



NATIONAL CITIZENS INQUIRY

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Day 3

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EVIDENCE

Witness 3: Sheena Clarke

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Kassy Baker

Hello, Sheena.

Sheena Clarke

Hello.

Kassy Baker

Hello, you can hear me all right? And I can hear and see you.

Sheena Clarke

Yes.

Kassy Baker

Very good. Now, Sheena, can you please spell and state your name for the record?

Sheena Clarke

S-H-E-E-N-A C-L-A-R-K-E. Sheena Clarke.

Kassy Baker

Now, do you promise to tell the truth, the whole truth, and nothing but the truth at these proceedings herein?

Sheena Clarke

So help me God.

Kassy Baker

Now, I understand you're here to testify today about your experience working as an RN in a hospital through COVID and through the vaccinations, of course, and that you're also going

to tell us about the effects that you've observed and the impact that it's had on your life and career. Can you just start by telling us a little bit about your background, where you reside, your education, and how long you've been working in this field?

Sheena Clarke

I am an RN in New Brunswick and I have been a nurse for 20 years now. I actually worked in a major hospital here from 2004 when I graduated, up I believe until around 2017. I worked in all departments. I was a float nurse. I was one of the only nurses that did not refuse to go to any department, so I would work anywhere, wherever they were short that day. And I actually went to two local hospitals. So I was the only one who would drive over and go to the other hospital, because I was pretty adaptable and worked everywhere from emerge to family med to ICUs. It didn't matter; I went there.

Kassy Baker

So it's fair to say that you've had a very broad exposure to most areas of most hospital wards of various types, and that you've certainly treated many patients during your career.

Sheena Clarke

Yes. After that, I did go into the nursing home sector. I had children and decided it would be better for me just to take on part-time employment in order to raise my children. So I transferred into the long-term care setting and have worked at two different nursing homes since, and in the public sector as well.

Kassy Baker

So during the early days of the pandemic, in or around March of 2020, where were you employed at that point and what kind of facility?

Sheena Clarke

It was a nursing home. I was the night charge nurse.

Kassy Baker

And in those early days of the pandemic, what were your initial observations and assessment of the pandemic? What symptoms did you see in your patients at that point?

Sheena Clarke

There was a lot of fear in the early pandemic. When I graduated, I was a vaccine pusher, so I quite enjoyed vaccines and had a little bit of a wake up later. But during that pandemic, what I noticed was a lot of people were not reading research. The TVs were on 24/7 spouting fear. A lot of the residents were absolutely depressed and very, very confused. They just wanted to see their families. They wanted to die because they were so lonely.

There was no COVID in my facility. I worked with wonderful people. There was nothing. The only thing that I would say is that, I mean, we already knew that we had problems in the SARS pandemic. A report was already done about it, and we learned that we needed proper PPE protocols, which is your personal protective equipment. We did not have

enough supplies, so we were told to use dirty masks, two masks a week, keep reusing them over and over again, put them in a Ziploc baggie in your locker.

And I saw patients getting really, really fearful from what was on TV. And they were, like, wearing masks to bed, sleeping with masks on. And it was really, really hard to get them out of the mindset that something terrible was going to happen to them. They were very depressed and very, very fearful. And the staff was, too.

Like, we had—I call them mayonnaise memos. We had constant memos from public health every single day, telling us about the case counts, the numbers. And they would have the weirdest things I've ever seen on there, like: stop sharing condiments, effective immediately, because mayonnaise can spread COVID. “Stop sharing. Do not bring your lunch from outdoors at a restaurant, but you can bring it from the Superstore. But you can't bring it from the Superstore anymore; it has to come in Tupperware from your home. But you're allowed to bring coffee in, but not food”—like, they were insane. There was a lot of fear and a lot of depression.

Kassy Baker

So you were at the same facility when the vaccination rollout occurred, is that correct?

Sheena Clarke

Correct.

Kassy Baker

Leading up until that point, had you spoken out about your concerns regarding what you were observing: the fear, the changing policies in memos. How did you respond to those initially?

Sheena Clarke

Well, I had kind of seen it coming. There was already things that were going on within our province themselves, and I was able to sit in on legislation hearings with regards to childhood vaccine mandates. And there were some things said by some of the Ministers there that caused me quite a lot of concern—almost a threat that something was coming. So that bothered me. I could see something in the works.

