NATIONAL CITIZENS INQUIRY

Regina, SK **Day 2**

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EVIDENCE

Witness 5: Dr. Robert Chandler
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Shawn Buckley
So I'd like to introduce, Commissioners, our next witness, Dr. Robert Chandler. Dr. Chandler, thank you for travelling from California late last night to come and be here at the National Citizens Inquiry. It's just an honour to meet you, and it's an honour to have you present. As you've seen earlier today, we start by swearing our witnesses. So I'll ask if you promise to tell the truth, the whole truth and nothing but the truth.

Robert Chandler
I do.

Shawn Buckley
And, Dr. Chandler, I'll ask if you would state your full name for the record, spelling your first name and spelling your last name.

Robert Chandler
Robert Chandler R-O-B-E-R-T C-H-A-N-D-L-E-R

Shawn Buckley
And Dr. Chandler, I want to introduce you to the commissioners. I will tell you that your CV that you sent me will be entered as Exhibit R-189. But just to give some highlights, you graduated in 1975 from medical school from the Northwestern University in Chicago. From 1995 to 1996, you did a surgical internship at the University of Southern California Medical Center. In 1976 to 1980, you did an orthopedic residency at the University of Southern California. In 1998, you got a Master's of Business Administration from the University of Southern California. You have worked as an orthopedic surgeon.

You've also been heavily involved in the management of medical clinics. You are a prolific lecturer. You have 39 journal publications; they're listed on your CV. You have tremendous experience as both a doctor, a surgeon, and as a manager, and we're thankful to have you here. Now, you and I had spoken, and I asked if you would address some issues, including explaining the Pfizer dump and the like. And my understanding is you were kind enough to prepare a presentation for the commissioners. And so I'll ask you if you're willing to go into

that now. And then, as you've seen, I may interrupt just to get some clarifications and ask some questions.

Robert Chandler
Certainly, that would be fine. Let's get started here. So the focus of my comments are going to be on Pfizer's product, which is BNT162b2, but I'll cover some of the other products as well. I'll also be looking centrally at the issue of women's health, which I think is a neglected topic which I hope to highlight, but also cover why I got involved with this whole project. I'll describe a little bit about the Pfizer documents analysis project that I've been involved with now into the third year, and we'll then discuss the issue of male and female differential problems with these genetic vaccines. And I thought it was appropriate that we cover this topic in May because May is really the month of motherhood. May is named after Maya, the Greek and Roman goddess who gave birth to Mercury and represents more than just fertility, but the nurturing aspect of motherhood, which I think is under attack right now.

And then I'll finish my comments speaking about what you just heard was what I consider a new category of disease, which is why you hear doctors are baffled so much. And I think I'll be able to explain a little bit about why Colleen has so many strange problems that come together. So that'll be the scope.

First is how does an orthopedic surgeon get involved with vaccines? Well, this was my state of mind. As of January through March of 2021, I had researched the vaccines and personally had never had a problem taking vaccines. I traveled extensively in undeveloped parts of the world and went in and got every vaccine I could. Three of my friends died from hepatitis, they acquired in the hospital setting, in the operating room. Particularly in orthopedic surgery, we use very sharp tools and instruments, and we learned during HIV AIDS that we needed another level of security for ourselves or personnel. So we developed some techniques, not knowing early on exactly how HIV AIDS was spread. And being in the trauma setting in a major metropolitan trauma hospital, we don't pick our patients. We don't always know much about them, but we knew something was going around that was very dangerous.

We also got into the topic of aerobiology. As we developed techniques of implanting large implants, total joints, we had to have control over the environment. So we developed high efficiency airflow systems to have rapid exchange of air in the operating room. It would move in layers. We could direct those layers of air motion, purify with HEPA filters, and recirculate back in the OR. So the field of aerobiology was quite mature when this whole disease entity got going. And one of the first concerns I had was with the masks and the plexiglass and the six feet. Well, it made no sense at all. As a professional mask wearer, I just knew the advice that was being passed out made no sense.

So back to how we got involved with this whole project. Looking at the literature that had come out the Diamond Princess, the nursing home in northwest Washington State, I judged that the risk personally, even with comorbidities, to be very low. I told my children that I thought, adult children, that they were just going to get the virus and that we go about our normal life. I also had no distrust of Pharma. I had actually been a clinical investigator for Pfizer through their orthopedic company, which was called Howmedica. They came out with a device that we use to mobilize patients with severe trauma and had a favourable orientation to the product and the way the product was launched. But medical devices are very different from pharmaceuticals, and I had no contact with any manufacturing company or drug company as a product development.

One of the main motivations for me to actually get vaccinated—and I'll tell you a little about my personal experience—was that my grandchildren were concerned that they would get me infected. And I found that to be very disconcerting. So somehow they had communicated to the kids that they were dangerous to their grandparents, so I was willing to do it, and I had no mindset against the vaccine. So when the mRNA was offered, I got in line with thousands of my friends in Los Angeles. This is not too unusual scenery here at Dodger Stadium, and this line of traffic actually goes all the way back to Interstate 5. So a long line of cars going through multiple stations and circuitous pathway—basically stick your arm out the window, get injected and drive off. Wait 15 minutes to see if you had a reaction.

So I had a Moderna one, January 21st. Went back for Moderna two on February 18 of '21, the same process. And 18 hours after getting Moderna two—and I had Lot 022m20a, which is a hot lot, by the way—18 hours after injection, lasting 14 hours, I felt like I'd been hit by the bus, and the bus was still on top of me, by the way. I had lassitude, fatigue, nausea, loss of appetite, myalgia, mental fogginess, and rapid fever elevation. I've taken care of many post-op patients that had fevers; 100-101 degrees is pretty normal after major orthopedic operation. I thought it was just a way the body heals itself. White cells are more effective when they're operating in a warmer climate, so it's part of the natural cycle of healing. So I started feeling hot. I took my temperature; it was 101.2. And a little while later I felt hotter. It was 101.5, alright? I'm probably done with the fever, it's just going to go away. I kept getting hotter. I measured 103.9, and I said, "Whoa, this is trouble." So I started cooling measures. And I thought this was a very unique reaction. I've had many vaccines and had nothing like this, so I was primed to want to know more.

