



FINAL REPORT

| Vancouver, British Columbia Hearings

**National Citizens Inquiry (NCI)
Investigation: Are Children Safe In Canada**

Volume 1, 2 & 3

April 30, 2025

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Title: National Citizens Inquiry (NCI) Investigation: Are Children Safe in Canada

Publisher: National Citizens Inquiry

First Publishing: PDF, English, Canada, April 30, 2025

<https://nationalcitizensinquiry.ca/>

ISBN 978-1-998416-17-2

National Citizens Inquiry, 2025.

National Citizens Inquiry (NCI) Investigation: Are Children Safe in Canada, April 30, 2025

This title has three volumes:

Volume 1: Executive Summary

Volume 2: Analysis

Volume 3: Witness Transcripts

Commissioners: Kenneth R. Drysdale, Chairperson

Patricia Robertson

Myriam Bohémier

Stephan Larsson

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

April 30, 2025

To: The National Citizens Inquiry (NCI)

Re: National Citizens Inquiry Investigation: Are Children Safe in Canada

In accordance with the Mandate and Terms of Reference established by the National Citizens Inquiry, we, as fully Independent Commissioners, have conducted an inquiry into the safety of children in Canada.

With this letter, we respectfully submit our findings, as detailed in this Report, to the citizen-organized and citizen-funded National Citizens Inquiry.

Signed, the Independent Commissioners:



Kenneth F. Drysdale
Chairperson



Patrycia Robertson



Myriam Bohemier



Stephan Larson

Notice to Reader

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

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

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

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

Table of Contents

Table of Contentsiv

1. Executive Summary2

1.1. Overview of the National Citizens Inquiry (NCI).....2

 Purpose and Need for the NCI2

 Structure and Methodology2

 Key Findings3

 The Need for the NCI4

 Purpose and Aim of the NCI4

 Structure and Operation of the National Citizens Inquiry5

1.2. 2024 Vancouver Public Hearings6

 General Principles of the 2024 Vancouver Public Hearings6

 Schedule of the 2024 Vancouver Public Hearings7

 Conclusion.....7

2. Independent Commissioners9

 Selection of Commissioners.....9

 The Commissioners10

 Commissioners’ Evaluation of Evidence and Report.....12

 Preparation of the Report13

 Concluding Observations on the Process15

3. Public Hearings.....18

 Introduction.....18

 The Importance of Inclusive Representation in the NCI19

 Engaging Government Officials19

 A New Approach in 202419

 A Stark Lack of Interest19

 Why This Is Of Concern20

 Conclusion20

3.1. Detailed Information from the Vancouver Public Hearings23

 List of Witnesses:24

 Exhibit Archive27

4. Analysis.....	32
Introduction to the Format of the Analysis Section	32
Broad Topics Included	32
4.1. Education and School Environment.....	33
Reference to the Original NCI Report.....	33
Introduction.....	33
4.1.1. Curriculum Content and Ideological Influence.....	34
Introduction.....	34
Discussion of Witness Testimonies.....	35
Discussion and Analysis of Issues Raised by the Witnesses	50
Content and Age-appropriateness	50
Lack of Parental Consent and Involvement	50
Ideological Bias and Academic Freedom	51
Transnational Influence and Policy Alignment	51
Conclusion	51
Recommendations	52
4.1.2. Parental Rights and Involvement in Education.....	54
Introduction.....	54
Discussion of Witness Testimonies.....	55
Discussion and Analysis of Issues Raised by the Witnesses	59
Limited Parental Involvement in Curriculum Development	59
Policies on Student Consent Without Parental Approval	59
Impact on Family Dynamics and Trust	60
Transparency and Communication Gaps	60
Legal and Policy Framework for Parental Rights	60
Conclusion	61
Recommendations	61
4.1.3. Teacher and Administrative Bias	64
Introduction.....	64
Discussion of Witness Testimonies.....	65
Discussion and Analysis of Issues Raised by the Witnesses	69
Influence of Personal Beliefs on Instruction	69
Lack of Alternate Perspectives in Curriculum Content	69
Administrative Support for Certain Ideologies	70
Impact on Student Expression and Classroom Dynamics	70
Implications for Parental Trust and Community Relations	70
Conclusion	71
Recommendations	71

4.1.4. Student Mental Health and Emotional Well-Being	73
Introduction.....	73
Discussion of Witness Testimonies.....	74
Discussion and Analysis of Issues Raised by the Witnesses	79
Impact of School Closures and Isolation on Student Mental Health	79
Rise in Anxiety and Depression Among Students	80
Emergence of "Third Bucket" Children and Long-Term Effects	80
Effects of Curriculum Content on Mental Health	80
Disconnect Between Schools and Parental Support	81
Conclusion	81
Recommendations	81
4.1.5. Impact of COVID-19 Mandates on Education and Socialization	84
Introduction.....	84
Discussion of Witness Testimonies.....	85
Discussion and Analysis of Issues Raised by the Witnesses	89
Emergence of "Third Bucket" Students	89
Social Isolation and Mental Health Challenges	89
Impact of Online Learning on Engagement and Academic Outcomes	90
Long-Term Effects on Academic and Career Prospects	90
Educational Disruptions Caused by COVID-19 Mandates	90
Conclusion	91
Recommendations	91
4.1.6. Student Academic Regression and Developmental Delays	93
Introduction.....	93
Discussion of Witness Testimonies.....	94
Discussion and Analysis of Issues Raised by the Witnesses	97
Emergence of "Third Bucket" Children and Academic Gaps	97
Increased Screen Time and Developmental Delays	98
Literacy and Numeracy Deficits Due to Missed Instructional Time	98
Impact on Cognitive Skills and Executive Functioning	99
Effects on Social Skills and Peer Relationships	99
Conclusion	99
Recommendations	100
4.1.7. Structural Importance of Schools in Society.....	101
Introduction	101
Discussion of Witness Testimonies	101
Discussion and Analysis of Issues Raised by the Witnesses	103
Education as a Pillar of Social Stability and Economic Health	103
Schools as Essential Community Hubs	104

Educational Attainment and Public Health	104
Role of Schools in Socializing Future Citizens	104
Importance of Resilient Educational Policies	105
Conclusion	105
Recommendations	105
4.1.8. Student Consent and Pressures in Medical Decision-making.....	107
Introduction	107
Discussion of Witness Testimonies	108
Discussion and Analysis of Issues Raised by Witnesses	111
Maturity and Cognitive Capacity for Informed Consent	111
Social and Institutional Pressures	112
The Role of Legal Frameworks and Parental Rights	112
Psychological and Social Implications of Autonomous Medical Decisions	113
Ethical Concerns in Policy Implementation	113
Conclusion	114
Recommendations	115
4.1.9. Freedom of Speech and Academic Expression for Students.....	118
Introduction	118
Discussion of Witness Testimonies	118
Discussion and Analysis of Issues Raised by the Witnesses	121
Pressure to Conform to Institutional Narratives	121
Consequences for Divergent Opinions	121
The Role of Schools in Teaching Critical Thinking	122
Balancing Respectful Discourse and Freedom of Speech	122
Conclusion	122
Recommendations	123
4.1.10. Inadequate Public Debate on Educational Policies.....	125
Introduction	125
Discussion of Witness Testimonies	126
Discussion and Analysis of Issues Raised by the Witnesses	128
Implementation of SOGI Curriculum Without Public Consultation	128
Lack of Dialogue Around COVID-19 Policies in Education	129
Influence of Transnational Agendas on Educational Content	129
The Role of Public Debate in Upholding Democratic Values	130
Conclusion	130
Recommendations	130
4.1.11. Influence of the United Nations on Educational Direction in Canada	133
Introduction	133
Discussion of Witness Testimonies	133

Discussion and Analysis of Issues Raised by the Witnesses	135
Global Initiatives and Canadian Curricula	135
Erosion of Local Autonomy and Parental Rights	135
Broader Implications for National Identity and Trust in Institutions	136
Conclusion	136
Recommendations	136
4.2. Child Trafficking	138
Introduction	138
Discussion of Witness Testimonies	138
Discussion and Analysis of Issues Raised by Witnesses	144
Organized Nature of Trafficking Networks	144
Role of Child Protective Services in Re-Trafficking	147
Psychological and Physical Impact on Trafficked Children	155
Conclusion	159
Recommendations	160
Recommendations to Address Organized Trafficking Networks	160
Recommendations for Trauma-Informed Care in CPS	161
Recommendations to Address Re-Trafficking Pathways	162
Recommendations to Address Psychological and Physical Impact	163
Overall Recommendations	164
4.3. Sexualization of Children	166
Introduction	166
Discussion of Witness Testimonies	167
Discussion and Analysis of Issues Raised by the Witnesses	180
Explicit Materials in Educational Settings	180
Sexual Education Programs and SOGI Resources	180
Social Media and Online Influences	181
Legal and International Influences	181
Conclusion	181
Recommendations	182
4.4. Digital Safety and Exposure	184
Introduction	184
Discussion of Witness Testimonies	185
Discussion and Analysis of Issues Raised by the Witnesses	188
Exposure to Inappropriate Content	188
Cyberbullying and Psychological Impact	188

Online Grooming and Predatory Behaviour	189
Privacy Invasion and Data Security Concerns	189
Lack of Digital Literacy and Parental Control Tools	189
Conclusion	190
Recommendations	190
4.5. Gender Ideology and Its Impact on Canadian Children	194
Introduction	194
Discussion of Witness Testimonies	195
Discussion and Analysis of the Issues Raised by Witnesses	199
Educational Environment: SOGI Curriculum in Schools	199
Psychological Impacts on Development	199
Media Influence: Social Media and Entertainment Platforms	199
Public Demonstrations and Community Events	200
International Influence on Canadian Policy	200
Conclusion	201
Recommendations	201
4.6. Political, Governmental and Judicial Systems	203
4.6.1. Parental Alienation	203
Introduction	203
Discussion of Witness Testimony	207
Discussion and Analysis of Issues Raised by the Witness	213
Conclusion	214
Recommendations	214
4.6.2. Political Influence and Institutional Constraints on Law Enforcement.....	217
Introduction	217
Discussion of Witness Testimonies	217
Discussion and Analysis of the Issues Raised by Witnesses	220
Conclusion	221
Recommendations	221
4.6.3. State-Controlled Science	225
Introduction	225
Discussion of Witness Testimonies	226
Discussion and Analysis of the Issues Raised by Witnesses	258
The Suppression of Scientific Dissent	258
The Role of Education in Indoctrination and Psychological Conditioning	258
Legal and Bureaucratic Suppression of Free Speech and Scientific Inquiry	259
The Erosion of Informed Consent and the Rise of Medical Coercion	259

The Use of Fear, Censorship, and Narrative Control	260
Conclusion	260
Recommendations	261
4.6.4. The Politicization of the Justice System.....	266
Introduction	266
Discussion of Witness Testimonies	268
Discussion and Analysis of the Issues Raised by Witnesses	282
Conclusion	285
Recommendations	285
4.7. Health and Medical Safety	289
4.7.1. mRNA Vaccines, Public Health, and Safety Concerns	289
Reference to the Original NCI Report	289
Introduction	289
Discussion of Witness Testimonies	291
Discussion and Analysis of Issues Raised by the Witnesses	297
Challenges in Ensuring Vaccine Safety	297
Systemic Regulatory and Reporting Failures	298
Risks to Vulnerable Populations	298
Erosion of Public Trust in Health Systems	298
Conclusion	299
Recommendations	299
4.7.2. Traditional Childhood Vaccine Safety Concerns.....	301
Reference to the Original NCI Report	301
Introduction	301
Discussion of Witness Testimonies	302
Discussion and Analysis of Issues Raised by the Witnesses	315
Insufficient Safety Testing	315
Underreporting of Adverse Events	315
Cumulative Risks of Vaccine Adjuvants and Contaminants	316
Erosion of Trust and Parental Authority	316
Physicians Lack Substantial Knowledge Concerning Vaccines	316
Conclusion	317
Recommendations	318
4.7.3. Toxic Environment	321
Reference to the Original NCI Report	321
Introduction	321
Discussion and Analysis of Witness Testimonies.....	322
Conclusion	332

Recommendations	333
4.7.4.Children's Mental and Spiritual Health	335
Reference to the Original NCI Report	335
Introduction	335
Discussion of Witness Testimonies	336
Discussion and Analysis of Issues Raised by Witnesses	346
Systemic Failures in Public Health Measures	346
Disruption of Educational and Social Structures	346
Environmental and Nutritional Factors	347
Spiritual Harm and Identity Formation	347
Conclusion	348
Recommendations	348
4.7.5.The Rise in Chronic Diseases in Children	351
Introduction	351
Discussion of Witness Testimonies	354
Discussion and Analysis of Issues Raised by the Witnesses	358
Environmental and Chemical Exposures Contributing to Chronic Disease	359
Glyphosate and Food Contaminants – Dr. Michelle Perro and Dr. Sabine Hazan	359
Vaccine Safety and the Rise of Chronic Illnesses	360
Mental Health Crisis Related to COVID-19 Lockdowns	361
Loss of Parental Rights in Medical and Educational Decisions	362
The Rise of Childhood Obesity and Metabolic Disorders	362
Conclusion	364
Recommendations	364
5. Recommendations Summary	370
5.1. Education and School Environment.....	370
5.1.1.Curriculum Content and Ideological Influence.....	370
Recommendations	370
5.1.2.Parental Rights and Involvement in Education.....	372
Recommendations	372
5.1.3.Teacher and Administrative Bias.....	374
Recommendations	374
5.1.4.Student Mental Health and Emotional Well-being.....	376
Recommendations	376
5.1.5.Impact of COVID-19 Mandates on Education and Socialization	378
Recommendations	378
5.1.6.Student Academic Regression and Developmental Delays.....	380

Recommendations	380
5.1.7. Structural Importance of Schools in Society.....	382
Recommendations	382
5.1.8. Student Consent and Pressures in Medical Decision-making.....	384
Recommendations	384
5.1.9. Freedom of Speech and Academic Expression for Students.....	387
Recommendations	387
5.1.10. Inadequate Public Debate on Educational Policies.....	389
Recommendations	389
5.1.11. Influence of the United Nations on Educational Direction in Canada	391
Recommendations	391
5.2. Child Trafficking	393
Recommendations	393
Recommendations to Address Organized Trafficking Networks	393
Recommendations for Trauma-Informed Care in CPS	394
Recommendations to Address Re-Trafficking Pathways	395
Recommendations to Address Psychological and Physical Impact	396
Overall Recommendations	397
5.3. Sexualization of Children	399
Recommendations	399
5.4. Digital Safety and Exposure	401
Recommendations	401
5.5. Gender Ideology and Its Impact on Canadian Children	405
Recommendations	405
5.6. Political, Governmental and Judicial Systems	407
5.6.1. Parental Alienation.....	407
Recommendations	407
5.6.2. Political Influence and Institutional Constraints on Law Enforcement.....	409
Recommendations	409
5.6.3. State-Controlled Science	413
Recommendations	413
5.6.4. The Politicization of the Justice System.....	418
Recommendations	418
5.7. Health and Medical Safety	422

5.7.1.mRNA Vaccines, Public Health, and Safety Concerns	422
Recommendations	422
5.7.2.Traditional Childhood Vaccine Safety Concerns.....	423
Recommendations	423
5.7.3.Traditional Childhood Vaccine Safety Concerns.....	425
Recommendations	425
5.7.4.Toxic Environment	427
Recommendations	427
5.7.5.Children's Mental and Spiritual Health	429
Recommendations	429
5.7.6.The Rise in Chronic Diseases in Children	432
Recommendations	432
6. Conclusions.....	437
6.1. Conclusion: Are Children Safe in Canada?	437
7. Commissioners' Statement.....	441
7.1. A Message to Canadians	441
A Critical Turning Point	442
A Nation's Future is Decided by How It Treats Its Children	442
Final Message of the Commissioners.....	443
8. Transcripts	447
8.1. Introduction	447
8.2. Witness Testimonies	448
8.3. About the Transcripts	449



“

As I hear the testimony today and yesterday, I alternate between deep sadness and anger at what's happening in this country... But even more egregious is that they are absolutely callous in their disregard for children and families.

”

VOLUME ONE

I Executive Summary



1. Executive Summary

1.1. Overview of the National Citizens Inquiry (NCI)

Purpose and Need for the NCI

The National Citizens Inquiry (NCI) was established in response to growing public concerns over the Canadian government's handling of the COVID-19 event. As the COVID-19 emergency measures unfolded, questions arose regarding the appropriateness and efficacy of the measures implemented, including lockdowns, mandates, and the deployment of COVID-19 "vaccines." These concerns fuelled the need for a thorough examination of the impact these policies had on health, the economy, on society and civil liberties.

The NCI, conceived as an independent and citizen led initiative, sought to comprehensively investigate these issues. Its primary purpose was to provide a platform for individuals and experts to share their experiences, insights, and evidence, in order to uncover the truth, hold authorities accountable, and improve future public health responses.

On November 28, 2023, the NCI Commissioners released their comprehensive final report, titled *Inquiry into the Appropriateness and Efficacy of the COVID-19 Response in Canada*¹. A year later, on November 28, 2024, a supplemental report² was issued as part of the NCI's ongoing efforts to address new and emerging concerns related to the COVID-19 investigation.

Having completed its original mandate of investigating the appropriateness and efficacy of the COVID-19 measures, the NCI expanded its focus. After consulting with a broad range of Canadians, the NCI recognized a significant public concern regarding the current state of children's safety in Canada. Consequently, the NCI undertook a new investigation specifically aimed at evaluating and safeguarding the well-being of children across the country.

Structure and Methodology

The NCI conducted 3 days hearings in Vancouver, Canada on October 17, 18 and 19, 2024, gathering testimonies from a diverse array of witnesses, including medical professionals, policy experts, legal experts, educators, rights activists and citizens. These hearings were meticulously recorded, transcribed, and analyzed to form the basis of the NCI's findings.

¹ <https://nationalcitizensinquiry.ca/commissioners-report/> accessed March 18, 2025

² <https://nationalcitizensinquiry.ca/commissioners-supplemental-report/> accessed March 18, 2025

The Final Report

The final report of the NCI Vancouver Hearings titled “Are Children Safe in Canada”, published on April 30, 2025, represents a comprehensive and detailed examination of the state of children’s safety in Canada. It is divided into three volumes:

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

Key Findings

The Report identified several critical areas of concern:

- 1. Educational & School Environment:** The Report delves into the current state of children’s education, particularly focusing on the lasting impacts of COVID-19 lockdowns and school closures as well as the implementation of sexually orientated resource materials. The consequences of these measures on students’ learning and development are discussed in detail.
- 2. Child Trafficking:** Child trafficking is a deeply entrenched issue that exploits vulnerable children for labor, sexual abuse, and other illicit activities. Witness testimonies at the Vancouver NCI hearings revealed the systemic failures that allow trafficking networks to thrive, particularly targeting children in foster care and marginalized communities. Experts highlighted the organized, profit-driven nature of trafficking, its links to technology and transnational crime, and the alarming gaps in child protective services that often lead to re-trafficking.
- 3. Sexualization of Children:** The report examines issues concerning the premature exposure of minors to explicit content through media, education, and online platforms. Testimonies revealed how early exposure can erode personal boundaries, increase vulnerability to exploitation, and lead to long-term psychological and physical harm, including risks of abuse, disease, and unhealthy relationships.
- 4. Digital Safety & Exposure:** As children increasingly engage with digital platforms for education, entertainment, and social interaction, the risks of online exposure have grown significantly. Testimonies from the Vancouver NCI hearings highlighted the dangers of inappropriate content, online grooming, cyberbullying, and privacy breaches, revealing systemic failures in protecting minors.

- 5. Gender ideology and Its Affect on Children:** The growing presence of gender ideology in Canadian education, media, and public life has sparked widespread debate about its impact on children. Testimonies at the Vancouver NCI hearings raised concerns about the developmental appropriateness of introducing complex gender concepts at an early age, the role of social media in shaping children's perceptions, and the lack of parental involvement in educational policies.
- 6. Political, Governmental and Judicial Systems:** Witnesses raised concerns about government policy directions and the effect that it has on the safety of children in Canada. Issues examined included parental alienation, political influence and institutional constraints on law enforcement, state controlled science, and the politicization of the justice system in Canada.
- 7. Health & Medical Safety:** The Report highlights significant adverse effects associated with all vaccines, as well as the rise of chronic illnesses, both physical and mental. It also presents emerging data on potential long-term health risks.

The Need for the NCI

The NCI was crucial for several reasons:

- **Independent Scrutiny:** In the absence of government-initiated investigations, the NCI provides an independent and unbiased examination of the COVID-19 emergency measures response.
- **Public Participation:** It offers a platform for citizens to voice their experiences and concerns, ensuring that the inquiry reflects a broad spectrum of perspectives.
- **Evidence-Based Recommendations:** The NCI aims to produce actionable recommendations based on solid evidence to guide future public policies as they relate to the safety of children in Canada.

Purpose and Aim of the NCI

The overarching aim of the NCI is to provide Canadians with an independent and truthful accounting of the current state of child safety in Canada. Specific objectives included:

- **Uncovering the Truth:** To investigate and document the concerns and observations of experts in the field of child care, government policy, development and education as well as allowing a forum for parents to come forward and tell Canada about their experiences.
- **Promoting Accountability:** To hold those in power accountable for their decisions and actions.

- **Informing Policy for the Future:** To provide evidence-based recommendations that would inform better policy decisions in future as those policies relate to children.
- **Engaging the Public:** To engage citizens in a meaningful public health dialogue about their rights, freedoms, and the role of government as the government's actions affect Canadian children.

The NCI's work culminated in the April 30, 2025 Report, which serves as a vital document for understanding the multifaceted situation in Canada related to the safety of children and the urgent need for reform in how parents, institutions and government affect that situation.

Structure and Operation of the National Citizens Inquiry

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

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

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

Sections from the original November 28, 2023 Report:

- 1.3 Guiding Principles
- 1.4 Purposes of the National Citizens Inquiry
- 1.5 Structure of the National Citizens Inquiry
- 1.6 Selection of Commissioners
- 1.7 Instruction to the National Citizens Inquiry
- 1.8 Public Hearings

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

1.2. 2024 Vancouver Public Hearings

General Principles of the 2024 Vancouver Public Hearings

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

1. **Proportionality:** The Inquiry allocated investigative and hearing time in proportion to the importance and relevance of the issue to the Inquiry's mandate and the time available to fulfill that mandate so that relevant issues were addressed and reported on;
2. **Transparency:** The Inquiry proceedings and processes were carried out in a manner that was as open and available to the public as was reasonably possible, consistent with the requirements of applicable confidentiality and privileges;
3. **Fairness:** The Inquiry balanced the interests of the the public's right to be informed with the rights of witnesses testifying to be treated fairly;
4. **Timeliness:** The Inquiry proceeded in a timely fashion to engender public confidence and ensure that its work remained relevant; and
5. **Expediency:** The Inquiry operated under a strict deadline and conducted its work accordingly.

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

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

Schedule of the 2024 Vancouver Public Hearings

Public hearings were held in Vancouver, British Columbia, on October 17, 18, and 19, 2024. Members of the public wishing to testify at the NCI Vancouver Hearings were invited to apply through an online form available on the NCI website: <https://nationalcitizensinquiry.ca/hearings24/>. Testimony could be provided either in-person or via live video broadcast.

In total, 33 members of the public testified at the NCI Vancouver Hearings.

The Commission extended invitations to representatives from provincial, territorial, and federal governments across Canada. Over 100 non-judicial subpoenas³ were issued, allowing government witnesses the flexibility to testify in-person or via video conference on any of the hearing dates or at a time that suited their schedules. Additionally, the NCI sent an open letter to over 700 elected officials from various levels of government, inviting them to attend and participate in the hearings.

Despite these efforts, no government representatives or public agency officials responded to the invitations or appeared at the hearings. As a result, the Commissioners were unable to hear direct government defences of their policies. In the absence of government testimony, the inquiry reviewed non-oral evidence, including sworn affidavits from government officials gathered from various court proceedings (if available). This evidence, along with press releases, policy statements, and press conferences, was considered to represent government positions and forms part of the official record, as long as they were submitted to the commission as evidence by witnesses.

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

Conclusion

The findings from the two previous inquiries conducted by the National Citizens Inquiry (NCI) revealed serious issues across various levels of government and institutions in Canada. These concerns were rooted in governance practices, transparency, and accountability during the COVID-19 event. While these matters were central to the NCI's original mandate, an additional and deeply troubling issue emerged during the hearings concerns regarding the safety of Canadian children.

³ <https://nationalcitizensinquiry.ca/summons-letters-24/> accessed March 18, 2025

Throughout the initial hearings, participants and witnesses raised profound concerns about the well-being of children in Canada. These safety concerns were not limited to the impact of government actions during the COVID-19 event, such as lockdowns and mandates, but also extended to a broader range of institutional and governmental activities affecting children's health, education, and overall safety.

Given the gravity of these concerns, the NCI felt a moral and civic obligation to expand its scope. Although outside its original mandate, the NCI was compelled to initiate additional hearings and a new investigation specifically focused on the safety of Canadian children. This expanded inquiry aims to address the pressing issues affecting children's well-being and to provide recommendations for improving the policies and institutions responsible for their protection.

2. Independent Commissioners

Selection of Commissioners

The Inquiry's Commissioners were selected for objectivity, independence, and competence. Commissioner Ken Drysdale was selected as the Chair, and continues in this role.

Commissioner Drysdale provided direction to the Commission Administrator, Mr. Ted Kuntz, throughout the course of the NCI Vancouver Hearings.

The three additional Commissioners who were selected to participate in the 2024 NCI Vancouver Hearings are:

- Patricia Robertson
- Myriam Bohémier
- Dr. Stephan Larsson

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

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

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

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

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

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

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

The Commissioners

Following are brief descriptions of the independent Commissioners:



Ken Drysdale, Chairperson, is an executive engineer, entrepreneur, author, speaker and democracy advocate. He brings over 40 years of distinguished experience as a Professional Engineer to his role as Chairperson of the National Citizens Inquiry.

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

Ken's leadership is further underscored by his role as co-author of the comprehensive 5,342-page investigative report, "Inquiry into the Appropriateness and Efficacy of the COVID-19 Response in Canada", as well as the "Regina Supplemental Report" November 28, 2024. With a wealth of experience in complex engineering projects, business management, and advocacy for democratic rights, Ken Drysdale's extensive career, leadership, and commitment to integrity make him exceptionally qualified to lead the National Citizens Inquiry as its Chairman.



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

She came to Canada in 1976. She worked at the University of Alberta Hospital's blood bank and also worked as a home care nurse. After challenging the Canadian Exams in 1996, Patricia studied alternative and traditional therapies and began her own practice as a member of the Canadian Remedial Massage and

Osteopathic Therapist Association and is a Certified Onsen Therapy Technique Instructor. She currently consults as an invited guest working with a variety of healthcare professionals.

Myriam Bohémier Born on the south shore of Montreal, Quebec, Myriam Bohémier has two degrees from McGill University, one in civil law and another in Common Law. She is a member of the Quebec Bar since 2000 and an accredited mediator since 2015. She is a speaker, an animator and an advocate for children's rights and wellbeing.



She practices in many fields of law ranging from employment and labour, family, social and health, civil and disciplinary law, as well as mediation. She developed a specialization in psychological harassment and family violence. She is a member of the Association de médiation familiale du Québec and of the Institut d'arbitrage et de médiation du Québec. She is a director of Canada Health Alliance, and is part of Freedom Counsel and other lawyers' groups fighting for constitutional and fundamental rights. In 2022, she

founded a non-profit organization called La Main des Enfants or Children's Hand, of which she is the president, to defend the rights of children regarding their health. She creates bracelets and sell them to help finance this organization, and she is at the head of a collective book concerning the resilience showed by people during the COVID-19 crisis.

Dr. Stephan Larsson was born in the UK and went to medical school at Birmingham University. He subsequently trained and obtained specialist qualifications in Internal Medicine, Clinical Oncology and Radiotherapy and Radiation Oncology.



In 1989 Dr. Larsson and his wife emigrated to Canada and from 1989-93 he worked as a radiation oncologist at the Manitoba Cancer Foundation and Assistant Professor at U of M. In 1993 he took up a position as radiation oncologist with the BC Cancer Agency, while having a practice in Victoria and Nanaimo, as well as an Assistant Professorships at UBC and UVic. His main areas of clinical interest are skin, gastrointestinal and head and neck cancers. He had a busy teaching commitment to undergraduate and postgraduate students. Dr Larsson

served for many years on the Royal College of Physicians of Canada examination board in radiation oncology and as an accreditation surveyor for training programs for Radiation Therapy Technology. He has a significant interest in medical ethics, patient autonomy and rational evidence-based decision-making in medicine.

Commissioners' Evaluation of Evidence and Report

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

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

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

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

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

Direct-Examination: Allowing for direct-examination of witnesses was an important aspect of evaluating testimonial evidence. Direct-examination provided an opportunity to challenge and test the credibility and reliability of the evidence presented. The Inquiry provided for a fair and thorough direct-examination process, allowing all parties involved to present their arguments and question witnesses effectively. The Inquiry Rules permit interested persons to apply for standing to cross-examine witnesses. For this Hearing no parties applied for this right.

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

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

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

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

Preparation of the Report

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

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

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

Assessing Legal and Ethical Standards: The Commissioners applied relevant legal and ethical standards to the evidence and testimonies presented. This involved the ability to consider applicable laws, regulations, or guidelines governing the subject matter of the hearings.

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

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

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

Public Release: Once the Report was finalized and approved, it was published on the NCI website and shared with relevant stakeholders. Both electronic and hard copies of the Report are made available to the public on the National Citizens Inquiry website.

<https://nationalcitizensinquiry.ca/>

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

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

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

It must be clearly understood that although it has always been the intent of the Commissioners to include testimony from all sides of the debate, no public authorities or representatives of the institutions involved with the safety of children in Canada elected to take part in the hearings.

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

Concluding Observations on the Process

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

Canadians no longer believe they can rely on their elected representatives or public institutions to provide an in-depth, fair, and impartial evaluation of the safety of Canadian Children.

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

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

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

The National Citizens Inquiry has received no funding from government.

The National Citizens Inquiry has received no large corporate funding.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3. Public Hearings

Introduction

Public hearings were held in Vancouver, British Columbia, on October 17, 18, and 19, 2024⁴. Members of the public wishing to testify at the NCI Vancouver Hearings were invited to apply through an online form available on the NCI website⁵. Testimony could be provided either in-person or via live video broadcast.

In total, 33 witnesses testified at the NCI Vancouver Hearings.

The Commission extended invitations to representatives from provincial, territorial, and federal governments across Canada. More than 100 non-judicial subpoenas were issued, allowing government witnesses the flexibility to testify in-person or via video conference, either during the scheduled hearing dates or at a time convenient for them. Additionally, the NCI sent an open letter to over 700 elected officials at various levels of government, inviting them to attend and participate in the hearings.

Despite these efforts, no government representatives or public agency officials responded to the invitations or appeared at the hearings. As a result, the Commissioners were unable to hear direct testimony from the government defending its policies. In the absence of government testimony, the inquiry reviewed non-oral evidence, such as sworn affidavits from government officials collected during court proceedings. This evidence, along with press releases, policy statements, and press conferences, was considered representative of government positions and was included in the official record, as long as it was submitted by witnesses as evidence.

As a citizen led initiative, the Commission lacked the legal authority to compel government witnesses to testify through judicial subpoenas.

In the following sections, and throughout the entire report, we as Commissioners have aimed to faithfully convey the testimony provided by witnesses. However, it is important to note that this does not imply unanimous agreement among all four Commissioners on the views expressed. Each Commissioner brings a unique perspective, shaped by their individual backgrounds, which may influence their interpretation of the witnesses testimony.

⁴ <https://nationalcitizensinquiry.ca/vancouver-testimony24/> accessed March 18, 2025

⁵ <https://nationalcitizensinquiry.ca/hearings24/> accessed March 18, 2025

The Importance of Inclusive Representation in the NCI

The National Citizens Inquiry (NCI) has consistently emphasized the critical need for inclusive representation from all sectors of Canadian society. This approach is vital to ensure that the widest range of perspectives and information are considered in preparing the Report. Involving stakeholders from diverse geographic regions, professional backgrounds, and areas of expertise was essential to providing a comprehensive view of the issues.

To achieve this, the NCI sought testimony and evidence from a broad spectrum of individuals, including medical professionals, advocates, researchers, public policy experts, legal experts, educators, business owners, and citizens. This diverse participation ensured that the final report reflected a balanced and thorough understanding of the state of child safety in Canada.

Engaging Government Officials

A key part of the NCI's mandate was to obtain testimony from those directly responsible for the planning and implementation of Canada's policies that affect children. For the NCI Vancouver Hearings, the Commission issued non-judicial summonses to government officials, urging them to participate and provide insights. Despite these efforts, no government officials attended.

This absence of participation sends a strong message to Canadian citizens. As Canada approaches another electoral cycle, it is concerning that neither political parties nor the media are discussing child safety issues, despite the NCI's comprehensive investigation.

A New Approach in 2024

Recognizing the need for a fresh strategy, the NCI adopted a new approach for the 2024 hearings, starting in Regina and continuing in Vancouver. An open letter was sent to all elected representatives across Canada, inviting them to share their perspectives. However, despite this broad and open invitation, the response remained disappointing, with no elected government representatives attending or testifying.

A Stark Lack of Interest

The lack of engagement from thousands of elected officials responsible for shaping public policy related to children is alarming. Despite millions of Canadians being aware of and participating in the NCI process, the disinterest from government officials is inexplicable. This lack of involvement is compounded by the minimal coverage from legacy media, which appears to tacitly support this disregard by failing to hold these officials accountable.

Why This Is Of Concern

The refusal of elected officials to engage with the NCI hearings is shocking for several key reasons:

1. **Public Accountability:** Elected officials are accountable to the public. Their refusal to engage with the NCI, despite widespread public interest, undermines their responsibility to be transparent and responsive to the concerns of their constituents.
2. **Significant Impact:** Government / institutional policies have profoundly impacted all aspects of children and family life in Canada. It is essential that those responsible for these policies explain their decisions and address the concerns raised by the public.
3. **Widespread Awareness:** The NCI has achieved significant public engagement, with millions of Canadians aware of and involved in the process. The lack of interest from elected officials contrasts sharply with the public's demand for accountability and transparency.
4. **Media Complicity:** The main stream media were informed of the Vancouver NCI hearings but they did not attend. The failure of legacy media to cover the NCI proceedings and demand accountability from officials exacerbates the issue. The media's role is to inform the public and hold those in power accountable. Their failure to do so in this case is deeply concerning.

Conclusion

The NCI's efforts to secure broad representation from all sectors of society are essential to ensuring a comprehensive and balanced review of child safety in Canada. The lack of participation from government officials and the media's support of this disinterest underscore a significant gap in accountability. Addressing this gap is critical to restoring public trust in Canadian institutions and to ensuring that all voices are heard in shaping future public policies.

Following is a copy of the "Open Letter to Canada's Elected Representatives" as issued by the Chair of the NCI, Mr. Ted Kuntz, on October 7, 2024.

AN OPEN LETTER TO CANADA'S ELECTED REPRESENTATIVES - VANCOUVER 2024

Vancouver, October 7, 2024 - An Open Letter to Canada's Elected Representatives

An Open Letter to Canada's Elected Representatives:

I am writing in my capacity as Chair of the National Citizens Inquiry (NCI). My purpose in writing is to invite you to partake in the next series of hearings to be held in Vancouver, BC on October 17, 18 and 19, 2024.

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

In 2023, the NCI held 24 days of hearings in 8 cities across Canada - Truro NS, Toronto ON, Winnipeg MB, Saskatoon SK, Red Deer AB, Vancouver BC, Quebec City QC and Ottawa ON. In the spring of 2024, the NCI held 3 days of hearings in Regina SK. We called more than 350 witnesses, both lay and expert, who helped to reveal the very real impact of the various government's response to COVID and the social fabric of society. The National Citizens Inquiry hearings created the largest body of evidence on the impact of the COVID response given under oath in the world.

A Commissioner's Final Report was drafted based on the testimony of the members of the public and expert witnesses. The Report contains more than 400 recommendations for our various governments, institutions and regulatory agencies. The Commissioner's Final Report can be downloaded at nationalcitizensinquiry.ca/commissioners-report.

The testimony of all 350 witnesses can be found at: nationalcitizensinquiry.ca/hearings.

Are Children Safe in Canada?

Much has happened since the last NCI hearings in June 2024. Evidence continues to emerge that confirms much of what was denied by our governments, public health and media. We now know that the impact of the mandates and measures, especially for our children and youth, is more serious than we thought. We also question whether there are other threats to the health and safety of our children. As a result, the National Citizens Inquiry will be conducting new hearings with an expanded theme. We are asking the critical question: "Are children safe in Canada?"

At the NCI Vancouver Hearings the Commission is calling national and international experts on health and safety matters for children. In addition we are calling everyday Canadian parents and youth to speak to what is going right and what is going wrong.

I am writing to invite you to join us and to testify either in-person or virtually.

Please email the NCI at leadcounsel@nationalcitizensinquiry.ca to register your name and preferred date of testimony.

The hearings will be conducted in English, beginning daily at 8:45 AM PST and concluding at 8:00 PM PST on October 17, 18 and 19, 2024 in Vancouver BC.

We invite you to share this notification with your constituents and the importance of these hearings. We know there are many Canadians that have questions and it is the National Citizens Inquiry's mission to Listen, Learn and Recommend.

Please note the NCI will be live streaming the hearings on October 17, 18 and 19 at nationalcitizensinquiry.ca/live.

I would appreciate it if you would tag us on X @NCICanada as well as our many other social media platforms all listed on our website: nationalcitizensinquiry.ca/social ".ca for Canada"

Thank you for your assistance in sharing information about the upcoming hearings and increasing knowledge and truth amongst all Canadians. We look forward to your response.

*Sincerely,
Ted Kuntz, Chair
National Citizens Inquiry*

*PS: The Commissioner's Final Report from the NCI's 2023 hearings can be found at:
nationalcitizensinquiry.ca/commissioners-report .*

If you would like a printed version, please contact us and we will forward a copy to you.

3.1. Detailed Information from the Vancouver Public Hearings

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

For a more comprehensive and accurate understanding of the witness testimonies, we strongly advise the reader to refer to the official witness transcripts, which are included in section 8 of this Report. The transcripts provide verbatim accounts of what was said during the meetings and offer a more complete representation of the witnesses' statements.

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

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

List of Witnesses:

Public hearings were held in Vancouver, British Columbia on October 17, 2024, through October 19, 2024.

The schedule of witnesses is as follows:

Vancouver, British Columbia, Day One, October 17, 2024		
	Name of Witness	Subject
1	Leigh Dundas	Child trafficking
2	Alex Newman	Manipulation of education systems & globalist agendas
3	Dr. Julie Ponesse	COVID-19 vaccine mandates and ethical concerns
4	Dr. Byram Bridle	Safety and efficacy of the COVID-19 vaccines in children
5	Kelsey Green	Parental alienation
6	Vincent Gircys	Erosion of police ethics: Helen Grus case
7	Paul Dirks	SOGI and sexual mutilation of children
8	Alisa Horth	Peer pressure, shaming and bullying of son at school
9	Amrit Birring	SOGI (Sexual Orientation and Gender Identity) program
10	Karlene Duncan	Sexualization of children & school resource materials

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

Vancouver, British Columbia, Day Two, October 18, 2024		
	Name of Witness	Subject
11	Dr. Paul Thomas	Safety of vaccines & health of vaxed vs unvaxed children
12	David & Collett Stephan	Legal struggles and the tragic death of their son, Ezekiel
13	Barry Neufeld	SOGI (Sexual Orientation and Gender Identity) program in British Columbia schools & legal issues
14	Paul Jaffe	His role as legal counsel in significant cases related to freedom of speech, defamation & COVID-19 measures
15	James Kitchen	Erosion of rights during the COVID-19 event, judicial notices and other issues concerning the judicial process
16	Irvin Studin	School closures during the COVID-19 event, "policy crime" and ongoing issues for children
17	Helen Ward	Parental involvement in safeguarding children's well-being
18	Pierre Barns	Sexualization and abuse of children by the SOGI program
19	Kellie-Lynn Pirie	Her experience as a transitional / de-transitioner

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

Vancouver, British Columbia, Day Three, October 19, 2024		
	Name of Witness	Subject
20	Dr. Jessica Rose	Research into vaccine safety, COVID-19 mRNA vaccines
21	Priya Sall	Alleged adverse effects following the COVID-19 vaccines
22	Dr. Michelle Perro	Dangers of industrialized food products
23	Kathy Stack	Son's health deteriorated following his DPT vaccine
24	Chris Elston	Medical interventions & children gender identity
25	Dr. Robert Dickson	Dangers of water fluoridation
26	Dr. Christopher Shaw	Research on environmental toxins & neurological disorders
27	Hila Russ-Woodland	Influence of school boards & authorities over children's ability to make medical decisions without parental consent
28	Vicki Lightfoot	Mask mandates & homeschooling
29	Dr. Stephen Malthouse	Vaccine schedule side effects & child informed consent
30	Tamara Main	Daughter mental condition treated by transitionioning
31	Emily Duggan	SOGI 123 (Sexual Orientation and Gender Identity) resource guide
32	Carmell Pelly	Childhood sexual abuse, trafficking, and how those events shaped her life

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

Exhibit Archive

The following is a list of the Witness Exhibits presented to the Commission during the NCI Vancouver Hearings.

This list is current as of April 30, 2025. It should be noted that the list may be updated on the website from time to time, and the reader is encouraged to visit the website at <https://nationalcitizensinquiry.ca/exhibits2024/#1740359244765-0fd81d7a-724d> to review the latest list of Witness Exhibits.

These exhibits serve as a critical record of the testimonies and evidence presented during the NCI Vancouver Hearings, providing valuable insights into the experiences and perspectives of individuals affected by the issues under investigation.

Vancouver, British Columbia, October, 17, 18, 19, 2024

- [V2001 - Leigh Dundas - CV](#)
- [V2002 - Leigh Dundas - Bio](#)
- [V2045 - Dr. Julie Ponesse - Powerpoint Presentation](#)
- [V2055 - Kelsey Green - CV](#)
- [V2037 - Vincent Gircys - Warning Letter from OPP to Vincent Gircys, dated Jan 1, 2021](#)
- [V2038 - Vincent Gircys - A Report from Defense Research & Development Canada, "A Preliminary dive into Canada's past & future crime landscape" August, 2022](#)
- [V2025 - Paul Dirks - Powerpoint Presentation](#)
- [V2041 - Paul Dirks - Criminal Code Sections on Conversion Therapy](#)
- [V2056 - Alisa Horth - Video](#)
- [V2057 - Alisa Horth - Correspondence with school](#)
- [V2058 - Alisa Horth - Inappropriate books in school](#)
- [V2039 - Amrit Birring - Amrit Birring-Jan 27, 2024 letter from Amrit Birring to RCMP Surrey Detachment](#)
- [V2040 - Amrit Birring - RCMP General Occurrence Report #1201 2024-12782, obtained under FOI](#)
- [V2026 - Dr. Paul Thomas - Powerpoint Presentation](#)

- [V2042 – Barry Neufeld – Amended Notice of Civil Claim, Neufeld v. Hansman filed January, 2019](#)
- [V2043 – Barry Neufeld – Affidavit of B. Neufeld in Bondar, filed Nov 22, 2022 in Bondar libel claim](#)
- [V2003 – Paul Jaffe – Respondent Factum for SCC File 39796](#)
- [V2004 – Paul Jaffe – Neufeld v. Hansman 2021 BCCA 222](#)
- [V2005 – Paul Jaffe – October 23, 2017 Facebook post of Barry Neufeld](#)
- [V2006 – Paul Jaffe – October 25, 2017 Press Release of Barry Neufeld](#)
- [V2007 – Paul Jaffe – Comments by Glen Hansman](#)
- [V2008 – Paul Jaffe – Neufeld v. Hansman 2019 BCSC 2028](#)
- [V2014 – Kellie-Lynn Piree – Demographic & trends in transgender identities & gender confirming surgery](#)
- [V2015 – Kellie-Lynn Piree – Long-term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery Cohort in Sweden](#)
- [V2012 – Dr. Michelle Perro – Powerpoint Presentation](#)
- [V2051 – Dr. Michelle Perro – CV](#)
- [V2047 – David & Collet Stephan – Documents file](#)
- [V2050 – Chris Elston – Powerpoint Presentation](#)
- [V2052 – Dr. Robert Dickson – Dr. Bob’s Top Ten Reasons Not to Fluoridate](#)
- [V2053 – Dr. Robert Dickson – Websites of Importance](#)
- [V2054 – Dr. Robert Dickson – Flouridation Ineffectiveness](#)
- [V2009 – Dr. Chris Shaw – CV](#)
- [V2049 – Dr. Chris Shaw – Powerpoint Presentation](#)
- [V2013 – Hila Russ-Woodland – Video of school presentation](#)
- [V2016 – Hila Russ-Woodland – Picture #1](#)
- [V2017 – Hila Russ-Woodland – Picture #2](#)

- [V2018 – Hila Russ-Woodland – Picture #3 & #4](#)
- [V2019 – Hila Russ-Woodland – Picture #5 & #6](#)
- [V2020 – Hila Russ-Woodland – Picture #7 & #8](#)
- [V2021 – Hila Russ-Woodland – Picture #9](#)
- [V2022 – Hila Russ-Woodland – First email to VSB June 18, 2021](#)
- [V2023 – Hila Russ-Woodland – Second email to the VSB June 21, 2021](#)
- [V2024 – Hila Russ-Woodland – Response email from Suzanne Hoffman](#)
- [V2027 – Hila Russ-Woodland – Story Telling With Drag Queens](#)
- [V2028 – Hila Russ-Woodland – Stand For Our Children](#)
- [V2029 – Hila Russ-Woodland – It’s Time For Parents to Act](#)
- [V2030 – Hila Russ-Woodland – Get Involved](#)
- [V2031 – Hila Russ-Woodland – Photo Collage](#)
- [V2035 – Hila Russ-Woodland – Man with Purple Hair](#)
- [V2036 – Hila Russ-Woodland – Naked Torso](#)
- [V2010 – Tamara Main – Journal Page 1](#)
- [V2011 – Tamara Main – Combined Document Group](#)



“

It's not negligence that brings the Stefans before the courts today, but rather choice of care. So really it came down to...a medical choice case and a parental rights case in Canada.

”

VOLUME TWO



- | Analysis
- | Recommendations
- | Conclusions
- | Commissioners Statement



4. Analysis

Introduction to the Format of the Analysis Section

The "**Analysis**" chapter is organized into distinct **Subject Areas**, enabling readers to explore topics of interest independently. This structure ensures that each section and subsection stands on its own, providing comprehensive descriptions and analyses without requiring the reader to reference other parts of the chapter for context.

Each Subject Area includes detailed examinations of witness testimonies relevant to the specific topic. Many witnesses provided insights that spanned multiple topics, and as such, their testimonies are included in multiple sections. Readers may, therefore, encounter overlapping discussions of key points across different subject areas.

This approach was intentionally designed to offer clarity and accessibility, allowing readers to engage with individual sections in a self-contained manner while still capturing the breadth and depth of the issues discussed during the Vancouver NCI hearings.

Broad Topics Included

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

- **EDUCATION AND SCHOOL ENVIRONMENT**
- **CHILD TRAFFICKING**
- **SEXUALIZATION OF CHILDREN**
- **DIGITAL SAFETY AND EXPOSURE**
- **GENDER IDEOLOGY & ITS IMPACT ON CANADIAN CHILDREN**
- **POLITICAL, GOVERNMENTAL AND JUDICIAL SYSTEMS**
- **MENTAL HEALTH AND MEDICAL SAFETY**

Each topic area is only a part of the much larger whole of the information presented, and specific subject areas cross categories. This reflects the intersectionality of all areas that were considered.

4.1. Education and School Environment

Reference to the Original NCI Report

The original NCI report titled “ Inquiry into the Appropriateness and Efficacy of the COVID-19 Response in Canada” dated November 28, 2023 (Original NCI Report), included Section “7.2.5. Impact of COVID-19 Measures on the Education System”. This section of the original NCI report discusses the sworn testimony received from witnesses at the 2023 NCI hearings.

Although the focus of the original NCI report was on the effects of COVID-19 measures implemented by the government, the reader would be well advised to read this section of the original NCI report as it provides much additional information on issues that were not directly discussed in the 2024 Vancouver NCI hearings, but which are relevant to the focus of children’s safety in Canada.

Introduction

In the area of **Education and School Environment**, witness testimonies from the Vancouver NCI hearings highlight several significant subtopics. Here are the primary subtopics that emerged in the testimonies related to education:

1. Curriculum Content and Ideological Influence
2. Parental Rights and Involvement in Education
3. Teacher and Administrative Bias
4. Student Mental Health and Emotional Well-Being
5. Impact of COVID-19 Mandates on Education and Socialization
6. Student Academic Regression and Developmental Delays
7. Structural Importance of Schools in Society
8. Student Consent and Pressures in Medical Decision-Making
9. Freedom of Speech and Academic Expression for Students
10. Inadequate Public Debate on Educational Policies
11. Role of External Organizations in Shaping Curriculum

4.1.1. Curriculum Content and Ideological Influence

Introduction

The curriculum in Canadian schools serves as a cornerstone for shaping the intellectual, social, and personal development of students. Designed to impart knowledge and critical thinking skills, it also plays a pivotal role in preparing young people to navigate a diverse and complex society. However, concerns have emerged about the presence of ideological content in curricula, particularly in sensitive areas such as gender identity, sexual education, and socio-political topics. These concerns revolve around the degree to which curriculum content promotes specific beliefs or agendas, sometimes at odds with the values of families or the broader community.

Ideological influence in education occurs when particular perspectives or worldviews are presented as authoritative or non-negotiable, often sidelining alternative viewpoints. Programs such as Sexual Orientation and Gender Identity (SOGI)⁶ have become focal points in these discussions. While proponents argue that SOGI promotes inclusivity, tolerance, and respect for diversity, critics express concern that it crosses the line into advocacy, introducing complex and controversial topics at developmental stages when students may not yet have the cognitive or emotional maturity to fully understand or critically assess them.

The introduction of ideologically charged content has sparked widespread debate among parents, educators, and advocacy groups. Parents have voiced concerns that such content may conflict with family values, religious beliefs, or ethical perspectives, leading to confusion or distress among children. Educators, too, have expressed challenges in navigating these topics, particularly when they feel unprepared or unsupported in presenting material in a neutral and balanced way. Advocacy groups have highlighted the potential benefits of fostering inclusive educational spaces but acknowledge the need to ensure content remains age-appropriate and sensitive to diverse community values.

This issue ties closely to the broader theme of child safety and emotional well-being. Educational content that is perceived as ideologically biased or developmentally inappropriate can have damaging consequences, including increased stress, confusion, or alienation among students. Witnesses at the Vancouver NCI hearings described instances where students struggled with curriculum materials that conflicted with their family values, leading to strained family relationships and diminished trust in the educational system. Such tensions underscore the importance of fostering a curriculum that respects diversity while avoiding the promotion of singular worldviews.

⁶ <https://www.sogieducation.org/> accessed March 18, 2025

The challenge lies in striking a balance between inclusivity and neutrality. Schools play an essential role in promoting respect for diversity and equipping students with the skills to engage in thoughtful dialogue about complex issues. However, this must be achieved without imposing specific ideological viewpoints or marginalizing dissenting perspectives. A balanced curriculum exposes students to a variety of ideas, fostering critical thinking and enabling them to form their own informed opinions.

Transparency and parental involvement are critical components of addressing concerns around curriculum content. Parents have a right to understand and provide input into what their children are being taught, particularly on sensitive or controversial topics. When schools prioritize open communication and create opportunities for parents to engage in curriculum development discussions, it fosters trust and collaboration, ensuring that educational content aligns with the needs and values of diverse communities.

The testimonies at the Vancouver NCI hearings highlighted the complexity of this issue and the diverse perspectives it encompasses. While some emphasized the importance of inclusivity and representation, others stressed the need for neutrality, transparency, and respect for family values. Moving forward, Canadian schools must work to create curricula that reflect these priorities, ensuring that educational content supports the intellectual, social, and emotional development of students while respecting the rights of parents and the diversity of the broader community.

Discussion of Witness Testimonies

Key witness testimonies on this issue include those of Barry Neufeld, Alex Newman, and other educators and parental representatives who shared their perspectives on ideological influence in curriculum content.

Barry Neufeld

Overview of Testimony

Barry Neufeld, a former school board trustee in British Columbia, has decades of experience in educational governance, policy-making, and community advocacy. His career in public service included serving multiple terms as a trustee for the Chilliwack School District, where he played a key role in overseeing educational programs, resource allocation, and school-community relations. Known for his commitment to ensuring educational excellence and safeguarding the interests of families, Neufeld has long been an advocate for parental involvement in curriculum development.

In addition to his role as a trustee, Neufeld has a professional background in social work and child welfare. He spent many years working with vulnerable populations, particularly children and families, within British Columbia's social services sector. This experience gave him insight into child development, family dynamics, and the importance of fostering healthy environments for children's growth. His work in both education and social services shaped his belief that schools should act as a collaborative space that respects the diverse values of the families they serve.

Neufeld's tenure as a school board trustee was marked by active involvement in policy discussions, particularly around sensitive and controversial topics such as gender identity education. His outspoken opposition to the SOGI 123 program garnered widespread attention and positioned him as a key figure in the national dialogue around ideological influence in educational curricula.

Key Points from Testimony

Criticism of SOGI 123:

Neufeld asserted that SOGI 123, a controversial resource framework which introduces and promotes topics related to sexual orientation and gender identity, crosses into the realm of ideological advocacy. He argued that the program introduces concepts of gender fluidity and alternative sexual orientations at a developmental stage when children lack the emotional and cognitive maturity to process these ideas critically. He expressed concerns that this approach may sow confusion among young students and unintentionally undermine their sense of identity.

Neufeld highlighted specific elements of the SOGI program that he believed were problematic, including:

- **Developmental Appropriateness:** He raised concerns that SOGI 123's approach to teaching about gender and sexuality is not tailored to the developmental stages of children, particularly in elementary schools.
- **Gender Fluidity⁷ and Identity Confusion⁸:** Neufeld argued that the program's emphasis on the fluidity of gender roles and identities could lead to identity confusion, especially among impressionable students.

⁷ **Gender fluidity** refers to the concept that a person's gender identity is not fixed and can change over time or depending on the context. ChatGPT March 20, 2025

⁸ **Identity confusion** refers to a psychological state in which an individual experiences uncertainty or ambiguity about their sense of self, including aspects such as values, beliefs, goals, roles, and personal identity. It is often associated with developmental stages, particularly adolescence, when individuals are exploring who they are and how they fit into society. ChatGPT March 20, 2025

- **Lack of Empirical Evidence:** He contended that SOGI 123 promotes a framework that is not sufficiently grounded in scientific consensus or developmental psychology.

Suppression of Debate:

Neufeld described his personal experience of backlash and professional consequences after expressing concerns about SOGI 123. He testified that dissenting voices within educational institutions are often silenced through character attacks, accusations of bigotry, and social ostracization. He recounted how he faced public defamation and professional isolation for raising these issues, which he argued created a chilling effect on open dialogue about the curriculum.

Neufeld emphasized that such suppression of dissent discourages meaningful debate, ultimately leading to the marginalization of alternative viewpoints, including those held by parents and community members with differing cultural, religious, or philosophical beliefs.

Transparency and Parental Involvement:

A central theme of Neufeld's testimony was the lack of parental involvement in the development and implementation of SOGI 123. He argued that schools have a responsibility to involve parents in discussions surrounding sensitive topics like gender and sexual education, ensuring that educational content reflects the diverse values of the communities they serve.

Neufeld noted that many parents were unaware of the specific content being taught under SOGI 123 and that opportunities for meaningful consultation were limited or absent. He stressed that greater transparency in curriculum development is essential to fostering trust and collaboration between schools and families.

Impact on Educational Institutions and Families:

Neufeld highlighted how the implementation of SOGI 123 has created divisions within school communities, with some parents feeling alienated or excluded from decisions about their children's education. He also pointed to instances where teachers and staff expressed discomfort with the program but were reluctant to speak out due to fears of professional repercussions.

Call for Reform:

Neufeld called for a reassessment of the SOGI program, advocating for:

- **Age-Appropriate Curriculum Development:** Ensuring that materials related to gender and sexual identity are tailored to the developmental stages of children.
- **Parental Involvement:** Establishing mechanisms for greater parental input and consent on curriculum content related to sensitive or controversial topics.

- **Transparency and Open Debate:** Creating spaces within educational institutions for transparent and respectful discussions about the implications of programs like SOGI 123.

Barry Neufeld's testimony highlighted significant concerns about ideological influence in Canadian curricula, particularly regarding programs addressing gender and sexual identity. His experiences underscored the need for greater transparency, meaningful parental involvement, and open dialogue to ensure that educational content remains balanced, inclusive, and aligned with the developmental needs of children. His testimony serves as a call for educational policies that prioritize critical thinking and respect diverse community values.

Alex Newman

Overview of Testimony

Alex Newman is a journalist, educator, and author with expertise in analyzing global influences on national education systems. Known for his investigative work on transnational organizations and their role in shaping educational agendas, Newman testified about the ideological underpinnings of curriculum initiatives in Canada, including programs like SOGI 123. He argued that these programs reflect international efforts to reshape societal values through education, often bypassing local democratic processes and parental involvement. His testimony emphasized the need for transparency, accountability, and the preservation of Canadian cultural and family values in educational policymaking.

Key Points from Testimony

- **Global Agendas in Education:** Newman linked initiatives such as SOGI 123 to international frameworks promoted by organizations like UNESCO⁹ (United Nations Educational, Scientific and Cultural Organization). He testified that such programs are often aligned with global agendas emphasizing gender fluidity, sexual diversity, and broader socio-political ideologies. According to Newman, these frameworks are embedded in Canadian education systems through partnerships, agreements, and funding mechanisms that operate beyond the oversight of local communities and democratic input.

⁹ <https://www.unesco.org/en> accessed March 20, 2025

He argued that these international influences prioritize ideological conformity over educational neutrality, introducing controversial topics that may not align with the cultural or ethical values of Canadian families. Newman expressed concern that these programs emphasize advocacy rather than fostering critical thinking or presenting balanced perspectives.

- **Imposition of Ideological Content:** Newman criticized the way curriculum materials, such as those tied to SOGI 123, introduce concepts like gender fluidity and sexual diversity¹⁰ to young children. He argued that these topics are presented in a way that normalizes specific ideological perspectives, leaving little room for debate or alternative viewpoints. Newman highlighted the developmental inappropriateness of exposing children to complex and sensitive issues before they have the cognitive maturity to process them critically.

According to Newman, this approach risks fostering confusion and emotional distress in children, particularly when the materials conflict with family values or cultural norms. He stressed that education should focus on providing foundational skills and knowledge rather than promoting social engineering initiatives.

- **Lack of Democratic Oversight:** Newman expressed concern about the limited role of parents, educators, and local communities in shaping curriculum content. He described how global organizations and initiatives circumvent public input by introducing policies through backdoor mechanisms, such as bureaucratic adoption of international frameworks. This lack of transparency, Newman argued, undermines the ability of Canadian families to engage meaningfully in decisions that directly affect their children's education and well-being.
- **Call for Accountability and Transparency:** Newman emphasized the importance of restoring accountability in educational policymaking by involving parents, educators, and community stakeholders in curriculum development. He called for greater transparency in how international frameworks influence local education systems and urged Canadian policymakers to safeguard educational content from ideological bias.

¹⁰ **Sexual diversity** refers to the broad spectrum of variations in human sexual orientation, behaviour, attraction, and identity. It encompasses a wide range of experiences beyond traditional heterosexual norms, including but not limited to lesbian, gay, bisexual, pansexual, asexual, and queer identities. ChatGPT March 20, 2025

Alex Newman's testimony provided a global perspective on the ideological influence shaping Canadian curricula. By linking programs like SOGI 123 to international frameworks, he illuminated how transnational agendas can drive curriculum design, often without adequate consideration for local values or developmental appropriateness. His insights underscored the need for increased transparency, parental involvement, and educational neutrality to ensure that Canadian schools promote intellectual and emotional development without imposing controversial ideological worldviews.

Chris Elston (Billboard Chris)

Overview of Testimony

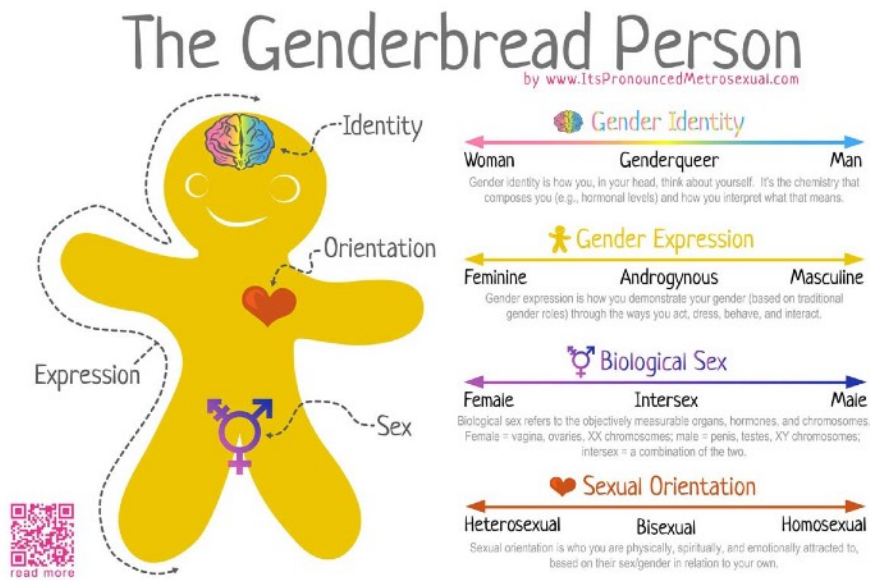
Chris Elston, widely known as "Billboard Chris," is a prominent advocate who has dedicated his activism to raising awareness about the impact of gender ideology on children, particularly within educational systems. Elston has become known for his public campaigns challenging the introduction of controversial gender identity concepts in schools. His testimony at the Vancouver NCI hearings focused on the developmental inappropriateness of such materials, the cultural normalization of gender ideology through educational and digital platforms, and the exclusion of parental voices in curriculum decisions.

Key Points from Testimony

- **Critique of Gender Identity Promotion in Schools:** Elston expressed significant concern about educational tools like the "Genderbread Person¹¹" and similar resources, which he described as promoting a singular ideological narrative about gender identity. He testified that these materials encourage children to explore non-binary and transgender identities at developmental stages where they lack the cognitive maturity to understand such complex and sensitive topics.

Elston argued that these programs are not presented as neutral or exploratory but instead as advocacy tools designed to normalize gender ideology. This approach, he contended, risks creating confusion among children and conflicts with the values of many families, thereby undermining trust between parents and schools.

¹¹ <https://www.samkillermann.com/work/genderbread-person/> accessed March 10, 2025



- **Normalization Through Digital and Social Media Platforms:** Elston highlighted the role of digital platforms in reinforcing gender ideology, noting their seamless integration into children's lives through school assignments, extracurricular activities, and recreational online use. He testified that platforms such as TikTok and Instagram serve as echo chambers for promoting gender ideology, often presenting these concepts in aspirational or sensationalized ways.

According to Elston, this digital reinforcement creates a closed-loop environment where children are increasingly exposed to ideological perspectives without critical engagement or alternative viewpoints. He warned that the combination of social media influence and ideologically driven educational content amplifies the pressure on children to conform to these ideas, potentially leading to identity confusion and emotional distress.

- **Concerns About Parental Exclusion:** A central theme of Elston's testimony was the systematic exclusion of parents from discussions and decisions regarding gender-related curriculum content. He argued that many educational institutions adopt these programs without consulting families or offering opportunities for parental input.

Elston emphasized that parents have both a right and a responsibility to be informed about what their children are learning, particularly on sensitive topics like gender identity. He criticized the lack of transparency surrounding these programs and called for greater parental involvement to ensure that curriculum content reflects the diverse values of Canadian families.

- **Call for Transparency and Developmentally Appropriate Content:** Elston advocated for a return to educational neutrality and transparency in addressing topics of gender and identity. He argued that curriculum content should prioritize age-appropriate discussions that align with the developmental stages of children, avoiding the imposition of ideologically charged perspectives. Elston also called for comprehensive parental oversight and an open dialogue between families and educators to rebuild trust and collaboration.

Chris Elston's testimony provided a critical perspective on the ideological influence of gender-related curriculum content in Canadian schools. By highlighting the interplay between educational tools, digital platforms, and the marginalization of parental input, Elston underscored the need for reform in how such sensitive topics are addressed in the classroom. His insights emphasized the importance of transparency, developmental appropriateness, and the inclusion of diverse community voices in curriculum development to foster trust and protect the well-being of children.

Karlene Duncan

Overview of Testimony

Karlene Duncan, a BC-certified teacher and librarian with over 26 years of experience, testified about her concerns regarding the increasing presence of certain educational materials in school libraries. She described her decision to leave a school district position due to discomfort with the nature of materials she was required to catalog.

Her testimony highlighted issues related to curriculum content, administrative responses, and the broader implications of educational policy.

Key Points from Testimony

- **Concerns Over Library Content:** Duncan raised concerns about the influx of materials related to gender identity and sexual orientation in elementary and secondary school libraries.
 - While working in the technology department of a school district, she observed a significant increase in such materials.
 - She personally opposed cataloging these materials, believing them to be inappropriate for young children.
 - Duncan noted that in 2021, one elementary school had 88 books with SOGI-related (Sexual Orientation and Gender Identity) keywords, which had increased to 111 by the time of her testimony.

o **Librarian and Administrative Responses**

- Some librarians reportedly kept certain books locked away in cupboards to prevent circulation while still showing they had them for compliance purposes.
- Books related to gender identity and sexuality were frequently reported missing, with some parents allegedly removing them from circulation.
- Duncan did not escalate her concerns formally to administrators but noted that those who voiced opposition were often labeled as "closed-minded" or "homophobic".

o **Student Interest and Curriculum Issues**

- Duncan testified that, in her experience, students never sought out books on gender identity or sexual orientation. Instead, their interests were in topics such as Minecraft, animals, and monster trucks.
- She expressed concern that the educational materials were being made widely available despite a perceived lack of student demand for them.
- She also noted that the SOGi program was funded by a private corporation, the AHRQ Foundation¹², which she claimed was not an accredited educational authority.

Karlene Duncan's testimony sheds light on concerns regarding the appropriateness of certain educational materials in school libraries and the role of external organizations in shaping curriculum content. Her account highlights the challenges faced by educators who question institutional policies, as well as the broader debate over parental involvement in education.

Emily Duggan

Overview of Testimony

Emily Duggan, a parental rights advocate has been outspoken about the impact of ideologically driven educational programs, particularly SOGI 123 (Sexual Orientation and Gender Identity). Her testimony at the Vancouver NCI hearings focused on the program's developmental appropriateness, its effect on children's education, and the critical need for transparency and accountability in implementing such content in schools. Duggan emphasized the erosion of parental trust and the potential confusion caused by exposing young children to complex social and gender theories.

¹² <https://www.ahrq.gov/> accessed March 18,2025

Key Points from Testimony

- **Criticism of SOGI 123 and Its Ideological Agenda:** Duggan strongly criticized SOGI 123 for promoting gender ideology in a way that she argued was inappropriate for young children. She testified that the program introduces complex and controversial topics—such as gender fluidity and sexual orientation—at developmental stages when children lack the cognitive maturity to fully process or critically assess such ideas. Duggan argued that presenting these concepts as normative or unchallengeable, risks confusing children and undermining family values.

She described instances in which young children expressed confusion about their own identities after exposure to gender theory in classrooms, highlighting the potential psychological and emotional consequences of such early and uncritical indoctrination.

- **Lack of Parental Awareness and Transparency:** Duggan emphasized a concerning lack of transparency in the implementation of SOGI 123 and similar programs in schools. She testified that many parents remain unaware of the specific content being taught and are excluded from decisions regarding the inclusion of these materials in the classroom. This lack of parental involvement, she argued, creates a breach of trust between families and educational institutions.

Duggan contended that parents have a fundamental right to be informed and consulted about what their children are learning, particularly on sensitive topics like gender and sexuality. She advocated for policies that ensure full disclosure of curriculum content and mechanisms for parental input in educational decision-making.

- **Developmental Concerns and Emotional Well-Being:** Duggan expressed alarm over the developmental inappropriateness of SOGI 123 content, stressing that exposing young children to such advanced social theories could disrupt their natural developmental processes. She testified that these discussions could create unnecessary stress and emotional turmoil for children, potentially impacting their mental health and ability to focus on foundational learning objectives.

She called for a comprehensive review of curriculum materials to ensure they are age-appropriate and prioritize the emotional and mental well-being of students. Duggan also advocated for the involvement of child development experts in evaluating educational content to ensure that it aligns with best practices for age-appropriate learning.

- **Call for Accountability and Educational Reform:** Duggan's testimony included a strong call for increased accountability within the education system. She argued that schools and school boards must take greater responsibility for ensuring that educational programs reflect the diverse values and developmental needs of Canadian families.

Her recommendations included the establishment of clear guidelines for age-appropriate content, regular public consultation on curriculum changes, and independent audits of programs like SOGI 123. Duggan stressed the need to prioritize the voices of parents and caregivers in shaping educational policies that directly impact their children.

Emily Duggan's testimony offered an important perspective on the role of parental involvement and developmental appropriateness in shaping curriculum content. By highlighting the lack of transparency and the potential emotional harm caused by ideologically driven programs, she underscored the need for a more collaborative and accountable approach to education. Her advocacy for transparency, parental rights, and age-appropriate content resonated as a call to balance inclusivity with the developmental and emotional well-being of children.

Pierre Barnes

Overview of Testimony

Pierre Barnes, an advocate with lived experience in the foster care system, testified on the risks posed by ideologically charged educational content in schools. Drawing from his personal background and expertise in child welfare, Barnes emphasized the need to protect children from inappropriate materials and grooming behaviours that may be enabled by certain educational practices and policies.

Key Points from Testimony

- **Grooming Behaviours¹³ in Education:** Barnes raised significant concerns about policies in schools that promote secrecy regarding children's gender identity or pronoun changes, particularly those that prevent educators from informing parents about such developments. He argued that these practices align with grooming behaviours by fostering secrecy and diminishing parental involvement, which can make children more vulnerable to exploitation.

Barnes described how such policies can disrupt the essential trust between parents and schools, undermining the role of parents as primary caregivers and protectors. He stressed that withholding critical information about children's well-being from parents erodes a fundamental safeguard against abuse.

- **Inclusion of Explicit Educational Content:** Barnes criticized the presence of graphic sexual materials in schools, arguing that such content desensitizes children to inappropriate behaviours and normalizes interactions that may put them at risk. He testified that explicit books and materials in school libraries and classrooms often blur the line between education and exposure, leaving children vulnerable to exploitation by diminishing their ability to recognize red flags or inappropriate conduct.

¹³ **Grooming behaviour** refers to a manipulative process by which an individual, often an adult, builds trust and emotional connection with a child or vulnerable person in order to exploit or abuse them, typically for sexual purposes. Chat GPT March 20, 2025

- **Legal Concerns:** Referencing Section 171.1 of the Canadian Criminal Code¹⁴, Barnes testified that the inclusion of explicit sexual content in school materials may constitute a violation of laws prohibiting the exposure of minors to explicit materials. He called for a legal review of educational resources to ensure compliance with Canadian law and to protect children from harm. Barnes also emphasized the importance of holding educational institutions accountable for enforcing age-appropriate content guidelines.
- **Call for Accountability and Reform:** Barnes recommended stricter oversight and independent audits of school materials to ensure compliance with legal standards and community values. He called for policies that prioritize transparency and parental involvement, ensuring that content aligns with the developmental needs of children. His testimony underscored the necessity of reestablishing boundaries in education to protect children's emotional and psychological well-being.

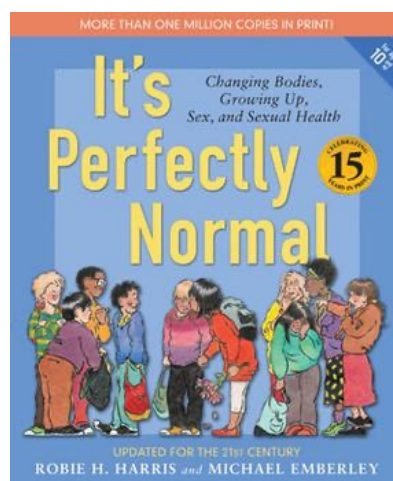
Amrit Birring

Overview of Testimony

Amrit Birring, a parent and community advocate from Surrey, British Columbia, provided testimony regarding the presence of explicit materials in school libraries and classrooms. His concerns focused on the systemic issues that allow such content to be included without adequate oversight and the impact this has on children and parental trust.

Key Points from Testimony

- **Explicit Books in Schools:** Birring identified specific examples of books, such as *Genderqueer*¹⁵ and *It's Perfectly Normal*¹⁶, available in school libraries. He testified that these books include graphic depictions of sexual acts, nudity, and other explicit content inappropriate for children. Birring argued that the inclusion of these materials reflects a broader systemic failure in the education system to vet resources for age-appropriateness.



¹⁴ Making sexually explicit material available to child; Criminal Code, R.S.C., 1985, c. C-46

¹⁵ https://en.wikipedia.org/wiki/Gender_Queueer accessed March 10, 2025

¹⁶ https://en.wikipedia.org/wiki/It's_Perfectly_Normal accessed March 10, 2025

He described how such materials introduce adult themes to children prematurely, disrupting their natural development and exposing them to ideas they are not equipped to process critically. Birring also pointed out that these resources are often framed as educational tools, despite their explicit nature.

- **Violation of Parental Trust:** Birring emphasized how the availability of explicit materials in schools erodes parental trust in educational institutions. He described how many parents are unaware of the content their children are exposed to until after it has already been introduced. Birring argued that this lack of transparency marginalizes parents and undermines their role in guiding their children's moral and emotional development.
- **Legal and Ethical Violations:** Birring filed a formal complaint with the RCMP against the BC Ministry of Education, citing Canadian laws prohibiting the exposure of minors to explicit content¹⁷. He testified that the presence of these materials in schools constitutes a breach of legal and ethical standards and called for immediate action to remove such content. Birring's efforts highlight the need for stronger legal and policy frameworks to protect children from inappropriate educational resources.
- **Advocacy for Systemic Reform:** Birring called for a comprehensive review of educational policies to ensure that all materials in schools are age-appropriate and align with community values. He advocated for increased parental involvement in the approval process for educational content and greater accountability from school boards and ministries.

Hila Russ-Woodland

Overview of Testimony

Hila Russ-Woodland, a concerned parent and advocate, testified about the integration of controversial activities and materials into school curriculums. Her testimony focused on events like drag queen story hours and explicit discussions on gender identity, which she argued are not aligned with the developmental needs of children.

¹⁷ Making sexually explicit material available to child; Criminal Code, R.S.C., 1985, c. C-46, article 171.1

Key Points from Testimony

- **Drag Queen Story Hours¹⁸:** Russ-Woodland raised concerns about the inclusion of events like drag queen story hours in schools, describing these as performances with adult themes presented under the guise of inclusivity. She testified that such events blur boundaries between age-appropriate education and exposure to adult concepts, potentially confusing or overwhelming young children.
- **Lack of Developmental Consideration:** Russ-Woodland emphasized the disconnect between activities like drag queen story hours and the developmental needs of children. She argued that these events fail to respect children's cognitive and emotional capacities, introducing topics that may be inappropriate for their age.
- **Advocacy for Oversight and Reform:** Russ-Woodland called for stricter oversight of extracurricular activities and educational events, ensuring that they align with age-appropriate guidelines and community values. She urged schools to consider the developmental impact of their programming and to involve parents in decision-making processes.

Marcos Sobral¹⁹

Overview of Testimony

Marcos Sobral, an academic and researcher, testified about the influence of transnational organizations on Canadian education policies. He argued that programs such as SOGI 123 are aligned with international frameworks that prioritize ideological conformity over educational neutrality.

Key Points from Testimony

- **Global Influence on Canadian Curriculum:** Sobral linked SOGI 123 and similar educational policies to international organizations such as UNESCO. He argued that these initiatives often enter the school system through government directives and policy recommendations, bypassing democratic oversight and local parental involvement.

¹⁸ https://en.wikipedia.org/wiki/Drag_Queen_Story_Hour accessed March 10, 2025

¹⁹ Marcos Sobral testified on Day 2 of the Regina Hearings

- **Lack of Democratic Oversight and Public Consultation:** Sobral emphasized that Canadian families have little say in how these programs are implemented. He argued that curriculum decisions should be made locally, rather than being shaped by international organizations with social engineering agendas.
- **Educational Neutrality and Ideological Imbalance:** Sobral criticized the lack of diverse perspectives in curriculum materials, stating that many programs introduce gender ideology as fact rather than as a topic for critical discussion. He called for a balanced curriculum that presents multiple viewpoints on social and political issues.

Discussion and Analysis of Issues Raised by the Witnesses

Content and Age-appropriateness

Witnesses like Barry Neufeld and Emily Duggan raised significant concerns about the introduction of complex topics within programs such as SOGI 123, questioning their developmental appropriateness for young children. Neufeld argued that discussions surrounding gender identities, sexual orientation, and social ideologies are being presented to students who lack the cognitive maturity to process these ideas critically. Duggan further emphasized that these programs may confuse or distress children, especially when introduced without adequate preparation or contextual understanding.

Developmental psychology underscores the importance of aligning educational content with children's cognitive and emotional readiness. Early exposure to nuanced concepts like gender fluidity may overwhelm younger students and disrupt their sense of security and personal identity. A balanced approach that incorporates age-appropriate content is essential to foster understanding without imposing adult perspectives prematurely.

Lack of Parental Consent and Involvement

Many witnesses, including Pierre Barnes, and Amrit Birring, criticized the exclusion of parents from decision-making processes regarding curriculum content. Barnes highlighted policies that promote secrecy, such as not informing parents about changes in a child's gender identity or pronoun use, which he argued undermine parental authority. Birring emphasized the erosion of trust between parents and schools when explicit materials, such as *Genderqueer* and *It's Perfectly Normal*, are made accessible to children without parental knowledge.

Parents play a foundational role in shaping their children's values and beliefs. When schools make unilateral decisions on sensitive topics, it risks alienating families and fostering resistance to educational programs. Transparent policies that involve parents in curriculum design and implementation are critical to building trust and cooperation between educators and families.

Ideological Bias and Academic Freedom

Witnesses, including Alex Newman and Chris Elston, expressed concerns about ideological bias in educational materials. Newman pointed to the heavy influence of gender ideology and social justice narratives, suggesting they often represent a singular worldview rather than a diverse range of perspectives. Elston echoed these concerns, arguing that curriculum content sometimes discourages critical thinking by normalizing specific ideologies without offering alternative viewpoints.

Academic freedom is essential in fostering independent thought and encouraging students to engage with diverse perspectives. When curricula lean heavily toward one ideology, it limits open dialogue and critical analysis. A balanced educational approach must emphasize exposing students to multiple viewpoints, enabling them to form well-rounded and informed opinions.

Transnational Influence and Policy Alignment

Alex Newman highlighted how transnational organizations, such as UNESCO, influence Canadian education policies, often bypassing local democratic processes. He argued that frameworks like SOGI 123 are imported into schools under the guise of inclusivity, without adequate adaptation to Canada's cultural and societal needs.

The uncritical implementation of Global initiatives over local educational systems represents a misalignment with community values. Policies should reflect the diversity of Canadian society by involving local educators, parents, and stakeholders in the development process.

Conclusion

The testimonies from witnesses highlight significant concerns regarding curriculum content and ideological influence in Canadian schools. These include the introduction of complex, ideologically-driven topics at inappropriate developmental stages, the exclusion of parents from critical decisions, and the potential overreach of transnational agendas into local education policy.

A balanced, inclusive approach is necessary to address these issues. Schools must prioritize age-appropriate content, foster academic freedom through diverse perspectives, and strengthen collaboration with parents to build a supportive educational environment. By addressing these concerns, Canadian schools can better meet the developmental needs of students while maintaining trust with parents and respecting community values.

Recommendations

1. Increase Parental Involvement and Transparency:
 - Establish policies that mandate active consultation with parents on curriculum changes, especially those involving sensitive or ideological content.
 - Form parent advisory committees to review proposed curriculum updates and provide feedback before implementation.
2. Develop Age-Appropriate Content Guidelines:
 - Collaborate with educational psychologists and child development experts to create content guidelines that align with students' cognitive and emotional readiness.
 - Introduce sensitive topics gradually, ensuring they are framed in an age-appropriate and supportive manner, as long as these topics are approved by the specific community being served by that school.
3. Ensure Diverse and Balanced Curriculum Content:
 - Conduct regular reviews of curriculum materials to identify and address potential ideological bias.
 - Prioritize critical thinking by exposing students to diverse perspectives on social, political, and cultural issues.
4. Limit Transnational Influence and Prioritize Local Needs:
 - Require transparency in adopting international frameworks, ensuring they are tailored to reflect Canadian values and community priorities.
 - Include local educators, parents, and community leaders in decision-making processes for curriculum development.

5. Provide Training for Educators on Ideological Neutrality:

- Offer professional development programs to help teachers present sensitive content in a neutral and balanced manner.
- Train educators to foster respectful classroom discussions that accommodate diverse perspectives.

6. Implement Regular Curriculum Audits:

- Establish periodic audits of educational materials to monitor for unintentional ideological bias.
- Involve feedback from students, parents, and educators in evaluating curriculum effectiveness and fairness.
- Audit classrooms to identify and eliminate any materials that are not in keeping with the local community standards.

7. Enhance Safeguards for Explicit Content:

- Introduce stricter guidelines for the inclusion of explicit materials, requiring thorough reviews by parents and community representatives before approval.

By implementing these measures, Canadian schools can create a balanced and inclusive learning environment that respects students' developmental needs, fosters critical thinking, and strengthens collaboration between families and educators.

4.1.2. Parental Rights and Involvement in Education

Introduction

Parental rights in education are grounded in the principle that parents are the primary caregivers and moral guides for their children. Across Canada, parents have traditionally played a vital role in shaping their children's moral, ethical, and cultural development, which includes influencing the educational content to which their children are exposed. This partnership between families and schools is integral to fostering a balanced educational experience that reflects the diverse values and beliefs of Canadian society.

In recent years, however, the role of parents in education has become a point of contention. As schools address increasingly ideological and sensitive topics, such as gender identity, sexual education, and health-related decisions, some parents perceive a shift in policies that diminishes their ability to provide meaningful input. These topics often intersect with deeply held family values, religious beliefs, or ethical considerations, making parental involvement all the more significant.

Witnesses at the Vancouver NCI hearings described how these tensions arise when educational institutions implement programs or introduce curriculum content without adequately consulting parents. Programs like SOGI 123, which addresses gender identity and inclusivity, have been cited as examples of initiatives that parents feel were developed and implemented without sufficient parental input or transparency. This lack of communication can leave parents feeling alienated and mistrustful of the school system, particularly when the content presented to students conflicts with their family values.

The reduction of parental influence over educational decisions has sparked concerns about children's safety and well-being. Parents worry that exposure to ideologically charged or developmentally inappropriate content may confuse or alienate children, especially those who rely on their families for guidance and stability. Witnesses highlighted cases where students expressed emotional distress after being introduced to sensitive topics in schools without prior context or discussion at home.

Parental rights in education are not solely about protecting children from potential harm; they are also about ensuring that schools operate as collaborative partners with families. When parents are excluded from decision-making processes, it can lead to a breakdown in trust and communication between schools and communities. Witnesses emphasized the importance of transparency, noting that clear communication about curriculum changes, policies, and health-related decisions fosters mutual respect and shared responsibility for children's education.

In addition to concerns about curriculum content, parental involvement extends to decisions about health mandates, such as vaccination policies and mental health programs. Witnesses described instances where students were allowed to make significant health-related decisions without parental consent or notification. This lack of involvement can exacerbate feelings of powerlessness among parents and raise ethical questions about the extent to which schools can make decisions on behalf of children.

The testimonies presented at the Vancouver NCI hearings underscore the importance of reaffirming parental rights and rebuilding trust between families and educational institutions. By involving parents in decisions that affect their children's education, schools can create a more inclusive and supportive environment that respects the community's perspectives. This collaborative approach benefits not only children's academic success but also their emotional and social development, fostering stronger connections between home and school.

As Canada's education system evolves, addressing parental concerns and ensuring their involvement will be critical to maintaining the balance between inclusivity, academic freedom, and the rights of families. By prioritizing open dialogue, transparency, and respect for parental roles, schools can create a more equitable educational experience for all stakeholders.

Discussion of Witness Testimonies

Barry Neufeld

Overview of Testimony

Barry Neufeld, a former school board trustee, is a prominent critic of the SOGI 123 program in British Columbia schools. His advocacy has focused on defending parental rights and opposing policies he views as undermining family values in education.

Key Points of Testimony

- **Opposition to SOGI 123:** Neufeld argued that the program marginalizes parental input by introducing sensitive ideological content without proper consultation. He emphasized that such programs often conflict with family values.
- **Suppression of Parental Voices:** Neufeld highlighted how parents who express concerns about SOGI 123 are often dismissed or labeled as intolerant, which discourages meaningful dialogue between schools and families.

Hila Russ-Woodland

Overview of Testimony

Hila Russ-Woodland is an educator and advocate who testified about the impact of educational policies that bypass parental involvement, particularly regarding children's health and well-being.

Key Points of Testimony

- **Children Making Medical Decisions Without Parental Consent:** Russ-Woodland discussed policies allowing children as young as 12 to make significant medical decisions, such as vaccinations, without parental knowledge or approval. She argued that such policies erode trust between parents and schools.
- **Impact on Family Relationships:** She expressed concerns that these policies alienate children from their families, creating a divide between parental guidance and school authority.

Amrit Birring

Overview of Testimony

Amrit Birring, a parent and community advocate, focused his testimony on the lack of transparency in curriculum decisions and the exclusion of parental oversight in educational policies.

Key Points of Testimony

- **Lack of Parental Oversight:** Birring criticized the presence of explicit materials, such as *Genderqueer* and *It's Perfectly Normal*, in school libraries without informing or involving parents. He argued that such practices undermine parental trust.
- **Call for Transparency:** He advocated for more stringent policies that require schools to notify and consult parents before introducing controversial or sensitive materials into the curriculum.

Emily Duggan

Overview of Testimony

Emily Duggan is a parental rights advocate who has actively spoken out against the marginalization of parents in decisions related to programs like SOGI 123.

Key Points of Testimony

- **Marginalization of Parents:** Duggan emphasized that programs like SOGI 123 are implemented without meaningful consultation with parents, leaving families excluded from decisions that impact their children's education.
- **Erosion of Trust:** She expressed that this lack of transparency has led to mistrust between schools and families, particularly when programs conflict with family values.

Alex Newman

Overview of Testimony

Alex Newman, a journalist and educator, has extensively examined transnational influences on education and the implications for parental rights in Canada.

Key Points of Testimony

- **Transnational Influences:** Newman highlighted how global initiatives like those of the United Nations influence Canadian education policies without sufficient input from local parents. He argued that this undermines parental control over children's education.
- **Advocacy for Parental Rights:** Newman called for a restoration of parental influence in education, emphasizing the need for schools to prioritize family values and local cultural contexts.

Pierre Barnes

Overview of Testimony

Pierre Barnes, an advocate with personal experience in foster care, testified about the importance of parental involvement in preventing harmful educational practices.

Key Points of Testimony

- **Secrecy in Policies:** Barnes highlighted how some policies prevent schools from informing parents about significant developments, such as changes in a child's gender identity or pronoun use. He argued that these policies undermine the authority and responsibility of parents.
- **Support for Parental Rights:** Barnes emphasized the critical role parents play in safeguarding children's well-being and called for greater transparency and accountability in school policies.

James Kitchen

Overview of Testimony

James Kitchen, a lawyer representing clients in human rights and parental rights cases, testified about his legal efforts to challenge government policies that he argues violate parental rights. His testimony focused on legal actions against the British Columbia government concerning freedom of speech, ideology and educational policies.

Key Points of Testimony

- **Free Speech vs Ideology**
 - He emphasized the importance of freedom of speech.
 - He is defending Barry Neufeld's right to free speech as a citizen and Neufeld's responsibility as a School Board trustee to challenge policies that affect children, within that school system.
- **Defence of Human Rights in Legal Frameworks**
 - Kitchen discussed how hate speech laws are being utilized to uphold ideological positions.
 - Kitchen's testimony highlighted how hate speech laws are subject to failure due to ideological interpretations.
 - Freedom of speech must be an absolute right, not a subjective one.

James Kitchen's testimony outlines legal battles aimed at reinforcing parental rights in Canada. His involvement in cases against BC's childcare and education policies reflects broader concerns about government influence over family decision-making. His arguments emphasize legal precedents that uphold parental authority, suggesting that current policies may infringe upon fundamental rights.

These profiles and key points provide a comprehensive foundation for addressing the role of parental rights and involvement in education.

Discussion and Analysis of Issues Raised by the Witnesses

Limited Parental Involvement in Curriculum Development

Witnesses such as Barry Neufeld and Emily Duggan raised significant concerns about the lack of parental involvement in curriculum development and the implementation of programs like SOGI 123. Neufeld testified that SOGI 123 was introduced into schools without prior consultation with parents, leaving many families blindsided by the content. Duggan emphasized that this exclusion of parental voices created a divide between educational institutions and families, undermining trust.

Parents, as primary caregivers, have a fundamental right to participate in decisions about the moral and social education of their children. When schools unilaterally implement programs on sensitive issues without parental input, it not only erodes these rights but also risks alienating families. Involving parents in curriculum discussions fosters community support, ensures diverse family values are respected, and creates a more inclusive educational environment.

Policies on Student Consent Without Parental Approval

Hila Russ-Woodland and others highlighted concerns about policies that allow minors as young as 12 to consent to medical decisions, such as COVID-19 injections, without parental approval. These policies undermine the role of parents in guiding their children's health decisions and create scenarios where schools exert influence over students without adequate safeguards.

Informed consent requires an understanding of the potential risks and benefits of medical decisions, something minors may struggle to fully grasp. Parental involvement is essential to ensure that children's best interests are prioritized. Testimonies underscored that policies bypassing parental consent fracture the parent-school relationship and diminish parents' ability to safeguard their children's welfare. Despite excluding the parents from these decisions, it is the parents who will be responsible to care for a child who experiences an adverse event resulting from the medical decisions taken without the parents involvement.

Students will also be inappropriately influenced by the imbalance of authority in the student / teacher relationship, offsetting this relationship with parental input is essential.

Impact on Family Dynamics and Trust

Witnesses such as Neufeld, Duggan, and Pierre Barnes discussed the strain on family dynamics caused by educational policies that appear to prioritize institutional authority over parental involvement. Neufeld and Barnes highlighted how secrecy policies, such as those preventing parents from being informed about changes in a child's gender identity or pronoun use, lead to confusion and conflict within families, and may also be indicative of grooming²⁰ behaviour.

When schools introduce content or policies that conflict with family values, children may feel caught between home and school environments, leading to emotional distress and alienation. Prioritizing parental involvement and ensuring that educational policies align with family values can mitigate these conflicts, fostering stronger relationships between schools and families.

Transparency and Communication Gaps

Amrit Birring emphasized the lack of transparency in school communications regarding curriculum changes and policy shifts. Birring testified that parents often only discover sensitive materials, such as explicit books in school libraries, after they are already in use. Ward criticized the lack of clear communication about the introduction of sensitive topics, which prevents parents from voicing concerns or providing input.

Transparent communication is foundational to maintaining trust between schools and families. By informing parents of changes in a timely and inclusive manner, schools can encourage constructive engagement and address concerns before they escalate. Enhanced transparency also ensures accountability within educational institutions, aligning policies with the needs of students and families.

Legal and Policy Framework for Parental Rights

Alex Newman and others highlighted ambiguities in the legal and policy framework governing parental rights in education. Newman noted that transnational influences on Canadian education, such as United Nations initiatives, often bypass parental input. Barnes and Birring argued for clearer, enforceable protections for parental rights, particularly regarding ideological and health-related decisions.

²⁰ <https://learning.nspcc.org.uk/safeguarding-child-protection/grooming> accessed March 10, 2025

Strengthening legal protections for parental rights ensures that families retain an active role in shaping their children's education. Clear policies and accountability mechanisms can prevent unilateral decision-making by educational authorities, fostering a balanced relationship between schools and families.

Conclusion

The testimonies highlight significant concerns about the diminishing role of parents in education. Witnesses pointed to limited parental involvement in curriculum development, policies allowing student consent without parental approval, and transparency gaps as key issues undermining trust between families and schools. These challenges reflect a broader trend toward diminishing parental influence, which many parents view as an infringement on their rights and responsibilities.

By respecting parental rights, fostering transparent communication, and creating community specific educational policies, schools can rebuild trust with families and ensure that students thrive in an environment that reflects diverse values and perspectives.

Recommendations

1. Establish Clear Policies for Parental Involvement:
 - Mandate parental input for curriculum content, especially on sensitive topics.
 - Create advisory boards or committees that enable parents to review and provide feedback on proposed curriculum changes.
2. Health related matters should not be implemented within the school system:
 - The school environment is for learning, not for healthcare, especially in the absence of direct parental involvement.
 - Undue influence from teachers, administration and student peer pressure are significant issues within the school environment, and these issues unduly influence the students decision making.
3. Enhance Transparency and Communication:
 - Develop robust communication strategies to inform parents of policy changes, curriculum updates, and sensitive topics before implementation.
 - Use accessible platforms like newsletters, online portals, and regular parent-teacher meetings to maintain open dialogue.

4. Define and Strengthen Legal Protections for Parental Rights:

- Advocate for clear legal frameworks that enshrine parental rights in educational policies.
- Review and revise policies that bypass parental involvement to ensure they align with family rights and values.

5. Promote Parent-School Partnerships:

- Encourage schools to establish formal parent-school partnerships through workshops, forums, and collaborative initiatives.
- Facilitate regular interactions between parents and educators to build trust and cooperation.

6. Develop Guidelines for Ideologically Neutral Education:

- Introduce standards for presenting ideologically sensitive content in a balanced and neutral manner.
- Train educators to facilitate discussions that respect diverse perspectives and avoid promoting specific worldviews.

7. Implement Periodic Reviews of Policies Affecting Parental Rights:

- Conduct regular audits of policies impacting parental rights to ensure alignment with evolving community values and student needs.
- Include feedback from parents, educators, and community leaders in these reviews to ensure a balanced approach.

8. Create an Integrated Approach to Community /Education System:

- Educate the community at large concerning school governance and set a goal to increase community involvement in school board elections to 50% participation of eligible voters.
- Encourage families to participate in school board meetings to guide educational policy for the community.

9. Address Secrecy Policies:

- Prohibit policies that prevent schools from informing parents about significant changes in their children's education or identity.
- Establish guidelines ensuring parental awareness and involvement in decisions affecting their children.

By adopting these measures, Canadian schools can reaffirm the importance of parental rights in education, build stronger relationships with families, and create an inclusive and supportive environment for all students.

4.1.3. Teacher and Administrative Bias

Introduction

Teacher and administrative bias in schools refers to the subtle or overt influence of personal beliefs, values, or institutional policies on how educators and administrators deliver education and interact with students. In educational contexts, maintaining neutrality is a foundational principle that ensures all students are exposed to balanced and objective instruction. This approach fosters critical thinking, encourages respectful dialogue, and promotes the development of independent thought. However, when bias enters the educational environment, it risks undermining these principles and may create a learning atmosphere where certain perspectives dominate to the exclusion of others.

Concerns about teacher and administrative bias are particularly pronounced when addressing sensitive or controversial topics such as gender identity, social justice, environmental activism, or political ideologies. Witnesses at the Vancouver NCI hearings described how certain viewpoints are sometimes presented as definitive or non-negotiable, leaving little room for alternative perspectives. This can create an environment where students feel pressured to conform to specific ideologies, stifling open dialogue and discouraging the exploration of diverse viewpoints.

Bias can manifest in various ways, from the content of the curriculum to the interactions between teachers and students. For example, curriculum materials may reflect a single ideological stance, omitting alternative perspectives or critical analyses. Classroom dynamics can also be affected, with educators unintentionally or intentionally promoting specific viewpoints during discussions, thereby influencing how students interpret or engage with complex topics. Furthermore, administrative decisions, such as the adoption of policies or the handling of dissenting opinions from parents or staff, can reinforce perceived biases, eroding trust between schools and their communities.

For parents, these biases raise significant concerns about the fairness of education and the role of schools in shaping students' moral and social values. Many parents view education as a partnership where schools and families work together to prepare children for an open minded and free society. When schools prioritize certain ideologies or exclude parents from decision-making processes, it can strain this partnership and lead to tensions over the perceived erosion of parental rights in guiding their children's development.

The implications of teacher and administrative bias are far-reaching. Witnesses emphasized how biases can affect students' intellectual and emotional growth, potentially discouraging critical thinking and limiting their ability to form well-rounded perspectives. Bias can also impact classroom dynamics, creating divisions among students and fostering environments where dissenting opinions are marginalized. For educators, the pressure to align with institutional ideologies may hinder their ability to teach freely and objectively, further perpetuating the cycle of bias.

Addressing these challenges requires a commitment to transparency, openness to ideas, freedom of speech and accountability within educational institutions. Schools must actively promote ideological neutrality, ensuring that diverse perspectives are represented in curriculum materials and classroom discussions. Professional development for educators can play a critical role in helping them recognize and mitigate their own biases, fostering a more balanced and supportive learning environment. Additionally, schools should engage parents and community members in meaningful dialogue about educational content and policies, reinforcing trust and collaboration. Unfortunately much of the professional development training currently being offered is highly charged with ideologies which do not necessarily align with the local community social norms.

The testimonies presented at the Vancouver NCI hearings highlight the importance of addressing teacher and administrative bias to create equitable and open non-biased ideologically neutral educational environments. By prioritizing neutrality and fostering open dialogue, schools can empower students to think critically, engage respectfully with differing viewpoints, and develop the skills necessary to navigate a complex and diverse world.

Discussion of Witness Testimonies

Several key witnesses addressed the issue of teacher and administrative bias, describing instances where personal or institutional biases appeared to affect the educational experience of students.

Barry Neufeld

Overview of Testimony

Barry Neufeld is a former school board trustee who has been a vocal critic of SOGI 123 and its implementation in British Columbia schools. He has consistently advocated for balanced educational practices that respect different perspectives.

Key Points of Testimony

- **Bias in Curriculum Implementation:** Neufeld criticized how programs like SOGI 123 were introduced without balanced debate or input from a broad range of stakeholders. He argued that the program promotes a specific ideology, sidelining alternative perspectives.
- **Suppression of Dissent:** Neufeld highlighted how educators or administrators who questioned these programs were often marginalized, creating an environment where open dialogue was discouraged.

Paul Jaffe

Overview of Testimony

Paul Jaffe is an advocate who represented Barry Neufeld in his legal battles^{21,22} regarding opposition to SOGI 123. Jaffe's testimony during the NCI Vancouver Hearings emphasized the challenges and consequences faced by individuals, including parents, who voice concerns about perceived bias within educational systems.

Key Points of Testimony

- **Consequences of Speaking Out:** Jaffe highlighted the backlash Neufeld faced for expressing his concerns about the ideological content of SOGI 123, including public criticism, professional ostracization, and legal challenges. This served as a broader warning about the risks parents and community members might face when questioning institutional policies.
- **Chilling Effect on Free Expression:** Jaffe argued that the treatment of Neufeld and others creates a chilling effect, deterring parents and educators from voicing legitimate concerns about teacher or administrative bias. He emphasized that this stifles open dialogue and prevents critical examination of controversial programs.
- **Systemic Resistance to Dissent:** According to Jaffe, educational institutions often dismiss or marginalize opposing viewpoints, further alienating parents who feel their voices are not respected. He noted that this resistance erodes trust between families and schools and discourages different perspectives from being represented in educational settings.

²¹ <https://nationalcitizensinquiry.b-cdn.net/wp-content/uploads/2024/12/EX2410VAN203-barry-neufeld-V2042.pdf> accessed March 20, 2025

²² <https://nationalcitizensinquiry.b-cdn.net/wp-content/uploads/2024/12/EX2410VAN203-barry-neufeld-V2043.pdf> accessed March 20, 2025

Jaffe's testimony underscores the systemic barriers parents may face when challenging perceived bias in schools and highlights the need for protecting free expression and fostering open dialogue.

Hila Russ-Woodland

Overview of Testimony

Hila Russ-Woodland, an educator and advocate, testified about administrative priorities that she believes disregard parental and student concerns in favour of institutional policies.

Key Points of Testimony

- **Institutional Bias:** Russ-Woodland described instances where controversial classroom materials and activities were prioritized without adequately considering the concerns of parents or the developmental readiness of students.
- **Favouritism Toward Specific Agendas:** She expressed concerns that some schools prioritize certain ideological viewpoints, fostering an imbalance in the educational experience.

Chris Elston (Billboard Chris)

Overview of Testimony

Chris Elston, known as "Billboard Chris," is an advocate who focuses on the impact of gender ideology on children and the role of educators in promoting these ideas.

Key Points

- **Normalization of Ideologies:** Elston criticized how educators promote specific ideologies, particularly around gender identity, without presenting diverse perspectives. He argued that this creates an unbalanced learning environment for students.
- **Influence on Student Perception:** He noted how teacher bias can shape students' understanding of complex social issues, often discouraging critical thinking and exploration of alternative views.

Emily Duggan

Overview of Testimony

Emily Duggan is a parental rights advocate who has actively opposed the perceived lack of balance in programs like SOGI 123. Her testimony focused on the need for transparency and inclusivity in curriculum development.

Key Points of Testimony

- **Ideological Bias in Curriculum:** Duggan testified that programs like SOGI 123 reflect a singular ideological perspective, often excluding alternative viewpoints. She argued this approach undermines diversity and critical thinking in education.
- **Lack of Transparency:** Duggan emphasized that the lack of openness about such programs perpetuates administrative bias and alienates parents from their children's education.

Pierre Barnes

Overview of Testimony

Pierre Barnes, an advocate with personal experience in foster care, testified about the impact of administrative policies on parental trust and student welfare.

Key Points of Testimony

- **Policies Undermining Parental Authority:** Barnes highlighted administrative policies that encourage teachers to withhold information about students from their parents, particularly on issues like gender identity. He argued this practice fosters mistrust and demonstrates administrative bias.
- **Impact on Family-School Relationships:** He stressed that such policies erode the foundational trust necessary for effective collaboration between families and schools.

Amrit Birring

Overview of Testimony

Amrit Birring is a parent and community advocate who has spoken out against administrative complicity in promoting biased policies and practices in schools.

Key Points of Testimony

- **Administrative Complicity in Bias:** Birring argued that school administrations often promote content and policies reflecting specific ideological stances while disregarding parental and community input.
- **Call for Accountability:** He called for greater accountability in administrative decision-making to ensure that policies and practices align with community values and diverse perspectives.

These profiles provide a detailed foundation for discussing teacher and administrative bias in education.

Discussion and Analysis of Issues Raised by the Witnesses

Influence of Personal Beliefs on Instruction

Witnesses such as Barry Neufeld and Emily Duggan raised concerns about educators allowing personal beliefs to influence instructional practices. For example, Neufeld testified that programs like SOGI 123 encouraged teachers to adopt specific ideological stances, particularly regarding gender identity and social justice. Duggan emphasized that such advocacy risks prioritizing personal or institutional ideologies over balanced education.

While educators play a vital role in promoting diversity and inclusion, it is crucial that they maintain neutrality to foster critical thinking. Allowing personal beliefs to dominate classroom discussions can pressure students to conform to specific viewpoints, discouraging open inquiry and exploration of alternative perspectives. Schools should aim to create environments where students can critically assess multiple ideas and form their own informed opinions without feeling coerced.

Lack of Alternate Perspectives in Curriculum Content

Duggan and Paul Jaffe highlighted that some curriculum frameworks, such as those addressing gender identity, present one-sided narratives, often excluding alternative viewpoints. Duggan argued that students are rarely exposed to differing perspectives, limiting their ability to critically evaluate complex issues. Jaffe added that administrative support for certain ideologies further discourages dissent or discussion of alternative viewpoints, stifling intellectual diversity.

Education thrives on the exchange of ideas, enabling students to engage with varying perspectives and develop critical thinking skills. When curricula favour a singular narrative, it creates an echo chamber that undermines students' ability to engage respectfully and thoughtfully with broader societal debates. Balanced content is essential for fostering open-mindedness and academic integrity.

Administrative Support for Certain Ideologies

Paul Jaffe and Pierre Barnes testified that school administrations often align with specific ideological stances, creating environments where questioning these positions is discouraged. Jaffe highlighted the backlash Barry Neufeld faced when he publicly critiqued SOGI 123, noting that administrative bias against dissenting views perpetuates a culture of suppression. Barnes added that policies restricting parental access to information, such as those involving a student's gender identity, demonstrate administrative alignment with specific ideologies over family engagement.

Administrative support for particular ideologies can alienate parents, students, and educators who hold differing views, creating a climate of distrust. School administrations must uphold policies that support respectful discourse and protect different perspectives without endorsing specific viewpoints.

Impact on Student Expression and Classroom Dynamics

Witnesses including Duggan, Dr. Ponesse and Hila Russ-Woodland highlighted how teacher and administrative bias impacts classroom dynamics, leading students to feel reluctant to express differing opinions. Duggan recounted instances where students felt pressured to align with dominant classroom ideologies to avoid ostracization. Similarly, Russ-Woodland described how biased instructional practices created environments where alternative perspectives were disregarded.

Classrooms should be safe spaces for exploration and intellectual growth. When bias influences classroom dynamics, students may feel marginalized or silenced, which undermines their confidence and ability to engage critically. Encouraging respectful dialogue and presenting multiple perspectives are vital to fostering a balanced learning environment.

Implications for Parental Trust and Community Relations

The perception of bias in schools also affects trust between parents and educational institutions. Witnesses such as Neufeld and Birring emphasized that when teachers and administrators take explicit stances on sensitive issues, it alienates parents who feel their values are disregarded. This lack of alignment between home and school creates tension and erodes trust, particularly when parents are excluded from conversations about curriculum content or policies.

Building trust requires schools to respect multiple family values and ensure transparency in policy decisions. By involving parents in curriculum development and maintaining open communication, schools can foster stronger community relationships and promote a shared commitment to student success.

Conclusion

The witness testimonies highlight significant concerns about teacher and administrative bias in Canadian schools. These include the influence of personal beliefs on instruction, lack of diverse perspectives in curriculum content, and administrative alignment with specific ideologies. Witnesses emphasized how these factors can stifle intellectual growth, suppress dissenting voices, and erode trust between families and schools.

By addressing these issues, educational institutions can create more balanced environments that support critical thinking, respect different perspectives, and uphold the rights of students and families.

Recommendations

1. Promote Ideological Neutrality in Classroom Instruction:
 - Provide professional development for educators on maintaining neutrality when presenting sensitive or controversial topics.
 - Train teachers to facilitate balanced discussions that respect different viewpoints and encourage critical inquiry.
2. Encourage Different Perspectives in Curriculum Content:
 - Ensure that curriculum materials present a variety of perspectives on complex social issues.
 - Conduct regular reviews of educational content to identify and address potential biases, promoting intellectual freedom.
3. Establish Policies Against Administrative Endorsement of Ideologies:
 - Develop clear guidelines to prevent school administrations from endorsing specific ideologies.
 - Implement safeguards to ensure policies support open discourse and protect the rights of students, parents, and teachers to express different opinions.

4. Create Guidelines for Teacher Conduct and Bias Awareness:

- Develop guidelines to help teachers recognize and mitigate their own biases in instructional practices.
- Include regular training on respectful communication and handling all perspectives effectively.

5. Implement Classroom Climate Assessments:

- Conduct periodic surveys to gather feedback from students and parents on classroom dynamics.
- Use this data to identify areas where teacher or administrative bias may be affecting the learning environment.

6. Strengthen Parental Engagement and Communication:

- Enhance communication with parents regarding curricular content and policies, ensuring they are informed and involved.
- Create avenues for parents to share concerns and participate in discussions about sensitive topics.

7. Protect Free Expression for Students and Educators:

- Uphold policies that protect the right of students and educators to express opinions without fear of reprisal.
- Ensure that dissenting viewpoints are respected and given equal consideration in classroom and administrative settings.

8. Establish an Oversight Committee for Bias and Neutrality:

- Form an oversight committee to review curriculum, classroom practices, and administrative policies for signs of bias.
- Include educators, parents, and students in the committee to ensure a balanced approach.

By implementing these recommendations, schools can foster an educational environment that values freedom of thought, critical thinking, and mutual respect, while strengthening trust between families and educational institutions.

4.1.4. Student Mental Health and Emotional Well-Being

Introduction

The mental health and emotional well-being of students have emerged as critical issues in Canada, particularly in the aftermath of the COVID-19 measures implemented by the government. During this unprecedented period, students faced significant disruptions to their daily lives, including prolonged school closures, reduced access to social interactions, and increased reliance on digital platforms for education and entertainment. These challenges combined to create a perfect storm of mental health concerns, leading to rising rates of anxiety, depression, and behavioural difficulties among children and adolescents.

The Vancouver NCI hearings brought attention to the multifaceted nature of these challenges, with witnesses sharing testimonies that highlighted the COVID-19 event's long-term effects on students' emotional resilience, social development, and academic engagement. School closures deprived students of the structure, routine, and peer relationships that are critical to healthy development. Witnesses described how social isolation, compounded by increased screen time, exacerbated feelings of loneliness and disconnection, leaving many students struggling to reintegrate into traditional school settings after restrictions were lifted.

However, the impact on student mental health extends beyond the COVID-19 event. Witnesses noted that rising academic pressures, coupled with the introduction of sensitive or ideologically charged content in school curricula, have added to students' stress. For some, exposure to complex topics like gender identity and socio-political ideologies at young ages has caused confusion and emotional distress, particularly when these topics conflict with familial values or developmental readiness. Additionally, limited parental involvement in decisions affecting educational content and health policies has further strained family dynamics, leaving students without the guidance and stability they need during formative years.

The implications of these challenges are far-reaching. Students who experience mental health difficulties often face academic setbacks, reduced social confidence, and long-term health consequences if their needs are not addressed. Witnesses emphasized that schools play a vital role in fostering environments that prioritize mental health and emotional well-being.

Moreover, addressing student mental health requires a collaborative effort between schools, parents, and community organizations. Witnesses stressed the importance of strengthening communication and partnerships between educators and families to ensure consistent support for students both at home and in the classroom. This collaboration is particularly crucial for addressing issues such as rising anxiety levels, the lingering effects of social isolation, and the unique needs of vulnerable populations.

The testimonies underscore the urgent need for a holistic approach to student mental health, one that addresses the diverse factors contributing to emotional and psychological challenges. By recognizing the interconnected nature of these issues and implementing comprehensive support frameworks, Canadian schools can better support students in recovering from the COVID-19 event's effects and building resilience for the future.

Discussion of Witness Testimonies

Witnesses providing insight into the mental health and well-being challenges faced by students included:

Hila Russ-Woodland

Overview of Testimony

Hila Russ-Woodland, an educator and advocate, testified about the psychological toll of COVID-19 mandates on students, focusing on the emotional challenges stemming from school closures and online learning.

Key Points of Testimony

- **Emotional and Psychological Toll:** Russ-Woodland detailed how the uncertainty and restrictions of the COVID-19 emergency measures heightened stress and anxiety among students. She described cases of students feeling isolated and overwhelmed by the abrupt transition to online learning.
- **Disruption to Social Development:** She highlighted how the loss of in-person social interactions negatively affected children's ability to form and maintain friendships, further compounding their emotional distress.

Alisa Horth

Overview of Testimony

Alisa Horth testified about the challenges her son faced within the Delta, BC school system during the COVID-19 event. Her testimony detailed the difficulties of navigating school policies, particularly regarding mask mandates, as well as concerns about the broader educational environment, including curriculum content and school administrative responses.