Kassy Baker

And when was that? Sorry, when you attended this hearing, approximately when was that?

Sheena Clarke

Around 2017—no, sorry, it started in 2017. It progressed into 2018 and I believe 2019. I can't remember those dates exactly, so forgive me. But I had listened to multiple doctors, nurses, the public speaking out, and what I got the impression of, there was a lot of lobbyist activity going on and a lot of people with certain agendas to push.

And I was threatened by somebody. It's hard to say, but they were being very disrespectful to some of the speakers. And I asked them to please stop what they were doing. It was a Minister. And they said to me, “You're not afraid of me?” And I said, “Of small men? No.”

And they said, "You will be. Wait and see what happens in the fall." So there was a lot of things that were already happening.

Kassy Baker

I'm sorry. And that reference was before the pandemic, is that correct?

Sheena Clarke

Immediately before.

Kassy Baker

Did you raise your concerns regarding what you saw with management regarding your residents' mental states, the fear that you were seeing? Did you raise those issues with management?

Sheena Clarke

I did, constantly. It was just something that we had to get through. It was only two weeks, and then it was only going to be a month or maybe about two months. So, like I said, these memos constantly came out and said, "Just two more weeks, three more weeks." So it was ongoing, like the bar was being pushed. So there wasn't much we could do.

Kassy Baker

And just to clarify, did you see any cases of COVID within your care home at that point?

Sheena Clarke

No, none.

Kassy Baker

So as we've already established, you were still working at the long-care home when the vaccines were rolled out. Do you remember approximately when the vaccination started being administered to the residents?

Sheena Clarke

Yes, it was in January of 2021.

Kassy Baker

And what can you tell us about your observations regarding your residence in those early days?

Sheena Clarke

I already had a religious exemption. I was happy that the residents were going to get the vaccine. Like I said, I constantly read the research. I was aware of potentials. And after the first shot, the Pfizer was frozen. I did notice some weird things, but I really second guessed myself. I figured they would have had to work out these kinks. Like the WHO said they were

going to make sure that these were safe and there was going to be a robust reporting system.

So what I initially saw was people, literally the day of and after—like, the days after—they were really, really short of breath. They would get up in the night and ask if there was something that they could have for breathing. And I worked with the most wonderful people. It was such a loving care home. Like, I loved my job. And the residents typically slept all night, so they were waking up and saying, like, “I can't breathe. I can't breathe. Can you give me something? Can you give me a puffer?” And they were also complaining of non-radiating chest pain. So I would do their blood pressure, and their blood pressure wasn't high. They had no signs that they were having a heart attack but they had this, they were like, “Oh, it feels like pain. Just pain, like burning rubbing pain in my chest.”

Kassy Baker

My apologies. Just to clarify, roughly, how long after the administration did you start observing these?

Sheena Clarke

Days for the shortness of breath and the chest pain—days to weeks, there were multiple people with that issue. Yeah, days to weeks. And then it progressed. More people complained of the same situations. I noticed. I incidents-map a lot to try to figure out what's going on. So there was just numerous people complaining about that.

They said that there was a burning in their chest. I'd do their blood pressure, it was often low. It wasn't high. They had really irregular and high rapid pulses—just not normal for them. Previous pulses were maybe 60, and they were at, like 152. I'd call the doctor, and they would, in one way or another just get me to get them to rest, give them fluid, that sort of thing.

Because in the nursing home system, it's kind of like the perfect storm. If you're going to enrol a new technology, you have a group of people who are very locked down. They don't have contact with their family, and the majority of them don't want to be sent to a hospital. So they've agreed to that beforehand. They only want symptom management.

There was also seizures. Patients started having seizures with no seizure history. People with seizures history had worse seizures. And there was fainting or just going flaccid in a chair, and it looked like Transient Ischemic Attacks. So, TIAs, quite a few of them.

Kassy Baker

And at what point did you start observing these more serious side effects, like the seizures and the TIAs?

