socks, or Britain or France or any other country. So I don't actually have a right to international travel. I have a right to leave Canada and come back to Canada, but I don't have a right to go to Mexico or the United States. Am I misunderstanding what you were talking about?

James Roguski

Allow me to absolutely agree with you. But let me read again from Article 31. Now, this is existing since 2005. I'll summarize: The state party may compel the traveller to undergo medical examination, vaccination, prophylaxis, or isolation or quarantine.

Now, I guess you could debate what the word "compel" means. It's not clear as to whether or not they could keep you in quarantine or isolation until you submit to what they are compelling you to do. I agree, if they don't want you to come into the country, then so be it. Many people, however, are coerced into—They know that it's required, so even though it doesn't necessarily fit with what they want to do with their body—that coercion.

I know people who are in the health movement. They have organizations because years ago, they wanted to travel and they submitted to the vaccination that was required, and it damaged their health to the point that they are now part of the health freedom movement. But the question is: If you are travelling and you've landed on another nation's jurisdiction on their territory, Article 31 says that they can compel you to undergo exam, vaccination, prophylaxis, isolation, or quarantine.

The vagueness of that and the fact that it's predicated on some form of a test or a drug or a jab, where there are no details whatsoever as to the requirements that— You know, in Article 21 of the WHO Constitution, the World Health Assembly is empowered to write regulations and detailed specifications for diagnostic tests and for the purity of products, both biological and pharmaceutical, and for advertising and labelling of those products.

And for 77 years—this is now the 77th World Health Assembly—they have never put any such details in the International Health Regulations showing evidence that a diagnostic or a drug or a jab is a valid protectant for contagion. They leave that over to the WHO.

The World Health Assembly is supposed to be the governing body of the World Health Organization. But what they've done is not specified that, as per their authority in the WHO constitution. They hand that over to the WHO, who quite frankly has turned the emergency use authorization—just like the FDA in the United States and other health agencies have done—that authorization process is a money-maker. They charge for approvals to be listed as, you know, approved products.

And so what we're dealing with here on an international level is very similar to what we're dealing on many different country levels: where products are approved by regulatory bodies that are captured by the corporations that are making the products, that are seeking the approval. And so you're absolutely right. Canadians have a right to travel, you know, within Canada. But when you leave, you're at the mercy of this agreement an all of the nations.

Commissioner Drysdale
Well, you know, we're short of time, and I'll just say that an interesting examination here would be how this meshes or doesn't mesh with international law as it pertains to: There are certain human rights that are associated with international law that you cannot violate. There are certain ones that under certain circumstances, you can squeeze a little bit, but there's also certain ones that you cannot violate. And it would be interesting, because it's supposed to be part of the normal legislative process when you're in the process of discussion and examining a new law, that you also have committees that examine how it is affected by other laws.

And it would be interesting to do that study and see how this meshes or does not mesh under those [inviolable] international human rights, which these countries are in agreement to by just being part of the UN. It's a requirement of being part of the UN. So we haven't got time here, and that would be an interesting discussion and thought process.

James Roguski
Just allow me to thank you for raising that point. I could not agree more. Absolutely.

Commissioner Drysdale
Thank you, sir.

Wayne Lenhardt
Well, I think it comes down to this, Ken. I think it comes down to: What are we talking about here? Because if we're just talking about developing a standard, I mean, as an engineer, you probably use the CCD [Construction Change Directives] contracts, the standard ones. It's one thing to say, "Okay, we've got this organization that's going to develop a protocol that then the members are free to use if they want to." It's another thing to say, "We're going to develop this protocol and all of these people who sign up are going to have to use it. And not only that, they will have to use it, plus any amendments that we make to it in the future."

So, I mean, if this is just an interesting exercise in healthcare, that's one thing. I mean, it might make interesting reading before we go to bed. Frankly, I think I'll buy the book on war on ivermectin that we heard about this morning instead of this. But, you know, treaties are different. I mean, a typical treaty is two countries or more that have agreed on giving something to each other.

Like, when I was working for the federal government, I got sent off to a diplomatic conference where they were going to amend the plant patents legislation in 10 countries, okay. And what that means is that's a typical treaty. These 10 countries say, "Look, we're going to develop a basic framework, and if you have a plant patent in Belgium, we are going to recognize that in Canada," or US or whatever. And then if we have somebody develop something in Canada, then Belgium and Iceland and Sweden, or whatever, we're all going to get together and we're going to recognize each other's patents, okay. It's sort of a bit like a contract. And the problem I have with what's going on at the UN right now is that, first of all, treaties are between countries, okay. The WHO is not a country.

So, and the second thing is, a treaty usually gives something and gets something back in return. It's a bit like a contract. I mean, is this just a fun exercise to talk about, you know, some definitions in healthcare? Is that all we're doing? If that's all we're doing, I don't have a problem. But if you look at what the WHO is talking about as far as a treaty goes, they're talking about perhaps even saying they're going to send troops into countries if they declare a pandemic, and they're going to take over your infrastructure, and they're going to tell you how to deal with your pandemic. That's where I start to have a real problem.

James Roguski
If I may. That is not what is in here. That is internet misinformation.

Wayne Lenhardt
It's not, it's exactly what Tedros has been talking about. I've read some of it over the internet in the last year.

James Roguski
Well, I caution you to stick to what's actually in the evidence in the documents, because that is the misinformation that we've been battling. What we're really dealing with here, I'd like to try to summarize it. Arguably—and there's a lot of details that we don't have time to get into—Canadian citizens, they should have 18 months, but it's going to be said that they only have 10 months, to convince the executive branch of your government to reject these amendments, either in part on in full, or to state reservations about them.

And one of the big issues is, you know, how much is this going to cost Canada? So you have a limited period of time to review this document, comprehend what it means for people in Canada and around the world and raise the awareness of people, because this is not going to be voted on by Parliament. They have no say. You can talk to your members of Parliament if you want. Maybe they could apply some pressure. This is your Prime Minister and your House—

Wayne Lenhardt
Why would we be subject to it then? What is the authority behind it?

James Roguski
The acceptance of any international agreement in any of the Commonwealth nations comes down from King Charles through the Governor General to the executive branch of government. And if they agree to it and Canada signs on or Canada fails to reject it, it is assumed by the adoption that happened today—it is assumed that unless your executive branch of government, head of state, whoever has the authority to just write a letter to the WHO either to reject this or detail reservations about it, it will go into legally-binding effect in 12 months. You snooze, you lose at this point.

Wayne Lenhardt
I think we'll leave it at that. On behalf of the National Citizens Inquiry, I want to thank you for your testimony today.

James Roguski
The honour is mine. Thank you for having me.