Key Points

- **Mask Mandates and Social Pressure:** Horth described her decision to exempt her son from wearing a mask during the COVID-19 due to anxiety related concerns. Despite initial approval from the school principal, her son faced ongoing pressure from teachers who repeatedly attempted to enforce mask-wearing. Additionally, he experienced peer bullying and social ostracization, including being labeled an "anti-vaxxer" by classmates.
 - Teachers continued to pressure her son to wear a mask despite prior agreements.
 - Social ostracization and bullying occurred, reinforcing stress and anxiety.
 - School administrators were inconsistent in enforcing accommodations.
- **Administrative Challenges and Advocacy Efforts:** Throughout the COVID-19 event, Horth engaged with school officials, including the principal and a school trustee, in an attempt to secure her son's right to attend school without wearing a mask. She described the situation as "another unbelievable challenge" within the school system.
 - Direct communication with school administrators did not always lead to meaningful change.
 - She felt the need to escalate concerns to higher levels of school governance.
 - The lack of consistent enforcement of accommodations created confusion and additional stress.
- **Classroom Environment and Curriculum Concerns:** Horth expressed concerns about elements of the curriculum, particularly regarding sexual and drug-related content. She noted that these issues first became apparent in Grade 9, but she had been monitoring her son's coursework as early as Grade 4.

- Observed inappropriate or concerning curriculum content.
- Became particularly concerned in Grade 9 when her son's physical education class included discussions beyond exercise.
- Felt that schools were not transparent enough with parents regarding curriculum changes.

Horth's testimony underscores key issues regarding parental rights, school policies, and student well-being during the COVID-19 event. The social and psychological impact of masking policies, particularly in cases where exemptions were granted but not respected, contributed to significant distress for students like her son. Additionally, her advocacy efforts highlight the challenges parents face when navigating school administrative structures.

Her concerns about curriculum transparency also reflect broader debates about the role of parents in determining what educational material is appropriate for their children. The experience of feeling sidelined or unheard by school officials further contributes to the growing discourse on parental involvement in education.

Alisa Horth's testimony provides a firsthand account of the unintended consequences of COVID-19-related school policies. Her experience illustrates the difficulties families faced when advocating for accommodations and the social consequences for students who did not conform to institutional norms. Her concerns about curriculum content further suggest the need for greater parental engagement in educational decision-making.

Irvin Studin

Overview of Testimony

Irvin Studin is a policy expert who testified about the COVID-19 event's long-term impact on students, focusing on "third bucket" children, those who did not return to school after the COVID-19 event²³.

In his testimony, Irvin Studin introduced the concept of the "three buckets" to describe how students were impacted by the COVID-19 measures, especially in relation to school closures and online learning. Specifically, the "third bucket" refers to students who became entirely disengaged from the education system during the COVID-19 event and have not returned.

According to Studin, the first two "buckets" include:

- First bucket: Students who managed to remain within the school system and continued their education relatively normally.

²³ <https://globalbrief.ca/order-dr-irvin-studins-seminal-ebook-on-the-biggest-post-pandemic-lesson-for-all-of-humanity/> accessed March 20, 2025

- Second bucket: Students who, while impacted, adapted to remote learning and re-integrated into the system once schools reopened.

The "third bucket," however, is a distinct and alarming category. These are the students who:

- Dropped out entirely during the COVID-19 event and did not return to formal schooling.
- Come from a variety of backgrounds, including both underprivileged children and high-performing students from affluent families.
- Face risks of long-term educational disengagement, social isolation, and diminished prospects for future societal and economic participation.

Studin emphasized that this group poses a serious concern not only for their own development but for broader social stability. He called for urgent reintegration programs and mental health support to address the deficits this group faces. He warned of the danger of these students forming a "permanent underclass" due to a lack of qualifications and societal detachment.

This "three buckets" framework helps to illustrate the disparities in how students navigated and were affected by COVID-19-era educational policies.

Key Points of Testimony

- **"Third Bucket" Children:** Studin identified a vulnerable subset of students who dropped out of school during the COVID-19 event and did not return. He described how these children face heightened risks of depression, social isolation, and disengagement from societal norms.
- **Policy Gaps in Addressing Mental Health:** Studin emphasized the need for targeted interventions to support these students, including re-engagement programs and comprehensive mental health services.

Paul Dirks

Overview of Testimony

Paul Dirks, a community advocate, provided testimony on how COVID-19-related restrictions disrupted students' developmental milestones and contributed to increased stress and mental health challenges.

Key Points of Testimony

- **Loss of Key Social Experiences:** Dirks discussed the emotional impact of missing critical milestones such as graduations, sports, and other extracurricular activities. He highlighted how these losses compounded feelings of disconnection and stress among students.
- **Challenges of Online Learning:** He pointed to the abrupt shift to online education as a significant stressor, with many students struggling to adapt to the lack of structure and support available in a virtual learning environment.

Tamara Main

Overview of Testimony

Tamara Main testified about her experience as a mother navigating the mental health and social services system for her daughter. She described the challenges of accessing appropriate mental health care, the influence of social workers in gender transition decisions, and the exclusion of parents from critical discussions about their children's well-being.

Key Points of Testimony

- **Lack of Mental Health Services for Troubled Youth:**
 - Main detailed her struggles in finding adequate mental health support for her daughter.
 - She described a system that did not provide timely or effective intervention for her daughter's emotional and psychological needs.
 - She highlighted that many parents in similar situations felt helpless due to the lack of accessible, comprehensive mental health services.
- **Influence of Social Workers Over Medical Professionals:**
 - Main expressed concern that social workers had more authority in making decisions about children's gender transitions than licensed psychologists and psychiatrists.

- She testified that social workers often overruled mental health professionals, pushing children toward gender transition pathways.
- She described this as a form of "grooming," where vulnerable youth were encouraged to transition without thorough psychological evaluation.
- **Parental Exclusion from Critical Decisions:**
 - Main testified that parents were systematically excluded from key discussions regarding their children's gender identity and mental health treatment.
 - She pointed to privacy laws that prevented parents from accessing information about their own children's medical and psychological care.
 - She provided supporting documentation, including complaints to ombudsmen and email exchanges, which were entered as exhibits in the proceedings.

Tamara Main's testimony highlights the systemic barriers parents face when seeking mental health support for their children. Her concerns about social worker influence over medical professionals raise important questions about the decision-making process in gender transition cases. Additionally, her experience underscores the impact of privacy laws that prevent parental involvement in critical aspects of their children's care.

These witness profiles provide a detailed basis for discussing the mental health and emotional well-being challenges faced by students.

Discussion and Analysis of Issues Raised by the Witnesses

Impact of School Closures and Isolation on Student Mental Health

Witnesses testified that prolonged school closures and the shift to online learning disrupted students' routines, leading to increased screen time and reduced social interaction. The absence of structured in-person learning caused developmental setbacks, heightened anxiety, and feelings of loneliness. Children who thrived on the predictability of the school environment struggled to adapt to isolation, and many faced challenges reintegrating into social and academic settings once schools reopened.

The effects of school closures highlight the importance of structure, routine, and social interaction for children's mental and emotional well-being. Without these, many students experienced difficulties rebuilding resilience and interpersonal skills, underscoring the need for targeted reintegration programs.

Rise in Anxiety and Depression Among Students

Hila Russ-Woodland described the significant rise in anxiety, frustration, and depression among students due to COVID-19 restrictions. She noted that health protocols, coupled with the lack of physical interaction with peers and teachers, created confusion and fear in young children. This emotional distress was compounded by the absence of adequate support systems during this period.

Russ-Woodland's observations align with broader trends in mental health challenges among children, as sudden lifestyle changes and uncertainties exacerbated feelings of stress. To address these issues, schools must integrate mental health education, ensure access to counsellors, and provide safe spaces where students can openly discuss their emotions and fears.

Emergence of "Third Bucket" Children and Long-Term Effects

Irvin Studin introduced the term "third bucket" children to describe those who did not return to school after the COVID-19 lockdowns. These students experienced significant academic disengagement and social withdrawal, leading to increased risks of depression, anxiety, and isolation. Studin emphasized the importance of targeted interventions to re-engage these students and address their unique challenges.

The phenomenon of "third bucket" children underscores a pressing need for specialized support programs. These students require tailored approaches, including individualized academic plans, social skills workshops, and counselling, to help them reintegrate into educational or vocational settings and regain a sense of belonging.

Effects of Curriculum Content on Mental Health

Witnesses noted that certain ideological content in school curricula could contribute to emotional stress in students. Introducing complex and potentially controversial topics, such as gender identity and sexual education at a young age may create confusion, especially when such topics conflict with students' developmental readiness or family values.

Curriculum content should be aligned with students' cognitive and emotional development to prevent unnecessary stress. Providing opportunities for students to ask questions in a supportive environment and involving parents in discussions can create a less stressful learning atmosphere.

Disconnect Between Schools and Parental Support

Several witnesses, including Alisa Horth and Russ-Woodland, emphasized that limited parental involvement in educational and mental health decisions exacerbated students' challenges. Parents often felt excluded from critical decisions, such as those regarding COVID-19 protocols and curriculum content. This lack of communication and collaboration left many children without the reassurance of parental guidance during a time of significant upheaval.

Strengthening communication between schools and parents is essential for providing consistent support to students. Schools must involve parents in decision-making processes to ensure alignment with family values and provide emotional stability for children.

Conclusion

The testimonies presented at the Vancouver NCI hearings underscore the pressing need to address student mental health and emotional well-being. Witnesses described the impacts of prolonged isolation, increased screen time, and anxiety stemming from health mandates and curricular content. The emergence of "third bucket" children further highlights the long-term implications of the COVID-19 event on student mental health.

To address these challenges, schools must adopt a holistic approach that includes reintegration programs, age-appropriate content guidelines, and strengthened collaboration with parents. By fostering an environment that prioritizes mental health and emotional resilience, Canadian schools can help students recover and thrive.

Recommendations

1. Reintegration Programs for Social and Emotional Development:
 - Implement structured programs to help students rebuild social skills and emotional resilience, with a focus on those who experienced significant isolation or disengagement.
 - Provide group activities, mentorship opportunities, and peer-support systems to facilitate social reintegration.
2. Enhanced Access to Mental Health Resources:
 - Increase the availability of community-based mental health professionals, including counsellors trained to address COVID-19-related stressors.
 - Conduct regular mental health check-ins to identify and support students struggling with anxiety, depression, or other challenges.

3. Support Programs for "Third Bucket" Children:
 - Develop specialized support initiatives for students who did not return to school post COVID-19, offering academic catch-up sessions, social skills workshops, and mental health counselling.
 - Partner with community organizations to provide alternative educational or vocational pathways for these students.
4. Age and Content Appropriate Curriculum Content Guidelines:
 - Establish developmental guidelines to ensure that sensitive topics are introduced at appropriate stages, reducing confusion or distress among younger students.
 - Facilitate open discussions in classrooms, allowing students to express their thoughts and ask questions in a supportive and nonjudgmental setting.
5. Mental Health Education Integration:
 - Incorporate mental health education into the school curriculum, teaching students how to recognize signs of stress, manage emotions, and make resources available to them.
 - Train teachers to recognize early signs of mental health challenges and provide immediate support or referrals.
6. Strengthened Parent-School Communication:
 - Improve communication channels to keep parents informed about health policies, curriculum updates, and mental health initiatives.
 - Organize regular parent-teacher meetings and workshops to foster collaboration and trust between families and schools.
 - Encourage parental engagement at the school board level.
7. Community-Based Mental Health Collaborations:
 - Partner with local mental health organizations to expand access to resources and provide additional support for students and families.
 - Establish referral networks to connect students with specialized services beyond the school environment.

By adopting these recommendations, we can address the mental health and emotional well-being challenges faced by students, ensuring they have the tools and support needed to recover and succeed.

4.1.5. Impact of COVID-19 Mandates on Education and Socialization

Introduction

The COVID-19 measures implemented brought sweeping changes to Canada's educational system, forcing schools to adapt rapidly to public health mandates. These measures, including prolonged school closures, mandatory online learning, and strict social-distancing protocols, significantly altered the traditional learning environment. These policies introduced profound and long lasting challenges for students' educational progress, social development, and emotional well-being.

At the Vancouver NCI hearings, witnesses provided detailed testimony on the wide ranging impacts of these mandates. A recurring theme was the emergence of "third bucket" children, a term used to describe students who disengaged from the education system entirely during the COVID-19 measures. Witnesses highlighted how this phenomenon spanned socio-economic backgrounds, with even high achieving students from affluent families struggling to reintegrate into formal education after prolonged absences. Rising dropout rates, particularly among vulnerable groups, underscored the deep disruptions caused by school closures and the inadequacy of virtual learning as a substitute for in-person instruction.

The transition to online learning during the height of the COVID-19 event exposed significant disparities in educational outcomes. While some students adapted to the digital format, many struggled without the structure, accountability, and peer interaction provided by in-person schooling. Younger children, in particular, faced challenges in maintaining focus and engagement in virtual classrooms, while students with disabilities encountered additional barriers that widened existing achievement gaps.

Beyond academic challenges, the COVID-19 mandates profoundly affected students' social and emotional development. Social isolation, compounded by the absence of extracurricular activities and peer interactions, disrupted critical opportunities for children to build relationships and develop interpersonal skills. Witnesses described how strict health protocols, such as masking and distancing, further alienated students, making classroom communication and expression more difficult. These factors contributed to a marked decline in mental health, with rising rates of anxiety, depression, and behavioural issues reported among children and adolescents.

The testimonies underscored that these challenges were not evenly distributed, with some students disproportionately affected by the COVID-19 mandates disruptions. Families with fewer resources, limited access to technology, or children with special needs faced heightened difficulties, exacerbating existing inequities in the education system. Even as restrictions were lifted, the long-term consequences of these policies continue to manifest, with many students still struggling to regain lost academic ground and rebuild their social confidence.

The COVID-19 mandates also sparked a broader debate about the balance between health and education in policy-making. Witnesses emphasized the importance of prioritizing in-person learning wherever possible, with safety measures to mitigate real risks to children, while maintaining a focus on students' overall well-being. It is important to note that children were not at risk of dying from COVID-19, and they were not propagators of the disease. Moving forward, addressing the lessons learned from the COVID-19 event will require a comprehensive approach that includes reintegration programs, expanded mental health services, and targeted interventions to support the most affected students.

Ultimately, the COVID-19 event exposed critical vulnerabilities within Canada's educational framework, emphasizing the need for adaptive, evidence-based policies that ensure students' academic, social, and emotional needs are met, even in times of crisis. By addressing these challenges, Canada has an opportunity to build a more resilient and equitable education system that supports all students in achieving their full potential.

Discussion of Witness Testimonies

The following witnesses provided critical insights on the impact of COVID-19 mandates on education and socialization of students:

Irvin Studin

Overview of Testimony

Irvin Studin, a prominent policy expert and academic, delivered compelling testimony on the transformative impacts of COVID-19 mandates on Canada's education system. With a focus on prolonged school closures, mandatory online learning, and stringent social-distancing protocols, Studin explored the multifaceted challenges these measures imposed on students, educators, and families alike.

Studin introduced the term **"third bucket" children** to describe students who became completely disengaged from the education system during the COVID-19 measures. He outlined how this group encompasses children from various socio-economic and demographic backgrounds, including:

- Vulnerable populations with limited access to technology, stable housing, or supportive environments conducive to learning.
- High-performing students from affluent families who struggled with the absence of structure, peer interaction, and in-person teacher engagement.

Studin emphasized that school closures not only disrupted academic progress but also eroded the social fabric that schools provide. He highlighted the pivotal role schools play as hubs for socialization, emotional support, and access to critical resources, including mental health services and nutrition programs. For many students, the removal of these supports led to pronounced academic, social, and emotional setbacks.

Studin's testimony also underscored the inequities exacerbated by the COVID-19 measures. While some students adapted to online learning with relative ease, others, particularly those with disabilities or from underprivileged backgrounds, faced insurmountable barriers. This disparity widened achievement gaps and further marginalized vulnerable groups.

He discussed the long-term implications of these disruptions, warning of the societal risks posed by the disengagement of a significant segment of the student population. He argued that without targeted interventions, many of these children would remain outside formal education, lacking the skills and qualifications necessary for meaningful participation in the workforce or society.

In conclusion, Studin's testimony called for urgent action to address the systemic challenges revealed and intensified by the COVID-19 measures. He advocated for a comprehensive approach to reintegration, emphasizing the importance of tailored programs to support "third bucket" children and to prevent further educational and social disparities.

Key Points of Testimony

- **Emergence of "Third Bucket" Children:** Studin highlighted the concept of "third bucket" children—students who became entirely disengaged from the education system during the COVID-19 measures. These children, often facing systemic barriers, failed to return to school post-COVID-19 measures, exacerbating pre-existing inequities and creating new challenges for educational and social reintegration.
- **Dropout Rates and Vulnerable Groups:** He pointed to a sharp rise in dropout rates among vulnerable groups, particularly those with limited access to technology or stable home environments. This disengagement risked creating a permanent underclass of individuals without the skills or education necessary to thrive in society.

- **Long-Term Societal Implications:** Studin warned of long-term consequences for both individuals and society if targeted interventions were not implemented. He described how educational disengagement could lead to economic marginalization, increased inequality, and challenges to social cohesion.
- **Impact on High-Achieving Students:** Studin noted that even students from well resourced families, who were typically high achievers, faced difficulties returning to structured education. This phenomenon illustrated how the COVID-19 mandates disruptions extended beyond traditionally disadvantaged groups.
- **Call for Targeted Interventions:** He stressed the urgent need for comprehensive reintegration programs, enhanced mental health support, and policies aimed at preventing further dropout rates. These measures were vital to addressing the educational and social deficits created by the COVID-19 mandates and to ensuring a more equitable and resilient education system in the future.

Hila Russ-Woodland

Overview of Testimony

Hila Russ-Woodland, an educator and advocate, testified on the psychological and emotional toll of COVID-19 mandates on children, including the effects of extended isolation and disrupted routines.

Key Points of Testimony

- **Emotional Distress During Lockdowns:** Russ-Woodland detailed the anxiety and depression experienced by students due to prolonged isolation and lack of peer interaction. She noted that many children struggled with the abrupt transition to online learning and the loss of in-person connections.
- **Breakdown of School Routines:** She emphasized that the loss of structure in children's daily lives exacerbated behavioural issues and academic disengagement, especially for younger students.

Helen Ward

Overview of Testimony

Helen Ward is a parent advocate who has been involved for about 20 years with the **Kids First Parent Association of Canada**, an organization she leads. Ward provided testimony focused on the detrimental effects of COVID-19 mandates on children's education and socialization, particularly during periods of school closures and isolation.

Key Points of Testimony

- **Stunted Social Development:** Ward emphasized that extended isolation during COVID-19 lockdowns significantly hindered children's ability to develop essential social skills. She observed that younger children, in particular, missed formative experiences critical to emotional and interpersonal growth.
- **Emotional and Mental Health Impacts:** She noted that the disruption to regular schooling routines contributed to heightened anxiety and emotional distress among students. Without the regular peer interaction and structured environment of school, many children became withdrawn and struggled with reintegration once in-person learning resumed.
- **Need for Rebuilding Social Confidence:** Ward stressed the importance of prioritizing social reintegration in the post-COVID-19 education response. She advocated for schools to create opportunities for peer interaction and to provide mental health supports that help students rebuild social confidence and emotional resilience.

Victoria Lightfoot

Overview of Testimony

Victoria Lightfoot, an educator and curriculum developer, testified about the educational challenges posed by masking, social-distancing, and other COVID-19-related mandates.

Key Points of Testimony

- **Disruptions to Learning:** Lightfoot noted that masking mandates created communication barriers in classrooms, particularly for younger children and those with learning disabilities. She argued that these barriers led to a decline in academic engagement and performance.
- **Innovative Educational Solutions:** In response to these challenges, Lightfoot developed alternative learning options aimed at providing more flexible and supportive environments for students, utilizing structured homeschooling.

Dr. Christopher Shaw

Overview of Testimony

Dr. Christopher Shaw is a neuroscientist and professor at the University of British Columbia (UBC) in the Faculty of Medicine. Dr. Shaw provided testimony on the broader societal and educational impacts of COVID-19 mandates on youth.

Key Points of Testimony

- **Health and Educational Disruptions:** Shaw discussed the physical and mental health implications of lockdowns and masking policies, including the exacerbation of chronic illnesses and increased stress among students.
- **Advocacy for Holistic Policies:** He emphasized the importance of creating educational policies that prioritize both physical and mental health, ensuring that students' overall well-being is addressed in public health crisis.

These witness profiles and key points provide a comprehensive overview of the diverse perspectives presented during the hearings.

Discussion and Analysis of Issues Raised by the Witnesses

Emergence of "Third Bucket" Students

Irvin Studin highlighted the emergence of "third bucket" students, children who effectively exited the education system due to prolonged school closures. Studin estimated that over 100,000 children in Canada fit this description, including students who had previously been high achievers. This group transcends socio-economic boundaries, demonstrating that even affluent families were not immune to the COVID-19's educational disruptions.

The rise of "third bucket" students underscores the profound consequences of prolonged school closures. Beyond academic disengagement, these students face social isolation, reduced employability, and limited future prospects. Addressing their needs requires robust outreach efforts, reintegration programs, and comprehensive support services that address both academic and social challenges.

Social Isolation and Mental Health Challenges

Hila Russ-Woodland and Helen Ward testified about the emotional toll that isolation and disrupted routines imposed on students. Russ-Woodland emphasized that the lack of peer interaction during lockdowns left many students feeling anxious, frustrated, and detached. Ward added that extended isolation stunted the development of social skills, particularly for younger children who missed out on formative experiences.

Social interaction is crucial for developing emotional resilience and fostering interpersonal skills. The COVID-19's restrictions severed these critical connections, leaving many children struggling with anxiety and social reintegration. Schools must prioritize restoring opportunities for peer engagement to help students rebuild their confidence and social skills.

Impact of Online Learning on Engagement and Academic Outcomes

Studin discussed the challenges posed by the shift to online learning. Testimony highlighted the detrimental effects of increased screen time on children's cognitive development, including attention deficits and sleep disturbances. Studin observed widespread disengagement among students, with many logging into virtual classes but failing to participate meaningfully.

Online learning, while a necessary stopgap during the COVID-19, proved insufficient as a long-term solution for kindergarten through Grade 12 (K-12) education. Younger students, in particular, struggled with the lack of structure and accountability inherent in virtual classrooms. Moving forward, educational policies should emphasize the importance of in-person learning while ensuring that any future reliance on digital platforms includes strategies to maintain student engagement and accountability.

Long-Term Effects on Academic and Career Prospects

Studin introduced the concept of the "misery gap" to describe the socio-economic challenges facing students who experienced significant learning loss during the COVID-19 event. He warned that these students are at risk of reduced earning potential, social instability, and limited career opportunities.

The long-term implications of disrupted education extend far beyond the classroom. Without targeted interventions, affected students may struggle to compete in the job market, perpetuating cycles of inequality and marginalization. Developing vocational training programs, catch-up initiatives, and mentorship opportunities is essential to closing this gap and supporting students' transitions into successful adulthood.

Educational Disruptions Caused by COVID-19 Mandates

Victoria Lightfoot and Dr. Shaw highlighted the broader disruptions caused by COVID-19 mandates, including masking and social-distancing requirements. Lightfoot noted that these measures created barriers to communication and learning, particularly for younger children and those with disabilities. Shaw emphasized that the compounded stress of these disruptions exacerbated mental health challenges and undermined students' overall well-being.

Educational mandates must balance public health priorities with the developmental and social needs of students. Ensuring clear, evidence-based guidelines and providing additional resources for students facing unique challenges can mitigate the negative effects of such policies in the future. Decisions must always be made in the best interest of the child, with the approval of the parents.

Conclusion

The testimonies presented at the Vancouver NCI hearings underscore the profound impact of COVID-19 mandates on education and socialization. Witnesses described how school closures, online learning, and health mandates contributed to the emergence of "third bucket" students, increased mental health struggles, and a decline in academic and social engagement.

Addressing these challenges requires a holistic approach that prioritizes both educational recovery and the mental health of students. Schools must adopt policies that foster reintegration, rebuild social connections, and provide tailored support for students who experienced significant disruption during the COVID-19 event.

Recommendations

1. Reintegration Programs for Disconnected Students:
 - Develop outreach initiatives to identify and support "third bucket" students, offering alternative educational options, vocational training, and mentoring programs.
 - Create tailored reintegration plans that address academic gaps, social skills deficits, and mental health needs.
2. Enhanced Mental Health Services:
 - Increase the presence of mental health professionals providing accessible counselling and emotional support for students, with consent of the parents only.
 - Education and health care should be separated in order to prevent peer pressure on children and to ensure parental rights.
3. Prioritize In-Person Learning in Future Crisis:
 - Establish policies that prioritize keeping schools open during public health emergencies, supported by safety measures such as improved ventilation and hygiene protocols. Safety measures must be designed to address the specific needs and risks faced by children.
 - Develop contingency plans to minimize disruptions to learning while balancing health considerations.

4. Academic Recovery and Support Programs:
 - Implement catch-up initiatives, including after school tutoring, summer programs, and flexible curricula that cater to students' individual needs.
 - Provide additional resources for students with disabilities or learning challenges, ensuring equitable access to recovery programs.
5. Family Engagement and Communication Improvements:
 - Strengthen partnerships between schools and parents, ensuring transparent communication about policies, educational disruptions, and available support services.
 - Provide parents with resources and training to support their children's learning and mental health at home.
6. Continuous Monitoring and Data Collection:
 - Develop systems to track student engagement, academic performance, and mental health indicators over time.
 - Use this data to identify emerging trends and respond proactively to challenges.
7. Promote Holistic Education Policies:
 - Balance health mandates with the social, emotional, and developmental needs of students.
 - Engage educators, parents, and health professionals in policy development to ensure comprehensive, evidence-based approaches.

By adopting these measures, Canada's education system can better address the long-term effects of COVID-19 mandates, ensuring that students receive the support they need to recover and thrive.

4.1.6. Student Academic Regression and Developmental Delays

Introduction

The COVID-19 mandates introduced significant challenges to education systems worldwide, with Canada being no exception. Schools across the country were forced to implement unprecedented measures, including extended closures, the adoption of online learning, and strict social-distancing and masking protocols in classrooms. These unprecedented mandates had profound and far-reaching impacts on the educational and social development of children and adolescents.

Witnesses at the Vancouver NCI hearings provided detailed accounts of the consequences these measures had on students, educators, and families. A recurring theme was the emergence of "third bucket" students, a term coined by policy expert Irvin Studin to describe children who disengaged from the education system entirely during the COVID-19 event. This phenomenon, coupled with rising dropout rates, highlighted the long-term academic and social challenges posed by prolonged school closures.

The abrupt transition to online learning revealed significant disparities in student engagement and academic outcomes, with many children struggling to adapt to a virtual environment. This shift not only disrupted students' routines but also limited their access to critical in-person interactions with peers and teachers. Witnesses emphasized the adverse effects of these disruptions, particularly on younger children who missed out on formative social experiences and those with learning disabilities who faced additional barriers in virtual settings.

Beyond academic challenges, the COVID-19 measures also had a considerable impact on students' mental health and emotional well-being. Witnesses described how the isolation and lack of structure during lockdowns led to increased rates of anxiety, depression, and behavioural issues. Socialization, a cornerstone of child development, was significantly curtailed, leaving many children feeling detached and disconnected. Strict health mandates, such as masking and distancing, further compounded these challenges by creating barriers to communication and expression in the classroom.

The testimonies also explored the broader societal implications of disrupted education and socialization. Long-term effects on academic achievement, career readiness, and social mobility were discussed, with witnesses warning that the gaps created by these mandates could widen existing inequities. These challenges require a concerted effort to develop targeted solutions, including reintegration programs, mental health support services, and policies that prioritize in-person learning while balancing health and safety considerations.

Ultimately, the COVID-19 mandates exposed vulnerabilities within the education system, highlighting the need for adaptive, evidence-based approaches to ensure that future public health crisis do not come at the expense of students' academic, emotional, and social development. By addressing the lessons learned during the COVID-19 event, Canada can create a more resilient and equitable education system that supports all students in achieving their full potential.

Discussion of Witness Testimonies

The following witnesses provided insights on the academic regression and developmental delays observed among students:

Irvin Studin

Overview of Testimony

Irvin Studin, a prominent policy expert, testified extensively about the long-term impacts of COVID-19-related disruptions on students' academic and social development. He introduced the term **"third bucket" children** to describe students who became completely disengaged from the education system during school closures and never returned. These children, he explained, faced profound academic regression and social disconnection, with implications for their future integration into society.

Studin argued that the imposition of COVID-19 mandates revealed systemic vulnerabilities in Canada's education system. Vulnerable students, particularly those from economically disadvantaged families or without access to reliable technology, bore the brunt of these disruptions. However, even high achieving students from privileged backgrounds struggled to maintain motivation and academic progress.

He warned of the broader societal risks posed by widespread educational disengagement, describing how it could lead to a permanent underclass of uneducated individuals. His testimony emphasized the need for robust reintegration efforts and systemic reforms to prevent such crisis in the future.

Key Points of Testimony

- Introduced the concept of "third bucket" children who disengaged entirely from education during the COVID-19 lockdowns.
- Highlighted the long-term risks of educational disengagement, including societal instability and economic marginalization.
- Emphasized the disproportionate impacts on vulnerable groups while noting struggles faced even by high achieving students.

- Advocated for systemic reforms, reintegration programs, and prioritizing in-person learning to mitigate future crisis.

Hila Russ-Woodland

Overview of Testimony

Hila Russ-Woodland, an experienced educator, shared her observations of the cognitive and developmental impacts of the COVID-19 measures on younger students. She discussed the challenges students faced due to excessive screen time, lack of in-person engagement, and the abrupt shift to virtual learning environments.

Her testimony highlighted noticeable delays in both academic and social competencies among younger children. Early learners, in particular, missed critical formative experiences essential for their social and emotional growth. Students with learning disabilities faced additional barriers, as online platforms often lacked the accommodations and interaction necessary to support their needs.

Russ-Woodland also detailed the challenges teachers faced in adapting to new teaching methods and the limitations of virtual learning in fostering meaningful educational and social interactions.

Key Points of Testimony

- Observed significant cognitive and developmental delays in younger children, exacerbated by excessive screen time and lack of social engagement.
- Noted that students with disabilities faced unique challenges in adapting to virtual learning environments.
- Called for targeted interventions to support students' reintegration into in-person learning environments.

Dr. Richard Schabas²⁴

Overview of Testimony

Dr. Richard Schabas, a former Chief Medical Officer of Health, testified about the irrational decision-making that led to prolonged school closures during the COVID-19 event. He emphasized that these closures were driven more by political lobbying, including pressure from teachers' unions, rather than scientific evidence. He compared the policies of Ontario, which kept schools closed for extended periods, to British Columbia, where schools were reopened quickly with minimal closures afterward.

²⁴ Dr. Richard Schabas Testified on Day One of the Regina NCI Hearings

Dr. Schabas highlighted that by June 2020, evidence already suggested that schools were not major sites of COVID-19 transmission. However, officials disregarded this data, resulting in devastating consequences for children's education and well-being. He argued that sending children home was not a solution but rather an action that exacerbated learning losses, created additional burdens on parents, and contributed to long-term educational regression.

Key Points

- The decision to close schools lacked rational scientific justification and was instead influenced by lobbying groups.
- British Columbia reopened schools quickly, whereas provinces like Ontario prolonged closures unnecessarily.
- School closures contributed to significant academic regression, social isolation, and mental health issues in children.
- The COVID-19 measures demonstrated that education is one of the most critical determinants of public health, and closing schools severely undermined children's long-term well-being.

Dr. Schabas testified about a 2019 World Health Organization "Strategic Preparedness and Response Plan"²⁵, which advised against prolonged school closures because of their detrimental effects on children's education and mental health. Despite this prior knowledge, Canadian officials disregarded these guidelines when responding to COVID-19.

He argued that in pre-COVID-19 public health discussions, education was widely recognized as one of the most important determinants of long-term health and well-being. However, during COVID-19, education was "thrown under the bus" without consideration for the lasting damage it would cause. He criticized the lack of cost benefit analysis and the failure of policymakers to weigh the long-term harms against the short-term benefits of closures.

Key Points

- A 2019 WHO report had already warned against prolonged school closures due to their negative effects on children.
- Education is a critical determinant of health, yet it was deprioritized during the COVID-19 event without proper analysis.

²⁵ <https://www.who.int/publications/i/item/strategic-preparedness-and-response-plan-for-the-new-coronavirus>
accessed March 11, 2025

- The long-term consequences of learning loss, social isolation, and mental health struggles will persist for years to come.

Renate Lindeman²⁶

Overview of Testimony

Renate Lindeman testified about the severe impact of school closures and COVID-19 restrictions on children with disabilities, particularly those with autism. Her children, who are on the autism spectrum, struggled immensely when schools were closed and routine-based activities were disrupted. Lindeman described how social-distancing measures and mask mandates created additional barriers to learning, especially for children who rely on facial expressions and social cues to communicate.

Faced with these challenges, Lindeman ultimately withdrew her children from the school system and opted for homeschooling, which she described as a necessary but difficult decision. Her testimony highlighted how children with disabilities were disproportionately affected by the disruptions to structured learning environments, further widening educational disparities.

Key Points of Testimony

- School closures were particularly harmful to children with developmental disabilities, who rely on routine and structured learning.
- Mask mandates and social-distancing rules created additional barriers to effective communication and learning.
- Many parents of children with special needs had to resort to homeschooling due to a lack of proper accommodations in schools.

Discussion and Analysis of Issues Raised by the Witnesses

Emergence of "Third Bucket" Children and Academic Gaps

Irvin Studin highlighted the concerning rise of "third bucket" children, a term he coined to describe students who disengaged from the education system during the COVID-19 mandates and have yet to return. Studin estimated that over 100,000 children in Canada fall into this category, encompassing students from diverse socio economic backgrounds. These children, previously performing well or adequately, now face significant academic gaps, particularly in foundational areas like literacy and numeracy.

²⁶ Renate Lindeman Testified on Day One of the Regina NCI Hearings

This disengagement is not just an individual concern but a societal challenge. The risk of a "lost generation" of students looms large, with long-term implications for social mobility, career prospects, and societal cohesion. Addressing these academic gaps requires urgent, targeted intervention, including intensive remediation programs, flexible pathways to reintegrate students, and sustained support to rebuild their connection to education. Such efforts are critical to avoiding the entrenchment of educational and economic inequities.

Increased Screen Time and Developmental Delays

Hila Russ-Woodland testified to the detrimental effects of increased screen time on younger children, particularly during the abrupt shift to online learning. She observed that virtual learning environments disrupted students' focus, attention, and acquisition of basic skills such as literacy and numeracy. These effects were most pronounced in younger learners, whose development relies heavily on in-person interaction and structured classroom routines.

In addition, Russ-Woodland described delays in social and emotional development. Skills like sharing, peer communication, and emotional regulation, normally developed through classroom dynamics and play were notably stunted. The combination of excessive screen time and isolation exacerbated developmental delays, underscoring the need for educational systems to balance technology use with opportunities for in-person engagement.

To mitigate these effects, schools must adopt strategies such as structured play activities, collaborative classroom exercises, and reduced screen reliance to restore and enhance students' developmental trajectories.

Literacy and Numeracy Deficits Due to Missed Instructional Time

Testimony from multiple witnesses, including Russ-Woodland, emphasized the significant learning losses in core subjects like reading and mathematics. Younger students, in particular, missed critical periods of instruction, resulting in widened achievement gaps. Witnesses noted that many students were promoted to higher grades despite lacking mastery of foundational concepts, perpetuating a cycle of academic struggles.

Literacy and numeracy deficits can have cascading effects, impacting students' confidence and ability to engage with more complex academic material in later years. Addressing these gaps requires the implementation of targeted intervention programs, including one-on-one tutoring, small-group instruction, and adaptive assessments to tailor support to individual student needs.

Impact on Cognitive Skills and Executive Functioning

The COVID-19 mandate's disruptions extended beyond academics to affect students' executive functioning skills, including time management, self-regulation, and organization. Russ-Woodland observed that students accustomed to the unstructured nature of online learning struggled to reintegrate into the structured routines of in-person schooling. Challenges with focus, task completion, and following instructions were common.

Executive functioning skills are essential for academic success and overall personal development. Schools can address these challenges by incorporating executive function coaching into curricula. Strategies might include explicit teaching of organizational skills, goal-setting exercises, and time management practices. Structured routines in classrooms can further support students in re-establishing productive habits.

Effects on Social Skills and Peer Relationships

The social isolation imposed by the COVID-19 event had a profound impact on students' ability to develop and maintain social skills and peer relationships. Witnesses, including Russ-Woodland, highlighted that the absence of regular social interaction hindered students' ability to practice empathy, teamwork, and conflict resolution. Upon returning to school, many students exhibited delayed social skills, struggled to form friendships, and experienced heightened feelings of loneliness and anxiety.

Social skills are foundational to students' emotional well-being and interpersonal success. Schools can help rebuild these skills by integrating social-emotional learning (SEL) activities into daily routines. Group projects, collaborative activities, and guided peer interactions can provide students with the necessary opportunities to practice and refine these skills. Counselling services and supportive peer programs can further aid students in reconnecting socially.

Conclusion

The testimonies presented at the Vancouver NCI hearings reveal a deeply concerning pattern of academic regression and developmental delays among students due to COVID-19 mandate related disruptions. These setbacks extend beyond academics to include social and emotional dimensions, threatening long-term outcomes for individual students and society at large.

Rebuilding educational systems to address these gaps will require strategic intervention, sustained support, and a commitment to learning from the challenges of the COVID-19 measures. Schools must adopt innovative, evidence-based approaches to ensure that students regain lost ground and are better prepared to face future crisis.

Recommendations

1. Targeted Academic Remediation Programs:
 - Implement remedial programs focusing on foundational skills in literacy and numeracy.
 - Offer after-school tutoring, summer learning opportunities, and individualized support plans.
 - Use diagnostic assessments to identify specific learning gaps and tailor interventions accordingly.
2. Reduced Screen Time and Reintroduction of Structured Routines:
 - Limit screen time during school hours and emphasize interactive, in-person learning activities.
 - Reinforce structured classroom routines to support time management and focus.
4. Executive Function Coaching:
 - Teach strategies for improving organization, self-regulation, and goal-setting as part of the curriculum.
 - Provide tools to help students re-establish productive habits and adapt to school expectations.
5. Enhanced Parental Engagement and Support:
 - Educate parents on the importance of consistent routines, limited screen time, and active involvement in their children's academic and social development.
6. Longitudinal Monitoring and Assessment:
 - Conduct regular assessments to track student progress in academic and developmental areas.
 - Adjust interventions based on monitoring data to ensure the effectiveness of recovery programs.

By adopting these targeted strategies, schools can address the academic and developmental setbacks caused by prolonged disruptions in learning. A focus on foundational skills, structured routines, and executive functioning—combined with active parental involvement and ongoing progress monitoring, will support students in regaining lost ground and thriving in a post-COVID-19 educational environment.

4.1.7. Structural Importance of Schools in Society

Introduction

Schools serve as foundational institutions within society, providing not only education but also crucial social, emotional, and developmental support for children and adolescents.

The COVID-19 event highlighted the structural importance of schools, as prolonged closures had unintended consequences on both individual students and broader societal frameworks.

Witnesses at the Vancouver NCI hearings underscored the societal disruptions and long-term impacts resulting from school closures, emphasizing the role that schools play beyond traditional academics. These testimonies conveyed the consensus that schools are essential for maintaining social stability, fostering community values, and preparing future generations for active civic participation.

Witnesses also pointed out that beyond individual educational outcomes, schools contribute to societal coherence by preparing students for the workforce, establishing social norms, and promoting public health and well-being. The importance of keeping schools open, even in crisis, was a recurring theme throughout their testimonies.

Discussion of Witness Testimonies

Key witnesses who testified about the structural role of schools in society include:

Irvin Studin

Overview of Testimony

Irvin Studin, a policy expert and academic, provided compelling testimony on the societal consequences of prolonged school closures during the COVID-19 measures. He focused on the emergence of "third bucket" children, students who disengaged from the education system and have yet to return. Studin argued that this phenomenon extends beyond individual academic setbacks, posing a significant threat to societal stability, economic productivity, and public health.

Studin emphasized that schools play a vital structural role in society by offering more than just education. They serve as community hubs that establish social norms, promote equity, and foster civic values. The loss of educational continuity during the COVID-19 measures, he explained, disrupted these functions, leaving a void in students' lives and wider society. This disruption disproportionately impacted vulnerable populations, creating deeper inequities and threatening long-term societal coherence.

Key Points of Testimony

- **"Third Bucket" Children as a Societal Challenge:**
 - Highlighted how disengagement from education affects societal structures, with implications for social stability and workforce readiness.
 - Warned of the risk of creating an "underclass" of uneducated individuals, which could exacerbate existing inequities.
- **Schools as Community Hubs:**
 - Described schools as essential to fostering community values and preparing students for active civic participation.
 - Emphasized their role in supporting public health initiatives and mitigating societal disparities.
- **Advocacy for Keeping Schools Open:**
 - Stressed the importance of keeping schools operational during crisis to preserve societal functions and prevent long-term disruptions to education and social development.

Dr. Christopher Shaw

Overview of Testimony

Dr. Christopher Shaw, a healthcare expert and researcher, testified about the direct link between education and broader societal outcomes, including health, economic productivity, and social stability. He detailed how education levels influence public health by improving health literacy, reducing chronic disease rates, and promoting healthier lifestyles.

Dr. Shaw explained that disruptions to education not only hinder individual achievement but also weaken the nation's ability to adapt and thrive in a competitive global economy. He warned that the COVID-19 measures-induced learning loss and disengagement could have ripple effects, impacting Canada's future workforce and overall societal well-being.

Key Points of Testimony

- **Education as a Determinant of Public Health:**
 - Highlighted the correlation between higher education levels and improved health outcomes, including reduced healthcare costs and better disease management.

- Noted that schools serve as platforms for public health campaigns, such as vaccination drives and health screenings.
- **Economic Productivity and Workforce Development:**
 - Emphasized the importance of education in building a skilled workforce capable of driving economic growth.
 - Warned that disruptions to education could hinder Canada's economic resilience and global competitiveness.
- **Schools as Pillars of Societal Development:**
 - Discussed how schools contribute to shaping societal values, norms, and cohesion.
 - Called for policies to safeguard educational continuity, ensuring that schools remain operational during a crisis.

Discussion and Analysis of Issues Raised by the Witnesses

Education as a Pillar of Social Stability and Economic Health

Irvin Studin highlighted the indispensable role of education in maintaining societal stability and economic resilience. He emphasized that school closures during the COVID-19 event disrupted the foundation of a functional society by leaving many students, particularly the so-called "third bucket" children, disconnected from the education system. This phenomenon, according to Studin, risks creating a significant underclass within Canada, with individuals facing limited employment opportunities, reduced civic engagement, and an increased likelihood of encountering social challenges such as homelessness or criminal involvement.

Studin's testimony underscores education as not just an academic endeavour but a pathway to economic productivity and personal agency. Schools are critical to preparing students with the skills needed to adapt to an evolving workforce. Beyond academics, they also cultivate social and emotional competencies, such as teamwork, communication, and responsibility, all of which directly influence the nation's economic and social fabric. Ensuring educational continuity during crisis is essential to safeguarding these outcomes and avoiding long-term societal disruptions.

Schools as Essential Community Hubs

Dr. Christopher Shaw testified to the integral role schools play as community hubs, offering structured environments where students form relationships, learn community values, and benefit from mentorship provided by trusted adults. Schools promote prosocial behaviour, creating shared experiences that bridge cultural and socio-economic divides. According to Shaw, the absence of these environments during the COVID-19 event led to widespread social alienation and behavioural regressions among students.

The COVID-19 event demonstrated the difficulty of replacing the social and developmental benefits of schools in other settings. Testimonies revealed that schools are vital for fostering empathy and a sense of social responsibility. Daily interactions with peers and teachers in diverse environments promote understanding and unity, strengthening the broader social fabric. Maintaining these functions during crisis can preserve societal cohesion and minimize social fragmentation.

Educational Attainment and Public Health

Dr. Shaw also highlighted the link between educational attainment and public health. His testimony pointed to research demonstrating that higher education levels are associated with better health outcomes, including lower rates of chronic disease, improved mental health, and longer lifespans. Shaw argued that school closures risk undermining these long-term benefits, exacerbating health disparities and increasing the burden on public healthcare systems.

It is his opinion that schools contribute to public health by fostering health literacy, teaching coping strategies, and providing access to health-related resources and programs. Maintaining educational continuity ensures that students receive consistent exposure to these critical programs, enabling healthier decision-making and contributing to a more resilient society.

Role of Schools in Socializing Future Citizens

Irvin Studin emphasized the role of schools in preparing students for civic engagement and national unity. Schools are supposed to serve as incubators for citizenship, teaching students to think critically, engage with societal issues, and participate in democratic processes. Studin warned that disruptions in education risk creating a generation disconnected from civic responsibilities, potentially leading to reduced political engagement, weakened social cohesion, and a fractured sense of national identity.

Education is supposed to shape informed and active citizens who contribute meaningfully to their communities. Schools must encourage the exploration of societal values, the cultivation of civic pride, and the development of skills necessary for navigating complex social and political landscapes. Protecting these educational experiences is vital for maintaining a robust and engaged citizenry.

Importance of Resilient Educational Policies

Both Studin and Shaw advocated for the prioritization of educational continuity in crisis response strategies. Studin argued that schools should be regarded as essential services, akin to healthcare institutions, with policies in place to ensure they remain operational even during emergencies. He criticized Canada's COVID-19 response for failing to prioritize education, which, in his view, jeopardized the future of a generation.

Resilient educational policies must balance safety with the need to preserve the structural roles of schools. These policies should include contingency plans for hybrid or in-person learning during crisis, ensuring that education remains accessible and impactful under challenging conditions. Such measures are fundamental for protecting societal stability and preparing students for the demands of the future.

Conclusion

Testimonies from the Vancouver NCI hearings reinforced the view that schools are foundational to Canadian society. More than places of learning, schools serve as hubs for social interaction, public health promotion, and civic education. Prolonged closures disrupted these roles, resulting in significant academic, social, and health consequences.

Education is both a right for students and a duty of society, integral to economic stability, social cohesion, and public health. By recognizing schools as critical societal infrastructure, Canada can better prepare its next generation to thrive in an increasingly complex world.

Recommendations

1. Prioritize Schools in Crisis Response:
 - Treat schools as essential services, ensuring they remain operational during crisis.
 - Develop contingency plans to enable safe in-person or hybrid learning models.
2. Strengthen School-Based Health and Social Programs:
 - Expand mental health resources and other support services within schools.

- Schools should not be used as platforms for public health initiatives such as vaccinations and health screenings. Health care and education should be separate.
3. Promote Civic and Social Engagement in Curricula:
 - Integrate activities and lessons focused on civic responsibility and community engagement.
 - Create opportunities for students to engage in collaborative projects that emphasize teamwork and social impact.
 4. Enhance Community Involvement in Schools:
 - Foster partnerships between schools, local organizations, families, and health providers to build robust support networks.
 - Encourage community participation in school boards.
 5. Develop Resilient Educational Policies:
 - Advocate for federal and provincial policies that ensure educational continuity during emergencies.
 - Include provisions for rapid deployment of digital resources and equitable access to technology for remote learning.
 6. Implement Feedback Mechanisms for Policy Assessment:
 - Establish systems to monitor the effectiveness of crisis response policies in education.
 - Use data-driven insights to refine strategies and improve resilience over time.

By reinforcing the role of schools as foundational institutions in times of crisis, these recommendations aim to ensure educational continuity, protect student well-being, and strengthen community ties. Prioritizing in-person learning, separating education from public health mandates, and embedding civic values into curricula will foster resilience, stability, and a deeper sense of connection between schools and the communities they serve.

4.1.8. Student Consent and Pressures in Medical Decision-making

Introduction

The issue of student consent in medical decision-making, particularly in the context of COVID-19 injections, has sparked significant ethical, legal, and societal debates across Canada. Central to this discussion is the question of whether minors, especially those as young as 12, possess the cognitive maturity and emotional stability to make informed decisions about their health independently. Witnesses at the Vancouver NCI hearings highlighted concerns regarding the developmental limitations of minors, emphasizing that their capacity for complex decision-making is still evolving.

Testimonies revealed that policies allowing minors to receive injections without parental involvement raise critical questions about the balance between a minor's autonomy and the protective role of parents in safeguarding their well-being. These policies, while intended to empower young people, may inadvertently place undue responsibility on them, leading to decisions that they do not fully comprehend. Witnesses underscored that true informed consent requires not only a basic understanding of the risks and benefits of medical procedures but also the absence of coercion or undue influence.

The hearings shed light on the pressures that students face in educational and societal settings. Authority figures, such as teachers and school administrators, peer pressure, as well as pervasive social narratives, can significantly shape students' decisions. Messaging that frames vaccination as a moral or social obligation, for example, can create an environment where students feel compelled to conform to avoid social exclusion or reprimand. Such pressures complicate the ethical principle of voluntary consent, particularly when students lack access to balanced, neutral information or the guidance of trusted adults, such as their parents.

This discussion delves into the testimonies addressing these issues, exploring the implications of policies that bypass parental involvement, the cognitive and emotional challenges faced by minors in making autonomous decisions, and the broader societal impact of diminishing parental authority in critical health matters. Witnesses argued for the importance of revisiting these policies to ensure that they prioritize the well-being of minors, protect parental rights, and uphold the ethical standards of informed consent. In addition, the concept of "mature minor" must be carefully examined prior to any implementation.

Discussion of Witness Testimonies

Key witnesses discussing the pressures on students in medical decision-making included:

Paul Jaffe

Overview of Testimony

Paul Jaffe, a legal expert, focused part of his testimony on the implications of the BC Infants Act²⁷, which grants minors the autonomy to consent to medical treatments if they are deemed capable of understanding the associated risks and benefits. He expressed concerns about the application of this law in the context of the COVID-19 injections, particularly for minors as young as 12.

Jaffe questioned whether such policies adequately consider the cognitive development and critical reasoning skills of minors. He highlighted that young people often lack the maturity to weigh long-term health implications, raising concerns about the true validity of informed consent in these cases. Jaffe also noted the potential erosion of parental authority, arguing that these policies might undermine the traditional role of parents in guiding their children through complex decisions.

Key Points of Testimony

- BC Infants Act and Minor Consent:
 - Discussed how the BC Infants Act allows minors to make medical decisions independently if they are deemed capable.
 - Questioned the adequacy of safeguards ensuring minors fully understand the risks and benefits of medical treatments.
- Cognitive Development Concerns:
 - Highlighted that children as young as 12 may lack the maturity and critical reasoning required for informed consent.
 - Stressed the importance of parental involvement in helping children navigate complex medical decisions.

²⁷ https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96223_01 accessed March 11, 2025

- Erosion of Parental Authority:
 - Warned that policies allowing minors to bypass parental consent could weaken parental guidance and family cohesion.
 - Suggested that such policies may create conflict between parents and institutions.

Hila Russ-Woodland

Overview of Testimony

Hila Russ-Woodland, an experienced educator, testified about her firsthand experience with policies allowing children aged 12 and older to receive COVID-19 injections without parental consent. She described her shock upon receiving a notice from the Vancouver School Board regarding these policies. Russ-Woodland argued that children of this age are not cognitively equipped to understand the complexities of medical decision-making, particularly in the face of institutional and peer pressures.

She also expressed concerns about the influence of authority figures in educational settings, suggesting that students may feel coerced or pressured into making decisions they do not fully understand. Her testimony highlighted the potential for these policies to exploit minors' vulnerabilities and diminish parents' role in safeguarding their children's health.

Key Points of Testimony

- **Lack of Cognitive Maturity:**
 - Asserted that 12-year-olds lack the maturity to fully comprehend the risks and benefits of medical treatments like vaccination.
 - Emphasized the importance of ensuring that minors are not subjected to undue pressure when making health decisions.
- **Pressure from Authority Figures and Peers:**
 - Described how institutional and social dynamics can influence minors' decisions, calling into question the voluntariness of consent.
 - Warned that minors may make decisions based on fear of authority or desire for peer approval rather than informed understanding.
- **Concerns About Parental Exclusion:**
 - Criticized policies that sideline parents in medical decision-making for their children.

- Highlighted the role of parents as protectors and guides in their children's health choices, which these policies undermine.

Dr. Julie Ponesse

Overview of Testimony

Dr. Julie Ponesse, a bioethics scholar with over 20 years of teaching experience, testified at the Vancouver NCI hearings, bringing her extensive expertise in ethics to the issue of student consent in medical decision-making. She holds a PhD in Ethics and Ancient Philosophy from Western University and a Master's in Bioethics from the University of Toronto. Dr. Ponesse's testimony highlighted the ethical shortcomings in policies that permit minors to make significant medical decisions, such as COVID-19 vaccinations, without parental involvement. Drawing on her academic background and ethical principles, she argued that such policies fail to uphold informed consent standards and place undue pressure on minors.

Key Points of Testimony

- **Informed Consent and Cognitive Development:** Dr. Ponesse emphasized that true informed consent requires the capacity to understand the risks and benefits of medical procedures. She argued that adolescents, particularly those as young as 12, lack the cognitive development necessary to fully comprehend the long-term implications of decisions such as receiving an experimental vaccine. Citing research and ethical standards, she highlighted that the frontal lobe, responsible for decision-making and critical reasoning, does not mature until the mid 20s. Consequently, minors are more vulnerable to external influences, making it ethically questionable to allow them to make independent medical decisions.
 - **Institutional and Social Pressures:** Dr. Ponesse raised concerns about the pervasive influence of authority figures, such as teachers and school administrators, in shaping students' medical choices. She described how societal messaging during the COVID-19 event framed injection with the gene therapy as a moral obligation, potentially coercing minors into compliance to avoid feelings of guilt or ostracism. This pressure undermines the voluntary nature of consent and fails to respect the vulnerability of minors in navigating complex ethical and medical dilemmas.

- **Parental Involvement and Ethical Standards:** Dr. Ponesse underscored the importance of parental involvement in safeguarding the well-being of minors. She argued that excluding parents from medical decision-making erodes family cohesion and diminishes trust in institutions. From an ethical perspective, she asserted that parental guidance is essential for ensuring that decisions align with the best interests of children, who may not yet have the ability to weigh the risks and benefits of medical treatments objectively.
- **Ethical Implications of Public Health Policies:** Dr. Ponesse critiqued the policies surrounding COVID-19 injections for minors, asserting that they reflect a broader trend of undermining individual autonomy and ethical safeguards. She referenced how these policies often prioritize public health objectives over the individual rights of children and families, creating ethical tensions that must be addressed. Her testimony called for a reassessment of these policies to ensure they align with the principles of non-maleficence, beneficence, autonomy, and justice, foundational elements of bioethics.

Dr. Ponesse's testimony provided a nuanced critique of the ethical flaws in allowing minors to consent to medical procedures without parental oversight. By drawing on her deep understanding of bioethics and her professional experience, she underscored the need for policies that prioritize the cognitive and emotional well-being of minors, safeguard parental rights, and uphold the highest ethical standards in medical decision-making.

Discussion and Analysis of Issues Raised by Witnesses

Maturity and Cognitive Capacity for Informed Consent

Witnesses at the Vancouver NCI hearings raised significant concerns about whether minors, particularly those as young as 12, possess the cognitive and emotional maturity necessary to make independent medical decisions. Both Dr. Julie Ponesse and Hila Russ-Woodland emphasized that the adolescent brain undergoes significant development into the mid 20s, particularly in the frontal lobe, which governs critical thinking, impulse control, and the ability to evaluate long-term consequences. This ongoing development, as outlined by Dr. Ponesse, limits the ability of young adolescents to provide true informed consent for medical treatments, especially for high-stakes decisions such as vaccinations.

Russ-Woodland testified that students may lack the capacity to fully comprehend the risks and benefits associated with medical procedures, such as the potential for adverse reactions or long-term health implications. Dr. Ponesse reinforced this perspective by underscoring the ethical obligation to ensure that consent is based on a comprehensive understanding of these risks, an understanding that minors often cannot independently achieve. Policies allowing minors to make such decisions without parental involvement, she argued, place an undue burden on children who are not developmentally equipped to handle these responsibilities.

Social and Institutional Pressures

A recurring theme in the testimonies of Dr. Ponesse, Russ-Woodland, and Paul Jaffe was the influence of institutional and societal pressures on students' decision-making. Dr. Ponesse highlighted the pervasive messaging during the COVID-19 event that framed vaccination as a moral duty and a social responsibility. This narrative, while intended to promote public health, often carried implicit coercion, particularly for students seeking to avoid stigma, guilt, or exclusion. Such pressures compromise the voluntariness of consent, as minors may feel compelled to conform to avoid being ostracized by peers or reprimanded by authority figures.

Russ-Woodland provided firsthand accounts of how school administrators and educators, while not intentionally coercive, often contributed to a culture of compliance through their endorsement of injection campaigns. Adolescents, with their heightened need for social acceptance, are particularly vulnerable to these dynamics. Dr. Ponesse expanded on this point, describing how the ethical principle of autonomy is undermined when individuals make decisions driven by fear or a desire to conform rather than informed understanding.

The Role of Legal Frameworks and Parental Rights

Paul Jaffe's analysis of the BC Infants Act highlighted legal complexities surrounding minors' ability to consent to medical treatments. The Act allows minors deemed capable to make independent decisions about their healthcare; however, as Jaffe and Dr. Ponesse both noted, the criteria for assessing a minor's capacity are subjective and inconsistently applied. This lack of standardization raises concerns about whether minors can truly provide informed consent for procedures like COVID-19 injections.

Dr. Ponesse added that these policies erode parental authority, diminishing the protective role parents play in guiding their children through complex medical and ethical decisions. She argued that the exclusion of parents from such critical discussions creates unnecessary tension between families and institutions and risks undermining the trust required for collaborative decision-making. Witnesses stressed that parental involvement is essential, not as a barrier to autonomy, but as a safeguard ensuring that minors receive the guidance and support needed to navigate high-stakes medical decisions responsibly.

Psychological and Social Implications of Autonomous Medical Decisions

The testimonies also shed light on the psychological burden placed on minors when they are asked to make medical decisions independently. Dr. Ponesse described how children may experience anxiety, confusion, or guilt when tasked with making significant health choices without adequate support. This stress can be compounded by the potential consequences of their decisions, such as adverse effects from vaccination. Russ-Woodland shared similar concerns, noting that minors are often ill-prepared to process the complexities of medical decision-making and may internalize feelings of failure or regret if their choices result in negative outcomes.

Witnesses emphasized that collaborative decision-making frameworks, involving parents and healthcare professionals, can alleviate this psychological burden. Such frameworks ensure that minors feel supported, respected, and informed, reducing the risk of undue stress or regret stemming from independent medical decisions.

Ethical Concerns in Policy Implementation

Dr. Ponesse highlighted broader ethical concerns related to the implementation of policies that allow minors to make medical decisions without parental input. She critiqued these policies as reflecting a utilitarian approach to public health that prioritizes collective outcomes over individual rights. While public health initiatives often aim to promote the greater good, Dr. Ponesse argued that they must not come at the expense of ethical principles such as autonomy, beneficence, and non-maleficence. Policies that exclude parents and place undue responsibility on minors risk violating these principles by failing to account for the vulnerabilities and developmental limitations of children.

Jaffe further emphasized that ethical decision-making frameworks must balance the autonomy of minors with the need for safeguards that protect their well-being. By involving parents in the decision-making process, policies can ensure that decisions are made collaboratively, ethically, and with the minor's best interests in mind.

Summary of Key Issues

The testimonies at the Vancouver NCI hearings collectively underscored several critical issues related to student consent and pressures in medical decision-making:

- **Developmental Limitations:** Minors lack the cognitive and emotional maturity to make fully informed decisions about complex medical procedures.
- **Institutional and Social Pressures:** Messaging from authority figures and societal narratives often creates coercive environments that undermine true autonomy.
- **Parental Exclusion:** Policies that bypass parental involvement weaken the protective role of families and create unnecessary tension between parents and institutions.
- **Psychological Burdens:** Placing decision-making responsibilities on minors without adequate support can lead to stress, anxiety, and regret.
- **Ethical Challenges:** Public health policies must balance the collective good with respect for individual rights, particularly for vulnerable populations such as minors.

These issues highlight the need for comprehensive reforms to ensure that policies prioritize the cognitive, emotional, and ethical well-being of minors while respecting parental roles and fostering collaboration among stakeholders.

Conclusion

The testimonies presented at the Vancouver NCI hearings raise significant ethical, psychological, and legal concerns regarding the current framework for student consent in medical decision-making. The evidence demonstrates that minors, particularly those as young as 12, often lack the cognitive maturity and emotional stability to fully comprehend the implications of complex medical decisions, especially when facing peer pressure and institutional influence. The exclusion of parents from these critical decisions further exacerbates this vulnerability, undermining the protective role families play in safeguarding the well-being of their children.

Additionally, the hearings highlighted how societal narratives and school-based messaging risk coercing students into medical compliance, thereby compromising the principle of voluntary and informed consent. Witnesses consistently emphasized that policies bypassing parental involvement create psychological burdens for minors and erode trust between parents and institutions. The findings underscore the urgent need to re-examine and reform consent protocols, ensuring that they prioritize the cognitive and emotional welfare of students while restoring parental involvement as a key-safeguard.

Recommendations

1. Establish Clear Criteria for Assessing Capacity:

- Develop standardized, evidence-based criteria to evaluate a minor's ability to understand medical risks, benefits, and long-term implications of their decisions.
- Healthcare providers should not be the ones who assess the minor's maturity. Health care providers must respect parental authority unless the child refuses a treatment which is vital to the child's well-being. In which case a panel should review the case and recommend a course of action.
- Include cognitive and emotional developmental markers as part of the capacity assessment process, recognizing that minors' ability to provide informed consent evolves with age and context.

2. Reinforce Parental Involvement in High-Stakes Decisions:

- Amend the BC Infants Act to require parental consent for high-risk, irreversible, or experimental medical procedures involving minors.
- Establish policies that prioritize a collaborative approach between parents and healthcare providers to ensure decisions align with the best interests of the child.
- Provide parents with comprehensive, transparent information about medical procedures offered to their children to empower them as advocates in the decision-making process.

3. Healthcare should not be provided in schools.

4. Create Supportive Decision-Making Frameworks:

- Develop structured frameworks that allow students to discuss medical decisions with trusted adults, including parents and healthcare professionals, in a supportive and non-coercive environment.

- Encourage open dialogue that respects the concerns and questions of students while reinforcing the protective role of parents.
- Implement safeguards to ensure students are not unduly influenced by authority figures or peers when making health decisions.

5. Monitor the Psychological Impact on Students:

- Establish systems to evaluate and monitor the psychological effects of autonomous medical decision-making on minors, particularly for high-stakes medical procedures.
- Offer accessible counselling services and mental health resources to address anxiety, confusion, or stress experienced by students faced with significant health choices.
- Conduct longitudinal studies to assess the long-term psychological impact of policies that bypass parental involvement in minors' medical decisions.

6. Prioritize Ethical Frameworks for Informed Consent:

- Require healthcare providers to undergo ethics training specific to informed consent practices for minors.
- Develop tools to ensure that consent is truly informed, including age-appropriate explanations of medical risks and benefits and the explicit inclusion of options to decline treatment without repercussion.
- Establish independent oversight mechanisms to review cases where minors make autonomous health decisions, ensuring decisions were made ethically and without undue pressure.

7. Reinforce Ethical Decision-Making Education in Schools:

- Introduce ethics education for students that promotes critical thinking and the ability to question information, helping them better navigate complex decisions.

8. Address the Role of Moral Framing:

- Design communication strategies that avoid moralizing or framing vaccination or medical compliance as a moral obligation to prevent unnecessary guilt, confusion, or coercion in minors.

9. Promote Autonomy Through Family Collaboration:

- Ensure that policies designed to empower minors work in tandem with parental involvement, fostering autonomy through informed, family-based decision-making.

These recommendations aim to strike a balance between supporting student autonomy and safeguarding their well-being through informed, collaborative decision-making. By reinforcing parental involvement, standardizing capacity assessments, and fostering transparent communication in schools, the proposed measures promote ethical, developmentally appropriate medical consent practices that prioritize the best interests of children and families.

4.1.9. Freedom of Speech and Academic Expression for Students

Introduction

The freedom of speech and academic expression within educational settings plays a vital role in fostering critical thinking and the open exchange of ideas. In recent years, however, there have been concerns about the degree to which students can exercise these freedoms, particularly on controversial topics. Testimonies from the Vancouver NCI hearings highlighted perceived limitations on students' rights to freely express opinions, particularly if their views diverge from mainstream or institutionally endorsed perspectives. Witnesses argued that limitations on freedom of expression within schools hinder students' personal development, critical thinking, and engagement with different perspectives.

Discussion of Witness Testimonies

Alex Newman

Overview of Testimony

Alex Newman, a journalist and educational advocate, provided testimony emphasizing the suppression of free speech within schools. He argued that educational environments have increasingly adopted ideological frameworks that discourage dissent and marginalize students holding alternative or unpopular viewpoints. Newman highlighted specific examples of students and families feeling pressured to conform to dominant narratives, particularly on sensitive and controversial topics, to avoid social or institutional repercussions.

Newman underscored the critical importance of fostering open dialogue and critical thinking in educational settings, arguing that limiting students' ability to engage with different perspectives undermines their intellectual and personal development. He also expressed concerns about the role of authority figures in shaping discussions, which can inadvertently or deliberately create biased learning environments.

Key Points of Testimony

- **Ideological Influence in Schools:**
 - Highlighted how certain ideological agendas in educational curricula can marginalize dissenting views.
 - Warned against the risks of creating echo chambers within schools that discourage critical thinking.

- **Impact on Students:**

- Noted that students often feel compelled to conform to prevailing narratives to avoid conflict or ostracism.
- Argued that suppressing free speech stifles creativity, intellectual exploration, and emotional resilience.

- **Advocacy for Open Dialogue:**

- Called for policies that encourage respectful discourse and the exploration of different viewpoints in educational settings.

Barry Neufeld

Overview of Testimony

Barry Neufeld, a former school trustee, shared his personal experiences of being targeted for expressing dissenting views on educational content, particularly the SOGI 123 program (Sexual Orientation and Gender Identity). Neufeld described facing significant backlash for his advocacy of parental rights and his opposition to certain aspects of progressive education initiatives.

His testimony highlighted the broader challenges of maintaining freedom of expression within educational governance and the risks faced by those who voice unpopular opinions. Neufeld emphasized that the suppression of dissenting views, whether among students, parents, or educators, sets a dangerous precedent for intellectual and democratic freedom in schools.

Key Points of Testimony

- **Targeting of Dissenting Voices:**

- Described the personal and professional backlash he faced for expressing dissenting views on controversial educational content.
- Highlighted how institutional and public pressures can silence voices advocating for alternative perspectives.

- **Parental Rights in Education:**

- Advocated for the involvement of parents in decisions about educational content and policies, emphasizing their role in shaping students' values.

- Criticized the lack of transparency in implementing certain programs and the dismissal of parental concerns.
- **Broader Implications for Free Speech:**
 - Warned that suppressing dissent within educational systems erodes democratic principles and fosters an environment of intolerance.

Paul Jaffe

Overview of Testimony

Paul Jaffe, a legal expert, discussed systemic challenges and legal principles related to freedom of speech in various contexts, including education. While his testimony did not specifically focus on student expression, Jaffe's insights on the legal and societal importance of free speech provide a broader framework for understanding the issue.

Jaffe argued that institutions, including schools, have a responsibility to protect freedom of expression while fostering respectful dialogue. He noted that overly restrictive policies can create environments of fear and self-censorship, undermining the educational mission of encouraging different perspectives and critical thinking.

Key Points of Testimony

- **Legal Frameworks for Free Speech:**
 - Highlighted the balance between institutional authority and individual rights within educational settings.
 - Emphasized the importance of creating clear policies that protect free speech while maintaining respectful discourse.
- **Institutional Neutrality:**
 - Advocated for schools to act as neutral spaces for dialogue rather than endorsing specific viewpoints.
 - Warned against the risks of creating policies that inadvertently silence dissent or promote ideological conformity.

Discussion and Analysis of Issues Raised by the Witnesses

Pressure to Conform to Institutional Narratives

Alex Newman testified that students often feel significant pressure to align their beliefs and opinions with institutional or curriculum driven narratives. He pointed to topics like gender identity and social justice as areas where dissenting perspectives are often unwelcome. Students who express alternative viewpoints or ask critical questions are at risk of facing social ostracism, academic penalties, or subtle disapproval from authority figures.

Newman noted a growing trend in schools where specific ideological perspectives are prioritized and presented as unassailable truths. This approach discourages intellectual exploration, limits exposure to alternative viewpoints, and stifles students' critical thinking skills. An educational environment that prioritizes conformity over dialogue risks producing students who are hesitant to question or engage with controversial issues, which is detrimental to their intellectual growth. Encouraging open and respectful discussion on all topics, with educators facilitating constructive debate, would cultivate a healthier academic environment where students feel safe to express multiple/different views.

Consequences for Divergent Opinions

Barry Neufeld's testimony highlighted the challenges of expressing dissenting views within educational systems. As a school trustee, Neufeld faced public and professional backlash for opposing the SOGI 123 program, including accusations of bigotry and hate speech. He described these responses as attempts to silence dissent rather than engage with alternative perspectives.

Neufeld's experiences underscore a broader issue: the potential for dissenters, whether students, parents, or educators, to face social and institutional penalties for expressing unpopular opinions. In a school environment, such consequences can deter students from openly discussing their beliefs, leading to self-censorship. Witnesses emphasized the importance of fostering an environment where divergent views are engaged with respectfully rather than dismissed outright. A balanced approach that includes open dialogue and mutual understanding would protect freedom of speech and contribute to an academic setting that reflects the actual opinions of the community.

The Role of Schools in Teaching Critical Thinking

Witnesses, including Newman, stressed that schools have a fundamental responsibility to teach critical thinking and foster engagement with different perspectives. Educational systems that restrict discussion on controversial topics fail to prepare students for the complexities of civic life and public discourse. Newman argued that presenting certain ideologies as beyond question undermines the educational goal of fostering independent thought and intellectual inquiry.

Critical thinking extends beyond content mastery; it equips students to evaluate information critically, question assumptions, and form reasoned judgments. Restricting debate on sensitive topics risks producing students who are ill-equipped to navigate the complexities of a pluralistic society. Promoting open dialogue and encouraging students to consider multiple perspectives will better prepare them for active citizenship and the challenges of engaging in a democratic society.

Balancing Respectful Discourse and Freedom of Speech

Witnesses recognized the challenge of balancing free speech with the need for respectful discourse in schools. Newman expressed concern that the emphasis on creating "safe spaces" often results in overly restrictive environments where certain viewpoints are implicitly or explicitly prohibited. While respect is crucial, limiting discussions to avoid discomfort undermines the core purpose of education: fostering intellectual curiosity and preparing students for real-world complexities.

Ensuring that discussions are conducted respectfully is essential, but this should not lead to an environment where students feel unable to express different opinions. Educators play a key role in moderating these discussions, ensuring that all perspectives are heard and treated with respect. Establishing clear guidelines for respectful discourse, paired with robust protections for free speech, would create a framework where students can engage in meaningful and open dialogue without fear of reprisal.

Conclusion

The testimonies presented at the Vancouver NCI hearings underscore the critical importance of protecting freedom of speech and academic expression for students. Witnesses expressed concerns that current educational practices often prioritize conformity over dialogue, discouraging students from exploring diverse perspectives or engaging in controversial topics. This environment hinders the development of critical thinking and the intellectual resilience necessary for active citizenship.

Schools play a pivotal role in shaping the next generation of thinkers, leaders, and citizens. Upholding freedom of speech within educational settings enriches the learning experience, fosters intellectual differences, and strengthens democratic values. By promoting open dialogue and respecting all perspectives, schools can better prepare students for the complexities of civic and social engagement.

Recommendations

1. Promote Open Dialogue on Controversial Topics:
 - Create forums or structured discussions where students can explore sensitive issues in a respectful and constructive manner.
 - Provide educators with tools to facilitate discussions that allow for diverse viewpoints and critical inquiry.
2. Implement Policies that Protect Student Expression:
 - Develop clear policies ensuring students can express their views without fear of academic or social penalties.
 - Address instances where institutional practices inadvertently suppress dissenting opinions.
 - Create a reporting system in which students can safely report inappropriate or threatening conduct of school personnel.
 - Consider the installation of classroom cameras to ensure that classroom interactions remain transparent, respectful, and aligned with institutional standards, while providing an objective record in cases of disputes or misconduct.
3. Provide Training for Educators on Moderating Sensitive Discussions:
 - Offer professional development to equip educators with skills to manage discussions on controversial topics effectively. This professional development must be ideologically neutral and reflect the morals of the community in which the school is situated.
 - Emphasize the importance of maintaining neutrality and fostering an open environment.

4. Incorporate Critical Thinking Skills into the Curriculum:
 - Embed critical thinking and media literacy in educational programs to help students evaluate information and form independent judgments.
 - Encourage analytical discussions that challenge assumptions and promote reasoned debate.
5. Foster a School Culture that Values Intellectual Diversity:
 - Promote a culture where different opinions are respected and intellectual exploration is encouraged.
 - Recognize and celebrate differing perspectives as an essential component of learning and personal growth.
6. Establish Clear Guidelines for Respectful Discourse:
 - Develop standards for maintaining respectful dialogue, ensuring all students feel safe and heard while protecting freedom of speech. These standards should focus on the manner in which ideas are expressed, rather than the content of the ideas themselves, which is protected under free speech rights.

These recommendations aim to cultivate an educational environment where freedom of thought and respectful dialogue are foundational values. By supporting open discussion, protecting student expression, and equipping educators with neutral facilitation tools, schools can nurture intellectual diversity and critical thinking, empowering students to engage meaningfully with complex issues while feeling safe, supported, and heard.

4.1.10. Inadequate Public Debate on Educational Policies

Introduction

Public debate is a cornerstone of democratic governance, ensuring that policies affecting communities are subject to scrutiny, discussion, and input from those directly impacted. In the context of education, such debate becomes even more critical, as schools shape the knowledge, values, and future of society. However, in Canada, recent educational policies, particularly those with significant ideological, cultural, or social implications, have been implemented with limited opportunities for public engagement.

At the Vancouver NCI hearings, witnesses raised serious concerns about the lack of transparency and meaningful consultation surrounding policies such as the SOGI (Sexual Orientation and Gender Identity) curriculum and COVID-19 related school closures and mandates. These policies were perceived by many as being introduced through a top down approach, bypassing the voices of parents, educators, and communities most affected by them. Witnesses emphasized that the exclusion of stakeholders from policy development erodes trust in educational institutions and undermines democratic principles.

The SOGI curriculum, designed to allegedly promote inclusivity and awareness of diverse gender identities, sparked significant debate. Witnesses noted that its ideological underpinnings and the absence of substantial public consultation have led to polarization and resistance among parents who feel excluded from decisions about their children's education. Similarly, COVID-19 related school policies, including closures, masking and injection mandates, were implemented with little or no public dialogue, leaving parents feeling alienated from decisions directly impacting their children's health and learning environments.

This lack of open discourse has broader implications for societal cohesion and trust in governance. Witnesses argued that by sidelining public debate, policymakers risk creating a disconnect between educational institutions and the communities they serve. Moreover, the perceived imposition of policies that do not reflect local values or priorities lead to skepticism, disengagement, and even resistance from the public.

This section explores the testimonies that illuminate these issues, examining the consequences of limited public consultation on trust, accountability, and the effectiveness of educational policies. It also considers the importance of fostering truly inclusive, transparent, and participatory policymaking processes to ensure that educational reforms align with community values and priorities while upholding democratic principles.

Discussion of Witness Testimonies

The following witnesses provided insights into the lack of public debate surrounding educational policies:

Alex Newman

Overview of Testimony

Alex Newman, a journalist and educational advocate, testified about the lack of public debate surrounding the implementation of the SOGI 123 curriculum. Newman argued that this curriculum, which addresses topics related to sexual orientation and gender identity, was introduced without sufficient consultation with parents, educators, or local communities. He emphasized that such policies often reflect transnational educational standards, which may not align with the cultural and societal values of local communities.

Newman warned that bypassing public consultation undermines trust in the educational system and marginalizes the voices of those most affected by these policies. He called for greater transparency and broader engagement in policy development to ensure alignment with community needs and values.

Key Points of Testimony

- **SOGI Curriculum Implementation:**
 - Criticized the lack of parental and community input in adopting the SOGI 123 curriculum.
 - Highlighted concerns about transnational standards overriding local values.
- **Impact on Trust and Community Engagement:**
 - Argued that bypassing public debate erodes trust in educational institutions.
 - Advocated for open discourse to ensure policies reflect the needs of communities.
- **Call for Transparency:**
 - Urged policymakers to involve parents and educators in developing and reviewing educational content.

Emily Duggan

Overview of Testimony

Emily Duggan, a parent and community advocate, shared concerns about the lack of parental awareness and involvement in the implementation of the SOGI 123 curriculum. She testified that many parents were unaware of the program's content and goals until after it was introduced. Duggan emphasized that excluding parents from such decisions not only alienates families but also raises questions about the accountability of educational institutions.

She argued for greater parental involvement in shaping educational policies, particularly those addressing sensitive or controversial topics. Duggan highlighted the need for transparency and clear communication between schools and families to foster collaboration and trust.

Key Points of Testimony

- **Parental Exclusion from Policy Decisions:**
 - Testified that many parents were unaware of the SOGI 123 curriculum before its implementation.
 - Criticized the lack of clear communication and transparency from schools.
- **Need for Greater Parental Involvement:**
 - Argued that policies on sensitive topics require direct input from families.
 - Advocated for collaborative decision-making processes that include parents.
- **Accountability in Education:**
 - Called for measures to ensure schools are accountable to parents and communities.

Irvin Studin

Overview of Testimony

Irvin Studin, a policy expert and academic, provided testimony about the absence of public debate on critical COVID-19 related educational policies, such as school closures and remote learning mandates. He described these measures as top down decisions that excluded meaningful input from parents, students, and educators.

Studin framed the lack of consultation as a missed opportunity to build consensus and address the specific needs of Canadian communities. He argued that such unilateral actions create a perception of authoritarianism in public education, eroding trust and reducing the legitimacy of the policies implemented.

Key Points of Testimony

- **School Closures and Public Consultation:**
 - Highlighted the lack of community engagement in decisions about school closures and remote learning.
 - Criticized the perception of authoritarianism in educational governance.
- **Erosion of Legitimacy in Educational Policies:**
 - Argued that the absence of dialogue weakens trust in public institutions.
 - Emphasized the importance of building actual consensus, based on a consideration of all opinions” to ensure effective policymaking.
- **Call for Collaborative Decision-Making:**
 - Advocated for transparent processes that include different voices in education policy.

Discussion and Analysis of Issues Raised by the Witnesses

Implementation of SOGI Curriculum Without Public Consultation

Alex Newman’s testimony highlighted concerns over the introduction of the SOGI 123 curriculum without sufficient public consultation. Newman argued that the curriculum reflects broader transnational influences that may not align with Canadian or local community values. He emphasized that parents, as primary stakeholders, were excluded from discussions about the ideological content embedded within the curriculum. This lack of consultation, he contended, erodes trust in educational institutions and alienates families whose cultural or religious beliefs may conflict with the curriculum’s principles.

Emily Duggan reinforced these concerns, testifying that many parents were unaware of the curriculum’s details until after its implementation. Duggan emphasized the need for transparency and parental involvement in decision-making processes to foster trust and ensure that educational policies reflect community priorities.

The absence of public debate around sensitive educational policies like SOGI has broader implications for democratic governance. When policies are implemented without adequate dialogue, they risk alienating communities and fostering resentment, particularly when they touch on deeply personal or cultural values. Establishing transparent consultation processes ensures that policies are informed by different perspectives and fosters trust between schools and families.

[Lack of Dialogue Around COVID-19 Policies in Education](#)

Witnesses expressed significant concerns over COVID-19 related policies, such as school closures and vaccine mandates and masks, being implemented without consulting parents, educators, or students. Witnesses argued that these decisions, while aimed at addressing public health concerns, often excluded meaningful stakeholder input, leaving parents feeling disempowered.

Irvin Studin echoed these concerns, describing COVID-19-related school closures as top down decisions that lacked transparency or public debate. He framed this approach as a missed opportunity to build consensus and address the nuanced needs of Canadian communities. Witnesses emphasized that the absence of consultation diminished trust in public institutions and led to policies that were perceived as authoritarian.

The COVID-19 event underscored the need for responsive governance, but it also revealed the risks of sidelining public input during crisis. Open dialogue around emergency measures can ensure that policies are not only effective but also equitable and aligned with the values of the communities they impact. This open dialogue may also prevent communities from having mandates forced on them which impinge on their fundamental rights and freedoms.

[Influence of Transnational Agendas on Educational Content](#)

Alex Newman raised concerns about the growing influence of transnational agendas, such as those promoted by organizations like the United Nations, on Canadian educational policies. He cited the SOGI 123 curriculum as an example of global standards being implemented without adequate consideration of local values or cultural diversity.

Newman argued that policies driven by transnational frameworks must be adapted to reflect local priorities. Failing to do so can create friction within communities and undermine the legitimacy of educational reforms.

The Role of Public Debate in Upholding Democratic Values

Witnesses consistently highlighted the lack of public debate as a significant concern undermining democratic principles. Newman and Studin warned that bypassing democratic processes erodes public trust in governance and alienates key stakeholders.

Public debate is essential for democratic policymaking, providing a platform for different voices and fostering accountability. The absence of meaningful consultation not only weakens the legitimacy of educational policies but also contributes to a sense of disconnection between institutions and the communities they serve. Re-establishing transparent decision-making processes is critical to restoring trust and ensuring that policies address the needs of all stakeholders.

Conclusion

The testimonies from the Vancouver NCI hearings reveal widespread concerns about the lack of public debate surrounding key educational policies. From the implementation of the SOGI curriculum to COVID-19-related school closures, witnesses highlighted the need for greater transparency, parental involvement, and democratic accountability in policymaking. These issues underscore the importance of creating frameworks that allow for meaningful dialogue and real consensus-building.

Educational policies are most effective when they reflect the values and priorities of the communities they serve. By fostering open debate and ensuring that different perspectives are heard, policymakers can create a more transparent, equitable, and trusted educational system.

Recommendations

1. Establish Public Consultation Forums for New Policies:
 - Create forums where community members, including parents, educators, and students, can discuss proposed educational policies, particularly those involving sensitive or high-impact issues like health mandates or ideological curricula.
 - Community members concerns and recommendations must be taken into account, and not just given lip service.
2. Increase Transparency in Policy-making:
 - Publicly share proposed policies, their rationales, and supporting evidence before implementation to allow citizens to review and provide input.

3. Create Parental Advisory Councils in Schools:

- Establish advisory councils comprising parents, educators, and community leaders to provide feedback on significant policy decisions and serve as a bridge between schools and families.
- No sexually explicit material should be used in schools, and a parents committee should approve books before they are integrated in the school library to limit political agenda in them (sexually explicit content, gender identity content, climate changes content, racial race theory content and other ideological areas which are not in keeping with the norms of the school and the community in which it is located).

4. Require Legislative Review for High-Impact Policies:

- Mandate a legislative review process for policies with broad societal implications, such as those involving health mandates or contentious curricula, to include public hearings and debates.

5. Implement Periodic Policy Feedback Mechanisms:

- Regularly survey parents, students, and educators on newly implemented policies to evaluate their impact and address emerging concerns. Use this feedback to make necessary adjustments and improve future policymaking.

6. Encourage Media Engagement on Educational Reforms:

- Partner with media outlets to provide balanced reporting on proposed educational changes, fostering a well-informed public discussion.
- Media outlet participation must not be limited to the traditional or main stream media outlets, it must include locally based new media that serves the community.

7. Local vs. Global Educational Goals:

- Ensure that transnational educational frameworks are critically evaluated to align with local cultural, religious, and societal values. Global agendas cannot over be used to over ride community values.
- The sole purpose of having local school boards is to ensure that the local community needs and values are reflected in the policies used to educate the community's children.

These recommendations reinforce the importance of democratic participation, community values, and transparency in educational policymaking. By prioritizing genuine public consultation, empowering parental oversight, and ensuring policies align with local norms, schools can rebuild trust, resist ideological overreach, and create learning environments that reflect the needs and values of the communities they serve.

4.1.11. Influence of the United Nations on Educational Direction in Canada

Introduction

Education in Canada, like in many countries, is a cornerstone of societal development. However, testimony at the Vancouver NCI hearings revealed concerns about the increasing influence of the United Nations (UN) on Canadian education policies. Witnesses, particularly Alex Newman, argued that global initiatives spearheaded by the UN, such as the Sustainable Development Goals (SDGs)²⁸ and Education 2030 Agenda²⁹, are shaping curricula, teaching methods, and policy directions in ways that align with international priorities rather than local or national values.

The introduction of concepts like "global citizenship"³⁰ and "sustainable development" into educational frameworks was highlighted as evidence of this influence. Witnesses expressed concerns that these initiatives emphasize transnational ideologies, potentially at odds with Canadian cultural and parental values, and that many of these policies do not reflect the reality of life in Canada. Critics also noted that the imposition of such educational frameworks often occurs without substantive public consultation, raising questions about democratic oversight and accountability.

This section examines testimony addressing the UN's role in shaping Canadian education, the mechanisms through which global standards are introduced, and the implications for national sovereignty and cultural preservation.

Discussion of Witness Testimonies

Alex Newman

Overview of Testimony

Alex Newman, an investigative journalist and educational advocate, provided extensive testimony on the UN's influence in global education systems. Newman argued that the UN, primarily through its agency UNESCO (United Nations Educational, Scientific, and Cultural Organization)³¹, promotes educational frameworks that advance globalist ideologies. He cited examples of curricula focusing on sustainable development, global citizenship, and progressive social values, which he described as part of a deliberate effort to reshape societal norms.

²⁸ <https://sdgs.un.org/goals> accessed March 12, 2025

²⁹ <https://sdgs.un.org/goals/goal4> accessed March 12, 2025

³⁰ <https://www.un.org/en/academic-impact/global-citizenship> accessed March 12, 2025

³¹ <https://www.unesco.org/en> accessed March 12, 2025

Newman emphasized that these frameworks are often implemented without sufficient public debate or consideration of local contexts. He expressed concerns about the erosion of parental rights and national sovereignty in education, framing the UN's influence as a top-down approach that bypasses democratic processes.

Key Points of Testimony

- **UNESCO's Educational Agenda:**
 - Highlighted the role of UNESCO in promoting the Education 2030 Agenda³² and Sustainable Development Goal 4³³, which emphasize global citizenship and sustainability.
 - Criticized the lack of public awareness and input into these global initiatives.
- **Erosion of National Sovereignty:**
 - Argued that international educational standards override local decision-making, reducing the influence of parents, educators, and national governments.
 - Described the imposition of UN backed policies as a form of transnationalism³⁴ undermining Canadian cultural and educational autonomy.
- **Ideological Shift in Education:**
 - Claimed that UN-driven curricula emphasize values like environmentalism, gender equity, and global responsibility, which may conflict with traditional or local values.

³² <https://unesdoc.unesco.org/ark:/48223/pf0000245656> accessed March 12, 2025

³³ <https://sdgs.un.org/goals/goal4> accessed March 12, 2025

³⁴ **Transnationalism** refers to the processes and interactions that transcend national borders, involving the movement of people, ideas, goods, capital, and cultural influences across different countries. It emphasizes the connections and networks that individuals, organizations, and communities maintain beyond their home nation, often facilitated by globalization, migration, digital communication, and economic integration.

Transnationalism challenges the traditional concept of the nation-state by highlighting how global flows impact identities, economies, and political structures. It is commonly studied in fields such as sociology, political science, international relations, and cultural studies. ChatGPT accessed March 12, 2025

- Warned against using education as a tool for indoctrination, promoting specific worldviews without alternative perspectives.

Other Witnesses

While Alex Newman was the primary witness on this topic, references from other testimonies provided additional context:

- **Emily Duggan:** Raised concerns about the lack of parental awareness and engagement regarding transnational influences in educational content, such as the SOGI curriculum.
- **Paul Jaffe:** Addressed broader issues of systemic influence and the need for transparency in educational decision-making, which intersect with concerns about international agendas.

Discussion and Analysis of Issues Raised by the Witnesses

Global Initiatives and Canadian Curricula

Alex Newman testified about the integration of UN-driven frameworks, such as those from UNESCO, into Canadian educational policies. He highlighted the SOGI 123 curriculum and similar programs as examples of global citizenship education that align with UN goals but may conflict with local cultural and societal values. Newman argued that these initiatives reflect a broader trend of imposing transnational standards without adequately consulting local stakeholders, such as parents and educators.

The adoption of these frameworks often bypasses public debate, raising questions about accountability and the transparency of policy implementation. Critics warn that such initiatives may marginalize traditional values and undermine the principle of parental involvement in education.

Erosion of Local Autonomy and Parental Rights

Newman and other witnesses expressed concern that transnational influence in education reduces the decision-making power of local governments, educators, and families. They argued that policies informed by global agendas often fail to account for the unique cultural and societal needs of Canadian communities. This erosion of autonomy has led to a disconnect between what is taught in schools and the values held by families, fostering mistrust in the educational system.

Parental rights were a recurring theme, with witnesses emphasizing the importance of involving parents in shaping the content and direction of their children's education. They contended that top down implementation of UN frameworks undermines these rights, as parents are frequently excluded from discussions about the adoption of transnational initiatives.

Broader Implications for National Identity and Trust in Institutions

Witnesses argued that prioritizing global agendas over local perspectives dilutes Canada's national identity. Newman highlighted how educational policies influenced by the UN often focus on global narratives that may not resonate with all Canadian communities. This disconnect could foster disillusionment with public education and reduce trust in institutions perceived to be prioritizing external goals over domestic concerns.

Moreover, the lack of public debate surrounding these initiatives undermines democratic principles. Open discourse is essential to ensure that educational policies reflect the collective will of the people rather than the agendas of international organizations.

Conclusion

The testimonies at the Vancouver NCI hearings reveal significant concerns about the influence of the United Nations on Canadian education. Witnesses argued that global initiatives lack alignment with local values and fail to engage communities in meaningful dialogue. The erosion of parental rights, local autonomy, and national identity raises questions about the balance between global citizenship education and the preservation of cultural and societal differences.

To address these concerns, Canadian education systems must strive for greater transparency in policy-making. Policy-makers must ensure that global frameworks are adapted to reflect Canada's, and the specific community in which the school operates, unique cultural context, with meaningful input from parents, educators, and community stakeholders.

Recommendations

1. Enhance Transparency in Policy Development:
 - Ensure that policies incorporating global frameworks, such as those from UNESCO, are publicly debated and subject to thorough consultation with parents, educators, and local communities.
 - Global educational framework suggestions, should only be considered in the context of the Canadian and local community context, and must not be adopted without thorough community consultation and buy in.

2. Prioritize Parental Involvement:
 - Create formal mechanisms, such as advisory councils, to ensure that parents are actively involved in decisions about curricula influenced by transnational agendas.
 - Take steps to encourage parental participation.
3. Balance Global and Local Perspectives:
 - Adapt international educational frameworks to reflect Canada's cultural identity and regional priorities, ensuring that they align with community values.
 - Understand that Canada's schools are not compelled to follow global frameworks, schools in Canada are for Canadians, and must reflect Canadian values as well as the value and needs of the local community.
4. Promote Public Awareness of Policy Origins:
 - Educate the public on the origins and goals of transnational educational initiatives to foster informed dialogue and understanding.
5. Implement Accountability Measures:
 - Establish accountability frameworks to evaluate the impact of global initiatives on Canadian education and ensure they meet the needs of students and families.
6. Encourage National Dialogue on Educational Priorities:
 - Facilitate open forums and discussions about the future direction of Canadian education, allowing different voices to contribute to shaping policies that reflect the nation's values and aspirations.
 - Hold local and national referenda on educational policies and the influence of global organizations such as the United Nations.

These recommendations emphasize the need to maintain Canadian sovereignty and community-driven values in education while engaging with global ideas responsibly. By ensuring transparency, accountability, and meaningful parental involvement, Canada can safeguard its educational system from uncritical adoption of transnational agendas and ensure that all policy decisions reflect the cultural, social, and democratic principles of the communities they serve.

4.2. Child Trafficking

Introduction

Child trafficking is the illegal recruitment, transportation, transfer, harbouring, or receipt of children for the purpose of exploitation, which may include forced labour, sexual exploitation, illegal adoption, or involvement in criminal activities. It involves the use of coercion, deception, or abuse of power to remove children from their families or communities and place them in exploitative situations where their basic rights and freedoms are violated. Child trafficking is recognized as a serious violation of human rights and is often carried out by organized criminal networks that prey on vulnerable children, including those living in poverty, displaced by conflict, or lacking adequate protection and support systems.

Child trafficking is a pervasive issue that exploits vulnerable populations worldwide, including within Canada. Witnesses at the Vancouver NCI hearings provided harrowing testimony on the systemic failures that enable trafficking networks to thrive, highlighting gaps in child protective services, societal awareness, and international collaboration.

Traffickers target children in precarious situations, including those in foster care or from marginalized communities such as Indigenous populations, exploiting them for labor, sexual abuse, or other illicit activities. Testimonies underscored the need for preventative measures, robust interagency cooperation, and enhanced trauma-informed care to combat trafficking effectively.

Discussion of Witness Testimonies

Leigh Dundas

Overview of Testimony

Leigh Dundas, a prominent human rights attorney and anti-trafficking advocate, provided powerful testimony at the Vancouver NCI hearings. Drawing on her extensive experience in combating human trafficking on both domestic and international fronts, Dundas detailed the systemic, organized nature of child trafficking networks and the vulnerabilities in societal structures that enable these networks to thrive. Her testimony offered a stark overview of the scale and sophistication of child trafficking operations, emphasizing the urgent need for comprehensive strategies to combat this pervasive issue.

Key Points of Testimony

Organized Nature of Trafficking Networks

Dundas described child trafficking as a highly organized, profit-driven industry comparable to drug and arms trafficking.

- **Structure and Sophistication:**

- Traffickers operate with a level of organization akin to multinational corporations, employing recruiters, enforcers, transporters, and managers to sustain their operations.
- She highlighted how these networks use advanced logistics, including encrypted communications and falsified documents, to evade law enforcement.
- Worldwide human trafficking is a \$150 Billion dollar per year industry, and it is estimated that 40 million people are being trafficked. In Canada it is estimated that 17,000 people are being trafficked. Human trafficking is the most rapidly growing criminal enterprise worldwide.
- Most people who are trafficked in Canada are trafficked by someone they know. Many of the girls who are trafficked (one third) are runaways.

- **Branding and Control:**

- Traffickers often tattoo or barcode victims to mark them as “property,” dehumanizing them and ensuring control.
- Dundas noted that this branding reinforces psychological manipulation, making it harder for victims to escape or seek help.

- **Economic Incentives:**

- Unlike drugs or weapons, trafficked children can be exploited repeatedly, making trafficking a highly lucrative enterprise.
- Dundas cited trafficking’s status as a multi-billion-dollar industry, incentivizing criminal networks to expand and innovate.

Systemic Vulnerabilities Enabling Trafficking

Dundas identified critical gaps in societal and institutional structures that traffickers exploit.

- **Child Protective Services (CPS):**

- Traffickers often target children in CPS care, particularly those in group homes or foster placements.
- Dundas detailed how the lack of security and oversight in these settings creates opportunities for traffickers to recruit or re-traffic children.

- **Transnational Operations:**
 - Canada's status as a first world nation with major transport hubs makes it a source, transit point, and destination for trafficked children.
 - Traffickers use legitimate businesses, such as shipping companies and airlines, to facilitate the movement of victims across borders.
- **Technology and Social Media:**
 - Traffickers increasingly use social media platforms to groom³⁵ and recruit children, exploiting their desire for connection or financial support.
 - Encrypted messaging apps and the dark web provide traffickers with tools to coordinate operations and evade detection.
- **Erosion of Parental Rights**
 - The erosion of parental rights is a significant risk to children being trafficked. In the majority of instances, no one is more concerned with the welfare of a child than their parents.

Trafficking's Psychological and Physical Toll on Children

Dundas emphasized the severe and long lasting harm inflicted on trafficked children.

- **Psychological Manipulation:**
 - Traffickers employ grooming tactics to build trust and dependency, breaking down children's sense of autonomy and self-worth.
 - Many victims develop PTSD, depression, and anxiety as a result of prolonged abuse and exploitation.
- **Physical Consequences:**
 - Children endure repeated physical abuse, malnutrition, and exposure to sexually transmitted infections (STIs).
 - Survivors often face chronic health issues due to the harsh conditions they endure while trafficked.

³⁵ In the context of child trafficking, grooming refers to the process by which traffickers manipulate, deceive, and exploit children to gain their trust and control them for the purpose of sexual exploitation, forced labor, or other forms of abuse. Grooming can occur in-person or online and often involves psychological manipulation, coercion, and deception. ChatGPT March 12, 2025

Role of Transnational Trafficking Networks

Dundas detailed the global reach of trafficking networks and their reliance on international routes and partnerships.

- **Cross-Border Movement:**
 - Victims are moved across countries as easily as goods, with traffickers exploiting gaps in border security and customs enforcement.
 - She highlighted cases where traffickers use legitimate shipping channels to transport children, underscoring the need for enhanced oversight.
- **International Collaboration:**
 - Dundas called for stronger partnerships between Canadian authorities and international organizations like INTERPOL³⁶ to disrupt trafficking routes and networks.

Leigh Dundas' testimony revealed the systemic and organized nature of child trafficking, highlighting critical vulnerabilities that allow traffickers to operate with impunity. By addressing these gaps through enhanced law enforcement, technological regulation, and survivor centred policies, Canada can take meaningful steps to dismantle trafficking networks and protect its most vulnerable populations.

Carmel Pelly

Overview of Testimony

Carmel Pelly is a survivor of childhood abuse and trafficking, whose testimony during the NCI Vancouver Hearings of the National Citizens Inquiry shed light on the darkest corners of exploitation and systemic failures in child protection. Growing up in a fractured family, Carmel fell victim to a network of traffickers who exploited her vulnerabilities. Her experiences included severe physical, emotional, and sexual abuse, as well as coerced drug addiction and body modifications.

Her sexual abuse started at the age of 6. By the age of 15, Carmel was being trafficked, experiencing unimaginable physical, emotional, and sexual abuse. She described being manipulated and coerced by her traffickers, who used threats and psychological control to isolate and exploit her.

³⁶ **INTERPOL** (International Criminal Police Organization) is a global law enforcement organization that facilitates international police cooperation to combat crime. It helps law enforcement agencies from different countries collaborate by sharing information, coordinating operations, and assisting in investigations across borders.
ChatGPT March 12, 2025

Pelly recounted how her traffickers forcibly introduced her to drugs, using addiction as a method of control and compliance. Substances were administered regularly to manipulate her behaviour and create dependency, leaving her physically and psychologically trapped.

Over time, the combination of addiction and trauma severely impacted her health. Her traffickers also coerced her into undergoing body modifications, as a means of increasing her value as a trafficked commodity.

One of the most heartbreaking aspects of her testimony was her description of a forced abortion arranged by her traffickers, an event that left a profound and lasting emotional scar. She described the abortion as an act of violence and control, stripping her of autonomy over her body and deepening her trauma.

After years of abuse, Carmel eventually broke free from the trafficking network, but the effects of her forced drug use have persisted. Her current physical condition reflects the long-term damage caused by years of substance abuse and malnutrition. She has experienced ongoing health complications, including weakened organ function and chronic pain, as a result of the abuse her body endured. Despite the toll, Carmel has shown remarkable resilience, channeling her strength into recovery and advocacy work.

At 44 years old, Pelly is a wife, mother, entrepreneur, and author. She operates a counselling service and works as a certified life coach, specializing in addiction recovery, trauma care, and supporting survivors of abuse and trafficking. Her professional work is informed by her personal experiences, enabling her to connect deeply with those she helps.

Pelly's advocacy extends beyond individual recovery. She campaigns for systemic reform in Canada's child protection systems, emphasizing the need for trauma informed care, stringent oversight, and survivor centred policies. Her testimony at the NCI Vancouver Hearings highlighted the urgent need to address the conditions that enable trafficking and abuse, offering a powerful message of hope and resilience for survivors.

Key Points of Testimony

Psychological and Emotional Impact of Trafficking

Pelly provided a survivor's perspective on the profound psychological and emotional toll of trafficking.

- **Trauma and Isolation:**
 - She described the long-term psychological effects of being trafficked, including PTSD, depression, and anxiety.

- The constant fear and manipulation by traffickers create a pervasive sense of helplessness, making it difficult for survivors to trust others or reintegrate into society.
- The psychological damage that results from child sexual abuse often leads to substance abuse. Substance abuse is often used to numb the feelings related to the abuse.
- **Loss of Childhood:**
 - Pelly spoke about the loss of innocence and normalcy that trafficked children experience, often feeling robbed of the fundamental joys of childhood.
 - She emphasized the importance of creating environments that restore a sense of safety and belonging.
 - She said that she missed having an adult in her life that she could talk to and rely upon.

Role of Community and Family in Recovery

Pelly underscored the importance of supportive networks in helping survivors rebuild their lives.

- **Faith and Spiritual Strength:**
 - She shared how her faith played a crucial role in her recovery, providing hope and purpose in the face of overwhelming trauma.
 - Pelly advocated for integrating spiritual and emotional support into recovery programs for trafficked children.
- **Family and Community Support:**
 - The presence of empathetic and consistent support networks can help survivors heal and regain their sense of self-worth.
 - She called for community based programs that involve families in the healing process, fostering resilience and connection.

Survivor-Centred Solutions

Pelly advocated for systemic changes that prioritize the voices and needs of survivors:

- **Trauma-Informed Policies:**
 - She called for comprehensive training for CPS staff and law enforcement on recognizing and addressing the trauma experienced by trafficked children.
 - Policies should be designed to minimize re-traumatization during interventions, investigations, and care.
- **Long-Term Support Services:**
 - Pelly emphasized the need for ongoing support, including mental health care, education, and vocational training, to help survivors rebuild their lives.
 - She highlighted the importance of safe housing and stability as foundational elements of recovery.

Carmel Pelly's testimony offered a deeply personal and comprehensive critique of the systemic failures that contribute to child trafficking and re-trafficking in Canada. Her insights underscored the urgent need for reforms in CPS, including enhanced oversight, trauma-informed care, and survivor-centred recovery programs. By addressing these systemic gaps and fostering supportive environments, Canada can begin to dismantle the structures that enable child trafficking and empower survivors to reclaim their lives.

Discussion and Analysis of Issues Raised by Witnesses

Organized Nature of Trafficking Networks

Child trafficking networks are structured, profit-driven operations that treat the exploitation of children as a lucrative industry. Testimonies from witnesses at the Vancouver NCI hearings provided an in-depth look at how these networks operate, their tactics, and the challenges in dismantling their operations.

Scope and Scale of Trafficking Networks

Leigh Dundas described child trafficking as one of the fastest-growing criminal enterprises globally, second only to drug trafficking. She noted that traffickers often exploit gaps in legal and social systems to sustain their operations. Trafficking networks are not limited to marginalized or impoverished regions; they permeate urban, rural, and international landscapes.

- **Profitability:**

- Unlike drugs or weapons, trafficked children can be exploited repeatedly, making them a highly profitable commodity.
- Witnesses emphasized that some traffickers earn millions annually, incentivizing the perpetuation of this heinous industry.

- **Global Reach:**

- Trafficking networks operate across borders, often relying on legitimate businesses, such as shipping companies, hotels, and airlines, to facilitate the movement of victims.
- Canada's location as a first world country with major transport hubs makes it both a source and transit point for trafficked children.

Sophistication of Operations

Witnesses, including Dundas, highlighted the organized and systematic tactics traffickers use to control their victims and evade detection.

- **Recruitment Strategies:**

- Traffickers prey on vulnerable children, including those in foster care, Indigenous communities, and low-income families.
- They often use grooming techniques, building trust with their targets before exploiting them.
- Social media platforms have become a common recruitment tool, with traffickers posing as peers or benefactors to lure children.

- **Branding and Tracking Victims:**

- Dundas provided shocking examples of traffickers tattooing or barcoding children to mark them as "property."
- This practice is part of a broader strategy to dehumanize and control victims, reducing their likelihood of seeking help.

- **Coordination and Resourcefulness:**

- Trafficking networks often have hierarchical structures, including recruiters, transporters, enforcers, and controllers.
- Some networks use sophisticated logistics, including falsified documents, encrypted communications, and bribery of officials, to evade detection.

Technology as a Tool for Traffickers

Testimonies emphasized the increasing role of technology in facilitating trafficking operations.

- **Dark Web Activity:**

- Traffickers use the dark web to buy, sell, and trade children, often bypassing traditional law enforcement mechanisms.
- Encrypted communication tools allow traffickers to operate anonymously and coordinate their activities globally.

- **Exploitation via Social Media:**

- Platforms such as Instagram, TikTok, and Snapchat are used to groom potential victims.
- Live-streamed abuse is an emerging form of exploitation, allowing traffickers to profit from online viewers in real time.

Ties to Organized Crime

Dundas linked child trafficking to broader organized crime operations, including drug and weapon smuggling.

- **Integration with Criminal Enterprises:**

- Trafficking often intersects with other illicit activities, making it difficult to isolate and dismantle these operations.
- Organized crime groups use trafficking as a diversification strategy to maximize profits while reducing reliance on any single illegal activity.

- **Corruption and Complicity:**

- Some witnesses discussed the role of corrupt officials in enabling trafficking networks.

- Bribery, intimidation, and blackmail are used to secure cooperation from law enforcement, border control, and other authorities.

Challenges in Combating Organized Trafficking

Witnesses highlighted significant barriers to addressing the organized nature of trafficking networks:

- **Jurisdictional Fragmentation:**
 - Trafficking often involves multiple jurisdictions, complicating efforts to investigate and prosecute perpetrators.
 - Insufficient coordination among national and international agencies hinders effective responses.
- **Lack of Resources:**
 - Law enforcement agencies are often underfunded and understaffed, limiting their ability to combat trafficking effectively.
 - Specialized training on identifying and dismantling trafficking networks is lacking.
- **Victim Identification and Support:**
 - Trafficked children are often hidden in plain sight, making it challenging to identify and rescue them.
 - Fear, trauma, and language barriers prevent victims from seeking help.

The organized nature of child trafficking networks underscores the complexity of this crisis. Addressing it requires a multi-faceted approach that includes enhanced law enforcement capabilities, international collaboration, technological innovation, and community engagement. Witness testimonies revealed the urgent need to disrupt these networks and prioritize the safety and recovery of trafficked children.

Role of Child Protective Services in Re-Trafficking

Child Protective Services (CPS) is tasked with safeguarding children from abuse, neglect, and exploitation. However, testimonies from the Vancouver NCI hearings revealed systemic vulnerabilities within CPS that contribute to the re-trafficking of children. Witnesses, including Carmel Pelly, highlighted how gaps in oversight, inadequate resources, and systemic neglect allow traffickers to exploit the very systems designed to protect children.

Systemic Vulnerabilities in CPS

Lack of Oversight in Group Homes

Group homes are intended to provide temporary care and support for children removed from unsafe environments. However, testimonies revealed the following issues:

- **Targeted Exploitation by Traffickers:**
 - Pelly described how traffickers often loiter outside group homes, targeting vulnerable children with promises of safety, belonging, or financial support.
 - The lack of security measures, such as restricted access or surveillance, allows traffickers to establish contact with children in these facilities.
- **High Turnover and Undertrained Staff:**
 - Group homes often suffer from high staff turnover and insufficient training, leading to inconsistent care and weak supervision.
 - These gaps create opportunities for traffickers to exploit children without detection.

Foster Care System Failures

The foster care system is another critical area where systemic weaknesses contribute to re-trafficking:

- **Inadequate Screening of Foster Families:**
 - Pelly testified about instances where foster families exploited children placed in their care, treating them as commodities rather than individuals in need of safety and support.
 - Insufficient background checks and lack of continuous monitoring allow unsuitable caregivers to enter the system.
- **Frequent Relocations:**
 - Children in foster care often face frequent relocations, which disrupt their sense of stability and increase their susceptibility to exploitation.
 - Pelly noted that unstable placements undermine children's ability to form trusting relationships, leaving them more vulnerable to traffickers.

Limited Trauma Informed Care

One of the critical systemic issues highlighted in the testimonies at the Vancouver NCI hearings was the lack of trauma informed care within child protective services (CPS). Many children entering CPS have endured severe abuse, neglect, or exploitation, leaving them deeply traumatized. Yet, the system often fails to address their emotional and psychological needs adequately, leaving them vulnerable to re-trafficking and other forms of exploitation.

Understanding Trauma Informed Care

Trauma-informed care (TIC) is an approach that prioritizes understanding, recognizing, and responding to the effects of trauma. It seeks to create environments that foster trust, safety, and emotional healing. Key principles include:

- **Safety:** Ensuring physical and emotional safety for children.
- **Trustworthiness:** Building and maintaining trust with caregivers and professionals.
- **Empowerment:** Helping children regain a sense of control and self-efficacy.
- **Collaboration:** Involving children and families in decision-making processes.
- **Cultural Sensitivity:** Recognizing and respecting cultural, racial, and gender-specific needs.

Witnesses emphasized that many CPS systems lack these foundational elements, perpetuating cycles of trauma rather than breaking them.

Failures in Addressing Emotional Needs

Lack of Specialized Training

- **Undertrained Staff:**
 - CPS staff and foster parents often lack the training necessary to recognize and address the signs of trauma in children.
 - Witnesses noted that without proper understanding, caregivers may misinterpret trauma-related behaviours, such as withdrawal, aggression, or hyper-vigilance, as defiance or disobedience.
 - This lack of awareness can lead to punitive responses, further alienating children and exacerbating their trauma.

- **Inconsistent Application:**

- Even when trauma informed practices are introduced, they are often inconsistently applied due to insufficient resources or staff turnover.

Inadequate Mental Health Services

- **Limited Access to Therapy:**

- Witnesses reported that many children in CPS do not have consistent access to therapy or counselling.
- When services are available, they may not be tailored to the unique needs of trafficked or abused children, such as addressing PTSD or complex trauma.

- **High Caseloads for Providers:**

- Mental health professionals serving CPS often handle large caseloads, limiting the time they can spend with each child.
- This lack of personalized attention prevents the development of meaningful therapeutic relationships.

Secondary Trauma Induced by the System

Disruptive Placements

- **Frequent Relocations:**

- Witnesses like Carmel Pelly described how frequent moves between group homes or foster placements cause additional emotional harm to children.
- Each relocation disrupts relationships and reinforces feelings of instability and abandonment, making it harder for children to heal from their initial trauma.

- **Institutional Settings:**

- Group homes often lack the warmth and individual attention that children need to feel safe and valued.
- Witnesses highlighted how impersonal environments in group settings can perpetuate feelings of isolation and mistrust.

Insensitivity During Interventions

- **Re-traumatization During Investigations:**
 - Interviews and investigations involving trafficked or abused children are often conducted in ways that re-traumatize them.
 - Witnesses noted that repeated questioning or impersonal interactions with law enforcement or CPS staff can reinforce feelings of helplessness.
- **Lack of Survivor-Centred Practices:**
 - The system frequently prioritizes procedural efficiency over the emotional well-being of the child, neglecting the importance of survivor-centred approaches.

The Ripple Effect of Neglecting Trauma

Failing to address trauma has far-reaching consequences for children in CPS:

- **Behavioural and Emotional Challenges:**
 - Untreated trauma often manifests as anger, fear, or self-destructive behaviour, leading to disciplinary actions rather than supportive interventions.
- **Vulnerability to Exploitation:**
 - Traumatized children are more susceptible to manipulation by traffickers or other exploiters who promise safety, love, or financial stability.
- **Intergenerational Trauma:**
 - Without effective intervention, the impact of trauma can persist across generations, as unresolved issues affect children's ability to form healthy relationships and parent effectively in the future.

The lack of trauma informed care in CPS perpetuates harm rather than healing for many vulnerable children. Addressing this gap requires a systemic commitment to understanding and addressing trauma at every level of care. By prioritizing training, mental health resources, stability, and survivor-centred practices, Canada's CPS system can become a true sanctuary for children in need, reducing the risk of re-trafficking and fostering recovery and resilience.