Sheena Clarke

Weeks, and the months following. But I also noticed there was changes in blood work because I was responsible for taking all the bloods at night and writing them down. And there were changes that I'd never seen in blood work. Like, I didn't know what they meant, because we normally look at the same thing, like sodium, potassium chloride, you know, your red blood cells, white blood cells, things like that. And I was noticing things, like, I didn't even know what they were. Really odd, odd numbers like esinophils—way out of

range. MCHC [Mean Corpuscular Hemoglobin Concentration], which is like, I didn't even know what that was: mean corpuscular hemoglobin. I don't even know—hemoglobin count, I think that's what it was. MCV, which was mean corpuscular volume—low white blood cell counts with people with infections. So there was a lot of weird things going on, but I couldn't really put it together at that time. I thought, “Maybe I'm just overthinking this.” I knew the research, but I did raise an alarm that I think something's going on here.

Kassy Baker

My apologies, when you say that you raised an alarm, who did you raise your concerns with?

Sheena Clarke

We were told to put our concerns on the doctor's board, so I did pass it along. The doctors would be aware of this, but I will be very, very honest. This vaccine rollout was very fast, and something that I advocated for right from day one was I recognized that there was a knowledge gap, and doctors and nurses are not trained on how to recognize and report vaccine injuries at a bare minimum. Like, I self-educated; we're a self-regulating profession. So I always read research. That's all I did is read my Bible and research. And I was a little bit aware of what I could be seeing, wondering why it would affect the blood. And when I raised the alarm, there wasn't too many people that understood what they were seeing. There was a huge knowledge gap. There was not a good reporting system to begin with.

Kassy Baker

So, regarding the reporting system, did you attempt to make formal reports regarding your observations?

Sheena Clarke

So that didn't happen until— Like, I had called public health at that time. And they said, “Did the person have any anaphylactic shock?” And I said, “No.” And they said, “Well, the only side effects of this is a sore arm and possible anaphylaxis within 15 minutes. Are you seeing any of this within 15 minutes?” And I said, “No.” And they said, “24 hours?” And I said, “Well, you know, a couple days, yes.” And they're like, “Are you the person that is responsible for reporting in your facility?” And I said, “What are you talking about? Like, we have the vaccine injury form here. I've reported injuries before, so why am I not allowed to now?” They said that they designated one person in each nursing home who was responsible for all the reporting, and that wasn't me. And the vaccine was safe and effective and not to worry about it. And then after the second shot came out, that's when I became very concerned. That was also a frozen shot. And that's when I actually tried to report stuff.

Sheena Clarke

Essentially— Go ahead.

Kassy Baker

I apologize. I was just going ask if you spoke with the individual identified as the designated person to report side effects within your facility? Did you speak with that person? Did you know who that person was?

Sheena Clarke

Yeah, and she was concerned. We were all scared. Everybody kind of started noticing things that were happening, but I think that we mostly noticed after shot two. It was very, very mild in shot one.

Kassy Baker

So what did you observe after the second shot?

Sheena Clarke

Yeah. So I had to write a couple of these down, because I have short term memory from PTSD now, and I do want to make sure that I cover them. I did notice all the same symptoms above, mostly people fainting or looking like they were having TIAs. We had a 300% to 400% increase in infections, because I was responsible for mapping that stuff. And I could see normally we might have three infections a month, and that jumped up to 13. And they are just random numbers. They're not exact. But I did note that it was 300% to 400% increase, and these infections were not going away anymore with antibiotics. So they would need multiple rounds of antibiotics.

And previous to working there, right before I had children, I was studying to be in natural medicine, and I had more of a holistic understanding of how the body tries to excrete toxins. And I really enjoyed studying epigenetics. I understood that these toxins and these stressors are actually what diseases are, and there's not really any such thing as genetic disease. It's, you know, the way the stressors and the toxins affect your body.

So I was aware of how things tried to escape your body. So when I'm seeing infections in the lungs, the skin, the blood, the bladder, the bowels, everything right across the board in, I would say, about 15% to 20% of the patients, at that time it caused me alarm, because I wondered if something was going on with the immune system.

And people were also coming up to me, and we didn't test them initially. But after the shot, they were acting like they had COVID symptoms, right? So they told us not to test at that time. Everything that you did at that time had to go through—and I'm not sure who it was, but somebody higher up. Like, there was people watching the hospitals. You couldn't admit people unless you had approval first from a nursing home. So when we noticed these breathing problems and the dry cough and everything, we wondered if they had COVID, but we didn't test for a little bit. We eventually did start testing, but there was nothing.