As I was researching children's problems with this vaccine, I looked at a topic which I'll call administrative errors. And this is something you don't hear a lot about. But I found under the VAERS database, which is the Vaccine Adverse Event Reporting System set up by the CDC and FDA, had 37,668 administrative errors in children. Administrative error, what is that? It's the wrong dose. It's expired. It's too many doses. It's a number of things. And this is an area that needs to be looked at, because, among other things, you have the efficiency and properness of the program itself, not just the potential side effects from the drug.

But some of these— When you look at the actual cases, which I did do for the adults, I found one instance where a woman had been injected with 43 doses. Forty-three, no follow up. I found another instance where a lady had been so afraid of the virus that she ended up getting not only the full series and boosters of Moderna, but also the Pfizer product. So there's a whole series of errors and problems that I don't think has really been looked at that much.

What are the residuals? What does it mean to have a fever of 104 degrees? Well, the gentleman lived across the street from me I met at the mailbox one day, and I said, "Alex, you know that vaccine? I had a fever, 103.9," and he said, "Huh, I was 104.2, and I just saw my doctor and I've got stage four lymphoma." Wow. So about a year ago—I have arthritis, had three joint replacements—I started feeling more of a systemic form of arthritis, and I've learned to live with arthritis. And I went to the doctor and said, "I think I need to be worked up for inflammatory arthritis. This is more typical of rheumatoid arthritis or some of the inflammatory varieties." He obtained blood studies and everything came back normal, he said, and I accepted it.

And then a few months later, I went on the Labcorp website to chase down some other blood studies, and I found one of my studies that Dr. Pachorek had ordered—and he was on

my side; it was no adversarial relationship—was out of range. And this is a complex topic. It's called free light chains. It's part of the immunoglobulin system, but it's also an indicator of a variety of illnesses, including multiple myeloma and plasmacytoma. So for the past year, I've had periodic measurements of my kappa free light chains, and they're just barely over the 95% confidence limit, which is about 2.5% of tests that are done, and it's not recognized as being a problem.

But my point to the Doctor was we have a novel drug here. We may be seeing novel diseases. I don't know what the period of surveillance should be for an abnormal blood determination. Let's follow this along. And he was agreeable. So I've had now four determinations. Three were out of range. And now I'm getting down close to going to normal value. And the question, I meet with a hematologist in a few weeks to see whether I need further monitoring. But I don't think this is a real problem health-wise. It's just something that needs to be explained and followed.

Others are not so lucky. Sometimes this actually represents over-proliferation of a certain cell type that outcompetes other cell types and can result in multiple myeloma and plasmacytomas, as well as a number of other diseases. But I don't think I have them, so I'm not like Colleen. I don't have a story to present.

When the opportunity came along to look at the actual documents that the FDA had referred to in approving this product, I was very interested. This came about because of a lawsuit filed by Aaron Siri and his colleagues that ultimately led to the release of 451,000 pages of documentation. That's quite a bit of reading. And so Naomi Wolf and Steve Bannon announced on a War Room broadcast that they thought it would be an interesting idea if they could crowdsource a workforce, volunteer workforce, to deal with these 451,000 pages that the FDA wanted hidden for 75 years. Seventy-five years—that's a long time for something you're proud of, right? You want to tell people how good it is and not prevent people looking at it. So I got quite interested and signed up.

And Naomi was quite surprised at the response. She was overwhelmed. And trying to organize this workforce of professionals from all different walks of life was not her expertise. She's a brilliant writer, but she needed some assistance. She brought in Amy Kelly, a very experienced operations manager, and Amy created the structure for this project, which I will call PDAP, the Pfizer Documents Analysis Project. And Amy organized six teams with a large number of volunteers, most mid-to-late-to retired career people. All walks of life, from molecular geneticists to nucleic acid chemists to biostatisticians to pharmacists, physicians of various types—had a large workforce.

So these teams were organized. Each team has a weekly meeting, and the weekly meeting, for instance, with Team 3—and hopefully they're watching—meets for three hours on Sunday afternoon. And the sessions are absolutely riveting, because we have professionals that are from disparate disciplines, from former military intelligence, civil engineering. The IT people: Tony, Damien, and Dan Perrier—absolutely brilliant at digging out information that those of us on the clinical side can use to do our own analysis according to our expertise. So documents are distributed, the teams communicate, and this is now into year three. And these are all volunteers. Nobody's paid.

What are the processes? Well, there's the documents and data acquisition. When we first got these documents—here's an example of the website where you can actually go and look up all these documents—when these first were posted, they were under an alphanumeric code, so you couldn't even read what the file consisted of. You had a suffix, you had a file size, and being an experienced explorer of rabbit holes, this is perfectly suited for my

interests. And I was just randomly opening files, and gradually we started seeing some structure. We found a few key documents. And eventually all these files could be labeled, which is what you see there on the right. They actually have names you can read. And the Daily Clout IT team has created a tool where you actually can search these documents now, so we have a research platform that we can go in and look at various topics.

So information gets distributed to the teams. You can cooperate, you can work with anybody that has the expertise you're looking for. I started out my medical career finishing orthopedic residency. I was in academics, where collaboration is a key part. But never did I have the kind of reach in terms of being able to communicate with a statistician, a nucleic acid chemist, a pharmacist. And these aren't beginners. People are professionals, they're well motivated, and the efforts have been intense. In addition, there's a number of add-on resources, which I'll talk to you a little bit about.

So what's the output of PDAP? After two years, we have published, not in the literature because—this is my own conclusion—it wasn't worth wasting time. I was seeing what was happening with peer review, and there was just too much material here to get slowed down. So I was all in favour of doing reports and not trying to get them through peer review. Although we have had one paper published. Corrine Michaels and Team 3 put together a beautiful article, which is widely cited, on sort of the first six months of the phase-three clinical trial following the residual group that had not been vaccinated. And that's well worth reviewing.