Re-Trafficking Pathways

The Vancouver NCI hearings revealed alarming insights into the pathways through which children under the care of Child Protective Services (CPS) are re-trafficked. Despite being placed in systems designed to protect them, systemic failures often leave these children vulnerable to further exploitation. Witnesses, including Carmel Pelly, identified specific mechanisms and vulnerabilities within CPS that traffickers exploit, highlighting the urgent need for systemic reform.

Exploitative Foster Homes

The foster care system is intended to provide a safe and nurturing environment for children removed from abusive or neglectful homes. However, testimonies revealed significant gaps that allow some foster placements to become sites of further exploitation.

Key Issues:

- **Inadequate Screening of Foster Parents:**
 - Foster families are sometimes approved without rigorous background checks, allowing individuals with exploitative intentions to gain custody of vulnerable children.
 - Witnesses noted cases where foster parents directly engaged in trafficking or facilitated the exploitation of children for financial gain.
- **Limited Monitoring:**
 - Foster homes often lack consistent oversight, with long gaps between evaluations by CPS caseworkers.
 - This lack of accountability enables exploitative behaviour to continue unchecked.

Runaway Children from Group Homes

Group homes are designed to provide temporary care for children who cannot remain in their family homes. However, these institutional settings often fail to create the sense of security and belonging necessary to retain at-risk children, leading to high rates of runaway incidents.

Key Issues:

- **Lack of Security Measures:**

- Witnesses described how traffickers often loiter near group homes, waiting to lure children with promises of love, safety, or material goods.
- Poorly secured facilities make it easy for children to leave undetected and fall into the hands of traffickers.

- **Emotional Isolation:**

- Children in group homes often feel neglected or unsupported due to high staff turnover and limited individual attention.
- This emotional void makes them more susceptible to grooming by traffickers who present themselves as protectors or friends.

Aging Out of CPS

Children who age out of the CPS system at 18 or 19 often find themselves without adequate preparation or resources for independent living, making them highly vulnerable to exploitation.

Key Issues:

- **Lack of Transitional Support:**

- Many children aging out of CPS are not provided with housing, employment opportunities, or access to higher education.
- Without a support network, these youth are at significant risk of homelessness and financial insecurity.

- **Precarious Situations:**

- Traffickers prey on young adults in precarious circumstances, offering false promises of stability, employment, or romantic relationships.

Exploitation Within the System

In some cases, children are exploited while still within CPS care, either by peers, staff, or external actors who infiltrate the system.

Key Issues:

- **Peer-to-Peer Exploitation:**
 - Group homes may house children with diverse histories and needs, including those who have been influenced by trafficking networks.
 - Traffickers sometimes use these children to recruit peers within the system.
- **Infiltration by Traffickers:**
 - Witnesses shared cases where traffickers posed as foster parents, mentors, or volunteers to gain access to children within CPS.
 - These individuals exploit systemic blind spots, such as limited background checks or insufficient supervision of external personnel.

Lack of Reporting Mechanisms

Children in CPS often lack safe, accessible ways to report exploitation or seek help, perpetuating cycles of abuse and re-trafficking.

Key Issues:

- **Fear of Retaliation:**
 - Many children fear retaliation from traffickers or are afraid they won't be believed if they report abuse.
- **Insufficient Advocacy:**
 - Witnesses noted that CPS systems often fail to provide independent advocates for children, leaving them without a trusted adult to confide in.

The testimonies at the Vancouver NCI hearings revealed a troubling reality: systemic gaps within CPS create multiple pathways for children to be re-trafficked. By addressing these vulnerabilities through enhanced oversight, security, and support, Canada can disrupt these pathways and protect its most vulnerable children from further exploitation.

Psychological and Physical Impact on Trafficked Children

Child trafficking inflicts profound psychological and physical harm on victims, with effects that can last a lifetime. Testimonies from the Vancouver NCI hearings revealed the severe toll that trafficking takes on children, emphasizing the need for trauma-informed, survivor centred approaches to care and recovery.

Psychological Impact

The psychological consequences of trafficking are profound and multifaceted, often rooted in prolonged exposure to fear, manipulation, and abuse.

Post-Traumatic Stress Disorder (PTSD)

- **Triggers and Flashbacks:**
 - Trafficked children frequently experience PTSD³⁷, characterized by intrusive memories, nightmares, and intense emotional reactions to triggers.
 - Witnesses described children reliving traumatic events, which hinders their ability to focus, learn, or form healthy relationships.
- **Hyper Vigilance and Anxiety:**
 - Chronic fear during captivity leads to heightened states of hyper vigilance, making it difficult for children to relax or trust others.

Depression and Emotional Numbing

- **Loss of Hope:**
 - Many trafficked children develop severe depression, marked by feelings of worthlessness, hopelessness, and disconnection.
 - Emotional numbing, a coping mechanism, often prevents children from expressing their emotions or engaging meaningfully with others.

³⁷ **Post-Traumatic Stress Disorder (PTSD)** is a mental health condition that can develop after an individual experiences or witnesses a traumatic event, such as violence, natural disasters, serious accidents, war, or abuse.
ChatGPT March 18, 2025

Behavioural and Cognitive Effects

- **Self-Harm and Suicide:**
 - Witnesses highlighted the high prevalence of self-harm and suicidal ideation³⁸ among trafficked children, driven by feelings of helplessness and despair.
- **Cognitive Delays:**
 - The stress of trafficking disrupts brain development, affecting memory, attention, and problem-solving abilities.

Complex Trauma and Trust Issues

- **Manipulation and Betrayal:**
 - Many traffickers use psychological manipulation, such as grooming and gaslighting³⁹, to control children, leaving them distrustful of authority figures or caregivers.
 - This erosion of trust makes it challenging for survivors to build healthy relationships, even after escaping trafficking.

Physical Impact

Trafficked children are subjected to physical conditions that compromise their immediate and long-term health.

Physical Abuse and Injuries

- **Physical Violence:**
 - Witnesses described traffickers using physical abuse to maintain control, leaving children with injuries such as bruises, fractures, and burns.
 - Chronic pain and mobility issues often result from untreated injuries sustained during captivity.

³⁸ **Suicidal ideation** refers to thoughts, fantasies, or preoccupations with ending one's own life, ranging from fleeting considerations to detailed planning of suicide. ChatGPT March 18, 2025

³⁹ **Gaslighting** is a form of psychological manipulation in which a person or group makes someone doubt their own perceptions, memories, or sanity. It is often used as a tactic of control in abusive relationships, workplaces, politics, and other power dynamics. ChatGPT March 12, 2025

- **Sexual Exploitation:**

- Many trafficked children endure repeated sexual abuse, leading to severe physical injuries, sexually transmitted infections (STIs), and reproductive health issues.

Malnutrition and Neglect

- **Inadequate Nutrition:**

- Trafficked children are frequently denied adequate food and water, resulting in malnutrition, stunted growth, and weakened immune systems.

- **Medical Neglect:**

- Basic medical care is often withheld, leaving children to suffer from untreated illnesses, infections, and chronic conditions.

Substance Abuse

- **Forced Drug Use:**

- Traffickers sometimes use drugs to sedate or control children, leading to dependency and addiction.
- Witnesses noted that trafficked children are often exposed to environments rife with substance abuse, further jeopardizing their health.

Long-term Effects

The consequences of trafficking extend far beyond the period of captivity, shaping survivors' health and well-being throughout their lives.

Chronic Health Issues

- **Physical Aftereffects:**

- Survivors may suffer from chronic conditions such as fibromyalgia, migraines, and gastrointestinal disorders linked to prolonged stress and physical abuse.

- **Reproductive Health Problems:**

- Survivors of sexual exploitation often face infertility, pelvic inflammatory disease (PID), and other reproductive challenges.

Psychological Scars

- **Interpersonal Challenges:**
 - Survivors often struggle to establish trust and intimacy, complicating relationships with family, friends, and romantic partners.
- **Intergenerational Trauma:**
 - Unresolved trauma can affect survivors' parenting and relationships, perpetuating cycles of dysfunction and abuse.

Social and Economic Challenges

- **Education and Employment Barriers:**
 - Many survivors lack formal education or job skills, limiting their opportunities for economic independence.
- **Social Stigma:**
 - Trafficked children often face judgment and misunderstanding, isolating them from supportive communities.

Trauma Informed Recovery Approaches

To mitigate the severe psychological and physical impacts of trafficking, witnesses emphasized the importance of survivor-centred recovery programs:

Mental Health Support

- **Specialized Therapy:**
 - Survivors require access to therapies tailored to their unique needs, such as trauma focused cognitive behavioural therapy (TF-CBT), eye movement desensitization and reprocessing (EMDR), and art therapy.
- **Peer Support Groups:**
 - Witnesses stressed the value of connecting survivors with peers who have similar experiences, fostering a sense of community and understanding.

Comprehensive Medical Care

- **Physical Rehabilitation:**
 - Survivors need medical care to address injuries, infections, and chronic conditions resulting from their trafficking experiences.
- **Addiction Recovery Services:**
 - Programs addressing substance abuse are critical for survivors who were exposed to or forced into drug use during captivity.

Safe Housing and Stability

- **Long-Term Shelters:**
 - Witnesses advocated for safe, supportive housing environments that provide stability and security for survivors.
- **Educational and Vocational Support:**
 - Programs that offer tutoring, skill-building, and job placement services can help survivors rebuild their lives and achieve independence.

The psychological and physical impacts of child trafficking are profound and multifaceted, affecting every aspect of a survivor's life. Testimonies from the Vancouver NCI hearings emphasized the urgent need for trauma-informed, survivor-centred approaches to care and recovery. By addressing the immediate and long-term needs of trafficked children, Canada can begin to break the cycles of exploitation and support survivors in reclaiming their lives.

Conclusion

The testimonies presented at the Vancouver NCI hearings paint a stark and deeply troubling picture of the child trafficking landscape in Canada. Witnesses underscored the highly organized and profit-driven nature of trafficking networks, which exploit systemic weaknesses across jurisdictions, child protective services, and social institutions. The coordinated operations of traffickers, often functioning with the sophistication of multinational enterprises, prey on vulnerable populations, including children in foster care and group homes, Indigenous youth, and those who have "aged out" of protective systems. The testimonies further revealed that technology, social media, and even complicit actors within protective institutions serve to enable and perpetuate these abuses.

The evidence presented points to an urgent and multi-dimensional crisis. Child trafficking is not limited to isolated incidents but is part of a global and interconnected criminal enterprise. The systemic vulnerabilities within Canadian child protection systems, including lapses in CPS oversight, inadequate trauma-informed care, and poor transitional support for aging-out youth, create conditions where trafficked children are continuously re-exploited. The cumulative physical and psychological trauma inflicted on these children is severe, often leaving them with lasting scars that hinder their ability to recover and reintegrate into society. The pressing need for coordinated, survivor-centred reforms in law enforcement, CPS operations, and community support systems is unmistakable and must be treated as a national priority.

Recommendations

Recommendations to Address Organized Trafficking Networks

1. Enhance Law Enforcement Capabilities:

- Provide specialized training to law enforcement personnel on identifying trafficking tactics, decoding encrypted communications, and handling victims sensitively.
- Increase funding for anti-trafficking units to expand investigative and operational capacities.

2. Strengthen International Cooperation:

- Establish task forces with agencies such as INTERPOL to share intelligence, coordinate cross-border operations, and track trafficking routes.
- Negotiate bilateral and multilateral agreements to streamline extradition and prosecution of traffickers.

3. Leverage Technology to Fight Trafficking:

- Develop AI tools to monitor and flag suspicious activities on the dark web and social media platforms.
- Mandate tech companies to cooperate with law enforcement in identifying and shutting down trafficking operations.

4. Increase Community Awareness:

- Launch public education campaigns to teach parents, educators, and children how to recognize and respond to grooming and trafficking risks.

- Encourage reporting of suspected trafficking through confidential hotlines and online platforms.
- Promote “See Something - Say Something” programs.

5. Support Victims:

- Create safe houses and long-term rehabilitation programs to help survivors recover from physical and psychological trauma.
- Develop victim-centred protocols to ensure that rescued children are not re-traumatized during legal proceedings.

Recommendations for Trauma-Informed Care in CPS

6. Training and Education

Mandatory Trauma Informed Training:

- Require all CPS staff, foster parents, and group home employees to undergo comprehensive training in trauma-informed care.
- Ensure training covers recognizing trauma symptoms, de-escalation techniques, and fostering emotional safety.

Ongoing Professional Development:

- Provide regular refresher courses and advanced training to keep staff updated on best practices in trauma care.

7. Expanded Mental Health Services

Tailored Therapy Programs:

- Offer therapy options designed specifically for children who have experienced trafficking or severe abuse.
- Ensure access to specialized trauma therapists, including those trained in PTSD, cognitive behavioural therapy (CBT), and art or play therapy.

8. Integrated Mental Health Support:

- Embed mental health professionals within group homes and foster care settings to provide immediate and consistent support.

9. Foster Stability and Trust:

Minimize Placement Disruptions:

- Limit the number of relocations a child experiences while in CPS care.
- Develop placement stability plans to ensure children remain in environments where they feel safe and supported.

10. Create Warm, Supportive Environments:

- Redesign group homes to feel less institutional and more like nurturing family settings.
- Incorporate activities and spaces that promote healing, such as art rooms, sensory gardens, and quiet areas.

11. Survivor Centred Practices:

Trauma Sensitive Investigations:

- Develop protocols to ensure interviews and investigations are conducted in ways that minimize re-traumatization.
- Use trained child advocates to accompany children during legal or procedural interactions.

12. Empowerment Through Participation:

- Involve children in decisions about their care, helping them regain a sense of control over their lives.

[Recommendations to Address Re-Trafficking Pathways](#)

13. Enhanced Oversight and Screening:

- Implement rigorous background checks and ongoing monitoring for foster families, group home staff, and volunteers.
- Conduct unannounced inspections of group homes and foster care placements to ensure compliance with safety standards.

14. Strengthen Security in Group Homes:

- Introduce physical security measures, such as surveillance cameras and restricted access, to prevent traffickers from targeting group homes.

- Train staff to identify grooming behaviours and intervene effectively.

15. Create Safe Reporting Channels:

- Establish anonymous, child-friendly reporting mechanisms for children in CPS to disclose exploitation or concerns.
- Assign independent child advocates to provide a trusted resource for children in care.

16. Support for Aging-Out Youth:

- Develop comprehensive transitional programs that include housing, job training, education opportunities, and mentorship.
- Provide emotional support services to help young adults navigate the challenges of independent living.

17. Trauma-Informed Care and Prevention:

- Integrate trauma-informed practices across all CPS operations to address underlying vulnerabilities that traffickers exploit.
- Focus on building resilience and trust with children to reduce their susceptibility to grooming and exploitation.

Recommendations to Address Psychological and Physical Impact

18. Expand Trauma-Informed Care:

- Train medical, legal, and social service professionals to understand and address the unique psychological and physical needs of trafficked children.

19. Develop Specialized Rehabilitation Centres:

- Establish dedicated facilities offering integrated mental health, medical, and social services tailored to trafficking survivors.

20. Promote Survivor Advocacy:

- Involve survivors in the design and implementation of recovery programs to ensure they address real-world needs effectively.

21. Strengthen Community Resources:

- Increase funding for community based initiatives that support survivors and prevent trafficking through education and outreach.

Overall Recommendations

22. Enhance Law Enforcement and Oversight:

- Specialized Anti-Trafficking Units:
 - Establish dedicated units within law enforcement to focus exclusively on human trafficking cases, including advanced training in identifying and dismantling trafficking networks.

23. Border Security:

- Implement stricter border controls and use AI-driven tools to identify potential trafficking operations.

24. Regulate Technology and Social Media:

- Monitor Online Activity:
 - Mandate cooperation from social media companies to monitor and report suspicious activity related to trafficking.
- Combat Dark Web Exploitation:
 - Develop technologies to track and shut down trafficking operations operating through the dark web.

25. Strengthen CPS Security:

- Improve Group Home Safety:
 - Install surveillance systems and enforce restricted access to prevent traffickers from targeting children in care.
- Conduct Regular Audits:
 - Increase the frequency of audits for foster care and group homes to identify and address systemic vulnerabilities.

26. Support Survivors:

- Trauma-Informed Care:
 - Provide survivors with access to specialized therapy, medical care, and education tailored to their recovery needs.
- Long-Term Housing:
 - Develop safe, stable housing options for survivors to reduce their vulnerability to re-trafficking.

27. Public Awareness Campaigns:

- Educate Communities:
 - Launch campaigns to teach parents, educators, and children how to recognize and respond to trafficking risks.
- Encourage Reporting:
 - Promote the use of confidential hotlines and digital platforms to report suspected trafficking activities.

These comprehensive recommendations aim to disrupt organized trafficking networks, fortify child protection systems, and ensure survivors receive compassionate, long-term care. By integrating trauma-informed practices, enhancing oversight, leveraging technology, and fostering community awareness, Canada can build a robust, multi-layered response that prioritizes the safety, dignity, and recovery of vulnerable children while actively preventing re-trafficking and exploitation.

4.3. Sexualization of Children

Introduction

The issue of child sexualization involves the premature exposure of minors to sexually explicit content, often through media, educational resources, and online platforms. Witnesses at the Vancouver NCI hearings emphasized the deep and lasting effects of early sexualization on children, describing how exposure to explicit material can lead to multiple forms of harm, including mental and physical health issues, higher susceptibility to disease, risk of unwanted pregnancies, and increased exposure to pornography and potentially exploitative situations, including trafficking.

Witnesses described sexualization as more than a risk to individual children; it presents societal dangers by eroding community standards and normalizing inappropriate content for youth. Early exposure to sexual topics was discussed as leading to an erosion of personal boundaries, an increased risk of abuse, and challenges in recognizing it. When children encounter explicit content before they are emotionally or developmentally ready, it can interfere with their cognitive and moral development. This, according to witnesses, has broader social consequences, creating a society where norms around childhood innocence and protection may be weakened.

Harmful Effects and Long-Term Consequences

Increased Vulnerability to Exploitation and Abuse

When children are exposed to sexually explicit content, especially without proper guidance or context, they become more vulnerable to exploitation by predators. Witnesses like Pierre Barnes and Emily Duggan emphasized that children who are prematurely introduced to sexualized information often lack the developmental maturity to understand or respond to it appropriately, making them more susceptible to exploitation. Duggan testified that explicit materials in some educational resources desensitize children to boundaries, effectively removing “red flags” that would otherwise alert caregivers or educators to potential abuse.

Health Risks: Disease and Pregnancy

Witnesses also highlighted the increased health risks, including sexually transmitted infections (STIs) and teenage pregnancies, associated with early exposure to sexual content. Engaging in sexual behaviours without a clear understanding of safe practices or consequences puts children and teens at heightened risk of STIs, as they often lack the necessary knowledge and access to protective resources. Duggan noted that without structured guidance on these topics, early exposure can lead minors to engage in risky behaviours without a full understanding of the implications.

Exposure to Pornography and Risk of Trafficking

Witnesses argued that exposure to sexually explicit media content can lead children down a pathway toward further dangerous environments, such as pornography or trafficking. Chris Elston spoke about the role of social media in pushing sexualized identities and behaviours onto children, sometimes through targeted advertising and adult influencers, which can make children vulnerable to predators who use these platforms to groom young users. He noted that exposure to online sexual content normalizes interactions that may facilitate exploitation, making children more susceptible to trafficking.

Psychological and Societal Consequences

Long-Term Psychological Impacts

Sexualization at a young age has severe psychological implications, including trauma, confusion, and distorted views of relationships and personal boundaries. Witnesses shared stories of individuals who, having been exposed to sexualized content or behaviours early on, struggled with life-long consequences, such as depression, anxiety, and trust issues. Elston emphasized that these psychological effects do not only impact the child's current state but can ripple into adulthood, affecting future relationships and mental health stability.

Moral and Societal Erosion

Witnesses, including Barnes, highlighted the broader social risks associated with the normalization of child sexualization, suggesting that as society becomes desensitized to this issue, moral and ethical standards degrade. Barnes argued that a society that fails to protect its children from premature sexualization undermines community trust and the foundational values of childhood innocence and safety. He noted that the normalization of explicit materials in schools or media leads to a culture where harmful behaviours are more easily dismissed or even encouraged.

Discussion of Witness Testimonies

Key witnesses discussing the sexualization of children included:

Pierre Barnes

Overview of Testimony

Pierre Barnes is an advocate and concerned citizen who provided testimony at the NCI Vancouver Hearings. His focus was on the sexualization of children in education systems and the harm caused by exposing children to inappropriate materials and ideologies.

Drawing from personal experiences and extensive research, Barnes highlighted issues such as the availability of explicit content in schools, the role of programs like SOGI 123, and the grooming dynamics he believes are present in certain educational policies. His testimony emphasized the need for increased parental involvement and greater oversight in educational content to protect children's well-being and preserve their innocence.

Key Points of Testimony

- **Exposure to Inappropriate Materials:**
 - Barnes highlighted that some materials available to children in schools are pornographic and highly inappropriate. He explained that such materials blur children's boundaries, desensitize them, and make them vulnerable to exploitation by predators and traffickers.
- **Grooming Dynamics:**
 - He detailed the manipulative techniques used in grooming, which include emotional manipulation, secrecy, and normalization of inappropriate behaviours. Barnes connected these techniques to educational policies that, in his view, promote secrecy, such as teachers not informing parents about a child's adoption of new pronouns.
- **School Policies and Materials:**
 - Barnes criticized programs like SOGI 123, asserting that they introduce sexual content and ideologies in a manner he considers harmful. He also noted the lack of oversight and the ease of access to explicit materials in school libraries.
- **Advocacy and Awareness:**
 - Drawing on his own experiences as a foster child and father, Barnes advocated for increased parental awareness and involvement in school policies and curricula. He urged communities to challenge the normalization of sexually explicit content in educational settings.

Barnes' testimony sheds light on the fact that the current trajectory of sexual education in schools could harm children by diminishing their ability to recognize abuse and undermining parental involvement. He called for significant reforms to safeguard children's well-being and ensure transparency in educational content.

Emily Duggan

Overview of Testimony

Emily Duggan is a parental rights advocate and mother who has dedicated herself to raising awareness about educational policies and materials she believes are harmful to children. She has become a prominent voice against the implementation of programs like SOGI 123 (Sexual Orientation and Gender Identity) in British Columbia schools, which she argues promote inappropriate sexual content and undermine parental involvement in critical aspects of their children's education.

Duggan's advocacy is informed by her personal experiences as a parent and her concerns about the increasing normalization of explicit materials in educational settings. Through her research and public speaking, she has sought to highlight the importance of transparency, parental rights, and the need for reform in the education system to ensure the safety and well-being of children.

Her testimony at the NCI Vancouver Hearings reflected her deep commitment to safeguarding children from what she sees as undue influence and exposure to harmful ideologies in schools.

Key Points of Testimony

- **Advocacy Against SOGI 123:**
 - Emily Duggan described herself as a parental rights advocate who has extensively researched and spoken out against the SOGI 123 program (Sexual Orientation and Gender Identity) implemented in British Columbia's public education system.
 - She criticized the program for introducing gender ideology and sexual preferences into classrooms, often without parents' knowledge or consent.
- **Concerns About Educational Content:**
 - Duggan raised concerns about sexually explicit content being available to young children in school libraries. She stated that many of the resources glamorize and normalize sexual acts, which she believes encourages children to explore inappropriate behaviours prematurely.
 - She expressed alarm that such materials could desensitize children to sexual abuse and remove critical red flags that otherwise might alert parents and authorities to instances of exploitation.

- **Grooming Dynamics:**

- Duggan emphasized the manipulative nature of some educational policies, such as secrecy regarding students' pronoun changes, which are often hidden from parents. She likened these practices to grooming behaviours, where normalization and secrecy create an environment for exploitation.

- **Impact on Children and Families:**

- She argued that these practices undermine the parent child-relationship by excluding parents from critical discussions about their child's well-being. Duggan stressed the importance of family involvement in addressing such sensitive topics.

- **Call for Transparency and Reform:**

- Duggan urged the government to halt programs like SOGI 123 and implement independent audits to review educational resources available in schools. She highlighted the need for transparency and parental oversight in public education.

Chris Elston (Billboard Chris)

Overview of Testimony

Chris Elston, widely known as "Billboard Chris," is an activist and advocate who has dedicated himself to raising awareness about the impact of gender ideology on children. A former financial advisor, Elston quit his career over four years ago to focus entirely on his advocacy work. He travels extensively across Canada, the United States, and other countries, engaging in conversations to challenge gender-related policies and practices affecting children.

Elston has been outspoken about issues such as the medicalization of gender dysphoria in minors, including the use of puberty blockers and surgeries. He believes these interventions can cause irreversible harm and has called for their cessation. His activism has made him a polarizing figure; he has faced physical assaults, arrests, and public backlash for his efforts. Despite these challenges, he remains committed to fostering dialogue on these topics.

Recently, Elston gave a speech at the United Nations Human Rights Council in Geneva⁴⁰, bringing international attention to his concerns. He also works closely with other advocates and organizations globally, emphasizing the importance of protecting children and safeguarding free speech.

⁴⁰ <https://webtv.un.org/en/asset/k1v/k1vnlelt0g> accessed March 12, 2025

Key Points of Testimony

- **Gender Ideology and Its Impact on Children:**
 - Elston criticized the propagation of gender ideology in schools and on social media, stating that it introduces children to complex concepts of gender identity at an age when they are not prepared to understand or process them.
 - He highlighted how programs and materials promote the idea that stereotypes define one's gender, leading children to question their identity unnecessarily.
- **Medical Harm from Early Transition:**
 - He expressed deep concern about children being encouraged to pursue medical interventions, such as puberty blockers and hormone therapies, to align with perceived gender identities.
 - Elston stated that these treatments often lead to irreversible effects, including sterilization and loss of sexual function in adulthood. He noted that children are being misled to believe that these drastic measures are necessary and harmless.
 - He said that there was a lack of "informed consent" on these procedures and that even the "professionals" in the field do not understand the consequences of these transitions.
 - Mr. Elston stated that gender dysphoria is solved in approximately 97% of the cases after the child goes through puberty, without any other medical interventions.
- **Educational Content and Indoctrination:**
 - Elston criticized educational tools like the "Genderbread Person" used in children's hospitals and schools. He argued that such tools perpetuate regressive ideas, suggesting that hobbies, roles, or societal expectations determine one's gender.
 - He asserted that this ideology undermines children's confidence and natural development, leading to confusion and a sense of inadequacy.
- **Normalization of Harmful Practices:**
 - Elston described how the promotion of gender ideology normalizes concepts like medical transitioning, which causes physical and psychological harm to children.

- He emphasized that this normalization diminishes critical voices and promotes silence among those who instinctively disagree.
- Mr. Elston stated that the Criminal Code is legitimizing conversion therapy leading to transitioning of children, while it is supposed to prevent it.
- **Call to Protect Children and Encourage Dialogue:**
 - Elston stressed the importance of letting children grow up free from ideologies that push them towards premature and irreversible decisions.
 - He advocated for more dialogue on the topic, urging parents, educators, and policymakers to consider the long-term implications of introducing gender ideology to children at a young age.

Paul Dirks

Overview of Testimony

Paul Dirks is a researcher and advocate with expertise in sexuality and gender identity. He gained recognition for his extensive research into these subjects, having studied over 700 peer reviewed studies on gender and sexuality. His work focuses on the conflicts between public messaging on gender ideology and findings in scientific literature.

Dirks has trained professionals across various fields, including education, law, and healthcare, providing evidence-based insights into these topics. He has also testified as an expert before the Canadian Senate on issues related to Bill C-16⁴¹, addressing concerns about how gender identity laws impact women's sex-based rights. His testimony at the NCI Vancouver Hearings focused on how current educational and legislative approaches to gender identity are affecting children.

Key Points of Testimony

During the NCI Vancouver Hearings, Dirks outlined several critical issues related to the sexualization of children, particularly within the context of education and gender ideology:

- **Discrepancy Between Research and Public Messaging:**
 - Dirks emphasized a significant disconnect between academic findings on gender and the public messaging disseminated through programs like SOGI 123 (Sexual Orientation and Gender Identity).

⁴¹ <https://www.parl.ca/DocumentViewer/en/42-1/bill/C-16/first-reading> accessed March 12, 2025

- He noted that much of the research on these topics is authored by advocates, yet even within this body of work, findings often contradict the policies being implemented in schools.
- **Affirmation-Only Approach:**
 - He criticized the "affirmation-only" paradigm prevalent in Canadian education and legislation, where children expressing gender confusion are uncritically affirmed. This approach, he argued, leads to "lifelong medicalization, sterilization, and mutilation" through puberty blockers and surgeries. Dirks described this as harmful, non-evidence-based, and developmentally inappropriate.
- **Rise of Gender Dysphoria and Its Context:**
 - Dirks presented historical data showing that gender dysphoria⁴² was exceedingly rare before the promotion of gender ideology in schools. He connected its recent rise to the normalization of gender identity discussions in educational settings.
- **Institutional Influence and Financial Motives:**
 - Dirks highlighted the significant financial investments and organizational efforts promoting gender ideology, describing it as a billion-dollar industry. He suggested that such investments drive the rapid adoption of policies like SOGI in schools.
- **Harms of Gender Ideology:**
 - He discussed how introducing complex gender concepts at an early age confuses children and potentially exploits their developmental vulnerabilities. Dirks stressed that gender ideology undermines children's natural identity formation, leading to unnecessary and harmful interventions.
- **Policy Recommendations:**
 - Dirks recommended halting all cultural or institutional promotion of LGBT identity and behaviour aimed at children and youth.
 - He urged the repeal of Bill C-4, which limits therapeutic approaches that question gender identity.

⁴² **Gender dysphoria** is a psychological condition characterized by significant distress or discomfort stemming from a mismatch between an individual's biological sex at birth and their experienced or expressed gender identity.

- He called for accountability among organizations promoting SOGI and other similar programs, citing emerging lawsuits from de-transitioners as a warning.

Kelly-Lynn Pirie

Overview of Testimony

Kelly-Lynn Pirie, also known by her former name Kenneth Logan Anderson, testified during the NCI Vancouver Hearings. She shared her journey of transitioning from female to male and later de-transitioning⁴³ back to female. Pirie's testimony included her personal experiences with sexual exploitation as a child and her reflections on the impact of societal and institutional influences on gender identity and related medical procedures.

Kelly-Lynn Pirie is now an advocate for transparency and reform in policies related to gender identity, particularly those impacting minors. Her testimony highlighted the dangers of early medical interventions for gender dysphoria and emphasized the importance of informed decision-making and protecting children from exploitation and harm.

Key Points of Testimony

- **Impact of Sexual Exploitation:**

- Pirie recounted her experiences as a victim of sexual exploitation during her youth, which contributed to deep-seated insecurities about her identity as a woman. She testified that these experiences made her feel unsafe in her body and led to the belief that living as a man might provide protection from further abuse.

- **Personal Experience and Transitioning:**

- Kelly-Lynn Pirie described her journey of transitioning from female to male, in her thirties, later realizing the profound negative impacts of that decision and subsequently detransitioning. She emphasized how systemic issues, societal messaging, and personal trauma influenced her decision to transition.
- She testified that she had been involved with "transition support groups" in which there was no allowance for questioning the path to transition, and to talk about regrets related to transitioning decisions.

⁴³ **De-transitioning** refers to the process by which an individual who has previously undergone a gender transition, such as social, medical, or surgical changes to align with a gender identity different from their birth sex, chooses to revert to their birth sex.

- After having physically been “transitioned” into being a man, she realized that the difference between men and women are not just physical, but that men and women do not think the same way.
- **Concerns About Medical Practices:**
 - She criticized the ease with which young people can access medical transitions, including hormone treatments and surgeries, often without thorough psychological evaluations. Pirie argued that these medical interventions are presented as quick fixes to complex personal and psychological challenges.
- **Gender Ideology and Educational Influence:**
 - Pirie expressed concerns about the role of educational institutions and programs, such as SOGI 123, in normalizing gender transitions for children. She suggested that these programs contribute to confusion and prematurely introduce young people to concepts of gender identity and medical transitioning.
- **Advocacy for De-transitioners:**
 - Pirie highlighted the lack of support for individuals who regret transitioning. She detailed her work with “Detrans Alliance Canada⁴⁴,” which aims to provide residential and emotional support for those navigating detransitioning, emphasizing the importance of stability and informed choices.
- **Call for Change and Awareness:**
 - She urged policymakers and educators to reconsider how gender identity is introduced to children, advocating for approaches that prioritize psychological health and development. Pirie called for a re-evaluation of laws and policies that promote affirmation-only care and suggested a more cautious and supportive approach to addressing gender dysphoria in youth.

⁴⁴ <https://detransalliancecanada.com/> accessed March 12, 2025

Alex Newman

Overview of Testimony

Alex Newman, a journalist and educator, testified during the NCI Vancouver Hearings, focusing on the influence of global organizations on education systems. He has extensively researched transnational agendas, particularly those driven by the United Nations, and their impact on shaping societal norms through educational policies. Newman is a vocal critic of initiatives that, in his view, promote the sexualization of children under the guise of inclusivity and equality in education.

Key Points of Testimony

- **Historical Context and Warnings:**
 - Newman likened the current trends in education to historical instances where control over education was used to manipulate societal values. He specifically warned that normalizing discussions about sexual topics for young children could have long-term detrimental effects on their psychological well-being and understanding of relationships.
- **Sexualization in Global Educational Frameworks:**
 - Newman argued that programs such as SOGI (Sexual Orientation and Gender Identity) stem from global initiatives led by organizations like UNESCO. He expressed concerns that these programs introduce children to topics of sexuality and gender identity at inappropriately young ages, contributing to the premature sexualization of children. He suggested that these frameworks are part of a broader agenda to reshape societal norms and values.
- **Global Influence Over Local Education:**
 - He emphasized how international organizations like the United Nations influence national education policies, bypassing local democratic processes. According to Newman, these policies are often implemented under the banner of human rights and inclusivity but serve to normalize the sexualization of children. He argued that such initiatives erode the authority of families and communities over children's upbringing.

- **Concerns About Content in Schools:**

- Newman highlighted specific examples of materials and curricula that, in his view, expose children to sexually explicit and inappropriate content. He criticized the lack of parental oversight and involvement in decisions about such educational content, arguing that parents are often unaware of what their children are being taught in schools.

- **Call for Parental Action:**

- Newman strongly encouraged parents to take an active role in overseeing their children's education. He advocated for alternative educational pathways, such as homeschooling and private schooling, as means to protect children from curricula that promote sexualization. Newman also urged parents to demand greater transparency from educational authorities and resist initiatives that they find harmful.

He said that the ultimate goal behind sexualizing children is to break-up families and confuse the moral compass of people to make them easier to control and manipulate.

Newman's testimony underscored the risks he associates with global educational policies that, in his view, prioritize ideological conformity over children's developmental needs. He called for a reevaluation of such policies and greater emphasis on preserving the innocence of childhood.

Pierre Barnes

Overview of Testimony

Pierre Barnes is an advocate with lived experience in foster care, which shaped his understanding of child abuse and exploitation. He has become a vocal critic of exposing children to inappropriate materials in schools and digital platforms.

Key Points of Testimony

- **Concerns Over Grooming via Gender Ideology:**

- Barnes highlighted how certain policies promote secrecy by instructing teachers not to disclose changes in students' gender identity or pronouns to parents. He argued that this secrecy aligns with grooming behaviours, which normalize inappropriate interactions with children.

- **Graphic Materials in Schools:**

- Barnes criticized schools for stocking books with explicit sexual content. He argued that these materials desensitize children to inappropriate behaviour, making them more vulnerable to exploitation.

- **Legal and Ethical Violations:**

- He referenced Canadian law (Section 171.1 of the Criminal Code⁴⁵) prohibiting the exposure of explicit materials to minors and described how schools, by hosting such materials, might inadvertently breach these laws.

Amrit Birring

Overview of Testimony

Amrit Birring, a resident of Surrey, British Columbia, is a concerned parent and community advocate focused on protecting children from inappropriate content in schools. His testimony during the NCI Vancouver Hearings centred on issues of digital safety and exposure, particularly in relation to sexually explicit materials found in school libraries. Birring has actively campaigned for greater accountability and transparency in educational institutions to safeguard children from exposure to harmful content.

Key Points of Testimony

- **Discovery of Explicit Materials in Schools**

- Birring identified two books, *Genderqueer* and *It's Perfectly Normal*, available in school libraries, including those in elementary schools. These books contained graphic depictions of sexual acts, nudity, and discussions of sexuality, which he deemed inappropriate for children.
- *Genderqueer* featured illustrations of oral sex and masturbation, while *It's Perfectly Normal* included images and explanations of sexual activity, presented as normal and educational.



⁴⁵ <https://www.statutes.ca/r-s-c-1985-c-c-46/171.1> accessed March 12, 2025

- **Filing a Complaint with the RCMP**

- Birring filed a formal complaint against the BC Minister of Education, citing Section 171.1 of the Canadian Criminal Code, which prohibits exposing minors to sexually explicit materials.
- He argued that the mere availability of these materials in schools violated legal standards and put children at risk.

- **Lack of Accountability from Authorities**

- Despite Birring's complaint, the RCMP stated that no crime had occurred, as the materials had not been directly shown to children. Birring countered that their availability alone constituted a breach of the law.
- The Surrey School Board defended the presence of the books, claiming they were resources for teaching human anatomy and alternative lifestyles. Birring criticized this justification, arguing it disregarded the developmental appropriateness of the materials.

- **Concerns About Systemic Issues**

- Birring highlighted what he perceived as a broader systemic issue within the BC Ministry of Education, where decisions are made without sufficient consultation with parents or consideration of the potential harm to children.
- He suggested that the inclusion of such materials in schools aligns with a global agenda, potentially influenced by organizations advocating for ideological shifts in education.

- **Advocacy for Transparency and Reform**

- Birring called for stricter oversight of educational materials, urging school boards and ministries to conduct comprehensive reviews to ensure that content is age-appropriate and aligns with community standards.
- He emphasized the importance of parental involvement in decisions about what is made available to children, particularly in digital and educational resources.

Amrit Birring's testimony focused on the risks posed by inappropriate materials in schools, advocating for greater transparency, legal compliance, and parental oversight. His efforts underscore the need for systemic reforms to address digital safety and prevent the exposure of children to harmful content.

Discussion and Analysis of Issues Raised by the Witnesses

Explicit Materials in Educational Settings

Pierre Barnes, and Amrit Birring testified about the availability of sexually explicit books and materials within school libraries, which they argued are inappropriate for children. According to Barnes, these materials include graphic descriptions of sexual acts, which, he suggested, could lead to early desensitization and normalization of sexual behaviour in children. Barnes noted that while schools and libraries defend the presence of these materials under freedom of information policies, the explicit nature of the content could be harmful to young students.

Birring identified explicit books such as *Genderqueer* and *It's Perfectly Normal* in school libraries, which contained graphic depictions of sexual acts, arguing that their presence in educational settings breaches Canadian legal standards.

Exposure to explicit content at a young age can affect children's perceptions of healthy relationships and boundaries. When such materials are accessible within educational institutions, it risks undermining parental guidance and exposing children to concepts they may not be ready to process. Schools must balance informational freedom with age-appropriate guidelines, ensuring materials meet both educational and developmental standards.

Sexual Education Programs and SOGI Resources

Emily Duggan voiced her concerns regarding the Sexual Orientation and Gender Identity (SOGI) program, which she argued introduces children to complex sexual and gender topics prematurely. Duggan emphasized that many aspects of the program are beyond the developmental understanding of young children and often exclude parental input. She explained that parents are not consistently informed about the content their children are exposed to, which limits their ability to guide their children through sensitive topics in age-appropriate ways.

Sex education is a critical component of preparing children for healthy relationships, but the introduction of certain topics, especially those that are complex or ideological, requires careful handling. Parents and educators should collaborate to determine age-appropriate material, allowing parents to have a say in their children's exposure to such topics. A more balanced approach to sex education may help ensure that children are educated on sexual health without being prematurely exposed to explicit details.

Social Media and Online Influences

Chris Elston, known as “Billboard Chris,” discussed the role of social media in shaping young people’s attitudes towards gender and sexuality. He explained that online platforms have become powerful influences on children’s perceptions, often promoting gender and sexual identities that conflict with parental values. Elston expressed concern that social media algorithms and influencers often encourage children to adopt adult perspectives on sexuality, which can lead to confusion and emotional distress.

Social media has become a pervasive influence on children, with algorithms often exposing them to content they may not be ready for. Platforms may need to introduce stricter content controls and algorithms to protect young users from age-inappropriate material. Additionally, providing media literacy education within schools can help children critically evaluate online content, making them less vulnerable to potentially harmful influences.

Legal and International Influences

Multiple witnesses mentioned the influence of international agendas, including initiatives promoted by organizations like the United Nations, which endorse comprehensive sexuality education. Witnesses argued that these programs are pushing sexual education policies onto national governments, sometimes bypassing parental input and community values. Duggan suggested that some of these initiatives encourage children to explore sexuality before they are emotionally or cognitively ready, which could have lasting psychological effects.

International influences on local education policies raise questions about the extent to which global initiatives align with the values of specific communities. It is crucial that such programs are adapted to respect local cultural and parental preferences. Local authorities should have the discretion to modify these programs in ways that support community values and safeguard children’s well-being.

Conclusion

The testimonies from the Vancouver NCI hearings highlight growing concerns about the sexualization of children through various channels, including educational materials, social media, and international agendas. Witnesses argued that the current approach to sex education and media exposure in Canada often exposes children to content they may not be prepared to process, potentially compromising their emotional development and increasing their vulnerability to exploitation.

A balanced approach that includes both parental involvement and community input will ensure children receive appropriate education on sensitive topics. Additionally, implementing stronger content regulations within schools and online platforms may further protect children from inappropriate exposure.

Recommendations

To address the issue of child sexualization, the following recommendations are proposed:

1. Enforce Age-Appropriate Guidelines in Schools:
 - Schools should establish clear guidelines on age-appropriate materials, particularly for sex education, and regularly review these resources to ensure they align with developmental stages.
 - Remove Sexual Education materials from primary schools.
2. Strengthen Parental Involvement in Educational Content:
 - Schools should notify parents about the specific content of sex education programs and offer opt-out options for families who wish to address these topics privately.
 - No sexual explicit materials should be allowed in the schools.
 - Set up a Parental Committee, who approves books destined to be in children schools.
3. Promote Media Literacy Education:
 - Incorporate media literacy into school curricula to help children critically analyze online content and recognize age-inappropriate material.
 - Inform children about “grooming” practices so that children can recognize when it is happening and be able to ask for help.
4. Establish Stronger Social Media Content Controls:
 - Encourage social media platforms to implement stricter controls on sexual content for young users, making it easier for parents to monitor and restrict their children’s exposure.
5. Adapt International Initiatives to Reflect Local Values:
 - Ensure that global educational frameworks, like those from the UN, are adapted to fit local values, involving parents and educators in tailoring content to suit cultural and community standards, or reject these global frameworks outright, if they cannot be adapted or are not applicable to the local community.

6. Conduct Regular Community Consultations on Education Policy:
 - Educational authorities should hold regular public forums to allow parents and community members to provide feedback on school programs related to sexuality and personal development.

These recommendations seek to protect children from premature exposure to sexual content by reinforcing age-appropriate boundaries, increasing parental oversight, and promoting critical awareness of media influences. By grounding sex education and related policies in local values and involving families in decision-making, schools can create safe, respectful environments that support healthy development while guarding against the harmful effects of sexualization.

4.4. Digital Safety and Exposure

Introduction

In the modern digital landscape, children are increasingly immersed in online spaces through social media platforms, educational tools, and entertainment media. While these digital platforms provide unparalleled opportunities for learning, creativity, and social connection, they also pose significant risks to children's safety and well-being. Witnesses at the Vancouver NCI hearings highlighted critical issues related to digital safety, including exposure to inappropriate or harmful content, online grooming, cyberbullying⁴⁶, privacy breaches, and the lack of adequate safeguards to protect minors.

A recurring theme throughout the testimonies was the developmental vulnerability of children in navigating digital environments. Children often lack the cognitive and emotional maturity to critically assess the content they encounter online. Witnesses emphasized that without sufficient parental oversight, regulatory protections, or digital literacy education, children remain highly susceptible to manipulation, exploitation, and psychological harm.

The hearings also revealed systemic failures on the part of digital platforms, schools, and policymakers in addressing these risks. Social media algorithms, designed to maximize engagement, frequently expose children to inappropriate content or ideologically biased material. Similarly, educational systems often fail to equip children with the necessary skills to navigate digital spaces safely or to recognize the potential dangers of sharing personal information online.

Through testimony from experts, parents, and advocates, key areas of concern emerged, including the normalization of explicit or age-inappropriate content, the influence of social media on shaping perceptions, and the role of inadequate policies in exacerbating children's exposure to online harm. Witnesses stressed the urgency of implementing comprehensive measures to safeguard children in digital environments, including stronger content moderation, improved parental controls, and widespread digital literacy education.

⁴⁶ **Cyberbullying** is the use of digital technology, such as social media, messaging apps, gaming platforms, and emails, to harass, threaten, embarrass, or intimidate someone. It can be relentless and damaging because of its wide reach, anonymity, and permanence. ChatGPT March 12, 2025

This section synthesizes the testimonies of witnesses, including Chris Elston (Billboard Chris), Emily Duggan, Pierre Barnes, Helen Ward, and Amrit Birring, who provided firsthand accounts and evidence of the risks posed by children's online exposure. Their testimonies shed light on the complex interplay of societal, technological, and policy-related factors that leave children vulnerable in the digital age. By addressing these concerns through systemic reforms and greater accountability, society can create a safer and more supportive digital environment for young people.

Discussion of Witness Testimonies

Chris Elston (Billboard Chris)

Overview of Testimony

Chris Elston, widely known as "Billboard Chris," is an advocate who focuses on raising awareness about issues related to gender ideology and children's safety. Elston quit his career as a financial advisor to dedicate his time to traveling, speaking, and engaging with communities worldwide about the impact of gender ideology on children. He has spoken at international forums, including the United Nations Human Rights Council, and campaigns actively against the sexualization of children, often drawing attention to digital exposure and social media's role in influencing young minds.

Key Points of Testimony

Digital Safety and Exposure

- **Impact of Social Media on Children:**
 - Elston highlighted the significant role social media platforms like TikTok, Tumblr, and Reddit play in shaping children's perceptions of gender and identity. He explained that many children become engrossed in online communities, where they are exposed to ideologies promoting gender transitions. These platforms often serve as echo chambers that normalize the idea of being "born in the wrong body," pushing vulnerable children toward irreversible medical interventions

- **Normalization of Harmful Content:**

- Elston expressed concerns about how digital platforms and associated NGOs⁴⁷ propagate harmful narratives. He described this as a "perfect storm" where children, instead of living their own lives, are drawn into curated online lives of others, leading to confusion and indoctrination.

- **Digital Exposure to Explicit Material:**

- Elston criticized how easy access to inappropriate or overly mature content on social media can desensitize children and normalize harmful behaviours. He argued that digital platforms must be held accountable for failing to protect children from exposure to such material.

- **Concerns Over Lack of Parental Oversight:**

- Elston called attention to the diminished role of parents due to the increasing reliance on digital platforms for social interaction and education. He urged parents to closely monitor their children's online activity to mitigate the influence of harmful content.

- **Call for Policy and Societal Action:**

- Elston emphasized the need for stronger regulations to protect children in the digital sphere. He advocated for public awareness campaigns and legislative measures to curb the influence of harmful ideologies and explicit content accessible to minors through digital channels.

Chris Elston's testimony underscored the urgent need to address the digital exposure of children and the broader societal implications of unchecked content on online platforms. He called for collective action to safeguard children from exploitation and the normalization of harmful ideologies.

⁴⁷ An **NGO (Non-Governmental Organization)** is a non-profit, voluntary organization that is supposed to operate independently of government influence; however in practise they often receive funding from government. NGOs work to address social, environmental, human rights, and humanitarian issues on local, national, or international levels.

Emily Duggan

Overview of Testimony

Emily Duggan is a parental rights advocate from Creston, British Columbia, and a mother of two children. Her testimony during the NCI Vancouver Hearings focused on raising awareness about the risks associated with digital safety and exposure, particularly regarding programs like SOGI (Sexual Orientation and Gender Identity) 123. Duggan has dedicated her efforts to informing the public about the implications of such programs on children and advocating for increased transparency and parental involvement in educational content.

Key Points of Testimony

- **Risks of Digital Exposure in SOGI 123:**
 - Duggan explained that SOGI 123 is a resource guide used in British Columbia's public education system to address gender ideology and sexual preferences. She criticized how this program introduces sensitive topics, such as sexual orientation and gender identity, to children at a young age without adequately considering their developmental readiness.
- **Normalization of Inappropriate Content:**
 - Duggan highlighted examples of how digital resources, including those tied to SOGI 123, normalize mature and explicit themes. She expressed concerns that children exposed to such content might adopt distorted perceptions of relationships and self-identity.
- **Unqualified Educators Handling Sensitive Issues:**
 - Duggan revealed that many teachers and support staff in schools are not certified to use SOGI 123 resources or to engage children in discussions about complex topics like gender identity. She criticized this lack of proper training, stating that it places children at risk of receiving misguided or harmful advice.
- **Undermining Parental Oversight:**
 - Duggan emphasized that programs like SOGI 123 often bypass parental involvement, leaving parents unaware of the content their children are exposed to. She argued that this lack of transparency erodes trust between parents and educational institutions.

- **Link Between Early Exposure and Abuse Risks:**

- Duggan warned that early exposure to explicit material removes natural red flags that could indicate abuse. By normalizing discussions of sexual acts, children may fail to recognize inappropriate behaviour by adults, potentially making them more vulnerable to exploitation.

- **Call for Change in Policy and Oversight:**

- Duggan advocated for a reassessment of educational resources like SOGI 123 and greater parental involvement in their development. She called for independent audits of such programs to ensure they are age-appropriate and align with parental values and children's best interests.

Emily Duggan's testimony underscored the importance of addressing the risks associated with digital exposure and ensuring that educational programs prioritize children's safety and development.

Discussion and Analysis of Issues Raised by the Witnesses

Exposure to Inappropriate Content

Chris Elston emphasized the risks of children encountering explicit or ideologically biased content on social media platforms and in educational materials. Elston highlighted how social media algorithms expose young users to content they may not be prepared to process, such as topics on adult relationships, gender ideologies, and graphic materials.

Exposure to such materials at an early age can affect children's mental health, leading to confusion, stress, and desensitization to adult topics. Witnesses called for stricter content regulations on digital platforms and more robust reviews of educational resources. Parental oversight and comprehensive digital literacy programs in schools are crucial to help children navigate online content responsibly and understand what is age-appropriate.

Cyberbullying and Psychological Impact

Emily Duggan highlighted the psychological toll of cyberbullying and exposure to harmful content. Duggan recounted cases where children faced severe emotional distress, including anxiety and depression, as a result of online harassment. Normalizing inappropriate content in schools can lead children to experiment in ways that remove critical boundaries and increase vulnerability to exploitation.

Addressing cyberbullying and its broader psychological effects requires collaboration among parents, educators, and digital platforms. Schools should offer resources for identifying and managing cyberbullying, while platforms must strengthen their reporting systems to mitigate online harassment.

Online Grooming and Predatory Behaviour

Online grooming was a recurring concern highlighted by witnesses. Predators exploit unsupervised online interactions on gaming and social media platforms, using anonymity and weak age verification measures to target minors. Witnesses criticized policies that prevent teachers from informing parents about children's changes in gender identity or pronoun use, which he argued aligns with grooming behaviours by fostering secrecy.

Tackling this issue requires digital platforms to implement stronger safeguards, including more effective age verification and restrictions on private messaging for minors. Parents and educators must teach children about online safety, helping them recognize and report suspicious behaviour.

Privacy Invasion and Data Security Concerns

Witnesses discussed the pervasive issue of data collection on minors by digital platforms, often without their understanding of privacy risks. Amrit Birring raised concerns about children inadvertently sharing personal information, leaving them vulnerable to exploitation. Apps and websites with complex privacy policies often fail to protect minors, emphasizing the need for clearer disclosures and stronger regulatory frameworks.

Enhanced privacy protections, including mandatory simplified privacy policies and restrictions on data collection from minors, are essential. Parents and schools should prioritize teaching children about managing their online presence and the risks of oversharing.

Lack of Digital Literacy and Parental Control Tools

Witnesses such as Emily Duggan stressed the importance of integrating digital literacy into school curricula to empower children to navigate online spaces safely. She emphasized the need for students and parents to develop skills for recognizing harmful content, managing cyberbullying, and understanding digital privacy. Duggan also noted the lack of effective parental control tools, which limits parents' ability to supervise their children's online activities.

Improved digital literacy programs and intuitive parental control tools are vital. These measures would provide children and families with the resources to navigate the internet safely while maintaining oversight of potentially harmful online interactions.

Conclusion

The testimonies at the Vancouver NCI hearings highlighted the urgent need for enhanced digital safety measures to protect children from risks such as inappropriate content, cyberbullying, online grooming, and privacy invasions. Witnesses described how the rapid expansion of digital media has outpaced regulatory efforts and educational responses, leaving children vulnerable to online dangers.

A comprehensive approach involving stricter content regulations, improved digital literacy education, and accessible parental control mechanisms is essential. By addressing these concerns, society can ensure children are safeguarded while engaging responsibly with digital media.

Recommendations

To address the critical issues raised during the Vancouver NCI hearings regarding children's digital safety and exposure, the following recommendations are proposed. These measures aim to create a safer online environment, foster digital literacy, and strengthen parental and societal protections for children in digital spaces.

1. Implement Age-Appropriate Content Restrictions:
 - **Enhance Content Moderation Standards:** Require digital platforms to enforce stricter guidelines for content targeting minors, ensuring that inappropriate material, such as explicit sexual content, graphic violence, or gender ideology is effectively filtered and removed.
 - **Age Verification Systems:** Mandate the use of advanced age verification technologies across social media platforms, gaming networks, and streaming services to prevent children from accessing content unsuitable for their developmental stage.
 - **Clear Labelling of Content:** Introduce a standardized labeling system for online content, helping parents and educators identify age-appropriate material more easily.
2. Promote Comprehensive Digital Literacy Education:
 - **Integrate Digital Literacy into School Curricula:** Develop comprehensive educational programs that teach students about online safety, recognizing harmful content, managing their digital footprint, and understanding privacy risks.

- **Parental Digital Literacy Training:** Provide accessible workshops and resources for parents to equip them with tools and knowledge to monitor their children's online activities effectively.
 - **Collaboration with Experts:** Engage child development specialists and digital safety experts in the design of educational content to ensure programs are evidence-based and age-appropriate.
3. Develop Robust Parental Control Tools:
- **Enhanced Parental Control Features:** Advocate for technology companies to create intuitive, customizable tools that allow parents to set time limits, block harmful content, and monitor their children's online interactions in real time.
 - **Universal Adoption of Family-Friendly Filters:** Encourage mandatory inclusion of family friendly filters as default settings on devices and platforms commonly used by children.
 - **Education on Parental Controls:** Provide detailed instructions and support for parents on how to implement and use parental control tools effectively.
4. Strengthen Privacy Protections for Minors:
- **Limit Data Collection from Minors:** Introduce stringent regulations to prohibit digital platforms from collecting personal data from users under the age of 18 without explicit parental consent.
 - **Simplify Privacy Policies:** Require platforms to present privacy policies in child friendly language and ensure transparency about how minors' data is stored and used.
 - **Penalties for Non-Compliance:** Impose significant penalties on companies that fail to comply with privacy standards, ensuring accountability in protecting children's online identities.
5. Increase Awareness and Resources for Recognizing Cyberbullying:
- **Public Awareness Campaigns:** Launch national campaigns to educate children, parents, and educators about recognizing, preventing, and addressing cyberbullying.
 - **School-Based Support Systems:** Implement peer support groups and access to counsellors to help children manage the psychological effects of cyberbullying.

- **Reporting and Redress Mechanisms:** Ensure that schools and digital platforms have clear and accessible processes for reporting cyberbullying incidents, with timely responses and support for victims.
6. Enhance Safety Measures for Online Gaming and Social Media:
- **Restrict Private Messaging for Minors:** Require platforms to implement restrictions on direct messaging features for minors, ensuring these tools are only used in safe, monitored contexts.
 - **Prohibit Anonymity in Child-Targeted Platforms:** Eliminate anonymous user accounts in platforms catering to children, minimizing the risk of exploitation by predators.
 - **Regular Audits of Gaming and Social Networks:** Conduct routine safety audits of popular platforms to identify and address risks related to grooming, exploitation, or exposure to inappropriate content.
7. Review and Audit Educational Materials:
- **Independent Reviews of School Resources:** Mandate regular audits of digital and educational materials available in schools to ensure they are age-appropriate and legally compliant.
 - **Parental Involvement in Curriculum Development:** Require that parents and community stakeholders have opportunities to review and provide input on educational content related to digital safety and gender issues.
 - **Compliance with Canadian Law:** Ensure that all school resources meet the standards set by Canadian law, particularly regarding the prohibition of exposing minors to sexually explicit materials.
 - **In-School Access to Online Materials:** Parental consent must be obtained before schools grant students access to online materials. Schools should actively monitor students' online activities during school hours, and parents must be kept informed of their child's internet usage and any content accessed.
8. Foster Parental Involvement in Policy Decisions:
- **Establish Parent Councils:** Create formal advisory councils at the school district and provincial levels to represent parents' concerns and perspectives in decisions related to digital safety policies.

- **Transparent Decision-Making Processes:** Ensure that public consultations are held before implementing policies that affect children's online exposure, providing clear communication to parents about the rationale and evidence behind these decisions.
- **Empower Parents Through Advocacy Resources:** Develop online platforms and toolkits that empower parents to advocate for their children's safety in digital and educational spaces.

By implementing these comprehensive recommendations, Canada can establish a safer and more supportive digital environment for children. These measures will empower parents, strengthen regulations, and equip children with the tools they need to navigate online spaces responsibly, ensuring their safety and well-being in an increasingly digital world.

4.5. Gender Ideology and Its Impact on Canadian Children

Introduction

In recent years, the influence of gender ideology has grown across Canadian society, extending beyond academic and professional discussions into the everyday experiences of children. Gender ideology is broadly defined as a belief system that emphasizes the fluidity of gender and supports the idea that individuals can self-identify outside the traditional binary framework of male and female. Advocates of gender ideology promote inclusivity, diversity, and respect for varying gender identities, often framing these perspectives within the broader discourse of human rights and social justice. This inclusivity is often one-sided in the sense that anyone who question this ideology is submitted to serious backlash.

In Canada, this shift has sparked a major societal conversation about the implications of introducing complex gender concepts to children, particularly within educational settings. Curricula such as SOGI (Sexual Orientation and Gender Identity 1-2-3) have been developed and introduced into Canadian classrooms. However, as revealed in the testimonies at the NCI Vancouver Hearings, this approach has also raised significant concerns regarding its developmental appropriateness, the degree of parental involvement, and the long-term psychological effects on children.

Witnesses at the hearings emphasized that children's exposure to gender ideology is not limited to schools but extends to digital media, social platforms, and public spaces. Popular platforms like TikTok and YouTube, along with children's entertainment and public events such as pride parades, frequently introduce gender-related themes, often with little oversight or consideration for age-appropriate presentation. These widespread influences have led to questions about whether such exposure aligns with children's cognitive, emotional, and developmental stages.

The testimonies presented at the NCI Vancouver Hearings also explored broader concerns about the lack of parental consent in educational policies, the psychological impacts of early exposure to gender ideology, and the influence of international frameworks on Canadian policy. Witnesses questioned whether sufficient safeguards are in place to ensure that children are exposed to these complex ideas in a manner that supports their developmental well-being and respects family values.

This section synthesizes the testimonies and perspectives shared by witnesses. By examining the implementation of gender ideology across schools, digital platforms, public events, and policy frameworks, this section seeks to analyze its potential impacts on children's mental health, identity formation, and family dynamics. It aims to provide a balanced exploration of the benefits and challenges of gender-inclusive initiatives, emphasizing the need for thoughtful approaches that prioritize age-appropriate education, parental involvement, and the developmental needs of Canadian children.

Discussion of Witness Testimonies

The Vancouver NCI hearings included testimony from multiple witnesses with expertise in education, child psychology, and public policy, who shared their observations and concerns regarding the growing influence of gender ideology on children. These testimonies provided critical perspectives on the psychological, developmental, and ethical implications of exposing children to complex gender concepts. The following witness accounts underscore the diverse and multifaceted concerns raised during the hearings:

Barry Neufeld

Overview of Testimony

Barry Neufeld, a long-serving school board trustee, and was previously a probation officer specializing in sex offenders. He testified about his experiences addressing the implementation of the SOGI (Sexual Orientation and Gender Identity) curriculum in Canadian schools. Neufeld expressed strong concerns about the developmental appropriateness of this program, particularly for young children, and described how his public critiques of SOGI resulted in significant backlash, including defamation and ostracization within professional circles.

Key Points from Testimony:

- **Indoctrination⁴⁸ Concerns:** Neufeld argued that the SOGI curriculum introduces gender ideology in a way that prioritizes advocacy over balanced education. He described the program as presenting one-sided perspectives on gender fluidity, often discouraging critical discussion or dissent.

⁴⁸ **Indoctrination** is the process of systematically teaching individuals, often through repetition and without encouraging critical thinking or questioning, to accept a specific set of beliefs, ideologies, or doctrines as absolute truth. Unlike education, which typically fosters inquiry and open discussion, indoctrination aims to instill rigid adherence to particular viewpoints, discouraging independent analysis or alternative perspectives. ChatGPT March 20, 2025

- **Parental Involvement and Transparency:** Neufeld highlighted the lack of parental consent in the implementation of SOGI, noting that parents are often excluded from discussions about the content of these lessons. He emphasized the importance of engaging families in the development of gender-related curricula to ensure alignment with their values and concerns.
- **Resistance to Open Dialogue:** Neufeld testified that his efforts to question the curriculum were met with hostility, including personal and professional attacks. This broader social resistance, he argued, creates an environment where dissenting voices are marginalized, making it difficult to address legitimate concerns about the curriculum's content and implementation.
- **Developmental Appropriateness:** Neufeld raised concerns about the age at which children are introduced to complex gender concepts, arguing that the program may not account for the cognitive and emotional readiness of younger students.

Neufeld's testimony underscored the need for increased transparency, parental involvement, and open dialogue in the development and implementation of gender inclusive education policies.

Paul Dirks

Overview of Testimony

Paul Dirks, is a pastor and a researcher specializing in sexual identity and child development, presented testimony based on his extensive study of over 700 peer-reviewed articles on gender and sexual development. Dirks provided evidence-based concerns about the psychological impact of exposing children to fluid gender concepts prematurely, emphasizing that such exposure may disrupt their natural developmental processes.

Key Points from Testimony:

- **Cognitive Maturity and Psychological Stress:** Dirks argued that young children lack the cognitive maturity to fully process complex concepts related to gender fluidity and self-identification. He testified that early exposure to these ideas may lead to confusion, anxiety, and stress as children attempt to reconcile these concepts with their own developing identities.
- **Identity Formation Challenges:** Dirks emphasized the importance of stability during childhood, a period when children are forming foundational aspects of their identity. He cautioned that introducing fluid gender concepts too early could disrupt this process, potentially leading to long-term psychological challenges.

- **Lack of Longitudinal Data⁴⁹:** Dirks pointed to the absence of robust longitudinal studies examining the long-term effects of early exposure to gender ideology. He called for more research to better understand how such exposure impacts children's mental health and overall well-being.
- **Educational Responsibility:** Dirks questioned whether schools are the appropriate setting for introducing these concepts, suggesting that they may be better suited for family discussions tailored to individual developmental needs.

Dirks' testimony highlighted the potential risks of prematurely introducing complex social theories into educational environments, emphasizing the need for age-appropriate approaches grounded in developmental science.

Chris Elston (Billboard Chris)

Overview of Testimony

Chris Elston, widely known as "Billboard Chris," testified about the pervasive influence of gender ideology on children through digital platforms, public events, and community spaces. His testimony highlighted concerns about the unregulated nature of gender related content on social media and in public demonstrations, emphasizing its potential to harm children's developmental and psychological well-being.

Key Points from Testimony:

Digital Platforms and Social Media Algorithms

- **Algorithmic⁵⁰ Exposure to Gender Ideology:** Mr. Elston described how platforms like TikTok, Instagram, and YouTube use recommendation algorithms that frequently expose children to content related to gender ideology. He highlighted that this exposure often occurs without parental oversight, with children being introduced to aspirational or sensationalized material that normalizes concepts of gender transition or non-binary identity.
- **Distorted Perceptions of Gender:** He argued that the one-sided portrayal of gender ideology on these platforms promotes a limited and imbalanced narrative, leaving little room for critical thinking or exploration of alternative perspectives.

⁴⁹ **Longitudinal data** refers to information collected from the same subjects repeatedly over a period of time, allowing researchers to track changes, trends, and developments within those subjects. ChatGPT March 20, 2025

⁵⁰ In the context of media platforms, **algorithmic** refers to the use of complex, automated systems, known as algorithms, that analyze user data and behaviours to personalize and curate the content that individuals see. ChatGPT March 18, 2025

- **Challenges for Parents:** Elston testified about the increasing difficulty parents face in monitoring and filtering their children's online experiences. He emphasized the need for stricter parental control tools and effective age filters to prevent children from accessing inappropriate content.
- **Digital Vulnerability of Children:** Children, particularly those in adolescence, were identified as being especially susceptible to social pressures and peer influence. Mr. Elston underscored the psychological risks of these platforms, where curated and algorithm-driven content can amplify feelings of insecurity, confusion, or pressure to conform to promoted ideologies.

Public Demonstrations and Community Events

- **Exposure to Gender Ideology in Public Spaces:** Mr. Elston testified about children's exposure to gender ideology through public events like pride parades, drag queen story hours, and similar gatherings in community spaces such as libraries and neighbourhood centres. While acknowledging the importance of promoting inclusivity, he raised concerns about the age-appropriateness of certain aspects of these events.
- **Inappropriate Content for Children:** He noted instances where explicit performances or imagery were featured in public demonstrations, arguing that such content might overwhelm or confuse children who lack the developmental maturity to process complex ideas about gender and sexuality. Specific examples cited were drag queen story hours that included adult themes or suggestive performances, such as those at the Kitsilano Neighbourhood House and the Coquitlam Library.
- **Balancing Inclusivity with Developmental Needs:** Elston emphasized the need for public events to include family-friendly guidelines. He advocated for clear boundaries that promote inclusivity while ensuring events are curated to respect the developmental stages of young audiences.
- **Parental Rights and Involvement:** His testimony highlighted the importance of enabling parents to make informed decisions about their children's participation in such events. He called for public guidelines that allow parents to better assess the suitability of these gatherings for their families.

Chris Elston's testimony highlighted the dual influence of digital platforms and public demonstrations in shaping children's understanding of gender ideology. He called for greater accountability from social media companies to regulate harmful content, stronger parental control mechanisms, and stricter standards for public events to ensure they remain age-appropriate. His testimony underscored the need for balance between promoting inclusivity and safeguarding the psychological and developmental well-being of children.

Discussion and Analysis of the Issues Raised by Witnesses

Educational Environment: SOGI Curriculum in Schools

One of the central issues discussed by witnesses was the implementation of the SOGI curriculum in Canadian schools. Neufeld's testimony described the SOGI program as potentially "indoctrinating," raising questions about its developmental appropriateness and transparency. He contended that SOGI introduces complex concepts related to gender identity and sexual orientation to young students, potentially conflicting with their early developmental needs. He further testified that school boards often resist public debate or parental involvement in these matters, creating an environment where dissenting voices are marginalized. This perspective underscores the importance of balancing inclusivity in education with considerations for age-appropriateness and parental rights, which, as he suggested, are often underrepresented in discussions around curriculum design.

Psychological Impacts on Development

Witness Paul Dirks highlighted psychological concerns, drawing from an extensive body of research into childhood development and identity formation. He argued that the introduction of fluid gender concepts to children at a young age might contribute to confusion, especially among those still forming a stable sense of self. According to Dirks, children exposed to multiple gender identities and fluidity without sufficient cognitive maturity might experience anxiety or stress, as their foundational understanding of self and social relationships could be disrupted. His analysis emphasized the potential risks of introducing complex social theories without adequate safeguards, suggesting that these educational methods could be premature or overly complex for young minds.

Media Influence: Social Media and Entertainment Platforms

Witnesses expressed concerns that children encounter gender ideology across a spectrum of digital media, often with little to no parental oversight. Platforms like TikTok, YouTube, and Instagram frequently promote content related to gender identity, sometimes presenting these ideas as aspirational. The nature of algorithms and recommendation systems on these platforms can lead children into age-inappropriate discussions and communities, potentially distorting their understanding of gender before they have the maturity to interpret these concepts critically. Witnesses argued that this unrestricted exposure might lead to imbalanced perspectives, as children are often exposed to one-sided portrayals that may not reflect scientific or developmental understanding.

Public Demonstrations and Community Events

Witnesses also discussed children's exposure to gender ideology in public spaces, such as at pride parades and community events that highlight diverse gender identities. While these events promote inclusivity, some witnesses noted that certain aspects, such as explicit imagery or performances, are inappropriate for young children. Witnesses argued that the overt nature of such displays are confusing or overwhelming for children, raising questions about the need for public guidelines to ensure these events are family-friendly and appropriate for all ages.

International Influence on Canadian Policy

Testimonies addressed the role of international organizations in shaping Canada's policies on gender ideology. Programs like SOGI align with broader international commitments to gender inclusivity, driven by bodies such as the United Nations. These transnational influences, prioritize global human rights frameworks over locally contextualized discussions about age-appropriate content and parental rights. International agreements influence national policies with limited public input, raising questions about transparency and the degree to which Canadian parents and communities are informed and involved in shaping these policies.

Though not explicitly discussed by individual witnesses, there was an underlying concern about Canada's adherence to international frameworks that promote gender inclusivity as a human rights issue. Witnesses suggested that these frameworks may influence Canada's educational and public policies on gender ideology, often without significant public engagement or transparency.

The implications of this influence are significant, as witnesses argued that these frameworks are not fully aligned with Canadian families' expectations around child development and parental involvement. This concern highlights the need for national discussions and accountability when implementing policies that impact children's development and family values.

Conclusion

The NCI testimonies illuminate the complexities surrounding gender ideology in Canada, particularly in relation to children's exposure across educational, digital, and public platforms.

Witnesses expressed concerns that current approaches may not align with children's developmental needs, and they argued for a balance between promoting inclusivity and safeguarding children's psychological well-being. Witnesses highlighted the importance of public transparency, parental involvement, and developmental appropriateness, noting that a lack of these elements could lead to confusion, stress, or undue influence on young minds.

The testimonies collectively underscore a need to reconsider the delivery and framing of gender ideology content in Canada. In moving forward, it is essential to develop strategies that prioritize age-appropriate education, enable parental guidance, and respect the diverse values of Canadian families and communities.

Recommendations

To address these concerns, the following recommendations are proposed:

1. Enhance Parental Consent and Opt-Out Policies:
 - Sex education, which does not include gender ideology may be taught in an age-appropriate manner, and with the approval of parents in the community.
 - Gender ideology should not be taught in schools and must not be part of the curriculum.
2. Implement Age-appropriate Filters on Digital Platforms:
 - Digital platforms must be encouraged to apply stricter age filters for gender-related content and to develop parental control tools to prevent young children from encountering potentially inappropriate materials.
3. Create Public Guidelines for Community Events:
 - Organizers of public demonstrations, such as pride parades, should consider developing guidelines that ensure family friendly, age-appropriate content to avoid overwhelming or confusing young children.

4. Consult Developmental Experts for Educational Content:
 - Child psychologists and developmental specialists should be involved in crafting age-appropriate sex education related content in schools and media, helping ensure that materials align with children's cognitive and emotional capacities.
5. The Criminal Code should be amended to abrogate the conversion therapy article, preventing healthcare being provided to children having gender dysphoria : art. 320.101 through 320.104.
6. Balanced Representation in Media Content:
 - Media platforms and content creators should strive to present diverse perspectives on gender, encouraging critical thinking and balanced viewpoints on complex social issues.
7. Regular Public Consultation on Policy Development:
 - Government bodies should engage in ongoing public consultations regarding gender-inclusive policies, providing opportunities for community input to guide policy development.
8. Develop National Standards for Gender Curriculum:
 - A Canadian framework for age-appropriate sexual related education could establish consistent standards across provinces while respecting regional and parental values.
9. Offer Resources to Support Parental Discussions on Sex Education:
 - Schools and community organizations should provide resources to assist parents in discussing sex education topics with their children in ways that respect developmental readiness and family values.

These recommendations aim to protect children's developmental well-being by ensuring that education and media content are age-appropriate, family-centred, and guided by parental consent. By involving experts, respecting community values, and fostering open dialogue through public consultation, Canada can uphold both the rights of parents and the best interests of children in navigating complex social issues.

4.6. Political, Governmental and Judicial Systems

4.6.1. Parental Alienation

Introduction

Parental alienation⁵¹ is a form of psychological abuse that results in a child's unjustified rejection of a loving and caring parent. It is also considered a form of coercive and controlling family violence.

During the NCI Vancouver Hearings, two definitions of parental alienation were presented:

- Warshak's Definition:

"A disturbance in which children, usually in the context of sharing a parent's negative attitudes, suffer unreasonable aversion to a person, or persons, with whom they would normally develop affectionate relations."

- Bernet's Definition:

"Parental alienation is a mental condition in which a child, usually one whose parents are engaged in a high-conflict divorce, unjustifiably aligns with one parent and strongly resists or refuses contact with the other parent. The child's rejection of the parent is irrational and not based on the child's actual experiences with that parent."

This topic was presented by Kelsey Green, who emphasized the harmful and trans-generational consequences of parental alienation, highlighting its detrimental effects not only on children but also on broader society. He outlined the challenges within legal and social systems that prevent parental alienation from being properly recognized and addressed, thereby failing to protect children from this form of abuse.

According to Mr. Green, parental psychopathology is the root cause of parental alienation. The contributing factors include family dynamics, misaligned professionals, child protection services, law enforcement, courts, educators, and shelters. He asserted that if existing legal frameworks were effectively enforced, the risks and impacts of parental alienation would be significantly mitigated.

⁵¹ <https://www.americanbar.org/content/dam/aba-cms-dotorg/products/inv/book/409057869/chap-5130249.pdf>
accessed March 20, 2025

The Legal Framework

In 2021, the *Divorce Act*⁵² was amended to incorporate provisions on family violence, although it does not explicitly address parental alienation. Family violence is defined as:

*means any conduct, whether or not the conduct constitutes a criminal offence, by a family member towards another family member, that is violent or threatening or that constitutes a pattern of **coercive and controlling behaviour** or that causes that other family member to fear for their own safety or for that of another person – and in the case of a child, the direct or indirect exposure to such conduct – and includes*

(a) physical abuse, including forced confinement but excluding the use of reasonable force to protect themselves or another person;

(b) sexual abuse;

(c) threats to kill or cause bodily harm to any person;

(d) harassment, including stalking;

(e) the failure to provide the necessities of life;

(f) psychological abuse;

(g) financial abuse;

(h) threats to kill or harm an animal or damage property; and

(i) the killing or harming of an animal or the damaging of property; (violence familiale)⁵³

The definition encompasses various forms of abuse, including psychological abuse, which is particularly relevant to parental alienation.

Under the *Divorce Act*, courts must consider family violence as a key factor in determining the best interests of the child, ensuring that decisions prioritize the child's physical, emotional, and psychological well-being.

⁵² *Divorce Act*, R.S.C., 1985, c. 3 (2nd Supp.)

⁵³ *Divorce Act*, R.S.C., 1985, c. 3 (2nd Supp.), art. 2 (1)

16 (1) *The court shall take into consideration only the best interests of the child of the marriage in making a parenting order or a contact order.*

Primary consideration

16(2) *When considering the factors referred to in subsection (3), the court shall give primary consideration to the child's physical, emotional and psychological safety, security and well-being.*

Factors to be considered

16(3) *In determining the best interests of the child, the court shall consider all factors related to the circumstances of the child, including*

(a) the child's needs, given the child's age and stage of development, such as the child's need for stability;

(b) the nature and strength of the child's relationship with each spouse, each of the child's siblings and grandparents and any other person who plays an important role in the child's life;

(c) each spouse's willingness to support the development and maintenance of the child's relationship with the other spouse;

(d) the history of care of the child;

(e) the child's views and preferences, giving due weight to the child's age and maturity, unless they cannot be ascertained;

(f) the child's cultural, linguistic, religious and spiritual upbringing and heritage, including Indigenous upbringing and heritage;

(g) any plans for the child's care;

(h) the ability and willingness of each person in respect of whom the order would apply to care for and meet the needs of the child;

(i) the ability and willingness of each person in respect of whom the order would apply to communicate and cooperate, in particular with one another, on matters affecting the child;

(j) any family violence and its impact on, among other things,

(i) the ability and willingness of any person who engaged in the family violence to care for and meet the needs of the child, and

(ii) the appropriateness of making an order that would require persons in respect of whom the order would apply to cooperate on issues affecting the child; and

(k) any civil or criminal proceeding, order, condition, or measure that is relevant to the safety, security and well-being of the child.

Factors relating to family violence

16(4) *In considering the impact of any family violence under paragraph (3)(j), the court shall take the following into account:*

(a) the nature, seriousness and frequency of the family violence and when it occurred;

(b) whether there is a pattern of coercive and controlling behaviour in relation to a family member;

(c) whether the family violence is directed toward the child or whether the child is directly or indirectly exposed to the family violence;

(d) the physical, emotional and psychological harm or risk of harm to the child;

(e) any compromise to the safety of the child or other family member;

(f) whether the family violence causes the child or other family member to fear for their own safety or for that of another person;

(g) any steps taken by the person engaging in the family violence to prevent further family violence from occurring and improve their ability to care for and meet the needs of the child; and

(h) any other relevant factor.⁵⁴

(Underlined emphasis added)

Although the Divorce Act applies only to legally married parents, its principles guide provincial family laws, making it a valuable reference in interpreting the best interests of the child in custody disputes. Furthermore, the requirement that a parent supports the child's relationship with the other parent can be instrumental in identifying and addressing parental alienation.

⁵⁴ *Ibid.*, art. 16 (1)

Severe cases of parental alienation, which constitute emotional and psychological abuse, may also be addressed under youth protection laws.

Discussion of Witness Testimony

Kelsey Green

Overview of Testimony

Kelsey Green is a licensed professional engineer in Nova Scotia with 20 years of experience in infrastructure. He co-founded Complex Trauma Canada⁵⁵ in 2022 and became a founding member of a Parental Alienation Study Group⁵⁶ in 2024. Due to the lack of existing research on parental alienation, he applied engineering principles to analyze the issue and later pursued post-graduate studies in parental alienation. He is now a published author and one of the few individuals in Canada with formal education in parental alienation studies.

Mr. Green identified 17 parental alienating behaviours:

1. Denigrating the targeted parent.
2. Restricting contact with the targeted parent.
3. Interfering with communication between the child and the targeted parent.
4. Suppressing symbolic connections, such as preventing reminders of the parent.
5. Using love withdrawal as a tool for manipulation.
6. Telling the child the parent does not love them.
7. Forcing the child to choose between parents.
8. Creating the impression the parent is dangerous.
9. Confiding in the child about adult issues.
10. Coercing the child into rejecting the targeted parent.
11. Encouraging the child to spy on the targeted parent.
12. Asking the child to keep secrets.

⁵⁵ <https://www.complextraumacanada.com/misc-568283721666474250327> accessed March 12, 2025

⁵⁶ <https://www.pasg.info/> accessed March 12, 2025

13. Diminishing the targeted parent's parental identity, such as using first names instead of "Mom" or "Dad".
14. Encouraging the child to refer to stepparents as "Mom" or "Dad".
15. Withholding important information from the targeted parent.
16. Changing the child's name to sever identity ties with the targeted parent.
17. Fostering emotional dependency on the alienating parent.

Other issues include gaslighting, stonewalling, triangulation⁵⁷ and double bind situation⁵⁸.

To determine whether parental alienation is occurring, it depends on the number of behaviours present and their severities. Not all need to be there.

A child experiencing parental alienation is likely to react as follows:

1. Denigration of the targeted parent.
2. Weak or frivolous rationalizations.
3. Lack of ambivalence.
4. Independent thinker phenomenon⁵⁹.
5. Automatic support for the alienating parent.
6. Absence of guilt.
7. Borrowed scenarios.
8. Rejection of extended family.

⁵⁷ **Triangulating** in the context of **parental alienation** refers to a manipulative tactic where one parent (the alienating parent) involves a third party, such as the child, another family member, or even a professional (e.g., teacher, therapist), to create conflict, distort reality, and turn the child against the other parent (the targeted parent). ChatGPT March 12, 2025

⁵⁸ A **double bind situation** in the context of **parental alienation** refers to a psychological trap where a child is placed in a no-win situation by the alienating parent. The child is given contradictory messages where any choice they make leads to negative consequences, causing confusion, anxiety, and emotional distress. ChatGPT March 12, 2025

⁵⁹ The **Independent Thinker Phenomenon** in the context of **parental alienation** refers to a psychological dynamic where an alienated child insists that their rejection of the targeted parent is entirely their own decision, despite clear evidence of manipulation by the alienating parent. This phenomenon is a hallmark of **Parental Alienation Syndrome (PAS)** and serves as a defence mechanism for the child. ChatGPT March 12, 2025

Criteria for Identifying Parental Alienation (Baker's Model)

To determine whether parental alienation is occurring, the following criteria must be considered:

1. Resistance to contact with the targeted parent.
2. A previously positive relationship between the child and the targeted parent.
3. No history of abuse or neglect by the targeted parent.
4. Multiple alienating behaviours exhibited by the alienating parent.
5. Behavioural manifestations in the child, such as strong, unjustified rejection of the targeted parent.

Parental alienation is not present when:

1. A parent committed bona fide child abuse.
2. A parent did not have a pre-existing relationship with that child.
3. The parent did not have a positive relationship with that child.
4. The child was not refusing contact.
5. No alienating behaviours are present.
6. No behavioural manifestations (symptoms) are present in the child.

Parental alienation has consequences on the family system, and some are:

1. Triangulation within families (inverted family hierarchy⁶⁰, perverse triangle⁶¹).
2. Children left with alienator are taught anti-social behaviours.
3. Children are often groomed by the alienating parent to be alienators and alienated.

⁶⁰ **Inverted Family Hierarchy** occurs in cases of **parental alienation** when the traditional parent-child dynamic is reversed, making the child assume a role of authority or decision-making power over the parent, often as a result of manipulation by the alienating parent. This reversal disrupts normal family roles and places undue emotional burden on the child. ChatGPT March 12, 2025

⁶¹ A **Perverse Triangle** in **parental alienation** refers to a dysfunctional family dynamic where one parent (the alienating parent) forms a covert alliance with the child against the other parent (the targeted parent). This creates an unhealthy coalition that distorts normal family relationships and promotes alienation. ChatGPT March 12, 2025

4. Lack of differentiation of self (fusion, enmeshment).

The harms caused by parental alienation to children are:

- Loyalty conflicts.
- Emotional numbing and loss of empathy.
- Behavioural issues (aggression, defiance, compliance, learned helplessness).
- Disruption to attachments (attachment traumas).
- Guilt, unresolved grief, confusion.
- Delusions, persisting even in adulthood.
- Difficulty maintaining relationship and employment.
- Enmeshment⁶² (adultification, parentification, spouseification, infantilization).
- Lower self-esteem.
- Anti-social behaviours.
- Dissociation⁶³ (child split in two).
- Difficulty with relationships (friends, work, family, partners).
- Depression, anxiety, PTSD, low self-esteem, emotional struggles.
- Conflicts with authority figures.
- Criminal actions / prison.
- Shared delusion.

⁶² **Enmeshment** in **parental alienation** refers to an unhealthy, overly close emotional relationship between the alienating parent and the child, where the child's identity, thoughts, and emotions become excessively intertwined with the alienating parent's needs and beliefs. This results in the child losing their sense of individuality and becoming **psychologically dependent** on the alienating parent, often at the expense of their relationship with the targeted parent. ChatGPT March 12, 2025

⁶³ **Dissociation** in the context of **parental alienation** refers to a psychological defense mechanism where the alienated child mentally disconnects from their authentic emotions, memories, or identity to cope with the internal conflict caused by being forced to reject a loving parent. This can manifest as emotional numbness, altered memories, or even a split sense of self. ChatGPT March 12, 2025

- Life-long increased risk of suicide (or potentially Medical Assistance in Dying).
- Failure to launch⁶⁴ or extreme success (at a cost).
- Feeling of loss, trust issues.
- Becoming alienating parent, or alienated parent.

This childhood psychological abuse is said to be as harmful as sexual or physical abuse.

COVID mandates have had a significant impact on parental alienation:

- Courts effectively shut down during COVID.
- Separation and divorce rates increased.
- Intimate partner violence increased.
- Alienating parents used vaccines to triangulate courts into giving them medical decision-making, prevented the targeted parent from helping children to get mental health help.
- The actors still trying to help families often did a limited job due to COVID measures.
- During COVID, the system itself used the same tactics as parental alienation to divide families.

Kelsey Green identifies several reasons why parental alienation is not duly acknowledged or addressed:

1. Lack of Professional Knowledge and Training

- Many social workers, psychologists, and legal professionals are not trained in recognizing or addressing parental alienation.
- University programs in Canada do not teach about family systems, intergenerational trauma, or the dynamic maturation model of attachment, which are critical to understanding alienation.

⁶⁴ **Failure to launch** in **parental alienation** refers to a situation where an alienated child, often now a young adult, **struggles to achieve independence and autonomy** due to the psychological impact of the alienation process. This typically occurs because the **alienating parent has fostered excessive dependency**, making it difficult for the child to develop the confidence, resilience, and emotional stability needed to transition into adulthood.
ChatGPT March 12, 2025

- Because professionals are unfamiliar with the issue, they often fail to identify cases or misdiagnose them.

2. Legal System Challenges

- Courts and child protection services often do not recognize parental alienation, and there is no consistent approach to handling these cases.
- Judges select their own training, often from ideologically biased sources, which can skew their perception of alienation cases.
- Some courts have ruled in favour of alienated parents, even awarding damages, but these cases often take years to resolve, leaving children permanently affected.

3. Government and Institutional Failures

- Canadian government agencies do not fund research into parental alienation, leaving a gap in knowledge and policy development.
- Public officials claim there is not enough research on the topic, using that as an excuse to avoid making policy changes.
- Public servants responsible for protecting families may actively contribute to the problem by misidentifying victims and perpetrators.

4. Media Misinformation and Social Narrative

- The media misrepresents or ignores the issue, often portraying parental alienation as a tactic used by abusive parents rather than acknowledging it as a form of child abuse.
- Advocacy groups have even called for banning the term “parental alienation”, pushing a censorship agenda that prevents open discussion.
- Many people assume parental alienation is only used by abusive fathers, despite research showing that alienation behaviours are equally committed by both mothers and fathers.

5. High Legal Thresholds for Proving Alienation

- Courts require extensive proof before they will rule that parental alienation is occurring. Even when evidence is presented, the standard of proof is so high that many cases go unresolved.
- Some legal professionals deny the existence of parental alienation, preventing it from being properly addressed in court.

6. Intergenerational Cycle and Lack of Awareness

- Alienation behaviours are passed from generation to generation, reinforcing the cycle.
- Many victims of parental alienation do not realize what happened to them, accepting it as normal family dynamics.

Kelsey Green argues that without proper education, legal reform, research funding, and media awareness, parental alienation will continue to harm children and families, remaining a silent epidemic in Canada.

Kelsey Green emphasizes that parliamentarians, legal professionals, and the public need to recognize parental alienation as a real and damaging issue. His recommendations focus on education, legal reform, public awareness, family support, and government action to ensure alienated children and parents receive the help they need.

Discussion and Analysis of Issues Raised by the Witness

Parental alienation is a serious issue that undermines children well-being. Negating one parent, is negating half of oneself. It brings a child to hate a part of who he is, to reject part of himself, with life-long and trans-generational consequences. In the long run, it affects all society with healthcare issues, addictions, anti-social behaviours, relationships problems impacting families, work environments, and so on.

The legal framework exists to protect children from such abuse. The problem is not the law, it is how the law is applied. Awareness of this issue is missing. Also, on a highly psychological and social problem, the question becomes: is it appropriate to deal with it in a legal manner?

Would it be preferable to have a less legal, more social and psychological approach to divorce and separation when children are involved, focusing on the well-being of children and the experience, and on the consequences of the separation for them?

Are judges the best persons to make decisions about children's well-being?

It seems the adversarial system is not appropriate to deal with such cases where parents, though they are no longer a couple, remain a parental team to their children until they are independent.

The adversarial legal system often intensifies conflicts between parents, who end up fighting each other instead of cooperating for their children's best interest. In these disputes, the children suffer the most. Mediation can be an effective solution for parents willing to reach an agreement.

However, what happens when parents refuse to find a resolution? In such cases, courts may play a crucial role in setting boundaries for abusive parents, provided they can reliably identify the abuser.

High-conflict separations and divorces often involve parental alienation. In such cases, should it be assumed that the children are affected and experiencing loyalty conflicts, warranting automatic psychological support?

Conclusion

Parental alienation is a serious and under recognized issue with devastating long-term consequences. Addressing it requires legal reform, professional education, public awareness, and systemic support. Without these measures, parental alienation will continue to harm children, families, and society as a whole.

Recommendations

To improve the legal treatment of parental alienation, the following recommendations are proposed:

1. Education and Training for Professionals:

- Increase formal education on parental alienation in social work, psychology, psychiatry, and law.
- Provide mandatory training for judges, lawyers, social workers, and child protection officials to help them recognize and properly address alienation.
- Integrate family systems theory and attachment research into professional education programs.

2. Legal and Policy Reforms:

- Ensure family courts recognize and address parental alienation as a form of psychological abuse and family violence.

- Implement clear guidelines for courts and child welfare agencies on how to handle alienation cases.
- Establish specialized family court divisions with judges and experts trained specifically in parental alienation.
- Provide legal accountability for parents who engage in alienation, ensuring consequences for violating custody agreements.
- In high-conflict cases, children should automatically be provided with a lawyer and a social worker trained in parental alienation to assess their needs.

3. Public Awareness and Advocacy:

- Increase public awareness about parental alienation through media campaigns and educational programs.
- Encourage research and public discussions on parental alienation, breaking the stigma around the issue.
- Challenge misinformation and push back against efforts to ban the term "parental alienation".

4. Support for Affected Families:

- Develop specialized therapy programs to help alienated children rebuild relationships with targeted parents.
- Provide financial and psychological support for alienated parents to navigate the legal and emotional challenges.
- Offer intervention programs for alienating parents to address underlying psychological issues and prevent further harm.

5. Government and Institutional Action:

- Secure government funding for research on parental alienation and its impact on children.
- Establish public policies that prioritize children's rights to have relationships with both parents.
- Ensure child protection agencies work to reunite children with alienated parents rather than reinforcing separation.

These recommendations seek to address parental alienation as a serious and often overlooked form of psychological abuse with profound impacts on children and families. By reforming legal frameworks, enhancing professional training, supporting affected families, and raising public awareness, Canada can better protect the rights of children to maintain relationships with both parents while holding alienating behaviours accountable within judicial and child welfare systems.

4.6.2. Political Influence and Institutional Constraints on Law Enforcement

Introduction

For further context, readers are encouraged to review Section 7.1.10 *Policing During the COVID-19 Pandemic: Balancing Authority and Citizens' Rights* in the original NCI Report titled: "Inquiry into the Appropriateness and Efficacy of the COVID-19 Response in Canada" (November 28, 2023) and Section 5.1.1 *Performance of Canada's Police Services During the Pandemic* in the Supplemental Report (November 28, 2024).

The Supplemental Report raises significant concerns regarding the lack of investigations into numerous potentially criminal acts committed during the enforcement of government measures in response to COVID-19. Despite numerous reports of fraud, loss of life, and widespread violations of fundamental rights, no substantive police inquiry has been conducted. This inaction suggests a politicization of law enforcement, where police forces operate under political directives rather than acting independently to uphold the law.

Testimonies presented during the NCI Vancouver Hearings further reinforce these concerns. Public trust in law enforcement, particularly regarding the protection of children, is severely undermined. If police fail to intervene in cases of child trafficking, exposure to sexually explicit material, or life-threatening medical practices, who then is responsible for safeguarding our children?

Discussion of Witness Testimonies

Vincent Gircys

Overview of Testimony

Vincent Gircys is a retired officer with 32 years of service in the Ontario Provincial Police (OPP). During his career, he served as a forensic reconstruction expert, conducting over 4,500 investigations and testifying as an expert witness in court on numerous occasions.

At the NCI Vancouver Hearings, Gircys provided expert testimony regarding political influence on law enforcement and the disciplinary action against Detective Helen Grus.

Key Points of Testimony

- **Shift in Policing Priorities Due to Political and Ideological Influence:**
 - Officer selection is increasingly based on diversity, equity, and inclusion (DEI)⁶⁵ considerations, such as gender, ethnicity, and sexual orientation, rather than merit and performance.
 - DEI priorities stem from international organizations, influencing Canadian institutions and eroding meritocracy.
 - He cited an RCMP national defence report⁶⁶, which claims that climate change and public health are among the primary drivers of crime. Notably, at least 28% of the report's sources, sources known by the witness, come from organizations such as the World Economic Forum (WEF), the United Nations (UN), the CIA, Global News, and the CBC, raising concerns about their credibility in shaping law enforcement policies.
- **Erosion of the Separation Between Law Enforcement and Political Power**
 - The institutional independence of police forces has been compromised, leading to biased law enforcement decisions.
 - Gircys highlighted close relationships between senior police management and political figures, as well as a revolving door between law enforcement leadership and government positions.
 - He observed that police services that enforced COVID-19 mandates received preferential treatment, while those that resisted faced repercussions.
- **Systemic Unethical Practices in Law Enforcement**
 - Gircys described tactics used within police organizations to maintain plausible deniability, including refusing to accept formal complaints and ignoring legal documents.
 - He emphasized that crimes committed by government officials are not investigated as criminal offences but are instead classified as mere ethical violations, shielding politicians from prosecution.

⁶⁵ **DEI** stands for **Diversity, Equity, and Inclusion**, a framework used in workplaces, educational institutions, and organizations to promote fair treatment, equal opportunities, and representation for all individuals, regardless of background. ChatGPT March 13, 2025

⁶⁶ <https://nationalcitizensinquiry.b-cdn.net/wp-content/uploads/2024/12/EX2410VAN106-vincent-gircys-V2038.pdf> accessed March 13, 2025

- The case of Detective Helen Grus exemplifies these unethical practices.
- **Case Study: Detective Helen Grus⁶⁷**
 - As an officer with the Ottawa Police Service, Grus investigated the unexplained deaths of nine breastfed infants, whose mothers had received the COVID-19 injection.
 - Despite having reasonable grounds to suspect a connection between the deaths and injection, she was disciplined for conducting an unauthorized investigation, even though such investigations fell within her professional mandate.
 - As she prepared to testify at her disciplinary hearing, she received a threatening email from the head of Professional Standards Unit of the Ottawa Police Service, which may constitute witness intimidation and obstruction of justice.
 - She was denied the right to present her 5 expert witnesses in her defence.
 - Her family and herself were allegedly subjected to illegal surveillance authorized by the head of Professional Standards Unit of the Ottawa Police Service.
 - The Police Association of Ontario refused to acknowledge submissions in support of Grus for the 2024 Hero of the Year Award. She received in excess of 200 submissions more than the other candidates.
- **Legislative Changes Restricting Police Independence**
 - Since the Grus case, legislative amendments in Ontario now prevent police officers from conducting discretionary investigations without direct authorization from their superiors.

Gircys concluded that Canada's law enforcement system no longer serves the public interest but instead functions to advance political objectives, leaving children unprotected.

Amrit Birring

Overview of Testimony

Amrit Birring is a resident of Surrey, British Columbia, a father of two, a software developer, and an activist for children's rights. He founded a political party with the primary objective of abolishing the SOGI 1-2-3 program in schools.

Mr. Birring has filed a police complaint against British Columbia's Minister of Education regarding sexually explicit books and materials in elementary and high school libraries. The

⁶⁷ Mr. Donald Best also testified concerning the Helen Grus case at the Regina NCI Hearings. <https://nationalcitizensinquiry.ca/witness/donald-best-jun-01-2024-regina-saskatchewan/> accessed March 13, 2025

police officer agreed that the material was sexually explicit and therefore covered by section 171.1 of the *Criminal Code*, and that it was indeed in the school libraries.

Despite of that, the police refused to lay charges, alleging that since this material was not proven to have been shown to children, no crime would have been committed. The books remain in the libraries since that time, having not been seized by the police, allowing any child to consult them.

The police investigator does not appear to have checked whether these books were borrowed by children, in which case a record would have proved that children had been exposed to this sexually explicit material. When the witness asked the police officer whether the school had a system to track or audit whether or not teachers were showing these materials to students, the police investigator had no answer. In the report Birring received through an access to information request, he learned that the school board had refused to sit down with the police investigator to discuss the situation.

Discussion and Analysis of the Issues Raised by Witnesses

These two testimonies highlight the influence of international political ideologies in the handling of criminal cases and the unethical practices that have resulted. Not only does the separation of powers between the executive and legislative branches seem to be eroding, but political agendas seem to determine which cases will be investigated and/or prosecuted in the courts. It raises the questions: are our institutions hi-jacked? How can we protect our children from criminals if nobody investigates their crimes or let them happen in plain sight, in the schools themselves? Children are hostages in the school system, obliged to obey this authority unless they are homeschooling.

What harm is done to our children when they are exposed to sexually explicit material in schools and when qualified police officers are not allowed to investigate the unexplained death of infants?

Article 171.1 of the *Criminal Code* is clear: the simple fact of making sexually explicit material available to children is a crime. The fact that the books are in the school libraries is sufficient in itself to constitute a breach of the law. And those books should be seized.

When police services become politically controlled or institutionally constrained, justice becomes selective, some crimes are pursued aggressively, while others are ignored. This leads to a lack of accountability for powerful institutions and a perceived two-tier justice system where only certain concerns are taken seriously.

Conclusion

The testimonies of Vincent Gircys and Amrit Birring demonstrate that political influence and institutional constraints are actively shaping law enforcement in Canada.

1. Police are prevented from acting independently, as shown in Helen Grus' case.
2. Investigations into politically sensitive topics are obstructed or ignored, as seen in Amrit Birring's complaint about explicit school materials.
3. Children are at risk because law enforcement is failing in its fundamental duty to protect them, as Gircys warned.

If these trends continue, law enforcement will cease to be a neutral force for justice and instead serve as a tool of political enforcement, leading to further erosion of public trust and the breakdown of institutional integrity.

Recommendations

Considering the testimonies of Vincent Gircys and Amrit Birring, as well as the previous National Citizens Inquiry (NCI) reports, the following recommendations can be made to address political influence and institutional constraints on law enforcement in Canada:

1. Enforcement of the Criminal Code to Protect Children:
 - Law enforcement agencies must consistently apply and uphold the *Criminal Code* of Canada to ensure the protection of children from all forms of exploitation, abuse, and harm. This includes:
 - Investigating and prosecuting violations related to child endangerment, including those under Section 171.1 (Making sexually explicit material available to children).
 - Ensuring accountability for individuals and institutions that fail to act on credible reports of harm to children.
 - Removing political and institutional barriers that obstruct the enforcement of child protection laws.
2. Strengthen Police Independence from Political Influence:
 - Legislative Reform:
 - Separate the roles of minister of justice and attorney general for the federal and provincial governments.

- Amend the *Community Safety and Policing Act* (Ontario) and other provincial police acts to explicitly prohibit political interference in law enforcement decisions.
 - Establish mandatory transparency mechanisms requiring police agencies to publicly disclose any political directives that affect investigations.
 - Oversight Mechanisms:
 - Create an Independent Police Integrity Unit to investigate cases of political coercion in law enforcement, particularly when officers are prevented from investigating sensitive topics (e.g., Helen Grus' case).
 - Create a citizens oversight committees on policing to ensure law enforcement remains independent.
3. Protection for Whistleblower Police Officers:
- Strengthen Whistleblower Protections:
 - Amend police conduct regulations to include explicit protections for officers investigating misconduct within their own departments.
 - Introduce criminal penalties for police executives who intimidate or retaliate against whistleblower officers.
 - Create an independent reporting system where officers can submit misconduct concerns outside their chain of command.
4. Address Police Inaction on Sensitive Issues:
- Mandatory Investigation Protocols:
 - Enforce strict requirements for law enforcement to investigate all criminal complaints, regardless of political pressure.
 - Implement consequences for officers or agencies that fail to act on valid complaints.
 - Require police to track and publicly report investigations that were dismissed for "lack of evidence," ensuring transparency and accountability.
 - Independent Civilian Review for Unaddressed Complaints:
 - Establish a civilian oversight body to audit cases of police inaction when citizens report legitimate concerns.

- Empower the public to appeal police decisions on non-investigated cases.
 - Ensure that all provinces have a private complaint mechanism that allows an individual or group of individuals to bring a request for a criminal investigation directly to the court, which can then order and follow-up on it.
- 5. Reform Law Enforcement Leadership and Recruitment Practices:
 - Merit-Based Leadership Selection:
 - Reinstate the merit based criteria to hire police officers, instead of diversity, equity and inclusion considerations.
 - End politically motivated appointments for police leadership positions.
 - Implement public hearings and oversight panels for selecting Chiefs of Police.
 - Disqualify candidates with known political affiliations from law enforcement leadership roles.
 - Police Culture Reform:
 - Ensure that police take an oath to serve and protect the public, reinforcing their duty to act in the best interests of the people.
 - Introduce mandatory ethics training to reinforce constitutional rights and nonpartisan policing.
- 6. Reaffirm the Supremacy of Constitutional Rights in Law Enforcement:
 - Mandatory Constitutional Training:
 - Require all officers to receive training on constitutional rights and the supremacy clause, ensuring they refuse to enforce unlawful orders.
 - Accountability for Past Violations:
 - Investigate and, where appropriate, hold accountable police chiefs and government officials who knowingly enforced unconstitutional measures.
 - Provide legal amnesty and reinstatement for officers who were removed for refusing to enforce unlawful orders.

- Investigation on government actions:
 - Alleged crimes by elected officials must be investigated and prosecuted rather than being considered as ethics violations.

7. Re-establish Trust Between Law Enforcement and the Public:

- Public Engagement and Transparency:
 - Implement regular town hall meetings where police agencies must answer to community concerns.
 - Require police agencies to publicly disclose funding sources, outside advisory influences, and policy changes that impact law enforcement priorities.
- Localized Policing Models:
 - Consider adopting an elected sheriff system (as used in the United States⁶⁸), where local communities have direct oversight of law enforcement leadership.
 - Decentralize policing to increase local accountability and responsiveness to public concerns.

The testimonies of Vincent Gircys and Amrit Birring, alongside prior NCI reports, reveal a crisis of integrity in Canadian law enforcement. To restore public trust, police independence, and institutional accountability, these reforms must be implemented.

Without meaningful change, law enforcement will continue to be weaponized for political interests, failing in its duty to protect citizens and uphold justice, and thus harming children.

⁶⁸ https://en.wikipedia.org/wiki/Sheriffs_in_the_United_States accessed March 13, 2025

4.6.3. State-Controlled Science

How Government and Institutions Use unethical practices to conceal the truth and Enforce a political agenda

Introduction

For further context, readers are encouraged to review Section 7.1.1 *Canada's Justice System* and Section 7.1.4 *The Constitution* in the original NCI Report titled: "Inquiry into the Appropriateness and Efficacy of the COVID-19 Response in Canada"(November 28, 2023), and Section 5.1.2 *Failure of Regulatory Board to Protect the Public* and Section 5.4.5 *Censorship and Suppression of Information* in the Supplemental Report (November 28, 2024).

The Original Report states:

Of all of the rights that were violated under the Charter⁶⁹, the NCI heard that the freedom of expression was the most essential, and its violation was the most impactful. Medical professionals were instructed not to speak out against public health messaging and were disciplined by their governing bodies if they did.

Scientists were dismissed from their positions, dropped by media outlets where they had previously spoken, and censored on the Internet. Freedom of expression, belief, and conscience is the cornerstone of a liberal democracy. It is not an accident that it is the first fundamental freedom described in the Canadian Charter. Freedom of expression and tolerance of diversity of opinion fosters respectful debate. Through this, innovation is fostered, and society improves.

The Canadian justice system did not support Canadians' freedom of expression where it conflicted with the public health messaging of the government. This was coupled with undue deference to government officials who had unfettered discretion to enact rights-violating measures that went unchallenged by the courts.⁷⁰

The testimonies presented during the NCI Vancouver Hearings suggest that government agencies, regulatory bodies, and influential institutions are systematically controlling scientific discourse to enforce ideological compliance. Witnesses detailed how scientific evidence contradicting official narratives is suppressed, regulatory agencies prioritize corporate and political interests over public welfare, and dissenting voices are silenced through censorship, defamation, and legal persecution.

⁶⁹ The Canadian Charter of Rights and Freedoms

⁷⁰ Original NCI Report (November 28, 2023), page 185.

This pattern extends beyond public health and into education, environmental science, gender ideology, and legal frameworks, as seen in the testimonies of, for example:

- Dr. Byram Bridle and Dr. Jessica Rose (suppression of vaccine safety concerns and regulatory capture),
- Barry Neufeld and Alex Newman (indoctrination in education and the enforcement of ideological curricula),
- Chris Elston (coercion and misinformation in gender identity policies), and
- Dr. Robert Dickson (institutional suppression of research challenging fluoride policies).

The suppression of free inquiry and enforced ideological conformity pose an existential threat to scientific integrity, public trust, and democratic society. Through censorship, coercion, and the suppression of scientific dissent, the state and its affiliated institutions are not merely misrepresenting information, they are actively reshaping societal values, controlling acceptable discourse, and eroding public autonomy in decision-making.

These unethical strategies go beyond controlling narratives, they are about controlling populations.

Discussion of Witness Testimonies

Alex Newman

Overview of Testimony

Alex Newman is an investigative journalist, author, and educator with expertise in global governance, education policy, and media analysis. He is the president of Liberty Sentinel Media and a contributor to various national and international publications, including The Epoch Times, Newsweek, and The New American. Newman has covered topics related to education reform, national sovereignty, and ideological shifts in Western societies, often focusing on the role of transnational organizations like the United Nations. He is also a speaker and consultant on education policy, advocating for parental rights and alternative education models such as homeschooling. His work has been featured in documentaries, conferences, and media appearances, where he discusses the intersection of global policies and national governance.

Alex Newman testified that global organizations, particularly the United Nations (UN), are influencing national policies, including education, with little public awareness or consent. He argued that UNESCO is shaping curricula worldwide, promoting "global citizenship education" to shift societal values away from national identity and individual freedoms. He claimed that Social and Emotional Learning⁷¹ (SEL) is being used as a tool for ideological indoctrination, and that concepts like global citizenship, gender ideology, and sustainable environment are introduced to children at young ages to reshape their beliefs. Newman warned that sovereignty, parental rights, and educational independence are being eroded.

The Use of Education as a Tool for Control

Education has long been recognized as a powerful tool to shape the future. Alex Newman argues that it is being deliberately manipulated by powerful institutions, influential individuals, and globalist entities to control the youth. By targeting education, these forces reshape societal values, propagate ideological narratives, and ultimately create a more compliant population.

- **Centralization and Standardization of Education:** Newman highlights how education is being centralized and standardized at both national and global levels. Organizations like UNESCO and the U.S. Department of Education impose rigid curricula that eliminate parental and local control, ensuring that all students are indoctrinated with the same ideological perspectives. By enforcing uniformity, these entities prevent alternative viewpoints and limit intellectual diversity, making it easier to shape future generations according to their preferred vision.
- **Indoctrination Through Curriculum and Propaganda:** Newman asserts that modern curricula are infused with radical ideological narratives designed to shape young minds. This includes revisionist history that downplays national identity, critical theories that promote collectivism over individualism, and environmental alarmism that instills fear and compliance. Rather than encouraging critical thinking and debate, schools push propaganda to condition students into accepting predetermined worldviews.
- **Social-Emotional Learning (S.E.L.) as Psychological Conditioning:** Social-Emotional Learning (S.E.L.) is presented as a way to develop students' emotional intelligence, but Newman warns that it is used as a tool for psychological conditioning. By integrating ideological biases into emotional and behavioural training, S.E.L. seeks to reshape children's beliefs and attitudes, aligning them with progressive and collectivist ideals.

⁷¹**Social and Emotional Learning (SEL)** is the process of developing the skills, knowledge, and attitudes necessary to understand and manage emotions, build positive relationships, make responsible decisions, and navigate social situations effectively. ChatGPT March 13, 2025

Newman gave an example with the skill of empathy children are pushed to. Within S.E.L., empathy is distorted and used to push students toward specific social and political causes like gender identity and critical race theory issues, environmental positions and global citizenship, discouraging independent moral reasoning and reinforcing state-approved ideologies.

- **The Sexualization of Children as a Means of Control:** Newman exposes the deliberate push to sexualize children through comprehensive sex education and gender ideology. Under the guise of inclusivity, young students are exposed to explicit content, leading to confusion about identity and a detachment from traditional moral structures. This strategy weakens parental authority and makes children more susceptible to external influences, furthering the agenda of those in power.

The Ultimate Goal

The overarching aim of this sexualization is to dismantle traditional family structures, erode moral values, and create a generation that is easier to manipulate by having no meaningful purpose and relationships. By blurring boundaries and promoting dependency on the state for identity formation, the ruling class gains greater control over future societal structures.

- **The Reshaping of Societal Values Through Education:** Newman identifies the educational system as the primary battlefield for transforming societal values. Schools increasingly promote collectivism over individual rights, undermine religious and cultural traditions, and push narratives that prioritize global governance over national sovereignty. This engineered transformation ensures that future generations are disconnected from their historical roots and more willing to accept centralized authority.

Through centralized control, ideological indoctrination, psychological conditioning, and moral erosion, education is being used as a tool to reshape society. Newman warns that recognizing these tactics is essential for reclaiming education and restoring its fundamental purpose: fostering critical thinking, preserving traditional values, and empowering individuals to shape their own futures.

Dr Julie Ponesse, PhD

Overview of Testimony

Dr. Julie Ponesse is a philosopher and ethics scholar with a PhD in ethics and ancient philosophy, as well as a master's degree in bioethics. She was a professor of ethics for 20 years in Canada and the United States before being dismissed from Western University in 2021 for challenging COVID-19 vaccine mandates. She now serves as a public speaker and researcher, focusing on issues of bioethics, individual freedoms, and the role of institutions in shaping public discourse.

Dr. Julie Ponesse's testimony critiques the systematic suppression of free thought, the use of science for political ends, and the institutionalized indoctrination of children. She argues that these practices cause physical, psychological, and spiritual harm to children, leading to a loss of meaning and purpose, and ultimately contributing to an existential crisis in our civilization.

- Suppression of Free Thought & Censorship in Academia:
 - **Censorship as a Political Tool:** Initially intended to prevent harm, censorship has become a means of controlling public discourse and suppressing dissenting voices, particularly around COVID-19 policies.
 - **Fear of Judgment:** Students in her ethics classes were increasingly reluctant to share their opinions because they feared being judged, if their views did not align with prevailing institutional or social narratives.
- Gender Identity vs. "Identity Identity":
 - Dr. Ponesse critiques the way modern gender ideology has detached identity from any tangible reality, making it an "empty" concept.
 - Identity Without Definition:
 - She highlights that gender identity, as defined in public policy, lacks substantive meaning. It is based entirely on what a person feels themselves to be, making it a self-referential concept. In essence, gender identity equates to "identity-identity," rendering it meaningless.
 - Laws such as Bill C-16 require individuals to accept and affirm another person's gender identity, even though it is not objectively defined.