I also noticed immediately following the second shot, there was a lot of staff that called in sick. And, I mean, we all loved our job. I loved the management there. I have nothing bad to say about it. It was a very scary time. But I'm not used to seeing that many sick calls. You might have one every couple of days, but I was getting three to five sick calls a day, and they were all the exact same thing. They were, "I'm really bleak. I really don't feel very well. I've been vomiting non stop."

I remember one person telling me it felt like their brain was swollen inside their skull. They'd had a migraine. Migraines were the big thing that, "I feel like I've had a migraine for seven days." And it was repeated calls and call-ins with these people for, like, days to weeks after.

Kassy Baker

Did you experience any of these symptoms yourself?

Sheena Clarke

I did not take the vaccine.

Kassy Baker

Right. Did you notice any changes in your health following the vaccinations that occurred within your facility?

Sheena Clarke

Not the first one, but after the second one came out, like I said, I was seeing— The main thing that really caused me concern was the blood clots. So we had blood clots in legs, DVTs; they're called deep vein thrombosis. We had PEs, pulmonary embolism. We had blood clots everywhere. We had multiple heart attacks and strokes within a very short time—multiple residents. We had elderly ladies telling me that they were restarting their periods and the blood clots that were coming out of them were massive—like the size of two fingers.

So people started developing blood blisters on the skin, and perhaps there was a cause for it. I can't correlate. I cannot definitively say that this was caused by the vaccine, but, I mean, you've heard other people's testimonies. We had blistering all over the body, and it was determined it was like a bullous pemphigoid, which is—was rare, I will say.

There was failure to thrive. People just stopped wanting to eat, drink, anything immediately after the second frozen shot. Lots of herpes and cold sores, like multiple residents not even in contact with each other had cold sores on them. And shingles, lots of shingles. There were residents who were going jaundiced, so it looked like something happening with their liver, but they also had what I thought was petechiae all over the back. But I later realized it was a thrombocytopenia rash.

There was increased confusion and memory loss. Rapid progressing weakness, lack of mobility. People who were able to stand were no longer able to stand. The colds and flus: When people got colds and flus after that, it lasted a lot longer, and they got a lot sicker. There was really high blood sugars, pardon me, in the diabetics. Rapid and aggressive cancers: so people who were in remission, like, just exploded. And there might have only been three people with a history of cancer, but they were in remission. And then new people started getting cancer. High increased death rates. Sudden and unexpected deaths.

And eventually, some of these things as more shots came out—because I do believe we're on number eight or nine now in the elderly—the Foley catheters I noticed. And I've also—not my personal experience—but I know a lot of nurses, they're pulling white fibrotic clots out of PICC lines and foley catheters. I've seen multiple Foley catheters clog after three days. They are hard, hard, white fibrotic clots that look like a vascular system. And when you try to cut them with a scalpel, they're not cutting. They're very, very—almost like a rubber thickness.

After that stuff had happened— Oh, also I remember nurses, they all said they were having problems with their menstruation: heavy, heavy, painful periods. That was another reason why they called in: big blood clots. And there was issues in pregnancy afterwards. There was staff that also fainted and had issues, cardiac issues, in staff as well. Oh, there was so much. I can't remember it all.

Kassy Baker

Thank you.

Sheena Clarke

But that's when I became very concerned.

Kassy Baker

So did you try to raise these concerns again with the administration or with public health? And what was the response that you received?

Sheena Clarke

Well, that was when I got threatened by public health, that I was not the proper person to report, and they had remembered me calling because I wanted information. Like, our vaccine inserts were blank. There was no information we really had on them. Like, informed consent wasn't truly given, I mean. So I was wondering, "Are you seeing any of this stuff?" And it just was like a mockingbird: "It's safe and effective. It's safe and effective. You have no reason to be concerned. These types of things are in your head. It's a conspiracy theory."

So at that point, I started reaching out to people that I knew. The thing with nursing and working in a lot of places is, you know a lot of people. It was confirmed that six other local nursing homes, the staff that I knew in them were all experiencing the same thing. But only a few people in each nursing home kind of noticed it, and they had the same result that I did. We were told from the outset what to expect for reactions, and it was a sore arm and anaphylaxis within 15 minutes. So all of these things fell outside that range, and they were not of concern. "Old people are old and they have health concerns and they die," was what I got as a response.

Kassy Baker

So when you tried to raise these concerns with the facility or with public health, how did this affect your relationship with your employer? Did it put a strain on your working relationship?

