NATIONAL CITIZENS INQUIRY

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EVIDENCE

Witness 1: Kevin McKernan
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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.