- Children Are Taught to Enforce a Non-Defined Concept:
 - Children are not just encouraged but compelled to affirm gender identities based purely on subjective feelings.
 - This detachment from objective reality makes it impossible to challenge or discuss gender identity critically.
- Institutional Reinforcement of Identity Identity:
 - Schools, government agencies, and corporations now promote this ideology through policies, educational programs, and funding initiatives.
 - In institutions like McGill University, policies enforce the use of preferred names and pronouns without question, creating a culture where identity is dictated by individual feelings rather than any external reference point.
- Indoctrination Through Critical Theory & Climate Change Narratives:
 - **Critical Race Theory & Social Engineering:** Schools introduce concepts that promote identity-based division, including critical race theory, which teaches white students that their successes are due to privilege.
 - **The Erasure of Individual Value:** Children are led to believe that their individuality does not matter; rather, their value is based on their role within an ideological system.
 - **Narrative of Meaninglessness:** Many children internalize the idea that their lives are meaningless, leading to apathy, increased screen time, and a disinterest in critical thought.
- Regulatory Capture: Institutions Serving Corporate & Political Interests:
 - **Regulatory Agencies Co-opted by Private Interests:** Regulatory agencies receive funding or have financial ties to the industries they regulate, leading to a situation known as regulatory capture. As a result, institutions like Health Canada and the United States Food and Drug Administration (FDA) prioritize the interests of the pharmaceutical industry over public welfare.
 - **Medical Education & Publications Influenced by Industry:** Pharmaceutical companies fund medical schools, journals, and textbooks, shaping the healthcare system to prioritize their interests over patient well-being.

Dr. Ponesse's testimony provides compelling evidence that unethical practices, censorship, suppression of debate, and ideological indoctrination, are being used to push political agendas under the guise of science. These tactics not only suppress free thought but also cause lasting psychological and social harm, particularly to children, who internalize the notion that their life is meaningless and that their uniqueness doesn't matter.

Dr Byram Bridle, PhD

Overview of Testimony

Dr. Byram Bridle is a Canadian immunologist and virologist, serving as an Associate Professor at the University of Guelph, Ontario. He holds a PhD in Immunology, completed a postdoctoral fellowship in Immunology and Virology, and has extensive expertise in vaccine development, immune responses, and virology. Recognized as a top peer reviewer by the Canadian Institutes of Health Research, he has received prestigious teaching awards and holds patents in vaccine technology. Dr. Bridle is also the Chief Operating Officer of Immunoceutica Labs and Technologies⁷², a Senior Fellow in Virology and Immunology for the Canadian COVID Care Alliance⁷³ (CCCA) and has served as an expert witness in court cases.

Dr Bridle gave compelling evidence that official health agencies concealed information, misled and lied to the public, while he was himself attacked for alleged misinformation. A strategy of accusatory inversion was thus used against him.

In his testimony, Dr Bridle showed, with supporting evidence that:

1. After having attempted to withhold Pfizer's data for 75 years and having been forced by a court order to release the documents sooner, the FDA redacted critical portions of the bio-distribution study. Dr. Bridle compared the FDA's redacted data with an unaltered version from the Japanese government, revealing that the FDA intentionally concealed evidence that vaccine components persisted in the body far longer than publicly claimed.

⁷² <https://immunoceutica.ca/> accessed March 13, 2025

⁷³ <https://www.canadiancovidcarealliance.org/> accessed March 13, 2025

2. Dr Bridle also showed that Canadian authorities mislead and lied to the population, especially in relation to giving the injection to pregnant and lactating women. Christine Elliott, Ontario's Minister of Health, publicly stated in Parliament that COVID-19 vaccines were safe and recommended for pregnant women, citing Health Canada approval. However, a December 2023 official response from Health Canada stated that the safety and efficacy of COVID-19 vaccines in pregnant and lactating women had NOT been established, as stated in the product monographs. The vaccine manufacturers (Pfizer and Moderna) never even requested approval for use in pregnant women, contradicting government claims.
3. Government health officials falsely claimed that vaccine components remained at the injection site. However, Dr. Bridle uncovered Pfizer's own bio-distribution study (submitted to the Japanese government), which showed that the vaccine spread throughout the body, accumulating in organs like the ovaries, liver, and spleen. He stated that Canadian officials had access to this information but still told the public a false narrative.
4. Dr. Byram Bridle provided a detailed analysis of British Columbia's COVID-19 injection safety data, comparing it to flu vaccines. His key findings highlighted significant safety concerns and alleged data manipulation by public health officials:
 - Dr. Bridle used data from the BC Centre for Disease Control (BCCDC) and showed that serious side effects from COVID injections were reported at 16 times the rate of flu vaccines.
 - Hospitalization rates were 14 times higher for COVID injections than for flu shots.
 - Death reports were 28 times higher after COVID injections than after flu vaccines.
 - He emphasized that these comparisons were done on a per dose basis, meaning the numbers were not inflated due to the higher number of COVID injection doses given.
 - He presented evidence showing that public health officials knew about the disproportionate rate of serious side effects but still told the public there were "no safety concerns".
 - Dr. Bridle revealed that public health agencies altered definitions of serious side effects to artificially lower the numbers reported to the public.
 - He showed that the number of serious adverse events reported dropped by more than 80% after officials changed the reporting criteria.

- The original, unaltered data showed that COVID-19 injections were associated with serious adverse events at a rate more than ten times higher than that of flu shots.
- One of Bridle's most alarming findings was that women and girls were 118 times more likely to report serious side effects from COVID injections compared to flu vaccines.

While proving that the government and the health agencies mislead and even lied to the public, he was censored, defamed, and labeled a spreader of misinformation for questioning public health narratives on COVID-19 vaccines.

1. Being Labeled a Misinformation Spreader:

- Dr. Bridle stated that public health authorities and media labeled his concerns as misinformation without providing any scientific refutation.
- He pointed out that accusations of misinformation were made without specifying what was incorrect or why.
- He emphasized that his concerns were based on publicly available regulatory documents, not speculation.

2. Systematic Suppression of Dissenting Scientists:

- He stated that scientists and healthcare providers who questioned vaccine safety were silenced and that their careers were destroyed. Dr. Bridle was prevented from having access to his laboratory at Guelph University, where he acts as an associate professor.
- He described academic censorship, particularly regarding his own findings, which contradicted public health messaging.
- He called for restoring the careers and reputations of scientists and doctors who were unjustly targeted.

3. Gaslighting and Smearing by "Misinformation Experts":

- He mentioned Timothy Caulfield and the organization "Science Up First" as examples of groups that actively worked to gaslight and discredit dissenting voices under the guise of fighting misinformation. Those persons are not scientists, but they claim to be "misinformation experts". In fact, they are engaged in censorship, and received funding from the government.

4. Lack of Scrutiny on Government and Health Agencies:

- He criticized how health regulatory agencies were granted judicial notice in court, meaning their statements were accepted as fact without requiring evidence.
- In contrast, scientific experts like himself were required to provide exhaustive proof for every claim they made in legal settings.

5. Contradictions in Public Health Messaging:

- He provided evidence from government documents showing that COVID-19 vaccines did not remain at the injection site, contradicting public messaging.
- When he raised concerns about this, he was censored and not given a platform to respond to criticisms.
- He emphasized that scientific debate was shut down in favour of one-sided narratives.

Dr. Bridle's testimony highlighted the systemic censorship of dissenting scientists, the smearing of those labeled as "misinformation spreaders," and the lack of transparency in public health decision-making. He demanded accountability for those who suppressed scientific debate and destroyed careers while pushing an official narrative.

His testimony provides a strong argument against scientific censorship and for restoring open discourse in medicine and public health.

Dr Paul Thomas

Overview of Testimony

Dr. Paul Thomas is a retired paediatrician with over three decades of experience in child healthcare. He earned his Bachelor's degree in Biology (1979) and a Master's degree (1981) before graduating from Dartmouth Medical School in 1985. After completing a three year pediatric residency, he became board-certified in pediatrics from 1990 to 2020. In 2008, he founded Integrative Pediatrics, a practice focused on providing individualized care and informed consent regarding childhood vaccinations.

Dr. Thomas is also an author, having written *The Vaccine Friendly Plan*⁷⁴ (2016) and *Vax Facts*⁷⁵ (2024), both of which question vaccination schedules. Over the years, he gained recognition for his research on vaccine safety and health outcomes in vaccinated versus unvaccinated children, which led to both praise and controversy in the medical community.

Dr. Thomas's testimony at the NCI Vancouver Hearings focused on his clinical observations and research regarding childhood vaccinations and health outcomes. He shared data from his paediatric practice and other studies, which showed that unvaccinated children are healthier in general, having lower rates of chronic conditions such as asthma, eczema, and respiratory illnesses compared to vaccinated children.

Dr. Thomas testified also about systemic unethical practices in vaccine development, regulation, and administration. He raised concerns about a lack of proper safety testing, financial incentives influencing medical decisions, suppression of dissenting voices, and misleading information about vaccine safety. His testimony focused on conflicts of interest, regulatory failures, coercion in healthcare, and the impact of aluminum in vaccines.

- **Lack of Proper Vaccine Safety Testing and High Aluminum Levels:** Dr. Thomas emphasized that vaccines do not undergo the same rigorous safety testing as other pharmaceuticals. Unlike standard drug trials, vaccines are not tested against true saline placebos but instead compared to other vaccines or adjuvants⁷⁶. He noted that this makes it difficult to properly assess long-term risks.

He also raised concerns about the high levels of aluminum in vaccines, particularly in infant immunization schedules. According to Dr. Thomas, the cumulative aluminum exposure in vaccinated children far exceeds safety thresholds set for other pharmaceuticals, yet this issue has not been adequately studied. Even though proper testing has not been conducted on vaccines, they are sold as safe and effective to parents and as an essential tool for protecting children's health.

⁷⁴ <https://www.amazon.ca/Vaccine-Friendly-Plan-Effective-Health-Pregnancy/dp/1101884231> accessed March 13, 2025

⁷⁵ <https://www.paulthomasmd.com/drpaulsblog/vax-facts-the-book-ive-wanted-to-write-for-a-decade> accessed March 13, 2025

⁷⁶ A vaccine **adjuvant** is a substance added to a vaccine formulation to enhance or modify the body's immune response to the vaccine's active ingredient, typically an antigen. ChatGPT March 20, 2025

- **Immunity for Pharmaceutical Companies and Lack of Liability:** Dr. Thomas explained that since 1986, vaccine manufacturers and physicians administering vaccines have had blanket immunity from lawsuits for any injury caused by vaccines on the childhood immunization schedule. He argued that this removed an important layer of accountability, allowing pharmaceutical companies to release vaccines with less rigorous safety testing. This, he claimed, created an incentive for companies to rapidly develop new vaccines without fear of legal consequences.
- **Financial Incentives for Physicians and Hospitals:** Dr. Thomas highlighted the financial structure behind vaccine administration, explaining that paediatricians and hospitals receive monetary rewards based on vaccination rates. Specific incentives he identified include:
 - Insurance company bonuses for paediatricians who maintain a highly vaccinated patient population.
 - Reimbursement fees for administering vaccines, which can be significant over time.
 - Payment for vaccine education.
 - Loss of income for doctors who allow vaccine exemptions, as they may miss out on performance-based financial incentives.

He shared an analysis from his own practice, showing that by allowing vaccine exemptions, his clinic lost over \$1 million annually in administrative fees alone. He suggested that this financial structure discourages doctors from offering alternative vaccine schedules or exemptions.

- **The Revolving Door Between Regulators and Industry:** Dr. Thomas described the close ties between regulatory agencies and the pharmaceutical industry, citing instances where officials at agencies like the United States Centre for Disease Control (CDC) and FDA later took high level positions at vaccine manufacturers. He pointed to cases where:
 - FDA officials moved to leadership roles in companies like Pfizer and Moderna.
 - CDC employees who helped approve vaccines later worked for the pharmaceutical firms that produced them.

He argued that these conflicts of interest compromise the objectivity of regulatory decisions and contribute to vaccine approvals that may not be based on the most rigorous safety data.

- **Incentives for COVID-19 Diagnosis and Deaths:** Dr. Thomas detailed how hospitals received financial incentives for treating COVID-19 patients, explaining that:
 - Hospitals were paid more if a patient was diagnosed with COVID-19.
 - Additional payments were given if the patient was placed in isolation.
 - Even greater financial rewards were given if the patient was intubated.
 - Hospitals received further payments if the patient died with a COVID-19 diagnosis.

He suggested that these incentives could have influenced hospital policies, leading to over diagnosis, excessive use of ventilators, and potentially avoidable deaths.

- **Retaliation Against Doctors Who Speak Out:** Dr. Thomas described how physicians who question vaccine safety face professional retaliation. He himself experienced this after publishing *The Vaccine-Friendly Plan*, a book that promoted an alternative vaccine schedule. The Oregon Medical Board pursued legal action against him despite not having a single patient complaint. He described being "buried with legal matters" to the point where he decided to turn in his license, as continuing the fight had become unsustainable.

Additionally, a study he co-authored comparing health outcomes in vaccinated and unvaccinated children was retracted after a single complaint, despite having undergone peer review. He noted that other doctors who have spoken out against vaccine policies have faced job losses, loss of licenses, and public smear campaigns.

- **Misleading Information About Vaccine Safety:** Dr. Thomas argued that public messaging about vaccines does not reflect scientific data. He outlined a series of common claims versus what he believes to be the actual evidence:
 - Claim: "Vaccines are 100% safe."
 - Fact: All medical interventions carry risks, and vaccines have known adverse events, including neurological and autoimmune disorders.
 - Claim: "Vaccines do not cause sudden infant death syndrome⁷⁷ (SIDS)."
 - Fact: Some studies show a link between SIDS and infant vaccinations, as cases mostly occur shortly after routine immunizations.

⁷⁷ **Sudden Infant Death Syndrome (SIDS)** is the unexplained and sudden death of an otherwise healthy infant, typically occurring during sleep in babies under one year old. ChatGPT March 15, 2025

- Claim: "Vaccines are extensively tested for safety."
 - Fact: Vaccines are not tested against true saline placebos and are instead compared to other vaccines or adjuvants, making long-term risk assessment difficult.

Dr. Thomas stated that scientific debate on these issues is shut down, leading to one-sided public messaging that may not fully inform parents of potential risks.

Dr. Paul Thomas's testimony raised concerns about financial and regulatory conflicts of interest in vaccine policies and COVID-19 treatments. He argued that:

- Vaccine safety testing is inadequate, as vaccines are not subjected to the same placebo-controlled trials as other pharmaceuticals.
- The National Childhood Vaccine Injury Act (NCVIA) of 1986⁷⁸ (United States) incentivized pharmaceutical companies to release vaccines without fear of legal consequences.
- Physicians and hospitals receive financial incentives that influence vaccine and treatment policies.
- Regulatory agencies have conflicts of interest due to the movement of officials between government and industry.
- The COVID-19 event exposed financial motivations behind medical decisions, including hospital incentives for COVID-19 cases and deaths.
- Doctors who raise concerns about vaccines face professional retaliation, including license suspensions and retracted studies.

Dr. Thomas advocated for greater transparency, independent oversight of vaccine safety, and the removal of financial conflicts of interest in healthcare.

⁷⁸ https://en.wikipedia.org/wiki/National_Childhood_Vaccine_Injury_Act accessed March 13, 2025

Dr Jessica Rose, PhD

Overview of Testimony

Dr. Jessica Rose is a Canadian researcher with a background in applied mathematics, immunology, and computational biology. She holds a PhD in computational biology and has completed two postdoctoral fellowships in molecular biology and biochemistry. With expertise in data analysis, she has focused much of her recent research on COVID-19 vaccine safety, highlighting concerns about adverse events and regulatory transparency.

Dr. Jessica Rose's testimony at the NCI hearings in Vancouver raised concerns about regulatory oversight, vaccine manufacturing processes, and data transparency related to COVID-19 mRNA injections. She discussed potential issues with dosing consistency, DNA contamination, regulatory compliance, and the handling of safety signals.

Dr. Rose has testified at the NCI previously, in 2023 at the Winnipeg hearings, in 2024 at the Regina hearings and in 2024 at the Vancouver Hearings.

- **Unreliable Dosing and Lack of Regulatory Oversight:** Dr. Rose explained that mRNA vaccines differ from traditional pharmaceuticals because the active ingredient, the spike protein, is produced by the recipient's own body, rather than being pre-measured in the vial. This means no one can determine or control how much spike protein each person produces, leading to highly unpredictable dosing and individual risk levels. Despite this inherent uncertainty, regulatory agencies did not demand any rigorous dose response studies, an omission that violates fundamental drug safety principles.

Additionally, she pointed out that compendium standards, which set benchmarks for quality and consistency in drug manufacturing, were not adhered to. In particular, two key aspects were not met:

- Process related impurities, should have been more closely monitored to ensure product purity and safety.
- No quantifiable dose, meaning there was no way to determine the actual amount of spike protein produced in the body after injection. Unlike traditional drugs with precise dosing, the mRNA product relies on variable cellular uptake and translation efficiency, making dosage control impossible.

- **DNA Contamination and Regulatory Response:** Dr. Rose highlighted independent laboratory findings revealing that Pfizer and Moderna vaccine vials contained unapproved and undisclosed DNA contamination. This contamination included SV40 promoter sequences⁷⁹, which are associated with gene expression enhancement and have potential cancer risks. This critical information was not disclosed in regulatory submissions, meaning agencies like the FDA, Health Canada, and the European Medicines Agency (EMA) either failed to detect it or ignored it.

Documents from the EMA indicated that regulators were aware of potential DNA contamination issues as early as March 2021, yet approvals proceeded without additional public disclosures. Dr. Rose expressed concerns that standard thresholds for residual DNA levels may have been exceeded, though the full implications of this remain debated.

Additionally, she warned that R-loops, structures formed when single stranded RNA hybridizes with complementary DNA, are potent inducers of DNA damage and genomic instability. These structures are known to be associated with cancer, neurological diseases, and autoimmune conditions, and their presence in vaccine contaminants was entirely predictable based on existing scientific literature. Despite this, regulators proceeded with approval.

- **SV40: A Known Gene Therapy Tool Ignored by Regulators:** Dr. Rose revealed that the SV40 promoter sequence, found in the contaminated vaccine DNA, is a well-known gene therapy tool used to transport genetic material into the nucleus of cells, facilitating DNA integration. This is alarming because it was never disclosed in regulatory documents, and its presence in the vaccines raises serious concerns about potential long-term genetic effects.

Despite the significance of this finding, Health Canada wrote to the CDC claiming that the SV40 fragment was "inactive" and had "no functional role." Dr. Rose strongly criticized this statement, calling it scientifically irresponsible, as the SV40 enhancer is specifically designed to enhance gene transcription. She emphasized that we do not have enough data to claim it is harmless.

⁷⁹ **SV40 promoter sequences** refer to specific genetic elements derived from the **Simian Virus 40 (SV40)**, a virus originally found in monkeys. These promoter sequences are regions of DNA that function as "on switches" to initiate the transcription of a gene, instructing the cell's machinery to produce RNA and, eventually, proteins.
ChatGPT March 18, 2025

- **Destruction of Contaminated Vials: Covering-Up Evidence?** Dr. Rose also raised concerns about the suspicious destruction of injection vials after independent laboratories confirmed DNA contamination. In Canada, an order was issued to destroy specific injection vials, which she questioned as a possible effort to eliminate crucial evidence. She pointed out that these vials contained genetic contaminants, including SV40 sequences, which should have warranted further investigation, not destruction. Instead of conducting thorough safety reviews and informing the public, regulatory agencies allowed the destruction of potential forensic evidence, making it impossible to independently verify contamination levels.

She also cited the Port Hedland case in Australia⁸⁰, where local councillors uncovered DNA contamination in injection vials. When this information was set to be shared with other councils, Australia's regulatory body, the Therapeutic Goods Administration (TGA), immediately dismissed the findings as "misinformation" without counter-evidence. This pattern of denial and suppression mirrors what happened in Canada and globally, where regulators worked to prevent public awareness of DNA contamination issues.

- **Emerging Self-Replicating RNA Technology⁸¹:** Dr. Rose warned that the industry is already moving toward self-replicating RNA (saRNA) injections, which introduce an even greater risk of uncontrolled protein production in the body. Unlike standard mRNA injections, which degrade over time, saRNA uses RNA-dependent RNA polymerase (RDRP) to continuously amplify itself inside the body. This technology could lead to persistent immune activation and unknown long-term consequences, yet it is being fast-tracked without adequate safety studies.

She further emphasized that the summary of safety from the trials was not disclosed

- **Ignoring VAERS Safety Signals and Concealing Harms:** Dr. Rose presented alarming data from the Vaccine Adverse Event Reporting System (VAERS)⁸², revealing:
 - Over 1.6 million adverse event reports linked to COVID-19 injections.

⁸⁰ <https://news.rebekahbarnett.com.au/p/australian-councils-join-call-for> accessed March 18, 2025

⁸¹ **Self-replicating RNA technology** refers to a form of genetic engineering that utilizes RNA molecules designed to replicate themselves within a host cell, amplifying their presence and enhancing the production of a target protein. Unlike conventional messenger RNA (mRNA) therapies or vaccines, which rely on a single strand of RNA to produce proteins before degrading, self-replicating RNA (often derived from viral replicons) contains additional genetic instructions that allow it to make copies of itself once inside the cell. ChatGPT March 20, 2025

⁸² <https://vaers.hhs.gov/> accessed March 18, 2025

- More deaths reported for COVID-19 injections than all other vaccines combined over the past 30 years.
- Serious injuries, including myocarditis in young people, were evident early on, yet authorities continued promoting the shots as "safe and effective."

Despite these overwhelming red flags, public health agencies and mainstream media either dismissed or outright ignored the reports. Dr. Rose pointed out that VAERS is a passive reporting system that captures only a fraction of actual injuries, meaning the real numbers could be orders of magnitude higher. She even referred to strategies used to prevent reporting, like in Dr Hoffe's case⁸³.

Rather than investigating these trends further, she stated that public health agencies and media outlets downplayed or dismissed the data, sometimes attributing concerns to misinformation without providing detailed counter-analysis.

Calls for Increased Transparency and Further Investigation

Dr. Rose concluded her testimony by emphasizing the need for:

- Greater transparency from regulatory agencies regarding vaccine composition and safety data.
- A moratorium on RNA-based technologies.
- Independent investigations into potential manufacturing inconsistencies and DNA contamination.

She suggested that further research is needed to fully understand the implications of residual DNA, SV40 sequences, and self-replicating RNA technology in the context of vaccine safety. She also recommended making clinical trial safety summaries publicly available to ensure regulatory decisions are based on comprehensive data.

⁸³ Dr. Charles Hoffe testified at the 2023 NCI Hearings in Vancouver, British Columbia: <https://nationalcitizensinquiry.ca/witness/dr-charles-hoffe/> accessed March 20, 2025

Dr Michelle Perro

Overview of Testimony

Dr. Michelle Perro is a veteran clinician with over four decades of experience in paediatrics and integrative medicine, focusing on treating children and their families. She previously served as the director of a paediatric emergency department in New York City and spent over a decade at UCSF Benioff Children's Hospital in Oakland. Over the past 25 years, she has transitioned into integrative medicine, focusing on the role of genetically modified (GM) food and pesticides in children's health.

She has lectured nationally and internationally and co-authored the book *What's Making Our Children Sick*⁸⁴. She is also the CEO and co-founder of [GMOScience.org](https://gmoscience.org)⁸⁵, a platform dedicated to educating the public on food as medicine and regenerative health. Additionally, Dr. Perro has contributed to several studies examining toxicants in children's products, developed a global pediatric environmental health bill of rights, and created the first pediatric environmental health questionnaire for parents and practitioners.

Dr. Michelle Perro's testimony focused on the toxic assault on children's health, particularly through industrial food, pesticides, and medical interventions. She highlighted the widespread contamination of food with harmful chemicals, such as glyphosate (the active ingredient in Roundup), heavy metals, and genetically modified ingredients, which she links to rising rates of autism, obesity, autoimmune diseases, and neurological disorders. She explained how these toxicants damage gut health, disrupt the microbiome, and impair detoxification, leading to chronic illness.

Dr. Michelle Perro testified that industries and regulatory agencies use various unethical strategies to conceal the harm caused by toxic food and environmental chemicals while actively silencing doctors and scientists who expose the truth.

- **Regulatory Capture and Industry Control:** Agencies like the FDA, EPA, and USDA are compromised, serving corporate interests rather than public health. These agencies approve harmful substances in food while dismissing independent research exposing their dangers. A key example is the FDA's approval of the Impossible Burger, which was initially denied due to safety concerns over its genetically modified soy and novel protein, soy leghemoglobin. However, after behind-the-scenes lobbying, the FDA reversed its decision and allowed Impossible Foods to self-regulate its own safety standards. Studies later showed reproductive issues in lab rats after just 28 days, yet the product was still approved and widely marketed.

⁸⁴ <https://www.amazon.ca/Whats-Making-Our-Children-Sick/dp/1603587578> accessed March 13, 2025

⁸⁵ <https://gmoscience.org/> accessed March 13, 2025

- **Firing and Blacklisting Scientists:** Researchers who reveal the health risks of toxic food face immediate termination and professional blacklisting. Dr. Arpad Pusztai, who discovered immune and reproductive harm from GMOs, was fired within two days of discussing his findings on national television.
- **Suppressing Whistleblowers and Independent Researchers:** Scientists and doctors who speak out are personally attacked, defamed, and threatened with lawsuits. Dr. Perro herself has faced attempts to discredit her work for exposing toxic substances in baby formula and processed food.
- **Toxic Chemicals Allowed in Baby Formula and School Lunches:** Dr. Perro's research found 100% of infant formula samples contained heavy metals like aluminum, lead, arsenic, mercury and cadmium at dangerously high levels. Instead of banning these toxins, regulatory agencies weaken food safety laws to accommodate industry interests.
- **Deliberate Delay Tactics in Policy Changes:** Even when overwhelming evidence exists, government agencies delay acting for years. Dr. Perro noted that after reporting findings on glyphosate's toxicity, the United States Environmental Protection Agency (EPA) claimed it would take "two years" to review the data, allowing harmful products to remain on the market.
- **Taking Down Researchers' Websites:** Another key suppression tactic is digital censorship, where researchers who expose food and chemical dangers have their websites repeatedly taken down. Dr. Perro's website was shut down for three weeks after she announced her findings on toxic metals in baby formula, and she was told the data was unretrievable. However, she managed to recover it with the help of a specialist. Similarly, Dr. Judy Carman, an Australian researcher studying GMOs and pesticides, had her website taken down 37 times. Other whistleblowers have been ostracized and censored for exposing industry practices.

Why We Cannot Trust Regulatory Agencies

Dr. Perro emphasized that regulatory agencies no longer serve the public interest and are now shills for major corporations, including Big Pharma, Big Agriculture, and the processed food industry. She warned that these agencies prioritize corporate profits over public health, ignoring clear evidence of harm while suppressing dissenting voices.

She stated that "health regulatory agencies need to be gutted and repopulated with non-conflicted subject matter experts of integrity", as their current funding structure is heavily dependent on fees paid by corporations like Big Pharma, rather than taxpayer funding, which compromises their ability to serve public health interests.

Through these coordinated efforts, corporations and regulatory agencies suppress scientific truth, silence dissenting voices, and ensure that harmful products remain widely consumed, all at the expense of children's health.

Chris Elston

Overview of Testimony

Chris Elston, also known as "Billboard Chris," is an activist known for his advocacy against gender ideology, particularly in relation to children. He left his career as a financial advisor over four years ago to focus entirely on raising awareness about these issues, initially across Canada and now globally. He has traveled to at least nine countries and numerous cities, working with organizations and advocates worldwide. Additionally, he has addressed the United Nations Human Rights Council on these matters.

Chris Elston's testimony at the NCI Vancouver Hearings focused on the dangers of gender identity ideology and transitioning practices, particularly their impact on children. He argued that gender ideology is based on stereotypes rather than science and is aggressively promoted in schools and online, leading children to believe that medical transition is necessary for their well-being, often without their parents' knowledge or with the coercive claim that transitioning is the only way to prevent suicide, despite a lack of statistical evidence to support this.

Elston criticized the "affirmation only" model, which pushes minors toward medical interventions such as puberty blockers and cross-sex hormones, often resulting in sterilization and irreversible physical changes. Additionally, he emphasized that these children, once subjected to puberty blockers and surgeries, will never be able to experience a normal sexual life (no orgasm for boys) due to the destruction of their reproductive organs and loss of natural sexual function.

He asserted that transitioning minors is a form of child abuse, as most children who express a desire to transition suffer from underlying mental health issues, such as autism, dissociative disorders, depression, or trauma, which are left untreated in favour of fast-tracking them into medical transition.

Furthermore, he stressed that children are not capable of giving informed consent to these irreversible medical procedures, as their cognitive development does not allow them to fully grasp the long-term consequences of sterilization, loss of sexual function, and lifelong dependency on medical interventions and hormone therapy. Finally, he pointed out the growing movement of de-transitioners who regret their medical transitions and emphasized the need to protect children from these harmful interventions.

Chris Elston's testimony detailed several unethical strategies employed by gender activists to push their ideology and suppress dissenting voices. His key points included:

- **Censorship and Suppression of Speech:** Activists label any criticism of gender ideology as hate speech to justify censorship. Elston's billboards (I love JK Rowling⁸⁶) were vandalized and removed, and his online content was censored, prompting him to sue the Australian government, with Elon Musk supporting his case.
- **Violence and Intimidation:** Elston recounted being physically attacked, including an incident in Montreal where he suffered a broken arm. Activists use aggressive tactics like surrounding opponents, pushing them into roads, and using umbrellas to physically intimidate them while avoiding direct assault.
- **Institutional Bias, Union Involvement, and Police Inaction:** Law enforcement often hesitates to act against violent activists due to fear of backlash. Sometimes, he is the one who gets arrested, even though he was the one who was assaulted. Major unions, such as the Canadian Labour Congress, play a significant role in organizing counterprotests against those questioning gender ideology. He alleges that union leaders actively coordinate efforts to suppress opposition, despite many rank-and-file workers disagreeing with their stance.
- **Counterprotest Strategies:** Activists use sound based suppression by blasting loud music and shouting to drown out opposition. They also block entrances to events, creating an unsafe environment for those trying to attend discussions critical of gender ideology.
- **Media Manipulation and Narrative Control:** Despite giving interviews to mainstream outlets, Elston's perspectives were deliberately excluded from news coverage. He emphasized that media outlets work in coordination with activists to prevent public debate on gender ideology.
- **Cult-Like Indoctrination and Erasure of Biological Sex:** Elston described how gender activists operate like a cult, ensuring their members refuse to engage with opposing views. He also highlighted their efforts to erase gender specific language, which he sees as part of a broader strategy to control public discourse.

⁸⁶ J.K. Rowling, the author of the *Harry Potter* series, became a highly visible and controversial figure in the trans rights movement after making a series of public statements and writings that were criticized by many as being transphobic. ChatGPT March 18, 2025

- **The Legalization of True Conversion Therapy and the Criminalization of Self-Acceptance:** The criminalization of so-called "conversion therapy" is, in reality, a form of state enforced conversion therapy that ensures children questioning their gender are pushed exclusively toward transition.

It's now a criminal offence, in Canada, to counsel a child in favour of accepting their biological sex, while only allowing affirmation of a transgender identity. This one-sided approach ignores that most children with gender dysphoria naturally desist if allowed to go through puberty.

Additionally, many of these children are dealing with underlying mental health conditions that go unaddressed because therapists are legally barred from offering alternatives to medical transition. Instead of protecting vulnerable youth, these laws mandate an irreversible medical path, ensuring lifelong medicalization, sterilization, and physical harm under the guise of "care".

Emily Duggan also encountered similar situations for advocating against gender identity ideology. Through these methods, gender activists, with the backing of unions, institutions and the legislation, create an environment where open debate is silenced, dissenters are attacked, and powerful organizations align to suppress those questioning their narrative.

Dr Robert Dickson

Overview of Testimony

Dr Robert Dickson is a family physician practising in Calgary, Alberta. For 25 years, he has been involved in anti-fluoridation activism.

His testimony focused on fluoridation of water and its health impacts.

Dr. Robert Dickson described several unethical strategies used by pro-fluoridation advocates, including:

- **Manipulating Expert Panels:** He highlighted how expert panels evaluating fluoridation were often biased. For example, before a Calgary plebiscite, an "expert panel" was convened with five members, four of whom were staunchly pro-fluoride. The fifth was a statistician who was not well-versed in fluoridation, and this individual was the only one to vote against fluoride.
- **Misrepresenting Science and Effectiveness:** Pro-fluoridation groups claimed that fluoride significantly reduced cavities, but major studies, including those from the Cochrane Collaboration and the UK's NHS, showed negligible effects (only 2-4% improvements). Despite this, fluoride continued to be promoted as highly effective.

- **Unethical Mass Medication Without Consent:** He argued that fluoridation is a form of mass medication imposed on populations without control over dosage, monitoring, or informed consent. Unlike medications prescribed by a doctor, fluoridation does not allow individuals to opt out, violating medical ethics.
- **Suppression and Censorship of Critical Research:** Dr. Dickson described how US health agencies, such as the EPA, CDC, and FDA, suppressed and delayed the release of a damning report from the National Toxicology Program (NTP). This report found that fluoridation posed neurotoxic risks, particularly reducing children's IQs. The agencies pressured scientists to revise their findings and attempted to bury the report.
- **Corporate Influence and Financial Interests:** He pointed out that major corporations, such as pharmaceutical companies and toothpaste manufacturers heavily fund research that supports fluoridation while suppressing opposing views. These companies also fund dental schools and professional organizations to ensure a pro-fluoride stance is maintained.
- **Historical Use of Propaganda Techniques:** Dr. Dickson referenced Edward Bernays⁸⁷, known as the "father of propaganda," who helped the fluoride industry promote fluoridation in the 1940s and 1950s. Bernays had previously worked for tobacco companies, using similar tactics to convince doctors to endorse smoking. He later applied these same methods to persuade the public and medical professionals that water fluoridation was "safe and effective".

These strategies, according to Dr. Dickson, reveal a pattern of deception, suppression of dissenting research, and unethical public health practices in the promotion of water fluoridation.

Dr. Robert Dickson described how the College of Physicians and Surgeons attempted to silence him over his anti-fluoridation activism using the following strategies:

- **Prolonged Disciplinary Actions & Threats to His Medical License:**
 - He stated that he has been under investigation for nearly six years due to his opposition to fluoridation.
 - The College is pretending that it is unethical for him to fight against fluoridation of water and that he is practicing outside his field of expertise.
 - He mentioned that a decision on his medical license would be made in January 2025.

⁸⁷ https://en.wikipedia.org/wiki/Edward_Bernays accessed March 13, 2025

- **Targeting His Medical Practices:**

- The College attempted to revoke his license for two years based on his health recommendations to patients.
- Instead of prescribing pharmaceuticals, Dr. Dickson gave his patients Dr Bob's tips on health and immunity, such as:
 - Walking and exercise
 - Sufficient sleep (7+ hours)
 - Organic diets
 - High-dose vitamin D3
 - Vitamin K2, magnesium, and zinc
- These were considered "controversial," and the College used them as grounds for disciplinary action.
- However, he won this case two months before giving his testimony, signalling what he called "a crack in the system".

- **Pressure to Adhere to Mainstream Medical Narratives:**

- He highlighted how medical schools provide little education on fluoride beyond telling students that it is "safe and effective."
- He argued that doctors are trained to "toe the line and not step out of it," reinforcing institutional biases.

Dr. Dickson sees fluoridation as part of a larger systemic issue, suggesting that if fluoridation policies were overturned, other flawed medical policies might also collapse.

Dr Christopher Shaw

Overview of Testimony

Dr. Christopher Shaw is a neuroscientist and professor at the University of British Columbia (UBC), Faculty of Medicine. His research focuses on environmental toxins and their links to neurological disorders. Dr. Shaw has focused his research on diseases such as Lou Gehrig's disease (ALS), Parkinson's disease, and Guamanian neurodegenerative disorders⁸⁸. He is also involved in public health discussions and policy critique as co-chair of the Canadian Covid Care Alliance and the Canadian Citizens Care Alliance.

Dr. Shaw's testimony focused on the prevalence of chronic diseases in the U.S. and Canada among adults and children. Dr. Shaw also discussed the New Brunswick Neurological Syndrome⁸⁹, highlighting concerns about how the investigation into the condition was handled. Here are the key points from his testimony:

- **Emergence of the New Brunswick Neurological Syndrome:** The syndrome was first recorded in 2019 by neurologist Dr. Alier Marrero, who identified a cluster of patients with neurological symptoms of unknown cause. Initially, the cases grew from 8 to 48, and there were concerns that the number had risen to approximately 400.
- **Government and Public Health Response:** Dr. Shaw compared the response to this syndrome with a historical case in Guam, where a similar neurological disease (ALS-PDC) was extensively studied for over 30 years. In contrast, the investigation in New Brunswick was abruptly halted, and researchers, including Dr. Marrero and a UBC-affiliated investigator, were dismissed from the study.
- **Lack of Environmental Testing:** According to Dr. Shaw, no thorough investigation was conducted into potential environmental causes, such as toxic elements in soil and water, chemicals in the fishing industry, or widespread glyphosate spraying in forestry and agriculture. This raised concerns that authorities were not committed to determining the root cause.

⁸⁸ **Guamanian neurodegenerative disorders** refer to a group of neurological diseases historically observed at unusually high rates among the Chamorro people of Guam, particularly **Amyotrophic Lateral Sclerosis/Parkinsonism-Dementia Complex (ALS/PDC)**. These disorders are characterized by symptoms that overlap with ALS (Lou Gehrig's disease), Parkinson's disease, and dementia, leading to progressive muscle weakness, tremors, cognitive decline, and eventual death. ChatGPT March 18, 2025

⁸⁹ The **New Brunswick neurological syndrome of unknown cause** is a potential degenerative disease identified in the Canadian province of New Brunswick, with cases emerging since 2019. ChatGPT March 13, 2025

- **Potential Cover-Up:** He questioned why the investigation was abandoned, suggesting possible economic or political motivations. He pointed out that some medical professionals and students had written to the government asking for more research, but no action was taken.
- **Parallels to COVID-19 Responses:** Dr. Shaw connected this issue to broader concerns about how Canadian health authorities have managed other health crisis, including COVID-19. He suggested that emerging health issues, whether chronic or acute, are often ignored or suppressed when they challenge established narratives.

His testimony suggested that the lack of investigation into the New Brunswick Neurological Syndrome may reflect systemic failures in public health accountability.

This example exemplifies how institutions cannot be trusted because they follow an agenda in which they allegedly hide inconvenient truths that do not fit the public narrative.

About censorship, Dr Shaw said:

- **Censorship as a Tool for Control:** He argued that censorship, particularly in the context of health and science, has shifted from protecting the public to enforcing a single narrative. He suggested that dissenting voices, even when backed by scientific evidence, are being silenced to maintain control.
- **Fact-Checking Organizations and Conflicts of Interest:** Dr. Shaw pointed out that many so-called "fact-checkers" are linked to pharmaceutical funding, citing examples like Reuters, whose CEO is on Pfizer's board. He questioned whether these organizations serve public interest or corporate agendas.
- **Suppression of Alternative Treatments:** He discussed how alternative treatments like ivermectin and hydroxychloroquine were dismissed and censored, not because of lack of efficacy, but because they did not fit the larger government agenda.

Overall, Dr. Shaw's position is that censorship is being used to suppress inconvenient truths, silence debate, and protect vested interests.

Dr Stephen Malthouse

Overview of Testimony

Dr. Stephen Malthouse is a highly experienced family physician who has been practicing medicine in British Columbia for 45 years. He graduated from the University of Western Ontario in 1978 and has since worked in various medical fields, including family practice, emergency departments, and palliative care. Dr. Malthouse has also conducted paediatric research overseas and lived in Nepal for two years.

His passion for integrative medicine led him to incorporate complementary therapies such as homeopathy, orthomolecular medicine, nutrition, and acupuncture into his practice. Dr. Malthouse is the founder of the Canadian Integrative Medicine Association and the past president of the Canada Health Alliance, demonstrating his commitment to advancing holistic healthcare approaches.

Dr. Malthouse presented 5 pieces of evidence to support his conclusion that all childhood vaccines should be halted. According to the evidence presented, there is no proof of benefit since no vaccine has been tested against a true placebo, and the risks are important as shown by studies demonstrating that vaccinated adults and children have a much higher rate of chronic diseases than unvaccinated adults and children. What's more, there are alternatives to vaccination, and these should be presented to patients so they can make an informed decision.

According to Dr Malthouse, there are ten reasons why vaccination is occurring and not being challenged:

1. Doctors are not receiving a proper education, they are indoctrinated with propaganda, hypnotized and they fear not fitting in.
2. Anyone questioning vaccination dogma is censored and punished.
3. "Experts" cannot be challenged.
4. Public health has taken over the job of vaccinating, the doctors not being in the loop anymore.
5. There is training into how to combat "vaccine hesitancy" and convince parents they are wrong.
6. Informed consent, consisting in 1- knowledge of the procedure; 2- knowledge of the benefits; 3- knowledge of the risks, 4- knowledge of the alternatives and the 5- assurance the patient understandings of the above criteria, is absent. There is no real choice.

7. "Mature Minors" laws arbitrarily presume understanding of children as young as 12 years old if the doctor assesses it, while the doctors themselves don't know much about vaccination and are not involved in this medical treatment anymore.
8. In practice, parental authority is taken away.
9. Vaccination occurs in school gymnasiums while parents are absent, putting peer pressure on students, isolating them or having them bullied by authorities to increase the uptake.
10. The manufacturers are not liable for the adverse events of vaccination.

At a time when everything is being done to combat vaccine hesitancy, even to the point of intimidating health professionals and children, and when information is not adequately presented to enable the public to make an informed decision about this medical procedure, professionals who dare to speak out against vaccination suffer reprisals and have to defend themselves before their professional order.

In 1996, Dr. Malthouse had to defend himself before his College because he had published an article in which he said that flu vaccines were not safe for children, due to the lack of studies on their safety. He also mentioned the case of Andrew Wakefield, who lost his licence because he made the correlation between autism and MMR⁹⁰ vaccines.

Before COVID-19, censorship existed on questioning the appropriateness and safety of paediatric vaccines, whereas the precautionary principle should dictate that a medical procedure should not be performed on healthy children in the absence of certainty that it is safe and that the benefits far outweigh the risks.

⁹⁰ **MMR vaccine** (Measles, Mumps, Rubella)

Barry Neufeld's Case:

A Case Study in Unethical Practices to Promote a Political Agenda and Conceal the Truth

Barry Neufeld
Paul Jaffe
James Kitchen

Overview of Testimonies

Barry Neufeld, a former school board trustee in Chilliwack, British Columbia, became the target of a legal and media campaign after publicly criticizing the SOGI 123 (Sexual Orientation and Gender Identity) program in public schools.

His case exemplifies how defamation, censorship, and legal manipulation can be used to silence dissent, enforce ideological conformity, and suppress public debate under the guise of protecting marginalized groups.

- **Concealing the True Nature of SOGI 123:**

- SOGI 123 was secretly implemented in schools under the pretence of being an anti-bullying initiative, without open discussion or public input at the school board level.
- When Neufeld began questioning the program, he discovered that even fellow school trustees were unaware of its full scope, as it had been introduced through a directive from the Ministry of Education, bypassing democratic processes.
- During a training session led by one of the program's creators, it was revealed that SOGI 123 was not primarily about anti-bullying, but rather about institutionalizing gender ideology as fact from kindergarten through Grade 12.

By presenting the program as a necessary protection for vulnerable students, any opposition was framed as hateful and dangerous, effectively stifling critical discussion before it could begin.

- **Character Assassination & Defamation as a Political Weapon:**

- When Neufeld voiced his concerns, he was immediately vilified in the media and by activist groups.
- Glen Hansman, former president of the BC Teachers' Federation (BCTF), publicly labeled Neufeld transphobic and accused him of spreading hatred, despite no evidence to support these claims.

- Instead of addressing his concerns, the debate was shifted away from the content of SOGI 123 and onto Neufeld's character, a classic tactic used to silence opposition and discourage others from speaking out.
- Weaponizing Accusations of Suicide to Silence Dissent:
 - Neufeld was accused of jeopardizing student safety and contributing to LGBTQ+ youth suicide simply for questioning the ideology behind SOGI 123.
 - Rob Fleming, then BC Minister of Education, publicly stated that Neufeld's "shameful behaviour" would drive children to suicide.
 - Neufeld refuted these accusations as manipulative and fear-mongering, pointing out that there was no empirical evidence linking a lack of gender affirmation to suicide rates.
 - The suicide narrative served as an emotional bludgeon, ensuring that any opposition could be instantly dismissed as dangerous and inhumane.

By falsely equating disagreement with harm, those pushing the political agenda behind SOGI 123 effectively eliminated the possibility of a rational debate.

- **Strategic Use of the Legal System to Silence Opposition:**

- In 2018, Neufeld filed a defamation lawsuit against Hansman to challenge false statements (transphobic, homophobic, bigot, promoter of hatred, dangerous to children, ...) that had severely damaged his reputation and career.
- Instead of facing the claims in court, Hansman invoked British Columbia's SLAPP⁹¹ (Strategic Lawsuit Against Public Participation) law, which is intended to protect individuals from frivolous lawsuits aimed at silencing them.
- Ironically, the law meant to protect free speech was weaponized to suppress Neufeld's, preventing him from holding Hansman accountable for defamation.

⁹¹ **British Columbia's SLAPP** refers to the province's legal framework addressing **Strategic Lawsuits Against Public Participation (SLAPPs)**, which are lawsuits typically filed by powerful individuals or organizations to intimidate, silence, or punish critics who speak out on matters of public interest. Recognizing the chilling effect SLAPPs can have on free speech and civic engagement, British Columbia enacted **anti-SLAPP legislation** in 2019 under the **Protection of Public Participation Act**. ChatGPT March 18, 2025

- **Legal Decisions Favouring Institutional Power:**

- A judge ruled in Hansman's favour, blocking Neufeld's lawsuit from proceeding.
- The BC Court of Appeal later reversed the ruling, recognizing that Neufeld had a right to defend his reputation in court.
- However, in 2022, the Supreme Court of Canada overturned the BC Court of Appeal's decision, siding with Hansman and effectively denying Neufeld access to the courts.

- **Interveners Supporting Hansman & Rejection of Neufeld's Supporters:**

- Ten activist groups and government bodies intervened in favour of Hansman in front of the Supreme Court, including:
 1. The Attorney General of British Columbia
 2. The Canadian Human Rights Commission
 3. The Canadian Civil Liberties Association
 4. The Community Based Research Center
 5. The Canadian Culture for Gender and Sexual Diversity
 6. The West Coast Legal Education and Action Fund
 7. The BC General Employees Union
 8. The BC Government and Service Employees Union
 9. The Egale Canada Human Rights Trust
 10. The Skipping Stone Scholarship Foundation

- **Two groups that sought to intervene in support of Neufeld were denied:**

1. The Justice Centre for Constitutional Freedoms (JCCF)
2. Karen Litsky, an "expert" on teachers' unions and feminist questions

This shows that the vulnerable party in this battle was clearly Mr. Neufeld, but the Court turned the anti-SLAPP law on its head to protect the party defending the governmental narrative on gender identity.

The Supreme Court judgement set a dangerous precedent, signalling that public figures who criticize state-backed policies can be defamed without legal recourse, so long as the accusations are framed as “participating in public debate.”

- **The Use of Administrative tribunals to Extend Persecution:**

- Beyond the defamation case, Neufeld faced additional complaints at the BC Human Rights Tribunal, accusing him of creating an unsafe environment for transgender students.
- His legal battles have dragged on for over seven years, with a tribunal hearing finally scheduled for late 2024.
- Neufeld pointed out the absurdity of the legal delay, stating that if he had been charged with murder, his case would have been thrown out for exceeding a reasonable timeframe.

The relentless pursuit of legal action against him suggests a coordinated effort to punish dissenters, not just legally, but financially and emotionally.

- **The Broader Strategy: Silencing Public Debate Through Fear:**

- Neufeld’s lawyer argued that his treatment was meant to set an example, warning other school trustees and public figures not to challenge state-sponsored ideological programs.
- SLAPP laws, defamation, and human rights tribunals were not used to protect discourse, but to crush it, ensuring that only the politically correct narrative could be expressed.
- The public framing of Neufeld as a threat to children’s safety ensured that any future critic would face the same backlash, effectively silencing opposition before it even started.

Barry Neufeld’s case is a textbook example of how unethical practices are used to promote a political agenda and conceal the truth. Through secret policy implementation, character assassination, legal suppression, and bureaucratic intimidation, institutions ensured that a controversial ideological program could be enforced without resistance.

His case highlights how defamation, emotional manipulation, and strategic litigation can manufacture public consensus, not through open discussion, but through fear. Critics argue that if these tactics remain unchecked, free speech in Canada will be effectively dead. Mr Neufeld concluded that Canada has become a totalitarian state.

Discussion and Analysis of the Issues Raised by Witnesses

The testimonies presented at the NCI Vancouver Hearings reveal a consistent pattern of state-controlled science being weaponized to serve political agendas while suppressing dissenting voices. Across multiple fields, public health, education, environmental policy, and gender ideology, governments and institutions have engaged in unethical practices to enforce ideological conformity, discredit opposition, and manufacture public consensus through coercion rather than open scientific debate.

The Suppression of Scientific Dissent

One of the most alarming themes in these testimonies is the allegations of deliberate suppression of scientific dissent. Witnesses such as Dr. Byram Bridle, Dr. Jessica Rose, Dr Robert Dickson and Dr. Paul Thomas provided hard evidence of scientific misconduct, regulatory capture, and suppression of critical safety data. Their experiences show that:

- Censorship and professional retaliation are used to silence experts who challenge government narratives (e.g., COVID-19 vaccine safety, gender transition for minors, and fluoridation).
- Regulatory bodies, rather than protecting public health, prioritize corporate and political interests, as seen in the FDA's redaction of Pfizer's bio-distribution study and Health Canada's misleading claims about vaccine safety for pregnant women.
- Accusatory inversion, labeling truth-tellers as "misinformation spreaders", is systematically used to discredit scientists who expose contradictions in official narratives.

This pattern suggests that scientific discourse is not based on empirical evidence but on ideological compliance.

The Role of Education in Indoctrination and Psychological Conditioning

The testimonies of Alex Newman and Dr. Julie Ponesse highlight how education is being used as a tool to reshape societal values and manufacture ideological consensus:

- Critical thinking is discouraged in favour of ideological conformity, students fear being judged or penalized for expressing dissenting views.

- Concepts like gender identity, critical race theory, and climate alarmism are introduced as unquestionable truths, indoctrinating children into ideological belief systems rather than fostering critical inquiry.
- Social-Emotional Learning (SEL) is manipulated to in-still ideological values, distorting empathy training to push political causes rather than independent moral reasoning.

This reveals that education is being weaponized as a form of psychological conditioning, turning students into ideologically compliant citizens rather than independent thinkers.

Legal and Bureaucratic Suppression of Free Speech and Scientific Inquiry

The testimonies of Paul Jaffe, James Kitchen, Barry Neufeld, and Dr. Robert Dickson demonstrate how legal and bureaucratic mechanisms are weaponized to suppress dissent:

- Strategic Lawsuits Against Public Participation (SLAPP) laws are inverted to protect those enforcing state narratives while silencing critics (e.g., Neufeld's defamation case).
- Human Rights Tribunals, licensing boards, and regulatory agencies act as ideological enforcers, punishing professionals who contradict state-sanctioned narratives.
- Scientific and legal institutions increasingly align with political agendas, making it nearly impossible for individuals to challenge government overreach through official channels.

These examples illustrate that institutions meant to protect civil liberties and public health are being transformed into tools of ideological enforcement.

The Erosion of Informed Consent and the Rise of Medical Coercion

A critical theme across testimonies is the systematic erosion of informed consent:

- Dr. Paul Thomas and Dr. Stephen Malthouse exposed how vaccines are mandated without proper safety testing, and dissenting doctors face professional ruin.
- Dr. Byram Bridle provided evidence that public health agencies gave false information about COVID-19 vaccine safety, particularly for pregnant women.
- Chris Elston exposed how gender ideology policies criminalize therapy that encourages children to accept their biological sex, pushing them toward medical transition without fully informed consent.

These cases demonstrate a shift from patient autonomy to medical coercion, where individuals are pressured, misled, or legally forced into compliance with state-approved medical interventions.

The Use of Fear, Censorship, and Narrative Control

A recurring strategy in state-controlled science is the manufacturing of fear and the use of censorship to enforce compliance:

- Dr. Bridle, Dr. Shaw, and Dr. Rose exposed how fact-checkers and misinformation experts are funded by corporate interests, ensuring that only state-approved narratives reach the public.
- Chris Elston and Barry Neufeld's cases illustrate how accusations of "harm" (e.g., promoting suicide, hate speech) are strategically used to silence opposition.
- Dr. Robert Dickson and Dr. Michelle Perro detailed how regulatory agencies deliberately bury inconvenient research findings that could challenge dominant political narratives.

These tactics create a climate of fear, where professionals self-censor to avoid retaliation, and the public is kept in the dark about critical scientific and medical issues.

Conclusion

The testimonies presented at the NCI Vancouver Hearings provide overwhelming evidence that science is no longer being used as a tool for discovery, but as a weapon to enforce political and corporate agendas. Through:

- Censorship and professional retaliation
- The manipulation of education to indoctrinate rather than inform
- The legal and bureaucratic persecution of dissenters
- The erosion of informed consent and medical autonomy
- The manufacturing of fear and censorship of alternative viewpoints
- The concealing of truth by governments and institutions, while they enforce ideological conformity.

This systemic corruption of science poses a direct threat to democratic principles, human rights, and public health. Without accountability, scientific inquiry will continue to be subverted, and truth will be dictated by those in power rather than discovered through rigorous debate and evidence-based research.

Recommendations

The testimonies presented at the NCI Vancouver Hearings demonstrate a systematic abuse of science, education, healthcare, and justice to push political agendas, silence dissent, and manipulate public perception. To restore integrity and transparency, the following policy recommendations are necessary:

1. Science: Restoring Scientific Integrity and Free Inquiry:
 - Enforce Academic and Scientific Freedom:
 - Implement whistleblower protections for scientists, researchers, and medical professionals who publish findings that challenge official narratives.
 - Establish independent review boards to investigate instances of academic censorship, retracted studies, or suppression of critical research.
 - Ensure Transparency in Scientific Funding and Conflicts of Interest:
 - Require full disclosure of government, corporate, and NGO funding in all research publications and regulatory decisions.
 - Ban regulatory capture by prohibiting officials from taking industry jobs within five years of leaving government agencies.
 - End Scientific Censorship and the Fact-Checking Industrial Complex:
 - Prohibit government funding of censorship initiatives (e.g., “misinformation experts” targeting dissenting scientists).
 - Mandate open-access publication of all government-funded research to prevent selective suppression of inconvenient findings.
2. Healthcare: Restoring Medical Ethics and Patient Rights:
 - Protect Informed Consent and Patient Autonomy:
 - Require full disclosure of risks and alternatives for medical procedures, including vaccines, hormone treatments, and experimental drugs.
 - Ban coercion in medical decision-making, including mandates that condition employment, education, or public participation on medical compliance.

- Reform Public Health Agencies to Eliminate Conflicts of Interest:
 - Prohibit regulatory agencies (e.g., Health Canada, FDA) from receiving direct or indirect funding from the industries they regulate.
 - Establish independent safety review panels that include dissenting scientists rather than only industry-affiliated experts.
 - Ensure all safety data, clinical trial results, and regulatory decisions are fully transparent and publicly accessible.
 - Mandate Public Health Agencies to conduct their own studies instead of relying on the data of the industry.
- Ensure Medical Licensing Bodies Are Not Used as Ideological Enforcers:
 - Preclude boards from suspending or revoking the license of professional who expressed concerns or opinions about a medical procedure, treatment, governmental measure, or policy.
 - Prevent medical boards from punishing doctors for expressing professional opinions that challenge official narratives.
 - Require external audits of licensing boards when physicians or other professionals are stripped of credentials for political reasons.
 - Regulate that no irreversible medical procedure or treatment can be done on a child before he is of the age of majority if not required for a life or death physical health situation, including hormone blockers, surgeries for transitions purposes, and MAID.
- 3. Education: Ending Ideological Indoctrination and Restoring Critical Thinking:
 - Remove Ideological Agendas from Curricula:
 - Prohibit public education systems from adopting politically driven curricula (e.g., gender ideology, critical race theory, climate alarmism) without scientific debate and public input.
 - Ensure curricula prioritize critical thinking and scientific literacy, allowing students to question and evaluate evidence rather than memorize state-approved positions.

- Empower Parental Rights in Education:
 - Prohibit schools from concealing gender identity changes from parents or encouraging medical transition without parental consent.
 - Prevent teaching gender identity and sexuality in schools.
 - Require a Parental Referendum for Curriculum Changes:
 - Mandate a binding referendum among parents before any major curriculum change is implemented in public schools.
 - Ensure only parents whose children are enrolled in the school system have voting rights in the referendum.
 - Prevent activist organizations and government bodies from unilaterally imposing curriculum changes without parental approval.
 - Decentralize Education and Promote Different Perspectives:
 - Reduce federal and international influence (e.g., UN, UNESCO) over national education policies to restore local control.
 - Encourage alternative education models (e.g., homeschooling, private schools, independent charter programs) to break state monopolization of education.
 - Prohibit the participation of public unions in school board elections.
4. Justice: Preventing the Weaponization of the Legal System Against Dissent
- Amend the Canadian Charter of Rights and Freedoms to Abolish Section 1:
 - Section 1 allows the government to override fundamental rights under vague justifications, making all rights conditional.
 - Unlike the U.S. Constitution, which protects absolute rights, Canada's Charter enables courts to justify violations of free speech and bodily autonomy.
 - Amending the Charter to eliminate Section 1 would ensure that rights such as free speech, medical autonomy, and freedom of association cannot be infringed.

- Reform SLAPP Laws to Protect Individuals Rather Than Institutions:
 - Prevent the misuse of anti-SLAPP laws by ensuring they cannot shield powerful individuals or institutions engaging in defamation.
 - Allow defamation claims against those who knowingly spread false accusations to suppress public debate.
- Reform Human Rights Tribunals and Administrative Bodies:
 - Ensure Human Rights Tribunals cannot be used to punish ideological dissent.
 - Require clear definitions of “harm” and “hate speech” to prevent broad, subjective claims from being weaponized against individuals like Barry Neufeld.
- Restore Legal Protections for Whistleblowers and Dissenters:
 - Strengthen legal protections for individuals speaking out against institutional corruption in science, healthcare, and education.
 - Prevent judicial deference to government agencies, ensuring courts critically evaluate official claims rather than accepting them without scrutiny.
- Limit the Use of Judicial Notice in Court Cases:
 - Restrict the ability of courts to accept government claims as unquestionable facts without proper evidence.
 - Require independent expert testimony and cross-examination before judicial notice is granted on scientific or medical matters.
 - Prevent courts from using judicial notice to shield government policies from legal challenge, ensuring that controversial claims, such as the absolute safety of vaccines or the necessity of lockdowns, must be proven in court rather than assumed.

5. Media and Public Discourse: Ending the State-Controlled Narrative:

- End State Funding for Media Organizations:
 - Prohibit government funding of any media organizations, including the CBC, CRTC, and other taxpayer-funded journalism grants.

- Ensure that all media outlets operate independently from government influence, preventing state-controlled narratives from dominating public discourse.
- Ensure Media Transparency and Stop Propaganda:
 - Require media outlets to disclose all government and corporate funding influencing their reporting.
 - Ban government contracts with media organizations to push state narratives, such as during COVID-19.
- Prevent the Suppression of Alternative Views:
 - Protect independent journalists from de-platforming and demonetization for reporting on controversial topics.
 - Require social media companies to publish all government requests for censorship, exposing how state narratives are enforced online.
- End the Collusion Between Media and Fact-Checking Organizations:
 - Investigate fact-checking organizations that receive funding from pharmaceutical companies and NGOs with political interests.
 - Mandate equal airtime for dissenting experts on public health and scientific controversies.

The evidence presented at the NCI Vancouver Hearings reveals a dangerous trend of state-controlled science being used to enforce political agendas while suppressing open debate. The systemic censorship, regulatory capture, legal manipulation, and academic indoctrination must be reversed to restore:

- Scientific integrity free from corporate and political interference.
- Medical ethics that prioritize informed consent and patient autonomy.
- Education that fosters critical thinking rather than ideological compliance.
- A justice system that protects dissenters rather than punishing them.
- A free press that operates without government control or funding.
- The right of professionals to express their concerns without fear of losing their licenses.

4.6.4. The Politicization of the Justice System

Introduction

For further context, readers are encouraged to review Section 7.1.1 *Canada's Justice System* and Section 7.1.2 *The Response of Canadian Courts* in the original NCI Report titled: "Inquiry into the Appropriateness and Efficacy of the COVID-19 Response in Canada" (November 28, 2023).

The original reports explains what the Rule of Law is:

The preamble to the Canadian Charter of Rights and Freedoms (the Charter) affirms clearly that Canada itself is founded upon the principle of the rule of law:

Whereas Canada is founded upon principles that recognize the supremacy of God and the rule of law

The rule of law is so fundamental to our nation that it is recognized as a pillar of the country in our Constitution. The rule of law means that the law applies equally to all, including people and the government. It means that no person is above the law, regardless of wealth, race, or personal characteristics. It means that the government itself is bound by the law and cannot act with impunity. The rule of law rejects political influence and popularity and ensures that each person is treated in the same way in the eyes of the law. The rule of law is of utmost importance to a functioning democracy and is a fundamental principle in the Canadian justice system⁹². (...)

The rule of law is not only important to ensure that a justice system functions correctly; the rule of law is equally important to maintaining the confidence of Canadians in their justice system. When the rule of law is subverted, Canadians perceive fundamental unfairness to themselves and their loved ones. This breeds resentment and mistrust and can undermine the very functioning of democracy⁹³. (...)

(...) When people lose faith in their ability to solve problems through the justice system, the risk that they may take matters of justice into their own hands increases significantly. (...)⁹⁴

⁹² NCI Report "Inquiry into the Appropriateness and Efficacy of the COVID-19 Response in Canada" (November 28th, 2024), page 154.

⁹³ *Ibid.*, page 155.

⁹⁴ *Ibid.*

The NCI heard extensive evidence that Canadian courts have failed to uphold the rule of law, and failed to instil confidence in the system. The Canadian courts' response to the impact of COVID measures on Canadians has led to a breakdown in confidence and an erosion of trust in the Canadian legal system⁹⁵. (...)

Canadians have been left with the feeling that there is no person to protect them from government overreach. This is worrisome evidence of a breakdown of the rule of law.⁹⁶

Judge Kenneth Giesbrecht⁹⁷ provided testimony to the National Citizens Inquiry (NCI) 2023 hearings in Winnipeg, regarding the Canadian judiciary's handling of COVID-19-related cases. His evidence touched on critical legal principles, including mootness, judicial notice, and fairness, which he argued were applied in ways that may have compromised justice during the COVID-19 response. The reader may wish to further cross-reference Judge Giesbrecht's testimony with this section.

Gail Davidson⁹⁸ is a retired lawyer specializing in international human rights law, advocacy, research, and education. Gail Davidson's provided testimony to the 2023 National Citizens Inquiry (NCI) hearings in Vancouver which covered significant concerns about the Canadian judiciary, focusing on mootness, judicial notice, and fairness.

David Leis's⁹⁹ testimony at the 2023 National Citizens Inquiry (NCI) hearings in Winnipeg, provides significant insight into issues of judicial fairness, institutional failures, and the erosion of democratic principles, which closely relate to the concerns raised by Gail Davidson regarding mootness, judicial notice, and fairness in the judiciary.

The witnesses heard at the NCI Vancouver Hearings once again highlight this significant erosion of the Rule of Law in favour of a significant politicization of the judicial system, and not only on issues concerning COVID-19. On the one hand, the evidence shows that police officers don't have a free hand in their investigations (Vincent Gircys) and that they won't lay criminal charges for sexually explicit material available to children (Amrit Birring)¹⁰⁰; on the other hand, the courts can be used to create examples and dissuade people from exercising their rights, as we shall see below.

⁹⁵ *Ibid.*

⁹⁶ *Ibid.*

⁹⁷ <https://nationalcitizensinquiry.ca/witness/brian-giesbrecht/> accessed March 20, 2025

⁹⁸ <https://nationalcitizensinquiry.ca/witness/gail-davidson/> accessed March 20, 2025

⁹⁹ <https://nationalcitizensinquiry.ca/witness/david-leis/> accessed March 20, 2025

¹⁰⁰ See section 5.6.2 of this report

The question is then: How can we protect our children if we can't rely on the police or the justice system to put an end to measures, policies, laws and behaviours that harm them?

Discussion of Witness Testimonies

The Stephan's Case

Witnesses: David and Collet Stephan

The reader is advised that this case could also have been addressed in the previous section (section 5.6.3) on unethical practices used to push a political agenda and conceal the truth.

Who Are the Stephans?

David and Collet Stephan are parents from Alberta with four children. Their second son, Ezekiel, was 19 months old when he passed away in 2012, leading to a criminal trial that spanned multiple years. The couple, known for their commitment to natural health practices, was accused of failing to provide the necessities of life because it was alleged that they did not solicit medical care soon enough for their son. Initially, the case was framed as being about vaccination, but as the trial progressed, it shifted to a broader debate about parental choice in medical care.

It is to be noted that David Stephan was involved in a legal battle against Health Canada years before the trial, challenging restrictions on supplements produced by his family's company, and he ultimately won the case.

Summary of the Facts

Ezekiel Stephan, 19 months old, initially fell ill, likely with croup. In the days leading up to his passing, his condition improved, and he was showing signs of recovery. On the morning of his final day, a midwife who was also a nurse in an emergency room, checked on him and found no cause for concern. However, later that night, he suddenly stopped breathing. His parents immediately called 911 and performed CPR, successfully reviving him before the ambulance arrived.

Despite living near an ambulance station, Alberta Health Services (AHS) dispatched an ambulance from 40 km away, delaying medical intervention. When paramedics arrived, they encountered critical equipment shortages due to a bureaucratic decision that had removed essential airway management tools for children under 12 from ambulances. As a result, Ezekiel went without proper oxygen for 8 to 12 minutes, causing hypoxia, a severe lack of oxygen to the brain. Furthermore, he did not receive adequate perfusion for approximately three hours, which would have significantly impacted his condition. Additionally, the ambulance report was left open for several days, allowing for subsequent edits, raising concerns about the accuracy and integrity of the documented events.

At the hospital, serious inconsistencies in the medical records emerged. Ezekiel's potassium levels were suspiciously high, a condition that could indicate a medical error rather than natural causes. The drug rocuronium bromide, a paralytic agent, was administered despite being contraindicated due to his existing electrolyte imbalance. Following this, Ezekiel's blood pressure plummeted, and he suffered cardiac distress. Strangely, there was a 65 minute blackout in his medical records, no documentation of any treatment, despite multiple medical teams being present. Lab reports were conducted during this missing timeframe, yet the Stephans were never able to obtain these results, as Alberta Health Services (AHS) informed them that the records had been lost.

Adding to the irregularities, the Stephans drove by car to Alberta Children's Hospital in Calgary and arrived before the medical helicopter, despite taking time to pack and drive through a snowstorm, which took them more than two hours. This raised serious concerns about the efficiency and urgency of the medical response.

Following Ezekiel's hospitalization, the Stephans were interviewed by child protective services. After reviewing the case, authorities considered them fit parents, and the case was closed with only a recommendation that their other son undergo blood tests to ensure he was not ill.

Judicial Proceedings

The criminal charges against David and Collet Stephan were laid 11 months after Ezekiel's death, accusing them of failing to provide the necessities of life. From the outset, officials attempted to frame the case around bacterial meningitis, despite no conclusive medical evidence supporting this claim.

Before the autopsy was even conducted, the Alberta Department of Justice sent an 18-page letter to the pathologist, Dr. Adi Agbo¹⁰¹, suggesting bacterial meningitis as the cause of death. This highly unusual move raised concerns that the autopsy findings were being pre-determined to support the prosecution's case. Despite these efforts, the forensic tests did not confirm an active bacterial infection, and later expert testimony debunked the claim that bacterial meningitis was the cause of death. A CT-scan definitively ruled out meningitis, contradicting the prosecution's central argument. Additionally, an X-ray taken upon hospital admission showed clear lungs, invalidating an alternative diagnosis of pleural empyema.

In an attempt to further strengthen the prosecution's case, a PCR test was conducted. However, this type of test is not an appropriate diagnostic tool for determining active infection, making its use in the case highly questionable.

At the first trial in 2016, the Stephans were convicted, despite the judge noting that all evidence indicated they were loving, attentive parents, an unusual finding for a charge of failing to provide the necessities of life. David Stephan was sentenced to four months in prison, while Collet Stephan was given house arrest. Due to the widespread media coverage, which portrayed him as a danger to children, David faced threats in prison and was placed in solitary confinement for three weeks for his own safety.

The Alberta Court of Appeal upheld the conviction, but the Supreme Court of Canada later ruled the trial was unfair, overturning the conviction and ordering a new trial.

At the second trial in 2019, the Stephans were acquitted, but the Crown immediately appealed. The Alberta Court of Appeal then ordered a third trial, and introduced a new legal argument about vaccination that was never raised during the trials, suggesting that parents who do not vaccinate their children have a higher duty to seek medical care, even though no expert evidence on this matter was presented.

Before the third trial could proceed, critical credibility issues regarding the pathologist who conducted the autopsy surfaced in the United States. As a result, the Crown abruptly dropped all charges, ending years of legal battles. All those years of litigation, after having lost a child, caused PTSD to Collet Stephan.

¹⁰¹ <https://www.cbc.ca/news/canada/calgary/medical-examiner-adeagbo-calgary-indiana-impaired-driving-charges-1.5723516> accessed march 18, 2025

The Political Agenda Behind the Stephan Case

The political agenda behind the Stephan case was evident from the outset. Initially, authorities appeared to be using the case to set an example regarding vaccination, targeting the Stepahns because they had chosen not to vaccinate their children. When this approach was abandoned, the focus shifted to a broader debate about parental choice in medical care, particularly their reliance on natural medicine over conventional treatments. David Stephan's prior legal victory against Health Canada over his family's supplement business may have positioned them as a target for scrutiny.

During the legal proceedings, the Alberta Court of Appeal introduced an entirely new argument that had never been raised in trial: it stated that parents who do not vaccinate their children have a higher duty to seek medical care. This assertion was made without any supporting evidence or expert testimony, reinforcing the concern that the case was about setting an example to ensure parents would vaccinate their children.

Although the Stepahns ultimately won their second trial and the Crown dropped the charges before a third trial could proceed, the case demonstrated how the justice system, public health authorities, and media can be used to pressure individuals who challenge mainstream medical norms.

Unethical Strategies Employed by the Media, the Medical System, and the Justice System to Push the Political Agenda Behind the Charges Against the Stepahns

The prosecution of David and Collet Stephan did not appear to be about legal justice, rather, it seemed to be part of a broader effort involving the media, the medical system, and the justice system to push a political agenda. Several unethical strategies were used to manipulate the case and shape public perception:

- **Suppression and Manipulation of Evidence:**

- One of the most troubling aspects of the case was the failure to disclose key evidence to the defence. Medical records contained a 65 minute gap, during which Ezekiel was receiving care, yet the hospital refused to provide these records. The lab reports referenced during this missing period were never released, with Alberta Health Services claiming they were "lost". The defence fought extensively in court to obtain these documents, but they were repeatedly denied access.

Additionally, an X-ray taken upon Ezekiel's arrival at the hospital showed clear lungs, contradicting the pathologist's claim that pleural empyema contributed to his death. This crucial evidence was only obtained after the first trial and wrongful conviction.

- **Possible Cover-up of Medical Malpractice:** Rather than acknowledging the serious failures in medical treatment, authorities worked to shift blame onto the parents.
 - **Missing Airway Equipment and Lack of Oxygenation:** When paramedics arrived, they lacked the proper airway management tools for children under 12, due to a policy change by Alberta Health Services (AHS). As a result, Ezekiel was deprived of oxygen for 12 minutes in the ambulance, contributing to severe hypoxia. It is to be noted that the ambulance report was left open for editing for a lengthy period of time, which is unusual and suspicious.
 - **Lack of Adequate Perfusion:** In addition to the lack of oxygenation, Ezekiel did not receive adequate perfusion for approximately three hours. Proper circulation of oxygenated blood is crucial for survival, and this extended period of inadequate perfusion likely played a significant role in his deterioration.
 - **Unexplained Drug Administration and Missing Medical Records:** Ezekiel was given rocuronium bromide, a paralytic drug, despite having an electrolyte imbalance, which made him unsuitable for this medication. After receiving the drug, his vitals dropped rapidly, yet no documentation exists for the next 65 minutes, raising serious concerns of a cover-up.

Rather than addressing these critical failures in medical intervention, officials shifted the focus entirely onto the parents, portraying them as negligent while ignoring systemic failures in emergency care.

- **Interference from the Department of Justice:** Before the autopsy was conducted, the Alberta Department of Justice sent an 18 page letter to the pathologist, Dr. Adi Agbo, suggesting bacterial meningitis as the cause of death. This highly unusual move effectively guided the medical examiner toward a pre-determined conclusion rather than allowing for an objective analysis.

Despite this, subsequent findings failed to confirm meningitis, and a CT-scan ruled it out entirely. However, the authorities continued to push this false narrative to justify the charges.

- **Misuse of the PCR Test:** Because standard forensic tests could not confirm any bacterial infection, a PCR test was used to detect traces of bacteria. However, PCR is not a valid diagnostic tool for determining active infections. The forensic microbiologist initially found no infection, but after being pressured by the pathologist, a small, insignificant trace of DNA was detected using PCR.

Even then, the strain of bacteria could not be identified, making the results medically meaningless. Yet, these flawed findings were presented as evidence to justify the meningitis claim.

- **Financial Incentives for Alberta Health Services:** Under Alberta's legal framework, parents receive different financial compensation depending on whether a patient dies or survives. The case records suggest that had Ezekiel survived, Alberta Health Services would have been required to cover the costs of his long-term care. His death meant significantly lower costs for the system, creating a potential conflict of interest that may have influenced medical decisions and the legal case.
- **Media Manipulation and Misinformation:** The media played a crucial role in shaping public perception, distorting facts to fit an anti-parental rights narrative:
 - **False Claims About Natural Medicine:** Mainstream media repeatedly misrepresented the case, falsely reporting that the Stephans attempted to treat bacterial meningitis with "maple syrup, horseradish and garlic", despite no evidence of this in the court records.
 - **Persistent Misinformation About Vaccination:** Even after the first trial judge ruled that bacterial meningitis was not the cause of death, media outlets continued to claim Ezekiel died because he was unvaccinated, misleading the public.
 - **Selective Coverage:** Journalists left the courtroom when defence witnesses testified but were present for Crown witnesses, or they did not report the Stephans' evidence, ensuring that their coverage was biased against the them.

Even after the second trial resulted in acquittal, media outlets continued pushing the false narrative that the case was about vaccination rather than the failures of Alberta Health Services.

The prosecution of the Stephans was not about justice, it appeared to be about sending a political message. Through withholding evidence, manipulating medical findings, interfering in autopsy conclusions, and distorting media coverage, authorities seemed to be setting an example about vaccination and parental rights in medical decisions. Despite their ultimate acquittal and the Crown dropping charges before a third trial, the case highlights how the legal system, public health agencies, and the media can be used to pressure individuals who challenge mainstream medical policies.

The Barry Neufeld case

Witnesses: Barry Neufeld, Paul Jaffe and James Kitchen

Barry Neufeld is a former school board trustee from Chilliwack, British Columbia, with 27 years of experience in the role. He also had a long career as a probation officer, working extensively with disenfranchised youth and individuals within the criminal justice system. His expertise included dealing with sexual offenders and providing support for vulnerable individuals.

Barry Neufeld's testimony provided a compelling account of the politicization of the judicial system, demonstrating how legal mechanisms were used to suppress dissent and enforce ideological conformity. The key points of his testimony include:

- **Defamation and Character Assassination:** After expressing concerns about the Sexual Orientation and Gender Identity (SOGI) program in schools, while he was a school board trustee, Neufeld became the target of a widespread smear campaign. Prominent figures, including the president of the BC Teachers' Federation (BCTF), government officials such as the Minister of Education, activist groups, and mainstream media, labeled him transphobic, racist, bigot, and misogynistic. His legal counsel argued that these accusations were baseless and designed to discredit him rather than foster an open debate on educational policies.
- **Denial of Due Process:** To restore his reputation, Neufeld sued in defamation. His action was opposed by a motion to dismiss based on anti-SLAPP (Strategic Lawsuit Against Public Participation) provisions. After having lost in the Superior Court of British Columbia, Neufeld succeeded at the BC Court of Appeal, which allowed his defamation lawsuit to proceed. However, the Supreme Court of Canada overturned this decision, blocking his case from advancing before it could reach trial. As a result, Neufeld was never given his day in court to defend his right to free speech and to restore his reputation. His legal counsel stressed that this decision set a dangerous precedent: individuals who challenge prevailing ideologies can be subjected to character assassination without any legal recourse to defend themselves.

- **The double standards of the Supreme Court of Canada:** While the Supreme Court of Canada (SCC) had refused to hear any cases related to COVID-19 measures, as far as the witnesses were aware, it granted leave to appeal in Neufeld's case, a case pertaining on a procedural matter only regarding the application of anti-SLAPP (Strategic Lawsuit Against Public Participation) legislation. Despite the case having been dismissed before any discovery, cross-examinations, or trial, the SCC took the extraordinary step of issuing an opinion on the substantive issues, effectively ruling against Neufeld without any evidence being tested in court¹⁰². This selective intervention raised serious concerns about judicial impartiality and the Court's willingness to engage in politically charged cases only when it serves a particular ideological agenda.
- **Weaponization of Anti-SLAPP Legislation:** The SCC relied on anti-SLAPP legislation, originally designed to prevent powerful entities from engaging in defamation lawsuits to silence critics. However, in Neufeld's case, the law was used in the opposite manner to shield those who publicly defamed him because he expressed concerns on a political agenda while denying him any opportunity to clear his name. His legal counsel argued that this distorted application of anti-SLAPP laws reinforced the perception that the legal system was being manipulated to protect certain viewpoints while suppressing others.

A good example that the anti-SLAPP legislation was misused by the Supreme Court of Canada is the fact that Mr Neufeld had to fight alone with his counsel against 14 lawyers representing many activists' groups, so he was the vulnerable party against a big machine well-financed.

- **Bias in Granting Interveners:** In this vein, the SCC seemed to show a political bias by selectively allowing interveners in the case. It granted standing to multiple organizations that supported Glen Hansman, including:
 - Egale Canada (a national LGBTQ+ advocacy organization)
 - West Coast LEAF (a feminist legal organization)
 - QMUNITY (a Vancouver-based LGBTQ+ resource centre)
 - The Canadian Human Rights Commission (a federal agency tasked with promoting human rights in Canada)
 - The BC General Employees' Union (BCGEU) (a major public sector union)

¹⁰² <https://www.canlii.org/en/ca/scc/doc/2023/2023scc14/2023scc14.html> accessed March 14, 2025

- The Canadian Civil Liberties Association (CCLA) (which intervened in favour of Hansman's free speech rights)

Meanwhile, the SCC denied standing to interveners who sought to support Neufeld's position. Notably, the Justice Centre for Constitutional Freedoms (JCCF), an organization that has been involved in defending free speech and civil liberties cases in Canada, was refused the opportunity to present arguments in Neufeld's defence. This one-sided approach reinforced the perception that certain ideological positions were favoured while opposing viewpoint were suppressed.

- **Human Rights Complaint and Retaliation Narrative:** Neufeld was also subjected to a human rights complaint, further demonstrating how legal mechanisms were used to punish dissent. The complaint, filed with the British Columbia Human Rights Tribunal, accused him of discrimination. However, Neufeld's legal counsel emphasized that his criticism was not directed at any individual or group but solely at a belief system, the ideology behind the SOGI program, which he argued was harmful to children. His statements did not attack or discriminate against any person; rather, they expressed concern about an educational policy. As a result, the complaint against him was immaterial, as it failed to allege any actual discriminatory conduct.

Notably, the proceedings in Neufeld's case have been ongoing for seven years, a delay that his legal counsel emphasized would be considered unacceptable in a criminal case. Under the Jordan ruling¹⁰³, which sets limits on how long a case can take before it constitutes a violation of an accused's right to be tried within a reasonable time, a criminal case facing such delays would have been dismissed. Yet, in Neufeld's case, the process has been allowed to drag on, further demonstrating how the legal system can be used to exhaust and punish those who challenge prevailing ideologies.

- **Explanation of Libel and Its Role in Free Speech:** Paul Jaffe, Neufeld's legal counsel, explained that the law of libel is often misunderstood as a restriction on free speech, when, instead, it plays a crucial role in protecting it. In the political arena, vigorous debates and even sharp criticism are expected, but there is a legal boundary: individuals cannot make outright false and damaging statements intended to destroy someone's reputation.

¹⁰³ R. V Jordan, 2016 SCC

Jaffe stressed that if public figures are allowed to defame others without consequence, it does not enhance free speech but rather suppresses it. He argued that Neufeld's case illustrated how defamation laws, when applied correctly, should serve as a safeguard against misinformation campaigns that intimidate and silence individuals who express dissenting views. However, in Neufeld's case, the courts did not even allow his lawsuit to proceed to discovery, meaning he was denied the opportunity to vindicate himself and restore his reputation.

Jaffe also emphasized the broader implications of this ruling, warning that if public figures know they can be defamed without recourse, fewer individuals will be willing to speak out on controversial issues. This, he argued, creates a chilling effect on free speech and democratic discourse.

- **Chilling Effect on Public Discourse:** Neufeld's case illustrated how the judicial system was being leveraged to suppress debate on politically sensitive issues. His legal counsel warned that the precedent set by the SCC would discourage other public officials and private citizens from speaking out on controversial policies, knowing they could face similar legal and reputational consequences. The ruling signalled that certain viewpoints would be protected while others could be silenced through legal and institutional mechanisms.

Neufeld's testimony painted a troubling picture of a judicial system that seems to no longer function as an impartial arbiter of justice, instead it seems to have become an instrument for enforcing ideological conformity. The Supreme Court of Canada's handling of his case, granting an appeal to rule against him without evidence presented in a trial, blocking his access to justice, selectively allowing interveners and the brings of a Human Rights Complaint exemplified how legal mechanisms were being politicized to suppress dissent and protect dominant narratives.

Furthermore, as Paul Jaffe pointed out, the misuse of defamation law in this case set a dangerous precedent that threatens free speech itself. By denying Neufeld a chance to defend his reputation in court, the judiciary reinforced a system where public figures can be smeared without accountability, discouraging others from engaging in democratic debate.

Lawyers' Testimony on the Judicial System

Paul Jaffe, Lawyer

Overview of Testimony

Paul Jaffe's, a lawyer practicing in British Columbia, testimony outlined the increasing politicization of the judicial system and how it has been used to shield government actions from legal scrutiny. His testimony focused on several key themes:

- **Prioritization of Administrative Decisions Over Constitutional Rights:** Jaffe explained that a major shift in Canadian law has occurred, where administrative law principles have been used to override constitutional protections. During the COVID-19 event, public health orders issued by Dr. Bonnie Henry were treated as administrative decisions, meaning that courts showed extreme deference to her expertise rather than applying Charter scrutiny.

He noted that had these restrictions been enacted as legislation, they would have been subject to the Oakes test¹⁰⁴, which requires the government to prove that rights violations are justified. Instead, by framing them as administrative decisions, courts upheld them without requiring the government to present evidence demonstrating their necessity or effectiveness.

- **Denial of Cross-Examination and Introduction of Evidence:** Jaffe stated that despite challenging Bonnie Henry's orders, he was denied the right to cross-examine her and was also prevented from introducing expert testimony that contradicted her claims. This was critical because public health measures were being defended on the assumption that they were necessary, without the government having to present or justify evidence.

Even when courts questioned the logic of the restrictions, such as why people could gather in pubs, gyms, or shopping malls, but not in churches, the government was not required to provide a rationale. Instead, the courts simply deferred to Henry's orders as if they were inherently valid.

- **Legal Manipulation: The Flipping of Constitutional Arguments:** Jaffe highlighted how the government used contradictory legal arguments to block constitutional challenges at every stage. Initially, the Attorney General of British Columbia argued that constitutional challenges should not be heard in civil court because they could be raised during individual prosecutions for public health order violations.

¹⁰⁴ The Oakes Test is a legal test established by the Supreme Court of Canada in *R v Oakes* (1986) to determine whether a law that limits a Charter right or freedom can be justified under Section 1 of the Canadian Charter of Rights and Freedoms. ChatGPT March 14, 2025; The citation for the decision is *R. v. Oakes*, 1986 CanLII 56 (SCC).

However, when those penal cases were later brought forward, the government argued that the courts were bound by earlier civil decisions, preventing defendants from raising constitutional arguments. This created a situation where at no stage could anyone actually challenge the constitutionality of the orders, a strategy Jaffe described as fundamentally dishonest.

- **The Use of the Doctrine of Mootness to Avoid Accountability:** Jaffe also pointed to the Peckford case¹⁰⁵, which challenged vaccine mandates for air travel. He explained that Maxime Bernier and Brian Peckford spent over \$100,000 preparing their legal challenge, including obtaining key government documents that showed the mandates had no input from public health officials and were purely political decisions.

However, before the case could be heard, the government repealed the mandate and then used the doctrine of mootness to argue that the case should be dismissed. The courts agreed, meaning the government avoided judicial review entirely. Jaffe warned that this tactic allows governments to violate rights temporarily, withdraw the policy before a court ruling, and then reintroduce similar measures in the future without consequence.

- **Judicial Notice and Assumptions in Favour of the Government:** Jaffe criticized the courts for taking judicial notice¹⁰⁶ of government claims without requiring proof. He explained that in legal proceedings, judicial notice allows courts to accept certain facts as undisputed, as they did with the existence of a COVID-19 event though it may be a controversial question, but in many cases, courts extended this to government narratives about vaccines and restrictions without requiring evidence.

For example, in cases involving religious gatherings, courts assumed that Bonnie Henry must have had a valid reason for banning church services while allowing other activities. Since her reasoning was never questioned, defendants were not allowed to present evidence showing that the restrictions were arbitrary and unjustified.

¹⁰⁵ Honourable A. Brian Peckford et al. v. Attorney General of Canada, 2022 FC 1463, aff'd 2023 FCA 219, leave to appeal refused 2024 CanLII 80711 (SCC)

¹⁰⁶ **Judicial notice** is a legal principle that allows a court to recognize certain **facts as true without requiring formal evidence**. These facts must be either **so notorious (commonly known) or so readily verifiable (through reliable sources) that they cannot be reasonably disputed**. Courts often take judicial notice of historical events, scientific facts, or laws from their own jurisdiction. This principle helps streamline legal proceedings by avoiding the need to prove widely accepted facts. However, judicial notice cannot be used for **controversial or uncertain** matters. ChatGPT March 14, 2025

- **The Systemic Politicization of the Judiciary:** Jaffe warned that the judiciary has become increasingly ideological, shifting from an independent check on power to a system that protects state decisions from scrutiny. He noted that courts have become more aligned with government narratives, often taking proactive steps to shield officials from legal accountability rather than ensuring the protection of constitutional rights.

He stated that the failure of the judiciary to check government overreach has forced citizens to turn to independent inquiries, such as the National Citizens Inquiry (NCI), because the courts have systematically refused to provide justice.

A Legal System Designed to Block Accountability

Jaffe's testimony painted a bleak picture of the Canadian legal system, describing it as structured to prevent challenges to government authority. He outlined how:

- Administrative law principles were used to protect public health orders from constitutional scrutiny.
- Defendants were denied the right to cross-examine officials or introduce evidence.
- The government flipped its legal arguments to prevent constitutional challenges in both civil and criminal courts.
- The doctrine of mootness was used to avoid rulings on major constitutional cases.
- Judicial notice was abused to accept government narratives without proof.
- The judiciary has become increasingly political, favouring state power over individual rights.

Jaffe warned that unless systemic reforms are made, these legal tactics will continue to be used to suppress dissent and insulate government actions from legal review. He concluded that Canada's legal system is no longer functioning as a neutral arbiter of justice but has become a tool for protecting government policies from accountability.

James Kitchen, Lawyer

Overview of Testimony

James Kitchen's testimony highlighted the fundamental weaknesses of the Canadian Charter of Rights and Freedoms compared to the United States (U.S.) Constitution, emphasizing how the Canadian legal system structurally enables government overreach. The key points of his testimony were as follows:

- **The Charter's Section 1 Allows Government Overreach:** Kitchen emphasized that the biggest flaw in the Canadian Charter of Rights and Freedoms is Section 1, which states that rights are subject to "reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society."

He contrasted this with the U.S. Constitution, which grants absolute protections for fundamental rights such as freedom of speech, religion, and assembly. In the U.S., the government must meet a very high burden to justify infringing on these rights. However, in Canada, Section 1 reverses the burden, meaning that the government does not have to prove that it is respecting rights, it only needs to justify why it is limiting them.

Kitchen argued that this provision effectively renders the Charter meaningless, as courts routinely accept government justifications for rights violations.

- **Canada Lacks the Checks and Balances of the U.S. System:** Kitchen noted that the U.S. Constitution is designed with strong checks and balances to prevent government overreach. The three branches of government, executive, legislative, and judicial, are separate and can hold each other accountable.

By contrast, in Canada, the executive (Prime Minister and Cabinet) controls the legislative branch, the executive branch, and judicial appointments are made without public oversight. Unlike the U.S., where Supreme Court justices undergo rigorous Senate confirmation hearings, Canadian judges are appointed at the discretion of the Prime Minister's Office (PMO), without democratic scrutiny.

Kitchen argued that this system allows governments to stack the courts with ideologically aligned judges, ensuring that legal challenges to government policies face a judiciary that is predisposed to side with the State.

- **The Charter Was Designed to Fail:** Kitchen concluded that the Canadian Charter is structurally flawed because:
 - Rights are not absolute, unlike in the U.S.
 - The judiciary lacks independent oversight and is politically influenced.
 - Courts defer to government decisions rather than applying strict constitutional scrutiny.

He emphasized that without major legal reforms, Canada's legal system will continue to prioritize government power over individual freedoms, making it easier for future governments to implement authoritarian policies without meaningful legal resistance.

Discussion and Analysis of the Issues Raised by Witnesses

Testimonies presented at the NCI Vancouver Hearings revealed a recurring pattern in the judicial system, where legal proceedings are being weaponized to suppress dissent, protect government narratives, and enforce ideological conformity. Although the cases of David and Collet Stephan, Barry Neufeld, and legal experts like Paul Jaffe and James Kitchen involved different circumstances, several common themes emerged. These similarities paint a concerning picture of a justice system that no longer functions as a neutral arbiter but as a mechanism for advancing political and ideological objectives.

This analysis identifies key patterns across these testimonies and their broader implications for the erosion of judicial independence and the rule of law in Canada.

- **Procedural Tactics Used to Block Accountability and Suppress Dissent:** A recurring theme in the testimonies was how procedural mechanisms are selectively applied to protect government actions from scrutiny while denying justice to individuals who challenge dominant narratives.
 - **Prevention of Fair Trials:** In multiple cases, key evidence was withheld or manipulated. The 65 minute blackout in medical records in the Stephan case, the refusal to allow Barry Neufeld to defend his reputation in court, and the denial of cross-examinations in legal challenges against government policies all illustrate a pattern where the judicial process is used to suppress, rather than uncover, the truth.
 - **Use of Administrative Law to Preclude Constitutional Challenges:** Testimonies highlighted how governments now use administrative law to shield policies from judicial review. By treating major policy decisions as "administrative matters" rather than legislative acts, courts apply a lower standard of scrutiny, making it nearly impossible to challenge government overreach.
 - **Strategic Use of the Supreme Court:** The Supreme Court of Canada seems to selectively intervenes in cases where it can reinforce political narratives. It refused to hear cases related to COVID-19 measures but intervened in Barry Neufeld's instance, not to ensure due process, but to shut down his defamation lawsuit before it even went to trial, while it reinforced the narrative on gender identity issues without any proof put forward in front of the courts.

These procedural tactics tends to create a two-tiered justice system, one that protects government narratives while preventing legal challenges that could expose misconduct.

- **Bias in Political and Ideological Cases:** Another similarity across testimonies was the increasing role of bias in politically sensitive cases.
 - **Selective Application of Free Speech Protections:** Courts shielded activists and government officials from defamation lawsuits (as seen in the Neufeld case) while mainstream media were able to spread false narratives about the Stephans. This demonstrates a double standard in how free speech rights are protected, those who support State approved narratives receive legal protection, while those who challenge them are targeted with legal consequences.
 - **Ideological Influence Over Legal Rulings:** In cases involving controversial social and political issues, courts increasingly rely on assumptions rather than evidence. The Alberta Court of Appeal's statement that unvaccinated parents have a "higher duty" to seek medical care, despite no expert evidence being presented on this point, shows how courts are making policy-based rulings rather than evidence-based decisions. The same thing is seen in the Neufeld's case, the Supreme Court of Canada aligning with gender ideology while the case was strictly on a procedural matter and no evidence was put forward in front of the court.
 - **Judicial Notice and Assumptions That Favour the Government:** Witnesses testified that judges routinely accept government claims without requiring proof, effectively reversing the burden of evidence. This trend is particularly dangerous because it removes the government's obligation to justify its actions, leading to unchecked State power on the infringement of fundamental rights protected by the charters.

These testimonies suggest that judicial decisions are increasingly being guided by ideological considerations rather than legal principles, compromising the courts' role as neutral arbiters of justice.

- **Media and Institutional Collusion to Control Public Narratives:** Another key similarity across testimonies was the role of the media and institutional actors in reinforcing politically motivated prosecutions and legal battles.
 - **Coordinated Media Misinformation Campaigns:** The Stephans were falsely accused of treating their child's illness with "maple syrup, horseradish and garlic," a narrative that was repeatedly debunked in court but continued in media reports. Similarly, Neufeld was labeled transphobic and racist despite his criticisms being directed at a belief system, not individuals. These cases demonstrate how the media operates as an extension of the State, shaping public perception to justify legal actions against certain individuals.

- **Selective Reporting and Narrative Control:** Journalists left the courtroom when defence witnesses testified in the Stephan case or did not report them, ensuring that only the prosecution's arguments were widely reported. Additionally media outlets continued to frame the Stephan case as being about vaccination, even after the courts ruled out bacterial meningitis as a cause of death. This pattern suggests that certain narratives are deliberately maintained to shape public perception and enforce social compliance.
- **Financial and Institutional Conflicts of Interest:** Alberta Health Services had financial incentives to treat Ezekiel Stephan's death in a way that reduced liability and costs, yet this conflict of interest was never scrutinized in legal proceedings.

These testimonies seem to indicate that the justice system does not operate in isolation, it is likely linked to media and institutional forces that help sustain political narratives and suppress counterarguments.

- **The Broader Impact: Loss of Public Trust and Legal Precedents That Undermine Rights:** The combined effect of these legal manipulations is the erosion of public confidence in the judicial system and the establishment of dangerous legal precedents:
 - **Legal Precedents That Expand Government Control:** The Supreme Court's ruling in Neufeld's case and the Alberta Court of Appeal's vaccination statement, in the Stephan's case, set precedents that expand the government's ability to regulate speech and medical decisions without requiring legal justification.
 - **Chilling Effect on Free Speech and Legal Challenges:** As these cases demonstrate, individuals who challenge government policies or dominant social narratives face legal retaliation, public vilification, and financial ruin. This creates a chilling effect, discouraging others from speaking out for fear of becoming the next target of legal and media attacks.
 - **A Justice System That No Longer Functions as a Neutral Arbiter:** Instead of acting as a safeguard against government overreach, Canada's judicial system now appears to function as a tool for enforcing political agendas.

These testimonies collectively suggest that the legal system is no longer designed to protect individual rights but to protect institutional power.

Conclusion

The testimonies presented at NCI Vancouver reveal that Canada's judicial system is experiencing a profound legitimacy crisis. The repeated use of procedural barriers, bias, media collusion, and probable institutional cover-ups has transformed the courts from a neutral defender of rights into an enforcer of government policy.

Key takeaways from the testimonies include:

1. The justice system is selectively applied, protecting those who align with government narratives while targeting those who dissent.
2. Judicial decisions are increasingly based on ideology rather than evidence, expanding government power without legal justification.
3. The media and institutions work together to shape public perception, ensuring that politically motivated legal actions are publicly justified.
4. The courts no longer provide an effective check on government overreach, leading to an imbalance of power that threatens fundamental rights.

These findings point to an urgent need for judicial reform. Without systemic changes to restore judicial neutrality, due process, and public accountability, the erosion of legal protections will continue, leading to further abuses of power and a growing distrust in Canada's legal institutions.

Recommendations

Based on the testimonies and findings from the NCI Vancouver Hearings, as well as previous NCI reports, the following recommendations aim to restore judicial neutrality, protect individual rights, and prevent further politicization of Canada's legal system.

1. Restoring Judicial Independence and Accountability:
 - **Reform Judicial Appointments:** Establish an independent, non-partisan body to oversee judicial appointments, ensuring that selections are based on legal expertise and impartiality, rather than political considerations.
 - **Require the Supreme Court of Canada to Justify Case Rejections:** The Supreme Court currently does not provide reasons for refusing to hear cases. To ensure transparency and accountability:
 - The Court must provide a written justification for every refusal, outlining the legal basis for its decision, and the name of the justices who rendered the decision.

- A review mechanism should be established, allowing litigants to request a secondary review by a separate panel of justices if a case is declined.
 - **Guarantee a Direct Right of Appeal for Cases Against the State:** Cases involving constitutional challenges and fundamental rights violations by the government or administrative institutions should have an automatic right of appeal to the Supreme Court of Canada, ensuring that individuals can challenge State overreach without procedural barriers.
 - **Allow Provinces to Hold the Federal Government Liable:** Similar to the U.S. model, provinces should have the explicit legal authority to hold the federal government accountable in cases where its actions violate provincial autonomy, harm citizens, or infringe upon constitutional rights. This would provide a necessary check on federal overreach and ensure greater balance between federal and provincial powers.
 - **Increase Judicial Accountability:** Introduce mechanisms for holding judges accountable for decisions that blatantly disregard evidence, violate fundamental rights, or demonstrate clear ideological bias. This could include limited legal liability for judges in cases of gross misconduct, as well as the ability for affected individuals to challenge rulings outside the traditional appeals process when judicial overreach is evident.
2. Strengthening Legal Protections Against Government Overreach:
- **Amend the Canadian Charter to Remove Section 1:** The "reasonable limits" clause in Section 1 has allowed governments and courts to override fundamental rights, making them conditional rather than absolute. Removing Section 1 would align Canada's Charter with the U.S. Constitution, ensuring that constitutional freedoms cannot be suspended based on government justification.
 - **Prohibit the Use of Administrative Law to Override Constitutional Rights:** Ensure that government policies and emergency measures undergo full constitutional scrutiny, rather than being treated as administrative decisions that evade judicial review.
 - **Mandate the Right to Cross-Examination in Cases Involving Government Restrictions:** Guarantee that government officials and public health authorities can be cross-examined in court when their policies impact fundamental rights.
 - **Prevent the Abuse of Mootness Doctrine:** Establish legal safeguards against the government repealing policies solely to avoid judicial review, ensuring that legal challenges proceed even if policies are revoked.

- **Allow the Reopening of Cases When New Facts Emerge:** Legal mechanisms should be established to reopen cases when new evidence is discovered that could have altered the outcome. This would allow:
 - Professionals who were suspended, fined, or otherwise penalized to have their cases reviewed if later evidence proves they were right.
 - Individuals convicted under laws or policies later proven to be unjust to have their cases re-evaluated.
 - Fines and legal penalties to be annulled if it is demonstrated that the initial ruling was based on incomplete or false information.
- 3. Combating Bias and Double Standards in Free Speech Cases:
 - **Reform Anti-SLAPP Legislation to Protect Vulnerable Individuals:** Ensure that defamation protections are applied fairly, preventing activists and government officials from using anti-SLAPP laws to silence critics while enjoying legal immunity for defamatory statements.
 - **Eliminate Political Bias in Intervener Selection:** Require courts to apply neutral criteria when granting or denying intervener status, ensuring that all parties have equal access to present arguments.
 - **Uphold Equal Free Speech Protections:** Ensure that courts do not apply different legal standards based on the viewpoint expressed, whether in cases of public dissent, parental rights, or social issues.
- 4. Ensuring Transparency and Accountability in the Medical and Legal Systems:
 - **Require Full Disclosure of Evidence in All Criminal and Civil Trials:** Courts must establish strict consequences for withholding, altering, forging, or failing to disclose evidence. If such misconduct is found, the case must result in immediate acquittal in criminal cases or a ruling in favour of the injured party.
 - **Strengthen Medical Accountability:** Establish independent oversight bodies to investigate possible cover-ups of medical malpractice, particularly when institutions have financial incentives to shift blame onto individuals.
 - **Prevent the Manipulation of Expert Testimony:** Prohibit government agencies from pre-influencing forensic investigations, such as the 18-page letter sent to the pathologist in the Stephan's case.

5. Addressing the Misuse of Judicial Notice:

- **Prohibit the Use of Judicial Notice Except for Trivial Facts:** Judicial notice must only be applied to trivial facts that are not central to the case. Courts must not use judicial notice to bypass the need for evidence, establish contested political or scientific claims as fact, or suppress debate on key legal issues.
- **Require Evidentiary Hearings for Contested Judicial Notice Claims:** If one party disputes a fact that the court intends to take judicial notice of, a hearing must be held to evaluate the validity of the claim, rather than simply accepting it without scrutiny.

6. Reforming Media and Public Information Practices:

- **Hold Media Accountable for Misinformation in Legal Cases:** Establish legal consequences for deliberate misreporting and omission of key evidence.
- **Ensure Equal Media Access to Courtroom Testimonies:** Prohibit journalists from selectively covering court proceedings only when it benefits one side, ensuring balanced reporting.
- **Increase Public Awareness of Media Bias:** Implement public education campaigns to help citizens recognize and critically assess media narratives that reinforce State policies without factual basis.

The systemic issues identified in the NCI Vancouver Hearings highlight a profound crisis in the Canadian judicial system. If left unaddressed, the continued weaponization of legal mechanisms, suppression of dissent, and selective application of justice will erode public trust and further undermine democratic principles.

Implementing these recommendations is essential to restore judicial impartiality, protect fundamental rights, and ensure that Canada's legal system operates independently of political and ideological influences.

4.7. Health and Medical Safety

4.7.1. mRNA Vaccines, Public Health, and Safety Concerns

Reference to the Original NCI Report

The original NCI report titled *Inquiry into the Appropriateness and Efficacy of the COVID-19 Response in Canada* (November 28, 2023) examined vaccine safety as a critical element of its findings. The testimonies of Dr. Byram Bridle, Dr. Paul Thomas, and Dr. Jessica Rose during the NCI Vancouver Hearings expand on these concerns, with a focus on mRNA vaccine technology, its safety, and broader public health implications.

Introduction

The development and roll-out of mRNA¹⁰⁷ vaccines during the COVID-19 event marked a significant milestone in vaccine technology. However, the rapid adoption of this new platform also introduced a range of safety, regulatory, and public health challenges. The Vancouver NCI hearings provided a platform for expert witnesses to critically evaluate the risks associated with mRNA vaccines, focusing on their safety, efficacy, and the broader implications for public health. Their testimonies highlighted the need for a thorough reassessment of the oversight and implementation of mRNA vaccine programs in Canada.

Witnesses, including Dr. Byram Bridle, Dr. Paul Thomas, and Dr. Jessica Rose, raised critical concerns about the safety of mRNA vaccines, particularly for vulnerable populations such as children, pregnant women, and individuals with pre-existing health conditions. Central themes of their testimonies included inadequate safety testing, regulatory failures, and alarming trends in adverse event reporting. They also emphasized systemic issues related to the transparency and accountability of public health institutions, pointing to significant gaps in how mRNA vaccines are assessed and monitored.

¹⁰⁷ **mRNA (messenger ribonucleic acid)** is a single-stranded molecule that carries genetic instructions from DNA in the cell nucleus to the ribosomes, where proteins are synthesized. Acting as a crucial intermediary in the process of gene expression, mRNA translates the genetic code into specific amino acid sequences to build proteins that perform essential functions in the body. ChatGPT March 18, 2025

A major area of focus was the safety of mRNA vaccine components, such as lipid nanoparticles¹⁰⁸ (LNPs) and aluminum adjuvants, which are integral to the vaccine's delivery and efficacy. Witnesses warned about the potential bio-distribution and persistence of these components in the body, raising concerns about their impact on vital organs, including the brain, liver, and reproductive system. Compounding these concerns were findings of DNA contamination^{109,110} in vaccine vials, which included SV40 fragments, known to promote cancer, that exceeded established safety thresholds.

The testimonies also brought attention to troubling trends in adverse event reporting. Data from the Vaccine Adverse Event Reporting System (VAERS) revealed a dramatic surge in reported adverse events following the introduction of mRNA vaccines. Witnesses pointed to inconsistencies in safety monitoring and quality control, which undermined confidence in the safety of these vaccines. Regulatory agencies' reliance on manufacturer supplied data, without adequate external oversight, was identified as a critical flaw in the system.

The hearings underscored the need for a more cautious and evidence-based approach to mRNA vaccine policies, particularly for children and pregnant women. Witnesses advocated for independent oversight, enhanced safety testing, and improved regulatory accountability, plus an outright moratorium on their use in all populations. They also highlighted the broader public health implications of eroding trust in vaccination programs, which could have lasting consequences for future public health initiatives.

This section synthesizes the testimonies presented during the NCI Vancouver Hearings, offering a comprehensive examination of the risks associated with mRNA vaccines and the systemic challenges in their oversight. By addressing these issues, the findings presented in this section aim to support meaningful reforms that prioritize public safety, rebuild trust, and ensure the transparency and accountability of vaccination programs in Canada.

¹⁰⁸ A **lipid nanoparticle (LNP)** is a microscopic, fat-based delivery system designed to encapsulate and transport molecules, such as drugs, vaccines, or genetic material like mRNA, into cells. ChatGPT March 18, 2025

¹⁰⁹ **DNA**, or deoxyribonucleic acid, is the molecule that carries the genetic instructions essential for the growth, development, functioning, and reproduction of all known living organisms and many viruses. ChatGPT March 20, 2025

¹¹⁰ **DNA contamination** refers to the unintended presence of extraneous or foreign DNA within a biological sample, pharmaceutical product, or laboratory environment. This contamination can originate from various sources, such as human handlers, environmental exposure, laboratory equipment, or biological materials like bacteria or viruses used during manufacturing processes. ChatGPT March 20, 2025

Discussion of Witness Testimonies

Dr. Byram Bridle

Overview of Testimony

Dr Bridle is a widely published expert in the fields of immunology, Virology and Vaccinology and has conducted extensive grant-funded research into vaccines, including for COVID-19. His review of the preclinical and clinical research data concerning the mRNA vaccines developed for COVID-19 led him to very serious concerns about the validity of the data on effectiveness and safety. As a result of expressing those concerns, he has suffered significant damage to his career and professional reputation. His concerns are summarized below.

Pfizer COVID-19 Vaccine structure safety concerns

The vaccine is composed of Lipid Nanoparticles (LNPs) within which viral mRNA coding for the viral spike protein (S protein) is enclosed. This technology enables insertion of the mRNA into mammalian cells which then coerces the cell's own protein synthesis mechanisms to produce spike protein which is subsequently expressed on the cell surface.

Polyethylene Glycol (PEG) is also included in the vaccine to enhance systemic bio-distribution.

LNPs are toxic and may cause anaphylaxis, especially following repeated exposure, as occurs with repeated vaccine boosters.

The spike protein produced following vaccination is itself a noxious substance especially when forming complexes with S protein antibodies and is responsible for many of the clinical features of COVID-19 infection. There is also evidence that 'misreading' of the vaccine mRNA may produce variant S proteins whose effects are unpredictable.

The vaccines have also been shown to be contaminated with viral DNA though the possible consequences of this have not been adequately researched.

The most recent iteration of the vaccine technology has added an enzyme which promotes replication of the delivered mRNA and this has now entered clinical use in Japan.

Bio-distribution¹¹¹ Concerns

Although the public were informed that “the vaccine stays at the injection site” the initial rodent studies done by Pfizer show that this is not the case. Only approximately 20% of the vaccine components stay at the injection site. The remainder is widely distributed in many tissues and organs, including the kidneys and adrenals, lungs and skin. The LNPs readily pass the blood-brain barrier and spike protein (S protein) has been demonstrated in the brain.

A further concern is that the data from the initial studies presented to the regulatory bodies in Japan and the Food and Drug Administration in the USA were manipulated in a way that minimized evidence of widespread distribution of the vaccine components. This manipulation included cropping of images of test animals to exclude evidence of vaccine components concentrated away from the injection site.

Many peer-reviewed studies are now available confirming the wide distribution of the vaccine components in human tissues and organs.

Bio-persistence¹¹² Concerns

The FDA said that studies in animals showed the vaccine ingredients returned to normal levels in the body after 9 days. But the actual data tells a different story. While the levels did go down, they hadn't fully returned to normal by day 9. Also, the data combined results from both male and female animals. When researchers looked at males and females separately, they found something important: in male animals, the vaccine ingredients were decreasing (though still not quite back to normal), but in female animals, the levels were still going up in almost every organ all the way to the end of the study.

Peer-reviewed studies are now available which show persistence of S protein in widespread tissues for many months and sometimes at alarmingly high concentrations.

¹¹¹ **Bio-distribution** refers to the process by which a substance, such as a drug, vaccine, or other biologically active compound, is absorbed, distributed, and transported throughout the body to various tissues, organs, and cells after administration. Understanding bio-distribution is critical for determining where and how long a substance accumulates within the body, how it interacts with target and non-target tissues, and how it is eventually metabolized or excreted. ChatGPT March 20, 2025

¹¹² **Bio-persistence** refers to the ability of a substance, such as a chemical, particle, or biological agent, to remain within a biological system or environment for an extended period without being broken down, metabolized, or excreted. ChatGPT March 20, 2025

Clinical Data in Humans

Pfizer's own initial published statements say that the vaccine is indicated to prevent COVID-19 infection. This has subsequently been altered to state that "The vaccine *may* contribute to protection against COVID-19." Pfizer has not made any claims that the vaccine could reduce the severity of infections, though public health authorities have publicly made that claim.

The first clinical trials were conducted in young healthy volunteers and did show a "small but statistically significant protective effect against infection." This group however is at minimal risk from COVID-19 and the trial results do not necessarily imply effectiveness in a roll-out to the general population.

Pfizer itself has acknowledged a higher reporting of 7.3% fatal outcomes in vaccinated frail, elderly patients compared to the general population.

Data from the Ministry of Health in British Columbia comparing patients given the COVID-19 vaccine versus historical data for the influenza vaccine show that adverse events were 11 times higher following COVID-19 vaccination, severe adverse events were 16 times higher, hospitalizations were 14 times higher and deaths were 28 times higher *per dose*.

Concerns About Pregnant and Lactating Women

In response to a question tabled in the Canadian Parliament by the Member for Yorkton-Melville asking "What is Health Canada's scientific basis for claiming safety of the vaccine in pregnant and lactating women?", Health Canada eventually responded that it "had *not* approved any safety claims with respect to pregnant and lactating women." Pfizer's own product monograph also states clearly that "safety has *not* been established in pregnant and lactating women."

Despite this, Federal and Provincial officials, including the Ontario Minister of Health, have continued to claim otherwise and encouraged vaccine usage in this patient group.

Before authorization was granted for use of the COVID-19 vaccine in pregnant and lactating women, a number of such patients were treated (some did not know they were pregnant and some were treated erroneously). A study of this group has shown that 25% of the mothers and 25% of children reported side-effects from the vaccine, and 50% of the reported side effects were "severe."

Data from the BC Ministry of Health show that serious side-effects in women following COVID-19 vaccination were 18 times higher than those following influenza vaccinations.