Sheena Clarke

Initially, well, it didn't. There was quite a few nurses that were concerned, it was RNs and LPNs and some RAs, too. And we had mentioned it and put it on the doctor's board a few times. It didn't seem like it was getting addressed, or like Tylenols were being ordered. But again, we don't really go to drastic measures in the nursing home. But at the bare minimum, I figured that an injury report should be filled out. And when I was raising these concerns, I came to the point that it was time for me to share the research that I knew.

So I started leaving research in the nurse's office, the doctor's office. I never once spoke to any of the patients about it. I didn't feel like that was my role to do that, but I definitely was advocating for them. I guess that the research that I had left scared people. And I was told that I was not allowed to leave research in— The Doctors and nurses share an office usually in nursing homes, and I wasn't allowed to share the research any longer. It was too

scary. And if I had a need to share the research on patient concerns, then I had to put it in a sealed envelope and slip it under the door to somebody.

Kassy Baker

How long did your employment continue at the facility from that point?

Sheena Clarke

At that point, it became increasingly strained. I was scared. Like, I was really scared. I know what a normal death looks like, and these weren't normal deaths. I felt like I was witnessing murder, and it became really hard. I was already having health issues from wearing the dirty masks. I'd already needed to start puffers, and I was developing really large blisters behind my ear and the back of my neck, and I thought it was from wearing PPE all the time. That's what I was told, the mask ties rubbing all the time in the PPE. So my health was already starting to fail there.

And I began to start having a lot of anxiety, thinking, "What if this really is vaccine injuries and nobody is helping me with this? Like, what happens if this gets unrolled to the public?" I began to call outside because I recognize the knowledge gap, right? So, like, I cannot point a finger and blame there because it was very, very top down controlled. So I started calling everywhere, like I said: public health, my regulatory bodies, everywhere I could, trying to get help. And I was gaslit at every single turn.

I was crying. Like, I probably sounded nuts because I was writing all these emails, trying to share research. And I remember one time I began to feel so unsafe that I actually had to start recording my phone calls in some of the circumstances with the upper echelons of where I was trying to contact, not within my facility. But I was terrified because I was being gaslit so much.

And I remember bawling my eyes out and saying, "Please don't give this to the public. Like, we're only on shot number two. Just pause it. Just figure out what's going on here." All you need to do is look into the incidents. Like, you can incidents-map that something is going on here. And I remember bawling my eyes out and I said, "Please don't give this to kids. Don't give it to kids."

It was shortly after that that—it was in the summer-fall area—that I was reassured multiple times by my union that they were not going to mandate anything because we had enough vaccinated staff within our nursing home. I was trying to tell them what I was seeing. And then some people had began dying. We had a lot of deaths, probably around the end of summer, beginning of fall of 2021—a lot of deaths. And one of them really, really, really affected me. And, yeah, it got hard. I cried a lot. I cried every day.

Kassy Baker

You mentioned earlier that you had received an exemption and that you had some assurance from your union that you would not be required to get the vaccine. But I understand at some point your employment was terminated. Can you tell us a little bit about the circumstances of your termination?

Sheena Clarke

So I was starting to have really, really, really bad health issues with regards to the masks. Well we eventually got clean masks, and that wasn't their fault at all. That was just supply, you know. But I was aware that there were multiple facilities outside of nursing, like places in my area that had more than enough masks that they could have shared. But anyway, I was already having health issues from that stuff.

And then I experienced around the fall of 2021 that mandates came into effect. The union had said that they were waiting for direction from the government on what to do with regards to mandates, and they were looking into the legal issues. I'm not the type of person to wait, so I went higher and I actually called the ones above them that make decisions. And they were waiting for direction from the federal government and looking into the legal implications.

My health was failing. I began having flashbacks, but I still, like, "You know, I'm going to get through this. I'm going to do the right thing." I know, I've kind of gone off topic, but I did attempt to report a few things. Nothing, I had to wait for management or somebody else to do it. And all this stuff had caused a strain. The mandates did come out. I'd already had a mask exemption, which wasn't accepted of course, so I continued to work masked.