Plus, we had hundreds of Internet postings on separate websites. Amy Kelly has a Substack. Chris Flowers is a physician, has a Substack. I have a Substack. And there's a couple more. So we're publishing independent of Daily Clout, but Daily Clout is the main source of the output from this effort. We've published one book. A second book is coming out in July. And I look forward to that because we have over 200 photomicrographs showing the histopathology. Histopathology is where surgeons like myself go for medical truth.

You've heard a lot about randomized control studies and some of the science people that have presented, but surgeons have slightly different needs, and working with a pathologist is important. If you're doing cancer surgery, bone infections, bone diseases, you work closely with a pathologist as a source of truth. And volume two coming out in July has a large series of work done by Dr. Burkhardt and Dr. Lang in Germany. Plus there's numerous media presentations, like today, I think, Dr. Flowers has presented previously. That's quite an output for volunteers.

Well, did Pfizer release everything? They were under a court order, right? And the answer is no, they did not. Here's an example. On your right, you'll see a heavily redacted document. This is coming out of the Pfizer files after a federal court judge said you have to release everything. Well, that's not exactly everything. What's under that black ink? And my problem diving into something like this is you turn a page and it's all black. You just, it kind of goes like this, because you're following these sort of complex data streams, and all of a sudden you hit this derail. And some of these have been corrected, and some of them have not. So we're dealing with redactions.

In the Pfizer trial, the Phase 2/3 trial, the protocol requires three blood draws, three different time intervals after injections, and each blood draw consisted of five specimens. And there's 40,000 participants. So that's 200,000 specimens per draw. And there's three draws. So there's 600,000 specimens. When you see a doctor, you get your blood results, right? They call you up or send you a copy. These results have never been released. So how many tests are involved with 600,000 specimens? Well, there are millions. There's millions

of data points of unanalyzed laboratory data. It's remarkable. And this needs to be remedied.

I petitioned Aaron Siri's office to obtain this information, but we haven't seen it yet. So let's get into the documents themselves. This is the sort of the pyramid of how do you get to truth in medicine. Dr. Hazan mentioned some of this. At the top of the pyramid are these high-level reviews, and then there's randomized double-blind trials and cohort studies. Unfortunately, governments have kind of lopped off the top of the pyramid. The Phase 2/3 clinical trial was unblinded. If you're looking for premeditation, I think you have to take that into consideration. Why would you ever unblind a trial for an experimental genetic drug? You need two years of follow up. That was what was in the Pfizer protocol, two years.

Shawn Buckley
Dr. Chandler, can I just emphasize that point? Because some people may not even understand when you say RTC [random controlled trial] and that. So my understanding is the gold standard is a randomized controlled trial. So you have half of the participants are getting a placebo and the other half are getting the vaccine. Nobody knows who's getting what. But if you give the placebo group the real drug, then you can't continue to follow and compare any differences. The whole point of having two groups and nobody knowing who's in what group is so that there's no bias, or reduces bias. But the whole point of having a control group that's gotten the placebo is you can see if that group has different outcomes than the group that has received the drug. That's the whole purpose of having two groups. And what you're telling us is: In the Pfizer trial, they deliberately then gave the control group, that got the placebo, the drug. So you now couldn't tell what the effect of the drug was going forward because you have no comparison.

Robert Chandler
That's right.

Shawn Buckley
And you're mentioning that that's likely evidence of fraud.

Robert Chandler
Yes. Not just fraud, but premeditated. Why would you do that with this novel product that's a genetic therapy where you have all kinds of repercussions. This is the best opportunity to define efficacy and long-term side effects.

Shawn Buckley
Now, if I can just continue, because my recollection in the media was Pfizer was saying: Well for ethical reasons, we had to basically give the placebo group the vaccine so that we could save them. And what I find interesting about that is I expect that, just based on other witnesses that have testified, that there was plenty of evidence of the vaccine causing harm. But did you hear publicly Pfizer was saying: Well, we had to do it for ethical reasons?

Robert Chandler
Yes. And I disregarded that. The fatality rate just wasn't where that was appropriate. And I'm not a vaccinologist, so I just thought, this is tragic. It's absolutely tragic. And it happened

early. It happened in 2020 that you've lost the best tool to understand what this drug is and does. Furthermore, I thought, well, the drop-back position for the CDC—and realize, folks, that these agencies get $14 billion a year, some of it allocated for preparedness—well, if for whatever reason, you've lost your control group, you should immediately launch into match control prospective studies, and those were not done either. Then you get into more observational studies, which have not been done as well.

Shawn Buckley
Can I just jump in again, because it's such an important point. Like in Canada—and I think it's the same with the United States and I think it's the same worldwide—Pfizer was the most used vaccine of all the COVID vaccines, and Health Canada has a page for the Pfizer vaccine. So it's on the Health Canada website. And at the top in bold, the first sentence reads "All COVID-19 vaccines approved of by Health Canada have been proven to be safe and proven to be effective and of the highest quality."

And it kind of begs the question: Well, how can you prove it safe when you don't have any measure? Because you've basically taken away your control group. So it seems to me we're totally now like we're a ship without radar, so to speak, or without a compass, because we actually don't have the data. There's not a single randomized controlled trial to tell us that it's safe and effective. Do you view that as a problem?

Robert Chandler
Yes, yes. To me, early on when I heard that they had unblinded the control group, I said, "This is a tragedy right there. This is a tragedy because they've taken away your ability to find out, and you have to use other means." Well, let's talk about this pyramid. You see what is considered the top of the pyramid. But I'm a surgeon. We don't have those tools. We don't do randomized, double blind, controlled surgeries. There's not enough blind surgeons, I'm afraid. So we've had to deal with trying to improve surgical treatments without those tools, which is fine. I can accept that. We have other tools.

And if you look at the orthopedic progress without randomized, controlled, and some of these prospective studies, you've had joint replacement, you have arthroscopic surgery, you have some of the sports operations, like the Tommy John procedure, a number of operations that have been developed successfully that have improved and expanded orthopedic treatments without these tools. So that wasn't a huge problem for me because we've had to use registries and observational studies, and it takes longer. You have to collect evidence different ways.