Concerns About “Shedding”¹¹³”

Following vaccination, viral mRNA or mRNA fragments have been shown to occur in breast milk, faeces and urine. There is increasing evidence that shedding may also occur from skin and saliva and possibly respiratory droplets. The clinical significance of this is unclear and more research needs to be done urgently to identify any harms. There is also concern that the new technology of self replicating mRNA vaccines may lead to increased levels and persistence of shedding.

Dr Bridle’s Conclusions

- mRNA injections should be completely suspended in the light of the available data.
- Incorrect information and advice about the COVID-19 vaccines produced by health authorities means that true *informed* consent is not possible.
- Given the experience with COVID-19 injection policies, it is likely that the data supporting the authorization of a wide range of other vaccines should be carefully reviewed.

The health consequences of mRNA vaccines may be chronic and increase over time and this will require diligent monitoring.

Key Points from Testimony:

- **Bio-distribution Issues:** Contrary to claims that vaccine components remain localized at the injection site, Pfizer’s preclinical studies revealed that only 20% stayed at the injection site, while 80% distributed across various organs, including the brain, liver, and reproductive organs.
- **Bio-persistence:** Vaccine components persisted far longer in the body than the nine day baseline initially reported. Differences in male and female metabolism further complicate the understanding of vaccine safety.
- **Adverse Events Data:** Data from British Columbia indicated that adverse event rates following COVID-19 vaccination were up to 28 times higher than those for influenza vaccines.

¹¹³ In the context of **mRNA vaccines**, “shedding” refers to the idea that components related to the vaccine, such as the spike protein produced by the body after vaccination, might be released or transmitted from a vaccinated individual to others through bodily fluids or exhalation. Chat GPT March 18, 2025

- **Safety for Pregnant Women:** Despite limited safety data for pregnant and lactating women, mRNA vaccines were widely recommended for this group, leading to reports of elevated adverse outcomes.

Dr. Paul Thomas

Overview of Testimony

Dr. Paul Thomas, a Board Certified Paediatrician and Addiction Medicine Specialist, testified about the health outcomes associated with vaccination practices. His "vaccine friendly" approach allowed parents to adopt modified schedules, and his research examined differences in health outcomes between vaccinated and unvaccinated children. He later came to the conclusion that he could not recommend any vaccines for children.

Key Points from Testimony:

- **Health Outcomes Study:** Dr. Thomas's peer reviewed research found lower rates of asthma, ADHD, and behavioural issues in unvaccinated children compared to vaccinated counterparts.
- **Aluminum Adjuvants:** He criticized the presence of aluminum in vaccines, highlighting that doses often exceeded FDA safety limits for infants.
- **Correlation with SIDS:** Dr. Thomas referenced peer-reviewed studies indicating that 97% of Sudden Infant Death Syndrome (SIDS) cases occurred within 10 days of vaccination.
- **Adverse Event Data:** VAERS data showed an exponential increase in reported adverse events following the introduction of COVID-19 vaccines, with higher rates of hospitalizations and deaths.

Dr. Jessica Rose

Overview of Testimony

Dr. Jessica Rose, a computational biologist with expertise in vaccine adverse event analysis, presented detailed insights into systemic flaws in the reporting and oversight of mRNA vaccine safety.

Key Points from Testimony:

- **DNA Contamination in Vaccine Vials:** Testing revealed DNA contamination exceeding WHO standards, including the presence of SV40 fragments, a known cancer-promoting agent.

- **VAERS Trends:** Annual adverse event reports surged from 39,000 pre-COVID to over 750,000 in the first year of the mRNA vaccine roll-out. Deaths per 1,000,000 doses were 70 times higher for COVID-19 injections compared to influenza vaccines.
- **Risks to Children:** VAERS data for children aged 0-17 showed disproportionately high rates of adverse events, particularly in the 12-17 age group.

Priya Sall

Overview of Testimony

Priya Sall testified about her experience as a vaccine-injured young person, discussing the health challenges she faced after receiving COVID-19 vaccinations. Her testimony focused on the physical toll, the medical response she received, and her call for other young people to come forward with similar experiences.

Key Points

1. **Pre-Vaccine Health and Disability:** Sall was born prematurely at 25 weeks, weighing only two pounds. Due to her premature birth, she was diagnosed with cerebral palsy (level three) and a vision impairment.
 - She used a walker for mobility outside her home but was able to walk indoors independently.
 - These conditions existed prior to receiving the COVID-19 vaccine.
2. **Health Complications Following Vaccination:**
 - Sall reported experiencing severe adverse effects following the COVID-19 vaccine, including seizures.
 - Her father called emergency services after her third seizure, and she was taken to the hospital.
 - While in the hospital, she underwent blood work and basic medical assessments, but she was not admitted for extended care.
 - She was told she would receive an EEG to investigate potential neurological damage, but it took three months before she was able to get the necessary medical equipment for testing.
3. **Call for Awareness and Advocacy:**
 - Sall encouraged other young people who believe they were injured by vaccines to come forward and share their stories.

- She warned parents and young individuals to be skeptical of mainstream news narratives, arguing that misinformation could have life-threatening consequences.
- She cited the case of Sean Hartman, a 16-year old who allegedly died after receiving a COVID-19 vaccine in order to play hockey, using his story as a cautionary example.
- She expressed support for legal actions against pharmaceutical companies and government agencies, hoping that lawsuits would set a precedent for accountability.

Priya Sall's testimony highlights the challenges faced by individuals who report vaccine injuries, particularly in accessing medical care and recognition. Her case underscores concerns about medical responsiveness, long wait times for neurological assessments, and the emotional and physical toll of adverse effects. She positioned her experience within a broader call for advocacy, urging others to come forward and pushing for legal and systemic accountability.

Discussion and Analysis of Issues Raised by the Witnesses

Challenges in Ensuring Vaccine Safety

The testimonies of Dr. Byram Bridle, Dr. Paul Thomas, and Dr. Jessica Rose collectively raised significant concerns about the safety and oversight of mRNA vaccines. Dr. Bridle's testimony on bio-distribution and bio-persistence issues challenged initial assurances about the localized nature of vaccine components, suggesting that their systemic spread could have long-term health implications. This lack of clear and transparent data about the distribution of vaccine components underscores a critical gap in regulatory oversight, particularly as it relates to vulnerable populations such as pregnant women.

Dr. Thomas reinforced these concerns by highlighting systemic weaknesses in vaccine testing and safety standards, including the use of aluminum adjuvants that exceed safety thresholds for infants. His findings also linked vaccination policies to increased risks of chronic illnesses and adverse reactions, emphasizing the need for rigorous pre-approval testing and continuous post-marketing surveillance.

Dr. Rose's analysis of VAERS data pointed to a sharp increase in adverse event reporting following the introduction of COVID-19 vaccines. The presence of DNA contamination in vaccine vials raised additional red flags about the manufacturing and quality control processes. The testimony of all three experts underscores a failure to ensure vaccine safety through adequate testing, transparent data-sharing, and regulatory accountability.

Systemic Regulatory and Reporting Failures

Dr. Rose's VAERS analysis revealed systemic issues in adverse event reporting and follow-up. The exponential rise in adverse event reports, moving from 39,000 annually pre-COVID to over 750,000 during the first year of mRNA vaccine roll-out, suggests a significant underestimation of vaccine related risks. Regulatory agencies' apparent lack of urgency in responding to these signals undermines public trust and raises ethical questions about vaccine promotion without robust safety evaluations.

Both Dr. Bridle and Dr. Rose emphasized the need for independent oversight of regulatory bodies to address conflicts of interest and ensure unbiased monitoring of vaccine safety. The current reliance on manufacturers' data without rigorous external review compromises the credibility of public health decisions, leaving gaps in accountability and transparency.

Risks to Vulnerable Populations

All three witnesses highlighted the disproportionate risks posed by mRNA vaccines to vulnerable groups, including children, pregnant women, and individuals with pre-existing health conditions. Dr. Bridle expressed alarm about the promotion of vaccines to pregnant women despite insufficient safety data, while Dr. Rose's VAERS analysis showed elevated adverse event rates among children, particularly in the 12-17 age group.

Dr. Thomas's testimony expanded on the risks associated with current vaccination policies, particularly for infants and young children exposed to aluminum adjuvants and other vaccine components. His findings linked vaccination schedules to an increased prevalence of conditions like asthma, ADHD, and behavioural issues, calling for a more cautious approach to pediatric vaccination.

The recurring theme across all testimonies is the failure of public health authorities to adopt a precautionary approach, instead prioritizing mass vaccination strategies without fully understanding the risks to vulnerable populations.

Erosion of Public Trust in Health Systems

The testimonies underscored the erosion of public trust in health institutions, fuelled by a lack of transparency, inadequate public consultation, and insufficient accountability. Dr. Bridle's revelations about bio-distribution and bio-persistence contradicted public health messaging, raising questions about the credibility of regulatory agencies. Dr. Rose's identification of contamination issues further undermined confidence in vaccine manufacturing processes.

Public trust is foundational to effective public health strategies, and the failure to address safety concerns or respond to adverse event signals has significant implications for future vaccination campaigns. Witnesses consistently called for greater transparency, independent monitoring, and open communication to rebuild trust and ensure the safety of future public health initiatives.

Conclusion

The testimonies of Dr. Bridle, Dr. Thomas, and Dr. Rose underscore profound concerns about the safety of mRNA vaccines, the integrity of regulatory systems, and the ethics of public health practices. Their findings highlight significant gaps in oversight, transparency, and accountability, necessitating immediate action to rebuild public trust in Canada's healthcare system.

Recommendations

1. Suspend mRNA Vaccine Roll-out:
 - Implement an immediate moratorium on mRNA vaccines until independent safety verification is conducted.
2. Enhance Regulatory Oversight:
 - Establish independent bodies to monitor vaccine safety and adverse events.
 - Enforce stricter production standards to minimize contamination risks.
3. Improve Data Collection and Transparency:
 - Mandate public reporting of all adverse events and ensure VAERS data is regularly updated and accessible.
 - Conduct independent audits of vaccine trial data.
 - Mandate publication of vaccine trials data.
4. Reevaluate Vaccine Policies:
 - Promote informed consent by providing clear, accurate information on vaccine risks and benefits.
 - Develop alternative public health strategies to reduce reliance on mass vaccination.

5. Support Research and Accountability:

- Fund long-term studies on the effects of mRNA injections.
- Hold manufacturers and regulatory agencies accountable for safety violations and data omissions.

By implementing these recommendations, Canada can prioritize public safety and restore confidence in its healthcare systems.

4.7.2. Traditional Childhood Vaccine Safety Concerns

Reference to the Original NCI Report

The Inquiry into the Appropriateness and Efficacy of the COVID-19 Response in Canada (November 28, 2023) primarily addressed concerns regarding COVID-19 vaccines but also identified broader systemic issues in vaccine safety. Testimonies from the NCI Vancouver Hearings expanded the discussion to include traditional childhood vaccines, focusing on safety protocols, adverse event reporting systems, and the cumulative effects of increasingly complex vaccine schedules.

Introduction

The Vancouver NCI hearings brought renewed attention to the safety of traditional childhood vaccines, a topic that has long been overshadowed by debates surrounding newer vaccines, such as those developed in response to the COVID-19 event. While the original NCI report primarily focused on issues related to COVID-19 vaccines, testimonies from experts and advocates at the NCI Vancouver Hearings broadened the conversation to encompass systemic challenges in the evaluation, monitoring, and implementation of childhood immunization programs.

Prominent experts, including Dr. Paul Thomas, Dr. Byram Bridle, Dr. Jessica Rose, Dr. Michelle Perro, and Dr. Stephen Malthouse, raised significant concerns about the current state of vaccine safety protocols. Their testimonies illuminated critical gaps, such as insufficient safety testing, the systemic underreporting of adverse events, and the failure to adequately assess the cumulative risks of vaccine adjuvants and contaminants like aluminum and glyphosate. Witnesses emphasized that these shortcomings not only undermine vaccine safety but also erode public trust in vaccination programs.

A central theme of the testimonies was the lack of rigorous placebo¹¹⁴ controlled trials to evaluate the long-term effects of traditional childhood vaccines. Witnesses explained that many vaccines are tested against older vaccines or an adjuvant rather than inert placebos, a practice that obscures potential risks and fails to provide a clear understanding of safety profiles. This issue is compounded by the systemic underreporting of adverse events through monitoring systems like VAERS, which capture only a fraction of vaccine related injuries. Experts highlighted how this underreporting distorts public health data and limits the ability to identify and address potential safety concerns.

¹¹⁴ A **placebo** is a substance or treatment that has no active therapeutic effect but is designed to resemble a real medical intervention, often used in clinical trials to help determine the effectiveness of new drugs or therapies. ChatGPT March 18, 2025

The testimonies also shed light on the cumulative risks associated with expanded vaccination schedules. Witnesses expressed concern that the administration of multiple vaccines within short time-frames places an unacknowledged burden on children's developing immune and neurological systems. Adjuvants like aluminum, used to enhance immune responses, were flagged as potential contributors to neuro-developmental disorders, while glyphosate contamination was linked to disruptions in the gut-brain-axis, immune function, and overall health.

Additionally, no studies have been conducted on the combined effects of these vaccines, even though they are now administered in groups of three to four at a time.

Beyond technical critiques, witnesses like Dr. Malthouse and Dr. Thomas emphasized the ethical dimensions of vaccine safety, particularly the importance of informed consent and parental authority. They argued that current policies often marginalize parents, undermining their ability to make decisions in the best interest of their children. Transparency in vaccine safety evaluations and regulatory processes was identified as a crucial step toward rebuilding public trust and fostering collaborative decision-making.

This section synthesizes the insights and concerns raised by witnesses, providing a comprehensive examination of traditional childhood vaccine safety. Their testimonies underscore the pressing need for systemic reforms, including more rigorous safety evaluations, improved adverse event monitoring, and policies that prioritize transparency and individual choice. By addressing these critical issues, public health authorities can better ensure the safety and well-being of children, while restoring confidence in vaccination programs.

Discussion of Witness Testimonies

Dr. Paul Thomas

Overview of Testimony

Dr. Paul Thomas, a board certified paediatrician and leading advocate for informed vaccine choice, presented evidence-based testimony on the health effects of traditional childhood vaccines. Drawing from his clinical experience and research, Dr. Thomas highlighted significant disparities in health outcomes between vaccinated and unvaccinated children. His testimony raised critical concerns about vaccine safety testing, the use of aluminum adjuvants, underreporting of adverse events, and the erosion of informed consent and parental rights.

According to Dr. Thomas:

- 54% of US children are “chronically ill”
- 13% require special education
- 16% have a developmental disorder
- 11% have ADHD
- 1 in 35 have autism
- Millions have asthma and eczema
- 1500 new cases of cancer in US children are reported annually
- Infant mortality in the US is the highest of any high income country
- Autism was reported in 1 in 10,000 children in 1970 and was 1 in 35 in 2020.

In 2020 a review of Dr Thomas’ entire paediatric practise over a decade was subject to a published peer review article.

In his practise there were 561 unvaccinated children and 2763 variably vaccinated, mostly with his “vaccine friendly” protocol. The cumulative number of office visits over the ten year period was reported, separated by vaccinated and unvaccinated children. The results were as follows:

	Vaccinated	Unvaccinated
Asthma	350	50
Allergic rhinitis	400	50
Urticaria and Eczema	680	180
Dermatitis	750	500
Behavioural problems	320	60
ADHD	160	0
Anaemia	1000	150
Sinusitis	110	20
Respiratory infections	5500	1500

Otitis media	3100	1100
Conjunctivitis	1000	400
Gastroenteritis	700	130
Other infections	2000	700

Key Points from Testimony

- **Health Outcomes in Vaccinated vs. Unvaccinated Children:**
 - Shared findings from his peer-reviewed study, which revealed lower rates of chronic conditions such as asthma, ADHD, and autism in unvaccinated children compared to their vaccinated peers.
 - Highlighted that vaccinated children showed higher incidences of eczema, developmental delays, and autoimmune disorders.
 - Discussed the improved health trajectories of children following his modified vaccine schedule, which spaces out vaccines and reduces exposure to adjuvants and preservatives.
 - Dr. Thomas originally promoted a modified vaccine schedule in 2016 known as the "Vaccine-Friendly Plan." Since then, based on research and clinical data from his practice, he has moved away from that plan and now emphasizes that unvaccinated children appear to be the healthiest group overall.
- **Aluminum Adjuvants and Neurotoxicity:**
 - Criticized the use of aluminum as a vaccine adjuvant, emphasizing its neurotoxic properties and potential harm to developing brains.
 - Cited research linking aluminum exposure to neuro-developmental disorders such as autism, especially in infants with immature detoxification systems.
 - Highlighted that the cumulative aluminum doses from the standard vaccine schedule often exceed safety thresholds established by regulatory agencies like the FDA.
- **Adverse Event Reporting Gaps:**
 - Identified systemic flaws in vaccine safety monitoring systems, such as VAERS, noting that they capture only 1-2% of actual vaccine-related injuries.

- Emphasized that the underreporting of adverse events distorts public perception of vaccine safety and hinders efforts to identify and mitigate risks.
- Raised concerns about the lack of mechanisms to track long-term adverse effects, leaving critical gaps in safety evaluations.
- **Informed Consent and Parental Rights:**
 - Advocated for transparent and accessible communication of vaccine risks and benefits to empower parents in making informed decisions.
 - Criticized policies and practices that pressure or coerce parents into following the standard vaccine schedule without considering individual health needs.
 - Emphasized the importance of respecting parental authority and the right to choose what is best for their children's health.
- **Call for Individualized Vaccine Approaches:**
 - Argued that a "one-size-fits-all" approach to childhood vaccination ignores the unique health needs of individual children, increasing the risk of adverse outcomes.
 - Advocates for informed consent and careful evaluation of vaccine risks, emphasizing that unvaccinated children in his practice were the healthiest. While he previously supported personalized vaccine schedules, his more recent findings have led him to question the safety and benefit of routine childhood vaccination altogether.

Dr. Thomas's testimony highlighted systemic deficiencies in traditional vaccine safety protocols, including inadequate safety testing, gaps in adverse event reporting, and reliance on neurotoxic adjuvants like aluminum.

Dr. Byram Bridle

Overview of Testimony

Dr. Byram Bridle, a virologist and vaccinologist with extensive experience in vaccine development and safety research, provided testimony critiquing the current oversight and evaluation processes for traditional childhood vaccines. His testimony focused on the inadequacy of safety testing, the risks associated with aluminum adjuvants, and the bio-distribution of vaccine components. Drawing on scientific studies and his expertise, Dr. Bridle highlighted systemic flaws in vaccine safety protocols and called for reforms to address these critical issues.

Key Points from Testimony

- **Insufficient Safety Testing:**
 - Criticized the lack of long-term, placebo-controlled trials using inert substances, noting that such trials are essential to identify potential risks and long-term health outcomes.
 - Explained that vaccines are often tested against older vaccines and adjuvants instead of true placebos, obscuring safety concerns and preventing a clear assessment of their risk profiles.
 - There are no studies have been conducted on the combined effects of these vaccines, even though they are now administered in groups of three to four at a time.
- **Flaws in Regulatory Oversight:**
 - Highlighted selective reporting practices by health agencies, which often fail to provide the public with a comprehensive understanding of vaccine safety.
 - Argued that regulatory bodies do not adequately enforce protocols to ensure vaccines undergo independent and unbiased safety evaluations.
- **Aluminum Adjuvants and Neurotoxicity:**
 - Raised concerns about the widespread use of aluminum as a vaccine adjuvant, emphasizing its neurotoxic properties and potential to cause long-term harm.
 - Cited studies showing that aluminum can accumulate in the brain and other organs, leading to neuroinflammation and contributing to conditions such as autism, ADHD, and other developmental disorders.
 - Pointed out that the cumulative aluminum exposure from multiple vaccines often exceeds established safety thresholds, particularly for young children with underdeveloped detoxification systems.
- **Bio-distribution Concerns:**
 - Discussed evidence showing that vaccine components, including adjuvants like aluminum, do not remain localized at the injection site as previously assumed but travel to various organs throughout the body.
 - Warned that this systemic spread of vaccine components could disrupt neurological and immune systems, leading to unintended health consequences.

- **Cumulative Risk Assessment:**

- Emphasized the need to evaluate the combined effects of administering multiple vaccines within short timeframe and the administration of combination vaccines, particularly in young children who are most vulnerable to toxic exposures. There are no studies conducted on the combined effects of these vaccines, even though they are now administered in groups of three to four at a time.
- Argued that the current vaccination schedules fail to account for the cumulative impact of adjuvants, preservatives, and other components on overall health and development.

- **Call for Reforms:**

- Advocated for stricter safety standards and independent oversight in vaccine development to ensure unbiased and transparent evaluations.
- Urged regulatory agencies to prioritize public health over industry interests by enforcing rigorous safety protocols and providing accurate data on vaccine risks.

Dr. Bridle's testimony underscored the critical need for comprehensive reforms in traditional vaccine safety protocols. By addressing gaps in safety testing, regulatory oversight, and cumulative risk assessment, his insights highlighted the importance of establishing higher safety standards to protect children's health and restore public trust in vaccination programs.

Dr. Jessica Rose

Overview of Testimony

Dr. Jessica Rose, a computational biologist and expert in vaccine adverse event data analysis, provided testimony that focused on systemic weaknesses in vaccine safety monitoring and the potential risks associated with vaccine components and contamination. Drawing from her extensive experience analyzing data from the Vaccine Adverse Event Reporting System (VAERS), Dr. Rose highlighted significant underreporting of vaccine related adverse events and raised concerns about the role of aluminum adjuvants and contaminants such as glyphosate and DNA fragments in vaccines.

Dr. Rose's analysis of VAERS data:

VAERS (Vaccine Adverse Events Database) is a US program for vaccine safety monitoring managed by the Centres for disease Control (CDC) and Food and Drug Administration (FDA) though the database is open entries from countries other than the US.

Reported adverse events from vaccines averaged approximately 39,000 per year up to the introduction of the COVID-19 mRNA vaccines. In the year following COVID-19 vaccine roll-out, reported adverse reactions rose to 753,047.

Deaths reported to VAERS in the decade prior to the mRNA vaccine introduction were approximately 150 per year. In the year following the introduction of the COVID-19 injections, this rose to 10,596.

It is estimated that only 1-2% of adverse effects are reported to the VAERS database, meaning the actual numbers are likely much higher, potentially significantly higher. The reluctance to report may stem from the time-consuming nature of the reporting system, as well as active discouragement from medical regulatory and licensing authorities in many cases.

It is sometimes argued that the large increase in reports is because a very large number of mRNA vaccinations given during the COVID event, but Dr Rose has analyzed the data to compare reported adverse events for COVID-19 vaccines versus the next commonest vaccine given, the influenza vaccine, normalized by dose.

- Adverse Events (AES) reported per 1,000,000 doses of influenza vaccine is 55
- AES reported per 1,000,000 doses of COVID-19 vaccine is 1378, a difference of 25x.
- Deaths reported per 1,000,000 influenza vaccinations is 0.3
- Deaths reported per 1,000,000 COVID-19 vaccinations is 21, a difference of 70x.
- Cancers reported per 1,000,000 influenza vaccinations is 0.3
- Cancers reported per 1,000,000 COVID-19 vaccinations is 10, a difference of 33x.

In addition, the number of cancers reported since 2020 has risen each year since the introduction of the COVID-19 vaccines and shows no evidence of falling.

There are increasing anecdotal reports of late stage cancers in younger patients, though the data are not conclusive.

Dr. Rose's Analysis of VAERS Data in Children 0-17

Although healthy children face virtually no risk of dying from COVID-19, and are not significant spreaders of the virus, vaccination for this age group has still been aggressively promoted.

VAERS data show a significant increase in adverse event (AE) reports since COVID-19 injections introduction, especially in the 12-17 age group, with a total of 43,743.

14% of these AES are considered "serious", meaning the child had to have time off school, was hospitalized, or died.

A total of 200 deaths have been reported, with 58 of these deaths occurring within 24 hours of injection.

An analysis of Canadian data revealed 146 adverse events (AES) reported in children aged 0 to 17. Of these, 55% were classified as serious, and there were 3 reported deaths.

These data far exceed the CDC's normal recall criteria for newly introduced vaccines, but no action has been taken.

Key Points from Testimony

- **Adverse Event Reporting in VAERS:**

- Pointed out that VAERS, the primary system for tracking vaccine-related adverse events, captures less than 1-2% of actual incidents, leading to a distorted understanding of vaccine safety.
- Cited data showing high rates of adverse events linked to aluminum containing vaccines, particularly in young children, including developmental delays, neurological disorders, and other chronic health issues.
- Criticized the reliance on passive reporting systems like VAERS, which depend on individuals to voluntarily report adverse events, resulting in substantial data gaps.

- **Aluminum Adjuvants and Neuroinflammation:**

- Highlighted the neurotoxic properties of aluminum, commonly used as an adjuvant to enhance immune responses in vaccines.
- Discussed research linking aluminum exposure to neuroinflammation, which may contribute to developmental and behavioural disorders such as autism and ADHD.
- Raised concerns about the cumulative effects of aluminum from multiple vaccines administered during early childhood, when detoxification systems are still underdeveloped.

- **Vaccine Contamination:**

- Dr. Jessica Rose presented findings regarding contaminants in COVID-19 vaccines, including residual DNA fragments resulting from the use of bacterial plasmids in the manufacturing process. She stated that these DNA fragments were introduced when E. coli was used to produce spike protein-encoding plasmids for large-scale vaccine production. Dr. Rose further testified that compendia standards for biological product safety and quality were not adhered to.
- Warned that these contaminants could have unknown long-term effects on children's health, including disruptions to immune function and increased risks of autoimmune disorders.
- Criticized inadequate oversight in vaccine manufacturing processes, calling for stricter regulations and independent monitoring to prevent contamination.

- **Call for Systemic Reforms in Monitoring and Manufacturing:**

- Advocated for the overhaul of vaccine safety monitoring systems to ensure comprehensive data collection and analysis of adverse events.
- Called for independent investigations into the long-term health effects of vaccine components and contaminants.
- Emphasized the need for transparency and accountability in vaccine manufacturing and safety evaluations to rebuild public trust.

Dr. Rose's testimony highlighted critical flaws in vaccine safety monitoring and manufacturing, underscoring the urgent need for systemic reforms to protect children's health. By emphasizing the risks posed by aluminum adjuvants, underreported adverse events, and vaccine contamination, she made a compelling case for improving safety standards and fostering greater transparency in public health policies.

Dr. Michelle Perro

Overview of Testimony

Dr. Michelle Perro, a paediatrician with over four decades of clinical experience and expertise in environmental health, provided a comprehensive critique of traditional childhood vaccine safety during the Vancouver NCI hearings. Her testimony emphasized the interconnectedness of vaccine components, environmental toxins, microbiome health, and the cumulative impacts of medical interventions on children's long-term development. Drawing from her clinical practice and research, Dr. Perro identified critical gaps in vaccine safety evaluation and highlighted the need for a holistic, integrative approach to addressing systemic failures.

Key Points from Testimony

- **Glyphosate and Microbiome Disruption:**
 - Highlighted the presence of glyphosate, a widely used herbicide, as a contaminant in vaccines and discussed its adverse effects on the microbiome¹¹⁵.
 - Explained how glyphosate disrupts the gut-brain-axis by depleting beneficial gut bacteria and promoting harmful strains, such as Clostridia, which can impair serotonin production, a neurotransmitter essential for mood regulation.
 - Linked microbiome imbalances caused by glyphosate to neurological and developmental disorders, including autism spectrum disorders, anxiety, and depression.
- **Aluminum Adjuvants¹¹⁶ and Cumulative Toxic Burden:**
 - Criticized the widespread use of aluminum as a vaccine adjuvant, emphasizing its neurotoxic properties and the lack of research into its long-term effects on children.

¹¹⁵ The **microbiome** refers to the vast community of microorganisms, such as bacteria, viruses, fungi, and other microbes, that live in and on the human body, particularly in areas like the gut, skin, mouth, and respiratory tract. ChatGPT March 18, 2025

¹¹⁶ **Aluminum adjuvants** are a class of compounds containing aluminum salts, such as aluminum hydroxide, aluminum phosphate, or aluminum potassium sulphate, that are commonly used in vaccines to enhance the immune response. By stimulating the immune system, aluminum adjuvants help the body recognize and respond more effectively to the vaccine's antigen, promoting stronger and longer-lasting immunity. They work by creating a depot effect at the injection site, slowly releasing the antigen and attracting immune cells to initiate and sustain an immune reaction. While widely used for decades in many vaccines, aluminum adjuvants have been the subject of ongoing research and debate regarding their safety and potential long-term effects in certain individuals. ChatGPT March 20, 2025

- Discussed studies showing that aluminum can cross the blood brain barrier, accumulate in the brain, and contribute to neuroinflammation, which is associated with cognitive and behavioural disorders such as ADHD and autism.
- Warned that current vaccine schedules fail to account for the cumulative toxic burden of multiple vaccine components, including aluminum, administered within short timeframes.
- Cautioned that the administration of combination vaccines has not been studied.
- **Environmental and Dietary Factors in Vaccine Safety:**
 - Addressed the synergistic effects of environmental toxins, such as pesticides and chemicals, with vaccine components, amplifying risks to children's health.
 - Highlighted how poor diets, rich in processed food and low in essential nutrients, further compromise the gut-brain-axis and exacerbate vaccine-related health challenges.
- **Call for Integrative Research and Transparency:**
 - Advocated for independent, integrative research into the cumulative risks posed by vaccine schedules, environmental toxins, and dietary factors.
 - Criticized the lack of transparency in vaccine safety evaluations and called for greater accountability in addressing these systemic issues.
- **The Need for Holistic Solutions:**
 - Emphasized the importance of adopting holistic approaches to vaccine safety that consider environmental, dietary, and medical factors in tandem.
 - Urged policymakers to prioritize strategies that support microbiome health, reduce toxic exposures, and educate families on maintaining overall health and resilience.

Dr. Perro's testimony offered a holistic perspective on the intersection of environmental health and vaccine safety. By exposing the systemic failures in evaluating cumulative risks and highlighting the role of the microbiome in children's health, she underscored the urgent need for comprehensive reforms in vaccine protocols and public health policies to safeguard children's well-being.

Dr. Stephen Malthouse

Overview of Testimony

Dr. Stephen Malthouse, a family physician with extensive clinical experience, critiqued the safety evaluation and oversight of traditional childhood vaccines. He raised concerns about the lack of rigorous safety testing, systemic underreporting of adverse events, and the influence of pharmaceutical companies on vaccine research and regulatory processes.

Key Points from Testimony

- **Insufficient Safety Testing:**
 - Highlighted the absence of long-term, placebo controlled trials using inert substances, which obscures the true safety profiles of traditional childhood vaccines.
 - Emphasized the need for independent studies to assess the cumulative risks of vaccine components over time.
- **Adverse Event Reporting Gaps:**
 - Criticized current adverse event tracking systems for failing to capture the full scope of vaccine-related injuries, pointing out that many events go unreported.
 - Stressed the need for improved monitoring systems to ensure accurate data collection and analysis.
- **Concerns about Vaccine Adjuvants:**
 - Highlighted the neurotoxic properties of aluminum adjuvants commonly used in vaccines and their potential link to chronic illnesses such as autism and ADHD.
 - Warned about the long-term health implications of cumulative aluminum exposure in children.
- **Pharmaceutical Influence on Public Health Policies:**
 - Expressed concerns about the influence of pharmaceutical companies on vaccine research, regulatory oversight, and public health recommendations.
 - Called for greater transparency and independence in vaccine development and approval processes to restore public trust.

- **Parental Authority and Informed Consent:**

- Criticized policies that undermine parental authority by allowing vaccine administration without informed parental consent.
- Advocated for empowering parents with clear, unbiased information to make informed decisions about their children's health.

Dr. Malthouse's testimony highlighted significant flaws in traditional vaccine safety protocols and emphasized the need for systemic reforms, including stricter safety standards, improved adverse event tracking, and enhanced transparency in public health decision-making. His insights underscored the importance of empowering families to make informed choices in the best interest of their children.

Kathy Stack

Overview of Testimony

Kathy Stack testified about her experience as a mother of a child with Down syndrome and the health complications he faced following early childhood vaccinations. As an intensive care nurse at the time, she followed standard medical advice but later questioned the impact of vaccines on her son's health. Her testimony focused on the immediate and long-term effects of vaccination, medical responses, and broader concerns about vaccine safety.

Key Points

- **Early Childhood and Initial Health Status:**

- Stack gave birth to her son, in 1989. He was born a healthy 10-pound, 3-ounce baby and was diagnosed with Down syndrome at birth.
- Despite his diagnosis, he met developmental milestones in his early months. She documented his progress, including smiling and reaching for her face.

- **Adverse Reaction to Vaccination:**

- At three and a half months, she took her son for his first diphtheria, pertussis, and tetanus (DPT) vaccine, following medical recommendations.
- Within hours of receiving the shot, he developed a high fever and became highly irritable.
- She treated him with Tylenol and put him to bed but did not initially suspect a severe reaction.

- **Medical Complications and Concerns:**

- Stack's concerns about vaccine safety grew as her son's health issues persisted.
- She later questioned whether the vaccine may have contributed to developmental and health challenges beyond his Down syndrome diagnosis.
- Her experience led her to reevaluate her trust in standard medical practices regarding childhood immunization.

Kathy Stack's testimony highlights concerns about vaccine safety, particularly for children with pre-existing conditions such as Down syndrome. As both a mother and a healthcare professional, her perspective illustrates the challenges parents face in making informed medical decisions. Her experience underscores the need for greater transparency and thorough investigation of adverse reactions to childhood vaccinations.

Discussion and Analysis of Issues Raised by the Witnesses

The Vancouver NCI hearings exposed systemic failures in the safety evaluation, monitoring, and regulatory oversight of traditional childhood vaccines. Witnesses consistently raised concerns about insufficient safety testing, significant underreporting of adverse events, and the cumulative risks posed by adjuvants and contaminants. These issues highlight critical gaps in the existing framework for ensuring vaccine safety and public trust.

Insufficient Safety Testing

Witnesses, including Dr. Stephen Malthouse and Dr. Byram Bridle, emphasized the lack of long-term, placebo controlled trials using inert substances to assess vaccine safety. Current practices often compare new vaccines to older ones that may already carry risks, obscuring the ability to identify long-term or cumulative health effects.

- Dr. Malthouse criticized the absence of independent studies assessing the cumulative risks of vaccine components over time.
- Dr. Bridle explained that the reliance on flawed safety evaluation protocols prevents a clear understanding of the potential neurological and developmental impacts of vaccines, particularly for young children.

Underreporting of Adverse Events

Systemic underreporting in vaccine monitoring systems, such as VAERS, was a recurring theme. Dr. Jessica Rose highlighted that VAERS captures less than 1-2% of vaccine-related adverse events, creating significant data gaps.

- This underreporting distorts the safety profile of vaccines and hinders efforts to address potential risks.
- Dr. Malthouse called for improved monitoring systems and mandatory reporting by healthcare providers to ensure accurate tracking of adverse events.

Cumulative Risks of Vaccine Adjuvants and Contaminants

The testimonies of Dr. Thomas, Dr. Perro, and Dr. Malthouse raised concerns about the cumulative risks posed by vaccine adjuvants, such as aluminum, and contaminants, such as glyphosate.

- Dr. Thomas highlighted the neurotoxic properties of aluminum and its links to developmental disorders, including autism and ADHD.
- Dr. Perro explained how glyphosate contamination disrupts the microbiome and the gut-brain-axis, contributing to neurological and immune dysfunction.
- Dr. Malthouse emphasized the need for a comprehensive evaluation of the cumulative toxic burden resulting from multiple vaccines administered in short timeframes, and the administration of combination vaccines.

Erosion of Trust and Parental Authority

Witnesses criticized the lack of transparency in vaccine policy development and the exclusion of parental voices.

- Dr. Malthouse and Dr. Thomas emphasized the importance of respecting parental authority and providing clear, unbiased information to enable informed consent.

Physicians Lack Substantial Knowledge Concerning Vaccines

Dr. Paul Thomas and Dr. Stephen Malthouse stated that physicians generally lack substantial knowledge about vaccines and vaccine combinations.

Dr. Paul Thomas:

- He emphasized that physicians are not adequately educated on vaccine safety, especially regarding cumulative risks and aluminum adjuvants.
- He explained that vaccines are not tested against inert placebos, making it difficult even for doctors to evaluate safety claims accurately.

- In his updated position, he explicitly stated that after more research, he no longer recommends his former "Vaccine-Friendly Plan," acknowledging that the data since 2016 shows even that reduced schedule has risks.

Dr. Stephen Malthouse:

- He was even more direct, stating that doctors are not given proper education on vaccines, and are instead "indoctrinated with propaganda".
- Dr. Malthouse criticized the practice whereby physicians are often not involved in administering vaccines, resulting in their exclusion from the active decision-making process. He expressed concern that, particularly when public health authorities oversee vaccination programs in schools, medical professionals are sidelined from individualized patient care and consent discussions.
- He also noted that doctors are not in a position to explain vaccine risks and alternatives to children because they themselves don't understand the vaccines well enough.

Conclusion

The testimonies from the Vancouver NCI hearings revealed significant systemic shortcomings in the safety evaluation and oversight of traditional childhood vaccines. Experts identified critical issues, including insufficient safety testing, significant underreporting of adverse events, and the cumulative risks posed by aluminum adjuvants and contaminants like glyphosate. Additionally, witnesses highlighted the erosion of parental trust due to a lack of transparency and the exclusion of parents from decision-making processes.

It is essential that healthcare providers receive comprehensive, evidence-based education on the full spectrum of vaccine-related information, including both the known benefits and risks, as well as the unknowns resulting from insufficient long-term safety studies and limited research on combined vaccine schedules. This education must also address concerns related to potentially harmful components, such as aluminum and other adjuvants, whose cumulative effects remain inadequately understood.

Ensuring that physicians are properly informed will enable them to engage in transparent, honest communication with parents. In turn, this will support truly informed consent, allowing parents to make decisions that reflect a balanced understanding of both the proven and potential risks and benefits associated with vaccination.

These findings underscore the need for comprehensive reforms to ensure that childhood vaccine policies prioritize the safety, health, and well-being of children. By addressing systemic flaws, and fostering open dialogue with families, public health authorities can rebuild confidence in vaccination programs and better protect the youngest members of society.

Recommendations

1. Improve Safety Testing:
 - Mandate long-term, placebo-controlled trials using inert substances for all vaccines.
 - Require independent research to assess the cumulative risks of vaccine components, including adjuvants, preservatives and the safety of combination vaccines.
 - Until comprehensive safety testing is completed, a precautionary approach should be adopted. This includes limiting the use of certain vaccines in children, enhancing adverse event monitoring, and ensuring that parents receive full disclosure of both known and unknown risks to support informed decision-making.
2. Enhance Monitoring Systems:
 - Revamp adverse event reporting systems like VAERS to ensure comprehensive and accurate tracking.
 - Implement mandatory reporting requirements for healthcare providers to capture vaccine-related injuries effectively.
3. Reassess Adjuvant and Contaminant Safety:
 - Conduct independent studies into the long-term neurological and developmental effects of aluminum adjuvants.
 - Eliminate glyphosate contamination and harmful substances, such as aluminum, mercury and others from vaccines.

4. Enforce True Informed Consent and Parental Involvement:

- It is essential that healthcare providers receive comprehensive, evidence-based education on the full spectrum of vaccine-related information, including both the known benefits and risks, as well as the unknowns resulting from insufficient long-term safety studies and limited research on combined vaccine schedules. This education must also address concerns related to potentially harmful components, such as aluminum and other adjuvants, whose cumulative effects remain inadequately understood.
- Provide parents with clear, evidence-based information about vaccine risks and benefits.
- Empower parents to make informed decisions regarding the vaccination of their children based on individual health needs rather than standardized schedules.
- Ensure that vaccinations are no longer administered in schools to uphold parental authority and to prevent children from experiencing undue pressure, whether from school authority figures or from peer influence among classmates.

5. Strengthen Regulatory Oversight:

- Ensure independent oversight of vaccine safety evaluations to eliminate conflicts of interest.
- Increase transparency in clinical trial data, regulatory processes, and public health communications to restore trust.
- Hold pharmaceutical companies accountable for any harms their products cause.

6. Address Cumulative Risks:

- Develop guidelines to evaluate the cumulative effects of multiple vaccines administered within short time-frames.
- Prioritize research into the combined impacts of combination vaccines, environmental toxins, dietary factors, and vaccine components on children's health.

7. Rebuild Trust and Accountability:

- Foster open dialogue with families and include parents and child development experts in policy-making processes.

- Promote ethical oversight to ensure vaccine policies prioritize the well-being of children over industry interests.

By implementing these recommendations, Canada can establish a safer, more transparent, and family-centred framework for childhood immunization. These changes are critical to addressing public concerns and protecting the health and future of Canadian children.

4.7.3. Toxic Environment

Reference to the Original NCI Report

The original NCI report titled “Inquiry into the Appropriateness and Efficacy of the COVID-19 Response in Canada” (November 28, 2023) examined systemic health issues in Canada, including environmental and dietary impacts on children. While focused on COVID-19 measures, this report provides context that complements the testimonies from the NCI Vancouver Hearings held in October 2024. These testimonies addressed a broader spectrum of issues related to environmental toxicity and its effects on children, reinforcing the need for urgent action to safeguard their health and well-being.

Introduction

The Vancouver NCI hearings offered a platform to examine the health and safety of Canadian children through the lens of expert and layperson testimonies. Dr. Michelle Perro, a key expert witness, described modern children as being under a “toxic assault” at a level unprecedented in history. Her testimony emphasized how environmental, dietary, and societal toxins, combined with systemic regulatory failures, are impacting children’s health, development, and future potential.

Toxicity, as defined during the hearings, is the measure of how harmful a substance or environment is to human life, health, or ecosystems. The testimonies outlined multiple sources of toxicity affecting Canadian children, including:

- **Family Dynamics:** Patterns of interaction, relationships, and communication within families that influence emotional and social development.
- **Societal Pressures:** Norms, expectations, and influences from cultural, economic, and political systems, as well as peers and media.
- **Broader Systemic Issues:** Connections between childhood trauma and lifelong health issues, often overlooked in public health frameworks.
- **Environmental Toxins:** Air pollution, water contamination, household hazards, cell phones, soil pollution, unexplained biosafety issues of vaccines, chemicals in our food.

All of these issues create challenges and impact Canadian children’s mental, emotional and physical well-being.

As Albert Einstein said, “The world is not dangerous because of those who do evil or harm, but because of those who look on without doing anything to change it.” By heeding these testimonies, Canada can make meaningful changes to protect its most vulnerable population: its children.

Discussion and Analysis of Witness Testimonies

Dr. Michelle Perro

Overview of Testimony

Dr. Michelle Perro has over 40 years of experience in pediatrics and 25 years in integrative medicine. Dr. Perro has held prominent roles, including director of paediatric emergency departments in New York City and at UCSF Benioff Oakland Children's Hospital. She is also the co-author of the book *What's Making Our Children Sick?*¹¹⁷ and the co-founder of the website GMOscience.org.

Dr. Perro has participated in numerous studies investigating toxicants in children's products and was instrumental in creating a global Paediatric Environmental Health Bill of Rights. Additionally, she authored the first paediatric environmental health questionnaire designed for use by parents and practitioners.

Her testimony focused on the connections between genetically modified (GM) food, pesticides, and environmental toxins and their role in the growing health crisis among children. Dr. Perro's research was prompted by the alarming rise in autism rates starting in the 2000s, which she described as a "spectrum pandemic." She provided the following data:

- **Autism Spectrum Disorder (ASD)**¹¹⁸: In California, autism affects 1 in 22 children. In Canada, the rate is cited as 1 in 50 children (2%), though Dr. Perro believes the actual prevalence in Canada may be closer to U.S. figures.
- **Asthma**: Approximately 62% of Canadian children suffer from asthma, with Vancouver's air pollution being a significant contributing factor.
- **Obesity**: 30% of Canadian children aged 2-17 are classified as obese, a condition often linked to poor dietary habits and environmental factors.

Dr. Perro noted that reliable Canadian data on these issues is not readily available and appears to be intentionally obscured. As confirmed by other expert witnesses, such as Dr. Jessica Rose, she had to conduct an extensive and in-depth search to gather the information necessary for her testimony.

¹¹⁷ <https://www.amazon.ca/Whats-Making-Our-Children-Sick/dp/1603587578> accessed March 15, 2025

¹¹⁸ **Autism Spectrum Disorder (ASD)** is a complex neurodevelopmental condition characterized by a range of challenges related to social interaction, communication, and repetitive or restricted patterns of behaviour, interests, or activities. ChatGPT March 20, 2025

Obesity and Non-Alcoholic Fatty Liver Disease (NAFLD)

Although the rising prevalence of autism and asthma is a significant concern for Dr. Perro as a paediatrician, her testimony focused on obesity and non-alcoholic fatty liver disease (NAFLD)¹¹⁹. Unlike most liver diseases, which are linked to drug or alcohol use, NAFLD is not substance-related. It is a silent condition that progresses to cirrhosis¹²⁰, often without symptoms, making it difficult to diagnose without an ultrasound. Unfortunately, ultrasounds are not typically performed in individuals without clinical symptoms.

Dr. Perro expressed particular alarm about the increasing rates of NAFLD, describing it as a silent epidemic. Currently, one in four Canadians is affected, including an estimated one third of obese children. Even lean children are not exempt, with 8% also diagnosed with NAFLD. She highlighted that the disease can progress into non-alcoholic steatohepatitis (NASH), an inflammatory condition that can lead to cirrhosis.

To emphasize the importance of liver health, Dr. Perro described a healthy liver as pink and vibrant, underscoring its critical role in detoxification. She advises her patients to “love their liver” as it is a primary organ responsible for filtering toxins. She explained the body’s first line of defence is the microbiome, as noted by Dr. Sabine Hazan¹²¹ in the 2024 Regina hearings, with the liver taking over this vital role.

Dr. Perro also discussed the widespread impact of glyphosate (chemical name: N-(phosphomethyl)glycine, molecular formula: C₃H₈NO₅P), a broad-spectrum herbicide used extensively in agriculture¹²². She has spent years studying its effects and identified a major concern: glycine, a ubiquitous amino acid that constitutes 90% of collagen, can be swapped out by glyphosate, altering the structural integrity of tissues. Dr. Perro noted that this may explain why children today often feel “doughy.”

¹¹⁹ **Non-Alcoholic Fatty Liver Disease (NAFLD)** is a condition in which excess fat accumulates in the liver of individuals who drink little to no alcohol. It is one of the most common causes of chronic liver disease worldwide and is closely associated with obesity, type 2 diabetes, and metabolic syndrome. ChatGPT March 15, 2025

¹²⁰ **Cirrhosis** is a late-stage, chronic liver disease characterized by the progressive scarring (fibrosis) of liver tissue, replacing healthy liver cells with non-functional scar tissue. This irreversible damage disrupts the liver’s ability to perform vital functions such as detoxification, protein synthesis, and bile production. ChatGPT March 15, 2025

¹²¹ <https://nationalcitizensinquiry.ca/witness/dr-sabine-hazan-2/> accessed March 20, 2025

¹²² Some farmers use glyphosate as a desiccant to speed up the drying process of crops before harvest. This practice, known as pre-harvest crop desiccation, involves applying glyphosate-based herbicides (such as Roundup) to crops a few days to weeks before harvesting. The glyphosate accelerates the drying and uniform ripening of the plants, making harvesting more efficient. ChatGPT March 15, 2025

Glyphosate is pervasive in the food supply, with studies showing it present in the urine of 80% of U.S. children. Dr. Perro cited research by Dr. Antonio, head of gene therapy and genetics at King's College, U.K., which demonstrated that ultra-low doses of glyphosate (0.1 parts per billion) directly cause, rather than merely correlate with, non-alcoholic fatty liver disease.

Dr. Paul Mills of University of California San Diego corroborated this link in his 2019 study, showing that NAFLD now affects one in three Americans, an increase from one in four in his earlier 2015 research.

Dr. Perro concluded that glyphosate is the driving force behind the current epidemic of fatty liver disease, with far-reaching implications for children's health.

What about Canadian Children?

One third of children with obesity are affected by Non-Alcoholic Fatty Liver Disease (NAFLD).

When NAFLD occurs in children, it is referred to as Metabolic Associated Liver Disease (MALD). In Canada, 30% of children are classified as obese, meaning that approximately one third of these children are statistically likely to experience liver toxicity.

Fatty liver disease remains largely under diagnosed and under recognized in children. Alarming, it is not limited to those with obesity, about 8% of lean children are also affected by NAFLD, highlighting its prevalence across different weight categories.

Concerns and Health Challenges for Canadian Children

Dr. Perro testified about the connections between children's diets, environmental toxicants, vaccines, and the rising prevalence of chronic diseases in childhood.

Genetically Modified Food (GMO)

She highlighted that canola oil, a major Canadian agricultural product second only to wheat, is predominantly genetically modified (GMO) or contaminated with glyphosate. The exception is Prince Edward Island, which produces a non-GMO variant of canola that is exclusively exported to Japan.

Dr. Perro emphasized that canola is not a healthy crop and advised against consuming canola oil or other GMO products produced by industrialized chemical farming. She called for a shift away from mono-cropping practices, noting that agribusiness systems were historically developed by influential entities like the Rockefellers. She explained that glyphosate, introduced in the 1950s as a metal cleaner and chelator, was later repurposed as an herbicide after its weed killing properties were discovered.

Advocating for environmental health, Dr. Perro urged a return to traditional, nutrient rich diets to promote overall well-being. She emphasized the importance of a healthy microbiome for both physical and neurological health. She also raised concerns about the alarming rise in cancers, including skyrocketing rates of cancer in dogs and Non-Hodgkin's Lymphoma¹²³ in humans.

Dr. Perro referenced the first study on GMOs and their associated pesticides, conducted by Dr. Arpad Pusztai and published in 1998. This research demonstrated harm in areas such as immune function, reproduction, and intestinal health, including leaky gut syndrome. Dr. Pusztai later released a documentary titled *Scientist Under Attack*¹²⁴, sharing his findings. However, he faced significant professional backlash and vilification for his work.

Dr. Perro pointed out that scientists who challenge prevailing narratives about GMOs often face persecution, which discourages further research in this area. She reiterated the critical point that consuming GMOs invariably means exposure to their associated glyphosate-based herbicides, posing additional health risks.

Glyphosate Herbicides

Dr. Perro noted that there are currently 800 different formulations of glyphosate based herbicides used worldwide, far beyond the well known product Roundup. In Canada, glyphosate is being aerially sprayed at levels comparable to those in the United States.

The use of glyphosate based herbicides extends beyond agriculture. These chemicals are sprayed not only on crops but also on road medians, hospitals, parks, and even schools. Additionally, Canada's forests are subjected to aerial spraying overseen by Fish and Game authorities, though the process lacks transparency. No comprehensive Canadian data exists on the volume of chemicals sprayed in forests. Dr. Perro mentioned a colleague researching the impact of this practice on wildlife, noting an increase in cancers and deformities among animals. Alarming, 75% of weeds are now resistant to glyphosate, prompting institutions to turn to more toxic alternatives, such as 2,4-D¹²⁵.

¹²³ **Non-Hodgkin's Lymphoma (NHL)** is a type of cancer that originates in the lymphatic system, specifically in lymphocytes, a type of white blood cell that helps fight infections. Unlike Hodgkin's lymphoma, NHL lacks the presence of Reed-Sternberg cells and encompasses a diverse group of lymphatic cancers, varying in aggressiveness and behaviour. ChatGPT March 15, 2025

¹²⁴ https://en.wikipedia.org/wiki/Scientists_Under_Attack:_Genetic_Engineering_in_the_Magnetic_Field_of_Money accessed March 15, 2025

¹²⁵ **2,4-Dichlorophenoxyacetic acid (2,4-D)** is a widely used herbicide that selectively controls broadleaf weeds in agricultural, residential, and aquatic environments. It was also a component of the controversial defoliant Agent Orange, though in a different formulation. ChatGPT March 15, 2025

Dr. Perro stressed that children worldwide are increasingly unhealthy. She has studied populations in China, South Africa, Canada, and the United States, finding consistent health challenges. Even Amish children, who traditionally experience better health outcomes, are not immune. The Amish community has begun using herbicides and genetically modified organisms (GMOs), leading to noticeable health declines.

Glyphosate is also present in vaccines, alongside other concerning components like mercury, aluminum, polyethylene glycol (PEG), aborted fetal tissue, and dog kidney cells. The long-term implications of glyphosate exposure are particularly troubling, as the chemical is known to destroy the infant microbiome. This risk is amplified when infants are exposed to multiple vaccine doses during their first year of life.

In 2024, children in Canada are scheduled to receive 78 vaccines, with the addition of mRNA-based vaccines to the schedule for all age groups. These mRNA vaccines come with untested biosafety concerns. Dr. Perro emphasized the synergistic dangers of glyphosate and aluminum, the latter being used as an adjuvant in vaccines to stimulate the immune system. The combined presence of these substances poses a significant risk to children's health and well-being.

Dr. Perro, referencing a research paper by Dr. Stephanie Seneff, explained the relationship between glyphosate and aluminum. Glyphosate promotes the growth of the bacterium *Clostridium difficile*, which produces a compound called p-Cresol. This compound facilitates the uptake of aluminum by cells and is recognized as a biomarker for autism. P-Cresol is also implicated in kidney disease, which can lead to aluminum retention and subsequent cognitive changes. Glyphosate further exacerbates this issue by enabling aluminum to cross the blood-brain barrier. Research papers from 1986 and 2009 have raised concerns about potential links between aluminum exposure, autism, and Alzheimer's disease. These papers also identified a connection between Tylenol usage and toxicity in children.

Industrial Chemicals / Metals

Dr. Perro also emphasized the widespread exposure of children to harmful substances, including industrial chemicals, processed food high in fructose corn syrup, sunscreens, DEET and other insect repellents, hazardous cleaning products, and hair products, all of which can adversely affect children's developing systems.

Particularly troubling are the high levels of glyphosate found in gluten free products, posing significant risks for celiac and gluten intolerant children. Other food, such as legumes and wheat, were also identified as major sources of glyphosate exposure, impacting dietary choices for vegans and vegetarians.

Dr. Perro also raised concerns about Canadian children's diets, noting the widespread contamination of convenience food in their lunch kits. These products are loaded with industrial chemicals, pesticides, herbicides, food colorants, and additives with no nutritional value. For example, an oatmeal cookie tested contained 263 parts per billion of glyphosate.

Dr. Perro urged parents to avoid heavily processed food typically found in the middle aisles of grocery stores and to prioritize home cooked meals made from scratch. Checking barcodes and ingredient labels, and buying organic whenever possible, can help reduce exposure.

Shockingly, 100% of Canadian children's lunch kits tested contained toxic chemicals, with 95% showing glyphosate and other pesticide residues. Much of this food is wrapped in plastic, which leaches chemicals into the food when microwaved. Dr. Perro emphasized the urgency of addressing these pervasive toxins to protect children's health.

Infant Formulas

Additionally, infant formulas tested were found to be contaminated with aluminum, lead, glyphosate, herbicides, and pesticides, highlighting the pervasive presence of harmful chemicals in products designed for the most vulnerable populations.

Dr. Perro emphasized the critical importance of breastfeeding, noting that 57% of Canadian mothers introduce formula to replace one or two daily feedings by the time their infants are six months old. She highlighted soy based formulas as particularly concerning due to high levels of glyphosate contamination. Additionally, many formulas, including those with genetically modified ingredients, contain high fructose corn syrup as the primary ingredient, which is linked to fatty liver disease and other health risks.

Dr. Perro referenced a study examining infant formulas purchased from common retailers in the USA, including Walmart, Amazon, Target, and Costco. The study tested for five specific metals and analyzed a total of 40 samples. Each baby formula underwent two separate tests. The tested products included formulas labeled as organic, as well as conventional cow and goat milk based formulas.

The study found that all tested formulas contained toxic levels of contaminants, with 100% of the samples showing the presence of aluminum at concentrations 4,000 to 40,000 times higher than any other metal. Additional contaminants included arsenic, cadmium, mercury, and lead. Alarmingly, every sample tested contained lead, a substance for which no safe exposure level exists. Moreover, 57% of the samples also contained mercury.

Breast Milk vs Baby Formula

Human breast milk contains over 200 oligosaccharides, which serve as vital nutrients for bifidobacteria¹²⁶. This role was highlighted at the Regina NCI hearings by expert witness Dr. Sabine Hazan, and Dr. Perro reaffirmed its importance during her testimony.

Dr. Perro explained the unique symbiosis between mother and baby during breastfeeding. When babies experience distress, they nurse more frequently. This process allows microbes from the baby to transfer back to the mother through “backwash,” enabling the mother to produce the specific microorganisms her baby needs. Dr. Perro described this as one of nature’s most remarkable relationships.

Lactobacilli¹²⁷ and bifidobacteria are essential for robust immunity in children, with bifidobacteria being particularly critical in infants. However, she noted that autism spectrum disorders, particularly those involving intellectual disabilities, are most prevalent in children whose mothers were exposed to glyphosate during pregnancy. Baby formulas, often high in glyphosate and GMOs, further compromise infants’ microbiomes, leading to disruptions in the brain-gut-vagus nerve connection, a factor associated with autism.

Dr. Perro also discussed glyphosate’s origin and its impact. Patented as an antibiotic by Monsanto (now Bayer) in 2003, glyphosate is highly effective at destroying the microbiome. However, this comes at a cost: it promotes harmful microbes such as *Clostridia*¹²⁸. Children with autism spectrum disorders often have high levels of *Clostridial* species. Dr. Perro likened glyphosate’s microbiome effects to those of antibiotics like amoxicillin, which can alter gut flora for six months, making recovery challenging. By the age of three, a child’s microbiome is largely established, leaving little room for correction.

¹²⁶ **Bifidobacteria** are a genus of beneficial, gram-positive, anaerobic bacteria naturally found in the human gut, particularly in the colon, as well as in fermented food and probiotic supplements. They play a crucial role in maintaining gut health by aiding digestion. ChatGPT March 15, 2025

¹²⁷ **Lactobacilli** are a genus of beneficial, gram-positive, rod-shaped bacteria commonly found in the human gut, mouth, and female reproductive tract, as well as in fermented food like yogurt, kefir, and sauerkraut. They play a key role in digestion and gut health by producing lactic acid, which lowers pH levels, inhibits harmful bacteria, and supports a balanced microbiome. Lactobacilli contribute to immune function, aid in breaking down lactose, and help prevent infections, particularly in the urinary and vaginal tracts. ChatGPT March 15, 2025

¹²⁸ **Clostridia** are a diverse class of gram-positive, spore-forming, anaerobic bacteria found in soil, water, and the human gut. ChatGPT March 15, 2025

Dr. Perro highlighted the role of the vagus nerve, the body's longest nerve, which connects the gut and brain. Known as the "wandering nerve," it transmits information bidirectionally, including signals from microbes, toxins, and toxicants. A "leaky gut"¹²⁹ often corresponds to a "leaky brain"¹³⁰, facilitating the movement of harmful substances into the brain. Prenatal exposure to pesticides, including herbicides, fungicides, and insecticides, poses significant risks. The average food item is subjected to six pesticides, including glyphosate-based herbicides. Dr. Perro stressed that no research exists on the synergistic effects of these combined exposures, compounding the risk.

She further explained that when companies study glyphosate, they typically assess the isolated chemical, not the full formulation found in products like Roundup. Glyphosate acts as a chelator¹³¹, binding essential minerals and toxic metals alike. These stable chelates accumulate in the kidneys, creating toxic waste that can persist for years. Standard laboratory tests, which only measure glyphosate levels, often miss this buildup. Dr. Perro provided an example of a 50 year-old patient presenting with sudden renal failure after decades of consuming food treated with glyphosate based herbicides, despite believing they had followed a healthy diet.

How Do We Protect Our Canadian Children?

Dr Perro criticized regulatory failures and lack of transparency regarding food and vaccine safety. As part of her testimony, Dr Perro recommended a focus on whole food, no processed-food, organic diets, eating out less at fast food restaurants, reducing toxic exposure as methods to safeguard children's health.

She urged parents to educate themselves on environmental health, using platforms like her website GMOscience.org and reading Dr Stephanie Seneff's and her own books.

¹²⁹ **Leaky gut**, or **intestinal permeability**, is a condition in which the lining of the small intestine becomes damaged, allowing undigested food particles, toxins, and microbes to leak into the bloodstream. ChatGPT March 15, 2025

¹³⁰ **Leaky brain**, or **blood-brain barrier (BBB) permeability**, refers to a condition where the blood-brain barrier, a protective layer of tightly packed cells that regulates the passage of substances between the bloodstream and the brain, becomes compromised, allowing harmful toxins, pathogens, and inflammatory molecules to enter the brain. ChatGPT March 15, 2025

¹³¹ A **chelator** is a chemical compound that binds to metal ions, forming a stable, water-soluble complex that can be excreted from the body or used in industrial and medical applications. ChatGPT March 15, 2025

Recommended Literature

- What's Making Our Children Sick?¹³²
- The Toxic Legacy¹³³
- The Brain Drain¹³⁴
- A Bitter Fog¹³⁵

Dr Perro's testimony reinforced the necessity of prioritizing children's health through systemic changes in food systems, robust public health policies that focus on food safety and reducing exposure to harmful chemicals in schools and communities, along with increased education for parents and health practitioners plus a complete review of all vaccines and the vaccine schedule.

Dr Perro emphasized the urgent need for comprehensive reforms to safeguard children's health, advocating for an integrative approach combining conventional and natural therapies.

She is also calling for actionable changes, including removing toxic substances like glyphosate from the food supply, improving parental awareness, and restoring traditional agricultural practices.

Dr Robert Dickson

Overview of Testimony

Dr. Robert Dickson, a family physician with over three decades of clinical experience, provided critical insights on the contentious issue of water fluoridation during the Vancouver NCI hearings. His testimony focused on the health risks associated with fluoridated water and chronicled his journey from a supporter to an outspoken critic of the practice. Dr. Dickson's presentation emphasized systemic regulatory failures and the need for greater transparency and evidence-based policymaking to safeguard public health.

¹³² <https://www.amazon.ca/Whats-Making-Our-Children-Sick/dp/1603587578> accessed March 15, 2025

¹³³ <https://www.amazon.com/Toxic-Legacy-Weedkiller-Glyphosate-Environment/dp/1603589295> accessed March 15, 2025

¹³⁴ <https://www.amazon.ca/Brain-Drain-Beakthrough-That-Change/dp/0984196307> accessed March 15, 2025

¹³⁵ <https://www.amazon.ca/Bitter-Fog-Herbicides-Human-Rights/dp/1732446830> accessed March 15, 2025

Drinking Water Treatment

Keeping our children safe in Canada, we need to assess drinking water toxicity. As with any toxin children are more vulnerable to the harmful effects of polluted water due to their smaller developing bodies and higher water intake relative to body weight. Highlights of Dr Robert Dickson's testimony delved into the contentious issue of water fluoridation and his journey from initial support to outspoken criticism.

Key Points of Testimony

Dr. Dickson described how, in 1998, he initially supported water fluoridation during a plebiscite in Calgary, Alberta. At the time, he relied on assurances from reputable organizations like Alberta Health Services and the Alberta Medical Association, which portrayed fluoridation as safe and beneficial for children's dental health. However, at the urging of activist friends, he began to delve deeper into the underlying science. Within weeks, he encountered unsettling evidence that contradicted the prevailing narrative, leading him to question the safety and efficacy of fluoridation practices.

Scientific Evidence and Health Concerns

Dr. Dickson reviewed numerous studies linking fluoridation to significant health risks, particularly in vulnerable populations such as children. Key concerns raised in his testimony included:

- **Neurological Effects¹³⁶**: Emerging research suggests a correlation between fluoride exposure and neuro-developmental issues, particularly in children.
- **Endocrine Disruption¹³⁷**: Fluoride has been implicated in disrupting thyroid function, which can have cascading effects on growth and metabolism.

¹³⁶ **Neurological effects** refer to any changes or impairments in the normal functioning of the nervous system, which includes the brain, spinal cord, and peripheral nerves. These effects can result from various factors such as toxins, infections, trauma, genetic conditions, or exposure to harmful substances like heavy metals or certain chemicals. ChatGPT March 20, 2025

¹³⁷ **Endocrine disruption** refers to the interference of chemicals, such as fluoride, with the normal functioning of the endocrine system, which regulates hormones responsible for critical bodily processes. Fluoride has been implicated in disrupting thyroid function by inhibiting the production of thyroid hormones or altering the uptake of iodine, an essential element for thyroid health. ChatGPT March 20, 2025

- **Skeletal Fluorosis¹³⁸**: Prolonged exposure to fluoride can lead to skeletal damage, particularly in communities with high fluoride levels in drinking water.

Dr. Dickson emphasized the need for unbiased research and greater scrutiny of studies used to justify water fluoridation policies. He pointed out that many studies cited by fluoridation advocates are outdated or fail to account for cumulative exposure from multiple sources, such as toothpaste, processed food, and beverages.

Systemic Regulatory Failures

A major theme of Dr. Dickson's testimony was the systemic failure of regulatory bodies to adequately protect the public from the risks of fluoridation. He argued that public health policies often rely on incomplete or biased data, leading to decisions that do not prioritize safety. Dr. Dickson called for:

- Comprehensive risk assessments of fluoride exposure from all sources.
- Transparent decision-making processes that involve independent scientists and community stakeholders.
- Regular monitoring of fluoride levels in drinking water and public reporting of findings.

Dr. Dickson's testimony underscores the need for a paradigm shift in how public health policies are formulated and implemented. The evidence he presented highlights the potential harm of water fluoridation, particularly for children, whose developing bodies are more susceptible to environmental toxins. The lack of robust regulatory oversight and transparency further compounds the issue, eroding public trust in health authorities.

Conclusion

The testimonies from the NCI Vancouver Hearings reveal an alarming toxic environment that threatens Canadian children's health and development. Chronic conditions like autism, asthma, obesity, and NAFLD are rising at alarming rates, driven by dietary, environmental, and societal factors. Water pollution, including the fluoridation of drinking water, adds another layer of complexity to this public health crisis. Without systemic change, these toxic exposures will continue to undermine children's health and long-term potential.

¹³⁸ **Skeletal fluorosis** is a chronic bone disease caused by prolonged and excessive exposure to high levels of fluoride, typically through drinking water, industrial exposure, or certain food. ChatGPT March 20, 2025

Recommendations

Based on Dr. Perro's testimony, the following measures are recommended to address the concerns raised:

1. Systemic Reforms:

- Ban glyphosate and other harmful chemicals from food production, including aluminum, mercury, cadmium and lead.
- Increase transparency and data collection on environmental and dietary toxins.
- Ensure that every baby formula contains NO glyphosate and harmful chemicals like aluminum, mercury, cadmium and lead.
- Ensure that every vaccines contains NO glyphosate and harmful chemicals like aluminum, mercury, cadmium and lead.

2. Dietary Interventions:

- Promote organic, whole food diets and reduce reliance on processed food.
- Advocate for breastfeeding and the reduction of the use of infant formula.

3. Public Education:

- Launch campaigns to educate parents about environmental and dietary toxins.
- Encourage traditional, nutrient rich diets and sustainable farming practices.
- Teach Nutrition and agriculture in schools for children to learn how to grow and cook their own food to be healthy.

4. Regulatory Improvements:

- Strengthen oversight of pesticides, vaccines, and chemical additives.
- Mandate rigorous evaluations of chemical safety in food and water.

5. Research and Monitoring:

- Support independent studies on the health impacts of chemical exposures.
- Monitor long-term outcomes of environmental and dietary interventions.

By implementing these measures, Canada can mitigate the toxic assault on its children and create a safer, healthier environment for future generations.

Based on Dr. Dickson's testimony, the following measures are recommended to address the concerns raised:

6. Suspension of Fluoridation Programs:

- Stop water fluoridation as the risks to health are higher than the benefits.
- Fluoride should be banned in every products as the risks outweighs a lot the benefits that are almost inexistent. It is a toxic waste.

7. Enhance Public Awareness:

- Launch educational campaigns to inform the public about the potential risks associated with fluoride exposure.

These recommendations underscore the urgent need to protect children from harmful environmental exposures by reforming food, water, and healthcare policies. Grounded in expert testimony, they call for the elimination of toxic substances such as glyphosate and fluoride, the promotion of nutrient-rich, organic diets, and greater public education on environmental health. Through stronger regulation, informed awareness, and holistic prevention strategies, Canada can foster a healthier future for its children.

4.7.4. Children's Mental and Spiritual Health

Reference to the Original NCI Report

The original NCI report, "Inquiry into the Appropriateness and Efficacy of the COVID-19 Response in Canada" (November 28, 2023), acknowledged the mental health challenges arising during the COVID-19 event. However, it did not fully explore the unique and profound impacts on children. Testimonies at the Vancouver NCI hearings offered a more detailed and nuanced understanding of the crisis, drawing attention to systemic failures, educational disruptions, and environmental factors that have exacerbated these issues.

Introduction

The profound and far-reaching effects of the COVID-19 measures on children's mental and spiritual health emerged as a critical theme during the Vancouver NCI hearings. Witnesses provided in depth testimony on how societal pressures, environmental factors, and public health measures have collectively shaped the emotional and developmental outcomes of Canadian children. These testimonies highlighted a crisis that has been building for years but was exacerbated during the COVID-19 measures.

The COVID-19 event acted as a catalyst, magnifying existing challenges while introducing new stressors that disrupted children's mental, emotional, and spiritual well-being. Rates of anxiety, depression, and emotional instability surged, as children were isolated from their peers, stripped of their routines, and subjected to unprecedented uncertainty. Witnesses detailed how COVID-19 measures, such as prolonged school closures, excessive reliance on digital learning, and the loss of community connections, left children without the critical social and developmental supports they need to thrive.

Beyond the immediate psychological effects, the hearings underscored the spiritual harm inflicted on children. The erosion of meaningful connections, a sense of purpose, and opportunities for identity formation left many children feeling disconnected and adrift. Witnesses emphasized the importance of addressing this often-overlooked dimension of health, arguing that spiritual well-being is integral to resilience and long-term recovery.

This section synthesizes the testimonies of expert witnesses, parents, and educators, including Dr. Julie Ponesse, Dr. Michelle Perro, Dr. Byram Bridle, Carmel Pelly, Hila Russ-Woodland, and Helen Ward. Together, their insights reveal a comprehensive picture of the challenges facing children during the COVID-19 event and the systemic failures that exacerbated these issues. By exploring the intersection of mental, emotional, and spiritual health, this section aims to illuminate the urgent need for holistic reforms that prioritize the well-being of children and restore their connections to family, community, and purpose.

Discussion of Witness Testimonies

Dr. Julie Ponesse

Overview of Testimony

Dr. Julie Ponesse is a bioethicist with extensive academic and professional experience in ethics, philosophy, and public health. She holds a Master's degree in Bioethics¹³⁹ from the University of Toronto and a PhD in Ethics and Ancient Philosophy from Western University. Her career spans over two decades of teaching at Canadian and American universities, where she has specialized in fostering critical thinking about ethical issues in healthcare and public policy. Dr. Ponesse is currently the Chief of Biomedical Ethics for The Wellness Company, where she focuses on promoting ethical decision-making in health related fields.

Key Points of Testimony

Dr. Julie Ponesse's testimony during the NCI Vancouver Hearings provided a thorough exploration of the mental and spiritual challenges faced by children in the wake of COVID-19-related public health measures. She argued that these measures not only overlooked the unique needs of children but also inflicted lasting harm on their emotional and developmental well-being.

- **Mental Health Crisis in Children:** Dr. Ponesse described the COVID-19 event as a period of unparalleled psychological upheaval for children. Key points included:
 - **Anxiety and Depression:** Rates of anxiety and depression among children surged during the COVID-19 event due to isolation, uncertainty, and disrupted routines.
 - **Loss of Developmental Milestones:** Many children missed critical social and educational experiences, leading to delays in emotional and cognitive growth.
 - **Increased Suicidal Ideation:** Dr. Ponesse cited evidence suggesting an alarming rise in suicidal thoughts and behaviours among children during the COVID-19 measures.

She emphasized that these issues were exacerbated by the lack of proactive mental health support, leaving many children and families to cope alone.

¹³⁹ **Bioethics** is the interdisciplinary study of ethical, legal, and social issues arising from advances in medicine, biotechnology, and life sciences. It examines moral dilemmas related to topics such as genetic engineering, cloning, euthanasia, organ transplantation, human experimentation, and patient rights. ChatGPT March 15, 2025

- **Spiritual and Existential Harm:** Beyond the psychological toll, Dr. Ponesse delved into the spiritual harm inflicted on children. She argued that the loss of community, identity, and purpose caused by COVID-19 restrictions left children feeling disconnected and adrift. Key points included:
 - **Disruption of Meaningful Connections:** Social-distancing measures and school closures severed children's ties to peers, teachers, and mentors, critical sources of support and guidance.
 - **Loss of Identity:** Children struggled to define their roles within their communities, especially as routines and social structures dissolved.
 - **Erosion of Faith and Optimism:** Many children became disillusioned by the fear and uncertainty surrounding the COVID-19 event, contributing to a sense of hopelessness.

Dr. Ponesse highlighted that these spiritual harms are harder to quantify but equally critical to address, as they affect children's long-term resilience and well-being.

- **Ethical Oversight Failures:** Dr. Ponesse criticized the lack of ethical scrutiny in public health policies affecting children. Key points included:
 - **Physical Over Mental Prioritization:** Policies were heavily focused on minimizing physical health risks, often at the expense of mental and emotional health.
 - **Children's Voices Overlooked:** Decisions were made without considering children's unique needs and perspectives.
 - **Erosion of Parental Trust:** The lack of transparency and ethical deliberation alienated parents, undermining their trust in institutions tasked with protecting their children.

She called for a balanced, ethically-grounded approach to public health that considers children's mental and spiritual health as integral to their overall well-being.

Dr. Ponesse's testimony was a powerful reminder of the importance of prioritizing children in public health discussions. Her insights revealed systemic failures and offered actionable solutions to ensure that future policies protect not just the bodies, but also the minds and spirits of the youngest and most vulnerable members of society.

Dr. Michelle Perro

Overview of Testimony

Dr. Michelle Perro is a paediatrician with over four decades of experience in clinical practice and 25 years in integrative medicine. She has directed pediatric emergency departments in New York City and UCSF Benioff Oakland Children's Hospital. Dr. Perro has published extensively, co-authoring *What's Making Our Children Sick?*¹⁴⁰, and is a co-founder of GMOscience.org. Her work focuses on the intersection of environmental health, nutrition, and holistic pediatric care.

At the NCI Vancouver Hearings, Dr. Perro emphasized the links between environmental toxins, dietary factors, and medical interventions, highlighting their profound impact on children's mental and spiritual health.

Key Points of Testimony

- **Gut-Brain-Axis¹⁴¹ and Mental Health:** Dr. Perro discussed the critical role of the gut-brain-axis in regulating children's emotional and cognitive well-being. She highlighted how environmental toxins, particularly glyphosate, disrupt this axis, leading to neurological and psychological challenges.
 - Glyphosate and Microbiome Disruption:
 - Glyphosate, widely used as a herbicide, depletes beneficial gut bacteria and promotes harmful bacteria such as *Clostridia*.
 - This imbalance disrupts neurotransmitter production, particularly serotonin, which is crucial for mood regulation.
 - The resulting dysfunction contributes to conditions like anxiety, depression, and behavioural disorders.
 - Emotional Dysregulation and Chronic Stress:
 - Dr. Perro linked microbiome imbalances to emotional instability, irritability, and difficulty coping with stress.
 - These issues are especially significant during childhood, when emotional resilience is still developing.

¹⁴⁰ <https://www.amazon.ca/Whats-Making-Our-Children-Sick/dp/1603587578> accessed March 15, 2025

¹⁴¹ The **gut-brain axis** is the complex, bidirectional communication network that links the central nervous system (the brain and spinal cord) with the gastrointestinal (GI) tract. ChatGPT March 18, 2025

Dr. Perro's testimony underscored the foundational role of gut health in mental well-being. Her insights highlighted the need for dietary and environmental interventions to address rising rates of mental health challenges in children.

- **Impact of Processed Food on Emotional Health:** Dr. Perro pointed to the modern diet's heavy reliance on processed food as a significant contributor to mental health issues in children.
 - High-Fructose Corn Syrup and Neuroinflammation¹⁴²:
 - Many processed-food contain high-fructose corn syrup and artificial additives, which exacerbate inflammation in the brain and body.
 - Chronic inflammation impairs cognitive function and emotional stability.
 - Nutrient Deficiencies:
 - Processed food lack essential nutrients needed for brain health, including omega-3 fatty acids, magnesium, and B vitamins.
 - Nutritional deficits can exacerbate conditions like ADHD, anxiety, and depression.

By emphasizing the link between diet and emotional health, Dr. Perro provided a compelling case for prioritizing nutrient-rich, organic diets to support children's mental well-being.

- **Spiritual Harm from Environmental and Dietary Disruptions:** Dr. Perro highlighted the spiritual dimensions of health, connecting environmental and dietary factors to a broader sense of disconnection and disorientation in children.
 - Loss of Natural Balance:
 - Glyphosate and other chemicals disrupt not only physical systems but also children's intrinsic connection to nature and their own bodies.
 - She described this as a form of spiritual harm, where children lose their sense of harmony and grounding.

¹⁴² **Neuroinflammation** is the inflammation of nervous tissue, specifically within the brain or spinal cord, and is typically a response to infection, injury, toxins, autoimmune activity, or neurodegenerative diseases. ChatGPT March 18, 2025

- Impact on Identity and Purpose:

- The pervasive presence of toxins in food, water, and air creates a sense of vulnerability and fear, affecting children's ability to feel secure and purposeful.
- Poor diet and exposure to toxins diminish children's capacity for resilience and emotional growth, further contributing to a sense of disempowerment.

Dr. Perro's perspective broadened the discussion of children's health to include spiritual well-being, emphasizing the need for holistic approaches that restore balance and connection.

- **Rising Neurological and Behavioural Disorders:** Dr. Perro linked the increase in neurological disorders such as autism and ADHD to environmental and dietary factors, noting their impact on children's mental health and emotional stability.

- Autism and Behavioural Challenges:

- Autism spectrum disorders, described as a "spectrum pandemic," are exacerbated by disruptions in the gut-brain-axis and toxic exposures.
- Behavioural issues like hyperactivity and aggression are compounded by poor dietary habits and environmental stressors.

- Emotional Isolation and Spiritual Harm:

- Children with neurodevelopment disorders often face social isolation, which can lead to a sense of spiritual disconnection.

Dr. Perro's testimony provided a framework for understanding how systemic factors contribute to both neurological and emotional disorders, emphasizing the need for preventive measures and targeted interventions.

Dr. Byram Bridle

Overview of Testimony

Dr. Byram Bridle is an associate professor of virology and immunology at the University of Guelph, with a focus on vaccine development and safety. His academic work includes extensive research into immunological responses, adjuvants, and the bio-distribution of vaccine components. At the Vancouver NCI hearings, Dr. Bridle addressed the broader implications of vaccine components and public health policies on children's mental and spiritual health.

Key Points of Testimony

- **Neuroinflammation and Mental Health:** Dr. Bridle focused on the potential neurological effects of vaccine adjuvants, particularly aluminum, linking them to neuroinflammation and subsequent mental health challenges in children.
 - Aluminum Adjuvants¹⁴³:
 - Aluminum, a neurotoxic adjuvant in many traditional vaccines, is designed to enhance immune responses but can also cross the blood-brain barrier.
 - This accumulation in the brain contributes to neuroinflammation, which is associated with cognitive and behavioural disorders, including anxiety, depression, and ADHD¹⁴⁴.
 - Chronic Inflammatory States:
 - Prolonged neuroinflammation may impair emotional regulation and cognitive function in children, potentially leading to developmental delays and mental health challenges.

Dr. Bridle's testimony highlighted the importance of understanding the long-term impacts of vaccine components on neurological health, providing a link between physical immunological responses and mental well-being.

- **Bio-distribution of COVID-19 Injection Components:** Dr. Bridle discussed his research into the bio-distribution of COVID-19 injections components, emphasizing that these substances do not remain localized at the injection site as previously assumed.
 - Systemic Spread of Adjuvants:
 - Vaccine components, including adjuvants, travel to various organs, including the brain, potentially disrupting neurological and emotional systems.
 - Persistent bio-distribution may interfere with the normal development of a child's brain and nervous system.

¹⁴³ **Adjuvants** in medicine are substances added to vaccines or drug formulations to enhance the body's immune response or improve the effectiveness of a treatment. ChatGPT March 15, 2025

¹⁴⁴ **Attention-Deficit/Hyperactivity Disorder (ADHD)** is a neurodevelopmental condition characterized by patterns of inattention, impulsivity, and hyperactivity that interfere with daily functioning and development. ChatGPT March 18, 2025

- Emotional Dysregulation:
 - Disruptions caused by the bio-distribution of toxic components may contribute to emotional instability and difficulty managing stress, which are critical during formative years.

This research provides a basis for exploring how physiological disruptions from vaccines might manifest as emotional and psychological challenges, further linking physical exposures to mental health outcomes.

- **Impact on Spiritual Development:** Dr. Bridle extended his analysis to the spiritual implications of public health measures and medical interventions, arguing that systemic failures contribute to a broader sense of disconnection and disempowerment in children.

- Loss of Autonomy and Trust:
 - When children experience adverse effects from medical interventions, it can undermine their trust in authority figures and societal systems.
 - This loss of trust extends to their sense of safety and connection, key components of spiritual health.
- Erosion of Faith in Institutions:
 - Public health measures that prioritize efficiency over compassion and transparency may leave children feeling alienated and unsupported.
 - This disconnect can diminish their sense of purpose and community, critical aspects of spiritual growth.

Dr. Bridle's testimony illuminated the broader implications of systemic failures on children's spiritual well-being, emphasizing the need for policies that rebuild trust and foster a sense of security and belonging.

- **Call for Ethical Oversight and Transparency:** Dr. Bridle emphasized the ethical failures of current public health policies, particularly the lack of transparency around vaccine safety and the potential long-term effects of adjuvants.
 - Inadequate Safety Testing:
 - He criticized the use of non-inert placebos in clinical trials, which obscures the true safety profile of vaccines.

- The lack of independent, studies into the cumulative effects of vaccine components on mental health was a significant concern.
- **Public Distrust and Spiritual Harm:**
 - The lack of transparency erodes public trust, creating a cultural environment where children and families feel disconnected from the institutions designed to protect them.
 - This spiritual disconnection can lead to feelings of isolation and disempowerment, further exacerbating mental health challenges.

Dr. Bridle's ethical critique underscored the systemic need for transparency and accountability in public health, linking these principles to the preservation of mental and spiritual well-being.

Hila Russ-Woodland

Overview of Testimony

Hila Russ-Woodland is an educator with over 25 years of experience in teaching and child development. Her testimony at the Vancouver NCI hearings highlighted the significant mental and spiritual challenges faced by children during the COVID-19 measures. Drawing from her extensive professional background, Russ-Woodland provided critical insights into the psychological and emotional toll of public health measures on children, particularly within the education system.

Key Points of Testimony

- **Psychological Impact of Digital Learning:** Russ-Woodland focused on the adverse effects of remote learning and increased screen-time on children's mental health.
 - Isolation and Emotional Disconnection:
 - Remote learning created a sense of isolation, depriving children of the peer interaction essential for emotional development.
 - Many children struggled to form meaningful connections with teachers and classmates, leading to feelings of loneliness and alienation.
 - Increased Anxiety and Depression:
 - The lack of in-person support systems during remote learning exacerbated anxiety and depression, especially for children already vulnerable to mental health challenges.

- Cognitive Fatigue:
 - Prolonged screen-time led to cognitive fatigue and reduced attention spans, further straining children's ability to engage meaningfully with their education.

Russ-Woodland's testimony emphasized that digital learning systems failed to address children's fundamental need for social and emotional connection, contributing to a widespread mental health crisis.

- **Disruption of Routine and Stability:** The sudden and prolonged changes to children's daily routines were a central concern in Russ-Woodland's testimony.
 - Loss of Structure:
 - School closures disrupted the routines that provide children with a sense of security and predictability.
 - This loss of structure was particularly damaging to children with special needs, who rely heavily on routine for emotional stability.
 - Emotional Instability:
 - Without consistent routines, many children experienced heightened emotional instability, including increased irritability, fear, and difficulty managing stress.

The loss of routine not only disrupted children's learning but also eroded their sense of safety and stability, critical components of mental and spiritual health.

- **Erosion of Spiritual Well-being:** Russ-Woodland discussed how the COVID-19 measures disrupted the spiritual growth of children by severing connections to their communities, mentors, and sources of purpose.
 - Loss of Community and Belonging:
 - The absence of in-person schooling and extracurricular activities deprived children of opportunities to feel part of a larger community.
 - This lack of belonging contributed to a sense of disconnection and purposelessness.

- Impact on Identity Formation:
 - The COVID-19 event interrupted the social and developmental milestones that help children form their identities.
 - Many children struggled with self-esteem and a sense of worth as they navigated these disruptions.

Russ-Woodland's testimony highlighted the spiritual harm caused by prolonged isolation and the loss of communal and educational structures, which are essential for fostering a sense of connection and meaning in children.

- **Long-term Emotional and Behavioural Effects:** Russ-Woodland raised concerns about the long-term implications of the COVID-19 measures on children's emotional and behavioural development.
 - Persistent Emotional Challenges:
 - Many children who experienced anxiety and depression during the COVID-19 event continue to struggle with emotional regulation.
 - These unresolved issues may contribute to long-term behavioural challenges, such as withdrawal or aggression.
 - Increased Reliance on Technology:
 - The overuse of digital platforms during remote learning has created a dependency on technology, reducing children's ability to engage in face-to-face interactions and build meaningful relationships.

The long-term effects of these disruptions underscore the need for systemic reforms that prioritize emotional and spiritual recovery for children.

Hila Russ-Woodland's testimony illuminated the profound psychological and spiritual toll of COVID-19 measures on children. By highlighting the failures of digital learning, the disruption of routines, and the erosion of community and identity, she provided a comprehensive critique of the systemic shortcomings that contributed to this crisis. Her recommendations emphasized the urgent need to restore connection, stability, and meaning in children's lives to support their mental and spiritual recovery.

Discussion and Analysis of Issues Raised by Witnesses

The Vancouver NCI hearings revealed systemic failures and challenges impacting children's mental and spiritual health, with witnesses identifying critical gaps in public health measures, educational policies, and environmental factors. The testimonies underscored the interconnected nature of these issues and provided a foundation for understanding the broader implications of the COVID-19 event on Canadian children.

Systemic Failures in Public Health Measures

Witnesses repeatedly criticized public health policies for prioritizing physical health over mental and spiritual well-being. The strict implementation of COVID-19 restrictions, such as social-distancing, school closures, and prolonged isolation, left children without essential support systems. These measures exacerbated pre-existing mental health challenges, leading to widespread increases in anxiety, depression, and emotional instability.

- **Mental Health Neglect:** Witnesses such as Dr. Julie Ponesse highlighted the lack of proactive mental health support during the COVID-19 measures, which left children and families to navigate crisis alone. This absence of institutional support contributed to emotional disconnection and prolonged psychological harm.
- **Over-reliance on Technology:** As Hila Russ-Woodland noted, the transition to digital learning not only failed to meet children's developmental needs but also created barriers to meaningful social interaction. The overuse of screens contributed to cognitive fatigue and emotional withdrawal, further isolating children from their communities.

Disruption of Educational and Social Structures

The sudden closure of schools and extracurricular programs disrupted children's routines, removing vital sources of stability and belonging. Witnesses emphasized that these changes had a disproportionate impact on vulnerable children, including those with special needs or pre-existing mental health conditions.

- **Loss of Routine and Security:** Hila Russ-Woodland detailed how the loss of predictable daily routines eroded children's sense of safety, leading to heightened emotional instability and difficulty managing stress.
- **Missed Milestones:** Dr. Ponesse highlighted the long-term developmental consequences of these disruptions, with many children experiencing delays in emotional, cognitive, and social growth due to the lack of in-person interactions and learning opportunities.

Environmental and Nutritional Factors

The NCI Vancouver hearings also drew attention to the broader environmental and dietary influences on children's mental and spiritual health.

- **Gut-brain-axis Disruption:** Dr. Michelle Perro's testimony linked the prevalence of environmental toxins, such as glyphosate, to disruptions in the gut-brain-axis, which is critical for emotional regulation. These imbalances were identified as contributors to anxiety, depression, and behavioural disorders.
- **Processed Food and Nutritional Deficiencies:** Dr. Perro also highlighted the role of processed food in exacerbating mental health issues, noting that diets high in artificial additives and low in essential nutrients hinder cognitive and emotional development.

Spiritual Harm and Identity Formation

Beyond psychological impacts, witnesses explored the spiritual harm caused by the COVID-19 measures, emphasizing the loss of community, purpose, and connection.

- **Erosion of Belonging:** Hila Russ-Woodland emphasized how the absence of in-person schooling, social activities, and community engagement severed children's ties to their peers and mentors. This disconnection led to feelings of purposelessness and alienation, undermining spiritual well-being.
- **Identity Challenges:** Witnesses noted that the COVID-19 event disrupted key identity forming experiences, leaving many children struggling to define their roles within their communities and navigate their sense of self.

Long-term Implications and Systemic Reforms

The testimonies underscored the lasting effects of these disruptions on children's emotional and spiritual resilience. Without targeted interventions, many children may face ongoing challenges in forming relationships, managing stress, and regaining a sense of purpose.

- **Ethical Oversight and Transparency:** Witnesses like Dr. Ponesse and Dr. Byram Bridle emphasized the need for ethical scrutiny in public health decision-making to ensure that policies address the holistic needs of children. Transparent communication and the inclusion of parental voices were identified as essential for rebuilding trust and fostering resilience.
- **Restoration of Connection and Stability:** Witnesses called for systemic reforms that prioritize the restoration of social structures, routines, and meaningful connections. These measures are crucial for supporting children's recovery and ensuring their long-term well-being.

Conclusion

In summary, the testimonies presented at the NCI Vancouver Hearings revealed a comprehensive picture of the mental and spiritual health crisis facing Canadian children. By addressing systemic failures, environmental and nutritional factors, and the loss of community and identity, witnesses provided a roadmap for meaningful reforms to support children's holistic recovery and resilience.

Recommendations

Key Recommendations:

1. Incorporate Ethical Oversight and Transparency in Public Health Policies:
 - Mandate independent ethical reviews of public health policies affecting children to prevent harm.
 - Require comprehensive disclosure of vaccine safety and risk data to support informed consent.
 - Engage parents, educators, and child development experts in creating child-centred policies.
2. Prioritize Holistic Mental Health Support:
 - Expand access to counselling, peer support programs, and training for educators to identify and address emotional and behavioural challenges in children.
 - Develop trauma-informed mental health interventions to rebuild emotional resilience and promote long-term recovery.
 - Provide tailored resources for families navigating vaccine injuries or other medical challenges.
3. Strengthen Family and Parental Involvement:
 - Ensure parents are actively involved in critical medical, educational, and policy decisions affecting their children.
 - Empower parents with resources to nurture their children's mental and spiritual well-being.
 - Implement family centred policies that prioritize the parent-child bond as a protective factor for mental health.

4. Restore Community Connections and Support Systems:
 - Rebuild in-person schooling, extracurricular activities, and community programs to restore children's sense of belonging and connection.
 - Promote community-based initiatives that foster social interaction, mentorship, and spiritual growth.
 - Develop programs to help children reconnect with peers, teachers, and community members to mitigate feelings of isolation and purposelessness.
5. Reform Educational Practices:
 - Reduce reliance on digital learning tools and promote in-person educational experiences to support social and emotional development.
 - Introduce structured, predictable routines in schools to provide children with a sense of security and stability.
 - Reintroduce programs that encourage self-expression, creativity, and identity formation.
6. Address Environmental and Dietary Factors:
 - Eliminate harmful toxins, such as glyphosate, from food production and children's environments.
 - Promote nutrient dense, organic diets to support emotional and neurological health.
 - Educate families about reducing processed food consumption and encourage breastfeeding over contaminated infant formulas.
7. Foster Spiritual Growth and Resilience:
 - Create programs that help children reconnect with nature, community, and their sense of identity and purpose.
 - Encourage activities that promote spiritual well-being, such as mentorship programs, arts, and outdoor initiatives.
 - Promote values of trust, compassion, and community within institutions to rebuild children's sense of optimism and faith.

8. Conduct Research on Long-term Effects:

- Invest in independent studies to assess the long-term impacts of environmental toxins, vaccine adjuvants, and COVID-19-related disruptions on children's mental and spiritual health.
- Develop strategies to mitigate the cumulative effects of systemic failures on children's emotional and developmental outcomes.

By implementing these recommendations, Canada can address the critical mental and spiritual health challenges identified in the Vancouver NCI hearings. This comprehensive approach emphasizes family involvement, community support, holistic health interventions, and systemic reforms to foster resilience, connection, and well-being for children.

4.7.5. The Rise in Chronic Diseases in Children

Introduction

Childhood chronic diseases¹⁴⁵ have become a growing public health crisis in Canada, with rates of illness rising significantly over the past several decades. According to the O'Brien Institute for Public Health¹⁴⁶, the country is now in a "failing state of children's health," as one in five children is diagnosed with a chronic illness that impacts their daily lives. While some chronic diseases are inherited, many are influenced by environmental, dietary, and medical factors, which raises questions about preventable causes and systemic failures in addressing children's health.

Public health documents attribute childhood chronic diseases to 11 common causes:

1. Genetic Factors: Inherited conditions such as cystic fibrosis, sickle cell disease, and type 1 diabetes.
2. Autoimmune Disorders: Diseases like juvenile arthritis, celiac disease, and type 1 diabetes, which arise from immune system dysfunction.
3. Environmental Factors: Exposure to pollutants, toxins, and second hand smoke contributing to conditions such as asthma and other respiratory diseases.
4. Poor Nutrition: Malnutrition or an unhealthy diet leading to obesity, heart disease, and type 2 diabetes.
5. Infections: Viral or bacterial infections that trigger chronic conditions, such as rheumatic heart disease or post-infectious autoimmune disorders.
6. Prenatal and Birth Complications: Issues such as premature birth and low birth weight, increasing the risk of chronic respiratory and developmental problems.
7. Allergic Reactions: Severe allergies, food sensitivities, and eczema, which can persist as lifelong conditions.
8. Physical Inactivity: Lack of exercise contributing to obesity, diabetes, and cardiovascular diseases in children.
9. Stress and Mental Health Issues: Chronic stress, anxiety, and depression leading to long-term physical health problems.

¹⁴⁵ A **chronic disease** is a long-lasting health condition that typically progresses slowly and persists for months or years, often requiring ongoing medical attention and lifestyle management. ChatGPT March 18, 2025

¹⁴⁶ <https://obrieniph.ucalgary.ca/> accessed March 15, 2025

10. Hormonal Imbalances: Disorders such as hypothyroidism and polycystic ovarian syndrome (PCOS) causing ongoing health challenges.
11. Chronic Inflammatory Diseases: Conditions like Crohn's disease and ulcerative colitis, which result from persistent inflammation.

A Public Health Crisis and the Call for Transparency

Many of these chronic diseases are preventable or at least manageable, yet the current approach remains reactive rather than proactive. Instead of simply treating symptoms, there is an urgent need to address underlying causes and provide greater transparency from health regulators. Witnesses at the NCI Vancouver Hearings testified that public health authorities often fail to acknowledge emerging research that challenges official narratives on childhood disease.

There is ongoing debate between health regulators, corporations, government bodies, and major health organizations regarding potential environmental, dietary, and pharmaceutical factors contributing to this crisis. Despite increasing concerns, there is institutional resistance to fully investigating how chemical exposures, vaccine ingredients, and food additives may be impacting children's long-term health.

A number of expert witnesses argued that the current generation of children is living in the most chemically, environmentally, and emotionally toxic environment in history. As a result, they are now considered the sickest generation, with the potential for shorter lifespans than previous generations.

Emerging Health Concerns Identified by Witnesses:

- Electromagnetic Radiation Exposure (EMFs) from Cell Phones and Wi-Fi
 - Witnesses discussed concerns over prolonged radiation exposure and its possible links to neuro-developmental issues, sleep disturbances, headaches, and cancer.
 - Research presented suggested higher risks for fetal damage when pregnant women experience prolonged exposure to EMFs.
- Fluoride Toxicity:
 - Witnesses testified that excessive fluoride exposure is an endocrine disruptor, contributing to neurological issues, brain inflammation, and reduced IQ levels.

- The testimony highlighted that dental cavities remain at epidemic levels despite water fluoridation, questioning its effectiveness.
- Herbicides and Pesticide Exposure (Glyphosate):
 - Testimony focused on how glyphosate disrupts gut bacteria, potentially leading to autoimmune diseases, metabolic disorders, and developmental delays.
 - Concerns were raised that glyphosate exposure may be linked to the growing epidemic of gluten intolerance.
- Vaccine Contaminants and Neurological Disorders:
 - Experts testified about aluminum adjuvants, lipid nanoparticles, and residual DNA in vaccines, questioning their role in autoimmune disorders, autism, and other developmental conditions.
 - Concerns were raised that the current childhood vaccine schedule contains historically high doses of aluminum, exceeding safety limits set by health regulators.
- Mental Health Impacts of COVID-19 Lockdowns
 - Witnesses discussed the long-term consequences of lockdown measures, which resulted in increased anxiety, depression, social isolation, and learning deficits in children.
 - Some testimony suggested that restrictive health mandates contributed to an erosion of critical thinking and trust in institutions, with potential lifelong consequences for today's youth.

A Need for a Global Collaborative Effort

Given the increasing prevalence of childhood chronic diseases, several witnesses called for an independent, international collaboration of experts to investigate the true causes of these illnesses. Witnesses argued that health policy decisions should prioritize children's well-being over corporate and political interests.

The testimony underscored the urgent need for reform in healthcare transparency, independent scientific inquiry, and parental rights in medical decision-making. Without such reforms, Canada risks failing an entire generation of children, with long-term implications for public health and society as a whole.

Discussion of Witness Testimonies

Dr. Robert Dickson

Overview of Testimony

Dr. Robert Dickson, a Canadian physician, presented testimony regarding the dangers of fluoride exposure in drinking water. He cited extensive research showing fluoride's potential as an endocrine disruptor and its links to neurological conditions, lowered IQ levels, and increased infertility rates. Dr. Dickson emphasized that while fluoride has long been added to municipal water supplies to prevent tooth decay, its overall impact on children's health has been largely ignored by mainstream health organizations.

- **Fluoride as an Endocrine Disruptor:**
 - Disrupts hormonal balance, contributing to infertility and other metabolic disorders.
 - Associated with calcification of the pituitary gland and brain inflammation.
- **Neurological and Developmental Effects:**
 - Cited 72 studies on neurotoxicity, demonstrating a correlation between fluoride exposure and lower IQ levels in children.
 - Noted a 20 point average IQ decline in areas with fluoridated water supplies.
- **Oral Health Misconceptions:**
 - Suggested that fluoride's benefits are overstated, while its long-term risks are downplayed by public health agencies.

Dr. Michelle Perro

Overview of Testimony

Dr. Michelle Perro, a paediatrician and expert in environmental medicine, testified about the significant health risks posed by glyphosate, a widely used herbicide. She highlighted how glyphosate and other pesticides are disrupting gut microbiota, contributing to the rise of autoimmune diseases, food intolerances, and obesity in children.

- **Pesticide Exposure and Chronic Illness:**
 - Suggested that the widespread gluten intolerance epidemic may actually stem from glyphosate exposure in genetically modified wheat and corn, rather than gluten itself.

- Raised concerns that glyphosate disrupts gut bacteria, leading to autoimmune disorders, developmental delays, and increased cancer risks.
- **Rising Childhood Diseases:**
 - 30% of Canadian children aged 2-17 are obese.
 - 62% have asthma.
 - Non-Alcoholic Fatty Liver Disease (NAFLD) is on the rise, with 1 in 3 obese children potentially affected, often going undiagnosed until it has progressed to cirrhosis.
- **Concerns Over Food Additives and Processed Diets:**
 - Emphasized that today's children are consuming more processed, chemically altered food than ever before.
 - Highlighted the introduction of lab-grown meat and insect-based proteins as additional health concerns.

Dr. Christopher Shaw

Overview of Testimony

Dr. Christopher Shaw, a neuroscientist specializing in environmental toxins and neurodegenerative diseases, testified about the role of aluminum based adjuvants in vaccines and their connection to chronic neurological disorders. He presented data on the increasing rates of autism, developmental delays, and autoimmune conditions, emphasizing the potential dangers of the current childhood vaccine schedule.

According to Dr. Shaw, the CDC states that 50% of US adults have one or more chronic diseases. These include arthritis, cancer, Chronic Obstructive Pulmonary Disease¹⁴⁷ (COPD), coronary heart disease, asthma, diabetes, hypertension, hepatitis, stroke and kidney disease.

27% of American adults have two or more chronic diseases.

86% of all health care costs are absorbed by chronic disease care.

The Canadian data is similar.

¹⁴⁷ **Chronic Obstructive Pulmonary Disease.** It's a **progressive lung disease** that makes it hard to breathe and includes conditions like:

- **Chronic bronchitis** - long-term inflammation of the airways with coughing and mucus production.
- **Emphysema** - damage to the air sacs (alveoli) in the lungs, which reduces oxygen exchange. ChatGPT April 21, 2025

In children, 54% have chronic illnesses. 40% are depressed, 20% are obese, 15% have developmental disorders, 10% have ADHD, 9% asthma, 8% food allergies, 2% autism and 0.3% cancer.

The incidence of all of these conditions has risen significantly since 1980. Autism spectrum disorder has especially shown a large increase, particularly in males.

Environmental factors are thought to be largely responsible.

- **Aluminum Exposure in Infant Vaccines:**

- At two months old, infants receive 49-54 times the FDA's safety limit for aluminum exposure.
- Listed common vaccines and their aluminum content:
 - DTaP-HB-IPV-HIB: 1500 mcg
 - Meningococcal C Conjugate: 1000 mcg
 - Pneumococcal Conjugate: 125 mcg
 - Total exposure at two months: 2,625 mcg, compared to the safe limit of 18.16 mcg for an 8-pound baby.

- **Rise in Chronic Childhood Illnesses:**

- Autism rates increased from 1 in 10,000 to 1 in 36.
- Allergies have increased sixfold since 1980.
- Juvenile diabetes has more than doubled.
- ADHD rates have risen by 10%.
- Seizures and autoimmune disorders have become significantly more common.

- **Concerns Over Sudden Infant Death Syndrome (SIDS):**

- 78% of SIDS cases occur within the first week following vaccination.
- 97% occur within the first 10 days post-vaccination.

- **Call for Vaccine Schedule Review:**

- Compared vaccine schedules over time:

- **1950s:** 14 doses, 5 vaccines.
- **1983:** 23 doses, 7 vaccines.
- Today: Up to 78 doses, 22 vaccines before age 18.

Dr. Shaw recommended an immediate reassessment of vaccine safety standards.

Dr. Byram Bridle

Overview of Testimony

Dr. Byram Bridle, an immunologist and vaccine researcher, testified about the lack of transparency in public health agencies and their failure to acknowledge risks associated with medical interventions, particularly COVID-19 vaccines. He presented evidence from Freedom of Information requests and legal proceedings that contradicted official health narratives.

◦ **Misleading Public Health Messaging:**

- Highlighted government documents proving public health agencies and some politicians knowingly misled Canadians about vaccine risks.
- Discussed Pfizer and Moderna mRNA vaccine bio-distribution studies, proving that the spike protein travels throughout the body rather than staying localized at the injection site, as initially claimed.

◦ **Trust in Health Institutions at an All-Time Low:**

- Warned that lack of transparency has eroded public trust in regulatory agencies.
- Urged the need for independent oversight and accountability in health policy decisions.

Dr. Magda Havas¹⁴⁸

Overview of Testimony

Dr. Havas, an expert in environmental toxicology, focused on the health risks associated with electromagnetic radiation (EMR), particularly from sources such as cell towers, Wi-Fi, and 5G technology. She presented scientific studies and observational data suggesting that chronic exposure to EMR may contribute to adverse health effects, including neurological issues, immune system dysfunction, cardiovascular problems, and sleep disturbances.

¹⁴⁸ **Dr. Havas** testified at the NCI 2023 hearings in Saskatoon, Saskatchewan: <https://nationalcitizensinquiry.ca/witness/dr-magda-havas/>

Dr. Havas also expressed concern about the lack of precautionary measures and insufficient regulatory standards for EMR exposure in Canada. She emphasized the need for public awareness and for governments to adopt more protective guidelines to limit exposure, particularly among vulnerable populations like children.

Additionally, she highlighted how EMR exposure may have exacerbated health vulnerabilities during the COVID-19 event, although she acknowledged that this area needs further research.

Dr. Havas Recommended the following cautions:

- **Adopt Precautionary Principles:** She recommended that Canada adopt more stringent, precautionary EMR exposure guidelines, similar to countries like Switzerland and Italy, which have lower exposure limits than those currently in place in Canada.
- **Halt the Roll-out of 5G in Sensitive Areas :** Dr. Havas urged for a moratorium on 5G infrastructure, especially near schools, hospitals, and residential neighbourhoods, until comprehensive, independent health studies on long-term exposure are completed.
- **Public Education Campaigns:** She called for government-supported initiatives to inform the public about the potential risks of EMR, including practical steps individuals can take to reduce their exposure, such as limiting wireless device usage and opting for wired connections when possible.
- **Independent Research Funding:** Dr. Havas emphasized the need for increased independent research funding to further study the biological effects of EMR, particularly in relation to chronic illnesses, immune system impacts, and possible links to increased health vulnerabilities during the COVID-19 event.
- **Recognition of Electromagnetic Hypersensitivity (EHS):** She recommended that **EHS¹⁴⁹** be formally recognized by health authorities, and that accommodations be made for those affected in public and workplace settings.

Discussion and Analysis of Issues Raised by the Witnesses

The testimonies presented at the NCI Vancouver hearings identified multiple systemic failures in addressing the chronic disease epidemic in children. Witnesses raised concerns about environmental toxins, vaccine safety, fluoride exposure, food contamination, mental health crisis, and the erosion of parental rights in medical decision-making.

¹⁴⁹ **Electromagnetic Hypersensitivity (EHS):** a condition where individuals report adverse health effects from Electromagnet Radiation (EMR) exposure.

Environmental and Chemical Exposures Contributing to Chronic Disease

Fluoride Toxicity and Neuro-developmental Concerns: Dr. Robert Dickson testified about fluoride's neurotoxic effects, citing 72 studies showing that fluoride exposure reduces IQ levels in children and acts as an endocrine disruptor. He presented data indicating that fluoride contributes to brain inflammation, pituitary gland calcification, and an increased risk of infertility.

- **IQ Decline and Neurological Impact:**

- Dr. Dickson stated that fluoride exposure has led to a 20 point decline in children's IQ levels in fluoridated areas.
- Fluoride does not serve any biological function in the body, raising concerns over its widespread use in municipal water supplies.

- **Dental Health and Misconceptions:**

- Despite public health claims, dental cavities remain five times more prevalent than asthma and seven times more common than hay fever, questioning the necessity of fluoride in water.

Glyphosate and Food Contaminants – Dr. Michelle Perro and Dr. Sabine Hazan

Dr. Michelle Perro testified about the dangers of glyphosate (a widely used herbicide), which she linked to gut microbiome disruption, autoimmune diseases, developmental disorders, and cancer.

- **Glyphosate and the Gut Microbiome:**

- Dr. Perro presented evidence showing glyphosate destroys beneficial gut bacteria, potentially contributing to conditions such as autism, autoimmune disorders, and obesity.
- 1 in 3 obese children in Canada may suffer from Non-Alcoholic Fatty Liver Disease (NAFLD) due to food contaminants.

Dr. Sabine Hazan¹⁵⁰ testified that children today consume more processed food than any previous generation, leading to an increase in metabolic disorders and neurological issues. She advocated for a return to wholesome, organic, and home-prepared food to mitigate the damage caused by industrialized food systems.

¹⁵⁰ Dr. Sabin Hazan testified at day 2 of the Regina NCI Hearings in Regina on May 2, 2024

Vaccine Safety and the Rise of Chronic Illnesses

Aluminum Adjuvants and Neurological Disorders

Dr. Christopher Shaw, a neuroscientist, warned about the high levels of aluminum in vaccines, which he linked to neurological inflammation, developmental delays, and autoimmune diseases.

- **Excessive Aluminum Exposure in Infant Vaccines:**
 - Infants receive 49-54 times the FDA's safety limit for aluminum in vaccines at two months old.
 - Studies suggest aluminum accumulates in the brain, potentially leading to conditions such as autism, ADHD, and learning disabilities.

Dr. Jessica Rose also testified about systemic underreporting of vaccine injuries, stating that regulatory agencies fail to track long-term effects adequately.

- **Spike Proteins and DNA Contaminants:**
 - Dr. Rose testified that certain vaccines contain residual DNA, lipid nanoparticles, and spike proteins, which may contribute to autoimmune diseases and multi-system inflammatory disorders.
 - She warned that the long-term consequences of genetic alterations in children remain unknown.

Concerns Over Sudden Infant Death Syndrome (SIDS) and Vaccination

Dr. Shaw presented alarming statistics suggesting a possible link between vaccines and SIDS:

- 78% of SIDS cases occur within the first week of vaccination.
- 97% occur within the first 10 days post-vaccination.

He emphasized that regulatory bodies have not conducted adequate safety studies to assess the cumulative effects of vaccines on child health.

Calls for Vaccine Schedule Reform

Dr. Paul Thomas, a paediatrician, testified that unvaccinated children in his practice had significantly lower rates of chronic illness compared to those children, in his practise, who received a reduced number of vaccines under a modified schedule. He suggested that children who follow the full routine vaccination schedule may experience even poorer health outcomes.

- **Concerns Over Vaccine Testing:**

- Dr. Thomas stated that no vaccine on the childhood schedule in North America has undergone proper safety testing with a saline placebo.
- Serious adverse effects occur in 1 in 10 to 1 in 20 vaccinated children, contradicting public health claims that side effects are “extremely rare”.

Dr. Stephen Malthouse testified that informed consent has been systematically eroded, with parents often being pressured into compliance rather than being fully informed about vaccine risks.

Mental Health Crisis Related to COVID-19 Lockdowns

Psychological and Developmental Consequences

Dr. Julie Ponesse, an ethics professor, testified about the severe mental health consequences of prolonged COVID-19 lockdowns.

- **Educational Setbacks:**

- School closures and online learning disruptions led to long-term academic struggles, particularly among lower income families.

- **Mental Health Decline:**

- The isolation, fear-based messaging, and media propaganda caused widespread anxiety and depression in children.
- Some children endured prolonged exposure to abusive home environments due to lockdown restrictions.

- **Erosion of Critical Thinking and Social Skills:**

- Witnesses testified that public health mandates discouraged independent thought, potentially impacting children’s ability to critically assess authority in the future.

Loss of Parental Rights in Medical and Educational Decisions

Parental Rights and Government Overreach

Multiple legal and educational experts testified about government overreach in parental rights, particularly regarding gender ideology in schools and vaccine mandates.

- **Paul Jaffe (Lawyer):**
 - Warned that courts are increasingly politicized, making it harder for parents to challenge medical and educational policies.
- **James Kitchen (Lawyer):**
 - Testified that school boards and governments systematically withheld information from parents, particularly concerning gender identity policies in schools.
- **Barry Neufeld (Former School Trustee):**
 - Shared personal experiences of being targeted for opposing school policies that infringe on parental rights.

Lay witnesses such as Tamara Main testified about the psychological impact of gender ideology on children, arguing that schools are socially transitioning minors without parental knowledge or consent.

The Rise of Childhood Obesity and Metabolic Disorders

Witnesses at the NCI Vancouver Hearings highlighted childhood obesity as a rapidly growing public health crisis. They testified that obesity rates in children have tripled in the last 30 years, leading to an increase in type 2 diabetes, cardiovascular disease, and non-alcoholic fatty liver disease (NAFLD).

The Role of Processed Food and Food Contaminants

Dr. Michelle Perro testified that 30% of Canadian children aged 2-17 are obese, with a strong correlation between obesity and exposure to environmental toxins such as glyphosate and processed food additives. She explained that glyphosate, a widely used herbicide, damages gut bacteria, disrupting metabolism and contributing to insulin resistance and weight gain.