And then the mandates came out. They refused to look at my religious exemption. They said it wasn't a real exemption. It was signed by my pastor. It was a real exemption. I've had a religious exemption since about 2010. And I went on stress leave just prior to that because my son, all this stuff was going on. I was really just crying a lot. And my son actually got really sick and was a life and death situation and was rushed into the local hospital, at which point my five year-old autistic son, I was told that I was not allowed to be with him, and we weren't sure if he was going to live. They told me that I was being removed because I was unvaccinated. So there was all of these stressors happening.

I went out on sick leave. I did switch to sick EI [employment insurance], I believe it was in December of 2021. And my doctor at that time told me just to take some time off and hopefully that the stuff would get figured out, because it didn't look like they could legally do this. I eventually lost my doctor at that time as well, so that made things difficult.

But, yeah, I was on sick leave around December 2021, and I got a letter in December telling me that the mandates were going to take effect. And I figured, "Well, I've got until about Easter. I shouldn't need to do anything right now." And hopefully, I was already in contact with the union. I thought, "Hopefully they are going to figure things out before I have to go back." And then I received a second letter in January of 2022 telling me that I was terminated, while I was on an approved sick leave. I wasn't put on a leave without pay. I was terminated.

Kassy Baker

And I understand that you still have not resumed duties as a nurse at this point, is that correct?

Sheena Clarke

No. Well, I actually am working in nursing, yes, but that's a different situation. When I came back to nursing, I didn't realize that it had affected me so bad at the previous place. And like I said, I worked with amazing people. It was what was above that, so the silencing that came from above that, that was controlling all of us, right? Like the fear, the silencing, safe

and effective. So when I returned to work this time, I was guaranteed— Like, I made sure I did my due diligence. I worked in the public sector, outside of nursing for a while.

One of the things that I noticed when I was back at the other place— Like, I have returned to nursing, but I do need to talk about this because I do believe it's crucial. One of the things that I noticed early on when I wanted to report these as injuries: Because I was able to go into the *PubMed* literature, anything that I did I made sure I had the science to back me up. I could find proof that it had already been recorded, whether it's in VAERS or whether the science was in *PubMed*, about a lot of these things that I was seeing.

And so I went to the forms to fill it out because I was just going to do it anyway. And one of the things that I noticed is that we were told to use the New Brunswick AEFI [Adverse Events Following Immunization] forms: Acute Injury Following Vaccination, or whatever they're called. But we were told to use those and typically we'd use Canadian forms. And when I looked at those forms, I noticed that there was a difference. This was in about May 2021. There was no area to report COVID-19 injuries, but on the Canadian forms there had been since the very beginning of the rollout. So they left that section out. This was the 9E section on the NB AEFI form. They later added it before I returned to nursing.

In the time that I was out of nursing, working in the public sphere, I spoke to thousands of people—just non-leading questions. Pharmacists, police officers, firefighters, paramedics, anybody that I saw working within that field, I would just say, “How have things been?” And they were seeing all the same things as me. So before I returned, I’m—

Kassy Baker

Sorry, we are running over time at this point, and I want to ask you just one more question before we can conclude. And that is why you wanted to testify here today?

Sheena Clarke

Well, when I went back to nursing, they assured me that things were going to be fine—I’m meaning public health. They had told me that they opened up the vaccine reporting system to allow anybody to testify—so the public or anyone. But what I noticed was that there was still a knowledge gap. They did not disclose to people what was actually happening and what nurses were seeing, or doctors.

And for me, the effects of this has had a massive impact on my life. Like, at the beginning of the lockdowns, we lost a family member. They couldn't handle being shut in for so long. Like, it affected the education of my kids. I had three special needs kids and I had to tutor them all. My church was shut down, and I had to have church outside in the middle of winter for three years. I lost my home business. I had social isolation. I was terminated.

Everything was tried. Everything has literally been stripped from me. I now have depression, PTSD, anxiety. I have physical health effects because of the stress that I went through. These abscesses were finally diagnosed, and they're stress induced. Well, one of the ways they can happen is a stress-induced, is what I was told.

I'm facing an uncertain future as a nurse. I did everything that was right. I went to every official to try to tell them the errors that I was seeing, the knowledge gaps, and I was constantly silenced. But after I would tell them, especially when I got to the part of arbitration, the changes would happen within weeks later. When I would disclose what was

happening and why I had a legal case and why I was going to win, they continuously told me that I was wrong about everything. But then the changes happened after that.