And so I was okay with using the tools that we could find which, here are the Pfizer documents. We had access to at least the unredacted. We have the government databases, which are just registries. As I said, I'm comfortable using registries. Part of my training was in Switzerland and Germany, where I could go through some of the registries that they had set up and learned a tremendous amount that I could take back to my patients in Los Angeles. Also, there's the medical literature, and as I have told some of the people I work with, truth is not flowing out of the peer review literature, but it's coming out through other pipelines. And we'll look at some of those other pipelines.

And then finally, another part of what we were talking about in terms of premeditation is, where are the autopsies when people die? Where are the autopsies? Not only that, as we get into the women's health issue, there's approximately 300,000 or so hysterectomies every year. Who's looked at the tissue for evidence of vaccine harms in the surgical

specimens, not just in the hysterectomy, but oophorectomy and some of the other operations?

So as I said, as a surgeon, I'm very close to working with a pathologist to get to truth. And for this product launch, not to have either a sampling or some sort of discipline at looking at autopsy data, is a huge oversight. But I'll present some of the work that was done by Dr. Arne Burkhardt, Reutlingen, Germany, and his colleague Walter Lang in Hanover. They have 169 cases they've extensively studied. Well, I'll discuss that a little bit.

So let's get back to the medical literature. What was this platform? This is the lipid nanoparticle modified RNA gene therapy. What were some of the problems that were identified in the development of this platform? And I go back to articles by Sahin 2014. This is the group that developed BNT162b2. And then I looked at 2018 and 2019. That's pretty close to when this product was developed. Some of the problems that they had encountered was understanding the duration and mode of action of the mRNA as well as the translated proteins.

So how is that whole system regulated? What turns it on? What turns it off? The obvious problem with this platform is you're producing foreign proteins, which elicits an immune response attack on self, which is what autoimmunity represents. In the Sahin paper from 2014, this was in *Nature Drug Discovery*. He mentioned stem cell alteration. Wow. To me, that was a real red flag. What exactly does this stuff do to a stem cell? I'm still trying to figure that out, but I'll touch on that when we get into the clinical material.

Biodistribution, where does it go? What does it do when it gets there? What are the metabolites? Since you're producing proteins, what happens to those proteins? Do they produce a condition called amyloidosis, which is an excessive accumulation of proteins that can affect multiple organs: kidneys, heart, brain. We identified in the animal studies, as well as the Phase 1 trial, that there was a dose effect. The more you got, the more effects it had, and we could see that in the laboratory data. And when they got into clinical trials, they had to decrease, get rid of the 100 nanogram dose. Cytokinopathy, and I'll get into that a little bit later.

This is a catastrophic effect of these products. Dysregulation of oncogene. Oncogene is a cancer gene, and there's mechanisms in your body to regulate those cancer genes and keep them covered up, if you will. Don't let them translate and become active. There's immune suppression, vaccine-induced immunosuppression, a shift of the profile of immunoglobulins to IgG4, which is not an effective fighter of the virus, which is probably why people have been vaccinated get infected more easily.

One thing that doesn't get mentioned, when you go from a microparticle, which is ten to the minus six [10^{-6}] to ten to the minus 9th [10^{-9}] and get into the nanoparticle scale, the particle itself, depending on its composition and charge density, changes. And this is profound. And this may explain some of the strange clotting we see. Changes not only kinetics, which is how fast clots form, but the morphology: it changes the composition, the structure of the blood clots. And that's important because your body breaks down clots. You may be forming aggregates of blood clots that are then broken down by substances called proteases, but these proteases may not work on these altered clot structures. And where is the testing on that particular aspect? It's hardly ever mentioned.

Early on, there were two huge breakthroughs in trying to penetrate this massive amount of data. And I've included for the panel both of these documents in the document I've submitted, which is about 400 pages. Document 2.4 summarizes the 21 experiments in

Wistar Han rats, Sprague Dawley mice and rhesus macaque, on non-human primates. And the list identified 16 major flaws in the animal studies. And this includes characterizing the proteins, understanding the mRNA, where it goes, what it does, how long it stays active, what happens to the metabolites. And the list is extensive and very important.

You can see some of these are continuation of some of the flaws coming out of the laboratory. They weren't evaluated in the animal studies. They assumed the mRNA would be broken down, we know it's not, and that it's widely distributed. The biodistribution studies that were done use the nanoparticle mRNA model, but may not be exactly the same composition as the finally-reduced product. And instead of the spike mRNA, the test for the biodistribution studies that were done used a genetic sequence that codes for a substance called luciferase, which it fluoresces so you can identify the production of that protein in this model using a black light or ultraviolet light. So there's major deficiencies in the animal testing.

The second document that was highly significant was document 5.3.6. And this is about a 38-page document that lists the reports that Pfizer received in the first eight weeks in the US, ten weeks in the UK, of side effects that people reported. And there was about 40,000 subjects reporting three to four side effects per subject. It's a huge number for eight weeks. And if you look at this data, what jumped out immediately to me, if you look at that top column, look at that: 71% of the adverse events were in women. Wow. That's got to be explained. What's the deal?

And I'll get into that a little bit more. But as you go down, and this is Pfizer's data, if you look at the document, it's very hard to read. I created a 24-page spreadsheet which has been downloaded from my website 6000 times. And it's just a spreadsheet, it's just numbers. You look at the next level in red. These are children. This product was not available for children at this point in time. This is 17 years and below, and there's hundreds. This is a protocol deviation. What dose did these children get? How were they followed? And if you go down, you get to the summation. There's 1200, what is it? 27, I can't read, 23 deaths [1223], that's enormous, in eight weeks in the US, ten weeks in the UK. That needs to be explained.

You also look at the categories. How many people recovered? Well, you can't find out, the category is recovered and recovering. What? That's a way to hide data, not to present it. Unknown. Loss to follow up. So very concerning. Most of these complaints were not followed up. We don't have the actual documentation of what was phoned in. But this document proved to be enormously valuable in understanding what happened in the first— This data collection was completed February 28 of 2021. So the CDC, the FDA had this information fairly early in 2021.