Dr. Sabine Hazan emphasized that gut microbiome diversity is critical for maintaining a healthy weight, and today's children are consuming more processed food, artificial additives, and genetically modified ingredients than ever before. She warned that these dietary changes have contributed to hormonal imbalances, metabolic disorders, and increased cravings for high-calorie, low-nutrient food.

Links Between Obesity and Chronic Disease

- **Increased Risk of NAFLD (Non-Alcoholic Fatty Liver Disease):**
 - Dr. Perro noted that 1 in 3 obese children, and 1 in 8 lean children in Canada may have undiagnosed NAFLD, a disease that can progress to cirrhosis and liver failure.
 - Many cases go undetected until an ultrasound or liver biopsy reveals significant damage.
- **Type 2 Diabetes and Insulin Resistance:**
 - Testimonies linked high sugar diets and ultra processed food to the rising rates of childhood diabetes.
 - Witnesses warned that early onset diabetes is now common in teenagers, increasing their lifetime risk of heart disease, nerve damage, and kidney failure.
- **Endocrine Disruptors and Metabolic Dysfunction:**
 - Environmental chemicals such as glyphosate, fluoride, and food additives were cited as potential disruptors of metabolic function, contributing to obesity, hormonal imbalances, and inflammation.
 - Witnesses argued that current public health policies fail to acknowledge these risks, focusing instead on caloric intake alone rather than the quality and composition of children's diets.

The Impact of Public Health Policies and Industry Practices

Witnesses also criticized food industry practices and government dietary recommendations, arguing that corporate interests have influenced public health messaging, leading to:

- The promotion of ultra processed food in schools.
- The misleading marketing of "healthy" processed food that contain excessive sugar and additives.

- Failure to regulate pesticides and food contaminants known to contribute to obesity and metabolic dysfunction.

Conclusion

The testimonies at the NCI Vancouver Hearings highlight an urgent public health and policy crisis regarding childhood chronic diseases. Witnesses emphasized that current policies prioritize corporate and government interests over children's well-being, leading to increased toxic exposures, lack of informed consent, and systemic suppression of dissenting scientific inquiry.

Experts across multiple disciplines called for:

- A full reassessment of vaccine safety protocols.
- Stronger parental rights in medical and educational decisions.
- Greater transparency in public health policies.
- A shift towards independent scientific inquiry, free from corporate influence.
- A greater emphasis on addressing the causes of childhood obesity.

Without these reforms, the current generation may face unprecedented health challenges, marking a significant failure in public health policy.

Recommendations

Based on the testimonies presented at the NCI Vancouver Hearings of the National Citizens Inquiry (NCI), the following recommendations are proposed to address the crisis of chronic disease in children. These recommendations focus on improving transparency, public health policy, environmental safety, parental rights, and medical ethics.

1. Strengthen Transparency in Public Health Policy:
 - Require full disclosure of health agency decisions: Mandate public access to all scientific data, safety studies, and internal communications from health agencies regarding vaccines, fluoride, environmental toxins, and chronic disease research.
 - Enforce independent oversight of regulatory agencies: Establish an independent review board to ensure that public health recommendations are free from corporate or political influence.
 - Mandate health agencies to conduct their own studies and not just rely on the data provided by the industry.

2. Ban Water Fluoridation and Implement stricter regulations on Environmental Toxin Exposure:
 - Ban the use of fluoride in water and other products.
 - Reduce environmental chemical exposure in children: Implement stricter regulations on glyphosate, pesticides, industrial pollutants, and electromagnetic radiation (EMFs), following independent health risk assessments.
 - Ban the use of glyphosate as a crop desiccant.
 - Mandate immediate, well-funded research to identify and identify and develop safe and effective alternatives to glyphosate. The objective should be to enable the complete replacement of glyphosate-based products within five years, prioritizing solutions that minimize environmental harm and safeguard public health, particularly that of children and vulnerable populations.
 - Develop public education programs on fluoride and toxin exposure: Provide parents and schools with information about alternative water filtration systems and strategies to reduce exposure to harmful chemicals.
3. Reform the Childhood Vaccine Schedule to Prioritize Safety:
 - Immediately stop all mRNA vaccines, and booster shots.
 - Conduct long-term, placebo controlled safety studies: Implement true safety trials for vaccines, including a control group that does not receive vaccinations, to assess long-term health outcomes.
 - Ban the use of aluminum adjuvants in vaccines.
 - Introduce an individualized vaccine approach: Develop personalized vaccine risk assessments, allowing parents and healthcare providers to adjust or delay vaccine schedules based on genetic, medical, and environmental risk factors.
4. Protect and Strengthen Parental Rights in Healthcare and Education:
 - Legally reinforce parental consent for medical interventions: Require written parental consent for all medical treatments and school programs, including vaccinations and gender-related counselling.
 - Ensure full parental access to school health policies: Mandate that school boards provide full transparency on policies affecting children's medical and psychological well-being, including the integration of gender ideology programs.

- Require that the risks of the procedures and the unknown consequences be clearly stated to the parents to ensure informed consent. As for vaccines, the parents should be informed of the risks of the diseases versus the real risks of the vaccines (full disclosure is necessary and it is not done right now).
 - Create legal protections for parents who challenge school or medical policies: Establish clear legal pathways for parents to contest coercive medical policies, school curricula, or restrictions on parental decision-making.
 - Ensure that parents have the right to refuse vaccination of their children without any retaliation or pressure from government, schools, healthcare system, child protection services and the justice system. Vaccination of children should not be compelled by a Court order : if a parent refuses, then the child should not be vaccinated.
 - Ensure that parents have the right to refuse every ideological curriculum to their children.
5. Address the Mental Health Crisis in Children Post-COVID-19:
- Assess and mitigate the impact of lockdowns on child development: Conduct nationwide studies on the educational, psychological, and social impact of school closures, with recommendations to prevent similar harm in future crisis.
 - Expand mental health services for children and adolescents: Increase access to community based counselling services, particularly for children who experienced trauma, anxiety, and depression during the COVID-19 event.
 - Develop guidelines to prevent excessive digital dependency in children: Encourage schools and parents to limit screen-time and promote in-person social engagement to counteract the cognitive and emotional effects of prolonged isolation.
6. Establish Greater Public Accountability for Health and Education Policies:
- Create an independent national inquiry into childhood chronic disease: Conduct a formal, independent investigation into the increase in chronic illnesses, vaccine injury reports, and environmental contributors to child disease.
 - Implement regular town halls and public hearings on health policy: Require government health agencies and school boards to engage with the public through quarterly public hearings, allowing for community input and oversight.

- Strengthen whistleblower protections in healthcare and education: Provide legal protections for doctors, researchers, and educators who disclose health and educational policies that may harm children.

Recommendations to Address Childhood Obesity

To combat rising childhood obesity rates, witnesses proposed the following evidence-based interventions:

7. Improve Public Health Guidelines on Childhood Nutrition:

- Revise national dietary guidelines: Shift recommendations away from processed food and refined sugars and emphasize whole, nutrient dense food.
- Increase public education on the dangers of glyphosate, pesticides, and food additives: Ensure parents and schools are aware of how industrial food production affects metabolic health.

8. Reform School Nutrition Programs:

- Eliminate ultra-processed and high-sugar food from school cafeterias: Replace with organic, whole-food meal options.
- Introduce school-based nutrition education programs: Teach children about reading food labels, making healthy choices, and the impact of food on long-term health.
- Teach children how to grow their own food and there should be gardens in schools for this purpose. Teach children how to prepare the food they grow.

9. Regulate Harmful Food Additives and Agricultural Chemicals:

- Ban glyphosate and endocrine-disrupting chemicals in food production: Follow models from European countries that have imposed stricter regulations.
- Require clearer food labeling: Ensure that all processed food clearly list pesticide residues, artificial additives, and nutritional risks.
- Encourage permaculture which doesn't use pesticides.

10. Increase Access to Affordable Healthy Food:

- Encourage the availability to fresh, organic products to make nutritious food more affordable for low income families.

- Implement community-based nutrition programs: Support local farmers, food cooperatives, and urban gardens to improve access to fresh, whole food.
11. Address the Role of Gut Health in Obesity Prevention:
- Encourage probiotics and gut-friendly diets: Promote fermented food, prebiotics, and fibre rich diets to support a healthy gut microbiome.
 - Reduce antibiotic overuse in children: Educate healthcare providers on the risks of gut dysbiosis¹⁵¹ caused by unnecessary antibiotic prescriptions.
12. Promote Physical Activity and Reduce Sedentary Lifestyles:
- Limit screen-time in schools and homes: Establish guidelines to reduce digital dependency and encourage outdoor play and social interaction.
 - Expand funding for school based physical education programs: Ensure children have access to daily physical activity and sports programs.
13. Investigate the role of special interest groups in the distribution and promotion of unhealthy highly processed food.

Recommendation concerning Electro-magnetic Radiation

14. Adopt Precautionary Principles:
- Adopt a more stringent, precautionary EMR exposure guidelines, similar to countries like Switzerland and Italy, which have lower exposure limits than those currently in place in Canada.
15. Halt the Roll-out of 5G in Sensitive Areas :
- Enforce a moratorium on 5G infrastructure, especially near schools, hospitals, and residential neighbourhoods, until comprehensive, independent health studies on long-term exposure are completed.
16. Public Education Campaigns:
- Inform the public about the potential risks of EMR, including practical steps individuals can take to reduce their exposure, such as limiting wireless device usage and opting for wired connections when possible.

¹⁵¹ **Dysbiosis** is an imbalance in the composition and function of the gut microbiome, where beneficial bacteria are reduced, and harmful microbes overgrow, disrupting digestive and immune health. ChatGPT March 15, 2025

17. Independent Research Funding:

- Increase independent research funding to further study the biological effects of EMR, particularly in relation to chronic illnesses, immune system impacts, and possible links to increased health vulnerabilities during the COVID-19 event.

18. Recognition of Electromagnetic Hypersensitivity (EHS):

- Recognize EHS by health authorities, and accommodate those affected in public and workplace settings.

By implementing these recommendations, Canada can take proactive steps to safeguard children's health, ensure informed parental decision-making, and restore trust in public health and education systems. Without such reforms, the rising rates of chronic disease in children will continue to pose a significant threat to future generations.

5. Recommendations Summary

The intention of this section of the report is to provide a convenient and easy reference or listing of all of the recommendations made in Section 5.

Each of the separate subsections contained in Section 5 are reproduced here, but only the recommendations themselves are included. For a detailed discussion of the rationale for the recommendations and the basis in testimony, we refer the reader to Section 5.

5.1. Education and School Environment

5.1.1. Curriculum Content and Ideological Influence

Recommendations

1. Increase Parental Involvement and Transparency:

- Establish policies that mandate active consultation with parents on curriculum changes, especially those involving sensitive or ideological content.
- Form parent advisory committees to review proposed curriculum updates and provide feedback before implementation.

2. Develop Age-Appropriate Content Guidelines:

- Collaborate with educational psychologists and child development experts to create content guidelines that align with students' cognitive and emotional readiness.
- Introduce sensitive topics gradually, ensuring they are framed in an age-appropriate and supportive manner, as long as these topics are approved by the specific community being served by that school.

3. Ensure Diverse and Balanced Curriculum Content:

- Conduct regular reviews of curriculum materials to identify and address potential ideological bias.
- Prioritize critical thinking by exposing students to diverse perspectives on social, political, and cultural issues.

4. Limit Transnational Influence and Prioritize Local Needs:

- Require transparency in adopting international frameworks, ensuring they are tailored to reflect Canadian values and community priorities.
- Include local educators, parents, and community leaders in decision-making processes for curriculum development.

5. Provide Training for Educators on Ideological Neutrality:

- Offer professional development programs to help teachers present sensitive content in a neutral and balanced manner.
- Train educators to foster respectful classroom discussions that accommodate diverse perspectives.

6. Implement Regular Curriculum Audits:

- Establish periodic audits of educational materials to monitor for unintentional ideological bias.
- Involve feedback from students, parents, and educators in evaluating curriculum effectiveness and fairness.
- Audit classrooms to identify and eliminate any materials that are not in keeping with the local community standards.

7. Enhance Safeguards for Explicit Content:

- Introduce stricter guidelines for the inclusion of explicit materials, requiring thorough reviews by parents and community representatives before approval.

By implementing these measures, Canadian schools can create a balanced and inclusive learning environment that respects students' developmental needs, fosters critical thinking, and strengthens collaboration between families and educators.

5.1.2. Parental Rights and Involvement in Education

Recommendations

1. Establish Clear Policies for Parental Involvement:
 - Mandate parental input for curriculum content, especially on sensitive topics.
 - Create advisory boards or committees that enable parents to review and provide feedback on proposed curriculum changes.
2. Health related matters should not be implemented within the school system:
 - The school environment is for learning, not for healthcare, especially in the absence of direct parental involvement.
 - Undue influence from teachers, administration and student peer pressure are significant issues within the school environment, and these issues unduly influence the students decision making.
3. Enhance Transparency and Communication:
 - Develop robust communication strategies to inform parents of policy changes, curriculum updates, and sensitive topics before implementation.
 - Use accessible platforms like newsletters, online portals, and regular parent-teacher meetings to maintain open dialogue.
4. Define and Strengthen Legal Protections for Parental Rights:
 - Advocate for clear legal frameworks that enshrine parental rights in educational policies.
 - Review and revise policies that bypass parental involvement to ensure they align with family rights and values.
5. Promote Parent-School Partnerships:
 - Encourage schools to establish formal parent-school partnerships through workshops, forums, and collaborative initiatives.
 - Facilitate regular interactions between parents and educators to build trust and cooperation.

6. Develop Guidelines for Ideologically Neutral Education:

- Introduce standards for presenting ideologically sensitive content in a balanced and neutral manner.
- Train educators to facilitate discussions that respect diverse perspectives and avoid promoting specific worldviews.

7. Implement Periodic Reviews of Policies Affecting Parental Rights:

- Conduct regular audits of policies impacting parental rights to ensure alignment with evolving community values and student needs.
- Include feedback from parents, educators, and community leaders in these reviews to ensure a balanced approach.

8. Create an Integrated Approach to Community /Education System:

- Educate the community at large concerning school governance and set a goal to increase community involvement in school board elections to 50% participation of eligible voters.
- Encourage families to participate in school board meetings to guide educational policy for the community.

9. Address Secrecy Policies:

- Prohibit policies that prevent schools from informing parents about significant changes in their children's education or identity.
- Establish guidelines ensuring parental awareness and involvement in decisions affecting their children.

By adopting these measures, Canadian schools can reaffirm the importance of parental rights in education, build stronger relationships with families, and create an inclusive and supportive environment for all students.

5.1.3. Teacher and Administrative Bias

Recommendations

1. Promote Ideological Neutrality in Classroom Instruction:
 - Provide professional development for educators on maintaining neutrality when presenting sensitive or controversial topics.
 - Train teachers to facilitate balanced discussions that respect different viewpoints and encourage critical inquiry.
2. Encourage Different Perspectives in Curriculum Content:
 - Ensure that curriculum materials present a variety of perspectives on complex social issues.
 - Conduct regular reviews of educational content to identify and address potential biases, promoting intellectual freedom.
3. Establish Policies Against Administrative Endorsement of Ideologies:
 - Develop clear guidelines to prevent school administrations from endorsing specific ideologies.
 - Implement safeguards to ensure policies support open discourse and protect the rights of students, parents, and teachers to express different opinions.
4. Create Guidelines for Teacher Conduct and Bias Awareness:
 - Develop guidelines to help teachers recognize and mitigate their own biases in instructional practices.
 - Include regular training on respectful communication and handling all perspectives effectively.
5. Implement Classroom Climate Assessments:
 - Conduct periodic surveys to gather feedback from students and parents on classroom dynamics.
 - Use this data to identify areas where teacher or administrative bias may be affecting the learning environment.

6. Strengthen Parental Engagement and Communication:

- Enhance communication with parents regarding curricular content and policies, ensuring they are informed and involved.
- Create avenues for parents to share concerns and participate in discussions about sensitive topics.

7. Protect Free Expression for Students and Educators:

- Uphold policies that protect the right of students and educators to express opinions without fear of reprisal.
- Ensure that dissenting viewpoints are respected and given equal consideration in classroom and administrative settings.

8. Establish an Oversight Committee for Bias and Neutrality:

- Form an oversight committee to review curriculum, classroom practices, and administrative policies for signs of bias.
- Include educators, parents, and students in the committee to ensure a balanced approach.

By implementing these recommendations, schools can foster an educational environment that values freedom of thought, critical thinking, and mutual respect, while strengthening trust between families and educational institutions.

5.1.4. Student Mental Health and Emotional Well-being

Recommendations

1. Reintegration Programs for Social and Emotional Development:
 - Implement structured programs to help students rebuild social skills and emotional resilience, with a focus on those who experienced significant isolation or disengagement.
 - Provide group activities, mentorship opportunities, and peer-support systems to facilitate social reintegration.
2. Enhanced Access to Mental Health Resources:
 - Increase the availability of community-based mental health professionals, including counsellors trained to address COVID-19-related stressors.
 - Conduct regular mental health check-ins to identify and support students struggling with anxiety, depression, or other challenges.
3. Support Programs for "Third Bucket" Children:
 - Develop specialized support initiatives for students who did not return to school post COVID-19, offering academic catch-up sessions, social skills workshops, and mental health counselling.
 - Partner with community organizations to provide alternative educational or vocational pathways for these students.
4. Age and Content Appropriate Curriculum Content Guidelines:
 - Establish developmental guidelines to ensure that sensitive topics are introduced at appropriate stages, reducing confusion or distress among younger students.
 - Facilitate open discussions in classrooms, allowing students to express their thoughts and ask questions in a supportive and nonjudgmental setting.
5. Mental Health Education Integration:
 - Incorporate mental health education into the school curriculum, teaching students how to recognize signs of stress, manage emotions, and make resources available to them.
 - Train teachers to recognize early signs of mental health challenges and provide immediate support or referrals.

6. Strengthened Parent-School Communication:

- Improve communication channels to keep parents informed about health policies, curriculum updates, and mental health initiatives.
- Organize regular parent-teacher meetings and workshops to foster collaboration and trust between families and schools.
- Encourage parental engagement at the school board level.

7. Community-Based Mental Health Collaborations:

- Partner with local mental health organizations to expand access to resources and provide additional support for students and families.
- Establish referral networks to connect students with specialized services beyond the school environment.

By adopting these recommendations, we can address the mental health and emotional well-being challenges faced by students, ensuring they have the tools and support needed to recover and succeed.

5.1.5. Impact of COVID-19 Mandates on Education and Socialization

Recommendations

1. Reintegration Programs for Disconnected Students:
 - Develop outreach initiatives to identify and support "third bucket" students, offering alternative educational options, vocational training, and mentoring programs.
 - Create tailored reintegration plans that address academic gaps, social skills deficits, and mental health needs.
2. Enhanced Mental Health Services:
 - Increase the presence of mental health professionals providing accessible counselling and emotional support for students, with consent of the parents only.
 - Education and health care should be separated in order to prevent peer pressure on children and to ensure parental rights.
3. Prioritize In-Person Learning in Future Crisis:
 - Establish policies that prioritize keeping schools open during public health emergencies, supported by safety measures such as improved ventilation and hygiene protocols. Safety measures must be designed to address the specific needs and risks faced by children.
 - Develop contingency plans to minimize disruptions to learning while balancing health considerations.
4. Academic Recovery and Support Programs:
 - Implement catch-up initiatives, including after school tutoring, summer programs, and flexible curricula that cater to students' individual needs.
 - Provide additional resources for students with disabilities or learning challenges, ensuring equitable access to recovery programs.
5. Family Engagement and Communication Improvements:
 - Strengthen partnerships between schools and parents, ensuring transparent communication about policies, educational disruptions, and available support services.

- Provide parents with resources and training to support their children's learning and mental health at home.
6. Continuous Monitoring and Data Collection:
- Develop systems to track student engagement, academic performance, and mental health indicators over time.
 - Use this data to identify emerging trends and respond proactively to challenges.
7. Promote Holistic Education Policies:
- Balance health mandates with the social, emotional, and developmental needs of students.
 - Engage educators, parents, and health professionals in policy development to ensure comprehensive, evidence-based approaches.

By adopting these measures, Canada's education system can better address the long-term effects of COVID-19 mandates, ensuring that students receive the support they need to recover and thrive.

5.1.6. Student Academic Regression and Developmental Delays

Recommendations

1. Targeted Academic Remediation Programs:
 - Implement remedial programs focusing on foundational skills in literacy and numeracy.
 - Offer after-school tutoring, summer learning opportunities, and individualized support plans.
 - Use diagnostic assessments to identify specific learning gaps and tailor interventions accordingly.
2. Reduced Screen Time and Reintroduction of Structured Routines:
 - Limit screen time during school hours and emphasize interactive, in-person learning activities.
 - Reinforce structured classroom routines to support time management and focus.
4. Executive Function Coaching:
 - Teach strategies for improving organization, self-regulation, and goal-setting as part of the curriculum.
 - Provide tools to help students re-establish productive habits and adapt to school expectations.
5. Enhanced Parental Engagement and Support:
 - Educate parents on the importance of consistent routines, limited screen time, and active involvement in their children's academic and social development.
6. Longitudinal Monitoring and Assessment:
 - Conduct regular assessments to track student progress in academic and developmental areas.
 - Adjust interventions based on monitoring data to ensure the effectiveness of recovery programs.

By adopting these targeted strategies, schools can address the academic and developmental setbacks caused by prolonged disruptions in learning. A focus on foundational skills, structured routines, and executive functioning—combined with active parental involvement and ongoing progress monitoring, will support students in regaining lost ground and thriving in a post-COVID-19 educational environment.

5.1.7. Structural Importance of Schools in Society

Recommendations

1. Prioritize Schools in Crisis Response:
 - Treat schools as essential services, ensuring they remain operational during crisis.
 - Develop contingency plans to enable safe in-person or hybrid learning models.
2. Strengthen School-Based Health and Social Programs:
 - Expand mental health resources and other support services within schools.
 - Schools should not be used as platforms for public health initiatives such as vaccinations and health screenings. Health care and education should be separate.
3. Promote Civic and Social Engagement in Curricula:
 - Integrate activities and lessons focused on civic responsibility and community engagement.
 - Create opportunities for students to engage in collaborative projects that emphasize teamwork and social impact.
4. Enhance Community Involvement in Schools:
 - Foster partnerships between schools, local organizations, families, and health providers to build robust support networks.
 - Encourage community participation in school boards.
5. Develop Resilient Educational Policies:
 - Advocate for federal and provincial policies that ensure educational continuity during emergencies.
 - Include provisions for rapid deployment of digital resources and equitable access to technology for remote learning.
6. Implement Feedback Mechanisms for Policy Assessment:
 - Establish systems to monitor the effectiveness of crisis response policies in education.
 - Use data-driven insights to refine strategies and improve resilience over time.

By reinforcing the role of schools as foundational institutions in times of crisis, these recommendations aim to ensure educational continuity, protect student well-being, and strengthen community ties. Prioritizing in-person learning, separating education from public health mandates, and embedding civic values into curricula will foster resilience, stability, and a deeper sense of connection between schools and the communities they serve.

5.1.8. Student Consent and Pressures in Medical Decision-making

Recommendations

1. Establish Clear Criteria for Assessing Capacity:
 - Develop standardized, evidence-based criteria to evaluate a minor's ability to understand medical risks, benefits, and long-term implications of their decisions.
 - Healthcare providers should not be the ones who assess the minor's maturity. Health care providers must respect parental authority unless the child refuses a treatment which is vital to the child's well-being. In which case a panel should review the case and recommend a course of action.
 - Include cognitive and emotional developmental markers as part of the capacity assessment process, recognizing that minors' ability to provide informed consent evolves with age and context.
2. Reinforce Parental Involvement in High-Stakes Decisions:
 - Amend the BC Infants Act to require parental consent for high-risk, irreversible, or experimental medical procedures involving minors.
 - Establish policies that prioritize a collaborative approach between parents and healthcare providers to ensure decisions align with the best interests of the child.
 - Provide parents with comprehensive, transparent information about medical procedures offered to their children to empower them as advocates in the decision-making process.
3. Healthcare should not be provided in schools.
4. Create Supportive Decision-Making Frameworks:
 - Develop structured frameworks that allow students to discuss medical decisions with trusted adults, including parents and healthcare professionals, in a supportive and non-coercive environment.
 - Encourage open dialogue that respects the concerns and questions of students while reinforcing the protective role of parents.
 - Implement safeguards to ensure students are not unduly influenced by authority figures or peers when making health decisions.

5. Monitor the Psychological Impact on Students:

- Establish systems to evaluate and monitor the psychological effects of autonomous medical decision-making on minors, particularly for high-stakes medical procedures.
- Offer accessible counselling services and mental health resources to address anxiety, confusion, or stress experienced by students faced with significant health choices.
- Conduct longitudinal studies to assess the long-term psychological impact of policies that bypass parental involvement in minors' medical decisions.

6. Prioritize Ethical Frameworks for Informed Consent:

- Require healthcare providers to undergo ethics training specific to informed consent practices for minors.
- Develop tools to ensure that consent is truly informed, including age-appropriate explanations of medical risks and benefits and the explicit inclusion of options to decline treatment without repercussion.
- Establish independent oversight mechanisms to review cases where minors make autonomous health decisions, ensuring decisions were made ethically and without undue pressure.

7. Reinforce Ethical Decision-Making Education in Schools:

- Introduce ethics education for students that promotes critical thinking and the ability to question information, helping them better navigate complex decisions.

8. Address the Role of Moral Framing:

- Design communication strategies that avoid moralizing or framing vaccination or medical compliance as a moral obligation to prevent unnecessary guilt, confusion, or coercion in minors.

9. Promote Autonomy Through Family Collaboration:

- Ensure that policies designed to empower minors work in tandem with parental involvement, fostering autonomy through informed, family-based decision-making.

These recommendations aim to strike a balance between supporting student autonomy and safeguarding their well-being through informed, collaborative decision-making. By reinforcing parental involvement, standardizing capacity assessments, and fostering transparent communication in schools, the proposed measures promote ethical, developmentally appropriate medical consent practices that prioritize the best interests of children and families.

5.1.9. Freedom of Speech and Academic Expression for Students

Recommendations

1. Promote Open Dialogue on Controversial Topics:
 - Create forums or structured discussions where students can explore sensitive issues in a respectful and constructive manner.
 - Provide educators with tools to facilitate discussions that allow for diverse viewpoints and critical inquiry.
2. Implement Policies that Protect Student Expression:
 - Develop clear policies ensuring students can express their views without fear of academic or social penalties.
 - Address instances where institutional practices inadvertently suppress dissenting opinions.
 - Create a reporting system in which students can safely report inappropriate or threatening conduct of school personnel.
 - Consider the installation of classroom cameras to ensure that classroom interactions remain transparent, respectful, and aligned with institutional standards, while providing an objective record in cases of disputes or misconduct.
3. Provide Training for Educators on Moderating Sensitive Discussions:
 - Offer professional development to equip educators with skills to manage discussions on controversial topics effectively. This professional development must be ideologically neutral and reflect the morals of the community in which the school is situated.
 - Emphasize the importance of maintaining neutrality and fostering an open environment.

4. Incorporate Critical Thinking Skills into the Curriculum:
 - Embed critical thinking and media literacy in educational programs to help students evaluate information and form independent judgments.
 - Encourage analytical discussions that challenge assumptions and promote reasoned debate.
5. Foster a School Culture that Values Intellectual Diversity:
 - Promote a culture where different opinions are respected and intellectual exploration is encouraged.
 - Recognize and celebrate differing perspectives as an essential component of learning and personal growth.
6. Establish Clear Guidelines for Respectful Discourse:
 - Develop standards for maintaining respectful dialogue, ensuring all students feel safe and heard while protecting freedom of speech. These standards should focus on the manner in which ideas are expressed, rather than the content of the ideas themselves, which is protected under free speech rights.

These recommendations aim to cultivate an educational environment where freedom of thought and respectful dialogue are foundational values. By supporting open discussion, protecting student expression, and equipping educators with neutral facilitation tools, schools can nurture intellectual diversity and critical thinking, empowering students to engage meaningfully with complex issues while feeling safe, supported, and heard.

5.1.10. Inadequate Public Debate on Educational Policies

Recommendations

1. Establish Public Consultation Forums for New Policies:
 - Create forums where community members, including parents, educators, and students, can discuss proposed educational policies, particularly those involving sensitive or high-impact issues like health mandates or ideological curricula.
 - Community members concerns and recommendations must be taken into account, and not just given lip service.
2. Increase Transparency in Policy-making:
 - Publicly share proposed policies, their rationales, and supporting evidence before implementation to allow citizens to review and provide input.
3. Create Parental Advisory Councils in Schools:
 - Establish advisory councils comprising parents, educators, and community leaders to provide feedback on significant policy decisions and serve as a bridge between schools and families.
 - No sexually explicit material should be used in schools, and a parents committee should approve books before they are integrated in the school library to limit political agenda in them (sexually explicit content, gender identity content, climate changes content, racial race theory content and other ideological areas which are not in keeping with the norms of the school and the community in which it is located).
4. Require Legislative Review for High-Impact Policies:
 - Mandate a legislative review process for policies with broad societal implications, such as those involving health mandates or contentious curricula, to include public hearings and debates.
5. Implement Periodic Policy Feedback Mechanisms:
 - Regularly survey parents, students, and educators on newly implemented policies to evaluate their impact and address emerging concerns. Use this feedback to make necessary adjustments and improve future policymaking.

6. Encourage Media Engagement on Educational Reforms:

- Partner with media outlets to provide balanced reporting on proposed educational changes, fostering a well-informed public discussion.
- Media outlet participation must not be limited to the traditional or main stream media outlets, it must include locally based new media that serves the community.

7. Local vs. Global Educational Goals:

- Ensure that transnational educational frameworks are critically evaluated to align with local cultural, religious, and societal values. Global agendas cannot over be used to over ride community values.
- The sole purpose of having local school boards is to ensure that the local community needs and values are reflected in the policies used to educate the community's children.

These recommendations reinforce the importance of democratic participation, community values, and transparency in educational policymaking. By prioritizing genuine public consultation, empowering parental oversight, and ensuring policies align with local norms, schools can rebuild trust, resist ideological overreach, and create learning environments that reflect the needs and values of the communities they serve.

5.1.11. Influence of the United Nations on Educational Direction in Canada

Recommendations

1. Enhance Transparency in Policy Development:
 - Ensure that policies incorporating global frameworks, such as those from UNESCO, are publicly debated and subject to thorough consultation with parents, educators, and local communities.
 - Global educational framework suggestions, should only be considered in the context of the Canadian and local community context, and must not be adopted without thorough community consultation and buy in.
2. Prioritize Parental Involvement:
 - Create formal mechanisms, such as advisory councils, to ensure that parents are actively involved in decisions about curricula influenced by transnational agendas.
 - Take steps to encourage parental participation.
3. Balance Global and Local Perspectives:
 - Adapt international educational frameworks to reflect Canada's cultural identity and regional priorities, ensuring that they align with community values.
 - Understand that Canada's schools are not compelled to follow global frameworks, schools in Canada are for Canadians, and must reflect Canadian values as well as the value and needs of the local community.
4. Promote Public Awareness of Policy Origins:
 - Educate the public on the origins and goals of transnational educational initiatives to foster informed dialogue and understanding.
5. Implement Accountability Measures:
 - Establish accountability frameworks to evaluate the impact of global initiatives on Canadian education and ensure they meet the needs of students and families.
6. Encourage National Dialogue on Educational Priorities:
 - Facilitate open forums and discussions about the future direction of Canadian education, allowing different voices to contribute to shaping policies that reflect the nation's values and aspirations.

- Hold local and national referenda on educational policies and the influence of global organizations such as the United Nations.

These recommendations emphasize the need to maintain Canadian sovereignty and community-driven values in education while engaging with global ideas responsibly. By ensuring transparency, accountability, and meaningful parental involvement, Canada can safeguard its educational system from uncritical adoption of transnational agendas and ensure that all policy decisions reflect the cultural, social, and democratic principles of the communities they serve.

5.2. Child Trafficking

Recommendations

Recommendations to Address Organized Trafficking Networks

1. Enhance Law Enforcement Capabilities:

- Provide specialized training to law enforcement personnel on identifying trafficking tactics, decoding encrypted communications, and handling victims sensitively.
- Increase funding for anti-trafficking units to expand investigative and operational capacities.

2. Strengthen International Cooperation:

- Establish task forces with agencies such as INTERPOL to share intelligence, coordinate cross-border operations, and track trafficking routes.
- Negotiate bilateral and multilateral agreements to streamline extradition and prosecution of traffickers.

3. Leverage Technology to Fight Trafficking:

- Develop AI tools to monitor and flag suspicious activities on the dark web and social media platforms.
- Mandate tech companies to cooperate with law enforcement in identifying and shutting down trafficking operations.

4. Increase Community Awareness:

- Launch public education campaigns to teach parents, educators, and children how to recognize and respond to grooming and trafficking risks.
- Encourage reporting of suspected trafficking through confidential hotlines and online platforms.
- Promote “See Something - Say Something” programs.

5. Support Victims:

- Create safe houses and long-term rehabilitation programs to help survivors recover from physical and psychological trauma.

- Develop victim-centred protocols to ensure that rescued children are not re-traumatized during legal proceedings.

Recommendations for Trauma-Informed Care in CPS

6. Training and Education

Mandatory Trauma Informed Training:

- Require all CPS staff, foster parents, and group home employees to undergo comprehensive training in trauma-informed care.
- Ensure training covers recognizing trauma symptoms, de-escalation techniques, and fostering emotional safety.

Ongoing Professional Development:

- Provide regular refresher courses and advanced training to keep staff updated on best practices in trauma care.

7. Expanded Mental Health Services

Tailored Therapy Programs:

- Offer therapy options designed specifically for children who have experienced trafficking or severe abuse.
- Ensure access to specialized trauma therapists, including those trained in PTSD, cognitive behavioural therapy (CBT), and art or play therapy.

8. Integrated Mental Health Support:

- Embed mental health professionals within group homes and foster care settings to provide immediate and consistent support.

9. Foster Stability and Trust:

Minimize Placement Disruptions:

- Limit the number of relocations a child experiences while in CPS care.
- Develop placement stability plans to ensure children remain in environments where they feel safe and supported.

10. Create Warm, Supportive Environments:

- Redesign group homes to feel less institutional and more like nurturing family settings.
- Incorporate activities and spaces that promote healing, such as art rooms, sensory gardens, and quiet areas.

11. Survivor Centred Practices:

Trauma Sensitive Investigations:

- Develop protocols to ensure interviews and investigations are conducted in ways that minimize re-traumatization.
- Use trained child advocates to accompany children during legal or procedural interactions.

12. Empowerment Through Participation:

- Involve children in decisions about their care, helping them regain a sense of control over their lives.

[Recommendations to Address Re-Trafficking Pathways](#)

13. Enhanced Oversight and Screening:

- Implement rigorous background checks and ongoing monitoring for foster families, group home staff, and volunteers.
- Conduct unannounced inspections of group homes and foster care placements to ensure compliance with safety standards.

14. Strengthen Security in Group Homes:

- Introduce physical security measures, such as surveillance cameras and restricted access, to prevent traffickers from targeting group homes.

- Train staff to identify grooming behaviours and intervene effectively.

15. Create Safe Reporting Channels:

- Establish anonymous, child-friendly reporting mechanisms for children in CPS to disclose exploitation or concerns.
- Assign independent child advocates to provide a trusted resource for children in care.

16. Support for Aging-Out Youth:

- Develop comprehensive transitional programs that include housing, job training, education opportunities, and mentorship.
- Provide emotional support services to help young adults navigate the challenges of independent living.

17. Trauma-Informed Care and Prevention:

- Integrate trauma-informed practices across all CPS operations to address underlying vulnerabilities that traffickers exploit.
- Focus on building resilience and trust with children to reduce their susceptibility to grooming and exploitation.

Recommendations to Address Psychological and Physical Impact

18. Expand Trauma-Informed Care:

- Train medical, legal, and social service professionals to understand and address the unique psychological and physical needs of trafficked children.

19. Develop Specialized Rehabilitation Centres:

- Establish dedicated facilities offering integrated mental health, medical, and social services tailored to trafficking survivors.

20. Promote Survivor Advocacy:

- Involve survivors in the design and implementation of recovery programs to ensure they address real-world needs effectively.

21. Strengthen Community Resources:

- Increase funding for community based initiatives that support survivors and prevent trafficking through education and outreach.

Overall Recommendations

22. Enhance Law Enforcement and Oversight:

- Specialized Anti-Trafficking Units:
 - Establish dedicated units within law enforcement to focus exclusively on human trafficking cases, including advanced training in identifying and dismantling trafficking networks.

23. Border Security:

- Implement stricter border controls and use AI-driven tools to identify potential trafficking operations.

24. Regulate Technology and Social Media:

- Monitor Online Activity:
 - Mandate cooperation from social media companies to monitor and report suspicious activity related to trafficking.
- Combat Dark Web Exploitation:
 - Develop technologies to track and shut down trafficking operations operating through the dark web.

25. Strengthen CPS Security:

- Improve Group Home Safety:
 - Install surveillance systems and enforce restricted access to prevent traffickers from targeting children in care.
- Conduct Regular Audits:
 - Increase the frequency of audits for foster care and group homes to identify and address systemic vulnerabilities.

26. Support Survivors:

- Trauma-Informed Care:
 - Provide survivors with access to specialized therapy, medical care, and education tailored to their recovery needs.
- Long-Term Housing:
 - Develop safe, stable housing options for survivors to reduce their vulnerability to re-trafficking.

27. Public Awareness Campaigns:

- Educate Communities:
 - Launch campaigns to teach parents, educators, and children how to recognize and respond to trafficking risks.
- Encourage Reporting:
 - Promote the use of confidential hotlines and digital platforms to report suspected trafficking activities.

These comprehensive recommendations aim to disrupt organized trafficking networks, fortify child protection systems, and ensure survivors receive compassionate, long-term care. By integrating trauma-informed practices, enhancing oversight, leveraging technology, and fostering community awareness, Canada can build a robust, multi-layered response that prioritizes the safety, dignity, and recovery of vulnerable children while actively preventing re-trafficking and exploitation.

5.3. Sexualization of Children

Recommendations

To address the issue of child sexualization, the following recommendations are proposed:

1. Enforce Age-Appropriate Guidelines in Schools:
 - Schools should establish clear guidelines on age-appropriate materials, particularly for sex education, and regularly review these resources to ensure they align with developmental stages.
 - Remove Sexual Education materials from primary schools.
2. Strengthen Parental Involvement in Educational Content:
 - Schools should notify parents about the specific content of sex education programs and offer opt-out options for families who wish to address these topics privately.
 - No sexual explicit materials should be allowed in the schools.
 - Set up a Parental Committee, who approves books destined to be in children schools.
3. Promote Media Literacy Education:
 - Incorporate media literacy into school curricula to help children critically analyze online content and recognize age-inappropriate material.
 - Inform children about “grooming” practices so that children can recognize when it is happening and be able to ask for help.
4. Establish Stronger Social Media Content Controls:
 - Encourage social media platforms to implement stricter controls on sexual content for young users, making it easier for parents to monitor and restrict their children’s exposure.
5. Adapt International Initiatives to Reflect Local Values:
 - Ensure that global educational frameworks, like those from the UN, are adapted to fit local values, involving parents and educators in tailoring content to suit cultural and community standards, or reject these global frameworks outright, if they cannot be adapted or are not applicable to the local community.

6. Conduct Regular Community Consultations on Education Policy:
 - Educational authorities should hold regular public forums to allow parents and community members to provide feedback on school programs related to sexuality and personal development.

These recommendations seek to protect children from premature exposure to sexual content by reinforcing age-appropriate boundaries, increasing parental oversight, and promoting critical awareness of media influences. By grounding sex education and related policies in local values and involving families in decision-making, schools can create safe, respectful environments that support healthy development while guarding against the harmful effects of sexualization.

5.4. Digital Safety and Exposure

Recommendations

To address the critical issues raised during the Vancouver NCI hearings regarding children's digital safety and exposure, the following recommendations are proposed. These measures aim to create a safer online environment, foster digital literacy, and strengthen parental and societal protections for children in digital spaces.

1. Implement Age-Appropriate Content Restrictions:
 - **Enhance Content Moderation Standards:** Require digital platforms to enforce stricter guidelines for content targeting minors, ensuring that inappropriate material, such as explicit sexual content, graphic violence, or gender ideology is effectively filtered and removed.
 - **Age Verification Systems:** Mandate the use of advanced age verification technologies across social media platforms, gaming networks, and streaming services to prevent children from accessing content unsuitable for their developmental stage.
 - **Clear Labelling of Content:** Introduce a standardized labeling system for online content, helping parents and educators identify age-appropriate material more easily.
2. Promote Comprehensive Digital Literacy Education:
 - **Integrate Digital Literacy into School Curricula:** Develop comprehensive educational programs that teach students about online safety, recognizing harmful content, managing their digital footprint, and understanding privacy risks.
 - **Parental Digital Literacy Training:** Provide accessible workshops and resources for parents to equip them with tools and knowledge to monitor their children's online activities effectively.
 - **Collaboration with Experts:** Engage child development specialists and digital safety experts in the design of educational content to ensure programs are evidence-based and age-appropriate.
3. Develop Robust Parental Control Tools:

- **Enhanced Parental Control Features:** Advocate for technology companies to create intuitive, customizable tools that allow parents to set time limits, block harmful content, and monitor their children's online interactions in real time.
 - **Universal Adoption of Family-Friendly Filters:** Encourage mandatory inclusion of family friendly filters as default settings on devices and platforms commonly used by children.
 - **Education on Parental Controls:** Provide detailed instructions and support for parents on how to implement and use parental control tools effectively.
4. Strengthen Privacy Protections for Minors:
- **Limit Data Collection from Minors:** Introduce stringent regulations to prohibit digital platforms from collecting personal data from users under the age of 18 without explicit parental consent.
 - **Simplify Privacy Policies:** Require platforms to present privacy policies in child friendly language and ensure transparency about how minors' data is stored and used.
 - **Penalties for Non-Compliance:** Impose significant penalties on companies that fail to comply with privacy standards, ensuring accountability in protecting children's online identities.
5. Increase Awareness and Resources for Recognizing Cyberbullying:
- **Public Awareness Campaigns:** Launch national campaigns to educate children, parents, and educators about recognizing, preventing, and addressing cyberbullying.
 - **School-Based Support Systems:** Implement peer support groups and access to counsellors to help children manage the psychological effects of cyberbullying.
 - **Reporting and Redress Mechanisms:** Ensure that schools and digital platforms have clear and accessible processes for reporting cyberbullying incidents, with timely responses and support for victims.
6. Enhance Safety Measures for Online Gaming and Social Media:
- **Restrict Private Messaging for Minors:** Require platforms to implement restrictions on direct messaging features for minors, ensuring these tools are only used in safe, monitored contexts.

- **Prohibit Anonymity in Child-Targeted Platforms:** Eliminate anonymous user accounts in platforms catering to children, minimizing the risk of exploitation by predators.
 - **Regular Audits of Gaming and Social Networks:** Conduct routine safety audits of popular platforms to identify and address risks related to grooming, exploitation, or exposure to inappropriate content.
7. Review and Audit Educational Materials:
- **Independent Reviews of School Resources:** Mandate regular audits of digital and educational materials available in schools to ensure they are age-appropriate and legally compliant.
 - **Parental Involvement in Curriculum Development:** Require that parents and community stakeholders have opportunities to review and provide input on educational content related to digital safety and gender issues.
 - **Compliance with Canadian Law:** Ensure that all school resources meet the standards set by Canadian law, particularly regarding the prohibition of exposing minors to sexually explicit materials.
 - **In-School Access to Online Materials:** Parental consent must be obtained before schools grant students access to online materials. Schools should actively monitor students' online activities during school hours, and parents must be kept informed of their child's internet usage and any content accessed.
8. Foster Parental Involvement in Policy Decisions:
- **Establish Parent Councils:** Create formal advisory councils at the school district and provincial levels to represent parents' concerns and perspectives in decisions related to digital safety policies.
 - **Transparent Decision-Making Processes:** Ensure that public consultations are held before implementing policies that affect children's online exposure, providing clear communication to parents about the rationale and evidence behind these decisions.
 - **Empower Parents Through Advocacy Resources:** Develop online platforms and toolkits that empower parents to advocate for their children's safety in digital and educational spaces.

By implementing these comprehensive recommendations, Canada can establish a safer and more supportive digital environment for children. These measures will empower parents, strengthen regulations, and equip children with the tools they need to navigate online spaces responsibly, ensuring their safety and well-being in an increasingly digital world.

5.5. Gender Ideology and Its Impact on Canadian Children

Recommendations

To address these concerns, the following recommendations are proposed:

1. Enhance Parental Consent and Opt-Out Policies:
 - Sex education, which does not include gender ideology may be taught in an age-appropriate manner, and with the approval of parents in the community.
 - Gender ideology should not be taught in schools and must not be part of the curriculum.
2. Implement Age-appropriate Filters on Digital Platforms:
 - Digital platforms must be encouraged to apply stricter age filters for gender-related content and to develop parental control tools to prevent young children from encountering potentially inappropriate materials.
3. Create Public Guidelines for Community Events:
 - Organizers of public demonstrations, such as pride parades, should consider developing guidelines that ensure family friendly, age-appropriate content to avoid overwhelming or confusing young children.
4. Consult Developmental Experts for Educational Content:
 - Child psychologists and developmental specialists should be involved in crafting age-appropriate sex education related content in schools and media, helping ensure that materials align with children's cognitive and emotional capacities.
5. The Criminal Code should be amended to abrogate the conversion therapy article, preventing healthcare being provided to children having gender dysphoria : art. 320.101 à 320.104.
6. Balanced Representation in Media Content:
 - Media platforms and content creators should strive to present diverse perspectives on gender, encouraging critical thinking and balanced viewpoints on complex social issues.

7. Regular Public Consultation on Policy Development:
 - Government bodies should engage in ongoing public consultations regarding gender-inclusive policies, providing opportunities for community input to guide policy development.
8. Develop National Standards for Gender Curriculum:
 - A Canadian framework for age-appropriate sexual related education could establish consistent standards across provinces while respecting regional and parental values.
9. Offer Resources to Support Parental Discussions on Sex Education:
 - Schools and community organizations should provide resources to assist parents in discussing sex education topics with their children in ways that respect developmental readiness and family values.

These recommendations aim to protect children's developmental well-being by ensuring that education and media content are age-appropriate, family-centred, and guided by parental consent. By involving experts, respecting community values, and fostering open dialogue through public consultation, Canada can uphold both the rights of parents and the best interests of children in navigating complex social issues.

5.6. Political, Governmental and Judicial Systems

5.6.1. Parental Alienation

Recommendations

To improve the legal treatment of parental alienation, the following recommendations are proposed:

1. Education and Training for Professionals:

- Increase formal education on parental alienation in social work, psychology, psychiatry, and law.
- Provide mandatory training for judges, lawyers, social workers, and child protection officials to help them recognize and properly address alienation.
- Integrate family systems theory and attachment research into professional education programs.

2. Legal and Policy Reforms:

- Ensure family courts recognize and address parental alienation as a form of psychological abuse and family violence.
- Implement clear guidelines for courts and child welfare agencies on how to handle alienation cases.
- Establish specialized family court divisions with judges and experts trained specifically in parental alienation.
- Provide legal accountability for parents who engage in alienation, ensuring consequences for violating custody agreements.
- In high-conflict cases, children should automatically be provided with a lawyer and a social worker trained in parental alienation to assess their needs.

3. Public Awareness and Advocacy:

- Increase public awareness about parental alienation through media campaigns and educational programs.
- Encourage research and public discussions on parental alienation, breaking the stigma around the issue.

- Challenge misinformation and push back against efforts to ban the term "parental alienation".

4. Support for Affected Families:

- Develop specialized therapy programs to help alienated children rebuild relationships with targeted parents.
- Provide financial and psychological support for alienated parents to navigate the legal and emotional challenges.
- Offer intervention programs for alienating parents to address underlying psychological issues and prevent further harm.

5. Government and Institutional Action:

- Secure government funding for research on parental alienation and its impact on children.
- Establish public policies that prioritize children's rights to have relationships with both parents.
- Ensure child protection agencies work to reunite children with alienated parents rather than reinforcing separation.

These recommendations seek to address parental alienation as a serious and often overlooked form of psychological abuse with profound impacts on children and families. By reforming legal frameworks, enhancing professional training, supporting affected families, and raising public awareness, Canada can better protect the rights of children to maintain relationships with both parents while holding alienating behaviours accountable within judicial and child welfare systems.

5.6.2. Political Influence and Institutional Constraints on Law Enforcement

Recommendations

Considering the testimonies of Vincent Gircys and Amrit Birring, as well as the previous National Citizens Inquiry (NCI) reports, the following recommendations can be made to address political influence and institutional constraints on law enforcement in Canada:

1. Enforcement of the Criminal Code to Protect Children:

- Law enforcement agencies must consistently apply and uphold the *Criminal Code* of Canada to ensure the protection of children from all forms of exploitation, abuse, and harm. This includes:
 - Investigating and prosecuting violations related to child endangerment, including those under Section 171.1 (Making sexually explicit material available to children).
 - Ensuring accountability for individuals and institutions that fail to act on credible reports of harm to children.
 - Removing political and institutional barriers that obstruct the enforcement of child protection laws.

2. Strengthen Police Independence from Political Influence:

- Legislative Reform:
 - Separate the roles of minister of justice and attorney general for the federal and provincial governments.
 - Amend the *Community Safety and Policing Act* (Ontario) and other provincial police acts to explicitly prohibit political interference in law enforcement decisions.
 - Establish mandatory transparency mechanisms requiring police agencies to publicly disclose any political directives that affect investigations.
- Oversight Mechanisms:
 - Create an Independent Police Integrity Unit to investigate cases of political coercion in law enforcement, particularly when officers are prevented from investigating sensitive topics (e.g., Helen Grus' case).

- Create a citizens oversight committees on policing to ensure law enforcement remains independent.

3. Protection for Whistleblower Police Officers:

- Strengthen Whistleblower Protections:
 - Amend police conduct regulations to include explicit protections for officers investigating misconduct within their own departments.
 - Introduce criminal penalties for police executives who intimidate or retaliate against whistleblower officers.
 - Create an independent reporting system where officers can submit misconduct concerns outside their chain of command.

4. Address Police Inaction on Sensitive Issues:

- Mandatory Investigation Protocols:
 - Enforce strict requirements for law enforcement to investigate all criminal complaints, regardless of political pressure.
 - Implement consequences for officers or agencies that fail to act on valid complaints.
 - Require police to track and publicly report investigations that were dismissed for "lack of evidence," ensuring transparency and accountability.
- Independent Civilian Review for Unaddressed Complaints:
 - Establish a civilian oversight body to audit cases of police inaction when citizens report legitimate concerns.
 - Empower the public to appeal police decisions on non-investigated cases.
- Ensure that all provinces have a private complaint mechanism that allows an individual or group of individuals to bring a request for a criminal investigation directly to the court, which can then order and follow-up on it.

5. Reform Law Enforcement Leadership and Recruitment Practices:

- Merit-Based Leadership Selection:
 - Reinstate the merit based criteria to hire police officers, instead of diversity, equity and inclusion considerations.

- End politically motivated appointments for police leadership positions.
 - Implement public hearings and oversight panels for selecting Chiefs of Police.
 - Disqualify candidates with known political affiliations from law enforcement leadership roles.
 - Police Culture Reform:
 - Ensure that police take an oath to serve and protect the public, reinforcing their duty to act in the best interests of the people.
 - Introduce mandatory ethics training to reinforce constitutional rights and nonpartisan policing.
6. Reaffirm the Supremacy of Constitutional Rights in Law Enforcement:
- Mandatory Constitutional Training:
 - Require all officers to receive training on constitutional rights and the supremacy clause, ensuring they refuse to enforce unlawful orders.
 - Accountability for Past Violations:
 - Investigate and, where appropriate, hold accountable police chiefs and government officials who knowingly enforced unconstitutional measures.
 - Provide legal amnesty and reinstatement for officers who were removed for refusing to enforce unlawful orders.
 - Investigation on government actions:
 - Alleged crimes by elected officials must be investigated and prosecuted rather than being considered as ethics violations.
7. Re-establish Trust Between Law Enforcement and the Public:
- Public Engagement and Transparency:
 - Implement regular town hall meetings where police agencies must answer to community concerns.
 - Require police agencies to publicly disclose funding sources, outside advisory influences, and policy changes that impact law enforcement priorities.

- Localized Policing Models:
 - Consider adopting an elected sheriff system (as used in the United States¹⁵²), where local communities have direct oversight of law enforcement leadership.
 - Decentralize policing to increase local accountability and responsiveness to public concerns.

The testimonies of Vincent Gircys and Amrit Birring, alongside prior NCI reports, reveal a crisis of integrity in Canadian law enforcement. To restore public trust, police independence, and institutional accountability, these reforms must be implemented.

Without meaningful change, law enforcement will continue to be weaponized for political interests, failing in its duty to protect citizens and uphold justice, and thus harming children.

¹⁵² https://en.wikipedia.org/wiki/Sheriffs_in_the_United_States accessed March 13, 2025

5.6.3. State-Controlled Science

Recommendations

The testimonies presented at the NCI Vancouver Hearings demonstrate a systematic abuse of science, education, healthcare, and justice to push political agendas, silence dissent, and manipulate public perception. To restore integrity and transparency, the following policy recommendations are necessary:

1. Science: Restoring Scientific Integrity and Free Inquiry:
 - Enforce Academic and Scientific Freedom:
 - Implement whistleblower protections for scientists, researchers, and medical professionals who publish findings that challenge official narratives.
 - Establish independent review boards to investigate instances of academic censorship, retracted studies, or suppression of critical research.
 - Ensure Transparency in Scientific Funding and Conflicts of Interest:
 - Require full disclosure of government, corporate, and NGO funding in all research publications and regulatory decisions.
 - Ban regulatory capture by prohibiting officials from taking industry jobs within five years of leaving government agencies.
 - End Scientific Censorship and the Fact-Checking Industrial Complex:
 - Prohibit government funding of censorship initiatives (e.g., “misinformation experts” targeting dissenting scientists).
 - Mandate open-access publication of all government-funded research to prevent selective suppression of inconvenient findings.
2. Healthcare: Restoring Medical Ethics and Patient Rights:
 - Protect Informed Consent and Patient Autonomy:
 - Require full disclosure of risks and alternatives for medical procedures, including vaccines, hormone treatments, and experimental drugs.

- Ban coercion in medical decision-making, including mandates that condition employment, education, or public participation on medical compliance.
- Reform Public Health Agencies to Eliminate Conflicts of Interest:
 - Prohibit regulatory agencies (e.g., Health Canada, FDA) from receiving direct or indirect funding from the industries they regulate.
 - Establish independent safety review panels that include dissenting scientists rather than only industry-affiliated experts.
 - Ensure all safety data, clinical trial results, and regulatory decisions are fully transparent and publicly accessible.
 - Mandate Public Health Agencies to conduct their own studies instead of relying on the data of the industry.
- Ensure Medical Licensing Bodies Are Not Used as Ideological Enforcers:
 - Preclude boards from suspending or revoking the license of professional who expressed concerns or opinions about a medical procedure, treatment, governmental measure, or policy.
 - Prevent medical boards from punishing doctors for expressing professional opinions that challenge official narratives.
 - Require external audits of licensing boards when physicians or other professionals are stripped of credentials for political reasons.
 - Regulate that no irreversible medical procedure or treatment can be done on a child before he is of the age of majority if not required for a life or death physical health situation, including hormone blockers, surgeries for transitions purposes, and MAID.
- 3. Education: Ending Ideological Indoctrination and Restoring Critical Thinking:
 - Remove Ideological Agendas from Curricula:
 - Prohibit public education systems from adopting politically driven curricula (e.g., gender ideology, critical race theory, climate alarmism) without scientific debate and public input.

- Ensure curricula prioritize critical thinking and scientific literacy, allowing students to question and evaluate evidence rather than memorize state-approved positions.
 - Empower Parental Rights in Education:
 - Prohibit schools from concealing gender identity changes from parents or encouraging medical transition without parental consent.
 - Prevent teaching gender identity and sexuality in schools.
 - Require a Parental Referendum for Curriculum Changes:
 - Mandate a binding referendum among parents before any major curriculum change is implemented in public schools.
 - Ensure only parents whose children are enrolled in the school system have voting rights in the referendum.
 - Prevent activist organizations and government bodies from unilaterally imposing curriculum changes without parental approval.
 - Decentralize Education and Promote Different Perspectives:
 - Reduce federal and international influence (e.g., UN, UNESCO) over national education policies to restore local control.
 - Encourage alternative education models (e.g., homeschooling, private schools, independent charter programs) to break state monopolization of education.
 - Prohibit the participation of public unions in school board elections.
4. Justice: Preventing the Weaponization of the Legal System Against Dissent
- Amend the Canadian Charter of Rights and Freedoms to Abolish Section 1:
 - Section 1 allows the government to override fundamental rights under vague justifications, making all rights conditional.
 - Unlike the U.S. Constitution, which protects absolute rights, Canada's Charter enables courts to justify violations of free speech and bodily autonomy.
 - Amending the Charter to eliminate Section 1 would ensure that rights such as free speech, medical autonomy, and freedom of association cannot be infringed.

- Reform SLAPP Laws to Protect Individuals Rather Than Institutions:
 - Prevent the misuse of anti-SLAPP laws by ensuring they cannot shield powerful individuals or institutions engaging in defamation.
 - Allow defamation claims against those who knowingly spread false accusations to suppress public debate.
- Reform Human Rights Tribunals and Administrative Bodies:
 - Ensure Human Rights Tribunals cannot be used to punish ideological dissent.
 - Require clear definitions of “harm” and “hate speech” to prevent broad, subjective claims from being weaponized against individuals like Barry Neufeld.
- Restore Legal Protections for Whistleblowers and Dissenters:
 - Strengthen legal protections for individuals speaking out against institutional corruption in science, healthcare, and education.
 - Prevent judicial deference to government agencies, ensuring courts critically evaluate official claims rather than accepting them without scrutiny.
- Limit the Use of Judicial Notice in Court Cases:
 - Restrict the ability of courts to accept government claims as unquestionable facts without proper evidence.
 - Require independent expert testimony and cross-examination before judicial notice is granted on scientific or medical matters.
 - Prevent courts from using judicial notice to shield government policies from legal challenge, ensuring that controversial claims, such as the absolute safety of vaccines or the necessity of lockdowns, must be proven in court rather than assumed.

5. Media and Public Discourse: Ending the State-Controlled Narrative:

- End State Funding for Media Organizations:
 - Prohibit government funding of any media organizations, including the CBC, CRTC, and other taxpayer-funded journalism grants.

- Ensure that all media outlets operate independently from government influence, preventing state-controlled narratives from dominating public discourse.
- Ensure Media Transparency and Stop Propaganda:
 - Require media outlets to disclose all government and corporate funding influencing their reporting.
 - Ban government contracts with media organizations to push state narratives, such as during COVID-19.
- Prevent the Suppression of Alternative Views:
 - Protect independent journalists from de-platforming and demonetization for reporting on controversial topics.
 - Require social media companies to publish all government requests for censorship, exposing how state narratives are enforced online.
- End the Collusion Between Media and Fact-Checking Organizations:
 - Investigate fact-checking organizations that receive funding from pharmaceutical companies and NGOs with political interests.
 - Mandate equal airtime for dissenting experts on public health and scientific controversies.

The evidence presented at the NCI Vancouver Hearings reveals a dangerous trend of state-controlled science being used to enforce political agendas while suppressing open debate. The systemic censorship, regulatory capture, legal manipulation, and academic indoctrination must be reversed to restore:

- Scientific integrity free from corporate and political interference.
- Medical ethics that prioritize informed consent and patient autonomy.
- Education that fosters critical thinking rather than ideological compliance.
- A justice system that protects dissenters rather than punishing them.
- A free press that operates without government control or funding.
- The right of professionals to express their concerns without fear of losing their licenses.

5.6.4. The Politicization of the Justice System

Recommendations

Based on the testimonies and findings from the NCI Vancouver Hearings, as well as previous NCI reports, the following recommendations aim to restore judicial neutrality, protect individual rights, and prevent further politicization of Canada's legal system.

1. Restoring Judicial Independence and Accountability:

- **Reform Judicial Appointments:** Establish an independent, non-partisan body to oversee judicial appointments, ensuring that selections are based on legal expertise and impartiality, rather than political considerations.
- **Require the Supreme Court of Canada to Justify Case Rejections:** The Supreme Court currently does not provide reasons for refusing to hear cases. To ensure transparency and accountability:
 - The Court must provide a written justification for every refusal, outlining the legal basis for its decision, and the name of the justices who rendered the decision.
 - A review mechanism should be established, allowing litigants to request a secondary review by a separate panel of justices if a case is declined.
- **Guarantee a Direct Right of Appeal for Cases Against the State:** Cases involving constitutional challenges and fundamental rights violations by the government or administrative institutions should have an automatic right of appeal to the Supreme Court of Canada, ensuring that individuals can challenge State overreach without procedural barriers.
- **Allow Provinces to Hold the Federal Government Liable:** Similar to the U.S. model, provinces should have the explicit legal authority to hold the federal government accountable in cases where its actions violate provincial autonomy, harm citizens, or infringe upon constitutional rights. This would provide a necessary check on federal overreach and ensure greater balance between federal and provincial powers.
- **Increase Judicial Accountability:** Introduce mechanisms for holding judges accountable for decisions that blatantly disregard evidence, violate fundamental rights, or demonstrate clear ideological bias. This could include limited legal liability for judges in cases of gross misconduct, as well as the ability for affected individuals to challenge rulings outside the traditional appeals process when judicial overreach is evident.

2. Strengthening Legal Protections Against Government Overreach:

- **Amend the Canadian Charter to Remove Section 1:** The "reasonable limits" clause in Section 1 has allowed governments and courts to override fundamental rights, making them conditional rather than absolute. Removing Section 1 would align Canada's Charter with the U.S. Constitution, ensuring that constitutional freedoms cannot be suspended based on government justification.
- **Prohibit the Use of Administrative Law to Override Constitutional Rights:** Ensure that government policies and emergency measures undergo full constitutional scrutiny, rather than being treated as administrative decisions that evade judicial review.
- **Mandate the Right to Cross-Examination in Cases Involving Government Restrictions:** Guarantee that government officials and public health authorities can be cross-examined in court when their policies impact fundamental rights.
- **Prevent the Abuse of Mootness Doctrine:** Establish legal safeguards against the government repealing policies solely to avoid judicial review, ensuring that legal challenges proceed even if policies are revoked.
- **Allow the Reopening of Cases When New Facts Emerge:** Legal mechanisms should be established to reopen cases when new evidence is discovered that could have altered the outcome. This would allow:
 - Professionals who were suspended, fined, or otherwise penalized to have their cases reviewed if later evidence proves they were right.
 - Individuals convicted under laws or policies later proven to be unjust to have their cases re-evaluated.
 - Fines and legal penalties to be annulled if it is demonstrated that the initial ruling was based on incomplete or false information.

3. Combating Bias and Double Standards in Free Speech Cases:

- **Reform Anti-SLAPP Legislation to Protect Vulnerable Individuals:** Ensure that defamation protections are applied fairly, preventing activists and government officials from using anti-SLAPP laws to silence critics while enjoying legal immunity for defamatory statements.
- **Eliminate Political Bias in Intervener Selection:** Require courts to apply neutral criteria when granting or denying intervener status, ensuring that all parties have equal access to present arguments.

- **Uphold Equal Free Speech Protections:** Ensure that courts do not apply different legal standards based on the viewpoint expressed, whether in cases of public dissent, parental rights, or social issues.
4. Ensuring Transparency and Accountability in the Medical and Legal Systems:
- **Require Full Disclosure of Evidence in All Criminal and Civil Trials:** Courts must establish strict consequences for withholding, altering, forging, or failing to disclose evidence. If such misconduct is found, the case must result in immediate acquittal in criminal cases or a ruling in favour of the injured party.
 - **Strengthen Medical Accountability:** Establish independent oversight bodies to investigate possible cover-ups of medical malpractice, particularly when institutions have financial incentives to shift blame onto individuals.
 - **Prevent the Manipulation of Expert Testimony:** Prohibit government agencies from pre-influencing forensic investigations, such as the 18-page letter sent to the pathologist in the Stephan's case.
5. Addressing the Misuse of Judicial Notice:
- **Prohibit the Use of Judicial Notice Except for Trivial Facts:** Judicial notice must only be applied to trivial facts that are not central to the case. Courts must not use judicial notice to bypass the need for evidence, establish contested political or scientific claims as fact, or suppress debate on key legal issues.
 - **Require Evidentiary Hearings for Contested Judicial Notice Claims:** If one party disputes a fact that the court intends to take judicial notice of, a hearing must be held to evaluate the validity of the claim, rather than simply accepting it without scrutiny.
6. Reforming Media and Public Information Practices:
- **Hold Media Accountable for Misinformation in Legal Cases:** Establish legal consequences for deliberate misreporting and omission of key evidence.
 - **Ensure Equal Media Access to Courtroom Testimonies:** Prohibit journalists from selectively covering court proceedings only when it benefits one side, ensuring balanced reporting.

- **Increase Public Awareness of Media Bias:** Implement public education campaigns to help citizens recognize and critically assess media narratives that reinforce State policies without factual basis.

The systemic issues identified in the NCI Vancouver Hearings highlight a profound crisis in the Canadian judicial system. If left unaddressed, the continued weaponization of legal mechanisms, suppression of dissent, and selective application of justice will erode public trust and further undermine democratic principles.

Implementing these recommendations is essential to restore judicial impartiality, protect fundamental rights, and ensure that Canada's legal system operates independently of political and ideological influences.

5.7. Health and Medical Safety

5.7.1. mRNA Vaccines, Public Health, and Safety Concerns

Recommendations

1. Suspend mRNA Vaccine Roll-out:
 - Implement an immediate moratorium on mRNA vaccines until independent safety verification is conducted.
2. Enhance Regulatory Oversight:
 - Establish independent bodies to monitor vaccine safety and adverse events.
 - Enforce stricter production standards to minimize contamination risks.
3. Improve Data Collection and Transparency:
 - Mandate public reporting of all adverse events and ensure VAERS data is regularly updated and accessible.
 - Conduct independent audits of vaccine trial data.
 - Mandate publication of vaccine trials data.
4. Reevaluate Vaccine Policies:
 - Promote informed consent by providing clear, accurate information on vaccine risks and benefits.
 - Develop alternative public health strategies to reduce reliance on mass vaccination.
5. Support Research and Accountability:
 - Fund long-term studies on the effects of mRNA vaccines.
 - Hold manufacturers and regulatory agencies accountable for safety violations and data omissions.

By implementing these recommendations, Canada can prioritize public safety and restore confidence in its healthcare systems.

5.7.2. Traditional Childhood Vaccine Safety Concerns

Recommendations

1. Improve Safety Testing:
 - Mandate long-term, placebo-controlled trials using inert substances for all vaccines.
 - Require independent research to assess the cumulative risks of vaccine components, including adjuvants, preservatives and the safety of combination vaccines.
 - Until comprehensive safety testing is completed, a precautionary approach should be adopted. This includes limiting the use of certain vaccines in children, enhancing adverse event monitoring, and ensuring that parents receive full disclosure of both known and unknown risks to support informed decision-making.
2. Enhance Monitoring Systems:
 - Revamp adverse event reporting systems like VAERS to ensure comprehensive and accurate tracking.
 - Implement mandatory reporting requirements for healthcare providers to capture vaccine-related injuries effectively.
3. Reassess Adjuvant and Contaminant Safety:
 - Conduct independent studies into the long-term neurological and developmental effects of aluminum adjuvants.
 - Eliminate glyphosate contamination and harmful substances, such as aluminum, mercury and others from vaccines.
4. Enforce True Informed Consent and Parental Involvement:
 - It is essential that healthcare providers receive comprehensive, evidence-based education on the full spectrum of vaccine-related information, including both the known benefits and risks, as well as the unknowns resulting from insufficient long-term safety studies and limited research on combined vaccine schedules. This education must also address concerns related to potentially harmful components, such as aluminum and other adjuvants, whose cumulative effects remain inadequately understood.

- Provide parents with clear, evidence-based information about vaccine risks and benefits.
 - Empower parents to make informed decisions regarding the vaccination of their children based on individual health needs rather than standardized schedules.
 - Ensure that vaccinations are no longer administered in schools to uphold parental authority and to prevent children from experiencing undue pressure, whether from school authority figures or from peer influence among classmates.
5. Strengthen Regulatory Oversight:
- Ensure independent oversight of vaccine safety evaluations to eliminate conflicts of interest.
 - Increase transparency in clinical trial data, regulatory processes, and public health communications to restore trust.
 - Hold pharmaceutical companies accountable for any harms their products cause.
6. Address Cumulative Risks:
- Develop guidelines to evaluate the cumulative effects of multiple vaccines administered within short time-frames.
 - Prioritize research into the combined impacts of combination vaccines, environmental toxins, dietary factors, and vaccine components on children's health.
7. Rebuild Trust and Accountability:
- Foster open dialogue with families and include parents and child development experts in policy-making processes.
 - Promote ethical oversight to ensure vaccine policies prioritize the well-being of children over industry interests.

By implementing these recommendations, Canada can establish a safer, more transparent, and family-centred framework for childhood immunization. These changes are critical to addressing public concerns and protecting the health and future of Canadian children.

5.7.3. Traditional Childhood Vaccine Safety Concerns

Recommendations

Based on Dr. Perro's testimony, the following measures are recommended to address the concerns raised:

1. Systemic Reforms:
 - Ban glyphosate and other harmful chemicals from food production, including aluminum, mercury, cadmium and lead.
 - Increase transparency and data collection on environmental and dietary toxins.
 - Ensure that every baby formula contains NO glyphosate and harmful chemicals like aluminum, mercury, cadmium and lead.
 - Ensure that every vaccines contains NO glyphosate and harmful chemicals like aluminum, mercury, cadmium and lead.
2. Dietary Interventions:
 - Promote organic, whole food diets and reduce reliance on processed food.
 - Advocate for breastfeeding and the reduction of the use of infant formula.
3. Public Education:
 - Launch campaigns to educate parents about environmental and dietary toxins.
 - Encourage traditional, nutrient rich diets and sustainable farming practices.
 - Teach Nutrition and agriculture in schools for children to learn how to grow and cook their own food to be healthy.
4. Regulatory Improvements:
 - Strengthen oversight of pesticides, vaccines, and chemical additives.
 - Mandate rigorous evaluations of chemical safety in food and water.
5. Research and Monitoring:
 - Support independent studies on the health impacts of chemical exposures.
 - Monitor long-term outcomes of environmental and dietary interventions.

By implementing these measures, Canada can mitigate the toxic assault on its children and create a safer, healthier environment for future generations.

Based on Dr. Dickson's testimony, the following measures are recommended to address the concerns raised:

6. Suspension of Fluoridation Programs:

- Stop water fluoridation as the risks to health are higher than the benefits.
- Fluoride should be banned in every products as the risks outweighs a lot the benefits that are almost inexistent. It is a toxic waste.

7. Enhance Public Awareness:

- Launch educational campaigns to inform the public about the potential risks associated with fluoride exposure.

These recommendations underscore the urgent need to protect children from harmful environmental exposures by reforming food, water, and healthcare policies. Grounded in expert testimony, they call for the elimination of toxic substances such as glyphosate and fluoride, the promotion of nutrient-rich, organic diets, and greater public education on environmental health. Through stronger regulation, informed awareness, and holistic prevention strategies, Canada can foster a healthier future for its children.

5.7.4. Toxic Environment

Recommendations

Based on Dr. Perro's testimony, the following measures are recommended to address the concerns raised:

1. Systemic Reforms:
 - Ban glyphosate and other harmful chemicals from food production Including aluminum, mercury, cadmium and lead.
 - Increase transparency and data collection on environmental and dietary toxins.
 - Ensure that every baby formula contains NO glyphosate and harmful chemicals like aluminum, mercury, cadmium and lead.
 - Ensure that every vaccines contains NO glyphosate and harmful chemicals like aluminum, mercury, cadmium and lead.
2. Dietary Interventions:
 - Promote organic, whole food diets and reduce reliance on processed food.
 - Advocate for breastfeeding and the reduction of the use of infant formula.
3. Public Education:
 - Launch campaigns to educate parents about environmental and dietary toxins.
 - Encourage traditional, nutrient rich diets and sustainable farming practices.
 - Nutrition and agriculture should be in schools curriculum for children to learn how to grow and cook their own food to be healthy.
4. Regulatory Improvements:
 - Strengthen oversight of pesticides, vaccines, and chemical additives.
 - Mandate rigorous evaluations of chemical safety in food and water.
5. Research and Monitoring:
 - Support independent studies on the health impacts of chemical exposures.
 - Monitor long-term outcomes of environmental and dietary interventions.

By implementing these measures, Canada can mitigate the toxic assault on its children and create a safer, healthier environment for future generations.

Based on Dr. Dickson's testimony, the following measures are recommended to address the concerns raised:

6. Suspension of Fluoridation Programs:

- Stop water fluoridation as the risks to health are higher than the benefits.
- Ban fluoride use in water, toothpaste and other products.
- Fluoride should be banned in every products as the risks outweighs a lot the benefits that are almost inexistent. It is a toxic waste.

7. Enhance Public Awareness:

- Launch educational campaigns to inform the public about the potential risks associated with fluoride exposure.

8. Implement Regular Monitoring:

- Establish stringent guidelines for monitoring fluoride levels in water supplies and mandate public reporting.

9. Promote Alternative Measures:

- Encourage non-invasive approaches to dental health, such as community wide oral hygiene education and increased access to dental care.

10. Review Regulatory Frameworks:

- Conduct a thorough review of regulatory policies governing water fluoridation to ensure they align with current scientific understanding.

These recommendations underscore the urgent need to protect children from harmful environmental exposures by reforming food, water, and healthcare policies. Grounded in expert testimony, they call for the elimination of toxic substances such as glyphosate and fluoride, the promotion of nutrient-rich, organic diets, and greater public education on environmental health. Through stronger regulation, informed awareness, and holistic prevention strategies, Canada can foster a healthier future for its children.

5.7.5. Children's Mental and Spiritual Health

Recommendations

Key Recommendations:

1. Incorporate Ethical Oversight and Transparency in Public Health Policies:
 - Mandate independent ethical reviews of public health policies affecting children to prevent harm.
 - Require comprehensive disclosure of vaccine safety and risk data to support informed consent.
 - Engage parents, educators, and child development experts in creating child-centred policies.
2. Prioritize Holistic Mental Health Support:
 - Expand access to counselling, peer support programs, and training for educators to identify and address emotional and behavioural challenges in children.
 - Develop trauma-informed mental health interventions to rebuild emotional resilience and promote long-term recovery.
 - Provide tailored resources for families navigating vaccine injuries or other medical challenges.
3. Strengthen Family and Parental Involvement:
 - Ensure parents are actively involved in critical medical, educational, and policy decisions affecting their children.
 - Empower parents with resources to nurture their children's mental and spiritual well-being.
 - Implement family centred policies that prioritize the parent-child bond as a protective factor for mental health.

4. Restore Community Connections and Support Systems:
 - Rebuild in-person schooling, extracurricular activities, and community programs to restore children's sense of belonging and connection.
 - Promote community-based initiatives that foster social interaction, mentorship, and spiritual growth.
 - Develop programs to help children reconnect with peers, teachers, and community members to mitigate feelings of isolation and purposelessness.
5. Reform Educational Practices:
 - Reduce reliance on digital learning tools and promote in-person educational experiences to support social and emotional development.
 - Introduce structured, predictable routines in schools to provide children with a sense of security and stability.
 - Reintroduce programs that encourage self-expression, creativity, and identity formation.
6. Address Environmental and Dietary Factors:
 - Eliminate harmful toxins, such as glyphosate, from food production and children's environments.
 - Promote nutrient dense, organic diets to support emotional and neurological health.
 - Educate families about reducing processed food consumption and encourage breastfeeding over contaminated infant formulas.
7. Foster Spiritual Growth and Resilience:
 - Create programs that help children reconnect with nature, community, and their sense of identity and purpose.
 - Encourage activities that promote spiritual well-being, such as mentorship programs, arts, and outdoor initiatives.
 - Promote values of trust, compassion, and community within institutions to rebuild children's sense of optimism and faith.

8. Conduct Research on Long-term Effects:

- Invest in independent studies to assess the long-term impacts of environmental toxins, vaccine adjuvants, and COVID-19-related disruptions on children's mental and spiritual health.
- Develop strategies to mitigate the cumulative effects of systemic failures on children's emotional and developmental outcomes.

By implementing these recommendations, Canada can address the critical mental and spiritual health challenges identified in the Vancouver NCI hearings. This comprehensive approach emphasizes family involvement, community support, holistic health interventions, and systemic reforms to foster resilience, connection, and well-being for children.

5.7.6. The Rise in Chronic Diseases in Children

Recommendations

Based on the testimonies presented at the NCI Vancouver Hearings of the National Citizens Inquiry (NCI), the following recommendations are proposed to address the crisis of chronic disease in children. These recommendations focus on improving transparency, public health policy, environmental safety, parental rights, and medical ethics.

1. Strengthen Transparency in Public Health Policy:
 - Require full disclosure of health agency decisions: Mandate public access to all scientific data, safety studies, and internal communications from health agencies regarding vaccines, fluoride, environmental toxins, and chronic disease research.
 - Enforce independent oversight of regulatory agencies: Establish an independent review board to ensure that public health recommendations are free from corporate or political influence.
 - Mandate health agencies to conduct their own studies and not just rely on the data provided by the industry.
2. Ban Water Fluoridation and Implement stricter regulations on Environmental Toxin Exposure:
 - Ban the use of fluoride in water and other products.
 - Reduce environmental chemical exposure in children: Implement stricter regulations on glyphosate, pesticides, industrial pollutants, and electromagnetic radiation (EMFs), following independent health risk assessments.
 - Ban the use of glyphosate as a crop desiccant.
 - Mandate immediate, well-funded research to identify and identify and develop safe and effective alternatives to glyphosate. The objective should be to enable the complete replacement of glyphosate-based products within five years, prioritizing solutions that minimize environmental harm and safeguard public health, particularly that of children and vulnerable populations.
 - Develop public education programs on fluoride and toxin exposure: Provide parents and schools with information about alternative water filtration systems and strategies to reduce exposure to harmful chemicals.

3. Reform the Childhood Vaccine Schedule to Prioritize Safety:
 - Immediately stop all MRNA vaccines, and booster shots.
 - Conduct long-term, placebo controlled safety studies: Implement true safety trials for vaccines, including a control group that does not receive vaccinations, to assess long-term health outcomes.
 - Ban the use of aluminum adjuvants in vaccines.
 - Introduce an individualized vaccine approach: Develop personalized vaccine risk assessments, allowing parents and healthcare providers to adjust or delay vaccine schedules based on genetic, medical, and environmental risk factors.
4. Protect and Strengthen Parental Rights in Healthcare and Education:
 - Legally reinforce parental consent for medical interventions: Require written parental consent for all medical treatments and school programs, including vaccinations and gender-related counselling.
 - Ensure full parental access to school health policies: Mandate that school boards provide full transparency on policies affecting children's medical and psychological well-being, including the integration of gender ideology programs.
 - Require that the risks of the procedures and the unknown consequences be clearly stated to the parents to ensure informed consent. As for vaccines, the parents should be informed of the risks of the diseases versus the real risks of the vaccines (full disclosure is necessary and it is not done right now).
 - Create legal protections for parents who challenge school or medical policies: Establish clear legal pathways for parents to contest coercive medical policies, school curricula, or restrictions on parental decision-making.
 - Ensure that parents have the right to refuse vaccination of their children without any retaliation or pressure from government, schools, healthcare system, child protection services and the justice system. Vaccination of children should not be compelled by a Court order : if a parent refuses, then the child should not be vaccinated.
 - Ensure that parents have the right to refuse every ideological curriculum to their children.

5. Address the Mental Health Crisis in Children Post-COVID-19:
 - Assess and mitigate the impact of lockdowns on child development: Conduct nationwide studies on the educational, psychological, and social impact of school closures, with recommendations to prevent similar harm in future crisis.
 - Expand mental health services for children and adolescents: Increase access to community based counselling services, particularly for children who experienced trauma, anxiety, and depression during the COVID-19 event.
 - Develop guidelines to prevent excessive digital dependency in children: Encourage schools and parents to limit screen-time and promote in-person social engagement to counteract the cognitive and emotional effects of prolonged isolation.
6. Establish Greater Public Accountability for Health and Education Policies:
 - Create an independent national inquiry into childhood chronic disease: Conduct a formal, independent investigation into the increase in chronic illnesses, vaccine injury reports, and environmental contributors to child disease.
 - Implement regular town halls and public hearings on health policy: Require government health agencies and school boards to engage with the public through quarterly public hearings, allowing for community input and oversight.
 - Strengthen whistleblower protections in healthcare and education: Provide legal protections for doctors, researchers, and educators who disclose health and educational policies that may harm children.

Recommendations to Address Childhood Obesity

To combat rising childhood obesity rates, witnesses proposed the following evidence-based interventions:

7. Improve Public Health Guidelines on Childhood Nutrition:
 - Revise national dietary guidelines: Shift recommendations away from processed food and refined sugars and emphasize whole, nutrient dense food.
 - Increase public education on the dangers of glyphosate, pesticides, and food additives: Ensure parents and schools are aware of how industrial food production affects metabolic health.

8. Reform School Nutrition Programs:

- Eliminate ultra-processed and high-sugar food from school cafeterias: Replace with organic, whole-food meal options.
- Introduce school-based nutrition education programs: Teach children about reading food labels, making healthy choices, and the impact of food on long-term health.
- Teach children how to grow their own food and there should be gardens in schools for this purpose. Teach children how to prepare the food they grow.

9. Regulate Harmful Food Additives and Agricultural Chemicals:

- Ban glyphosate and endocrine-disrupting chemicals in food production: Follow models from European countries that have imposed stricter regulations.
- Require clearer food labeling: Ensure that all processed food clearly list pesticide residues, artificial additives, and nutritional risks.
- Encourage permaculture which doesn't use pesticides.

10. Increase Access to Affordable Healthy Food:

- Encourage the availability to fresh, organic products to make nutritious food more affordable for low income families.
- Implement community-based nutrition programs: Support local farmers, food cooperatives, and urban gardens to improve access to fresh, whole food.

11. Address the Role of Gut Health in Obesity Prevention:

- Encourage probiotics and gut-friendly diets: Promote fermented food, prebiotics, and fibre rich diets to support a healthy gut microbiome.
- Reduce antibiotic overuse in children: Educate healthcare providers on the risks of gut dysbiosis¹⁵³ caused by unnecessary antibiotic prescriptions.

12. Promote Physical Activity and Reduce Sedentary Lifestyles:

- Limit screen-time in schools and homes: Establish guidelines to reduce digital dependency and encourage outdoor play and social interaction.

¹⁵³ **Dysbiosis** is an imbalance in the composition and function of the gut microbiome, where beneficial bacteria are reduced, and harmful microbes overgrow, disrupting digestive and immune health. ChatGPT March 15, 2025

- Expand funding for school based physical education programs: Ensure children have access to daily physical activity and sports programs.
13. Investigate the role of special interest groups in the distribution and promotion of unhealthy highly processed food.

Recommendation concerning Electro-magnetic Radiation

14. Adopt Precautionary Principles:
- Adopt a more stringent, precautionary EMR exposure guidelines, similar to countries like Switzerland and Italy, which have lower exposure limits than those currently in place in Canada.
15. Halt the Roll-out of 5G in Sensitive Areas :
- Enforce a moratorium on 5G infrastructure, especially near schools, hospitals, and residential neighbourhoods, until comprehensive, independent health studies on long-term exposure are completed.
16. Public Education Campaigns:
- Inform the public about the potential risks of EMR, including practical steps individuals can take to reduce their exposure, such as limiting wireless device usage and opting for wired connections when possible.
17. Independent Research Funding:
- Increase independent research funding to further study the biological effects of EMR, particularly in relation to chronic illnesses, immune system impacts, and possible links to increased health vulnerabilities during the COVID-19 event.
18. Recognition of Electromagnetic Hypersensitivity (EHS):
- Recognize EHS by health authorities, and accommodate those affected in public and workplace settings.

By implementing these recommendations, Canada can take proactive steps to safeguard children's health, ensure informed parental decision-making, and restore trust in public health and education systems. Without such reforms, the rising rates of chronic disease in children will continue to pose a significant threat to future generations.

6. Conclusions

6.1. Conclusion: Are Children Safe in Canada?

After listening to 32 sworn testimonies from the NCI Hearings in Vancouver, along with relevant testimonies from the previous two National Citizens Inquiries, totalling 342 sworn testimonies, and after thoroughly reviewing the evidence and analyzing the state of child welfare in Canada, we are confronted with a sobering reality: **children are not safe in this country.**

From education to healthcare, from online spaces to law enforcement and the judicial system, our systems are failing to protect the most vulnerable among us.

This inquiry was not about politics or ideology, it was about truth. It was about asking hard questions and facing uncomfortable answers. The stories we heard were heartbreaking, the facts alarming, and the lack of action by those in power deeply troubling. If we want to fix this, we need to start by acknowledging what's broken. Let's take a closer look at what we found and what must change.

1. Education: A System in Crisis

Schools should be places of learning, growth, and safety. Instead, they've become battlegrounds for ideological agendas, where parental rights are sidelined, children are exposed to age-inappropriate content, and academic standards are declining. Parents are being shut out of decisions that affect their kids, and those who raise concerns are often ignored or labeled as problematic.

What needs to happen?

- Schools must refocus on education, not activism.
- Parents deserve full transparency and involvement in curriculum decisions.
- Mental health support for students needs to be a priority, especially after the damage done by prolonged lockdowns.

2. Child Trafficking: A Dark Reality

It's horrifying, but it's true, **child trafficking is happening in Canada**, and it's more organized and widespread than many realize. Even worse, the very institutions meant to protect children, child protective services, law enforcement, and government agencies, are either failing them or, in some cases, enabling their re-victimization.

What needs to happen?

- No gender identity should be discussed in school. Gender identity is an ideological issue, it is a question to be dealt with by parents.
- A full-scale, independent investigation into child trafficking networks.
- Stronger laws and real consequences for traffickers and those who enable them.
- Better support systems for survivors, including trauma-informed care and legal protection.

3. The Sexualization of Children: A Line Must Be Drawn

We heard shocking stories of young children being exposed to **highly inappropriate content** in schools and online. Social media, entertainment, and even some education programs are eroding boundaries, making kids more vulnerable to exploitation.

What needs to happen?

- Schools should not be introducing explicit content to young children.
- Parents must be given the right to review and approve educational materials.
- Tech companies need to be held accountable for failing to protect kids from harmful content.

4. Digital Safety: A Wild West for Predators

The internet has opened doors to knowledge and connection, but it's also left children exposed to predators, cyberbullying, and manipulation. Many parents don't even realize the dangers their kids face online until it's too late.

What needs to happen?

- Stricter laws regulating what content children can access online.
- More education for parents and kids about digital safety.

- Harsher penalties for online predators and those who exploit minors.

5. Gender Ideology: Pressuring Kids Without Parental Consent

This was one of the most emotionally charged topics. We heard from parents, de-transitioners, and experts who all expressed concerns about the **rapid rise of gender ideology in schools, media, and healthcare**. Children are being encouraged to make life-altering decisions **without full understanding or parental involvement**.

What needs to happen?

- No medical transitions for minors, decisions of this magnitude should wait until adulthood.
- Schools must inform parents about any discussions on gender identity involving their children.
- Psychological evaluations should be required before any gender-related interventions are approved.

6. Government Policies: Who's Really Looking Out for Kids?

The people making decisions about children's lives are often more focused on political agendas than on what's actually best for kids. Parental rights are being eroded, law enforcement is handcuffed by bureaucracy, and justice often seems tilted in favour of those in power instead of those who need protection.

Law enforcement is not free to act without political interference and the justice system is politicized. Ideological agendas are enforced over the reality of what is in the best interest of the child.

What needs to happen?

- Parents must be restored as the primary decision-makers in their children's lives.
- Law enforcement and the justice system need to put children's safety above political considerations.
- Public health policies affecting kids must be based on real, independent science, not ideology or corporate influence.

7. Health & Medical Safety: Children as Test Subjects?

From experimental medical treatments to rising chronic illnesses, kids in Canada are not getting the healthcare protection they deserve. Parents are often left in the dark, and those who question the system are dismissed or even punished.

What needs to happen?

- Stricter safety testing for all medical treatments involving children.
- Full transparency about the risks of vaccines, medications, and medical procedures.
- Greater emphasis on nutrition and environmental health to combat rising childhood diseases.

So, Are Children Safe in Canada?

The answer is clear: **No, they are not.** And that should alarm every single one of us.

This isn't just a government failure, it's a societal failure. It's on all of us. If we do nothing, we are complicit. If we stay silent, we allow these dangers to continue.

What Must Change?

1. **Parents must reclaim their rights**, they should be the ultimate decision-makers for their children.
2. Schools must focus on education, not ideology, children need knowledge, not indoctrination.
3. Institutions must be held accountable without any excuses of an administrative, legal or ideological nature to conceal the truth or to prevent it to be proven in a Court of law.
4. Protecting children must be prioritized over political agendas, safety should never be a partisan issue.

We cannot afford to look away. The **future of Canada depends on the well-being of our children today.** The findings of this inquiry should not just be words on a page, they should be a call to action. The time to act is **now.**

7. Commissioners' Statement

7.1. A Message to Canadians

Dear Fellow Canadians,

We, the Commissioners of the National Citizens Inquiry (NCI), address you today with a profound sense of duty and urgency. As we conclude this stage of our investigation into the safety and well-being of children in Canada, we are compelled to share an undeniable truth: **our children are not safe.**

Throughout our hearings, we listened to testimony from parents, educators, medical experts, legal professionals, and courageous individuals who stepped forward to expose disturbing realities, realities that, had they not been spoken under oath, many would find too shocking to believe. The evidence presented was not speculative, nor ideological, it was factual, personal, and deeply distressing.

Children, the most vulnerable members of our society, are being failed **by the very institutions entrusted to protect them.**

We heard about:

- An education system that prioritizes political agendas over academic excellence and disregards parental rights.
- A legal system that often fails to protect children from exploitation, trafficking, and re-victimization.
- A public health system that has exposed children to questionable medical interventions without full transparency.
- A government and bureaucracy that repeatedly ignore the voices of parents, educators, and professionals raising the alarm.

And perhaps most damning of all, we **witnessed the absolute silence** of those in power.

Invitations were extended to government officials, agencies, and organizations responsible for child welfare in Canada. **Not a single one participated.** Not one stood up to defend their policies, provide answers, or even acknowledge the growing concerns of Canadian families.

A Critical Turning Point

Canadians, we find ourselves at a critical turning point.

The testimony we heard left no room for doubt: **our children's safety, mental health, and future are at risk**. If we continue on this path, if we allow the government, institutions, and media to dismiss these concerns, we are failing the next generation.

It is easy to feel powerless in the face of such overwhelming issues, but let us be clear: change will not come from politicians, bureaucrats, or institutions, it must come from us, the people.

We urge all Canadians to wake up, stand up, and take action:

- **Demand transparency** from your school boards, healthcare providers, and elected officials.
- **Hold institutions accountable** when they put ideology above your child's well-being.
- **Reject silence and complicity**, if you see something wrong, speak out.
- **Build community** with others who share your concerns. There is strength in numbers.

It is time to take back control over how our children are educated, how they are medically treated, and how they are protected.

A Nation's Future is Decided by How It Treats Its Children

History will judge us not by the policies we debated, but by the actions we took to protect our young. We cannot allow this moment to pass without meaningful change.

We must not be silent. We must not be passive. We must not wait for someone else to act.

Canada's future will be determined **not by governments, but by its people**. Let the findings of this inquiry be **a call to action**, for every parent, educator, medical professional, and citizen who believes that our children deserve better.

With vigilance, courage, and determination, we **can** restore a Canada where children are truly safe.

Final Message of the Commissioners

It has been a solemn responsibility and an incredible honour to serve as Commissioners of this Inquiry. We have witnessed firsthand the courage of those who came forward, parents who refuse to stay silent, professionals risking their careers to speak the truth, and survivors who bravely shared their experiences so that others might be spared.

To **every witness who testified**, your voices will not be ignored. Your words have shaped this report and must now shape the future of Canada.

To **the citizens of this country**, this report is not an ending, but a beginning. The power to change course **is in your hands**.

Finally, to **those in government, education, healthcare, and law enforcement who refused to engage**, your silence is deafening, and history will not forget it. The citizens of Canada deserve better.

We close this report with deep respect for those who stood up, deep concern for the children who remain at risk, and an unshakable commitment to ensuring that **this fight for truth and accountability does not end here**.


It must be different this time. We must be there, stand up and fight for our children..



Kenneth F. Drysdale
Chairperson



Patricia Robertson
Patrycia Robertson



Myriam Bohemier



Stephan Larson



“

Yes, we have experts, and we give them a forum where they must be testifying under oath, they must be telling the truth, or they can be charged with perjury. An oath is an oath. We don't need to be a government inquiry to have people to swear to tell the truth, and citizens are allowed to tell their story

”

VOLUME THREE

| Witness Transcripts



Table of Contents

VOLUME THREE	445
Table of Contents	446
8. Transcripts	447
8.1. Introduction	447
8.2. Witness Testimonies	448
8.3. About the Transcripts	449

Page numbers have been included in the original transcripts to facilitate ease of reference and navigation for readers.

Table of Contents

Witness Transcripts	1
Vancouver, British Columbia	1
Day 1.....	1
Day 2.....	266
Day 3.....	511

8. Transcripts

8.1. Introduction

The inclusion of full transcripts of each of the witnesses as part of the official record is an essential component of the Commission's work. These transcripts serve to preserve the firsthand accounts, opinions, experiences, and perspectives of those directly impacted by or involved in the issues under investigation.

Process of Transcription: The transcription process involved the detailed recording of all verbal testimony given by the witnesses during the hearings. A team of volunteer transcribers, utilized both manual (human) and automated (AI-based) methods, as well as multi-levels of manual reviews to ensure accuracy and efficiency. Every word is documented in the transcript, preserving the tone and context of the testimony.

Quality Assurance: Transcripts are carefully reviewed for accuracy. This may involve listening to the recorded testimony multiple times and correcting any errors in the transcriptions. In some cases, unclear or disputed sections may be annotated within the transcript.

Importance of Transcripts: The transcripts serve multiple purposes. They provide a permanent, verifiable record of the hearings. This is important for ensuring the transparency and accountability of the Commission's work. It also allows those who were not present at the hearings to access the information presented.

Furthermore, transcripts can serve as a valuable resource for future research, policy development, and historical record. They ensure that the experiences and voices of the witnesses are preserved for posterity, contributing to our collective understanding of the issues investigated by the commission.

In this way, the transcription process provides a meticulous, enduring account of the testimonies provided by the witnesses. It plays a vital role in preserving the evidence, upholding the integrity of the Commission's proceedings, and informing future generations.

8.2. Witness Testimonies

We are honoured to present to you the complete transcripts of the testimonies provided by both lay and expert witnesses during the Regina hearings of this Commission. These accounts form the heart of our proceedings, encapsulating a wealth of experience, knowledge, and insight. They are crucial to our understanding of the issues at hand.

Lay witnesses, those individuals who have lived through the events under investigation, provide personal, firsthand accounts that breathe life into our understanding of these experiences. Their testimonies paint a vivid picture of the human impact of these events, revealing the deeply personal and often poignant realities that lay behind the facts and figures. These accounts provide an invaluable perspective that helps us appreciate the complexity and the human dimension of the issues we are exploring.

Expert witnesses, on the other hand, provide a different yet equally valuable perspective. Drawn from various fields such as healthcare, education, law, and social sciences, these individuals offer insights grounded in extensive study, research, and professional experience. Their testimonies help us to understand the broader context, uncover underlying mechanisms, and explore potential solutions.

Both types of testimonies, lay and expert, are integral to our investigation. Together, they offer a nuanced and multifaceted understanding of the subjects at hand. The dialogue between personal experience and professional expertise deepens our appreciation of the complexity of the issues under review, informing our deliberations and guiding our recommendations.

The transcripts of these testimonies, painstakingly prepared by our dedicated volunteer transcription team, offer an accurate, detailed, and enduring record of these proceedings. They ensure that the voices heard during the hearings continue to resonate, informing and inspiring future discussions and decisions.

As you explore these transcripts, we invite you to reflect on the diverse perspectives, experiences, and insights they represent. These are the voices that have shaped our work, and we hope they will also shape your understanding of the important issues that have been brought before this Commission.

8.3. About the Transcripts

Our transcription volunteer team was a dedicated group of individuals who committed their time and expertise to support the essential work of this Commission. Their collective mission was to ensure the accurate and comprehensive documentation of each witness's testimony, preserving their stories and contributing to a deeper understanding of the issues at hand.

This team was comprised of a diverse and skilled group, including both professional transcriptionists and individuals with strong listening and typing skills from various backgrounds. They were united by their shared dedication to accuracy, attention to detail, and respect for the content they handled.

Our volunteers understood the importance of their role in this process. They were committed to translating the spoken word into text with the utmost care, maintaining the tone and intent of the original statement, and ensuring that every voice was accurately represented.

Their work played a critical role in ensuring transparency, promoting accessibility, and preserving the historical record of these proceedings. Through their efforts, we maintained a thorough and lasting account of the testimonies presented to the Commission, contributing to our collective understanding and memory of these impactful events.

In recognition of their dedication and important contributions, we extend our deepest gratitude to our volunteer transcription team. Their unwavering commitment to this task reflected the spirit of service, civic engagement, and commitment to truth that was central to the work of our Commission.



NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 17, 2024

Day 1

EVIDENCE

Witness 1: Leigh Dundas

Full Day 1 Timestamp: 00:32:01–02:23:09

Source URL: <https://rumble.com/v5izvud-nci-vancouver-2024-hearings-day-1-october-17-2024.html>

Shawn Buckley

And the first witness that I want to call is Leigh Dundas, who will be attending virtually. So first, Leigh, I can see you on my screen. Can you hear me?

Leigh Dundas

I can hear you, but your voice is very low. So if I ask you to repeat, that would be why. Can you hear me? I'm unplugging my headset because it wasn't doing me any favours.

Shawn Buckley

Yes, I can hear you well, and I'll try and speak clearly and straight into the mic. Leigh, we start by putting our witnesses under oath. So I'll ask you if you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Leigh Dundas

I do.

Shawn Buckley

And I'd like to introduce you to the commissioners. You began practicing law in 1994.

Leigh Dundas

Correct.

Shawn Buckley

In the the beginning of your career. You were doing litigation for Fortune 500 companies such as Volkswagen, Advanta Bank, William Lyon Company, Western Digital. Is that correct?

Leigh Dundas

That is all correct.

Shawn Buckley

In 2013, your focus changed dramatically. You became General Counsel and Southeast Asia Prosecutions Director for the A21 Campaign.

Leigh Dundas

That is right.

Shawn Buckley

And the A21 Campaign is a global 501 non-profit, non-governmental organization that works to fight human trafficking, including sexual exploitation and trafficking, forced slave labour, bonded labour, involuntary domestic servitude, and child soldiery. Is that correct?

Leigh Dundas

That is correct.

Shawn Buckley

And in that role, you are responsible for providing intel reports on anti-slavery, terrorist, criminal syndicate activities to national security establishment including the White House Situation Room, The Pentagon, the U.S. Department of Defence, the Department of State, the

Secretary of State, the Secretary of Defence, CIA, the FBI, and the Department of Homeland Security?

Leigh Dundas

Correct.

Shawn Buckley

You spearheaded the opening of the Asia Continental Office in Bangkok, Thailand. And in your role, you helped put in place and supervised a memorandum of understanding with the Thai police that basically permitted undercover U.S. Peace Officers to do things like go to child brothels and collect evidence and even conduct raids with the permission of the Thai police.

Leigh Dundas

That is right.

Shawn Buckley

You have worked with NGOs and Asian banks to create a plan to amass evidence of money laundering by child brothels. And this has led to protocols where banks place holds on accounts where there is evidence of money laundering. Is that correct?

Leigh Dundas

That is right.

Shawn Buckley

In 2013, you were appointed to the Human Trafficking Congressional Advisory Committee to assist in the identification of trafficking problems worldwide and help formulate U.S. policy to combat the same. Is that correct?

Leigh Dundas

Yes. That is correct.

Shawn Buckley

And you've done similar work for the U.S. Department of Homeland Security, and you've literally been on the ground in Thailand, meeting with sex slaves and helping to document what was happening in the sex trade.

Leigh Dundas

Yes, that is all correct.

Shawn Buckley

Now, and I've gone through that, and I know it's just touching the surface so that the commissioners understand that you have unusual expertise in child slavery and in slavery in general and the sex trade, and that you advise at the highest level. So you've provided us with your curriculum vitae, and we've entered that as an exhibit. It's Exhibit V-2001. We've entered your biography as Exhibit V-2002. And my understanding is that you've prepared a presentation for us. And I'd like to invite you to start your presentation.

Leigh Dundas

That would be lovely. You covered. Thank you so much first of all for having me at this very important inquiry. And my hope is in future years and over the ensuing months that these types of commissions and legislative hearings, for lack of a better term, really gain traction worldwide. There are so many injustices, both at a macro level and more discreet levels, that need redress.

And one of the challenges that we face is getting the word out. People can't fix what they don't know about. So the work you guys are doing here is just invaluable. And I can't thank you enough for: a) doing the work; and b) inviting me to be part of it today. I was going to start by sharing a little bit about me, but you did a fantastic job, my friend, of covering that at the outset. Also, I'm having a little bit of challenge right now with my computer. So I believe you guys have loaded up my PowerPoint at your end. Is that correct?

Shawn Buckley

Yes, it is. And we're ready to put that up and you can just instruct us to advance slide by slide.

Leigh Dundas

Okay, that sounds great. If you want to go ahead and put that up. Hopefully I'll be able to see the first slide at my end. There you go. So a lot of the non-profit work that I do is spearheaded through my personal 501(c)(3) now, which is called freedomfighternation.org. The goal is to secure freedom worldwide across a number of injustices, one of which we're talking about a fair bit today, child slavery.

But the second one, and perhaps the more, I don't want to say more important, I think they're equally important, but the more dire one currently worldwide, is the tyrannical push we have seen, particularly in first world countries, to eradicate basic human rights and freedoms that are secure in America by our Constitution, and similarly in Australia and Canada and other countries like the one you are standing in, my friend. So both of those prongs I am working on, and for those who want to find me or learn more about it or otherwise contribute resources to that work, it is freedomfighternation.org. If you'd like to advance this slide.

I believe the next one was my curriculum vitae, and that just talks about the fact that at the beginning of my career, I worked for Fortune 500 companies and did a fair amount of litigation for the biggest companies in the world. And while it was a great learning ground and I got to learn both how to do high-end legal work as well as how Fortune 500 companies work for better and worse, for the last 10 years, as you had mentioned, I was given a job opportunity that quite frankly I just didn't feel like I could refuse. And that was the General Counsel Prosecutions Director for the A21 Campaign.

And in that context, I was asked to move part time really to Southeast Asia. And I had an 8-year-old at the time and a husband at home in Southern California, so it made it a bit challenging. But we had been given permission by the Royal Thai police and their government to really spearhead anti-sex slavery work, anti-child sex slavery work in Thailand. And so I was living part time on the ground in Bangkok and in more remote regions.

There's a teeny tiny town on the Thailand Malaysia border called Su-ngai Kolok. And if you advance the next screen, you'll see one of the brothels there. And I am standing with a young woman. Most of the women and girls really that we worked with in this town in the slave trade hailed from the country of Laos or Cambodia. But 90% of the girls in the Thai sex trade who are miners hail from Savannakhet Lao. And what we rapidly realized is that it is an incredibly poor region. And so for those of you who don't understand how on earth a parent or set of parents could sell their child to a brothel, what you have to realize is in these third-world countries, they aren't living like we do in first-world countries.

So one night, this was about February of 2014, the picture you're looking at, the pastor I did a lot of work with on the ground and I were in this town of 140 child brothels. And we were in one of the brothels and we met the girl you see. And the next day we had decided to do a little bit of what you're doing here and just try to get the word out. And so we had had a documentary film crew, Christian film crew, come into the brothel town. And we had asked some of the girls if they'd be willing to be interviewed.

And we were dating their face and doing the whole thing that you do with 60 minutes where you're keeping them, you know, so they're not obvious to the camera as to who they are. And only one girl was willing to be interviewed, and it was the woman you see on the, on the screen before you. It was her friend, and she was about 12-years-old at the time. And she was wearing this sort of peach chiffon organza kind of party cotillion dress, like what you'd see in a first-world country. And she was sitting in the corner of the brothel where we had put her by the curtain and her face was in the shadows. And we asked her, did you know when you got to this town what you would be doing?

Because we wanted to make it very clear that in Eastern Europe, where my organization had started doing the sex slave opposition work, it was a bait and switch situation. You would rescue these Roma Gypsy Ukrainian girls out of brothels or they would self-rescue. They would talk a john out of his cell phone and make a cry for help, or jump out a window and drag themselves with a broken ankle down the street and grab a policeman.

But when you finally sat these girls in a room and you asked them, "Hey, did you know what you would be doing when you got to this town in Greece or wherever you are?" they would say, "No, I had no idea. The recruiter, when he came to my town, told me I was going to be a maid in a hotel or that I was going to be a waitress in a restaurant. And then they drugged me and they took my paperwork and my passport and I woke up chained to a bed in a brothel. But I didn't know that that was the deal. I thought I was going to go make extra money for my family in a law-abiding way."

The situation in Asia is vastly different. The families, as I've intimated, sell their children to the brothels. And we wanted to make clear why that was and what the drivers for that were. So we had asked this girl's friend, "Did you know when you got here what you would be doing?" And I'll never forget her answer. She looked dead into the camera and she said, "I knew exactly what I'd be doing when I got here. But I'm not unhappy because my seven brothers and sisters have food on the table and they aren't starving to death and they're in school along with my mom."

And if you had asked me prior to that day, do you think it's wrong to sell your eldest daughter to a brothel, you and I and everybody listening to this commission, I'm sure would

have had but one response. But I ask you now, having heard that story, is it any more or less wrong to fail to sell your eldest daughter to a brothel so that 100% of your five or seven or 10 children and your spouse and you can starve to death this year, this month, this week? Is that a better end to that particular calculus?

And rapidly as I stood for the very first month or so that I was doing this work in a corner of a brothel in a modern-day Sodom and Gomorrah that was under, by the way, radical Jihadi control at the time, I suddenly felt sort of a shift in my thinking. And I thought: Wow, if you want to stop the human sex slavery, the human trafficking problem worldwide, the first thing you need to tackle are the drivers for it, one of which is massive poverty. And when you pull back the screen on massive poverty, what you find is one for one, in these regions in Africa and Asia where they're selling their children, many of them are under totalitarian control. Many of them are under communist control.

Laos, where this girl was from, is a currently communist country. Cambodia may as well be. They had their, you know, overtaking of their government and one quarter of their population genocided under the direction of Pol Pot who came to town, came to Phnom Penh, Cambodia, and went looking for people like you and me, people with glasses, people who didn't have calluses on their hand, drove them into the field, said, "You're going adopt communism. You're going to be kumbaya happy, happy, happy," and systematically enslaved and impoverished and starved out most of the Cambodian citizens in the late 1970s. And those who didn't die quickly enough got an ax in the back and were left to fall face down into shallow graves.

To this day, when the rains come to Cambodia, they will wash away the silty, sandy earth and the bones of the dead will still rise to the top. And you can visit the killing fields of Cambodia, and we did with my daughter at age eight. And let me tell you, if you're living in a first-world country and you want to make sure that your child is not a fan of communism or socialism, quit going to the Cayman Islands and the Grand Canyon and Banff.

Take your child this year to see Auschwitz, take your child this year to see the killing fields of Cambodia, and they will begin to intimately understand that totalitarian governments are awful and that you don't want anything to do with them—and that you had best stand and fight peacefully for the freedom that you enjoy in the comparatively first-world countries that we're all living in before we slide our way backward into the annals of history à la Hitler round two, or à la Pol Pot version 2.0. So that is the work that we were doing there. It was incredibly difficult work, but some of the most gratifying work that I have ever personally done.

If you want to advance the slide. The next slide shows this town as it stands most years and most days of the year. I mentioned earlier that the town is under radical Jihadi control, even though it sits on the Thailand side of the Thailand Malaysia border. A few streets away from what you're looking at is a river that divides the two countries. And on the Malaysia side are radical Jihadi terror training cells who for their part keep their bombing skills sharp by using the child brothels across the river on the Thailand side as target practice.

So the first year I worked here, late 2013 to 2014, that rolling 12 months, we had 330 bombs go off that year. It was basically one a day. And I often asked myself: Wow, you know, what did you get into? Should you really be here? You have an eight-year-old at home, you have a husband at home, you live in Southern California. But I've got to tell you, the first time I was going to go to this town, I chickened out because I realized what happened in this town.

And I came home and I hugged my daughter and I read her a good night story, and I started crying silently to myself after she fell asleep in my arms. And I realized that the world over there are millions of children the age of my daughter who do not get bedtime stories, who do not go to bed with a full tummy, and who instead are being raped 5, 10, or 20 times a night for profit until they die by way of AIDS or death by john who's violent with them, or death by pimp who's equally violent with them.

And I decided that while corporate lawyers were a dime a dozen, the number of lawyers who are just general, good hearted people who are willing to go to these countries and literally fight on the ground for freedom, were few and far between. And I felt like I was being called by my own conscience and by God to do that. So I started doing that. That was 10 years ago, and I learned a lot about how to fight for freedom in third world countries because they don't have a working executive branch, they do not have a working legislative branch, they do not have a working court system or judicial branch. And yet you are charged with getting something done.

And as a lawyer who grew up in California in the U.S. I was used, like many of us in Canada and Australia and America, were used to: Oh, you got a problem, you go sit down with your state congressman or your federal congressman, or you go to the town mayor and you get them to make a new rule or ordinance or pass a new law, or you challenge the law in the courts and you have a working court that isn't bribed or bought or cowardly so you can actually get something done.

And what I realized working in these countries is that that was not the case. The policeman on the corner was very likely to be working for the brothel that you were trying to take out. And when you went up, or when a sex slave escaped and went up and pulled on his apron

string and said, “Hey, hey, hey, that bad man down the street is going to sell me tonight or sell my friend in a brothel, or there's a pedophile from Chicago over there raping a kid after paying money for the pleasure of doing so, most of the time in these countries, on a scale of 1 to 5 or 1 to 10, the police rank as a 9 or 10 out of 10 on a scale of corruption. And they will tell you, “Yeah, I know. I'm going to get off at 5 o'clock and I'm going to go clock in at the brothel and be their muscle or their bouncer, or my brother's part-owner of that brothel.” So they're not going to take the brothel out. That's the guy signing their pay-check so they can put their kid in private school and not have to sex traffic their own kid like half the rest of the population. So you cannot rely on the government in these countries to be your saviour. They're the enemy.

And yet you have to get something done. So we got very creative, as people in third-world countries do, at getting something done peacefully and yet effectively. And I really, my friend, thank God for the opportunity to have cut my teeth in these third-world countries in 2013 fighting the sex trade. Because I came back to America and thought: Well, that's a good skill set and toolkit, if you will, for me to deploy when I'm overseas, but I'm never going to need to use that here in America. But timing is everything.

Shawn Buckley

It is. It is, isn't it? I'll just jump in, Leigh, because when you're talking about how basically in the third-world countries that the government's not your friend, and they're right down to the corruption part. It feels like that with the COVID event. We've come to understand that things are much different than we believed and that literally we have found that it's our governments that are doing things to oppress us. So I was kind of smiling to myself as you were saying that, because I knew where you were going. So I'm sorry for interrupting you. I just couldn't resist.