At this point, I've had a massive financial impact. Literally everything that I once had—friends, family, everything—it's all gone. And I was the breadwinner. I don't know if I can pay my mortgage next week, and I've been living like that for two years. The amount of debt that I've gotten into. Everything was taken, and I was just trying to do the right thing. And I know that they are worldly things, and I know that there's a lot of other people like me out there and just they are terrified to speak.

I did everything on my own, trying to make a change. And I felt like one person—like, I felt like David up against Goliath. And I really, really, I wish that more people would come forward with what they know, Because I know thousands, thousands of people who have told me their story.

Kassy Baker

And were so glad that you are coming forward now with what you know. Are there any questions from the commissioners?

Commissioner Kaikkonen

Thank you for your testimony. I have a couple of questions. When you said that the staff were only allowed two masks, did anybody do a refusal to work under the Occupational Health and Safety Act, or did anyone go to the union and express concern?

Sheena Clarke

I did.

Commissioner Kaikkonen

You did? And what did the union say?

Sheena Clarke

There's a shortage. It's something I have to deal with.

Commissioner Kaikkonen

So there was no help or protections in that avenue?

Sheena Clarke

No. They didn't even help me after I was terminated, really, until I studied all the law myself and started threatening.

Commissioner Kaikkonen

Okay. And the residents, did they get regular change of mask or were they limited as well because of the supply shortage?

Sheena Clarke

They were not supposed to be wearing them because they didn't really have the mental capacity to be able to take them off, and they were wearing them to bed at night, sleeping with them on. So they didn't need to wear them. It's just some people were in such a state of fear, they were wearing them 20—like, days on end and sleeping with them. I had to remind them that they were safe, there was no COVID, and ask them to please not suffocate themselves.

Commissioner Kaikkonen

And when you were on an approved sick leave, did you ask your doctor for a medical exemption as well to supplement your religious exemption?

Sheena Clarke

They weren't allowed to write medical exemptions. I actually had spoken with their higher ups and they were not allowing any medical exemption to be written for any circumstance whatsoever.

Commissioner Kaikkonen

And that was coming from the New Brunswick Health Authorities? Do you know where it was coming from?

Sheena Clarke

I told from my family doctor that he was not allowed to write any form of exemption, even for a mask. But he knew how sick I was. And in the beginning he did try to advocate for me, and I believe that's what ultimately led to him trying to make up a situation so that he could get rid of me as a patient. Because what I was seeing and saying was bothering him, and he was ethically conflicted as well.

Commissioner Kaikkonen

Okay. And my last question is about the knowledge gap. Where would you suggest that the knowledge gap start to be corrected? Would it be in the Bachelor of Science, the Bachelor of Science in Nursing? Would it be at the public health agency level? Would it be at the employer level? Who should be filling the gaps, the knowledge gaps, so that what is being mandated by the health authorities actually works into practice on the day-to-day level, from your operational side.

Sheena Clarke

There's no mandatory reporting and there's no mandatory education on it. And most people don't realize that when the body is trying to shed toxins what that will look like. And they don't have vaccine ingredients, they don't study how it could affect the body. So right now, I believe it needs to be in the education system. Because we learn about blood transfusion reactions, we learn about pharmaceutical reactions, but we don't learn about vaccines. At least when I went, and I have asked girls that are just coming out, they're taught how to give the shots; they're not taught what happens afterwards.

So I believe it needs to happen in the education system, but it also needs to happen at public health, because public health was being controlled somehow too, being told what to

do. And I actually had public health nurses disclosing to me that they were being told to keep the injury numbers down, but they had had hundreds of women calling and complaining about menstrual issues and stuff.

So every time there's a vaccine roll out, no matter what it is—flu shots or COVID shots—there needs to be some form of mandatory education, and that is not currently it. We get a little, like 1 hour that we can do to look into it at a self-directed pace. So it really needs to be directed at all levels. It's never been a training that we have. We're self-directed professions. And that's what I was told by my higher ups, like my association. They said, “You're a self-directed profession. If you're not reporting and you recognize them, well, then that could fall back on you one day.” But we were being stopped by public health, whoever was controlling them.

Commissioner Kaikkonen

Thank you very much.

Kassy Baker

On behalf of the National Citizens Inquiry, we'd like to thank you so much for your testimony here today. Thank you.

Sheena Clarke

Thank you. God bless.

Kassy Baker

Same to you.



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