If you look at the far left, the leading category is called "Other." And this is the adverse events of special interest. These are the ones that were particularly concerning. And it's by organ system. What does Other mean? Well, I think I understand, and I'll give you some examples of what I think is Other. And Colleen's testimony I think you can categorize as Other. There's so many things going on, it's hard to say exactly what organ system her complaints or problems reside. But number three in order of frequency is COVID. Well these people were treated to prevent COVID. How come the number three adverse event, the special interest was COVID.

Another category of interest was the cardiac, which I think is number four here. One of the interesting things about cardiac is it means the heart. And I looked in the autoimmune category to find [that] myocarditis and pericarditis were registered under autoimmune

condition and not cardiac. Well, lowers the number of cardiac adverse events if you put some of the problems in other categories. So I re-joined the myopericarditis in the cardiac category there—got it back where it belongs. But the reveal here is Pfizer recognized not only myopericarditis, but recognized it as an autoimmune condition. Wow.

And again we have the high level of female reporting. Looking more closely, this is a great illustration that is consistent with the biodistribution studies. The product goes everywhere and it's capable of producing problems everywhere. And the graphic display of data is the male-female difference in multiple disease categories. And you'll see the numbers vary but never do males exceed females in these categories. We'll find that males have some problems on their own, but most of these differences are statistically significant. VAERS going back to 1990, when the modern data collection began, to 2019 is about 60% to 62% females reporting adverse events. That needs to be explained in my opinion. Why is that? That's for all vaccines. When we get to the BNT162 and mRNA-1273, the Moderna product, we're at 71%. That needs to be explained as well.

And looking to the next stage, how solid is this observation? Well, Appendix 2.1 represents almost 1.3 million adverse event reports. How many in females? Wow, 72%. So we're looking at almost 1.3 million events. This looks like a real phenomenon. So one thing led to the next, and I started trying to explain how this could be. What's the difference? So I looked at the biodistribution studies. The top graph shows the difference in uptake of this mRNA LNP [lipid nanoparticle] delivery system. And the top curve is for females in ovarian uptake. And the bottom curve is for males. You see a huge difference.

So it appears that the end organ acceptance of this product varies according to something that's fundamentally different between men and women. Reports of female sexual dysfunction, reproductive dysfunction: 148,874. And this is probably 10% of what's really out there, and maybe a multiple of ten, rather, less than a 10th of what's out there. And the males: 1,745. That's striking. That's an 85 times difference. And if you look at all of the adverse events in females, 16% of them involve the reproductive system, compared to less than 1% males. So this sex difference looks to be real. The bottom histograms compare, on the left, the female dysfunctions which have to do with the menstrual cycle. And there's many categories. This goes on for many pages, and I've reproduced that for your records. Compared to the males, a very short list. So this appears to be a solid phenomenon.

In trying to explain how does this happen, I started looking at Dr. Burkhardt's histopathology data, and we have an example of—in the center is the hormone cycle that originates with a release of a chemical from the brain that goes to the pituitary, that then releases luteinizing and follicle-stimulating hormones, which goes to the ovaries—also goes to the testicles—and first produces male hormones. But in the female, those male hormones are converted to the female hormones: estrogen and progesterone. In the starting molecules, cholesterol. So you have cholesterol becoming male hormones, and in the ovaries converted to female hormones. Is it possible to come up with an enzyme in the genetic code, to code for the enzyme that makes that conversion? And is that something that's possible to do if you wanted to deliberately do that? I don't know the answer to that question.

But if we look at what are the effects on the tissues in the system, we find that there's evidence of vaccine injury in the pituitary, in the ovaries, and the uterus. And Dr. Burkhart and Lang developed staining techniques that differentiates spike protein from the vaccine, from COVID itself. So these are vaccine related. And one of the underlying pathologies are accumulation of lymphocytes of various types. And those lymphocytes can be characterized according to the type of proteins that appear on the surface, the cell membrane surface,

they call the CD classification. And some of the staining that you'll see in subsequent films will highlight those accumulation of these highly differentiated lymphocytes, which essentially are released, in my opinion, to hunt down sites where the mRNA is producing these foreign proteins, and that there's this self-attack on those sites. And so we see this in every organ involved, other than there's no sections of the brain itself, at least in this series.

So next thing I looked at was the maturation. We know that women have menses, which means month, I think it's Greek. And we know about circadia, or circadian rhythms, which is a daily rhythm. We know about annual rhythms, migrations of animals and the blooming of trees. It's called the circannual. And so we have a circumensis rhythm in women that men don't have. And it is one that goes through the development cycle from birth to death, which is clearly different than men. Men don't have periods. And if we look in the chart that's got all the bars, that's stratified by age and by sex. The yellow bars are the reports of adverse events categorized by age.

And the brackets are bizarre. On the left is [age] 6 to age 17. It's a huge bracket where they've aggregated very granular data, which disturbs me. You give up so much of your statistical data with those brackets. But you see this pattern where at birth there's pretty equal distribution of adverse events. And then about the time of onset of menarche, women just take off with the adverse events. And during the child-bearing years, increase until it starts to come in line with the male frequency of adverse event reporting after menopause.

So I looked at that and I said, what's happening physiologically? And the line chart at the top in white shows you the hormonal changes that happen during those first 12, what is it, 20 years? It seems to parallel that shift towards predominant, strongly statistically significant during the childbearing years. I managed to find a data set that was more granular. Looking at, I think it's up to age 29, where we actually have the adverse event reporting by year. So it breaks up that category of 0 to 17, and it follows that same pattern. You can see how well the bottom chart in orange follows that maturation and onset of menses on the top.

So now we're tied into histopathology and the female hormonal cycle as possible explanation for this difference. Looking then, at adverse events as reported in VAERS. We see that there's a very strong signal with women in that reproductive category, 2.6 times more adverse events and two to three times more serious adverse events in less than three years with these gene therapy products than in 19 years with all other vaccines. Huge difference, and they're significant.