Leigh Dundas

No, I was kind of hoping that you would so that I didn't have to just monologue for an entire hour. But yeah, you look back at points in your life and, you know, at the time you're there you think: Oh, I'm here for reason X or reason Y. And I thought that I was there in these difficult situations because it broke my heart, I wanted to do something, I had the skills to do something, I'd been asked to do something, and I said yes and I answered the call.

And I thought I was simply there to rescue children from sex slavery and human trafficking conditions to the best of my ability and the best of my NGOs ability. And 10 years hence, 11 years hence, now I look back and realize in hindsight that God had me where he wanted me, because the skills that I was learning were going to be used on a much larger stage

worldwide, or certainly countrywide, in my own country in ways that I could never have foreseen in 2013. I could not—

Shawn Buckley

I just want to interrupt you again because you're saying something super important. And as you're saying it, what you're saying is: As you're going through these would be awful experiences in Thailand, you were in physical danger, you were in a third-world country, you were dealing with basically horrendous circumstances. And yet now you look back and you understand you were exactly where you were supposed to be so that you could learn skills to be used right now.

And I felt compelled to stop you so that those people watching, because you're not going to be unique, is there will be a number of people watching this testimony that will understand that they have gone through circumstances, including adversity, to give them skills for what they are being called to do right now. And that's how you're feeling.

Leigh Dundas

Yeah, a hundred per cent.

Shawn Buckley

I mean, because I got to meet you in the spring in Los Angeles, one of the reasons why I am excited about you testifying is I know by the end of this you're going to be sharing with us some of the things that you've done and tools that Canadians can employ to bring about the change that we need to bring about here. So thank you for letting me interrupt you, but I just think I felt compelled to remind the audience that they are responsible and they will have a specific skill set and specific experiences for what they are being called to do at this moment.

Leigh Dundas

Exactly. That's exactly right. And, you know, I look back and there is literally no skill or talent or training ground that I've had in my entire life that wasn't brought to bear in the last 56 months or whatever it's been since the COVID pandemic started, from something as silly as: Like, I'm in a hotel right now because I'm traveling. And my husband and I used to do seminars for his company. It's a stem cell company that would get people with, you know, arthritis in their knees and shoulders a shot of umbilical stem cell, not the crazy aborted fetal-part stem cell, and it would regrow their own cartilage.

But we had to get the word out because of course, the federal government doesn't want you doing something holistic that can actually, you know, really help your condition by way of regrowing your own missing cartilage. So we would do seminars in Hilton Garden Inns and Holiday Inns, like I'm standing in now. And you know, once every, I don't know, three months we'd show up and they'd have had us down for the wrong day, and I'd be running around like a chicken with my head cut off, moving tables and chairs and trying to figure out in 10 minutes flat how to set up a 50-person conference room. And something as trivial as that, that you would never in a million years dream of putting on your curriculum vitae or your resume as being a skill, because, hello, like, is it even a skill? What do you even call that?

I'm rolling with the truckers. I'm doing these convoys. I'm organizing rallies in front of state capitals where the police don't want us to be there. And we're renting Penske flatbed trucks so that we can have our AV equipment on the truck and a getaway driver in the front of the truck in case the police boot us off the grounds. And people are like, "Wow, how did you get so good at orienting rooms and making use of chairs and tables and microphones and Walmart bullhorns on the fly?" And I'm like, again, you look back and you think: Oh, I just thought I was helping my husband do a healthcare seminar. But in reality I was learning on the fly how to do public speaking even when none of the stage setup had been done for us—which comes in really handy when you're, as you know, doing convoys in Canada or things of that nature.

So if we have listeners who are sitting at home right now listening and going, "Well, that's great, they're attorneys and they've got skills to bring to this fight. But I'm just a—" whatever: teacher, soccer mom, accountant, I like to do graphic design. There is literally nothing that we don't need. If you're a graphic designer, go donate your skills to a local NGO that fights for freedom in this COVID pandemic or that fights for child sex slavery, you know, children's rights.

Donate your talent, donate your accounting firm's talent so that the NGO that you like, that's doing good work in whatever context, isn't having to take the donor funds and allocate five grand of their donor money to get their taxes done at the end of the year. That's five grand more that they can put back into the good fight. So there is nothing too major, too minor, nothing too esoteric when it comes to how you can help the NGO. Sometimes you just have to be a little creative.

Not everybody wants to go—if you advance the slide right now—to a third world brothel town that's got 140 child brothels in it and work under radical jihadi terror standards to try to save sex slaves. That was something that I was strangely uniquely wired to do, despite

the fact that I'm not Asian and I'm not a dude, and I'm not a navy seal. I just, you know, whatever, I do have the adventure gene I guess. And injustice really pisses me off and I have never, ever been able to keep my mouth shut in the face of injustice. So it was definitely a blessing and a curse. But I will say, looking back, that certainly in 2024, it's become more blessing than curse, and I've learned how to harness it.

But I want to go back really right now and set the stage for human trafficking so that the folks who aren't savvy to it yet can understand the enormity of the problem. It is 150 billion—billion with a 'b'—billion-dollar a year industry. Forty million—again, that's 40 million people are currently enslaved in sex and labour trafficking, either being made to forced prostitution basically as adults or children, or being made to work for 15 hours a day on a shrimping boat off the coast of Thailand, or in a factory in Africa or Asia somewhere making tennis shoes, t-shirts for us—15 hours a day, despite the fact that they're six years old and they're going to die from overwork by the time they're 16. That is what we're looking at.

And to give it a frame of reference, my home state has 40 million people in it right now. So it would be like every single person in California waking up with their hands cuffed to the iron bed rail, being raped for profit five or ten times a night. It is the second largest and fastest growing criminal economy in the entire world, and it is supposed to take out drugs for the top spot inside the next few years.

Shawn Buckley

And I'll just interrupt to give Canadians a perspective. So you're talking about the state of California having 40 million people. Well, the country of Canada, our population is 40 million people. So literally, it would be like every person in Canada, every single person in Canada being chained to a bed in a sex brothel. The entire country, that's how many people worldwide are currently enslaved.

Leigh Dundas

Correct: That is correct. And it is frightening when you think of it in those terms. I wasn't savvy to Canada's population, so thank you my friend for putting it in a frame of reference so that our neighbours to the north can more readily understand. But, yeah, incredible when you think about the sheer numbers. It's monopoly math. It's so many big numbers and zeros, it's hard to even really conceive of. And it's a growing trade. It's the most rapidly growing criminal trade in the world, beyond the other typical criminal economies like the drug trade and the illegal weapons trade.

And the reason for that, again, is very sad and very stark and very easy to comprehend. The profit margin in selling children for sex is insanely good when you compare it to other criminal economies. So if you were to come to me tonight and say, "Hey, I want you to supply me with cocaine, here's 100 bucks, give me what you got." And this is a hypothetical, in case our governments are listening. I'm not saying I'm dealing drugs, I'm not dealing drugs, but hypothetically, so that we can put this in perspective.

When a guy who's addicted to coke comes to a dealer and says, "Give me some coke, here's 100 bucks," the guy who's selling the cocaine gives away the cocaine in exchange for the money. And then he has to take that money and he has to portion off a piece of it, probably 30-50% to go buy more cocaine from his supplier tonight from the cartel so he can get back on the street the next night and sell more coke. It is not an evergreen resource. He has to buy more to sell more, and that eats into his gross, leaving him with a net that's maybe 50% of what the gross hundred buck transaction was.

It is manifestly different when you sell a child for sex to a pedophile. If a pedophile walks into the hotel I'm in tonight and goes, "Hey, I want to buy a 7-year-old for sex, what have you got?" And I go, "Yeah, here's a seven-year-old, go to the room for an hour, give me \$300." If he likes what he experiences tonight in the hotel room and he wants to come back tomorrow to buy more girl, I do not need to have run out in the intervening 24 hours and bought more child to sell more child to the pedophile the next night. I am essentially renting this child over and over and over again to these pedophiles until the time she is dead or dying.

Which just so you know, the FBI in our country says on average is about seven years from the time they are first turned out sexually, which on average in America is about the age of 11 or 12. So if you do some simple math, you realize these kids are dead or dying by the time they can legally vote in our country, legally join the military.

Shawn Buckley

So I'm just going to stop you because you're using a phrase, "turn out." So what you mean is that most children in the sex trade enter the sex trade at around age 11 or 12. And if their average lifespan according to the FBI is seven years, then they're dying at age 18 or 19 because of their work in the sex trade.

Leigh Dundas

Yes. Yes, and it's very sad. People are like, "Well, how do they die?" And I think it's important that we understand this because, again, if you don't really understand the basics of the

soon-to-be largest criminal economy on the planet, you don't know how to go about deconstructing it and fixing it. But one of the drivers is disease. Obviously if you're buying a 7-year-old for sex, you're probably not a gentleman who cares much for the other human being in the equation, or you wouldn't be doing that in the first place.

So they're having unprotected—yeah, I hate to even use the word sex. These girls are being raped for profit—but in a way that is not the most healthy way for their continued lifespan. So they're contracting STDs, STIs, they're getting HIV, they're getting syphilis, they're getting gonorrhoea. And you can bet your last dollar that the pimp who is running these girls is not taking them in to ensure that they're going to live a long and healthy lifespan. He doesn't have much use for them past the age of adulthood anyway, because pedophiles like children for sex, not adult women my age, so they don't care.

Nobody cares about the girl in the equation, and she contracts STDs, and many times she dies. If she manages to not contract an STD, the sex trade as a whole, it is actually the most dangerous profession on the face of the planet. It is 51 times more dangerous than the next nearest profession, which is a liquor store operator—whether you're being forced into prostitution or whether you're happy hooking and doing it like Julia Roberts all over Richard Gere in *Pretty Woman*.

But it is an incredibly dangerous profession because you may catch a john—we call the buyers johns—you may catch a purchaser who is very violent and who decides to start strangling you. And maybe he strangles you one minute too long and now you asphyxiate to death. Similarly, if you happen to get lucky, avoid an STD, happen to get lucky, avoid a violent pedophile, your pimp may not be perfectly happy with your production, with your output on any given night.

And the way he makes that known is violently. He beats the girls, in many cases, very, very violently. Whips them with cords from hair dryers, you name it, strangles them, throws them up against the wall, creating traumatic brain injuries, brain bleeds, asphyxiation, MS. These girls are not in a line of work, if you can even call it that, that is particularly good to their longevity or their health. So, yes, a life expectancy once a girl is first forced into the sex trade at age 11 or 12 in our country is not a long one. It is maybe you make it to 18 or 19.

And what that does for all of us good citizens who are hearing that, is reinforces the notion that: a) we must do something about this problem, and we must do something about this problem now. Because for every minute that we dally, for every minute that we go, “Well, I need to talk to my husband before I make a donation or before I decide to get involved with my local sex trafficking NGO that's doing good work here in, you know, Victoria, Canada,” for

every minute that we delay, another person is dying around the world in some of the most horrific conditions that really exist.

And a lot of these victims are female. Eighty nine to 90% of trafficking situations worldwide involve females and some type of sexual servitude. So maybe they're being labour trafficked, maybe they're picking strawberries in the middle of Central California. But at night, unlike the men who get to go home and put their feet up and sleep until they pick up, you know, the next day and start picking strawberries again, the women are being raped or sold for sex in the evening.

So a lot of the victims are female, and that is why I'm saying "she" when I'm referring to victims, because that is by and large what they are. Not exclusively, men can be victims as well, boys can be victims as well. But what the numbers show us is 89-90% of the time it's somebody who was born with an X chromosome who's being victimized. And the vast majority of the buyers and the sellers are unfortunately men. Which is another way of saying, if we are going to get on top of this problem, we need to teach our children when they're young, you don't buy people for any reason, but certainly not for sex.

And that is how you get a 19-year-old who's backpacking through Europe and Amsterdam or at a fraternity party at his new college, and when his buddies are elbowing him going: "Hey, hey, let's go in the back room, this girl wants to get frisky with us," or "Let's go over to that, you know, that brothel in Amsterdam or wherever we are in Europe where it's legal," your child can go, "Thanks, but no thanks. This is not what we're going to do. Why don't we go do something else, like go to this party where that's not happening."

We need to do better. Because the fact of the matter is, if men weren't lining up to buy women and girls, the bad guys would be selling drugs and guns again. If there were more profit and no buyers in these other illegal professions, they would be moving back over to running heroin and cocaine. But instead what we're seeing is the Crips and the Bloods, two gangs in Compton, Southern California where I was born and raised—I wasn't raised in Compton, but you get generally the region—are working together for the first time ever.

When I was growing up, when I was a teenager, '80s, '90s, these gangs were rivals. They'd be shooting at each other every single night out on the streets of LA. Now they are actually working together, collaboratively, cooperatively, to move women and children for sexual purposes because there is so much money to be made. The profit margin if you're a pimp, if you're running girls versus running drugs, is like 95-99%. The only hard cost you have is one Happy Meal a day or one cup of rice a day.

And if you're in America, one Super 8 motel room for \$30-\$40 bucks a night where you jam eight or ten girls in there. So that's not really eating into your thousands dollars a night profit. And if you're in Asia, you just keep them in a closet, head off to the side of the road. You don't even have a hard cost, right? So the profit margin, instead of being 50% or 70% when you're pushing cocaine or ecstasy or whatever the new drug is, is relatively high. You're keeping almost 100% of what you are making when you're selling children. And that's why all of these cartels and all of the major mafias, from the Yakuza mafia in Japan, who is running girls in Thailand where I do work, all the way down to the gangbangers have shifted their sights from pushing drugs to pushing people.

Shawn Buckley

That's interesting. Now, as far as Canada goes, are you familiar of any stats that specifically apply to us?

Leigh Dundas

I am. The Global Slavery Index has established at this point that there are 17,000 victims in Canada on any given day this year that are enslaved in human trafficking conditions. Ninety-six per cent of your particular victims in your country are female, which is on par with what I had said earlier. It's at least 89-90%, but in Canada it's actually higher. It's close to 100%. Ninety-six per cent of the people who are victims in these human trafficking scenarios are girls, are women. Seventy-one per cent are under the age of 25, and 91%, my friend, of those who are being trafficked in Canada actually know their trafficker. So this is not stranger trafficking.

The statistics are 31% of those being trafficked in your country are being trafficked by their spouse or by their boyfriend. Another 31% are being trafficked by somebody they used to call a friend or still think of as a friend, because sometimes we've got that Stockholm Syndrome where they're bonded with their captor in a weird psychological way. And 27% are being trafficked by people that were former business associates.

So when you look at the landscape, you go: Wow, yeah, 91% of these people are not being kidnapped like Liam Neeson and taken and pulled into a white panel van and tires screeching, you know, running off into the dead of night. You thought your daughter was at the mall, you suddenly wake up and find her missing, she's been taken and she's being trafficked by a stranger who abducted her. That only happens in your country 9% of the time.

Shawn Buckley

Can I ask you to share with us? So when we have this statistic, like 31% are trafficked by a spouse or boyfriend, and 31% by friend, I mean, what does that look like? How do you get trafficked by your boyfriend or how do you get trafficked by a friend? So for, you know, young Canadian girls that are at risk, how does this happen?

Leigh Dundas

That is a very good question. And I wanted to say something about the fact that I am pulling on my ear. It is not an Illuminati gesture. It is not some weird cue thing or a conspiracy theory. I got off a plane late last night after multiple plane rides, because my plane ride to Tennessee was delayed. And my right ear, and even my left one is still not completely shifted gears from being at 30,000 feet, so apologies for the strange gestures. But back to the question at hand.

Basically how this works, particularly in first-world countries, there's three different types of pimping. There is gorilla pimping, which is the violent abduction Hollywood-made, made famous by Hollywood movie scenario that was described. Or, you know, evoked in the movie *Taken* where your kid is kidnapped, you know, or the friend of yours is kidnapped violently off the street and nobody sees or hears from them again. But that is a rarity, both in your country and in mine.

Far more common is what we call Romeo pimping. And Romeo pimping is kind of what it sounds like. You get a 25-year-old guy who looks like he's 15—think Ralph Macchio in *The Karate Kid*, think Johnny Depp in *21 Jump Street* from years ago. These guys who should be shaving, but for whatever reason, they were born with that really young baby face and they hardly have any facial hair and they literally look like they're still a sophomore in high school, even though they're able to drink and drive and they're in their mid-20s.

And these guys will re-enrol themselves in your daughter's high school and they'll be, you know, a junior or senior, and they're sitting there and they're going to algebra and they're going to world history for a second time. And the whole time they're in high school, they're not really there to learn, they're scanning. And they are looking for a girl who's a little lacking in self-confidence one day. A girl who maybe just had a fight with her best friend who dumped her or her boyfriend who dumped her, or maybe she got in a pissing match with her parents last night over the curfew, or the fact that she's a good kid and they're too hard on her, even though she's a good kid. And so she's looking a little down in the mouth. And those pimps have radar for that.

And that pimp will move in on your daughter or your daughter's friend, "Hey hon, what's going on?" "Oh, blah, blah, blah, blah." And initially he just befriends the girl and he's a shoulder for her to cry on. He's a good ear for, you know, her to spill her sob stories to. And this goes on for weeks, and this is a grooming process. This is not a wham, bam, overnight kind of thing.

And eventually he asks her out on a date, maybe it's been a few weeks, maybe it's been a couple months, "Oh, can I take you out on a date?" "Well, we'd have to ask my parents," because she is a good kid. And so he goes, "Yeah, no problem." And he shows up to your house at six o'clock one night and he looks you dead in the eye and has a nice firm hand shake. "Oh, nice to meet you, Mr. Jones. Nice to meet you as well, Mrs. Jones. It's an honour to take your daughter out. I can see where she gets her brains and her good looks from. You guys are—" all that and a bag of chips.

And he's saying all the right things and he's being very courteous and very polite and he doesn't look like a criminal and he doesn't look scary. He doesn't look like the pervy guy who's 70 years old and hasn't shaved, in a trench coat who's flashing kids on the street corner. He looks to be an ideal boyfriend. And you and your husband go, "Yeah, yeah, you could take her out, just make sure she's back by curfew." And he says, "What time is curfew?" And you reply, "10:00." And he says, "No problem, we'll be back by 9:45."

And he takes your daughter out to a lovely pizza night and bowling at the local bowling alley. And he has her back by 9:30. And he looks you in the eyeballs again and he shakes your hand and you're thinking to yourselves quietly, what a nice young kid. Where are they hiding them all? Like, how refreshing. He has manners and he actually makes small talk. And he consistently asks her out and he consistently abides by your rules, and eventually they're dating.

And now it's a few more months down the line and they're six months into the relationship. And he says to her one day at school, "Hey babe, remember when I told you that my dad lost his job last year and we fell on some really hard times and we didn't have enough money to make rent?" And she says, "Yeah." And he goes, "Yeah, so I took a loan from my buddy. His family was kind enough to give us a couple grand so that we didn't get evicted. But it's been a year and it's time to pay the loan back and we still don't have the money to do that. And I know this is going to sound weird, babe, but hear me out. He said he would forgive the debt—you know he likes you, right?—if you would just get with him. And I know it's crazy and I love you and this is weird. Forget I even said anything."

And your daughter's like, "Yeah, that's kind of weird." But he originates it again and again over a period of time. And he works on her, he works on her, he works on her, works on her,

and eventually your good kid goes, "Okay, fine, just this one time, if it'll get you out of harm's way. And then we'll kumbaya, hallelujah right off into the sunset and get married one day." And he's like, "Yeah, yeah, no problem." So your daughter gets with her boyfriend's friend. And unbeknownst to your daughter, that is the first time she is being turned out. And the whole time she is getting with her boyfriend's buddy to erase his fake debt, unbeknownst to her, they are rolling video of that whole transaction and taking still shots.

And the next day when he drops her off at your house at 9:59 PM, he leans over and he grabs her by the shirt collar and he says, "So here's the deal. You're going to go inside, you're going to get ready for bed, you're going to turn off your lights, you're going to crawl under your covers, and after your parents go to bed at 12:15, you're going to crawl out your front window after their lights are out, and you're going to deactivate the alarm, and you're going to get in the back of my car and I'm going to sell you 10 times tonight because I'm a pimp and you're now my new W-H-O-R-E." And she's like, "What the heck just happened? The heck you say. What Jekyll and Hyde kind of moment is this. I'm not your girl, I'm not, what are you? Are you crazy? I ain't doing that. My daddy's a pastor. My mom's an attorney."

By the way, I'm about to tell you another story where daddy was a pastor and mommy was an attorney, that's very similar. And the guy looks at her and goes, "Yeah, you're going to do exactly what I say. Because, guess what if you don't, I have rolling naked images of you last night. And I'll send it all over to school, make it go viral, and I'll send it all over to your daddy's congregation, and you won't even ever be able to hold your head up again in this town." And that is what the FBI has called, they've coined the term "sextortion."

Your daughter is being blackmailed, forced to do something against her will by the threat of naked photos of her being released. But it's through sex. And so they've coined this cute little term, sextortion. It's not straight extortion. It's sextortion. And that is how you end up with a 4.3 GPA girl who has never gotten a B-plus in her life, in all AP honours classes, world history, calculus, physics, being recruited by Stanford, by Duke, by Harvard to go onto their G1 volleyball team, academic scholarship, full ride. And she is down 30 freaking pounds in three months, and all your friends are going, "Did she pick up a bulimia habit? Is she snorting meth?" And you're like, "I don't think so."

And you're right. No, she didn't pick up a bulimia habit. No, she ain't snorting that. She picked up a pimp who is running her out underneath your nose every night after you go to bed. And that's why she's dropping weight and her grades are in the toilet. It is called Romeo pimping. And if you think it can't happen to you, my organization, my old organization, A21, has rescued multiple girls stateside here in the U.S. with just that story.

Shawn Buckley

Well, thank you. Thank you for sharing that. I think that's shocking us all because we're not expecting a middle class, well-to-do girl being basically coerced with this sextortion. Now there's also another type of pimping called CEO pimping. Do you want to tell us about that?

Leigh Dundas

Yeah, no problem. So CEO pimping is sort of similar, and if you want to learn more about it, there is a woman called Rachel Thomas, a young black woman, friend of mine, gorgeous, gorgeous person both inside and out, gorgeous being, and physically quite stunning as well—I'm talking like could go and win a Miss Universe pageant. And she started a group, I think it's called Sowers, Sowers Group, S-O-W-E-R-S group.

And her story is she went off to college at Emory University at age 18, I think, and she hailed from my neck of the wood. She was born and raised in Southern California in Altadena, California, which is a very nice suburb of Pasadena, kind of on-par with a Rodeo Drive, Beverly Hills, very well-to-do area. I believe her parents were pastors and lawyers. And I forget if mommy or daddy was the pastor, the lawyer, but you get the context.

She was like me, like my daughter, like your kids. Very nice, good hearted, well-raised child. And she goes off to college and she's at a party one night and she is approached by a guy and a woman who he says is his fiancée who's in the early stages of pregnancy. And they say, "Hey, we have a modelling company. In case you haven't noticed, you are drop-dead gorgeous, you're stunning, and we would like to represent you." And she laughed, she laughed it off, and she said, "Oh, my parents warned me about people like you. I know all about the casting couch and the modelling couch and thanks but no thanks, hard pass."

And they said, "No, no, no, really, like, we're not like that. This is not some fly-by-night thing. Here's our, you know, here's our business card and check us out. We have a storefront. We actually are legit, we will do your headshots for free." And if you know anything about modelling, that's one of the ways you can separate the wheat from the proverbial chaff is: Will they do your kids headshots for free or are they making you pay for that? So they said all the right things.

And she continued to see them around as the semester developed at various parties. And they looked very upstanding. They didn't look like scary people. Romeo pimping, CEO Pimping doesn't work if you show up looking like a gangbanger. And you know that if you want to do that, you've got to do gorilla pimping where you're literally grabbing the girl by the neck and hauling her off into your van. If you're going to sweet talk somebody into this, you need to look like an upstanding citizen. And they did.

And so one day, after being approached multiple times, and friends of hers were like, “No, yeah, they’re upstanding.” She goes to their strip mall business storefront and they have her fill out an employment application or a 1099 independent contractor paperwork in our country, all the tax forms that you need to work legally in our country. And they send her out on some calls and they’re legit calls, they’re like for MTV music videos. They did her headshots. She gets some acting and modelling gigs out of it. And again, this goes on for a period of months, so it’s not an overnight thing.

And then one day they say to her, “Yeah, you’re going in the back room at this party and you’re going to service a bunch of guys,” or something like that. Like, basically, it’s time now to pimp you out. And she has the reaction that all of our kids would have, which is, “What are you talking about? That’s not what you said you were about. That’s not what I know you to be. And hell do they know, I’m not doing that.”

And they said, “Yeah, you are. Because if you don’t, we’re going to send our confederates, who are part of a gang who you know operate in California to your parents house and they will kill them in the dead of night. And that’s how that rolls.” And she said, “Well, yeah, nice try. You don’t know where my parents live.” And they said, “Yeah, we do. Because you filled out an employment form and you listed your home address, right?” Which is what most college kids do. They don’t list their dorm address their first year.

You know, I tell my daughter the same thing. You know, you’re applying for a credit card, list our address. You know, you’re applying for anything, list our address, right? So she listed her house of origins address. That was the house that her parents were living in. So she was again being basically sextorted, if you will. And that is how she found herself being trafficked.

Eventually she got out of the situation. Eventually her trafficker was put away, I want to say —don’t quote me on this—but I want to say for 15 years. And he trafficked something like dozens, I want to say 75 other girls, I forget the particulars. I met her 10 years ago. But if you google the name Rachel Thomas, you’ll come across her group and her story. And in the main that is what she does, a lot of educational awareness trainings on both for law enforcement, as do I. I’ve done a lot of police trainings over the years with A21 and another group.

Carissa Phelps’ group, Runaway Girl, is another great NGO. Carissa Phelps was actually sex trafficked herself as a youth on the streets in central California for just a few weeks. Her pimp got busted with five or six 13-year-old girls in the car. She was one of them. She had run away from home, got herself a motel room, felt sorry for a woman who’d been beaten

up on a sidewalk, told the girl she could follow her back to her motel room. Mind you, Carissa was 12 or 13-years-old at the time, but a very forward thinking runaway juvenile.

And unbeknownst to her, the reason the woman was on the sidewalk bleeding is her pimp had left her for dead. And the pimp, Icy, followed my friend Carissa back to her hotel room. Turned out both the woman and Carissa again. He was pulled over a couple weeks later with five or six girls in the car. And guess what they did. They busted all of the child rape victims for child prostitution and let the the pimp and the buyer walk free, which is what we see over and over again, even in this day and age.

And so Carissa ended up getting a good mentor, putting herself through community college, putting herself through UCLA. She got a JD/MBA, she's a lawyer and has a Master's in business. And in the very last semester at UCLA, one of her friends who was in the film school there, I think, approached her and said, "Hey, I want to make a documentary about the child sex trade, but I don't know anybody to interview."

And my friend was not vocal and open with her story at the time, but she said, "Well, I don't really talk about it much, but if you can't find anybody, I'd be willing to be interviewed." And the film short was called *Runaway Girl*. It ended up taking a bunch of awards in the film communities. And she subsequently published a book called *Runaway Girl* and opened her own 501C organization called Runaway Girl. And she and I worked together a lot along with the Rachel Thomas, CEO—

Shawn Buckley

I'm just going to interrupt because this idea of runaways is also very important on how girls get involved in the trade, because it's actually a very large number within, of runaways. Can you just share with us that. And then I'm going to ask you to segue: How do we stop this? What's been proven to work? And then I'm going to ask you to kind of: Okay, you talked earlier about how you've gotten these skills for something else, kind of some of the other activities you've been doing to basically teach us how to be activists.

Leigh Dundas

Certainly, yeah. The sex slave trade and the pimping trade is sort of frightening when you look at the runaway situation. So a lot of the girls who find themselves in the sex slave trade have unstable homes. Carissa, whose story I was just telling you, she I think was one of 11 kids and didn't have a real stable home life—divorced, new parents, lots of siblings. That's how it is she came to run away at age 12 or 13.

And many of the girls that are trafficked here in our country and in your country are runaways. They're foster youth or they find themselves in and out of the foster care system or group homes. And once a girl hits the streets, your clock is running. Even if your daughter is one of those kids and she just left home to go couch surf, and walk two miles down the street to go couch surf with a friend, and she got in a fight with you or your husband, I am here to tell you your clock is running the moment she walks out your door.

One third of runaways will be—not might be—will be approached within the first 48 hours they are on a street by a pimp. And all of the ones who are approached by a pimp end up in the pimp's grasp being trafficked. And it is an absolutely frightening statistic. But all that to say, if you're a good family and your kid goes missing, I'm sure you're going to be doing all the right stuff anyway.

But if you go to a local police department and they are not taking it seriously and you fear that your daughter is on the street, or you fear that maybe she was Romeo pimped, you need to make sure the cops understand that. If they have not been trained correctly, if they are still in the habit of arresting the rape victims—like Carissa was when she was pulled over in a car in the 1980s, the cops were arresting the victims instead of the perpetrators in the equation—to reach out to anti trafficking organizations and get their help. Because your clock is running once this starts occurring.

In California, the first year I started doing this work, a study had come out from our California Department of Justice that showed in the preceding 10 years, so from 2002 until 2012—I'm not talking 1970s, I'm talking relatively recent history here, 2002 to 2012—our California police had arrested 4,251 children for the crime that doesn't exist of being raped by a pimp.

So if your child were abducted by a pedophile and the cops broke down their door, you know, 18 hours later or eight days later and you finally got your child, all of us would have the same reaction. We'd be like, "Oh my gosh, let's get your kid to a SART Centre, a sexual abuse Sexual Assault Response Team at a local hospital. Get the forensics done, get her some mental health services. She is a victim.

When you pull these girls over off the street, when you have backwards-thinking, last-century thinking policemen, instead of treating these child rape victims who have not just been raped—not to poo-poo the abduction victim who's been raped eight or ten times by the pedophile by the time we catch up to that situation—but this girl's been trafficked for two years, being raped eight to ten times a night. So talk about a victim. There is no more victim with a capital V.

Most of the time, up until quite recently which is why we do these trainings of police departments, we say, “Hey, don't call a vice department anymore. That crime doesn't exist. Call it a human trafficking response department. And how about when your patrol officers are pulling over carloads full of girls, instead of putting the girls in handcuffs and taking them in when they should be going to a sexual abuse response centre somewhere and getting forensics done, how about you arrest the guys in the situation?” Because that actually starts to change the face of slavery, when you arrest the buyers and the pimps. But yeah, 4,251 child victims in California have been arrested for a crime that doesn't really exist, child prostitution. And two of those, my friends, were under the age of nine years old. That is how bad even California is.

Shawn Buckley

So that's one of the actual deterrence things, is then starting to go after the pimps and the johns as opposed to the victim. And I think your testimony is very appropriate because most of us don't know anything about this at all, let alone understanding: Well, wait a second, if you are arresting the sex trade worker and this is a minor, understanding that the person is a complete victim. So now can you share with us about deterrence? Like what has been tried and what does work?

Leigh Dundas

So one of the most fascinating bits of deterrence trivia and truth was St. Petersburg, Florida. So in the early aughts [the early 2000s], I think it was right after the turn of this century, they went back to the drawing board and they said, “You know what? We have a huge problem with sex trafficking, adult sex prostitution, child sex slavery in this town of St. Petersburg, Florida. We know it's a problem and we also know that nothing we have done to date has worked worth a darn in reverting the situation.”

And so they decided to try some new stuff and they thought to themselves: How about we shift our focus to the guys who are pushing this situation? And when we go to the wrong side of the tracks and we do these stings— And we've all seen the 60 Minutes, 2020, where they run an ad and they've got the fake cop who's pretending to be a hooker and she's talking and texting with the guy. And the guy shows up at the house and all of a sudden he's being arrested for soliciting an underage minor or something like that.

They decided at that point, instead of just doing nothing with the perpetrator, that they were going—thank you so much for bringing me water—they decided that they were going to actually name and shame the perpetrator. And they said, “Okay, we're going to arrest him.” Which is the first step, is actually doing some sort of criminal deterrent act on the

actual criminal, which is the guy, not the girl. “We're going to arrest the sex buyer, and then we're going to go one step further. We are going to take a really good mug shot, like full colour, real glossy, high-definition photo of this guy's face, right? And we are going to plaster it on billboards across the town of St. Petersburg, Florida with the crimes that he's been charged with and what he was doing on Saturday night at 1 AM.”

And then they went one step further. And this, my friends, is where I think the rubber really met the road. They decided they would get the wives involved. So we call the sex buyers johns. And they decided they were going to write a letter to the Dear Mrs. John or Mrs. Smith, Mrs. John—but you know, the guy's wife. And it went something like this. Don't quote me, but it was:

Dear Mrs. John, You may not know this, but your husband was arrested on the wrong side of St. Petersburg, Florida on Saturday night for the crime of soliciting an underage, three underage girls actually, for sexual purposes. And by the way, this isn't his first time. And we suspect that you may not know about your husband's activities in the middle of the night, but that you might want to. Long story short, you might want to route yourself to the nearest STD clinic on Monday morning and get yourself checked for a variety of STDs, including HIV and AIDS, syphilis, gonorrhoea, chlamydia, so on and so forth. Sincerely, your local health department.

The combination of the billboard campaign paired with the Dear Mrs. John letter dropped the incidence of sex trafficking in St. Petersburg, Florida, 24.5% almost overnight. And if you know anything about statistics, you know that the pointy capped pencil protector crowd gets really excited if they introduce one new variable to a field and it moves the needle 5% or 10%. Like that is statistically, like, whoo-ha for your mathematicians in the crowd.

To introduce one change and have a one quarter, an almost 25% change in the deterrence and the shift there on men buying women for sex—unheard of. And that was when they were like, “Wow, we need to start punishing the folks who are engaging in this a whole lot more.” The studies that had shown up until that point is that 90% of the time, we were arresting the girls across the country and like 1-5%, 1-10% of the time, we were arresting buyers and/or the sellers.

Shawn Buckley

And I'll just interrupt you. So going after the buyers is a thing. Now the Swedish did something else.

Leigh Dundas

Yes.

Shawn Buckley

And can you share with us that. And then we're going to segue into basically some of the activities you've taken on recently as examples of how to make a difference.

Leigh Dundas

Sure thing. So the Swedes were at the time, and this was a couple decades ago, run by a majority female legislative body, whatever they call it in Sweden, I don't really know. But the guys who make the laws weren't actually guys anymore in the main, they were girls, they were X chromosomers. So it was a majority female-run legislative body. And they passed a law that made sex selling, pimping, sex trafficking the equivalent of a U.S. felony, and the buying of sex the equivalent of a U.S. felony.

So instead of just getting a slap on the wrist and what we call here in America, john school, where it's like traffic school and you can do it on the weekend for two hours, and your wife doesn't even know that instead of running a stop sign or a red light that you got picked up for the crime of selling or buying women for sex, because you just went to school and got rid of that little whatever that was.

Sweden was like: To heck with that, we're actually punishing you. And we're not just punishing you with a misdemeanour or a low-level offence. We're punishing you like you were walking around with 10 pounds or 10 kilos of cocaine in your backseat. And when they did that, it wiped out the incidence of sex trafficking in that country. All of the pimps and all of the guys who were inclined to do that, go buy a girl for sex, buy a woman for sex, sell a girl or a woman for sex, were like: To heck with that. We don't want to go to jail for like five, ten, seven years. We're going to go over to Amsterdam or somewhere else in Europe where it's totally legal.

So we think that legalizing prostitution is actually going to lessen the incidence of forced sex selling and buying or sex slavery or child slavery or selling of youth. What we see in places like Las Vegas is when you legalize it, it doesn't make it more available and lessen the impact of the criminal trade. It actually causes both to go through the roof. But when you put consequences, criminal consequences in place where you're punishing the men who are buying and selling, it eradicates all the formerly legal prostitution along with the illegal child sex trade. And so that is the direction we really need to be going in.

Shawn Buckley

Thank you. We're going to switch gears now just because I've come to know you as a very gifted activist and I think that you've got some skills to teach us. And I know you've sent some clips to videos, and I particularly was interested in one to the school board. And we've got the first three cued up. Do you want to just basically walk us through what was happening? We've got about 10 minutes and I'd like to walk through all three if we could.

Leigh Dundas

Yeah, absolutely. I'm trying to figure out what my first video clip was.

Shawn Buckley

We can run one and then you can comment on it.

Leigh Dundas

Yeah, why don't we run one and then it'll refresh my recollection. Let's do that.

Shawn Buckley

Okay, so we'll cue that up and run it.

[Video clip #1]

Leigh Dundas [recording]

Leigh Dundas, Human Rights Attorney. Late last week, I am informed a meeting occurred between Orange County health officer, Dr. Clayton Chau, and Orange County Board of Education Superintendent, Al Mijares, during which time they apparently tried to find a way to, quote, "sidestep" and entirely remove informed parental consent for the COVID vaccine and also turn Orange County school campuses into vaccination centres.

The COVID 19 vaccine is an experimental medical protocol authorized under the Emergency Use Authorization Act. And as such, you cannot mandate it for anyone, nor can you sidestep informed consent. There is a reason that kids cannot smoke, drive, drink, have sex, vote, or die for this country. And it is because the law says they

lack the capacity to understand those decisions. And that applies here more than ever.

Hear me loud and hear me well. We will not be morphing our school campuses into COVID vaccine centres for delivery of an experimental medical protocol that killed every ferret in the last animal study they did until such time they had to abandon that study. And then, and then they didn't even do the study this time around—because we are the study.

The last time humans launched a plan like this to conduct experimental medical protocols on vulnerable populations was in Josef Mengele's direction. He was an MD known as the Angel of Death, okay. And he was part of the SS. And in 1943, he was assigned to Auschwitz, where he saw an opportunity to conduct gene research, quote, “focused primarily on children, with no regard for the health or safety of the victims.” This is off the Internet, you can Google it.

You know what else is gene research? Experimental COVID vaccines with the trans gene inside of it. If you don't believe me, go pull the EUA [emergency use authorization] application for the J&J shot. I come from a long line of Eastern Europeans, Hungarians and Romanian groups—groups that fled the persecution of the Red Terror Communist death squads in the early 1900s. And those of us who didn't make it to America ended up facing the Nazi death squads in the lesser known Holocaust that was the Romani Holocaust.

There is reason my daughter is named Katya. Her Romani great grandmother was Katarina Choma. And I, for one, have not forgotten the lessons of our history. The Third Reich did not end with experiments on children, nor when those children died. The Third Reich ended in 1946 when we put the doctors who committed these human experiments on trial in Nuremberg and then we put them to death. It ended with the adoption of the Nuremberg Code, so we would never repeat the sins of history. And it states, and I quote, “the voluntary consent of this human subject is absolutely essential.”

Dr. Chau and Dr. Mijares, you are hereby on notice. Last week you appear to have knowingly hatched a plan to sidestep and/or violate international, federal and state law—not just the Nuremberg informed consent language, but also the black letter law of the EUA as well as California state law which punishes, and I quote, “the willful failure to obtain a subject's informed consent by imprisonment in county jail for one year or the imposition of a \$50,000 fine, or both”—through the planned

insertion of experimental gene-altering protocols onto the very children you were elected and charged with protecting.

And tonight we are asking the Board of Education for an immediate letter of censure to these individuals, and if they don't resign, for an immediate notice of termination. And that letter also needs to go to the professional boards because they have no business being in these positions. So help me God, the people of Orange County will hold this policy to account.

Shawn Buckley

Leigh, can you share with us what was happening and what occurred as a result of that?

Leigh Dundas

Certainly. So in the dark of night, but they made the mistake of being on a zoom call that was partially recorded, our Orange County Superintendent, Dr. Al Mujares, conspired with our Orange County health officer at the time, who was Dr. Clayton Chau, to secretly and without parental consent, without any informed consent, without even notifying the parents before or after, that they were going to secretly COVID vaccinate children on Orange County public school campuses from the ages of kindergarten all the way up to seniors in high school.

And so just to make it clear what they were teeing up: You would drop little Johnny off for his four-hour kindergarten, or little Susie off for 6th grade or 10th grade, and you would come pick your kid up at the end of the day, and they would have actually bribed your child with a pink donut to come in at recess and get the Pfizer COVID shot or the Moderna COVID shot without telling you, without getting your consent, with nothing. And you would pick your child up and they would go play soccer in the street and die of a heart attack. Because we understand that those shots cause an increase in myocarditis and heart attacks, in particularly boys. And you would be none the wiser as to why or how that happened.

So we got wind that that was what was going on. The actual Board of Education was largely conservative, and we put the word out. We did not tell the masses that we were coming. We got our soccer mom brigade ready, overnight, and we stormed the board meeting. They were happy to have us because the board was receptive to us. It was the superintendent who was way off the reservation, so to speak.

And I laid in like I have never laid in to anybody before, because they weren't just coming for all our kids, they were coming for my kid. I had a kid in Orange County schools at the

time. And I was like, “Oh, I don't think so, Scooter. This is the Kalakara Auschwitz who's starting to come rattle into my town.” So I was extra fired up. And I know my history. And I said, “You know, the last people to do this, to experiment medically on children without anybody's consent, were the flipping Nazis. And you will not be doing that to my kid or any other kid in my county so long as I'm on watch.”

And it went viral around the world. I was still getting that speech coming back to me four months later with Croatian and Japanese subtitles. And what that did is it put a heck of a lot of heat on the two evildoers. And they ended up rolling and walking back that plan, right back and getting rid of it, as they should have. But that is what is called a “name and shame program.” And when you are in a first-world country and you have no working government, which is effectively where we are right now in Canada, in California, in Australia, you've got no legislative body who's protecting you.

Trudeau is out of control, like Governor Newsom—out of control. The courts are too scared to get in the ring, or they're also bribed or bought off or cowardly. They're not doing their jobs. It remains on us, the people. And if you bring enough heat and enough eloquence and you take their bad plan and you thrust it into the harsh light of public opinion, the people themselves will peacefully gather and peacefully make known their wishes.

And that is the last thing these evildoers want, is the weight of public pressure in front of their county building, in front of the house that they go to bed at night with their wives and their own kids. And when that starts happening, even if you're not being rowdy, even if you're not being Antifa, if you're being perfectly peaceful and lawful and just using in our country your First Amendment right to staunchly hold your ground and say, “We ain't doing whatever this bad plan is.” Whether it's three-year-old drag queen story hour or whether it's forcing us to wear a mask for two hours while we're playing basketball and die from lack of oxygen, or whether it's COVID vaccinate our children without our consent, which is a violation of basic human rights, Nuremberg codes, and state and federal law in my country—when you make that known, they will walk it back. And that is what happened there.

Shawn Buckley

So I just want to reiterate. So it's actually a matter of naming the people involved and calling them out publicly and getting other people involved to put pressure on them is an effective technique. We're just going to play one more video, and then I'm going to ask you to quickly comment and I'm going to turn you over to the commissioners for questions.

[Video clip #2]

Leigh Dundas

Human Rights Attorney, Leigh Dundas. Some years ago, two men sat at a table discussing the most effective way to usher in war. Their decision after discussion was to close non-essential businesses and further quarantine certain members of society to prevent the spread of disease known as typhus. These men's names, Joseph Goebbels and Adolf Hitler. You think you're special? I am here to tell you you are not.

You are the new Fourth Reich and I have news for you today. We will not be locking down or taking funding over RSV which 90% of children contract before the age of 2 and only 100 to 500 a year die, which is a 0.00000472813 death rate. It is 41/ millionths of a percent. Let me add a little bit here.

Your whole meeting today was unlawful under the government sections. Our governor's executive order that allowed you to suspend notice of meeting was specific to COVID, and your agenda item is specific to respiratory syncytial virus [RSV]. Therefore under the government code, you are still bound to notice requirements. An emergency under the government code section is defined as "crippling activity or other activity which severely impairs public health and safety." And let me tell you folks, a 0.0000047814% death rate is nowhere near an emergency.

You will not get more blood money into this county. You will not get more state or federal funding for our hospitals. This is not an emergency. To do so is fraud. You will not mask us like she just talked about doing. You will not quarantine the well or the sick. You will not keep our kids out of school. And damn right you're not going to cripple our businesses anymore. Do you hear me? We will never lock down again. This is the hill we die on because this is America. This is the Constitution of America and this is frickin' freedom. Never again.

Shawn Buckley

You're muted there, Leigh.

Leigh Dundas

Sorry about that. That was the very end of 2022, headed into 2023 in Orange County in LA. They were trying to do another COVID thing. We were still in the middle of our first lockdown because California was still locked down two years later. And they were trying to

do a second lockdown for the RSV virus, and they were ramping it up the same way: Oh, we're running out of paediatric beds, the virus is on the move, the children are at risk. And we said, "We're not. We're not doing that."

And the trick with a name and shame program is you find the bad plan. That's the first step. You identify the people pushing the bad plan. You do your research on the plan and the people, and you find any warts, any black marks, anything illegal, anything unethical or anything that just makes the average person go, "What? They're doing what?" And then you put it on blast. You do it at a board meeting. You have it go viral if you can, by having other people film it, put it on their social media.

And then you get the power of the people behind it. You do convoys. You do mass protests in front of county buildings or in front of the person's home. As long as you're on public property and you're not violating any local rules or ordinances or laws, you are allowed to be there with your megaphone as long as you're not violating the sound ordinance. And when you get—you don't need even need 5,000 trucks. You can get 15 soccer moms in front of a county health officer's house and that is enough to make them resign.

I got rid of our first health officer doing that. I got rid of the head of the FAA who allowed the airlines to mandate the vax against federal regulation here, doing that. They are called name and shame programs—power of the people peacefully protesting programs. And they work like a charm. You saw it with the convoys. Nationwide boycotts. Boycotting the evildoers is also very, very effective. And we the people have the power to do that. And it doesn't depend on your government. It is something we can always do regardless of what city, town, or country we find ourselves in.

So that is my final word. You are the heroes upon whom you've been waiting. Wait no longer. We are here for such a time as this. And if you want to learn more about how to do a convoy despite being a soccer mom, because it's something they didn't teach me in law school. But that's what I helped the Canadians do. It's what I architected here in America for the U.S. convoy. You can go onto my website at leighdundas.com and click on the education tab. And there's an online course that teaches you the basics.

Shawn Buckley

Thank you, Leigh. And I'm going to turn you over to the commissioners for questions.

Commissioner Bohémier

I have many questions. First, do you know about organized child trafficking like Peter said in his cults, like Anneke Lucas talked about? I don't know if you know about her, Anneke Lucas?

Leigh Dundas

No, I'm so sorry. I'm not familiar with that.

Commissioner Bohémier

Okay. You don't know if there is organized child trafficking like Epstein or people who are organizing child trafficking?

Leigh Dundas

Yes. So there is organized child trafficking. It is an industry. They're treating it like a business. The cartels are involved, the mafias are involved, gangs are involved. In many cases, it focuses on indigenous people or girls or women, as I mentioned earlier, who are otherwise vulnerable because they have already been abused at home or they're runaways.

And what we're seeing now is they're actually in certain countries barcoding, like they are tattooing or barcoding the women and children because they are moving them much as you would product. So they will move them from city to city down Highway 40, down Interstate 10 to another country. And they just move the children, move the women who are the chattel, who are the property in this equation, as you would move a can of beans or a can of rice or something like that. It is very sad. And we see it at the highest levels. This is not something that only poor men do or gang bangers do.

We also, you know, when Vic Wood, an attorney in our country, came out and said, "We will see trafficking at the very highest levels of our government," what he is saying is actually correct. When we take down certain trafficking rings or when we get certain trafficking leads that we're investigating, we find that it is in many cases the pillars of the community.

It is the large businessmen who have a very friendly and forward facing, salt of the earth, he's, you know, a donator of good causes. He's, you know, the active in his church and on the down low. He has a shipping company or a moving company that is literally transporting girls around the world for sexual purposes.

And it almost defies most good people's ability to sort of track with. But that is the nature of organized crime and the organizational level at which the bad men in this industry are moving the women and children who are the victims many times in this industry.

Commissioner Bohémier

And how do we fight those organizations?

Leigh Dundas

So it's important if you see something that you say something. We can't fight what we don't know exists. So if you are on an airplane and you see a really old guy with a child of a different race, and the child is not acting like this is a family member. He looks downtrodden, he's not allowed to speak, he's not allowed to make eye contact with the stewardess. The person, you know, it just hits you in your gut instinct as being an "off" sort of situation—say something.

That's one of our favourite sayings in the human trafficking community. If you see something, say something. Pull the stewardess aside when you're in the bathroom and say, "Look, I may be wrong. This may be a dad who's a different race than his adopted child. And maybe they had a fight, and maybe everything's fine and they're part of the same family, but maybe it's a trafficking situation. Can you have your pilots radio in so that when we get off the plane at Chicago or O'Hare, there's somebody on the ground who can question them." And if it's up to snuff, you know, it'll pass the litmus test. And if it's not, you may have just saved that child's life.

And the people who do this are often blowing the whistle on the little telltale piece of the iceberg that we see sticking above the waterline. And when you pull it, you find out, in fact, that was a trafficking incident and is part of a larger trafficking ring. So it's important to know the phone numbers in your own countries to dial. We have the National Polaris Hotline here, which is 888-373-7888. Or you can call in most major metropolitan areas your local police department and report a trafficking situation so they're getting real time on the ground and they can go out to the hotel, they can go out to the airline, they can go out to the bus terminal, whatever it may be.

And don't be afraid to approach a girl if she's by herself and say, "Hey, I saw you with that guy. Are you okay?" And if she's not giving you a straight answer or she's like pleading with her eyes, definitely do something about it, call it in. The worst you can be is wrong. In which case you lost a couple social capital points and you embarrassed yourself. And guess what

folks, you'll survive. The best you can be is right. And you may have just saved somebody's life, and allowed us to take down a huge trafficking ring while we're at it.

Commissioner Bohémier

And what is the implication of youth protection system in child trafficking?

Leigh Dundas

So one of the things that we see is that in certain areas of certain countries, including in the U.S., the people who are supposed to be saving the children are not actually saving them, they're re-trafficking them, or they're just being neglectful and allowing them to be re-trafficked. So when I deal with the last situation, first let me put it in this perspective. We get a girl and she's 14 years old and we cannot send her back to her parents because they were raping or beating her and that's why she ran away the first time. That girl often ends up in the hands of CPS in our country, Child Protective Services, who will then place her in a group home.

Sometimes the group homes are well run, sometimes they are not. And when the lights go out, the girl will walk out the front door or crawl out the window where her pimp is waiting for her to start trafficking her again, or where a new pimp that she's never seen before is waiting. Because they will literally wait outside the group home and and start chatting up the girls as they hang out in the driveway. So that may just be a neglectful house mother or a neglectfully-run group home.

But you also get bad foster families, where the reason they want to take in the foster kids is so they can either rape them themselves or get paid for allowing the child to be raped by other people, and that is just a business for them. And they take in foster youth, they get paid by the state to feed the child and do more than feed the child. And then they get paid by pedophiles who are raping the child that is in their foster care. That is also another situation. And that is allowed to continue because our CPS and government systems are overwhelmed and they don't keep track very well, in many cases, of the youth they place in these foster homes. And the foster homes are kind of shady.

As well, you just have in other countries, police departments and CPS themselves who are not trustworthy. So the police will keep track of the kids who are taken in to the system, and when nobody's looking they'll come grab the girl and sell her to a pimp and get a cut for getting that kid re-trafficked. And that is what we see in third world countries a lot, is the police are involved in re-trafficking.

To give you an example, when I was first in this brothel town, the pastor and I were sitting on a bench on a dirt alley as the sun was going down, and two cops come up in like a Chevy Suburban-type vehicle in this back alley in this brothel town on the border. And they hop out and they see the pastor there and me. And we stand out because we're white people, right? And they say, "Oh, good night. It's a good night to be out." And we say, "Yes, hello, it is."

And the pastor leans over and he goes, "Watch what happens." And they walk into the first brothel which is a little like it looks like a coffee shop, but it's a brothel in the alley. And they're in there for about a half hour and they walk back out, and they go 10 feet down the alley and they repeat with the next brothel and the next and the next. And sometimes they're in there for only five or ten minutes, but every half hour they're in there for about 30 minutes. And there was a bag that one of them was carrying, like a laundry bag. And it started out flat and nothing in it, and it got bigger and bigger and bigger the further down the alley they went.

And I looked to the pastor and I said, "Am I seeing what I think I'm seeing?" And he said, "Yes, they're going into the brothel and they are extracting a protection fee—think 1940s mafia in New York City—and they are extracting a protection fee from the brothel so the brothel can stay in existence without getting busted. And when they're in there longer—" I said, "Let me guess, when they're in there longer, they're getting serviced by the girls also for free. They're getting to rape the girls for free. And that's why every hour they're staying in there for 30 minutes instead of for three to five minutes." And he goes, "Yes, that's right."

And in many cases the guys are doing worse than that. They're not just extorting the brothel owner for the privilege of letting that brothel owner stay in existence and raping the mama-san's girls while they're in the house. They are also taking the girls they like and taking them home or taking them and selling them to a pedophile—you know, a dentist from Chicago that that's come to retire in Southeast Asia—for thousands of dollars. So these are the things that we are seeing, and what it speaks to is a level of institutional corruption that we need to get on top of.

It's kind of difficult when you've got a corrupt police entity because then you are asking the wolf to guard the hen house. But if you find yourself in a position like that, report it to the HB1 campaign, call me, report it to me, I'll get it sent up the line to non-corrupt law enforcement who can take out the dirty cops who are doing the devil's work.

But yes, these types of situations can and do exist. And that's why we need good religious, Christian, you know: Do unto others as you would want them to do unto you if it were you and you were living in those shoes. We need these types of organizations, these NGOs to be

in the space, because sometimes they're the only good groups in the space because the government-run ones are actually re-trafficking the kids.

Commissioner Bohémier

And since the COVID era, have you seen a rise in child trafficking with the loss of parental authority?

Leigh Dundas

Yes. So with the evisceration of parental rights and the inability of parents in places like Canada and California and the Blue States in my society to do what we are charged to do by God and by our own conscience and our desire to be good parents, the more you eviscerate parental rights, the more at risk with the child. Because the government and the people who did not birth that child are generally never going to be a better steward of that child's future than the biological family.

Now sometimes the biological family fails and you need to get others involved. But when you tell children at the age of 10 or 11 or 12: You can cut off your breasts, you can cut off your penis, and you can pretend to be a sex that you aren't, and you don't need your parents permission, and you can go report your parents if they don't allow you to do this, and you can get the State to take care of you, and you can get a new family, and you can get mental health help, and you can do this against the wishes of your parents—what you are doing is driving a wedge in between the child and the parent.

And the parent is often the person, the only person in that equation has the best interest of the kid at heart, and the parent can no longer legally advocate for their own child's rights and best interests. You have put the parent on unequal footing and added disadvantage, and you have empowered children who do not have the frontal lobe developed yet. And the frontal lobe of our brain is what is in charge of critical reasoning. That is why we're not allowed to vote, drink, do drugs, have sex, all of that stuff until we're minimally age 18. And it is beyond oxymoronic and frankly, unconscionable.

The first world countries are moving in the direction of saying, "You can't drink, you can't have a cocktail until age 21 or 18, and you can't volunteer to die for the country and join the military until 18 or 21, but you can absolutely do irrevocable sexual mutilated procedures on your body because all your friends are doing it too at age 11. And we're going to tell the parents they can't even intercede and protect you from your own not-fully-yet-developed brain. Actually, the brain doesn't fully, fully develop until age 25, believe it or not.

And that is a frightening thing that is going on in many European countries, although Europe is starting to turn back the tide on sex change operations and require parental involvement. But we're off to the races here in America, and I think you guys are in Canada too. And it is really frightening. Because that is how evil people start to gain access to children—is when you take away parental rights in any setting. In any setting. And that is exactly what every totalitarian society starts by doing.

When Pol Pot came to town and he took the upper crust families, these architects and accountants and government workers who were a threat to his revolution, we were the ones who were going to fight back because we had brains and we had money and we had a career. He didn't want that. So we were the ones that were targeted first. And he put them out in the fields in Phnom Penh, Cambodia. He separated the children from the parents and put the children in a separate camp. And then he started starving them.

And then he told the children: If your parents, the two times a day they see you as they're walking past you in the fields, palm off a cricket for you to eat—because the parents were literally grabbing bugs and trying to get the bugs to their kids so they wouldn't starve because it's a little bit of protein—if your parents give you a cricket, if you report that, you will get a king's ransom. You will eat like a king for a week. Report your parents for their wrongdoing.

And he knew by incentivizing children to rat out their parents that it would drive a wedge into the family, which is the biggest institutional bulwark we have against an overthrow, against somebody who is coming to slaughter us. So take it very seriously in a first world country when the government starts eviscerating family rights and parental rights. It is the beginning of the end, and you need to turn back the tide while you still have the ability to do so.

Commissioner Bohémier

And how do we protect our children from sex trafficking?

Leigh Dundas

Excellent question. There are a lot of really, really good programs in existence right now. A21campaign.org or A21.org that I used to do a lot of work with, still do some work with, they have a really phenomenal online training program that teaches children about the things I've been talking about today in an age-appropriate way with real-life interviews, interaction. So they're actually, you know, not just hearing it where we get 90% of what we

hear. But when you write it down or you take a test on it or you interact with stuff, it engraves into your memory more so you have a better long-term retention.

They have an online curriculum for children, teenagers, and I think even younger ones now. And it teaches about Romeo pimping and CEO pimping and how: Hey, if your girlfriend is suddenly becoming secretive and she's got all these weird apps on her phone, this is what to look out for. Hey, if you're in a chat room and some guy approaches you and he says he's 12 years old too, maybe he's not 12 year old, maybe he's a pedophile. These are the things to look out for. These are the code phrases.

These are all things that not just our children need to know, but really the parents. So that if you walk in and your kid does a certain swipecy thing or they've got a certain type of app, whatever the new app is this year, you can recognize it for what it is. You don't want your kid to have an "only fans" site. You want to prep your child for the fact that they may accidentally stumble across pornography even when they're not trying to.

I typed in the word "stomp" looking for tickets for the musical *Stomp*. And I was doing two things. I was on a conference call for lawyers, and this was back in 2000, 24 years ago. So I was on a conference call for lawyers, I was using a different computer to look for tickets for my anniversary, and I wasn't really paying close attention. And I just clicked on the first Google result that came up. And apparently there's a whole sub-fetish of men who like to stomp on women for sexual gratification. And I didn't even realize what was on the screen until two minutes later I turned my attention back when they took a break on my conference call, and I was like, "Holy heck, what have I stumbled on?"

You need to prep your child for the fact that they may accidentally put in a search word and accidentally stumble on something they're not prepared to see. And they need to feel comfortable enough coming to you where they're not going to get punished for it. Or if they're at a fraternity party or their friends are drinking, they need to know they can call you any time of the day or night and give a code word that says: Hey, come rescue me from this slumber party because there's a creepy uncle here. Or I'm at a frat party and I think I'm about to be date rape drugged. Or, you know, I took a drink of my water, but I think it got poisoned and I'm starting to lose the ability to stand up. Your child needs to know the signs in case it happens to their friends or heaven forbid, themselves. They need to feel comfortable calling you, and if you're not around, comfort comfortable calling a hotline so that they can get the tip out before they end up trafficked.

This is one scenario where an ounce of prevention is worth a pound of beer. We rescue a girl three days or 30 days or 30 months into a trafficking situation, you are not getting the same daughter back who left your house three months ago or 30 months ago.

Can we recover her? Yes, but it is much better to fix the problem before it ever starts. So get your children educated. Get yourself educated.

I am starting to do online trainings and in person trainings this year. If you go to my website, it's my name, Leigh L-E-I-G-H-D-U-N-D-A-S.com. We're going to be releasing our own sex trafficking curriculum. I talk about it already in one of my other online courses that talks about how to fight for freedom. And if you want me to come and talk to your community group or your church or your child's school or your private Christian whatever, or your husband's trucking company—because some of the truckers are, you know, not doing the right thing when they pull over to truck stops at night and you want to see if you can bring them out of the darkness—I am happy to go anywhere and educate anybody. Because education, there is no substitute for it. That is how we prevent human trafficking situations.

Commissioner Bohémier

And finally, what brought you into this fight?

Leigh Dundas

Really good question. I always, like I said at the beginning of this, was fired up by injustice. I didn't like it when I saw little kids stoning a squirrel. I didn't like it when people were mean to animals. I didn't like it when all 30 of the kids in the classroom were punished because some stupid kid stole the teacher's eraser. I'm like, why are we all being punished for that guy's crime? That is not fair. Like, I just was one of those kids from the age of three, maybe earlier, from the time I could form a word, where if I saw something, I would get in your face, politely, but very resolutely.

And sexual violence, vulnerable children, those were two of my—I don't want to say passions—but the areas that I really liked to look into and study about. I became a sociology psychology major when I was in college. I learned about these areas. I thought they were very sad at the time. This was the '80s and early '90s, there wasn't a lot of good work being done. We were still doing it bass ackward, where we were arresting the victims and letting the bad guys walk free, and I really, really wanted to be part of the solution to the problem.

I got an internship with the district attorney's office in Los Angeles county my third year of law school in 1993 or '94 and we were allowed to do actual criminal trials and put bad guys away. And my boss at the time as I was graduating law school said, "Hey, you've got a unique gift for this kind of work. And if you come on board with the DA's office, we will let you do

sex crimes exclusively”—they were starting a new sex crimes unit—“after you get through your training and do some of the basic, you know, drug trials and, you know, less important crimes once you get your sea legs under you.”

And I'll never forget, you guys, what I said. I looked him in the eye and I said, “Thank you, but I've already taken a job offer with a large firm. I have \$106,000 of law school debt, and you guys are paying literally below poverty wages right now. And I'm going to go off to the big firm, and I wish you well.” And he gave me a little smile. He knew what I was going to say. And I knew at the time I was probably making a bad decision.

And the very first day at my law firm, I looked at the clock and I thought, surely it's time for dinner, and only an hour had gone by. And I knew from that first hour of my first day of work at the large law firm in Newport Beach that I had made the biggest mistake of my life. I should have gone to the DA's office, even though it paid less than dirt. And I should have gone and worked to help women who had been victimized by rape and sexual assault. And I regretted that for the entire career.

And so when I was asked to become general counsel of the A21 organization, it was a blessing from God. I had sought them out and I had wanted to do the work on a volunteer basis. And when they gave me a paid job, I said yes to atone for my earlier mistake and never looked back. And if you are remotely interested, the final thing I would say is if you are remotely interested in learning more about this topic or getting involved, don't hesitate, don't delay. Do it. We need good people. And the people who are going to save the world are the ones you and I are looking at right now. It's on us guys.

Margaret Mead said: Never doubt a small group of concerned citizens can save the world, for indeed we are the only ones who ever have. This is our time. You're the heroes you've been waiting for—and God bless you for it. I can't wait to see you again down the road, because we are going to fix slavery in our lifetimes and we are going to fix this tyranny we have seen in the last four years, in our lifetimes.

Commissioner Bohémier

Thank you.

Leigh Dundas

My pleasure.

Commissioner Larsson

Leigh, could I ask you a question?

Leigh Dundas

Absolutely.

Commissioner Larsson

And it's one that I'm sure you've thought a great deal about. Over a long career, I've met some stupid doctors and some stupid politicians. I've met some arrogant doctors and some arrogant politicians. But I'm not sure I've ever met an evil doctor or an evil politician, though I'm sure they exist.

When medical people and politicians in positions of authority become enthusiastic about locking people down or forcing them to wear masks, or even worse, the underhand vaccination of children without their parents knowledge, what is it that you think motivates these people?

Leigh Dundas

I think power goes to people's heads more easily than we think it does. I formed my own personal opinion over the last few years of this COVID thing, because some of the worst offenders in terms of being tyrannical were women, young women. The most vicious interactions I had over masks in my country were not white men who were making the rules. They were 18-year-old hostesses or juice smoothie workers in businesses, and I think that the power had gone to their head.

And what I discerned is: Wow, I think a lot of people feel disempowered in their daily lives. They are living unhappy lives. They have a husband who is either overtly abusive to them or unkind in a million tiny ways, and that it leaves them feeling disempowered, and that children often feel disempowered, youth feel disempowered. They've had parents who wielded too much authority, teachers who wielded too much authority, and in unkind ways.

And so you give them a little bit of authority, a little bit of a lead to make a decision—even if it's a wrong decision because the government made the wrong decision and then empowered them to make the wrong decision and kick people out of the businesses because they weren't wearing a mask or they weren't COVID vaccinated. And these people were finally like: Aha! I have a little bit of power, and by golly I'm going to use it, because I am tired of the jackboot being on my throat, and now I get to be the one on the other end of

this equation. And they wielded that power more abusively than I ever gave them credit for them being able to do.

And it spoke to me at a visceral level of the fact that I think a lot of people feel disempowered, and when they get an inch of power, you know, to quote Rudy Giuliani: “You give them an inch, they’ll take a mile. You give them a mile, they’ll take your country.” I think that’s what we were seeing.

The other thing—not to shift the focus from your very astute question—that was the real problem was not the evildoers or the idiots that were doing their bidding and putting the jackboot on all of our throats. The real problem was us. Stanley Milgram did an amazing study, and I will end with this because I know our 90 minutes is coming to an end. In 1961, he was a Yale University professor and he wanted to see if the Holocaust was a one-off episode that was a result of one bad man, or if it might have something to do with our innate level of obedience and apathy in the face of bad authority and bad decisions.

And what they discovered is they did this experiment where they brought in regular people off the street and they said: Hey, you’re going to memorize words, we’re going to pair you up and you’re going to memorize word pairs. And then we’re going to put you in two different rooms, and you’re going to ask your neighbour to come up with the right word. I say “table,” you’re supposed to know you’re supposed to say “kitty cat.”

And when your neighbour gets it wrong, you flip a switch on the wall that is wired to give your neighbour in the other room that you cannot see but you can hear, a shock of electricity. And it starts at about 10 volts. And for every wrong answer, you need to give a stiffer jolt of electricity to negatively reinforce the wrong answer. And it ends at 450 volts, which, by the way, is an electric chair dose of electricity. It is fatal for those of you who don’t know a lot about electricity.

And what was interesting is when Stanley Milgram did this experiment, nobody was actually getting injured in the other room, but I didn’t know that—as the person, you know, giving the prompts and waiting to get right or wrong responses. And so I was niking my friend in the other room that I just met in the waiting room, and we’d memorize word pairs, and it started at 10 and 15 volts. And I’m hearing from the other room initially sounds of “Ew, that hurt,” or “Ow.”

And as the shocks get more and more aggressive, finally, it’s rampant screaming, “Hey, man, you have to quit doing this. I know we just met and we’re just paired up for this memory experiment, but I had a heart attack last year, and if you don’t stop, I’m going to end up

dying.” And that would put an incredible amount of psychological pressure on the part of the person who was actually being studied, which was me, right?

And I would turn to the experimenter, a guy in a very authoritative position in a white lab coat with the name Dr. So-and-So on his lapel and his little, you know, clipboard. And the guy in my position would say something like, “Hey, man, I didn't sign up for this. That guy in the other room, he's my neighbour, and I'm hurting him just over his stupid wrong answers, and I'm out. I'm not doing this anymore.”

And the research assistant had been told to say three simple words: “You must continue.” And the question was: What percent of average American citizens in 1961 would continue to give electric voltage shocks to their neighbour in the next room over a wrong answer on a memory test just because a guy in a position of authority said they should do so, when they expressed, you know, the desire to leave the room?

And when Stanley first shopped this idea around Yale University, his fellows in the professor department said, “Dude, you're crazy. Two percent of the population are sadistic and get off on that, the rest of people are going to walk out. It doesn't matter if you tell them they have to stay to complete the experiment.” And when he actually did the experiment, what he found is that sixty five and a half percent, two out of three people, God-fearing, normal, hard-working Americans with kids and wives at home in 1961 were perfectly fine killing their neighbour—or so they thought.

Nobody was actually being electrified in the next room, but you didn't know that. They were perfectly fine nuking their neighbour over in the next room over a wrong answer on a memory quiz. And when I learned that study, what I realized is that we are far, far too obedient to bad authority. And I think we're even more obedient now than we used to be in the 1960s.

So what I would close with is in noting: Yeah, the evildoers are the problem, but there's a handful of Klaus and Schwab and Trudeau and Newsom and Bidens in the world. There's 80% or more good people—if we just don't do what the good Germans did and turned a blind eye to Jews getting baked in ovens. If we just don't do what the guys two out of three times in the memory experiment and Stanley Milgram at Yale University did. If we just show up, watch the injustice, stand up and do something about it, we got this one yesterday. And that, my friends, is what we are charged with doing.

Shawn Buckley

Thank you. And commissioners, unless you have any further questions, we've got another witness with a fairly hard start.

Commissioner Robertson

Yeah, I just have one. Hi, Leigh. Thank you for all you do. I think you're an amazing person, really appreciate everything you've done, and I followed you for a long time. One of the situations I wanted to talk with you about is: Some of the principals in the schools in Alberta have invited Alberta Health Services to come in and give flu shots, et cetera, to the staff. They had a staff meeting and the people, the teachers from the school applauded the principal for doing it. You know why? Now they don't have to think about it. The choice is made for them. That's how compliant we have become. How do you deal with that?

Leigh Dundas

I think education is everything. It's one of the reasons that I did this online course. It's very hard to reverse the tide. But if we catch our kids when we're young and we teach them about history and Cambodia and Nazi Germany, you don't end up with kids on college campuses or teachers in school districts who just say, "Heil Hitler" the next time the new Hitler comes to town. They realize that this is the beginning of the end. They see the tyranny on the wall. They smell something is rotten in Denmark way earlier than they would if they had never had this training.

So we need to get to our youth and get to our parents and explain this is how tyranny starts. It starts in little ways. They don't always come in with tanks coming in and throwing you in concentration camps. It starts by them taking your health freedom rights, or as your employer or your school district saying that you need to do X or Y. There will be people who want to resist. You need to find those who want to resist, and then they need to do a name and shame program. And even if they are the minority, if you find them and you find the person in the school district who's pushing the bad plan. Some guy came up with that plan

Shawn Buckley

Leigh, I'm going to ask you to be quick just because we've got a really hard start with another witness coming up.

Leigh Dundas

Yeah, no worries. If you find the name of the guy who initially conceived of that idea, find where he lives, find where he and his wife work, and you write a letter saying. This is not

okay. And we are going to put all of the bad parts of this plan on display along with anything — You need to find whatever he's done and literally make it be known. The good people in that community will rise up, and they will come out 10, 15, 20 and protest in front of that guy's home, work, whatever is important to him, and he will not like that.

And he will likely start to read and understand what you were saying, which is: When you act tyrannically, we are going to come for you and make your life uncomfortable. When you get back in the right lane, we will let it go. And that is how, carrot and stick, you train your elected representatives and your bosses in these school districts to do the right thing instead of the wrong thing. You get loud and you get insistent until they do the right thing. And oftentimes they'll resign themselves because they don't like the heat that you bring.

Thank you again for having me here. Feel free to reach out to me later guys. If you have more questions, I am around and they have my contact info.

Shawn Buckley

Thank you. And I am sorry for rushing you Commissioners. We can just come back for more questions if necessary. Leigh Dundas, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying today.

Leigh Dundas

Thank you so much.

NCI | CeNC



NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 17, 2024

Day 1

EVIDENCE

Witness 2: Alex Newman

Full Day 1 Timestamp: 02:23:37–03:33:40

Source URL: <https://rumble.com/v5izvud-nci-vancouver-2024-hearings-day-1-october-17-2024.html>

Shawn Buckley

Commissioners, our next witness is Mr. Alex Newman. Alex, can you hear us? You're muted.

Alex Newman

Can you hear me now?

Shawn Buckley

Yes, we can.

Alex Newman

Excellent.

Shawn Buckley

So Alex, we start by putting our witnesses under oath. So I'll ask you, do you swear to tell the truth, the whole truth and nothing but the truth, so help you God?

Alex Newman

I do, so help me God.

Shawn Buckley

And Mr. Newman, I'm just going to walk through, lead you through some of your qualifications with a bit of an eye to your qualifications on education and then ask you some questions about that. But part one of the hats you wear is you're a journalist. So you're presently president of *Liberty Sentinel Media*. You host a nationally-syndicated radio program, is that correct?

Alex Newman

Yeah.

Shawn Buckley

You're a regular contributor to the *Epoch Times*.

Alex Newman

Yeah.

Shawn Buckley

You are a correspondent for *Law Enforcement Intelligence Brief*.

Alex Newman

Yeah.

Shawn Buckley

You are a foreign correspondent and senior editor for the *New American* magazine.

Alex Newman

That's correct.

Shawn Buckley

You are a writer for *WorldNetDaily*. You are a contributor to *George* magazine. You are an education writer for *FreedomProject Media*. You have appeared on *CNN*, *Newsmax*, *OAN*, *NTD*, *Real America's Voice*, *Victory News*. I recently saw you on *USA Watchdog*, Greg Hunter's program. You contribute to leading newspapers and magazines including *Newsweek*, *Chronicles* magazine, *The Diplomat* magazine, *Swiss News* magazine. You are repeatedly highlighted by *Drudge*, *Briebert*, *Fox News*, *CNN*, the *Washington Post*, and many other outlets.

When speaking, you have shared the stage with people like Donald Trump, Florida Governor Ron DeSantis, General Mike Flynn, Charlie Kirk, Kirk Cameron, Phyllis Schlafly, Glenn Beck, Ben Carson. The number goes on and on. From an education perspective, in 2019 you participated in the formulation of Public School Exit, the nation's premier ministry working on rescuing American children from the government's education. Is that correct?

Alex Newman

That is correct.

Shawn Buckley

And you serve on several advisory boards for education-focussed organizations, including U.S. Parents Involved in Education, the Nehemiah Institute, and Samuel L. Blumenfeld Foundation for Literacy. Is that correct?

Alex Newman

That's all correct. Yes, sir.

Shawn Buckley

You are a member of the American Enterprise Institute's Conservative Education Reform Network.

Alex Newman

That's correct.

Shawn Buckley

You serve as senior fellow with Classical Conversations, the world's largest homeschooling community, with over 50,000 member families around the world.

Alex Newman

Yeah.

Shawn Buckley

You have co-authored a book called *Crimes of the Educators* with Dr. Samuel Blumenfeld as a co-author.

Alex Newman

Yes.

Shawn Buckley

And your latest book is called *Indoctrinating Our Children to Death*.

Alex Newman

That's correct.

Shawn Buckley

And so we've invited you here today to ask you questions about what's happening in the education system. And we're going to cover some themes. But most of the people watching you, and I expect the commissioners, really don't understand about, from a history of education perspective, what groups or influences may have been inserting themselves into the school system-not just in the United States, not just in Canada, but literally worldwide. And I'm wondering if you can start there. I appreciate that your focus may be on the U.S. education system, but I think that's going to be helpful for us all the same.

Alex Newman

Sure, happy to do it. I'll offer, if you don't mind, a very condensed history lesson on how we got to where we are. And a lot of people don't realize that the government's involvement in education in the United States was essentially non-existent up until mid-1800s. Education

was primarily a family responsibility and to that, families needed supplemental assistance, that primarily came from the church, from church schools of various different denominations, from private tutors, and then eventually from universities.

What happened in the early 1800s was an individual from Wales named Robert Owen, a very passionate advocate of what we would today call Communism—abolishing private property, undermining the nuclear family, et cetera—decided that the best way to achieve these ends would be to have the government take over the education of children. And to accomplish that end, he wrote a series of essays. These essays were widely distributed.

And in his own autobiography, this individual, Robert Owen, discusses how the ambassador from Prussia—he names him as Baron Jacobi—obtained copies of these essays, took them back to Prussia, gave them to the leader of Prussia. And the Prussian leader was, according to Robert Owen, so impressed, he so much approved of these ideas that he ordered the creation, under the Interior Ministry, of the first ever system of education of the state, by the state, and for the state.

This idea did not take off in the United States for several decades because Americans were still primarily, as I mentioned, educating their children at home and to the extent that they had outside assistance that was typically coming from private schools, the churches, and private tutors. And so the model took root in Prussia. It was imported back to the United States starting in the late 1830s by an individual named Horace Mann who also had his own ideas about social engineering.

He believed having the government educate children would equalize all men. He wanted to remove the Bible from schools under the guise of stopping sectarianism, which today sounds rather normal, but back then sounded absolutely preposterous to your average American. Of course, the Bible was actually the primary book that was used in education, whether that be history, science, teaching reading, et cetera. And so that was a very radical idea at that time.

We do know, going back to Robert Owen for a moment, that he created a secretive network. We know the operation of this network, because a man who was a critical part of it organizing the state of New York eventually became a Catholic and repented of his involvement in this and blew the whistle. His name was Orestes Brownson. And in his incredible exposé of this operation, he said that the ultimate objective was actually to undermine Christianity, because the principles of Christianity that God revealed in the Bible, as he understood it, were not just different from the vision of Robert Owen and some of his colleagues, but were completely antithetical to and incompatible with those principles.

And so they set up this secret operation and tried to spread their ideas across the United States. So little by little, this system took root, starting in Massachusetts. After Massachusetts, Horace Mann, who was the first-ever Secretary of Education for any state in the United States, traveled the country teaching other legislatures about the supposed benefits of having the government handle education. And little by little, more and more states started jumping on board. You had Connecticut, you had New York.

Eventually, these systems were forced on a lot of the southern states in the aftermath of the Civil War, to the point where by World War I when men were sent off to war and women were sent into the factories because the men were off in the war, they needed a place to put children, somebody to take care of the children. And so that was really a turning point in American history, where a majority of American children were now officially being educated, at least in part, by the government. And that was a radical departure from 2000 years of Christian history.

And it was essentially a new innovation in the history of the world. There had been some experimentation with government education in ancient Greece. And in the classical period, the fascist regime in Sparta would take children from their parents at an early age and train them for military service. So there have been a few experiments thousands of years ago, but nothing systemic like what we are seeing today. So I want to focus briefly on one other critical individual in the history of American education, and then we'll get to the proliferation of this model around the world.

His name was John Dewey. He may not be as well-known among regular Canadians as he would be in the United States, but I guarantee you, anybody who's had a degree in education from any major Canadian school of education at any university would be able to tell you about John Dewey. He's often referred to as the founding father of America's public education system. I think, in fairness, he deserves to share some of the credit, or blame, as the case may be, with some of the individuals I mentioned earlier: Horace Mann, Robert Owen.

But John Dewey was a very interesting individual. He left an enormous paper trail outlining his beliefs, so we don't need to speculate on what he believed. He went to the Soviet Union early on in its history and wrote an incredible series of reports, almost all positive, about what was going on there in a magazine in the United States, a very left-wing magazine called *The New Republic*, basically singing the praises of this new experiment.

He was especially pleased with what they were doing on education. He was boasting that they were instilling a collectivistic mentality in all the children and he wanted something

like that for the United States. Now he disagreed with the Bolshevik model of violent revolution. He thought a much more effective approach would be using education to bring about a series of gradual changes in people's attitudes that would culminate in the establishment of a collectivistic society, a utopian society without private property, and so on. But he was very clear about his vision.

He often used the word “democracy” in place of socialism. He kind of used them interchangeably. But his religious views were very, very clear. He actually co-wrote a very significant document in the history of religion. It's known as the *Humanist Manifesto*. This document outlines their religious beliefs. And they did define this actually as a religion, starting with the first premise in their document, which I believe this is word for word, they said that: “We religious humanists regard the universe as self-existing and not created.”

And so there's a very interesting twist to John Dewey's role in all of this, because he partnered with what would seem to be, on the surface at least, a very unlikely source. Again, John Dewey, very collectivistic, very affectionate towards socialism, communism, his specific model for what he wanted to see society look like came out of a book called *Looking Backward* by a very prominent individual at that time called Edward Bellamy—so a fantasy novel about America in the year 2000 with no private property, basically a communist utopia.

And so John Dewey teamed up with a man by the name of John D. Rockefeller, probably the richest individual on planet Earth at that time. And obviously they did not have the same end-goal in mind. Rockefeller was a major businessman. He was involved in oil. Of course, he was the founder of the Standard Oil Corporation which was eventually broken out by the U.S. government under antitrust provisions. But Rockefeller gave Dewey \$3.1 million to establish an experimental school at the University of Chicago. And at this school they received a dozen students. And these students graduated, I would argue, very severely handicapped, extreme reading disabilities and a very new sense of moral and ethical views.

And eventually Dewey and Rockefeller, Rockefeller acting through a philanthropic organization he had set up called the General Education Board, determined that this would be an appropriate model for the entire United States, with some minor modifications. So John Dewey eventually moved on to Teachers College at Columbia University, the most influential school of education on the planet without even a close second, and this includes not just across the United States, but around the world. This is probably the single most influential center when it comes to educating educators and educating educators of educators.

So John Dewey took up his post there, collaborated with a large number of leaders in the progressive movement, the new field of behavioural psychology, and they set about totally restructuring education, not just across the United States, but around the world. Again they teamed up with major foundations: the Rockefeller foundation and some of its associated philanthropic organizations, the Carnegie Endowment, the Ford Foundation, and several others. And it eventually came to the point where Congress became very suspicious of the role of these foundations in education and other areas.

And what they found after an exhaustive investigation that began, I believe, in the late 1940s and continued into the early 1950s—they had the Select Committee for Investigating Tax-Exempt Foundations; this was the Reese Committee and the Cox Committee—they eventually concluded that these foundations were working to bring about a revolution.

And in fact, in their final report—which is a public document, it's available through the U.S. Congress—they concluded that there already had been a revolution in the United States, speaking in the past tense, that never would have been possible had it not been for the work of these major foundations preparing the way in advance through the educational system—so revolutionary changes.

And they described some of the attitudes and views being promoted by these foundations that were intervening in the education system. They used words like “collectivist, moral relativism, internationalism, socialism, undermining our protective concepts as a nation.” And so very, very profound changes.

Eventually, John Dewey was appointed as the honorary life-president of the National Education Association [NEA], the most influential educators union in the world. And of course, he played a very important role as part of that organization in encouraging the United Nations to set up UNESCO. Of course, this didn't happen until decades later, but the NEA had been advocating for what they themselves referred to as a global school board or an international school board for decades in the run up to the establishment of UNESCO.

And once UNESCO was established, these ideas were then gradually exported and imposed on countries around the world, often with financing from American taxpayers. And that process continues today, where the United Nations is gaining a more and more significant role in content decisions, curricular decisions, standards decisions. And so we have this process now where the American model has largely become the global model through a series of philanthropic organizations, international multilateral organizations.

Shawn Buckley

Can I just step in and perhaps help clarify things? So you're painting a picture of basically the thought leaders in education as having a plan to basically create a different social model through education. And would I be correct in saying: If you basically have children from kindergarten until grade 12 and you're able to perhaps give them collectivist ideas or teach them that they're global citizens instead of teach them nationalism, they want to do that because that's then how you create collectivists, that's how you create nationalists. Is that basically the import on that? It's just a lot of people watching may not understand how fundamental education is in shaping what type of society you then have.

Alex Newman

I think that's a very good summary. Whoever molds the minds of young people will play an unbelievably significant role in the direction of that society. And this is true in any society. Adolf Hitler understood that very clearly in National Socialist Germany when he said, and this was a quote that actually came up at the Nuremberg trials that, "Whoever owns the youth gains the future." The communist tyrants of the last century have all understood very well the power of education.

And if you go back and look at the people who established the American model, which eventually was exported abroad, they all had very, very deliberate intentions for really transforming society. And in many cases, they wrote about this in very clear terminology. They talked about building a new social order by transforming the attitudes and the values of children through the education system.

So I think there's a direct correlation between what is taught to children, the attitudes that are taught to children, the worldview—the beliefs that are taught to children—and the direction that a society is going to go. And totalitarians and all sorts of people have understood this for well over a century, as we can prove.

Shawn Buckley

Right. And the reason why that's important then is whoever controls the education system of our children then eventually will determine the course of the nation. Now, we have just been experiencing in Canada, and my understanding is in the United States also, just some dramatic and radical changes in the school system. And I'm wondering if you can kind of segue your history comments into what's happening now.

Alex Newman

So this is actually happening at a global level. And what we are seeing now is a radical shift in education. We are moving very quickly away from the traditional, at least expected focus on academics, reading, writing, math, et cetera, toward a whole new set of competencies. And if you use the education lingo of the PhDs and the University professors, they talk here about the “affective domain”—the domain of attitudes, values, beliefs, et cetera.

And so one of the terms that's being used to bring this about is called “social, emotional learning.” And the whole idea here is that we need to rethink our understanding of education. We need to move now toward the spiritual areas, and we need to move now toward attitudes and a whole different understanding of the purpose of education.

So, for example, the competencies that they now are using are not things like: *can understand this text, or can do his multiplication tables*. The new competencies are: *displays empathy, or displays compassion*. And I think that can be very deceiving to parents, because I think your average parent wants their child to be empathetic, your average parent wants their child to be compassionate. But when you understand how these terms are defined by the people developing these programs, it means something very different than what a normal person would understand.

And so for example, “empathy” under the reigning paradigm that these people are using needs to mean support for abortion on demand, support for homosexuality, support for transgenderism, support for open borders, support for global citizenship. Regardless of what anybody thinks about these particular issues, which I know are controversial not just in Canada and the United States but around the world, is it the place of the school to determine that to be competent or empathetic, a child needs to have a certain viewpoint on a particular controversial issue?

So what we're seeing here is a dramatic transformation of education. They brag about what they are doing. And increasingly, control over education is shifting from the family, local level, state, or provincial level, as might be the case in Canada, toward now increasingly the federal level in the United States, and even more significantly the global level through the UN Educational, Scientific and Cultural Organization [UNESCO]. We've seen a dramatic shift in education, and you can trace the massive decline in educational quality when it comes to academics.

To give you some perspective, I'm not familiar with the numbers for Canadian provinces, but the U.S. Department of Education gathers data on this every two years. They do what they call the National Assessment of Educational Progress. And based on their results, less than one third of American children are even proficient in the basics: things like reading,

things like math, things like writing, things like science, civics, and history. So that would be less than 33% of American children, after many, many years in a public school system, are not even proficient in the basic things that normal people associate with education. So I guarantee you that Canada is moving in that same direction.

Again, I'm not familiar with the specific numbers or even if anybody is collecting them at a central level in Canada, but I'm 100% sure that Canada is moving in the same direction. Just yesterday I gave a talk on education and shared some of this information, and a woman in the audience from Guatemala came up and was showing me the things that they were teaching her children in Guatemala. It was exactly the same things as are being taught to children in the United States and as are being taught to children in Canada. So it was coming down from the United Nations, and it is now a global phenomenon.

Shawn Buckley

So who is driving this from the United Nations? And why are countries and states and cities adopting this agenda?

Alex Newman

Well, two very important questions. So who is driving this at the United Nations? But UNESCO is the primary agency that oversees education when it comes to the United Nations. Obviously the Director General plays a major role in that process. The current Director General, Audrey Azoulay, is the socialist former Culture Minister of France. But within UNESCO today, they have the Education Division, because the UNESCO focuses not just on education, but also on culture and science.

And so when you look at who is in charge of UNESCO's education division, what you'll find is that it is actually a member of the Chinese Communist Party of the CCP. His name I have here, I don't know exactly how you pronounce it, but it's Mr. Xing Qu. He's the Deputy Director General of UNESCO for Education where he oversees the education component. And prior to taking up that post at UNESCO, he served as the permanent representative for the Communist Chinese government to the International Exhibitions Bureau. And he also worked in the Ministry of Foreign Affairs for the Communist Chinese government. So he has been a very influential leader of the Chinese Communist Party. Now he is overseeing education at the international level through UNESCO. And there are many others within UNESCO who focus on these things.

To go back to the SEL for a moment, there were a number of people who were critical in that process, and I can give a little bit of background on each of them so people get a sense

of where this is going. But the person who oversaw UNESCO when the SEL became a major focus of UNESCO's efforts trying to mainstream that and promote that in schools, not just across the Western world but all over the world, was a Bulgarian Communist by the name of Irina Bokova.

And Irina Bokova, she had actually served as the acting Foreign Minister for the dictatorship, the Communist dictatorship in Bulgaria which slaughtered about 250,000 citizens out of a population of about 10 million—so a very large percentage of the population murdered by this party. She was overseeing UNESCO as the Director General when the effort to push SEL into all the schools began, overseeing the sub agency of UNESCO that was mainstreaming SEL in schools around the world.

That particular agency is called the UNESCO Mahatma Gandhi Institute of Education for Peace and Sustainable Development. The people overseeing that included Rosa Otunbayeva. She was the leader of the Communist Soviet Kyrgyz Republic and she was also the president of the Soviet National Commission to UNESCO. And then the other was Dr. Karan Singh who served as the co-chair of the World Commission on Global Consciousness and Spirituality. And he was also the Minister of Family Planning in India who oversaw the forcible sterilization of about 20 million poor Indians.

Shawn Buckley

I'm just going to interrupt. Questions come to my mind. So here we have this person from Communist China right now who's in a role of influence. I'm curious whether Communist China in their education system is using this SEL. And also I'm curious if they've implemented this SOGI 123 in China.

Alex Newman

The Communist Chinese are not implementing the normalization of diverse sexual orientations and gender identities. That is not something that they have done. In fact, they've been moving in the other direction. They have tried to crack down on some of this promotion coming out of the Western world. But actually many of the tactics and strategies that are used by the Communist Chinese education system are now being globalized through UNESCO.

This includes the integration of artificial intelligence into education to help, I would say, perfect the indoctrination program. The Communist Chinese have actually been pioneers in this. And in 2019 the UN met in Beijing, they adopted the UN Declaration on Artificial

Intelligence and Education, and this actually specifically called for using AI within education to alter, to change people's values, attitudes, beliefs and systems of thinking.

So this is something that the Communist Chinese have been pioneers in and it is something that is now being mainstreamed throughout the world with the help of UNESCO. But for a variety of different reasons, the Communist Chinese have not gone on board with the sexual orientation and gender identity promotion, and many Arab governments as well. I've spoken with senior officials in some of the Arab countries. They are bringing in the UN's programs, they are adopting UN standards and things like this, but they have declined to implement some of the issues involving homosexuality and gender confusion that are being mainstreamed across the Western world.

Shawn Buckley

Okay. Basically, your whole presentation has strongly suggested that education is being used really to create, I'll use the term "indoctrination," which means having the youth adopt specific viewpoints on important topics. And I'm wondering if you can comment on: Today what are the themes that are being pushed through the United Nations adopted in both the United States and Canada?

Alex Newman

Yes, and I will say that that is not just an assertion of my opinion or my assessment, that is a demonstrable fact that the United Nations is very deliberately, very rapidly, and very strategically working to promote particular viewpoints among children using the educational systems of the world. And we can actually prove this very, very simply using their own documents. I can quote several of them.

We can start with a relatively recent UN agreement. It's called the 2030 Agenda. It's also known as the Sustainable Development Goals. It's a series of 17 goals. The head of the UN General Assembly, when these were adopted in 2015, described it as the Master Plan for Humanity. And goal number four deals exclusively with education. And it says that by 2030, all learners must acquire what they say is the knowledge and skills needed to promote sustainable development.

Sustainable development, it's kind of like a Rorschach test. But if you read United Nations documents, what it comes down to is a very clear worldview involving resources, involving economic organization, involving the role of government. And as you keep reading in the 2030 Agenda Sustainable Development Goal number four, you'll find that the UN explicitly mandates that children be educated—and I'm going to quote here—that they be taught

through education for sustainable development: sustainable lifestyles, human rights—which of course, you know, we in the West have one understanding of human rights in our country, in the United States.

Our founding fathers said it was a self-evident truth that God had endowed us with unalienable rights. In other words, they don't come from government, they don't originate with government, therefore government cannot restrict them, government cannot revoke them. Of course they called this a self-evident truth. It was also the biblical understanding of the time. God said, “Thou shalt not murder,” and so they extrapolated from that: therefore you have a right to life. God said, “Thou shalt not steal.” So they extrapolated from that: you also have a right to private property.

And going back to the UN's understanding of human rights, they actually are very explicit about this. If you go to Article 29, for example, you will find that none of your rights and privileges may be used contrary to the purposes and principles of the United Nations. When it comes to the issue of education, you'll find in Article 26 that education shall be compulsory, and also that it shall further the activities of the United Nations.

And so you don't have to do a lot of logic or connecting of dots to understand that any education that is not furthering the activities of the United Nations would be, under the UN's own interpretations and the UN's own documents, a violation of the human rights of a child. And so you have a very, very perverse system here.

And digging in a little deeper into human rights, you also should read within the Universal Declaration of Human Rights. It actually mandates very, very clearly there that these rights and privileges can be limited or even squashed based on a number of different ideas of public order, morality, et cetera—which essentially means they are not unalienable rights, they are revocable privileges. So when the UN talks about human rights, we need to understand that this is something very different than we have understood historically going back to at least King Alfred and the Magna Carta in the Anglo Saxon world.

They also mandate instruction on gender equality which, again, the UN has a very specific meaning here. And what you as an individual think about this is not the issue. But when they talk about gender equality, their own documents make very clear that they have a vision for dramatically altering the social structure. They frequently talk about smashing the patriarchy. They frequently talk about how it is an alleged violation of women's rights for them to stay home and raise children, that we need to stop this. The government needs to take over what they call “unpaid care functions” from mothers primarily.

It talks about the promotion of—and I'm still quoting here from the 2030 Sustainable Development Goal number four—promotion of global citizenship, which I don't think that really requires an explanation. They are encouraging children to think of themselves as global citizens.

They're also very clear in Agenda 21. This was the UN agenda for the 21st century approved by every government in the world in 1992 at the Rio Earth Summit that took place in Rio de Janeiro. It was signed on behalf of the United States by Republican President George H.W. Bush with the full support of the U.S. Congress. They actually summarized this as requiring a profound reorientation of all human society unlike anything the world has ever experienced.

And in Chapter 36 of this UN Agenda 21, the Hundred-Year Plan for the 21st Century, the UN says that education is indispensable to changing people's attitudes. So this is a direct quote from the text. It also says that education is critical for achieving environmental and ethical awareness, values and attitudes, skills and behaviours consistent with sustainable development. It also says that this must include spiritual development and that these ideas need to be integrated into all disciplines. These are direct quotes from the text of the UN Agreement.

There's a couple others that I would like to quote from as well that also allude to these things very, very clearly. If you go to 1990, the UN met in Jomtien and came up with what they called the Jomtien Declaration. Article 10 says that the basic learning needs and the basic learning content required by all human beings is a common and universal responsibility.

In other words, it is not the responsibility of the parents to determine what is the basic learning content or the basic learning needs of their children. It is not the responsibility of your local school board. It is not the responsibility of your provincial legislature. It is not the responsibility of your national government. It is a common and universal responsibility to determine those things—which is another way for the UN to say it is a UN responsibility.

So they've now created what they call a “stakeholder commission,” primarily composed of governments around the world—some of them mass-murdering dictatorships—to determine what this basic learning content, what the basic learning needs of your children are. And they actually say in Article 5 of this Jomtien Declaration that all children must be subject to the same standards of learning. So there must be no variation of what children are learning.

Fast forward 10 years, you go to 2000. The UN adopted the Dakar Framework for Action: Education for All 2000. And this actually states specifically that governments must implement integrated strategies in education which recognize the need for changes in attitudes, values, and practices. It says, and again quoting directly word for word: *Changes in attitudes, values, and behaviour are required.*

In 2016, the UN met in Korea. They created a global action plan on education. And it said education must promote the integrated development of the whole person, including the formation of their ethics, values, and spirituality. It says education must advance the cause of global citizenship, and children must understand that they have a responsibility to protect the planet and promote the UN's vision of the common good. So this is just a very small sampling of the international instruments that have been approved by governments around the world on these issues.

Shawn Buckley

And just, I think the whole room is trying to take in everything that you're saying. So you've communicated to us, I mean, you even used a quote from Hitler: "Whoever owns the mind of youth controls the future." We've got for Agenda 21 every government signing on to that, including the Canadian and U.S. government, and these agreements that are basically mandating a specific type of education with explicit goals, these are not hidden goals, to basically destroy nationalism for this transnationalism.

So basically the United Nations will be controlling the minds of our children and defining, you know, gender roles—so basically taking children out of home education by mothers and into state education. So basically what we have then is literally a takeover of society by the United Nations through education without there being any representation of the citizens at the United Nations. Am I getting any of this wrong?

Alex Newman

That's exactly correct, that everything you just said is a perfect summary of what we're dealing with here. And it goes even deeper than that. They've been working on this for a very long time. The Assistant Secretary General of the United Nations back in, I believe, the 1990s, his name was Robert Mueller. He was a very prominent official. The UN often refers to him as the father of global education. And he developed for the United Nations what he calls the World Core Curriculum. This is a very important document in the history of the UN's involvement on education. I encourage people to read it for themselves.

They have said repeatedly that this should be taught to every child in every school in every country. And there's a lot of very revealing comments. One of the remarkable things about Robert Mueller is that I think he saw what he was doing as so positive that he wasn't even afraid to admit where he was getting his ideas from or what he was doing.

And so in the foreword to the Teacher's Manual of this World Core Curriculum—which by the way is profoundly influential in education policy around the world—he mentions that his ideas are coming from a woman named Alice Bailey and the Tibetan teacher, Djwhal Khul, is how he describes it in the foreword to the Teacher's Manual. So as part of my research, I went out and purchased these books by Alice Bailey and Djwhal Khul. Here's one of them.

I'm showing it on the screen for those who are watching us. It's called *Education in the New Age*. And Alice Bailey, very explicitly, she claims to be communicating with spiritual entities she refers to as Ascended Masters, including this Tibetan teacher, Djwhal Khul, that Robert Mueller made reference to. And these spiritual entities, according to Alice Bailey, revealed to her a plan to create a world federation and the incredibly significant role that education would play in preparing humanity for that global federation by turning them into global citizens.

She actually advocates in this book here the creation of a “global brain,” which she doesn't expand on enough to fully understand what she means by that. But mind you, this was decades before the Internet or personal computers or Google, so we don't know exactly what that means. But she does reference in there, where she talks about the need to turn children into global citizens through education.

She references the need to fuse Marxism with neo-scholasticism to bring out these changes. And she says that we are going to use the chosen cooperative methods of John Dewey, who we discussed earlier, really the founding father of America's public education system. So we have now a very transparent effort to standardize education globally by people who have very clearly defined goals that they want to achieve by manipulating, as they put it, the attitudes, values, beliefs, and ethics of children.

And all of this is happening in the open. Nobody has to sneak into the smoky rooms to learn these things. All you have to do is read the UN's own documents, listen to the speeches that they make at their own conferences, track down the documents that they reference themselves, like Alice Bailey's writings, and a very, very clear picture emerges of an effort to create a one world economic, political, and religious system using education as the primary mechanism to bring that about with, of course, other elements intertwined as well.

Shawn Buckley

I wanted to ask as you've spoken about ethics, but you've also used the term in reference to the goals of the UN of "spirituality" as being part of the education system. How do they define that? What do they mean when the UN speaks of spirituality in the reference to education?

Alex Newman

So a lot of the leaders of the UN have been very open about their views on this, including Robert Mueller by the way. He actually publicly said that he believed the United Nations was the body of Christ. And so you have a number of organizations. I would argue that the most important is one called Religions for Peace. The current leader of this organization, her name is Dr. Azza Karam.

Prior to taking over this organization, she ran a very important department at the UN Population Fund which is in charge basically of reducing the population of people on the planet. I have her on video describing Religions for Peace as the UN of religions. And she says all the religions of the world are a part of this. And so I've run into these people at a lot of the UN conferences that I've attended as an accredited journalist.

And I've asked a lot of questions of them. And as best as I can tell from their documents, from my conversations with them, and from their own public statements, they believe in essence that all religions teach fundamentally the same thing. They believe that all religions are essentially just different ways of understanding God, the transcendent, the divine. Even though there may be specific individual contexts and doctrines, that ultimately it's all one.

Now, I mentioned the key player at the UNESCO Mahatma Gandhi Institute for Education on Peace and Sustainable Development. His name was Dr. Karan Singh. He was the co-chair of the World Commission on Spirituality. Let me get back and find his full title. But the other co-chair of that commission was Dr. Robert Mueller. And so they argue that, and Alice Bailey argues this as well, that essentially all religions need to be harmonized into one global system.

The people who are regarded as extremists are those who harbor ideas of separateness, is how Alice Bailey describes it. She calls it the "great heresy of separateness"—people who believe that they don't want to unite because they want to cling to their own views. For example, people who believe that Jesus is "the" way rather than "a" way. Those would be, of course, viewed as extremists, as dissenters, as people who are interfering with the objectives of global peace and global unity.

And in that case, the education system is designed to instill in children the understanding that all religions essentially teach the same thing. They are all different ways of achieving the same goals. And again, they've been very, very transparent about this. So when the UN uses the term “spirituality,” they're really talking about mainstreaming the idea that all religions are essentially one—and anybody who dissents from that is regarded as very problematic, to put it mildly.

Shawn Buckley

Now, I just want to be clear, because we're going to be having some witnesses come and speak of this SOGI agenda. Is that a UN initiative? Is this part and package of what the UN is wanting as universal education in the world?

Alex Newman

It absolutely is. And that is provable and demonstrable, again with the UN's own documents. I will pull up a couple of them here so that we can break that down a little further. But back in 2018, the United Nations, through UNESCO in partnership with other UN agencies, released a very important document. It was— Here we go. I got it in front of me now. I will give people the name of the document so that they can go read it for themselves. It's called International Technical Guidance on Sexuality Education: An Evidence Informed Approach.

So this was created by UNESCO, by the World Health Organization, by UNAIDS, by UNICEF, by UN Women, and it is part of Education 2030, which is the fulfillment of Sustainable Development Goal number four that we discussed earlier. If anybody has children in the room I would use discernment here, but I might recommend that they leave the room. If I may just give a couple of the action items, the standards that the UN believes need to be talked about.

Shawn Buckley

I can advise you, Mr. Newman, that in the room there are no adults, but we don't know about people livestreaming. I'm sorry, children. I said no adults in the room. Well, maybe that might be true. So if you can be cautious, because we don't know for live streaming whether there's children present or not.

Alex Newman

Very good. I will avoid some of the more outrageous mentions in here, but just to give you some sense of where this goes: By age 5, children under these standards need to be able to define gender and biological sex and describe how they are different. By age 5, children need to illustrate and demonstrate respect for homosexuality and homosexual parenting.

By age 9, they need to describe various sex acts that I will not describe in this setting. By age 9, they need to demonstrate, it says, respect for diverse practices related to sexuality. By age 9, they must explain how someone's gender identity may not match their biological sex. By age 12, they need to understand that certain sex acts, that even as recently as a couple decades ago, were a criminal act even in many of our states here in the United States.

So, you know, without again, getting into the graphic details, it is very, very open in what it is advocating teaching children all over the world. Their sources, you know, they call this an evidence-informed approach. So I went to go look at their evidence to give you some perspective. The most frequently cited organization is Planned Parenthood. This is the largest provider of abortion services in the United States. So that is who they look to.

The UN has repeatedly said in its official documents that children have a right to sexual activity as long as there is consent involved. There is essentially nothing that should be off limits to them. And so this is being taught around the world. It is being promoted by the United Nations and the UN LGBT coordinator. I can't pronounce his name. His name escapes me right now. I believe he was from Thailand. He was in Argentina some years ago, and I wrote a whole article about this.

And he was quoted in the Argentinian press saying that we need to teach these things to very young children. He said, "The younger the better, because as they get older, their attitudes toward these sexual practices and gender ideas are more hardened and it becomes much more difficult to change them." And so he advocates reaching these children at the earliest possible age.

And again, a whole constellation of UN agencies are working to promote this. But for whatever reason, and there are various theories as to why this is, a large number of governments across Africa, across Asia, have declined to participate in these kinds of things.

Shawn Buckley

Now I know that the SOGI agenda and some of these practices, that you've indicated in the U.S. less than one third of students are proficient in basics. Are there any other metrics that are current indicating the effects on children, and not just in education but perhaps mental health and other things? Because it seems to me that we're doing a complete reshaping of society and we should be starting to see some effects from that.

Alex Newman

We have enormous amounts of evidence on every front. So to give you some examples, the gender confusion that we're seeing has now reached epidemic proportions. We had a speaker at an event I did yesterday from the Poudre School District in Fort Collins, Colorado, who said that the school board there had announced at a public event that 47% of the children in that school district were now identifying as LGBTQ, or at least one of those categories.

We know that this is happening all across the United States, even in the most conservative areas of the United States. Take the state of Utah, for example. This is a state that has super majority Republican control of both houses of its legislature. It is a state where every single statewide office is held by a Republican. It is a state where every single county except one is entirely under the control of Republicans.

And in this state, I would give a presentation there to some members of the state school board using the medical prescription database, they found that in a five-year period from 2015 to 2020, there had been a 10,000% increase in the number of minor girls—so these are girls under the age of 18—who were undergoing medical gender transitions. In other words, they were being injected with puberty blockers, testosterone, being prepared for hysterectomies, double mastectomies—a 10,000% increase in a five-year period.

We have a lot of other evidence on this very issue. Let me pull up a little bit of it so we can share that. We have numerous studies and surveys coming out now and showing that huge numbers of people, young people all across our country, and of course this is true in other Western countries as well, have now started identifying as one of these categories: homosexual, lesbian, gay, transgender, bisexual, et cetera. We now have a normalization of pedophilia in a lot of schools.

We have a 2016 survey by Thompson Innovation finding that less than half of teenagers in the United States identify as heterosexual now. We have a survey by NBC News finding that 20% of millennials, that would be my generation, now identify as LGBTQ. We have a survey out of the University of California at Los Angeles. This was published in 2017 by the Williams Institute. It's the UCLA Center for Health Policy Research. They found that 27% of

California's children ages 12 through 17 are now what's called gender non-conforming. So there is some confusion there about whether they are male, female, neither or both.

So this is becoming ubiquitous, and we see these kinds of trends in virtually every metric we look at. I don't have the data handy at the moment, but the Centers for Disease Control in the United States, which compiles a lot of statistics on these issues, has found that suicide is now the leading cause of death among large age groups of children in the United States. This is a new phenomenon. It is an unprecedented phenomenon. Children historically have not committed suicide in large numbers at all.

We see massive levels of confusion. We see an explosion in diagnoses with mental health issues. And, you know, that's a whole other can of worms. I think there's a lot of subjectivity in these diagnoses. You know, we can talk about alternate explanations for that, but we know that anxiety, depression, these types of feelings of desperation by children are absolutely going through the roof. I actually have some data on young girls and suicide, attempts at suicide, suicidal ideation. I don't remember the numbers off the top of my head, but they are absolutely stunning.

We have a lot of academic data. We have literacy data in the United States going back to the early 1800s, where we had near universal literacy prior to the advent of public schools. We have literacy data today from back in the 1990s. The federal government did a comprehensive literacy survey. They found that about half of American adults were in the bottom two out of five categories. Meaning, essentially, my interpretation is that they are basically functionally illiterate. So on every angle that you look at, our children are suffering immensely. And I would attribute the bulk of that suffering to what is happening within the educational system.

Shawn Buckley

And my question right now is: So, I think that people can grasp quite clearly that those that control the education system are able to shape the minds of the next generation. Are you aware of any public discourse in the United States, basically any public consensus on changing this direction? Because this is actually a decision to remake society in both Canada and the United States. And has there been basically public discourse on this absolutely, really crucial topic?

Alex Newman

There has not been any serious effort at public discourse about this. In fact, George H.W. Bush, he was president at the time. He started bringing in national attempts at bringing education under the control of the national government. He convened a summit for the nation's governors, I believe it was 1989, I may be wrong about the date. But they put on stage at the podium one of the leaders that they had hired for this. Her name was Dr. Shirley McCune, and she was very transparent about what they were doing.

She said, “We are,” as you just put it, “We are transforming society. We are fundamentally restructuring society is what we're doing through the education system.” She actually described what she called the “social change function of schools,” where these experts would look into the future and determine what they thought would be needed in our children 40 or 50 years into the future, and then use the social change function of schools to bring about these desired changes in values, attitudes, et cetera.

Dr. Shirley McCune was also “communicating,” she said, “with these Ascended Master entities.” She's written very extensively on this, including in a book called *The Light Shall Set You Free*. But if you look at the views of Americans, the social transformation that is taking place is radically out of step with the views of parents, with the views of taxpayers, with the views of voters. And so much of this has been happening beyond the reach of voters. A lot of it is coming down from the UN, from the U.S. Department of Education, and then using large grants using federal funding, they're able to impose these things on the state and local level.

They also, of course through the colleges of education, train the teachers in these ideas. Bill Gates actually, who is the main individual responsible for bringing national education standards into the United States, we call them Common Core, he signed a partnership with UNESCO in 2004 promising to create global education standards, global curricula, global teacher training programs—all without any semblance of public involvement or public consent.

So we essentially have had no public discussion, no public input on any of these changes that are being imposed from the top down. I would say not just without consent, but against the clearly demonstrated, clearly shown wishes and views of the people paying for it all.

Shawn Buckley

Mr. Newman, how much longer can we have you. It's just I've got some more questions and I know the commissioners do. Are you in a pinch for time or can you stay a little bit?

Alex Newman

I can stay on for five, maybe ten more minutes maximum.

Shawn Buckley

Okay. Well, I better turn you over to the commissioners then, if that's all that we have.

Alex Newman

Absolutely.

Commissioner Drysdale

Thank you, Mr. Newman. Our previous speaker was talking about child trafficking, and she was talking about slavery. You spoke about the competency of the students graduating our school system who can't read and can't write and can't do numbers. Considering the previous speaker and considering what you're talking about, we almost seem to be— Can you comment on: Are we creating a generation of slaves who can't read for themselves and can't understand what's going on for themselves and can't make decisions for themselves? Isn't that in essence creating a generation of slaves? That's my question.

Alex Newman

Yes, I think that is one way of looking at it. I think it's an accurate way of describing what's happening. This is a deliberate policy of trying to, I believe, and I believe it is provable, dumb down the population for the purpose of fundamentally transforming society in a much more totalitarian direction. They want to expand the power of the state, reduce the influence, if not completely end the influence of other institutions that traditionally have competed with the state for loyalty, for affection, for authority, including the family, including the church.

And if this is allowed to continue, I think a society of slaves is what we will end up with a society of people who are unable to reason for themselves, unable to come to sensible conclusions, unable to support themselves, unable to pass on the values, traditions, culture of their forefathers that have been developed over thousands of years. It will represent a complete rupture from the past, and it will be exceedingly difficult to ever go back if we lose an entire generation.

Commissioner Drysdale

Isn't another effect on what you're talking about, what we're seeing as far as our population growth is concerned, you know, that the issues with population growth, particularly in Japan, are undeniable? And we're seeing what's going on in the United States and Canada. This almost seems like a direct result of this confusion, this I don't know, could you describe it as aimlessness—you know, if you don't understand the world around you and you don't appreciate something greater than yourself, whatever that might be?

And maybe that's community, maybe that's your God, but it almost seems like all of that is those fundamental foundations of the society—you know, belief in something higher than yourself, understanding your place in the society, being able to look forward to something—that is being erased. And perhaps that's part of this slavery thing. But also, does it not spill into this population reduction issue?

Alex Newman

It absolutely does. And what I would actually say is reducing the population is an explicit goal of the people who are making these changes in education. And it is very easy to demonstrate that this is being taught to children directly by the United Nations. If you guys will permit me, I actually have— Give me one moment, I have a copy of a book that was produced by UNESCO for children that is in use in public schools all across the world. Let me just grab it real quick so I can show one of the pages.

So the book that I am holding is produced by the United Nations. It's called *Rescue Mission, Planet Earth: A Children's Edition of Agenda 21*. This was a very popular book in public schools. I want to show you a particular page. I believe it was page 33. Here it is. So I'd point you to this image here. You see what appear to be Hindu deities sitting on the clouds, angry, confused, in despair as storks deliver large numbers of children. You see the world kind of burning down below. And as you read on the page adjacent to it, I don't know if you can see this, but it says: *The planet groans every time it registers another birth*.

And so, you know, for Christians and for Jews and for others, for example in the Bible, the God of the Bible, the very first command to mankind is to be fruitful and multiply. Well here we have the United Nations directly contradicting that teaching that is held dear by billions of people around the world. Again, without any public input. No voter in Canada, no voter in the United States ever agreed to teach children that having children would destroy the planet or that it was somehow bad for the environment, or that Mother Earth would groan every time you have a child.

