NATIONAL CITIZENS INQUIRY

Regina, SK **Day 2**

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EVIDENCE

Witness 1: Dr. Tess Lawrie
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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.