If you look at the second chart on your right, you'll see categories of deaths, life threatening illnesses, and permanent disability took a big jump up in comparison with all vaccines for the years 1990 to 2019. What is the nature of the problems? This is from a Pfizer document, Appendix 2.2. This was data extracted by Jessica Rose, which I think you've heard from. And this is an indication of specifically what is the uterine ovarian dysfunction as of 6-18-2022. And as a trauma surgeon, bleeding attracts my attention, particularly when it's called hemorrhage.

Hemorrhaging is, to me—and maybe that's not what's behind this category, it's not explained—but hemorrhaging is not something that's mild, it's something you start thinking about serial blood studies and possible transfusions. And this was reported in over 35,000 women—and again, multiplied by ten and you're talking about some huge numbers, as well as multiple other abnormalities. And I've included the entire list of those abnormalities. It goes on for pages. I don't remember the total number. So this looks like it's real.

What happens in terms of abortion, spontaneous abortion, miscarriages, stillbirths? I would say we largely don't know. I don't agree with the figures that are put out there, that the [Pfizer document] 5.3.6 and some of the work that was done in the Shimabukuro paper, April and July or June of 2021, I don't think they have a number. And so I think this data is just not very reliable and not very available.

Looking to VAERS, you'll see that there was a substantial spike, though, in reports of spontaneous abortion in 2021, when these vaccines were released, and then it tapered off. And there's a more detailed view on the right showing the pattern. And there's an artifact here has to do with how long after injection do people attribute what happens to the vaccination period? And I would argue that the longer separated those two events are the least likely it is for anybody to report that as an association. So I wouldn't say this drop off in 2022 is real. It needs to be looked at separately. But it does look like there's a signal for spontaneous abortion.

So we have evidence of differential impact on the female reproductive system, and it's sustained. What then is the effect on the birth rates and population? I looked at that, and this is data from Sweden, and there's a lot of data. I wrote a whole article on this. It goes into great detail. Birth rates have been declining in western countries for a long time, and the linear regression is fairly smooth, and it's just a downward trend. Women are having fewer children, so we're not looking for a small difference. We're looking for what we call a second derivative deviation, which is a substantial drop off the trend line.

There's not a particularly good illustration with that red line. It just shows you that it's a downward trend. But it also, if you look at the 2021 data, you see how it cuts off that corner. And in 2022, approximately nine months after the introduction of these products, there's a severe drop in the live births. And this is data from Sweden. I looked at 22 countries and report on this fairly extensively, but across multiple countries in Europe, there was on average an 8% drop in live births. Some of these calculations are mine, others have been done by Konstantin Beck, Luzern Switzerland, who has published several papers on this, And this appears to be a significant effect, that not only is there a differential effect on females that involves a reproductive system, but now it turns up as a decline in population as a result.

And there's a lot of data here. Look at Switzerland. They had an 8.7% decline. And the Swiss have good data. Goes back 150 years to the start of the modern constitutional government structure. And there's no year that's comparable to 2022 other than World War I. And I've talked to some of my Swiss colleagues and said, "What happened in World War I? You guys didn't—you weren't fighting." Well, they had a general mobilization, and apparently the men were separated from the women. But that was the only—in 150 years, there's nothing like this.

Finally, we get down to you see the deficiencies in the research platforms and the impact it has on certain organ systems. And getting back to testimony of Colleen, how do you have such widespread symptomatology, and I propose the following structure. I call this CoVax disease. We have organ systems on one side where we list and identify the different organ systems. Then we match different processes with those organ systems, and we look at autoimmunity, coagulopathy, vasculopathy, demyelination, inflammation, neoplasia, fibro-protein deposition disease, immunologic disease. And we try to match the organ system with a pathology to get a better understanding of what that other category is and how Colleen possibly could be so unlucky to have all of these things happening. And I think this is a tool that we can use to get to discovery of what underlies that.

I'm not the only one thinking this way. This is a paper from Samim and Associates out of India, which they call, their term was Co-VAN, where they have looked at all of the neurologic disorders that they can identify associated with these gene therapy products. And I think they identified about 38 different entities that go into the neurologic manifestations of what I call CoVax disease. And there's a second paper in neurology that has come to the same conclusion. More recently, there's a paper published that identified 28 types of urologic and renal disorders associated with these products.

Now we get back to the biodistribution, the multi-organ system involvement, and the idea that we're dealing with fundamentally different medical phenomenon, which explains the bafflement. You'll hear that term a lot. The doctors are baffled. Well, I think we're looking at something that's fundamentally different. One of the more dramatic manifestations of multi-organ system disease is multi-systemic system inflammatory disease in children, or MIS-C [Multisystem Inflammatory Disease]. And I'll show you what that looks like. This is the data out of VAERS from ages 0 to 17. There were no cases prior to 2021—no cases—and continued in 2022. Again, you've got that reporting problem. How far away from the injection data are you going to attribute something to the injection?

Interesting, there's a male predominance in this disorder, as there is with myocarditis and pericarditis. So the boys are affected as well; it's not just a female problem. Here's an example, this is a case published by Nushida et al. from Japan. This involves a 14 year-old female received BNT. She's a middle school athlete, healthy. Dose one resulted in arm pain, no fever. The vaccine industry calls this reactogenicity, which is a term I'd never heard before. I have my doubts about why it exists. So she had arm pain, which is not that uncommon, and I'll talk a little bit more about how this product affects muscle. She received dose two almost exactly when she should have, according to the guidelines. Now, she missed the day of school. She had a low-grade fever. She had dose three. It was about nine months after dose two. She had a low-grade fever, overnight had difficulty breathing, and she was found dead. Age 14, healthy.

At autopsy, I mentioned you have these abnormal lymphocytes that appear in great quantities and appears to be the body attacking itself. This little girl had eight organ systems that were being attacked by her own body. But what if you have a mild form of this and you have the widespread distribution of these attack lymphocytes? You're going to have some unusual symptoms and some unusual patterns. And as we look through the Burkhardt Lang series, I found it to be striking that the lymphocyte accumulations, almost to the point of ectopic germinal centre level, occurs in multiple organ systems quite commonly.

This is a muscle on your left. This is heart muscle, which is smooth muscle. Skeletal muscle is called striated muscle. And you can see the regular banded structure on the left. That's normal heart muscle. And the little blue dots are what we call myocytes. It's the cell that keeps the muscle fiber healthy. On the right is an example from the Burkhardt series of what myocarditis looks like. I think it's striking when you see that the muscle is almost liquefied. And in the Pfizer animal studies, they looked at the point of injection in these experimental animals, and their actual term they applied was jellied muscle. So this drug seems to have a profound effect on muscle tissue.

Our second case, this is a 22 year-old competitive athlete, 50 meters swimmer, endurance athlete—well, I guess it's a short distance—but at one year following his first dose, he had clinically significant myocarditis to the point where he committed suicide. His involvement following that inflammatory phase, you have a fibrosis stage. And these are sections from

this young man's heart. This is the right ventricle. And remember how gelatinous that slide looked like. As time goes by, that inflammatory reaction is replaced by just rigid scar tissue. And the heart's supposed to beat. It's like you've got this leather replacing that muscle, and the heart can't beat, it can't pump out blood. So this has involvement of the almost transmural across the entire thickness of the wall of the heart. But in the upper left, which would be on your right, where that arrow points, you have ongoing inflammation.

So this wasn't a one time event. This is a process that's ongoing, and it's active one year. And this is one ventricle. And here's the second ventricle. It's an early stage. You see the muscle fibres are broken down, but you actually have ongoing, significant inflammation with this accumulation of what I call attack lymphocytes. I don't think it was known at the time he committed suicide that he also had an aneurysm developing in his aorta. And depending on where an aneurysm develops, it may or may not be operable.

We found case number ten in the Burkhardt series, where the aneurysm developed just outside the aortic valve and bled into the pericardial sac, and essentially stopped the heart from bleeding because of the clot in the sac. With Dr. Burkhardt, when he presented this material, he didn't also say they found an aneurysm in his coronary artery. So this young man had basically had three potentially fatal lesions.

So people that have these bewildering problems, what is the suicide rate? Look at these. This is just a query in VAERS, and I was looking for suicides. And if you look at these categories, suicide is not even on there. You have behaviour, ideation, attempt, threat—where's suicide? Well, it's in there. If you go and you look at these cases, I found 15 cases where the suicide was successful. That's not reported as a suicide, but the data is actually in here. And of 15 cases of suicide, 13 of them were with the genetic drugs. And looking at the actual case reports of these people, and you heard Colleen's story, people have these horrible manifestations of disease. They can't get help. They're desperate, and they don't know where to go—and it results in suicide.

Well, interesting with all the push and nudging to get these vaccines, I would argue that the public figured it out not to follow all that advice. This is a plot of the vaccination doses administered monthly with paired time wise, with the adverse events normalized back to the date of injection. So the injection dates and the adverse event dates are from the same month. And you'll see there was waves of injection, which is the yellow line. And the public stopped getting this product. It's amazing. They figured it out. Each successive release, you'll see there's less and less uptake and consequently fewer adverse events reported. And this is highly statistically significant.

Consequences, we have a declining population, declining health. We have people with unknown medical problems, turbo cancer, what I call turbo CoVax. And we've just started releasing a report, 99 is up on Daily Clout website, and it's my report where I look at some of these cases that are hidden in VAERS. And I'll do a whole series of case reports out of VAERS and some other sources.

But the impact—and there's a lot of people that are looking at macro data, population data, and these numbers vary—but Denis Rancourt, I think has spoken to this group, has estimated 17 to 20 million deaths worldwide, a birth decline of 8% to 10%. And then the novel diseases I think we're seeing: aggressive cancers, turbo cancers, severe insulin resistant diabetes, unusual presentations like the FLCs, the free light chain disorders, multi-organ system involvement in children and adults, immunocompromise, birth defects inheritability are yet to be explored.

I had an opportunity to speak to Congressman Massie's staff and Congressman Murphy, and this is what I told them. And I gave them a sort of brief version of what I've just given to you. And I recommended that they stop the use of these products immediately, that they pass legislation to stop the censorship and harassment of medical and scientific professionals who are trying to help. If you were to analogize to warfare and you have a wounded soldier, it's like shooting the medic that comes to help the soldier. The doctor patient relationship needs to be restored, and we need to promote public discussions. And I applaud this organization for what you're doing, bringing this to the public directly and establish centres to start identifying the magnitude and character of these disorders so we can begin to help people.

Finally, I thought spirits need to be lifted a little bit. This is the sacred valley in Peru. This is where the Spanish wiped out the Incas, but one of the most spiritual places I think I've ever been to. So I'll just close with that. And thank you for inviting me.

Shawn Buckley
Dr. Chandler, it's a pleasure to have you. I just had one clarification from your presentation before I ask the commissioners if they have questions for you. When you were going through how Pfizer had categorized different conditions, you had mentioned that they mentioned myocarditis and pericarditis as an autoimmune reaction. And I wasn't sure whether you were agreeing or disagreeing because, for example, later on you're showing that heart slide of that 14-year-old, which really is an autoimmune reaction, and the pericarditis and myocarditis could be an autoimmune reaction. So I wasn't sure if you were agreeing with Pfizer's classification or disagreeing with how they had classified those as an autoimmune.

Robert Chandler
I think that's one thing they got right. Yes.

Shawn Buckley
Okay. I just thought we'd clarify that because the mechanism is the body actually attacks the heart tissue. And the heart tissue doesn't regenerate itself. So, you know, we've only got so much, and so—

Robert Chandler
Yes, there's a variety of manifestations of cardiac pathology and myocarditis, and pericarditis are just one of those things. There's also arrhythmias and there's vascular diseases. I mentioned the 22-year-old had an aneurysm developing in his coronary artery.

Shawn Buckley
Right. And I'm sorry I said 14-year-old, thinking of the Japanese lady.

Robert Chandler
Yeah, that was the other one.

Shawn Buckley
So, yeah. Okay, so I'll ask the commissioners if they have any questions.

Commissioner Drysdale
Good afternoon, could you bring up your slides? I think it was about slide number four. It was titled Useful Summary Report 2.4, 5 point something. It was about three or four slides in.

Robert Chandler
Back to Dodger Stadium. Oh, I think I went by it. This one.

Commissioner Drysdale
Okay. Now, I just want to be sure I'm understanding this, and I don't know how many clinical studies you've been involved with on your career. Have you been involved with actual clinical studies and how they're put together and whatnot?

Robert Chandler
I participated in the interlocking nail project sponsored by Howmedica Pfizer, not as an organizer, contribute cases. I worked in a busy trauma centre, so I was involved with some nationwide collaborative studies, but not as an invest—I'm not a research type.

Commissioner Drysdale
Understood. The purpose of a clinical study is to test the—oops, the screen just went off again, oh there we go—the purpose of a clinical study, as I understand it, is to evaluate a certain treatment or a protocol and to see whether it's safe, to see whether it's effective. And in order to do that, is the quality of the information, is the detail, the accuracy of the information that they're recording—I would think would be paramount, would it not, in order to carry out that application or that determination?

Robert Chandler
Absolutely.

Commissioner Drysdale
So then I ask you, I'm looking at your slide, and perhaps I don't understand it, and it's the small box to the right that you've got labeled as Table 1.6 AES. And the first few things there, it's got Gender and it's got *F*, *M*, *ND*. Well, *F* must be female. *M* must be male. What's *ND*?

Robert Chandler
It's unknown.

Commissioner Drysdale
So you're telling me that 7%, 2990 of those people that they brought into this study, they didn't know if they were male or female?

Robert Chandler
That's right.

Commissioner Drysdale
Okay, let's move on here. You got age. Oops. Screen just went away. Somebody doesn't want me to see this screen. So I just go down, you've got less than 12, 16, 17, 18, 50, and then there's something that says *UKn*. What's that?

Robert Chandler
Unknown.

Commissioner Drysdale
So out of 42,000 people that they selected, that they solicited—if I heard Dr. Hazan correctly, she has to advertise to get people to come into these clinical trials—so this is a clinical trial of 42,000 people and they don't know the age of 6,876 people.

Robert Chandler
Let me clarify what 5.3.6 is. The clinical trial ended in fall of '20. Beginning with mid-December extending to the end of February is where this data comes from. So this followed the clinical trial.

Commissioner Drysdale
Understood. But is this not information provided to the CDC or FDA from Pfizer?

Robert Chandler
Oh, yes. Yes, it is.

Commissioner Drysdale
So what you're telling me is that Pfizer said to FDA, here's our results of our clinical trial, and it's supposed to prove, or it's supposed to disprove the efficacy and the safety of this, but the basic fundamental thing, how many are male or how many are female, they don't know, some of them. 2990 they don't know if it's a male or female. They don't know the age of 6,876. And I just want to continue on this.

So I'm looking down as well, and it says Outcomes. So out of 42,000 people, 19,582 means they don't know, they say Recovered or Recovering, and recovering means they haven't achieved the recovery yet because they're in the process. So they don't know what the final outcome of whatever number of that it is, because some are recovered and some are recovering—that's 20,000, almost half. And then they've got Not Recovered, 11,361 people. They've got unknown again, 9400 people—that's 22% of this controlled study. They don't know what the outcomes are.

Robert Chandler
Let me clarify. This is not the control study.

Commissioner Drysdale
What is this? Oh, this is the February document, which studied—okay.

Robert Chandler
This is the post-marketing data.

Commissioner Drysdale
So on the post-marketing study, which is a follow up, once the vaccines are being pushed out to the public, they're following up and they're submitting this information to—I suppose this information would be used to review the safety of the product, and the data is this incomplete. What's the purpose? In Canada, I know who it is, but in the USA, there's the FDA and the CDC. What's the purpose of those two groups in reviewing this?

Robert Chandler
God knows.

Commissioner Drysdale
What do you think the public thinks their purpose is? When the FDA says, we've approved this, or the CDC? I guess it's the FDA. I guess when the FDA says, "We've approved this drug," what do you think the public thinks that means?

Robert Chandler
That all of this was analyzed thoroughly and explained, and it wasn't.

Commissioner Drysdale
Would it be possible to look at this post-marketing study data, which is missing so much information, has so much basic information missing, to make that determination.

Robert Chandler
My opinion is that you stop right here and you look and you find out what happened to these people. This is also part of the clinical trial that the numbers aren't quite as impressive, but similar things did happen. And I'll say something. We got down on Team 3 with looking at—our IT people, Dan and Tony and Ed, were able to pull out the patients—we actually looked at their records. They're all superficial. It's horrible. If I was on rounds with a medical student and I said, "Can you present the case to me?" and they gave me what Pfizer has recorded, I'd have said, "You need remedial help. That's not the information."

Commissioner Drysdale
Well, in the clinical trial, going to the clinical trial now, we heard previous testimony that those first clinical trials were just unhealthy people. They tested people to see that they weren't pregnant. They only applied it to—there were a number of people that were

discovered to be pregnant partly through the study. And my question to you is, how do you only test on a certain group of healthy people, and then roll it out and mandate it for people of all ages, all health conditions, all manner of comorbidities, and think that that's safe and it's a complete study. How is that possible to extend that to an actual population from a selective population?

Robert Chandler
You can't.

Commissioner Drysdale
Thank you.

Robert Chandler
Let's see if I can clarify that a little bit. One of the groups that was underrepresented in the phase three trial were people of my age.

Commissioner Drysdale
Yeah.

Robert Chandler
Not that they didn't have comorbidities. So there are comorbidities in that clinical trial, and they're somewhat balanced. There's some irregularities in the dropouts, and Team 3 is looking at that data pretty carefully. So the group that they were really pushing it for the elderly was not adequately tested.

Commissioner Drysdale
Thank you for that.

Shawn Buckley
Well, it looks like those are the questions. Dr. Chandler, thank you again so much for being willing to travel and share with us today. We so appreciate you coming. On behalf of the National Citizens Inquiry, I'd like to sincerely thank you for coming and sharing with us today.

Robert Chandler
My pleasure.