But it is the explicit policy of the United Nations and many of the governments that make up the United Nations to instill in children the belief that having children is selfish, it's bad for the environment, undesirable, and possibly even dangerous.

Commissioner Drysdale

How is that thought process consistent with the mass migration of other peoples into the Western societies? You know, Canada, it's hard to find the actual numbers by the way, despite the fact that we have something called Statistics Canada. But my understanding is that Canada alone brought in 1.12 plus or minus million people into a country of 40 million last year. So if the United Nations is teaching about reducing the population and Mother Earth groans, how is that consistent with them bringing in tens of millions of people into the Western nations like Canada, Britain, United States, et cetera.

Alex Newman

Well, leading figures and authorities within the United Nations have made clear that there is a deliberate agenda behind importing large numbers of people from other cultures into the Western world. One of those objectives, as explained by former Goldman Sachs top executive and UN migration czar, Peter Sutherland, was to undermine national sovereignty, undermine national homogeneity, and bring about a multicultural world that would be eroding what he described as the old shibboleths of national sovereignty, the old historic memories of our own country.

This is very, very far advanced in large parts of Europe. I have spent most of my life outside of the United States. The most recent country I lived in was Sweden. And you see, just as one example, one data point: about one third of the children in the school system in Malmö, one of the largest cities in Sweden, is actually Swedish, a native Swedish speaker. The overwhelming majority of those students are now foreigners. The bulk of them are Arabic speakers, native Arabic speakers.

And so what is happening here, which by the way the education system is an instrumental part of this, is an effort to undermine and destroy national identity and national cohesiveness for the explicit purpose of undermining not just the nation state, but even the concept of nations. There is a publicly-articulated, clearly-defined objective to undermine nations and move toward first regional and then international governance. And that becomes much easier when you have enormous populations from other cultures, from other beliefs, with other languages within your borders.

Because at some point you wake up and you say, “Hmm, why do we have these lines on the map dividing us from other people when you know we essentially don't have anything in common with the people within these lines?” So this is part of a much broader strategy. The UN actually says that mass migration will help bring about these Sustainable Development Goals. So they're doing this on purpose. They're engineering it on purpose. And I do believe that, in particular, the Western world has been targeted by this, what used to be known as the free World, or Christendom. And I believe there's a very deliberate agenda behind doing that. And of course, it's intimately intertwined with the education system.

Commissioner Drysdale

Thank you.

Commissioner Bohémier

First of all, we need to base our report on proof. So I'd like to have a copy of the document you referred to, except for Alice Bailey's book, but the other documents you referred to. Can you provide us a copy of it?

Alex Newman

Sure. Every one of the documents that I mentioned is very easily accessible with the information that I gave. So they can easily be accessed online right on the United Nations web pages. These are international agreements that are on file with every national government in the world and with the United Nations. So each of those documents is a public document. They're all accessible. And if there's any difficulty finding them, I will be more than happy to provide them.

Shawn Buckley

Can I just help you, Commissioner? Mr. Newman, it's Mr. Buckley speaking. Would it be possible for you to just email me the names of the documents that you've referenced, and then we can have our volunteers provide them to the commissioners?

Alex Newman

Yes. What I'll do, I will email over a slideshow that has not only screenshots of each of these documents, but also the names, the dates and they can all be pulled right from there.

Shawn Buckley

Thank you so much.

Commissioner Bohémier

Also, I'd like to know who is controlling the UN.

Alex Newman

That's a very good question. It's actually a very difficult question to answer. If you read the UN Charter, there are multiple decision-making organs within the UN. So the most visible ones would be of course, the UN General Assembly, which is made up of every member State of the United Nations, currently 193. But that is actually one of the less powerful organs within the UN decision-making structure.

You also have the Trusteeship Council, you have the Economic and Social Council, you have the Secretary General, who on paper at least is not very powerful, but of course in reality is actually very influential in controlling the decisions of the United Nations. Then you have on paper at least the most significant organ of power within the United Nations: that is the Security Council which is made up of five permanent members, each with a veto of power and then 10 rotating members. This is the organ of the United Nations that purports to have the authority to deploy military forces around the world to enforce peace and security and drastic other powers as well.

Now, if you ask the United Nations and the United Nations specialized agencies, they'll tell you that essentially member states make the decisions. The reality is it's not quite so simple. A lot of the member states make their votes and make their decisions based on the influence of, for example, large donor governments. So the U.S. Government has an enormous power to influence the votes of governments that are receiving large amounts of foreign aid. And they exercise this authority regularly, as we learned from some of the documents released by WikiLeaks.

I have my own theological opinions about these, which I won't get into here. But I do believe there's a very powerful network of people and organizations around the world. In fact, I've written a book detailing some of these organizations and offering large amounts of evidence. It's called *Deep State, the Invisible Government behind the Scenes*, where I outline a series of very powerful international organizations.

Some of the ones that you see on the surface, you have groups like the World Economic Forum. Just below the surface you have groups like Bilderberg, Council on Foreign

Relations, the Trilateral Commission. You have families and individuals like the Rockefeller family in the United States, extremely influential. You have secret societies like the Skull and Bones Society at Yale University, the Bohemian Grove Society in Northern California. And I believe each of these plays a very important role in controlling the United Nations.

Commissioner Bohémier

And what is the ultimate purpose to sexualize our children? Maybe you answered this question, but I think it's a specific one about sexualizing our children. What's the specific purpose of it?

Alex Newman

Well, thank you for that question. I think it's a very important question. And I actually wrote two chapters addressing that very question in my newly released book, *Indoctrinating Our Children to Death*. If you go back to the people who pioneered this process, one of the individuals whose name comes up over and over again is György Lukács. He was the Deputy Commissar of Culture and Education in the short-lived Bolshevik regime that ruled over Hungary in the early 1900s, I believe it was 1919, around then.

And he actually experimented with the sexualization of children as a means to an end. He thought that sexualizing children at a very young age would help first of all break down their moral compass. It would interrupt the transmission of values and morality from one generation to the next. And it would also have the effect, he believed, of undermining the family unit, the authority of parents. And so I believe that is one of the very, very important elements of why this is being done.

There's another individual who also pioneered sex education. His name was Dr. Wilhelm Reich. He was an atheist psychiatrist, and he was also a member of the Communist party and an associate of Sigmund Freud. And he's actually the one who first termed the sexual revolution as a means to an end rather than an end to itself. And he argued, and I'm going to quote from him here, he argued that "sex education in school would divest parents of their moral authority."

He believed that as the family and the church were weakened through the sexualization of children, that would make more room for government to step in and gain more and more authority over the citizenry. He described himself as a Freudo Marxist. And so he always viewed sex education of children as a means to an end. And by the way, this was over 100 years ago. And so those are the early examples we have of sex education being pioneered. I believe that there is more to it now.

I do believe that population reduction is an important objective here. If they can convince a child that castration is the solution to gender dysphoria, that is a child of course who will never have the ability to have children. If they can convince a young girl that she needs testosterone injections to have her body look more like how she feels, that is a girl who then would be likely rendered infertile, who would never be able to have children. And I do believe the ultimate objective is to completely undermine the family.

And you can show this relatively easily. You look at the claims that the homosexual movement, the organized homosexual movement was making that marriage between homosexuals and even child rearing by homosexuals was no big deal. You know, what's the problem with having two fathers? What's the problem with having two mothers instead of a father and a mother? So right there off the bat, they're discounting the very, very important role, I believe, of a mother and a father.

But now the newest wave of this revolution holds that there is no such thing as a father, there is no such thing as a mother, because gender is not binary. And so if you abolish the concept of fatherhood, if you abolish the concept of motherhood, all that's left then is the individual and the state. So I do believe the ultimate aim is totalitarianism.

Commissioner Bohémier

Okay, and my last question is: Aside from homeschooling, how do we protect our children from this education?

Alex Newman

Unfortunately, and I know nobody likes to hear this, but unfortunately, I do believe the only approach, the only solution that parents have at their disposal right now is to remove their children from the system. I do believe homeschooling is an excellent alternative for those who can do it. I know Canada has been working, the different Canadian provinces have been working very vigorously to bring private schools under government control through a combination of carrots and sticks, offering free taxpayer money to private schools in exchange for giving up their independence—and also just outright threatening them through their accreditation, through their ability to operate.

And so the ultimate objective of the United Nations, and they've made this very clear—I have a 2022 report by UNESCO on imposing these ideas on what they call “non-state education providers”—the ultimate objective is to make sure that every child on the planet is being indoctrinated with these ideas.

And if you even look at the most recent Pact for the Future, which was just adopted less than three weeks ago by the UN General Assembly by consensus, there are several dozen references to education. And the main takeaway is that every child has to have a safe, equitable, inclusive education, and high quality education. And so the question then is, what do each of those terms mean? And who is going to define them? And what happens if a parent decides for some other form of education for their children? So there is a very deliberate, very rapidly advancing effort to cut off all options.

But for the time being, I would recommend to every parent, regardless of their political beliefs, regardless of their religious beliefs, to urgently withdraw their children from the system and either find a high quality private school that they can trust, or homeschool, or get together with other families, other parents, and find some way to share that responsibility.

Commissioner Bohémier

Thank you.

Shawn Buckley

Mr. Newman. Those being the commissioner's questions, we sincerely appreciate your attending today and educating us on these issues. On behalf of the National Citizens Inquiry, I wish to thank you.

Alex Newman

Thank you so much. I appreciate it very much.



NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 17, 2024

Day 1

EVIDENCE

Witness 3: Dr. Julie Ponesse

Full Day 1 Timestamp: 03:48:28–05:01:20

Source URL: <https://rumble.com/v5izvud-nci-vancouver-2024-hearings-day-1-october-17-2024.html>

Wayne Lenhardt

Good afternoon, everyone. Just for the record, my name is Wayne Lenhardt, and I'm one of the volunteer lawyers tonight. Our next witness is Julie Ponesse. I hope I've got that said correctly. So Julie, let's test your equipment here. If you're plugged in, can you give us your full name and then spell it for us? And then I'll do an oath with you to tell the truth?

Dr. Julie Ponesse

Yes, my name is Dr. Julie Ponesse. Last name P-O-N-E-S-S-E.

Wayne Lenhardt

And do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God today?

Dr. Julie Ponesse

I do.

Wayne Lenhardt

Okay. I have your curriculum vitae here, which is quite impressive. I think what I'm going to do is just let you do a brief summary of your CV of the stuff that's relevant to what we're doing now, and then I'll jump in and we'll go on from there. So, go ahead and give us a summary of your CV.

Dr. Julie Ponesse

Well to give a snapshot to hit the high-water marks that are relevant for this inquiry, I have a Master's in Bioethics from the University of Toronto and a PhD in Ethics and Ancient Philosophy from Western University, which was at the time the University of Western Ontario. I've taught at universities in Canada and the U.S. for over 20 years, and I was terminated with cause from my position as an ethics instructor at Western University in 2021 for challenging the mandates.

And I have worked for a number of freedom organizations since then, including being a Brownstone Fellow, and am a public intellectual now and do work like this, and do speaking engagements and write for different organizations, including Epoch Times and Brownstone, and teach a series of online ethics courses.

Wayne Lenhardt

Right. And I see that you were Chief of Biomedical Ethics for the Wellness Company. I believe that's Dr. McCullough's company, isn't it, yes?

Dr. Julie Ponesse

Yes, the American version of it. Yes.

Wayne Lenhardt

Right. Okay. An impressive resume. Now, just as background for our discussion for the people watching. I did my law at Western, so we both went to that institution. And secondly, I had done a master's in analytic philosophy prior to going into law. So you and I are both kind of conversant with the kinds of games that we engage in when we do philosophy, which most people are kind of puzzled about as to what philosophers do in the first place.

So on that note, just for another two minutes, what we typically do often in philosophy is if we're going to investigate a particular area, we will say, "Okay, what is the language that we

use in talking about that discipline, and how are those words used, and what is it that they mean when we talk about them?"

And just to put this into a quick perspective, when I was in law school, I actually did a legal and philosophical paper for eight hours of credit at the law school with a guy who did jurisprudence on the Roe and Wade abortion question. And what I concluded was that if you look at how we use language, we say that killing human beings is wrong, with a couple of exceptions, you know, just wars and that type of thing.

So you look at it and you say, "Okay, what is it that we're killing if we do abortion?" And I think you can argue, at least I did, that for the first three months the fetus doesn't qualify as a person. If you look at it, it's just a ball of cells. And if you looked at it and didn't quite know what it was or what the origin was, you would say, "Well, is that a person?" And the answer would be, "No." So, I think what would follow from that would be to say, "Okay, abortion in the first three months is allowed because you're not killing a person." At a certain point, by the time it's a fully formed fetus, it sure does look like a little person. If that's the case, then you draw a certain conclusion from that.

But in this case, we're talking about children being safe or unsafe, and I think you have a definition here. So we say, "Okay, what are you saying then, Julie, as far as children being safe or unsafe?"

Dr. Julie Ponesse

Would you like me to start the presentation, to share it? I do have a slide about that. It might be easier if people could see a visual.

Wayne Lenhardt

Okay. Sure.

Dr. Julie Ponesse

Is that a good idea? And do you want to stop me as I go along?

Wayne Lenhardt

Sure, yeah. Go ahead.

Dr. Julie Ponesse

Okay. So hopefully everybody can see this. All right. So I'm very honoured, very honoured. Thank you so much for inviting me. I can only hope that having inquiries like this will obviate the need for future inquiries. And as honoured as I am to be here, I'm saddened because with all our technological [innovation], all our laws, and all of our ethics codes aimed at protecting children, I never would have imagined 20 years ago or even five or six years ago that I would be testifying at an inquiry about the safety of children in Canada. And yet here we are.

What I'd like to do is to start by telling you where I'm going to go and then unfold a story that supports that statement or that idea. And then I will get to the question that Wayne asked very, very shortly. So my view after much consideration and research and discussion with so many well-received experts in Canada today, many of whom have testified for the NCI, is that Canadian children are not only unsafe but at greater risk across more spectra of life—physical, ecological, social, and spiritual—than I think it would be fair to say at any other point in Canadian history.

And what makes this an ethical problem as opposed to just a physical problem, is that the harm is both egregious [and preventable], perpetrated and sustained by the very people and institutions [that are supposed to protect them]. So childhood is uniquely precious. Every experience—whether it's conscious or not—children have from the moment they're born is laying the tracks for their future. And it would not be an overstatement to say that our children's childhood, their innocence, that sacred space they need to develop healthfully, physically, mentally, socially, is today being destroyed by chronic illness, health epidemics, vaccine-related harms, a destructive diet.

Wayne Lenhardt

Julie, can I interrupt you for a moment? The technicians here are having trouble. If you could maybe speak a little closer to your microphone.

Dr. Julie Ponesse

Can you hear me better now?

Wayne Lenhardt

I'm getting a thumbs up, so I think it's better. Yeah. If you could continue to do that, please.

Dr. Julie Ponesse

Yes, absolutely. Do I need to repeat anything or are we okay?

Wayne Lenhardt

I think we're okay. Yeah.

Dr. Julie Ponesse

All right. I was just saying that childhood is uniquely precious, and that sacred space they need to develop is today really being destroyed by chronic physical illness and mental health problems, and vaccine-related harms and a destructive diet, and the stripping of meaning from their lives, which I'll say more in about a minute or two. But I'd like to start with something about my own story to give some context.

So by the time we got to 2008, I had earned a master's in Bioethics and a PhD in ethics and ancient philosophy in the study of history, critical thinking, and logic, and how to basically analyze information as an independent thinker, question the unobvious, and say “no” when it was appropriate to do so.

And throughout my undergraduate and graduate career, I wrote my thesis. I took classes from professors I deeply respected, who were trained at Oxford and Ivy League universities, who lectured in a great variety of classes about the importance of rights and autonomy and informed consent, who not 10, 20 years later enthusiastically supported the stripping of those rights from their students.

And as a bioethics student at the University of Toronto, I was taught by people like Bill Harvey and Peter Singer. Peter Singer is now, incidentally, the assistant director of the World Health Organization. But I was taught by them at the time that the four principles of biomedical ethics—nonmaleficence, the obligation not to do harm; beneficence, the obligation to do good; autonomy, respect for a person's capacity for self-governance; and justice—are inviolable.

And to my instructors and the leaders in the field, it was always clear that you could disagree about how those principles would be applied to issues like abortion and resource allocation. But there was never a disagreement about the importance or the inviolability of the principles themselves. And as I said earlier, I've taught a number of different ethics courses to not just philosophy humanities students, but to students in health sciences and business engineering students for 20 years, and this was always a very standard, accepted part of the ethics curriculum.

And more important to me anyway than any of that is that I became a mother. In 2020, I was teaching an upper-year philosophy class eagerly looking forward to the birth of my first child with really no inkling of the medical-cultural shift that was about to happen, when the World Health Organization declared an emergency on March 11. And parenting my daughter, who is now four, has really been an exercise in navigating forces that are trying to destroy her.

So to get to your question, Wayne, what does it mean to ask if children in Canada are safe or not safe? I think it's important that we specify what we mean by a question like that. What's working in the background in ethics? And there are really two key components.

The first one is that safety is usually treated as a function of immunity from danger or risk, whether or not that's because some risk is absent or because there are reasonable protections against it where the risk cannot be eliminated.

And secondly, children are treated as uniquely vulnerable because of their inherent and developing incapacities. So if we look at the Presidential Commission for the Study of Bioethical Issues in 2016, for example, it says:

Children are a vulnerable population because they lack the autonomy and decision-making capacity to ethically and legally consent to participate in research and to understand and assume the risks of research, and because of inequalities of power between adults and children.

So from an ethical perspective, the question of this inquiry, Are Children in Canada Safe?, really amounts to asking the question: Is this uniquely vulnerable group protected from or exposed to risk or harm? And I think it's worth mentioning that in ethics, evidence looks different from how it looks in another discipline, in biology or economics for example.

And basically what we do in ethics is we look at practice, we look at what's going on in the real world. And in health care ethics, we're interested in things like how much harm does a particular research proposal expose participants to, for example, or how much harm would a certain surgery or drug protocol do? And then we compare that to existing bioethics principles to see how much what's going on in the real world aligns with or departs from the expectations set out in those principles. So we're particularly interested in looking not just at harm, but at how much those principles are respected.

And it takes only, I think, a very cursory casual glance to see that children in Canada today are at substantially greater risk of across more spectra of life than they were 10 years ago,

even five years ago. If we look at the rate of obesity alone, it has nearly tripled over the last 30 years. And that increases the risk of high blood pressure, heart disease, diabetes, cancer, musculoskeletal disorders, such as arthritis, in children. And all-cause mortality in children in Canada, and this is according to Statistics Canada, has consistently risen over the last five years from 8.2 to 10.4 children per hundred thousand in the 5-9 age group.

Now, this is a topic that has been so well covered by experts who have testified at previous NCI hearings—Dr. Robert Malone, Dr. Eric Payne, Deanna McLeod. And so I'm only going to touch briefly on it here, but I think it's important as an ethicist to chronicle some of the most punctuated acute harms that children are vulnerable to these days. And so I'm going to do that here.

One set of risks we're seeing for children is that they're exposed to risks from an ever-expanding vaccine schedule. And it's worth emphasizing that the evidence showing the physical and mental harms to children due to the COVID vaccination program in particular—which is aimed at minimizing symptoms of a disease that doesn't pose to them significant risk—continue to reveal themselves.

So for example, there was a study done by the CDC, their Morbidity and Mortality Weekly Report study, this is from 2022. And that study was designed to monitor Pfizer BioNTech booster safety. And it found that 75% of the young people in the study suffered from adverse events, including fatigue, headache, muscle pain, and elevated troponin-T levels, which is associated with myocarditis. And 20% of those adverse events were so severe that the young person was unable to go to work or school.

Now it's important, and I wasn't able to find a more updated statistic than this, but as of 2022, 81% of children in that range, 5-17, had received at least one dose of a COVID vaccine. And it's always a good idea to keep an eye on what's being advised by Health Canada and other regulatory bodies in our country. And they came out with a guide on the use of COVID-19 vaccines for this fall of 2024. And there is a vaccine safety section. And in that section, it says that no new adverse events have been identified to date with the use of the COVID vaccines, which means that Health Canada is not even tracking CDC vaccine harm reporting.

Now when it comes to lifestyle compared to 10 years ago, more children today in Canada live in poverty, fewer eat the recommended number of fruits and vegetables, and only a third get the recommended number of minutes per day of physical activity. And a really startling and alarming statistic is that a third of our children are spending four times the amount of time on screens than they're spending doing physical activity of any kind.

And according to a 2022 Statistics Canada study that was looking at what's going on in the household with the presence of children, what are some of the lifestyle differences in households that have children in them versus households that don't, they found that in households that have children in them, there was an increased consumption of alcohol, junk food, and time on the internet in that household.

And from the Heart and Stroke Association, there's this very clear connection that they're articulating that I think most of us know just from going to the grocery store and from seeing how children eat and what options are available and what they're taking in their school lunches, that children's diet today consists largely of highly-processed wheat, seed oils, sugar-rich foods, neurotoxic glyphosate-treated grains and legumes. And as a mother who goes grocery shopping and you're trying to do the best job you can, you would be hard pressed these days to find an item of packaged foods down one of the aisles in a grocery store where the packaged foods tend to be that doesn't contain these highly processed ingredients.

Then there is the fact that children are drinking in most jurisdictions fluoride-treated water, which is part of the community water fluoridation program, in spite of the fact that we saw the recent Northern California court ruling that fluoridation at the level of 0.7 milligrams per litre—and that's the level that's currently endorsed by the U.S. Environmental Protection Agency and endorsed by Health Canada, and is less than what our water in a small southern Ontario town tests at—poses an unreasonable risk of reduced IQ in children.

And this is only a very brief snapshot of the kind of risks, physical and lifestyle, that are posed to children in Canada today. And it would hardly be an overstatement to say that they face a number of different mental health risks as well. ADHD, autism, and other spectrum disorders are on the rise, with 1 in 50 children and teens currently being diagnosed with autism.

There was a University of Calgary study last year which showed that depression doubled in Canadian youth compared to pre-pandemic rates. And in the age group 15 to 24, they have the fastest growing opioid poisoning hospitalization rates. And in youth aged 1 to 14, suicide is the third leading cause of death, next to accidents and cancer, I believe.

One in four young people say that they always or often feel lonely. And that reminds me of a conversation I had with a young teenager early on in the pandemic who said that basically no one under 40 thinks that anything good can ever happen again.

Then there is the fact—and Alex Newman articulated the extent and the origin of this really quite well—there's the fact that when children start school, as young as preschool or a publicly-funded program like the EarlyOn programs in Ontario or other library-based programs, they're exposed to a context that's framed by and buttressed by a whole new set of ideologies to do with climate, gender, and race.

And in July 2022, the Elementary Teachers' Federation of Ontario distributed a prepackaged, premade lesson plan on white privilege that was part of critical race theory. And a key instruction point in that lesson plan is that if students are white, the successes they experience are not achieved through their own effort, but bestowed on them because of the colour of their skin, and that the only way to check that white privilege is to remove themselves from opportunities. And conversely, students of colour are taught that their chances of success are limited because the country is systemically racist, despite the fact that in Canada, Japanese, Chinese, Korean, and South Asians have higher incomes and higher levels of education than whites do. And that comes from the 2016 census data.

Then we have, as Mr. Newman discussed, gender ideology, the pervasiveness of it, and the physical expression of which is gender-neutral spaces that affect everything from how children are allowed to refer to each other, how history is taught, how library books are selected, and how washrooms are built and labeled. And all of this is based on a kind of ideology that is not only constantly shifting, but beyond reproach. We're not allowed to challenge it or even question it.

We have gotten to the point where we're replacing binary sex categories, male and female, that are set at birth, in favour of a concept of gender as fluid and flexible. And I looked this up yesterday, and if you go on Facebook, it now gives 58 different gender options. And if you do a Google search, you can find as many as 83 different gender options in the articles that come up. So now we have this view of gender that's not fixed and determined for you, that is not only amorphous and changing, but based entirely on your perspective.

And it's interesting because we're seeing policies at the university level, for example, changing as a result of the pervasiveness of this ideological shift. So at McGill University, for example, they have a new policy called the Preferred First Name Procedure, or PFNP policy, which defines gender as the sense of self-identification of a person and how they relate to or don't relate to societal norms of femininity, masculinity, or any mix thereof. And the Ontario Human Rights Commission defines gender identity as each person's internal and individual expression of gender.

But if gender is just a person's experience of her own identity, then gender identity becomes nothing more than “identity identity,” which is a wholly empty notion. And given

that Bill C-16, for example, adds gender identity to the Canadian Human Rights Act and to sections of the Criminal Code dealing with hate speech and hate crimes, we're now rewriting our laws and policies to take account of something that we can't even define, or that we say is, in principle, undefinable.

It's also worth mentioning that these ideologies are well-funded and well-marketed in Canada. In 2021, the Honourable Bardish Chagger, the Minister of Diversity and Inclusion and Youth, announced \$20 million to address barriers to employment, justice, and social participation among racialized communities. And in February of this year, CSIS spokesperson, Eric Balsam, warned of a violent threat posed by the anti-gender movement, which includes anyone who even mildly questions it.

Then there is a cost factor, which is that average transition treatments, drugs, and surgery cost in the range of \$150,000 per person. And in Canada now, currently one out of 100 young adults in the range 15-34 identify themselves as being transgender. So gender identity and gender transitioning has become not only a million, but a billion-dollar industry.

And the upshot of the pervasiveness of this gender ideology is that instead of finding in their sexed bodies the basis for their identity, gender is now nothing more than a narrative or a story that a child tells herself. And children as young as kindergarten or in preschool are taught to give absolute deference to a person's gender story. And because of that, it can't be questioned, it can't be challenged, and gender has become entirely solipsistic, whereby the child's inner mental life is the only one that exists. And I think the rates of depression and apathy and loneliness that we're seeing now are not surprising consequences of that shift.

When I think back to some of the conversations I had with students the last year I was teaching, I certainly saw the cumulative effects of all of these different ideologies. My students, they were pleasant, well-intentioned, good test-takers for the most part. But if you asked them something like: What is the Magna Carta? Who is your favourite poet? What do you think about censorship? You would get a blank, uncomfortable sort of response blank stare. And I think that was either because they just didn't really care, they were apathetic, or they were afraid of being judged for voicing an opinion. And so fear was stopping them.

They had by that point internalized the destabilizing narratives that they were not only uncreated, but just an accident of nature, and that gender is not stable but fluid, that religion and spirituality are at best unsophisticated, and at worst dangerous ideas. And they were taught by the COVID narrative that they're a viral threat to their grandparents, and by the climate narrative that they are a drain on an unsustainable world.

We sent them this neatly packaged, well-marketed message that they're not unique, capable, or deserving of special protections, and their lives are without meaning or purpose. And without meaning, it's hard to have reasons for acting. And, if I have no reasons of my own, then my choice is no better than one that's forced upon me.

So it was unsurprising, I think, during COVID that we saw not only the absence of informed consent when it came to vaccination, for example, but an absence of interest in it among young people who historically are the great protesters, the great activists, and sometimes selfish to a flaw. But they gave up all of that because they had been told through all of these ideologies, through their formative years, that their uniqueness didn't matter.

And if you think that your life is meaningless, it's not going to be very long before you start spending your days scrolling social media, playing video games, trying to figure out the least painful way from point A to point B. With all our technical innovation, children in Canada today are the culmination of a civilization that has adopted complete indifference to its own history and its own people.

So I'd like to change direction now and talk a bit about why all of this amounts to an ethical failing of our children. In ethical terms, children have special moral status in virtue of being persons—but persons in development with limited and evolving cognitive abilities. And if we take a look at the preamble to the UN Convention on the Rights of the Child, which was ratified by Canada in 1991— And that's important ethically, because being ratified or adopted by Canada means that even without talking about legality, that means Canada has an obligation to abide by the articles and recommendations of the convention.

And it says in the preamble that: *childhood is entitled to special care and assistance*, and in Article 3, that: *[i]n all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities, or legislative bodies, the best interests of the child shall be a primary consideration.*

It's generally recognized in ethics documents that children have both negative rights—so the right not to be harmed by neglect or abuse—but also positive rights, rights to receive things they would have a hard time securing for themselves, like food and shelter and basic medical care. And almost without exception, ethical documents—that you'll find at a hospital, for a research organization, the Canadian Medical Association, national/ international documents—treat the child as an individual and as not being a possession of the parents, or most importantly for our purposes, of the state.

According to the UN Convention on the Rights of the Child, children are accorded a wide range of rights, including the inherent right to life. And it's going to become clear why this is so important. And they also have the right to express their views freely in all matters that are affecting the child. And this is echoed in the Geneva Declaration and the International Covenant on Civil and Political Rights.

So I want to take as an example a test case, an example of how much what's going on with children in Canada today is a warning sign that so much is going terribly wrong, and that it's not a coincidence that it's happening at a time when we're seeing dramatic shifts in policies in health care and education especially that frame every aspect of their lives. The way children are viewed is really a marked departure from the ideals and parameters that I just mentioned that were set out in those ethical documents.

And we can see this if we take cancer as a very good example. Rates of pediatric cancer are on the rise. And to the best of my knowledge, there has been no major scientific development to date that has effectively reduced death rates from pediatric cancer. The increasingly accepted view in the medical community is that cancer is not a genetic disease, or not only a genetic disease, but a metabolic disorder caused by a dysregulated metabolism.

Obesity, as I was saying earlier, has tripled among Canadian youth in the last 30 years, and that obesity increases a child's chance of developing cancers later in life, especially endometrial, breast, and colon cancers. There are some very interesting and important data that some researchers in Canada have just gotten by way of a freedom of information request that shows a dramatic spike in cancers in women in 2021. And so I think we're going to see the availability of data that supports something very significant happening at that time.

Obesity not only increases these cancers, it decreases life expectancy, and not to mention the fact that it makes it harder for children to engage in play and so many of the other things that are important and valuable to them in childhood. And this is a connection that is well noted from the Statistics Canada website. We see them pointing to this connection between sugar consumption, what they're eating on the one hand, and obesity and the effects of obesity on the other hand—like high blood lipid levels, type 2 diabetes, cardiovascular disease.

When I was pregnant, five years ago now, I was offered a number of vaccines, ultrasounds, in-utero genetic tests. I was not once offered or invited to ask questions about nutrition. And when I did raise questions about it, I was looked at skeptically or like the question was

naive or irrelevant or a waste of time. The documents, the ethical documents I mentioned earlier, all stipulate protections for children from exactly this kind of preventable harm.

So, to remind you, the Convention on the Rights of the Child says that childhood is entitled to special care. And the degree to which the average Canadian child's diet contributes to obesity and obesity increases risks for all these deleterious health conditions means that the way we're feeding our children and probably other things we're doing—the environment they're living in, the water they're drinking, their lifestyle factors—constitutes an explicit violation of our ethical obligation to them as a country, and also as the individuals that are most directly responsible for raising them. So what that amounts to is that seemingly-innocent fruity packaged snack that we put in their lunch that's actually laden with high-fructose corn syrup is at best a form of ethical negligence, and at worst a form of abuse.

So as an ethicist and historian, I'm interested in how this happened. How did we move from creating a set of bioethics documents and ethics documents that protect the inviolable rights of children to treating them the way that we're treating them now. How do we get to this place? And one thing that is certainly true, and there are a lot of factors at play here, but there was a shift in the literature in terms of how children were seen and valued as research participants.

So the documents that were originally developed to safeguard children, especially, in the research context, like the Nuremberg Code and the Declaration of Helsinki, prioritize the safety of children as individuals, as research participants, over and above any value that their participation in the research could offer to those who might benefit from it. But beginning in the 1990s, there was a soft transition in the literature towards relaxing these protections of children for the sake of increasing benefit to the public.

So, this is just to mention some very brief examples. In 2018, there was a book called the *Ethics of Research Involving Minors* that said: Well, of course minors ought to be protected in virtue of their vulnerability, but the exclusion of minors from research is precluding the potential for beneficial medical advances.

And in 2021, there was an executive summary released by the global consulting firm Dahlberg that described children not as vulnerable subjects, but as active research participants. So by the time in 2021—this is an article from the LA Times that came out in 2021 called *Children Apologize to Their Dying Elders*—by the time that came out, this idea that children could be and maybe should be sacrificed for others had well taken hold.

Now secondly, one of the key institutions that's designed to protect children—medicine—has become victim to a powerful conflict of interest and regulatory capture machine. So regulatory capture is a kind of conflict of interest, and it's a subversion of regulatory agencies—like Health Canada which is a regulatory agency—by firms, private companies, drug companies, for example, that they regulate. And it occurs when an entity like a policymaker or a regulator is co-opted to serve the interests of a special interest group.

So if we take a case in point: Pharmaceutical companies are increasingly funding Canadian medical schools, Canadian medical journals, textbooks that medical students are reading when they're in school. And a key development that allowed this shift to happen is that in 1992, Congress in the U.S. passed the Prescription Drug User Fee Act allowing the FDA to collect funds from companies like drug companies.

Pharmaceutical companies in Canada currently fund things like the Medical Research Council of Canada. They spend \$2 billion marketing drugs directly to physicians, pharmacists, and the public. And Health Canada, which has consistently maintained that the Pfizer and Moderna COVID shots, for example, are safe and effective, received \$99 million from pharmaceutical companies, and that was in 2017.

So the question then is what can we do about this? How can we make our children safer? And I'd like to say before I start that none of the things I'm going to propose here are complicated or complex or maybe as sophisticated as you might expect them to be. And I'm not even going to mention political or legal solutions. And that's because, as both of the people giving testimony so far today have said, that this is a problem that's happening at the level of children and the people who are interacting with them directly and our institutions have shown themselves to be incapable of protecting our children. And we need, in my view, to take matters into our own hands.

It's been said that we are in the middle of a spiritual war, and I don't know how much this is the right context to go into detail about that. But as parents, as grandparents, as caregivers, I think our first and absolute obligation is to make a decision that our children's value is absolute and their rights are inviolable, as all of those ethical documents I mentioned said, and that we need to make choices, including consumer choices, on the basis of that commitment.

Part of that is dispensing with a kind of victim mentality that makes us sit back and wait for the next celebrity or politician or doctor to speak up and get policies changed and get cultures changed. I mean, we need to stop taking blind direction from Health Canada, from the Canadian Medical Association, from the Ministry of Education, or from any other institution that is currently failing them.

Secondly, we need to question absolutely everything. And we need to suspend the idea that we can take advice simply because it comes from an authority figure. Because unfortunately, so many of our authorities, our experts, have been compromised by conflicts of interest. We need to investigate every single thing that goes into and on our children's bodies. And given the realities of the food system, we need to make choices that avoid these highly processed foods, no matter the inconvenience—or go directly to the producers who are creating nutrient-dense, responsibly grown produce, meat and dairy, and if we can, learn to grow and preserve them ourselves.

We need to question prenatal care, hospital birth plans, immunization recommendations, the quality of our water. We need to consider educating our children outside of the school system, because I personally have yet to see evidence that there are safe contexts for our children within the public system, certainly, and also within a number of different private schools. And we need to realize that the more of us who do that, the more resources there will be for each of us.

Third, we need to realize that there is no substitute on earth for the time we spend with our own children. The single biggest predictor of human behaviour, including moral behaviour, is a person's reference group—so that's the group of people that you compare yourself to. And in early life especially, a child's most important reference group is his or her nuclear family, and parents in particular.

There was an interesting survey by Canadian Health Measures that showed that if a parent increased his or her physical activity by 20 minutes, you would see an increase in the child's physical activity by five or ten minutes. And we developed this idea somewhere along the line that childhood should be a burden-free, responsibility-free life or period in life. And we're seeing the consequences of that view now.

There was a study from the University of Minnesota and a very well-known 80-year longitudinal study from Harvard which shows that the connection between doing chores, work around the household as a child, was the biggest predictor of success and confidence later in life. And I think that makes a lot of sense. By giving children chores, we give them not just something to do and the opportunity to develop valuable habits, but we give them connection and meaning and reasons for living. And part of that is setting up their environment to allow them to do as much for themselves as possible. Because even though they might be frustrated at the time, it gives them the chance to develop confidence in their own abilities.

And that is something that as a university instructor I saw so lacking in the students sitting in front of me in the classroom. We need to have them spend more time outside than in, sit down to meals where we give thanks for the food that we're about to eat and then have a conversation where we share our day and connect with each other. And we need not just to tell them that they're loved, but to show them that they're valuable and unique and they're protected.

This is my last slide. It sounds a little extreme, but I don't think there's any other way about it than to say that we are poisoning our children. We're poisoning them in utero, in the first moments after birth, with the food and the water we give them, with the lack of exposure to nature that we're depriving them of. We're poisoning them by teaching them not to question ideas, to conform to unintelligible ideologies, to discourage their critical thought, and by not giving them a moral foundation. And the reality is that the way we're treating our children today is nothing short of a kind of public ritualistic sacrifice.

And this is not the first time in history we've done this. And I'll give you two historical examples to make this point. The Carthaginians were people living in what is now Tunisia from the 9th to the 2nd century BC and were long thought to sacrifice their young children in mass burial graves, children as young as just a few weeks old. And in the scholarly world that was dismissed for a long time as being hate speech on the parts of the Greeks and Romans. And now, and there's just been an article about this coming out of Oxford, archaeologists and historians are concluding that it was actually true that they did sacrifice their young children.

A second example is with the Las Llamas burial site in Peru from the 16th century which contains the remains of 140 five to 14-year-olds who were ritualistically sacrificed. Gabriel Prieto, an archaeology professor from Peru, said that they were possibly offering the gods the most important thing they had as a society. And the most important thing is children because they represent the future.

And this is, I think, what we are doing now. This is sacrificing children. And for us—whether it's for our own profit or our own purity obsession or because we don't want to be bothered to do the work to dismantle the narratives that are structuring every aspect of their lives and our lives—in so doing we're sacrificing not just their future, but the future of not just Canadians but our civilization. And we're seeing now declining birth rates across the globe, which is always an indicator of a declining civilization.

I came across this morning on the UNICEF website a statement about how vulnerable children are to state actions and policies. And I'm sorry that I don't have a slide for it, but I'll just read it, I have the document in front of me. And it says:

The actions or inactions of government impact children more strongly than any other group in society. Practically every area of government policy from education to public health affects children to some degree. Shortsighted policy-making that fails to take children into account has a negative impact on the future of all members of society.

No doubt. And I think this is very much what we're seeing now. So thank you very much. I was asked to ask tech support to un-share my screen.

Wayne Lenhardt

Thank you for your presentation, Julie. I'm going to turn you over to the commissioners now and ask if there are any questions.

Commissioner Bohémier

My only question would be can we have your presentation and the UNICEF document you were referring to as exhibits?

Dr. Julie Ponesse

Yes, definitely.

Commissioner Bohémier

Thank you.

Wayne Lenhardt

Yes, Ken.

Commissioner Drysdale

I know we have a hard stop on this, so let me know if we're getting close to your time. Are you okay for a couple of questions?

Dr. Julie Ponesse

I'm okay, yeah.

Commissioner Drysdale

You know, in listening to your background, it's not just about children, your ethics, philosophy, I think you also had experience in ancient philosophy. So I'm going to step outside just a little bit.

One of the things that I've seen and we've all seen in the last number of years, and what we had testimony on, is things that I would say are obvious, but somehow the collective consciousness of our society ignores them. And I'll give you some examples. I believe you're from Ontario, and during the COVID crisis, the Ontario Physicians and Surgeons issued a note to practitioners that if someone was refusing the injection, then they could give them drugs so that they would feel like they should take the injection.

I also remember photographs and video of people going to the Canadian Museum of Human Rights in Winnipeg and having six police cars arresting them. And that would seem to be obvious that it was a violation of human rights, just like this ethics with the doctors is a violation of human rights. And I could go on and on about that: how we had testimony in Saskatchewan how a lady was standing in line to get a shot and dropped dead within minutes of getting it, and no one got out of the line.

How, as a philosopher, how do you process these things that are obviously happening, that violate what we always used to call our fundamental beliefs and who we are, and we just go on and ignore them? And how is it such a large portion of our population has ignored this?

Dr. Julie Ponesse

An excellent set of questions, and probably there is no question that I've thought about more than that over the last several years—largely because, as you say, I have this background in history and I wrote a book last year that tried to explore it, because I'm trying to understand. I mean, there are all kinds of things you can say as an ethicist about how some particular vaccine policy or lockdown policy violates the ideals we're supposed to have around protecting children as citizens and all those things.

But what we're seeing, I think you're pointing to, is just a lack of moral attention. The moral harms of what has happened over the last several years are obvious. They would be obvious to anyone paying attention, but somehow there is a collective psychological phenomenon whereby we are told to diminish those harms and also to assign some value to them because the value tradeoff is greater, right?

So this case in point with young children and how they're treated in research context. And that's been going on for 30 years now, that transition away from protecting them absolutely to seeing them as economic units that can be traded for and commodified and generating value for other aspects of society. We, our society, has entered this kind of collectivist mindset whereby none of those ethical documents I've mentioned make sense anymore. Because our new idea is that the value of an individual is as a cog in the collectivist machine.

And so that *LA Times* article showed that children are seen as viral vectors. People who won't get vaccinated are seen as viral threats, not as people with rights who should be protected, and as someone with ideas and the capacity to weigh evidence and make decisions on their own with a view to the consequences of those decisions—all of that is eliminated. And we saw a very interesting and troubling shift in the terminology through COVID between talking about people with illnesses to talking about cases and case numbers.

And there's been that kind of dehumanization that we see during punctuated moments of atrocity in history, like what happened in the '40s in Nazi Germany. And I think another component to what—I mean, we could talk about this for hours—but another component is that there is a special kind of perspective you get when you occupy a moment in history. And it's a disability, I believe, because it falsely makes you believe that all of the atrocities humans are capable of are in the past. They're historical events, right?

The Carthaginians sacrificed their youth—sure. The Nazi doctors performed atrocious experiments on the vulnerable, on prisoners, on children—sure. But “we’ve” learned from that. “We’re” better. “We” would never do such a thing.

And it's that kind of myopia or blindness that has put us into this position again that is unique in human history, where we're not only sacrificing ourselves, but children—which is the subject of this inquiry—not in isolated public parts of the world, but globally en masse.

There was a part of me a few years ago that thought: this is such an egregious error, the smart people will figure it out soon. And I don't think that anymore. I think this is going to be decades in the making, watching humanity, not from the top down. It's going to take a revolt of mothers looking at what's happening to their children, of people who used to work in the school system thinking: What's going on? Of doctors seeing more harms than they can bear.

Commissioner Drysdale

Well, you know, you brought it up again, and you brought up the historical perspective on child sacrifice. And again, I'm not a philosopher, I'm an engineer. But my understanding was much of the child sacrifice that happened in the past and the long past was they were sacrificing children for the promise of something. In other words, for the promise of a good crop this year, a promise of economic success.

Can you explain to me what the difference is we're doing now in Canada? We murdered 100,000 children in the womb last year on the promise that it would give this person a better life, that we wouldn't have the burden of this child. And I'm not sure—since I have you here, I'm perhaps taking advantage—but I'm not sure what the difference is between what we are doing now sacrificing babies, or what we now call abortion, for the promise of a better future. Why is that different than what happened in the ancient past with the Carthaginians, actually, that you talked about?

Dr. Julie Ponesse

If there is a difference, one doesn't jump to mind right now. And I think we're blind to think that we are infinitely better because we have more sophisticated technology or we have more laws and documents that are supposed to protect our children. I think you're exactly right that there is no difference.

An underlying question is why do we keep doing this? Why do we keep sacrificing the most vulnerable members of the population, not just some child out there who lives five blocks down the street, but our own children? Why are we making decisions every day that are sacrificing them? And it must be part of the answer that humans are both striving by nature and dissatisfied people by nature. We saw it in the biblical story of the Tower of Babel where humans gathered in the desert, and they said, "We're going to build a tower to the heavens, and we're going to go to the heavens because we're able to do so."

And we see that I think now with this vaccine technology, if you can call it that, with developments in AI, because we want to make ourselves as perfect, as immutable, as immune as possible. And those are not exactly the same things. Our immunity obsession, our purity obsession, is an old tribal one. Our fear is deeply rooted in our amygdala, the primal brain that says, "Don't let a threat into the tribe, into the group, because that will take you all down, that will end your life. That's a threat."

So we have both this motivation to make ourselves immune to risk and threat on the one hand, and we are striving, we seem to have this purity obsession now or this obsession with perfectionism. And so much of the narrative around the COVID vaccines had to do with this idea that we could purify ourselves, we could reduce case numbers, we could reduce

symptom severity if only we could get a threshold of the percentage vaccinated, then we would be safe, we would be invulnerable.

And there was a little bit of that language with SARS. I remember it very well. I was teaching in the classroom and at the school I was at we had a lot of Asian students, in the sense that they lived in Asia and came to Western for their schooling. And they were all masked, and a number of the students from Canada thought it was kind of crazy. But I do remember at that time this obsession with the idea that I can protect myself from all of the chaotic forces of nature.

And I think a truth that humans have a hard time coming to terms with, that we will need to come to terms with because there's no other option, is that we're mortal, we're imperfect, we are fallible, and thank goodness, because that's our nature. That's what it is to be human beings.

And we can make a choice now. We're standing at this precipice where we can choose to try to become something superhuman, like the gods, like the building of the Tower to Babel, or become immune from all illness, or become a supercomputer like AI will allow us to be. Or we can dig into our humanity, remember that our children are precious, that there is nothing more important than your connection to your children and the safe home you create for them, imperfections and all.

And that's why I didn't want to talk today about laws and regulations too much, because I think at the end of the day, this is a decision that parents need to make in their homes around the dinner table about how they're going to raise their children.

Commissioner Drysdale

Thank you.

Commissioner Bohémier

I have one question. Do you think that we sacrifice our children because we are used to sacrificing ourselves?

Dr. Julie Ponesse

That's a beautiful and troubling question. Whatever the answer is, it's going to be rooted in human history. Another version of that question, a way to frame that question is: "Are we self-destructive by nature? Are humans self-destructive by nature?" And I've explored that

idea. Part of the book I wrote last year was considering this idea that human beings have a tragic flaw, which is just what I articulated, that we want to be something we're not. And so there's a lot of self-destruction that comes along with that, right?

I mean, such a troubling part of the COVID narrative was this idea that: I don't matter; all that matters is doing my part, right? Do your part. And what is your part? Well, unfortunately, doing your part had nothing to do with what the evidence supported would be most valuable as a decision, but doing what you were told to do. And what is more self-sacrificial than that—doing something only because you're told to do it, when it contravenes all evidence that points in another direction and leads to really extreme and irreversible harms.

So I think the question you ask is one we need to grapple with as humans moving forward. COVID is not just COVID, this is a symptom of an existential crisis that we find ourselves in and that we need to do a much better job of paying attention to and answering than we have done to date.

Commissioner Drysdale

Sorry, Miriam's question and your response brought me to wanting to ask you, because you just said people want to be something we are not. Do you think the removal of something higher than ourselves from our society and our institutions, whatever that higher thing might be, you know, a God or your community, do you think that's contributed? Or perhaps is that at the root of this “we” wanting to be God or “we” wanting to be something we could never be. Because we aspire to it, but we no longer have something else to look up to as such.

Dr. Julie Ponesse

Yes, one of the worst consequences of removing something greater outside of yourself is that something needs to fill that void. There's a vacuum. And if there's nothing else to step in, then it's going to have to be the result of self-elevation. You have to see yourself as a god. Now, why human beings are spiritual in that way, if you want to put it that way, I think is a further question for anthropologists and theologians.

But nevertheless, almost every culture in history has had some theology that involves either a god or some set of gods, whether we believe in gods because we are tracking truth about the world, which is my personal view, or there's some psychological phenomenon that makes us want to invent them. Either way, this is something we do and we cycle through over and over and over again.

To answer your question more directly, I think it would be fair to say that the situation we find ourselves in now, so the proximate cause is a loss of meaning and purpose in life, and that that is directly related to a loss of the presence of God and Christianity in our schools, even in our churches, in our House of Commons, and in culture more generally.

And even if you don't want to say that God exists or that God's existence is an important element of our democracy, it certainly seems to be the case that some element of spirituality is, because it gives structure to our lives. It gives us a feeling that there's something bigger than ourselves.

How often do people say they love to go to the mountains or to the ocean because they like to feel small, right? Humans, we like to feel small. We like to feel that there's something bigger outside of us because it gives structure to our lives. It makes us feel like there is a purpose to everything, a meaning structure, a narrative structure that our own little, tiny lives can fit into and have purpose—as opposed to just being a matter of chance, nonexistent before you're born, and gone after you've died. That is not a story that humans have liked very much throughout history.

And Mr. Newman was talking earlier about how you take parents out of the home and then what you're left with is this relationship between the child and the state. And, as I said, there are all these ethical documents that say children are not possessions of the state and a lot of harm can come to them when state policies intervene too much or intervene in their lives in the wrong way.

But one thing that's part of the Christian tradition is the idea that God is a fatherly figure. And you take the father out of the family, you take God out of the country, and you're again left with that kind of vacuum with meaning in absentia that is leading, I think, to the absolute chaos and solipsism we have today.

Commissioner Drysdale

Thank you.

Wayne Lenhardt

If there are no other questions, I want to thank you very much for a wonderful presentation. Thank you on behalf of the NCI.

Dr. Julie Ponesse
Thank you.



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NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 17, 2024

Day 1

EVIDENCE

Witness 4: Dr. Byram Bridle

Full Day 1 Timestamp: 05:38:20–07:34:13

Source URL: <https://rumble.com/v5izvud-nci-vancouver-2024-hearings-day-1-october-17-2024.html>

Paul Jaffe

Yes, welcome back after lunch everybody. We're starting the afternoon session of the first day of this hearing in Vancouver. Commissioners for the record, my name is Paul Jaffe. J-A-F-F-E. I'm assisting as a volunteer counsel this week.

Our next witness is Dr. Byram Bridle. And Dr. Bridle, I'd ask you do you swear to tell the truth, the whole truth and nothing but the truth?

Byram Bridle

I swear on the Bible to tell the truth, the whole truth and nothing but the truth, so help me God.

Paul Jaffe

Thank you. Could you please state your full name for the record?

Byram Bridle

My name is Byram. B-Y-R-A-M. Bridle. B-R-I-D-L-E

Paul Jaffe

Thank you. Now I understand just in terms of your background, you are an associate professor of immunology and virology at the University of Guelph, Ontario, Canada, correct?

Byram Bridle

That's correct.

Paul Jaffe

And you have a master's in science and a PhD in immunology and completed postdoctoral fellowship in immunology and virology.

Byram Bridle

Yes.

Paul Jaffe

You've received prestigious awards for teaching in immunology, virology, cancer biology, and have been published extensively in these fields of study.

Byram Bridle

Yes.

Paul Jaffe

You hold grants to study vaccine and safety and natural immune responses to viruses, correct?

Byram Bridle

Yeah, that's correct.

Paul Jaffe

And you're a member of the College of Reviewers for the Canadian Institutes of Health Research and have received multiple distinctions for being one of their top peer reviewers?

Byram Bridle

That's correct.

Paul Jaffe

You hold patents related to viruses and vaccine technology and are the Chief Operating Officer for ImmunoCeutica, is that it?

Byram Bridle

ImmunoCeutica, yes.

Paul Jaffe

Okay. And you're a member of the Canadian Citizens Care Alliance, a senior fellow in virology immunology for the Frontline COVID-19 Critical Care Alliance, and you've served as an expert witness in international court cases, correct?

Byram Bridle

That's correct.

Paul Jaffe

And I understand you've also been called as an expert in a number of different forms, both in the courts and on behalf of various advocacy groups that are relating to the issues that we're going to be addressing today.

Byram Bridle

That is correct.

Paul Jaffe

Okay. Now, I understand you've prepared a PowerPoint presentation reflecting upon some of the recent data that has been evolving over the last little while, and bearing in mind the overarching theme of this week's inquiry being the interests of children and the potential impact of these issues on them and what society can do to address these things. So with

that general background context, perhaps I understand you've got a PowerPoint presentation and would like to take us through that?

Byram Bridle

That's correct. If I may, that would be fabulous.

Paul Jaffe

Sure.

Byram Bridle

In this day and age, there are many people who would accuse subject matter experts of spreading misinformation. So that's why I think it's important that you not hear what I have to say, but what I have to show you, and I will use my expertise. I see my role here being to use my expertise to make otherwise complicated science accessible to the lay public so that you can understand what you're seeing, and you can make your own informed decisions. So that's what I'm going to do today.

So before I start, as a teenager I was diagnosed with Tourette Syndrome. So I do have neurological tics, maybe sniffing and snorting and funny eye blinking and funny ways I move my mouth. So if you do see that, that's what that is, those are neurological tics.

Now with the focus today, this is my hypothesis. This is what I'm going to share with you. I'm going to give you six examples. The core of what I have to show you is six examples of many that I could share with you that demonstrate why our health agencies are no longer trustworthy—how they have either deceived the public throughout the declared COVID-19 pandemic, and/or how they have outright lied about some of the public messaging. And my hypothesis, therefore, what I would propose is that children in Canada are not safe when health agencies are untrustworthy.

And keep in mind, I'm going to give you multiple examples, but arguably I only need to give you one example, because I often mention this to my children. You know, you can ask the question: How many lies does it take to be deemed a liar? It takes one, right? And at that point, the onus is on the person who has told the lie. They have to then earn—and they cannot demand that people give it back to them—but they have to earn people's trust back. And so this is what we're dealing with, and I'm going to show you multiple examples.

So what I have here are my list of disclosures. I'm not going to go over this in detail. This presentation and all of the evidence that this refers to, what I'm going to be sharing with you today is excerpts, key examples taken from documents that have been obtained through Freedom of Information Requests, or what we call the ATIP process, Access To Information and Privacy regulations in Canada.

Also documentation from the Japanese Health Regulatory Agency and the United States Food and Drug Administration. In the case of the FDA, the Food and Drug Administration, these documents were only released because they were compelled to do so through court order. They tried to hide them from the public for a period of 75 years until literally all of the living generations currently are dead and gone, but they were compelled by court order to release them.

I'm also going to be sharing documentation that came from a process whereby our federal ministers or members of Parliament are allowed to ask questions of the agencies, the government agencies, to find out what the basis was for decisions that they made. And so this goes through a process we call these "order paper questions" that can be submitted under federal Parliament.

As you can imagine, this starts carrying a lot of liability. And it has been remarkable some of the information that has been forthcoming from the Public Health Agency of Canada and Health Canada when these questions have been posed to them by MPs in our parliament. And I'll show you some of the documentation that they submitted when answering these questions. That's what I'm going to share with you today.

Everything has been submitted to the National Citizens Inquiry as exhibits. All of these I'm happy to make available to the public. Everything I have here, the presentation and everything, is available for people to study in great detail. So with some of the things I'm going to go over here, I'm going to go over them very briefly because I really want to touch down on the key points.

So my qualifications have largely already been covered. In short, I am an immunologist. I'm a virologist. I have focused my career on developing vaccines, so a vaccinologist. I understand what I'm talking about when I talk about the science underpinning the COVID-19 shots. And I have submitted as an exhibit a 107-page curriculum vitae, if anybody wants to study that to determine for themselves whether or not I have the expertise to talk about what I'm going to be presenting to you today.

So very briefly as a background, what I want to talk to you about is science and more importantly public messaging—messaging that the public heard about the science

underpinning the COVID-19 shots. And what I'm going to be talking about specifically are the ones that were preferentially used here in Canada. So that's the Pfizer and Moderna modified RNA shots.

These were little tiny bubbles of fat, we call them lipid nanoparticles that carried a genetic blueprint known as modified RNA, that's synthetic RNA molecule, that encoded the spike protein from SARS Corona Virus 2 [SARS CoV2], the causative agent of the disease that we've called COVID-19. So some people who get infected with SARS Corona Virus 2 might get a disease that we call COVID-19.

I'm going to be talking about these COVID-19 shots. Now when this was being brought to market, this is a novel genetic technology that was designed to be used to disseminate drugs and gene therapies widely throughout the body. People were concerned about potential genetic modification of their own cells, so I'm trying to alleviate these concerns.

Public health officials all around the world assured people that this technology functioned the same as any traditional vaccine technology. And they specifically went on to declare that these shots remained at the injection site, with a little bit going to the local draining lymph node, which you want because that's where you want to initiate an immune response.

That is not how the technology functioned in the more than a decade that it was being developed leading up to this. I knew that. But those of us who heard this being placed in the public record, you know, we understand the importance of intellectual property and protecting intellectual property. So we assumed that there was proprietary tweaking of this technology that stopped it from behaving the way it had historically.

I came across a document, and I'm showing you a table here, this is from the document. This was a biodistribution study, the results of a biodistribution study submitted by Pfizer to the health regulatory agency within the Japanese government. As soon as I saw this document, the alarm bells went off, because I knew that I and everybody else in the public had been lied to. Because this showed me that the technology behaved exactly like it had for the many, many years of its development leading up to these COVID-19 shots being released into the public.

In short, as per the graph here that you can see on your right, the light grey—that area under the curve—represents, over time, the amount of the vaccine that could be detected at the injection site, right after it was injected into the muscle. In other words, everything you see in the white above that was the vaccine going elsewhere in the body. It went far and wide, everywhere throughout the body. I saw this. This caused me great concern. That caused me to express my concern in a radio interview that I gave three and a half years ago.

Paul Jaffe

Dr. Bridle, can I ask you a quick question? Two questions, actually. In your PowerPoint presentation, it's making reference to exhibits.

Byram Bridle

Yes.

Paul Jaffe

And this one chart that we just looked at referred to Exhibit B. And I take it the full document, which would include that chart, is at Exhibit B which I understand is a link that once we've entered your PowerPoint onto the record, people can access the actual full reports from which you're gleaming some of these items, is that right?

Byram Bridle

That's right. So I've submitted them to the National Citizens Inquiry as standalone documents. They're not directly linked in the PowerPoint. But this labels what they are, so the exhibits are identified by letters. And I provided the entire documents. As you see, some of the documents are well over 1000 pages. So what I pulled out here in the presentation are just excerpts so that other people don't have to read the entirety. But I've given you the entire documents.

Paul Jaffe

Okay, the only other question I have right now is—and I don't want to jump the gun, maybe you're going to get to it—but that graph that we just saw about reflecting the, I suppose it's nanoparticles that are remaining at the injection site and then become more diffused: Does that relate at all to what the government was saying would be the sort of dynamic in play on the injections of this technology? In other words, does the graph, is it inconsistent with what the public narrative was on how this drug is supposed to work?

Byram Bridle

It completely contradicted the public narrative. That is why I was concerned.

Paul Jaffe

What was the public narrative?

Byram Bridle

The public narrative was that these shots stayed at the injection site. And as I just showed you in here when you look at the grey, if the slide is up on the screen, that grey there, that area represents the amount of the vaccine at the injection site. So as you can appreciate, therefore, for the white area above, the vast majority of the vaccine distributed elsewhere throughout the body. We were told it stayed at the injection site. It absolutely did not. The majority of it went far and wide throughout the body. Yes, and so that is very concerning. I was gaslit after I expressed that concern. The amount of censorship was huge.

Paul Jaffe

Could you explain. What does that mean: "gaslit"? Who was gaslighting you and what were they saying?

Byram Bridle

Self-proclaimed experts. Particularly the ones who were worse were those who purport to be experts in combating health misinformation. And they were just doing that under the guise of censorship.

Paul Jaffe

"They" being?

Byram Bridle

Anybody claiming to be an expert in combating health misinformation. I'm happy to name. So for one classic example who is proud of taking the lead of the Science Up First Organization in Canada which takes a leadership role in doing this is Timothy Caulfield. I almost referred to him as Dr. Timothy Caulfield. He's not a doctor, but he heads up Science Up First. That's the classic example of an organization that gaslights true subject matter experts.

Yeah, so what we have here is I recognize the problem. And just to put this in perspective because to a lot of people, I think it's very important. So now you understand this contradicted the public messaging, right? What we were being told. Why does this matter?

I appreciate the National Citizens Inquiry allowing me to share this information because when I tried to share it publicly, I was never allowed to respond to any of the criticisms. I was never able to share and show the evidence demonstrating this. So I'm going to go through this quickly again. People, this is provided to the National Citizens Inquiry.

But in short, systemic biodistribution of these COVID-19 shots could be a problem for many, many, many reasons. And I've got the science listed here. In total in this presentation, I have over 80 citations listed here. In short, everything within this technology can potentially be dangerous in the body, can potentially be toxic in the body.

So there's the entirety of the vaccine, and there's components of the vaccine. The lipid nanoparticles can cause harm in the body. The synthetic messenger RNA can cause harm in the body. The spike protein, when it's manufactured by cells in the body, can cause harm in the body. And then we understand now that we get odd forms of these proteins, when the blueprint gets misread, we can't even predict what the potential harms are from there.

And when the spike protein gets expressed on cells throughout the body—because that's what this technology is supposed to do—and once an immune response is initiated, that immune response then is going to target the cells throughout our body now that are expressing the spike protein.

Further, we now understand that there is serious contamination of these vials, DNA contamination, which can have all kinds of negative harmful bio-activities in the body. So I'm not going to belabour the point with these slides, but just so that you can see that I'm saying this based on a very large body of primary scientific evidence. Here's more, here's more. And what I want to share with you now—okay, and here's more.

But this is the thing, as disconcerting, as concerning as that was for me as a subject matter expert three and a half years ago, things get much worse. Like most people, I trusted our public health agencies. I trusted them when they told me this did not get widely systemically biodistributed. I trusted them until I saw the evidence with my own eyes, right? But this is why I have lost complete faith in our public health agencies and my ability to trust them.

So let me give you an example. I'm not going to touch down on these key examples. Again the United States Food and Drug Administration asked—they pleaded—for 75 years before they released their data that they based their decision on for rolling out these shots to the public.

Now interesting, they did release a version of the biodistribution study like the one that I saw that was submitted to the Japanese government. When I saw the version that they released, I was shocked because what I learned is that Pfizer actually cherry picked the best looking data to submit to the Japanese government and they hid almost half of the data. Many people do not realize to this day until you study these documents.

The study that I saw from the Japanese documentation was actually the second biodistribution study that was run. What we learned from the FDA and what the FDA was forced to disclose, was that it was preceded by an initial study that was a complete and utter failure. And the people running the study reported that to Pfizer said this is a complete and utter failure.

I have a quotation here even where the study director noted that, and I quote: “A subsequent review of the data showed concentrations of lipid nanoparticles were well detected in tissues.” They admitted it was getting distributed throughout the entire body. It proved to be lethal. They had to truncate the experiment. And then when they put this forward to Pfizer, Pfizer said, “Okay, cut the dose in half and repeat it.” And it was that second study that was the data that went to the Japanese government—which in and of itself was incredibly disconcerting.

But I want to show you some other things that they did. Just again, touching down on highlights. Go through my presentation in detail, I've got lots of science here. This is one of the things that really bugged me.

What I learned is that when the data were disclosed to the Japanese government, Pfizer pooled the data. They had male and female rats that they were running these studies in. They pooled the data, and I noted. And I could note based on the Japanese data, except for two tissues, and that's why I knew they had males and females. Because I was very concerned when I saw data in the uterus and the ovaries. And I highlighted three and a half years ago the ovarian data.

But for everything else, they pooled the data from the males and females and then said, “Whenever you're doing a biodistribution study, you always want to capture a peak. You want to know: Okay, at what point do we reach the peak concentrations and in what tissues in the body?”

And so you want to peak ideally, right? You want to see it reach a maximum concentration and then go down so you know, you understand the dynamics of how this technology works. They didn't capture a peak, but what they did argue is they captured a plateau. And as a scientist you say, “Okay, you didn't capture the peak. You didn't show me going down,

but I accept if you've captured a plateau, then I'm pretty convinced it's not going to go up any further."

This is the key. So what you see on the left, this is an example of the data as they presented it—and they only presented it this way to the Japanese government—where you can see this is where they came up with this concept that they had a plateau. I've drawn a red line there. It seems like a flat line. What we found out in the FDA documentation is when you parse out the male and female data, look at what it looks like in the female.

This was a trick that they played, a trick that they successfully used to trick even subject matter experts like myself. When you have a curve where things are going up near exponentially towards the end, and another curve where it goes up early and comes down and you marry them together, it looks like you have a plateau. But look at the female data here, it goes up.

And let me show you. I did these graphs because, of course, they didn't want to show the graphs because they don't want this visualization. So they just had the raw numbers. So I've graphed it for you here.

Look at this. It is the same that happens in the adrenal gland. So these are the female tissues—female. And look at the trends in the adrenal glands, the bones, the bone marrow, the bladder, the eyes, fat tissue. I'll continue with this. Look at the upward trend. It's rising near exponentially in the large intestine, the spleen, lymph nodes, of course the uterus and ovaries, the small intestine, the pancreas, everywhere. This is egregious.

And the question I have is: Why did Pfizer hide these findings from the Japanese government? And more importantly: Why did the FDA allow the technology to proceed into a public rollout after reviewing this absolutely disastrous study? This was a preclinical study done in rats well before it went into people. It never should have gone into people based on this. I can tell you, as a scientist who does this kind of research, there is no way, based on these results, that this ever should have gone into there.

And again, we just recently were able to obtain these documents. The results were clearly insufficient to justify advancing into human trials, let alone into a public rollout. This study served as a red flag revealing massive gaps in the understanding of how the technology worked. If you're only going to test one dose, which is ridiculous to begin with, you're going to test a dose where you're very confident it's going to place your novel medical product in the best possible light. Yet it was a complete and utter disaster. That tells me, as somebody who runs these kind of studies, that they had no understanding of how their technology was behaving.

And this is the important part. When you see this data from females, everyone, but especially women and girls, deserve to know about these disconcerting results. Every single female on the planet who was being coerced or mandated to take these shots should have been told that this was going up exponentially. They never captured a plateau in the females—you saw that.

And so the question is: How high did it go? That was the question that should have been put to Pfizer: How high does it go? You need to go back and you need to do a lot of research to convince us that this is ready for a rollout. And in other words, a biological signal forewarning this was available, as I've just shown you, to health regulators prior to any use in humans. There's no excuse.

I want to show you a second example. So there was a second biodistribution study that was done. This was done in mice. The first one I showed you was in rats. This one was done in mice. They used a different technology. They used the technology where you use an imaging device that picks up signals on the inside of mice.

So what they did is they use a surrogate vaccine, surrogate modified RNA vaccine, that instead of expressing spike protein, expressed a protein from the firefly. You know how the fireflies glow? It's called luciferase. This is a protein that causes that glowing to occur. And what happens is that signal, if that gets expressed in cells and tissues, it'll emit that signal and that can be picked up by this imaging machinery, okay? So that is bioluminescence.

Now what I can tell you is, this is one of the least sensitive methods for detecting expression of a modified RNA in tissues. So you have to understand that. And this is one of the tricks they used. So they use the least sensitive method to do this. But this is where it gets particularly egregious. I'm going to show you this.

On the left here. This is what the FDA released. You see that with a big grey box? They showed that data as the results of this biodistribution study in these mice. I'm the one who added the red text below. Where are the data? What I have found is that when these documents are being released, they are so incredibly redacted.

And as I'm about to show you a lot of the data that they're redacting, this is not protecting identities. This is not protecting intellectual property. It is basic fundamental information that should be made very transparent that they are hiding.

But I noticed one thing. You see that little picture. If you go to the slide again and you look on the bottom left, you'll see a little picture. And what that is, is this is the hind end of the

mice. So this technology they showed you about, what you do is you take an image of the mice, they're under anesthetic, and then you overlay on it the signals that your imaging device has picked up. If there's a signal, that means that the modified RNA was being expressed in that tissue, so that tells you the biodistribution.

I saw that image and I thought, this is odd. This is not how you would show this as a scientist if you're publishing data, you're going to show the whole mouse. I immediately say: What are they hiding? Why are they only showing this tiny portion of the hind ends of these mice? Even the second mouse is cut off.

But I also thought, I could recognize this. And it turns out what the FDA didn't realize is this same data were in the documentation that the Japanese government had in their hands. So I pulled up that documentation. You can see it on the right. That cropped image that you see on the bottom left is taken—it's the top right image—from the Japanese document. But it has been modified, and I have put them side by side for everybody to look so you can see they are the identical data.

What they did, on the left-hand side you see a bar with different colours on it. All you need to know is with this technology, you can go onto your computer after the fact, once you have the data, once you have the images, and you can dial up or down the intensity—just like if you have a picture on your computer, you can dial up and down the contrast, brightness, etc. They change the intensity to try and make it look different. This is the exact same image.

And what you will see is they cut off a huge signal that was occurring above this other one. These mice are on their bellies. This is an image of their back. The signal that they cut off, which you can see on the larger image here, I've got an arrow to it, this is a massive signal coming from the kidneys and adrenal glands—a place where we saw we were getting massive distribution of these lipid nanoparticles, too. They covered that up.

And I want to show you this is why it's so important. Because in their conclusions, it's not just a case of not releasing information, but I want to show you that there have been outright lies as well about this information. It's not right to hide information from people. You cannot have informed consent if you are not telling people what you know. But it's even worse when you actually lie about it.

So as you can see here in their conclusions, they're saying the luciferase—remember this is this protein that causes fireflies to be able to light up their rear ends, and this is the signal that was being detected—they're saying that beyond the injection site, it was only found to a limited degree in the liver. And I'm showing you here, they did show the image. This is

now the mice flipped on their back so you're looking at their belly. And you see how they didn't crop it here. They did show the stripe that's up in the midsection, that's the liver.

But that fit the narrative, the public narrative, because we were also told this stuff doesn't last in the body. It gets cleared from the body relatively quickly. How? Well, the argument was it goes to the liver. And the liver is one of these things that gets rid of things from the body. So they were okay with showing that. But so you can see there, what they said is most of it stays the injection site, which was wrong, and then some of it goes to the liver—period.

You see, through this nefarious cropping of the images, they did not reveal that there was a massive amount accumulating in the kidneys and adrenal glands because that did not fit the narrative. They could not explain that in any safe way whatsoever to the public, so they hid it. This is not okay. That was outright deceit.

Now I want to show you another one related to this biodistribution data. The FDA released this version. This is garbage, this has no meaning whatsoever. Again they've covered up all the relevant data. But again what they wanted to say here, and I've highlighted in yellow, they showed these data which you can't interpret because they've taken away the very data you need in order to be able to understand what's happening so you have to trust what the health agency is saying here. They say after nine days, the reporter expression dropped to background levels.

In lay terms, what that means is everything from the vaccine was gone from the body. That fit the narrative: “Doesn't last very long in the body.” Again, they forgot, or the FDA did not realize, that some of us were looking far and wide to find the truth. And again, the Japanese government, they didn't feel it was necessary to hide these data from the public.

So what you have on the left is the version of the graph that the FDA released only because they were compelled to by court order. On the right is the exact same graph that I obtained from the Japanese government. And you can see at day nine, that red bar does not meet up with the black bar. The signal did not reach baseline after nine days. And you can see they nefariously covered up these data. You can see it with your own eyes. So they could tell you, the public: Oh, this stuff doesn't last very long in the body.

Again, any regulatory official that saw these data should have said: “This has not reached baseline. Yes, it's gone down quite a bit, but it also seems to be flattening out. For all we know, this might not intersect with the control curve, which is the black line on the bottom, for many more days, maybe even weeks. We don't know. So you've got to go and you have to do the research.”

Again, every single one of these examples was a reason why these should not have been rolled out in the public. So in other words, the research shows that Big Pharma and health regulators both sat on data that predicted the inevitability of the harm. This all deals with the biodistribution. I already showed you lots of science which shows why the systemic biodistribution has the potential to cause a lot of harm in the body. They sat on this and here's more evidence.

The science has now accumulated. This concept of biodistribution that was fought so hard is now readily accepted in the scientific literature. It's referred to as spikyopathy. And as you can see from all the references that I have here, there is a large growing body of evidence showing the harms that has caused. And these organizations knew about it before it ever went into humans. I knew about it, I tried to forewarn people. Well I didn't know about it, unfortunately, until it was being rolled out to people, but I tried as soon as I could.

So now I want to turn my direction to another example. So we get to the Canadian scenario. Why is the FDA important? Because most health regulators around the world look to the FDA and follow their example. But now let's look in Canada. Can we trust health regulatory agencies in Canada? This is very important.

So my fourth example, this is the documentation that I was telling you about. What you see on the bottom right here is a portion of the order paper that was submitted by one of our federal MPs, who said to Health Canada—you can see it, and I've highlighted the key thing here—*What is Health Canada's scientific basis?* And I'm just summarizing this, putting this in lay terms, but essentially: *What is Health Canada's scientific basis for claiming safety of COVID-19 modified RNA shots in pregnant and lactating women?*

The specific example here is the most recent one that was approved. So this is almost up-to-date information. And I want you to note the response to this question was issued in December of 2023, so not all that long ago. I see no evidence that anything has changed since then. But the point is, we're well past the point of having mandated these shots and having given these shots to massive numbers of pregnant and breastfeeding women in Canada.

So this was the question: "Health Canada, what was your scientific basis for claiming the safety of these shots in pregnant and lactating women?" The response was utterly shocking. And I'm going to show it to you so you can see with your own eyes, because I could not believe it when I saw it.

But remember, now Health Canada who's been sitting on this, they're being asked directly what was the basis for you recommending this and saying it was safe in women who were

pregnant and breastfeeding. So we're talking about some of our most precious children here. We're talking about our unborn children and we're talking about infants, newborns.

And I want to show you why this is important. Because where I live in Ontario, at that time our Ontario's Minister of Health was Christine Elliott. She stood up, and I've got a link to a video here so anybody can click on that link and you can see with your own eyes and listen with your own ears her standing up in our Parliament. But I've taken the quotation here and I quote, and she's referring to these COVID-19 shots: “But it's also safe. It has been tested. We're recommending that women who are pregnant do receive the vaccine. It has been accepted by Health Canada.”

I want you to note she has leaned on Health Canada, saying Health Canada has accepted it for this purpose: Women who are pregnant, it is entirely safe and recommended for them to receive the vaccine. That was the public messaging everywhere, everywhere around the world, all across Canada. I wanted you to see that coming from a key government official, a Minister of Health.

Now look with your own eyes at the joint response from both Health Canada and the Public Health Agency of Canada when they finally felt the way to parliamentary liability. What did they have to say? As indicated in the specific product monographs—those are the instruction sheets that come with any medical products, so in this case the vaccines: *It is noted that the safety and efficacy of these vaccines in pregnant women have not yet been established.* Did you hear that? *Have not yet been established.* No indication for use in pregnant or lactating women was sought by the vaccine sponsors. Pfizer, Moderna weren't even asking for these shots to be authorized for use in pregnant and lactating women.

Remember, this response isn't outdated. This didn't come early in 2021. This is the response that was published in December of 2023—well after we did this to pregnant and lactating women. They didn't even seek an indication for use in pregnant and lactating women. And then they say: “—or authorized by Health Canada.” And if people don't want to hear that, they had the second statement to reiterate that: *Health Canada has not approved any safety claims with regard to pregnant and lactating women.*

Paul Jaffe

Dr. Bridle, maybe I can back up and try and cover that, just in terms of the timeframe. From the time the Minister of Health in Ontario issued this proclamation as to the safety and efficacy and “no problem here, folks” type message from Queen's park, to the time where they issued this damage control exercise saying it hadn't in fact been approved for pregnant or lactating women, what's the rough timeframe? Can you help us?

Byram Bridle

More than two years. Health Canada only came out with this response in December of 2023. So less than one year ago, and only when compelled within Parliament to release this information.

Paul Jaffe

So for two years after, we must assume the Ministry of Health in Ontario and elsewhere across the country would have had access to the same data that the FDA had published, and the same reasons for being suspicious about it. Because obviously the scans had been tampered with and the data had been obscured by the pooling for two years. When all of that information was known by the government, the government was representing to the public that there was no risk to women. And then two years later, when they knew they had to do this damage control, they issued this statement that we've now just looked at. Have I got that right?

Byram Bridle

Health Canada still has not released the data on which they made their determination to provide these shots with what we call “authorization by interim order,” which is equivalent in the U.S. of emergency use authorization. But it is safe to assume that, yes, they would have had certainly versions of these reports.

Paul Jaffe

Right.

Byram Bridle

We would love to see them.

Paul Jaffe

Have you made efforts to get disclosure?

Byram Bridle

People have tried. Parliamentarians have tried. They haven't released this information to date.

Okay, so you saw with your own eyes. So in here, Health Canada and the Public Health Agency of Canada made reference themselves to what are called the product monographs. So I'm not going to show you Moderna's. Moderna's is very similar, I have it in the exhibit. I just want to highlight what was in this instruction package for Pfizer's version of the COVID shot.

And sure enough, look at this. Pfizer says themselves with pregnant women: *The safety and efficacy of COMIRNATY—that's Pfizer's COVID-19 shot—and pregnant women have not yet been established. With breastfeeding it is unknown whether Pfizer's COVID-19 shot is excreted in human milk. A risk to the newborns/infants cannot be excluded.*

And the manufacturers did not ask for this to be used in pregnant and breastfeeding women. So those who push the shots on pregnant and breastfeeding women need to contend now with the statement that Health Canada has not approved any safety claims with regard to pregnant and lactating women.

And then Health Canada should be compelled to explain why they never corrected the record. Why did they never correct the public record? We heard ad nauseam that these were safe and effective for pregnant and lactating women. They need to explain why they never corrected the record and disclose this to women. There is no way that there could ever be informed consent for pregnant and breastfeeding women when you see these data.

Now this is interesting because, Paul, you just asked about documents that Health Canada was looking at. So here I am going to show you some of the communications behind the scenes, some of the data that we were able to obtain. And you can see here, this is through a release package. This was through one of these ATIP requests, Access to Information and Privacy here in Canada. And this shows documentation that Health Canada was looking at.

And as somebody who has served in many court cases, I have opposing legal counsel constantly trying to compel my speech and trying to tell me that I have to say that these shots were authorized. I always try and educate these lawyers in court. There are three levels of authorization. If you make me say they were authorized, that implies the third level of authorization, which is full authorization.

These started with authorization by interim order. Then there was an intermediate one authorized with terms and conditions. And these have important meanings. So when we were distributing these shots to most Canadians, these were authorized by interim order.

Which meant that Health Canada had to establish what's called a research management plan with Pfizer, so there were all kinds of terms and conditions. And you're going to see some of the documentation. So this is discussion of what this meant.

So people need to understand when you talk about these vaccines and when they were authorized by interim order, you can't just say "authorized by interim order." You need to go to the documentation you see here, and you will see pages of information that should have been disclosed to people of exactly what "authorization by interim order" means. But I'm going to give you some highlights.

First of all, an interesting thing, it says right in their documentation that these shots were indicated for active immunization, not to dampen the severity of disease. That's not the purpose of a vaccine. You can see they knew it was to prevent the disease. That means you don't get the disease and you don't pass it on to other people. That was Health Canada's indication. That's what they were expecting in terms of the performance of these products.

Now, this is very important, very, very important. When these— And I'm showing you here so that you can understand the wording that Health Canada was using behind your back. Because they know. They know the legalities. They know what the policies mean. They know what it means when something is authorized by interim order. They were not saying these things were safe and effective. I'll show you what they were saying. When these were authorized by interim order, they were saying that these shots "*may* contribute" to protection against COVID-19—"*may*." That is a very important distinction from saying definitively that they are effective.

Think about this. Let me give you an example. A person goes to see their family physician and they say to the physician, "I've been hearing all kinds of things about these COVID shots. I'm told they need it to protect me from COVID. Doc, are these shots going to be effective in protecting me from COVID?" And that physician turns around and says, "Definitively, yes." That's going to have an influence on the decision that person makes.

When you understand that at that time, nobody should have been saying that, nobody. What they should have been saying is those physicians and Health Canada you can see here should have been correcting the record when that person went to their family physician and asked will these shots be effective and protect them against COVID. The answer literally should have been, "Maybe." Isn't that a huge difference when you're trying to make a decision as to whether you're going to take a novel medical intervention?

And let me explain why. There were limited clinical trial data. They knew, based on the clinical trial data, and this is even contested. But if we take the uncontested data, there was

a very small statistically significant absolute benefit, in terms of absolute risk reduction, and it appeared in preventing COVID-19 associated with these shots. But that was in a highly contrived clinical trial—highly manipulated. Experiments are very artificial environments.

When they were running these clinical trials, they took the healthiest and young, healthy people. Because this is one of the tricks: you want your medical product to be in the best possible light. You don't want to risk having poor results from your clinical trial. So they're always stacked in favour of making your product look better than they are.

And so this is the thing, as the public you need to understand, because I know, otherwise it's word salad. The results of how well a medical product works, those results from a clinical trial, we call it “efficacy.” Efficacy by definition means it's how beneficial something appeared to be in an artificial experiment.

When it can come to the public rollout—use among the public—things get very dirty very fast because you're not just giving it to the youngest people and the healthiest people. And so you don't use efficacy, you say “effectiveness”—that's for the real-world rollout. And so that's why they could say, “Okay, the clinical trial data suggests that it's efficacious, but we don't know if it's effective.” That's why they had to literally say “maybe” it is, okay? It's just so you understand.

Now look at this so you can understand with your own eyes. This was the agreement with Pfizer, and it's similar for Moderna, when they were authorized by interim order. Look, they listed in their documentation: *important identified risks, potential risks*—and this is very important—*missing information*. I want you to see the information that was missing. And you'll see, now things start becoming clear. They were missing information about the use of these in pregnancy and while breastfeeding. That's exactly why they never authorized it for that purpose.

I've highlighted some other things. They didn't have data to suggest that it might work or whether it would be safe in people who were immunocompromised, people who were immunosuppressed, in frail patients with comorbidities—that's most of the elderly population. That's the population we first rolled this out in. Use in patients with autoimmune inflammatory disorders. These are the people where these shots were pushed the hardest because they were told they were at the greatest risk. And yet Health Canada was missing information about whether it was going to work in this population and whether it was going to be safe.

And this is where it comes in, I want you to see it again. This is why they were using the terminology “may” be effective, because what information was missing? Vaccine effectiveness. And again, that’s why I wanted to clarify any confusion among the public, because people might say, “But there was some clinical trial data, wasn’t there?” That’s efficacy. That’s an artificial highly-controlled experimental environment. That’s what they’re talking about here: effectiveness.

Normally, when you roll out something like this, there are going to be many years of vaccine development and lots of subsequent clinical trials. And as you progress, you keep migrating closer and closer towards the real life situation so you can gain confidence in vaccine effectiveness. That data we’re missing.

So Health Canada’s communications made it clear that nobody should have been claiming the vaccine was effective. And how much was that mantra shoved down our throats? Authorization by interim order meant that the only official claim for effectiveness was, and I quote again from Health Canada: *It “may” contribute to protection against COVID-19*. This was because vaccine effectiveness was officially missing information.

And I want to touch down on some other things that are very important that I thought you might find interesting. Here’s an example here of, again, it wasn’t authorized for use in pregnant and breastfeeding women, but it was accidentally administered to some. So for example, in some cases it might have been a woman who took the shot and then found out that she was pregnant. So they looked at this.

Of those that accidentally received the vaccine when nobody was trying to push it on those who were pregnant and or breastfeeding, they looked at this. And almost one quarter of the cases where this happened in women who were breastfeeding infants, they found clinical problems in the infants—clinical problems in the breastfeeding infants. And then in another quarter of cases where it was the women reporting problems for themselves when they got the vaccine while they were lactating, a quarter of them reported lactation issues. These are massive safety signals. There’s no way, based on everything that I’ve shown you—and you can see this accumulating evidence—there’s no way these shots should have been given to pregnant and breastfeeding women, let alone mandated.

Here’s another one. I told you about use in frail patients: I want to highlight one piece of information here. It says down at the bottom the MAH. Just so you understand what the MAH [Market Authorization Holder] is, that’s the company. This is Pfizer in this case. Pfizer themselves acknowledged the higher reporting of fatal outcomes following receipt of these shots in frail subjects compared to the overall vaccinated population.

When we went on that huge initial push into our frail elderly population, do you not think it would be important to inform that demographic that even the vaccine manufacturer was acknowledging that when side effects occurred, there was a greater risk of that causing death if you were frail and elderly with multiple comorbidities, multiple other illnesses.

Now, let me show you another one. I'm going to end with this, but I think this is very important, especially since we're sitting here right now in British Columbia. Again, you need to see this with your own eyes. This came again from an Access To Information and Privacy request. For many weeks leading up to the public release of information on the safety of the COVID-19 shots here in British Columbia—and I'll never forget British Columbia—I was mining your public health database to try and assess this.

When I've been in court cases, I've always said this, "Our safety system in Canada and all over the world underestimates the true harm of these shots." And that's because they're passive monitoring systems. It means people volunteer the information should they choose to. I would argue the amount that we're underestimating the true harms using these passive monitoring systems is exaggerated in the context of COVID-19 vaccines because we saw physicians—my goodness—who were submitting these reports as they were told they were supposed to were getting in trouble, were getting their licenses removed and their licenses suspended. So I would say the underreporting factor, if anything, is probably greater for COVID-19 vaccines.

But even that set aside, it underestimates it. So when I've been in court, I've tried to explain this to people. When you're pulling numbers out—and this has been the trick for public messaging—when they're pulling numbers out and they're reporting these numbers, the numbers have no meaning on their own because we don't know how much they're being underreported. We don't know how few people have volunteered that information. It's taken out of a context, but it's presented and people are allowed to assume that that represents the sum total of the harm.

So I've always argued what we really need is we need to place this into a context. We need to put it alongside other vaccine information, vaccines that people are very familiar with. And interestingly, in court, not knowing this information until very recently, I've always argued the flu vaccine would be perfect. Every people that used to year after year after year—you make your own informed decision. You're not mandated to take the flu shots, but you're allowed to choose whether you want to take it or not. And you understand the risk from the flu, right? And there is a reasonable amount of information about the vaccines. You get to make your own choice. We're used to that, every year. Right now, this time of year, they're pushing the flu shots, and everybody's making their own informed choice.

So unbeknownst to me, because like I said, even as an expert I don't understand what the numbers mean coming from these unless it's put into a context. You can see at your BC Centre for Disease Control—and these were communications with Bonnie Henry, your medical officer of health—they also didn't understand exactly what the numbers meant so they put them into a context out of their same database. Their very same database, they pulled out parallel data head-to-head about adverse events that were accruing—so side effects that were being reported for the COVID shots alongside the flu shots from your same database. You couldn't ask for a better controlled data set. It's beautiful. It puts it right into context.

And now look what I've highlighted in yellow. I want you go to the second one down because really what we care about are the serious side effects. It's the serious side effects. So what they did, every single week, they looked at this updated data from their database. I want you to know that what that number is telling you is at what rate were serious side effects accruing for the COVID shots here in British Columbia compared to the flu shot. That number tells you: 16-fold—16 times. Serious side effects were being reported at 16-fold, or 16x greater incidence than for the flu shots.

It gets worse. Now these numbers here are low, but I don't care if they're low. As a scientist, I would say, “Yeah, they're low so maybe we don't trust these numbers quite so much.” But when you see what these numbers are, you say, “Okay, so we need a lot more data. We need to be very careful and figure out what's going on here.” So when you see, when it comes to hospitalization: 14 times, fourteen times greater rate of hospitalization following receipt of the COVID shots than the flu shot. And this is on a per-dose basis.

So I also want to highlight, the flu shot for most people is a one-dose regiment. The COVID shot, it was at least two. Many people took three in a year. So matters are even worse when you take that into account. But on a per-dose basis, deaths occurring at a 28-fold higher rate, accumulating a 28-fold higher rate in the adverse event database for COVID-19 shots than the flu shot.

And this is where things really bug me because this now marries beautifully with all the data they showed that was hidden about what was happening to females. To me, if I was a woman or a girl or I was responsible for a daughter, this would completely outrage me. Look at the numbers here. They had these data, Canadian data that they sat on. This is from way, way back in 2021: 18 times if you were female. If you were a girl or a woman, reports of serious side effects were accruing for COVID-19 vaccines at 18 times the rate as for the flu shot. Would you not have wanted to know that as a woman?

And I want to show you here, that you can see here in this series of documents. Here's where they proudly announced, "This is the final version of this week's—" Because like I said, they were looking at these data every week, but then they suddenly went public with it. And I'll never forget, because this is when I started getting to see the data. And I looked at it and thought: Oh, it's not really too concerning. I don't even know how to put it into context, so I can't really know what to do with it.

Let me show you what they did. First of all, the very first day they put this up publicly for you, they said: *No safety signals have been identified in the reports received in British Columbia to date.* And they specifically say: *Serious events have not been reported at rates higher than expected compared to background rates.* Really? I just showed you the data every single week they saw that it was accruing at far higher rates, vastly higher rates, more than an order of magnitude greater rates, than the flu shots. You can't get a better background. This is a complete and utter lie. I want to show you that they were lying.

And I just have a couple more slides here because this is very important. So what did they do? This is the data. They had these huge data tables. When they actually showed you the public, the results, this is what they showed you. And I look at this, and having seen the other data, I couldn't believe it. They said the total number of reports that they had analyzed at this date were 593. One week prior, it was 523. I highlight this because that means in the intervening week, they had 70 more reports of side effects.

Even if you assume that none of them were serious, I want to show you what happened here. They reported 26 serious side effects. So again, they stripped all context. They stripped all of the context, all the comparison to the flu shot, so nobody knew what this meant. Even me as an expert, I had no idea. And I'm looking at 26, I'm thinking, that's a very small number. Then I don't know what it means anyway, I have no context. Twenty-six: look in this table with your own eyes.

If you go to the second row. So on the left there, I have it highlighted in yellow, "serious side effects, okay?" And you go along to the first bolded number. You'll see the number 144. That's the cumulative number of serious side effects that had been reported: 144. So I'm looking at this saying: How did they go from 144, then have 70 more reports added to the database, and come up with 26. They cut the number by more than 80%.

So because guess what happens when you're talking about percentages? It puts it into a context. If they reported the 144, they'd have to say: *Of these events that have been submitted, a third of them, 27.5%, are serious.* And to them, that sounded like a high number. So how do we cut the number so we only have to report 4.4%? So 26 doesn't sound like much, 4.4% doesn't sound like much—no concerns raised.

Let me show you how they cut that number. What they did is every single week that they were looking at these data, they had their definition of a serious side effect, which is on the bottom here on the left. I have some of the text highlighted in yellow. I have some of the text highlighted in purple.

Then on the right here, I have the new definition that they use, that they established for the purpose of the public rollout of these data. They removed all of the purple text. You cannot convince me that things like paralysis and inflammation of the brain are not serious side effects. They removed half of these things from the list for the sole purpose of bringing that number down. That is nefarious, that is wrong. And people need to understand this.

COVID-19 represents less of a risk to children than the flu, that's fact. Flu shots have always been optional, not mandated. So consider then the impact of the following reality in the context of informed consent. This is what everybody should have been told when they were deciding whether they wanted their child to receive this shot. They should have been told—because it's about a cost-benefit analysis—they should have been told, COVID-19 is less dangerous for children than the flu. But the COVID-19 shots are potentially 16 times more dangerous than the flu shots. That is what was required for people, for parents to make a proper assessment as to whether or not they wanted their children to get these shots.

So in conclusion simply, health regulatory agencies, as you have seen, have time and time again now proven to be untrustworthy. And this is not a complete list of examples. This renders children in Canada unsafe. So what can we do about it?

I've got recommendations here. First, place a moratorium on all lipid nanoparticle encapsulated RNA vaccine technologies, both for humans and the animals that we eat, until the science can catch up. And I suspect that when the science catches up, the science so far is showing that we should never renew use of these technologies.

And this moratorium needs to be extended to next generation technologies, which includes, if you don't understand already, they're already rolling out the next generation of this technology. It's called the self-amplifying RNA COVID-19 vaccine, also known as the Replicon vaccine. It started in Japan on October 1st. We cannot let this get to Canada. It is more complicated. It comes with even more questions and concerns.

We need to investigate why health regulators intentionally withheld alarming data, thus negating informed consent and their precautionary principle and causing substantial harm. Health regulatory agencies need to be gutted and they need to be repopulated with non-conflicted subject matter experts of integrity.

Their primary funding needs to be switched from Big Pharma. If you don't know right now the majority of their budget comes from fees paid by Big Pharma and needs to be switched back to primarily coming from tax dollars so that they will be encouraged to promote service of taxpayers, not Big Pharma.

They need a renewed mandate to objectively and transparently promote the best health interests of the public. They need to earn our trust back. Careers—this is very important—careers need to be restored for the scientists, health care providers and many, many others who are quote “left to the wolves” by negligent health regulators.

And as you've seen with your own eye—and this is what is very upsetting for people like me—when all of the experts who had their lives destroyed, these health regulatory agencies were sitting as you saw on data that actually was even more disconcerting than the data that was causing our concerns.

They shared our concerns. They were at the same time investigating the same concerns that we were expressing, and they left us to rot and they left us to be attacked by the wolves. We need our careers restored. We need apologies. We need our reputations restored. We need to end academic censorship that is being done under the guise of combating misinformation.

You're going to see lots of people who just label everything I've said to you as just misinformation. They don't tell you what was misinformation and they won't tell you why it was misinformation. But in this case, it's not what I'm saying, you've seen with your own eyes. This is what our own health regulators, what their own documents have said. So good luck with that, those of you who want to promote this concept of us disseminating misinformation.

And finally, and this is so important, and so important. I know we have got a bunch of lawyers here and you'll appreciate this. I've served in so many court cases, judges must stop granting judicial notice to health regulatory agencies and their employees. For those of you who don't understand, when I serve as an expert witness as a subject matter expert, I have to come into court and I have to defend every single thing that I say. I have to provide every shred of evidence that shows that the overall weight of the evidence supports what I am saying.

But when it comes to our health regulatory agencies and those who work for them, what they say is taken literally as the gospel truth. And they are not compelled to show up in court and provide any evidence whatsoever to justify those statements. As you can see,

that's fine. That's fine if they can be trusted and if they have our best interests at our heart. But as you can see, they cannot be trusted. They need to get into court alongside the rest of us and defend their statements with primary scientific evidence.

Thank you very much for your attention.

Paul Jaffe

Thank you very much, Dr. Bridle, that was unbelievable. I do think the commissioners may have some questions for you.

Commissioner Larsson

Dr. Bridle, that was a fascinating amount of data. Churchill said we should never explain things by mendacity if incompetence will do. I think given the data that you've presented today and other data that's in the public domain now, clearly this wasn't just incompetence, though incompetence may well have played a part. But if we accept that this is mendacity, apart from the funding flow, what could possibly be the motivation of these health regulation bodies to do what they did?

Byram Bridle

Okay, so I'll be frank with you. That goes beyond the realm of what I usually comment on and my expertise. I like to stick to the objective science and facts. So there's many hypotheses out there, but I just want to back you up on what you said. I always like to give people the benefit of the doubt, as I shared at the beginning. When I was told that this vaccine technology did not behave as I was sure it had to, based on having followed the science for the more than a decade leading up to it, I trusted them there. I gave them the benefit of doubt. I said okay, I understand, I have patents. I understand there's certain things that have to be protected for intellectual property purposes. And so I assumed that there had been some proprietary tweaking and they completely changed how this technology worked.

So, like I said, what woke me up is when I saw that initial lie coming from our from our public health officials. Prior to that, I never questioned what our health agencies did. I assumed that they had our best interests at heart. But as you can see with these number of examples and many more that I have now seen, yes, I agree with you 100%. What I can state definitively, because I also for a long time, even after that I assumed: Okay, that didn't make sense to me but you only have to lie once to be a liar, but I even sort of let that go to a

certain extent. But then I saw these other things happen, and I long ago had to write off the idea this was just incompetence.

You can see this was done with purpose. This was done with intent. There was intent behind redacting things like that figure, cropping that figure to hide data. I showed you how by hiding data, they then actually came out with statements that were actually completely false, where they actually outright lied.

I showed you the example of a Minister of Health that stood in Parliament and lied about Health Canada having approved these things and given their thumbs up to their use in pregnant women and breastfeeding women. So, yeah, it's not incompetence. There is a lot of evidence of nefarious activity and nefarious intent. But I personally would like to refrain from going beyond that and speculate. Because for me to say anything else as to why at this point would be speculation on my part.

Commissioner Larsson

Thank you.

Commissioner Bohémier

Hi, Dr. Bridle. I have some questions in the same way that Dr. Larsson asked you. And I know you cannot answer, but I think it's important to ask the questions even though we don't have the answer. So with the data you showed us, my question is: Why did they give the shots to people? And why did they use this technology? And why do they still suggest to people to take those shots?

Byram Bridle

Yeah, those are my questions as well. What I can tell you definitively, as an expert: Look, I looked at the science, I followed the science. What a lot of people don't realize is some people know me as somebody who's been fact checked many, many times, accused of spreading misinformation. The reality was I'm a vaccinologist. I got funding to develop COVID-19 vaccines. I addressed this in my disclosure slide. My funding was for preclinical research. It had no chance of getting into the clinic.

My funding ended in 2022. I did not seek renewal of funding because I stood by my concerns. I did not seek renewal of that funding at all. But the reality was, as a vaccinologist, I was cheering on the vaccines. I thought this is great. My area of expertise is going to solve

the problem. That's why I got into it. I told the government that I could develop vaccines, and maybe in a couple of years have vaccines ready, as did many people across Canada.

Then I started following the science. One of the things that initially caused me concern was I knew that vaccines could not be the solution to the problem, certainly not so quickly, if there were effective treatments. So I was watching the data on things like ivermectin and hydroxychloroquine, and I was cheering on the fact that it seemed to be getting lambasted, initially. Because, again, I wanted funding to develop vaccines and so on and I thought that was going to be the solution.

But then I started seeing things that I could not just write off. I saw studies that were—and I have testified now as an expert because I was following these so carefully and I couldn't ignore this—studies that were intentionally designed, I mean they were fatally flawed in such a way as to show, to paint things like hydroxychloroquine, ivermectin in a bad light. When I saw that I thought: this doesn't make sense. My expert opinion is that these things do look like they are pretty good and that there's a usefulness for them. But then we push these shots anyway. So right from there things didn't make sense, right from the get-go.

And what I'm going to say is—you saw it—it was just an avalanche after that as I followed the science, concern after concern. And I even like to say now, the scientific concerns. We've had such an avalanche of primary scientific data now that have come out and that have been published in the peer reviewed scientific literature—a mountain that says that there should have been a moratorium in place on this. And I've been calling for a worldwide moratorium on this technology for a long time now. And you can see, it just keeps getting worse.

But what to me makes this even worse is you can set aside the mountain of scientific evidence that says we never should have deployed these—and we certainly should have stopped them as soon as we possibly could, and we certainly should not be pushing them right now still at this late stage—when you see that these organizations, that these people have been lying and hiding data, they have been deceitful, I mean that's all you need to know.

Science aside, the scientific debate becomes a moot point, right? We cannot trust these people. On that basis alone, when somebody is telling you to do something, and you show that this person is a liar and a chronic liar, you should not be doing what they're telling you to do. So all I can say to people right now is we need to stop taking these shots. We need a moratorium placed on these. And just so the public understands, I don't understand why these are being pushed. I need to put this into context.

COVID-19 for most people was like the flu, and no more dangerous than the flu ever—ever. Right now, it is much less dangerous. For the vast majority of people, it is like a common cold. Understand this, it's like a common cold. When you do a risk-benefit analysis, knowing everything that we know, I don't even care how good these things are. You know why we don't develop vaccines for the common cold? It's because there is no medical intervention that exists in the world that has zero risk.

And you're not going to apply any risk to a perfectly healthy person for a problem that is a mere nuisance for a few days, causes a few sniffles. Nobody wants to take the chance. The risk-benefit analysis doesn't make any sense. COVID-19 is like a common cold now. And the risk, as you've seen, and the lies surrounding these shots is enormous. So anybody who does a very basic, fundamental, just common sense cost benefit analysis right now has to say there is no way these shots can be pushed on anyone. I don't care who you are, there is nobody in which the risk-benefit analysis makes sense—at all. Period.

Commissioner Bohémier

Okay, and I have another important question because you're an expert in vaccinology. Since they lied to us, as mothers can we trust other vaccines for our children? Especially when we have so much chronic disease with our children as an epidemic, like Robert Kennedy is talking about, can we trust other vaccines?

Byram Bridle

Okay, so this is the toughest question you can ask a vaccinologist. And if you asked me more than four years ago, my answer would be very simple and straightforward. I would promote all vaccines based on the textbook definition and the ideal definition. So that's important. Maybe many Canadians don't know. We have what's called the Canadian Immunization Guide. We have an official definition of what an ideal vaccine is. It's one that prevents disease and prevents transmission of the causative agent of the disease after a single dose given to a person. Put that in context of how these COVID-19 shots have been performing first of all.

But this is what I think has been happening. When you hear people arguing about these vaccines—this is what I've seen for a long time now—I think the vast majority of people when they're just blankly and carte blanche arguing in favour of vaccines and pushing a safe and effective narrative, they're pushing the textbook standard—what we teach in immunology, which is the ideal. We know it's safe, we know it is effective, based on the definition that I just gave you.

So as a vaccinologist, up until 2020 I taught my students that vaccines are just the be all and end all—they're great, they're safe, and they're effective. After I have been exposed to what I was exposed to, and people start calling me an anti-vaxxer as a vaccinologist and a person who has published an unbelievable number of papers on vaccines, I started looking into this issue. Because you're right, as I said, how many lies does it take to be deemed a liar?

And when I recognize that somebody has lied to me, this is the thing. If you've lied to me, I now question everything you've ever told me. Because I don't know how many times you've lied to me now. Once I've caught you with one lie, I may have only caught you with the one, but you may have lied to me many times. I don't know. I have no way of knowing. And I can't trust the response you're going to give me if I ask you how many times.

So I am starting to look back into this. What I can say as a vaccinologist, I'm not going to bash historical vaccines at this point. What I can say is I'm looking into it, and I've been shocked by the poor quality science that supports a lot of our historical vaccines. I have found fatally flawed vaccines.

I was telling my own students, go get the HPV vaccine, right? Because it can be great for preventing cervical and anal cancers. So these are the vaccines we give to our teenagers in school. I went back and looked at that because I was shocked. I heard that apparently they didn't compare in the control group—because I saw that the clinical trial data said they were going to compare the vaccinated group with the group that got a placebo. I understand what a placebo is: that means it's a sugar water or saltwater, no bioactivity whatsoever. I saw that, so I thought: What's the issue here?

I went back and looked. And when it was actually published, I found out that what they compared the vaccine to was the adjuvant. Well any good vaccine, the protein that you're targeting is supposed to be an inert molecule, meaning it has no bioactivity in the body so it can't do any harm. In other words, what they compared was the bioactive component of the vaccine to the bioactive component of the vaccine, and then ruled that: Oh, we didn't see any safety issues.

And I had been keeping an eye and I did see that there were safety issues accruing, especially in young women where we were pushing this preferentially. So I see these kind of results after the fact. And then I even was able to get my hands on and see a consent form for somebody who participated in this, where it explicitly said that the control group was going to get saline, salt water—didn't even say placebo, which is what we were told publicly. And it explicitly stated that. And then I find out, no, they got the adjuvant.

So what I can tell you as a vaccinologist as I started looking at this is, you know, I share their concerns. I know I can't trust them. I can't definitively say that any of our historical vaccines are bad and don't meet the proper risk-benefit analysis. But I am no longer going to sit here and tell anybody that they meet that risk-benefit analysis. And I think everybody should be allowed to darn well in the state of affairs now that has been created—

People have tried to accuse me of creating vaccine hesitancy. You know, the reason why I spoke up and expressed these concerns so long ago is because I realized that if people are going to trust vaccines, they need to trust vaccinologists. They need to be able to follow people who are going to tell them the bloody truth. I spoke up to defend my field of expertise. These health agencies, they are now crying bloody murder because vaccine hesitancy is starting to go through the roof, and they are the ones who are responsible for the vaccine hesitancy. I tried to prevent that in the population.

But you know what? I'm no longer going to stand alongside these organizations and blindly tell people that these things are great, that they are safe and effective. No, I can't trust them anymore. I realize now I've got to go back and look at all of the data. And it's taken me so much of my time to just keep up with the COVID-19 data, I don't know how long it's going to take me to go back and look at these historical vaccines. But I am not going to tell anybody that they should be taking any other vaccine until I have been absolutely convinced that the overall weight of the transparent, legitimate evidence suggests that they should.

Commissioner Bohémier

Thank you.

Paul Jaffe

Well, unless subject to any further questions from the commissioners?

Commissioner Robertson

Yeah, I have five grandchildren. Some of them are vaccinated, others aren't. I can tell you, the three unvaccinated are so healthy. They have nothing. The two that were vaccinated have many, many health issues. I'm very concerned over infants today because we are at, what—78 vaccines in one year? My children had eight, total. Like, how can we go to 78? What can we do to let the public know?

Byram Bridle

Okay, so—and I acknowledge that. This is the remarkable thing. I actually recently received funding to do preclinical testing, which is my area of specialty, looking at all aspects of the immune system and what happens to the immune system if we don't vaccinate versus give the full childhood vaccination schedule that you just talked about. Because again, it's something that I ignored. I ignored that question as a vaccinologist. Every time we look at these vaccines, we treat them in isolation on their own. We don't do that with other drugs.

All the time, anybody who has had multiple chronic illnesses, often what happens is your family physician will send you to one specialist, then to another, then to another. And by the time you've gone the rounds through multiple specialists, you end up taking 6, 7, 8, 10, 12 different drugs, right? They all prescribe it.

There's pharmacists who specialize in looking at that and saying: Okay, all these physicians in isolation have given you all these drugs, and now there's all these drug-drug interactions occurring, right? And there's pharmacists who specialize in: How many drugs can we get rid of, because some of the drugs you're taking are to treat some of these drug interactions? And they reduce it. And that's acknowledged, these drug-drug interactions.

But you're right, we are lacking good quality research on: What is the effect of combining multiple targets into the same vaccine and adding all of these vaccinations together, especially in a very condensed schedule? So it is a concern of mine. So again, I can't say because I haven't seen definitive evidence that definitively shows that it's causing harm. But again, I'm open to anything now. I have recently obtained funding to start looking at that.

Now the remarkable thing for me is my university was happy with me getting that funding, but they have not allowed me to access my lab. So I've got the funding to do this research, but I can't get in my lab to do it. So I recognize this. So I recognize that, I would say, it's a potential issue. It's a concern that I share.

And I have to open with what I shared at the beginning. I was diagnosed with Tourette Syndrome. This started when I was about 7 years old. I wasn't diagnosed until I was 17. I recognize through the research that I do now that Tourette Syndrome, these neurological tics that I have, fall within a category of diseases that could potentially—potentially—be the result of vaccine injury. It's theoretically possible that I'm vaccine injured, a vaccinologist. You know, I recognize these things now. It's a legitimate question.

And unlike all the gaslighting that's been going on, we need to take these legitimate questions and we need to say: We're going to slow down here, and we're not going to be

forcing these things on people. We need to be more open to letting people make their own choices, considering the huge mess that the field of vaccinology is in right now. And let's invest the time and effort in doing the research so that we can give definitive answers to what you're saying so you can either gain confidence that it's just fine, or we'll find out that maybe it's not and we can adjust.

I can't tell you as a vaccinologist all the things that are being pushed on our kids. We definitely don't need them all. And in many cases, we could rely a lot less on vaccines if our government would invest far less amounts of money into basic lifestyle changes and doing things like promoting free Vitamin D testing and promoting true Vitamin D sufficiency. I'm not talking about how they define it based on bone health, because the metabolic requirements of the immune system are vastly higher—vastly higher.

And if we promoted what research shows—I like to call it immunological sufficiency—if our government promoted immunological sufficiency across Canada, our healthcare costs would plummet. The average health of our population would be far better. We'd have far fewer diseases, far fewer hospitalizations, far fewer deaths, and we'd have to spend a lot less money on healthcare here in Canada. So there are alternatives.

Commissioner Drysdale

I've got a couple of short ones, I think. You showed on your slideshow the monograph from the COMIRNATY drug, which was the Pfizer one. When was that monograph available with the shots?

Byram Bridle

It should have been available right from the beginning. But I also acknowledge I haven't actually held one in my own hand. And actually, I did go to a pharmacist and asked for one. They didn't have one on hand. But many of us have probably seen the videos of when pharmacists were asked and took them out, they were blank pages.

I do have a close colleague and a very good friend who I trust 100%, who has seen one and held one in their hands. So I can't actually say definitively when those were available. But again, this was when Health Canada, the documentation that I showed you, that very document where I was showing you excerpts from, that was from July of 2021. So I can tell you that they certainly existed early on.

I mean, those product monographs should have been at least in—even if they weren't actually the proper monographs in the actual packages that pharmacists and physicians

were receiving—certainly they should have been in the hands of Health Canada before these shots went into anybody's arm.

Commissioner Drysdale

What responsibility do the physicians have to have reviewed the monograph of a drug that they were—I don't want to use the word forcing—but pushing on pregnant women?

Because I know of cases from other testimony, because we did 24 days of testimony last year, that the doctors were really pushing this on pregnant women into the 2022-2023 time range. So do doctors not have to, or are they not obligated to review the monographs of these drugs they're pushing on pregnant women?

Byram Bridle

Thank you for asking that. That was one of the things that I had wanted to mention and neglected to mention when I was actually sharing that data. Yes, shame on every person who gave a shot that did not read those instructions. You need to read the instructions. This is like anything that we own that we're going to use in our lives. I mean, you should be reading the instruction manual and following it, especially when you're talking about a person's health, especially when you're talking about something as invasive as putting foreign entities into somebody's body.

Every person who gave these injections should have been compelled to read these product monographs before they gave a shot, before they gave any recommendations to any individual. Because, yeah, it's absolutely incredible. Because of course if you see that, and that's why I say these people who gave this—and you probably noticed I'm being very careful, not even saying physicians, because you'll be amazed at some of the people who are allowed to give shots, these COVID-19 shots—that's part of the problem.

I would argue just that we need to educate our healthcare practitioners much better in these kind of areas. I mean when we saw people—I mean like I said, I even went to a pharmacy and asked to see if I could have a product monograph. They couldn't find any on hand in the pharmacy. And I'm thinking at that time, how are you giving these out to people? Why are you giving these shots? You can't even show me a product monograph. If you can't show me a product monograph, then how can you have read it? And we saw many indications where the people hadn't read it.

Let me give you the most egregious example that I saw right where I live in Guelph in Ontario. I work at a veterinary college. I'm not a veterinarian. Many of the people that try

and say, oh, don't listen to this guy because he's a vet, I'm not. My research is human focused, I'm not a veterinarian. So that is just complete defamation.

But I can tell you, therefore, I've got the experience, you won't believe this. And they even tried to promote it as these were student veterinarians. They weren't. Student veterinarians: what that means is they're enrolled in a veterinary program. But they were undergraduate students—they're undergraduate university students. We had undergraduate university students giving these shots to people and not disclosing to them. These people were coming and getting shots and they didn't know that these were undergraduate students. They're not licensed, they're not healthcare providers. That's why I don't even say physicians. That's what we had going on with this. We had undergraduate students in their early 20s giving these shots to people. It's absolutely wrong. Absolutely.

Because if you read that, how was a physician— I know exactly what you're getting at as a physician especially. So a physician, you have to operate with a certain level of professionalism. So maybe you can say, okay, these 22-year-old students, maybe they should never be giving the shots, period. But a physician, if you read the monograph and you see that there is no indication, the manufacturer has not sought an indication for use in pregnant and breastfeeding women, and you see they cannot assure the safety of this at all, yeah, how could you in good faith ever recommend it to those people?

Commissioner Drysdale

Exactly. Now so from what I recall from the testimonies that we had last year, those monographs were available early in 2021.

Byram Bridle

Yes.

Commissioner Drysdale

And the post-marketing survey done by Pfizer was released in—it was completed by Pfizer in March of 2021 and it was made available through court order, I think—was it later that year or early in the following year?

Byram Bridle

The following year, I believe.

Commissioner Drysdale

And yet with all of that data, particularly in the post-marketing data where they were showing their results, I think they looked at 42,000 reported cases of problems and half of them they didn't know the sex and half of them they didn't know what happened, and all these other things. Shouldn't there have been some responsibility on the front line? Like, I don't want to just concentrate on the regulators, and we need to concentrate on those, but I'm trying to find out what in the heck happened on the front lines. I know people, myself included, who were reviewing that post-marketing data at the time and we were reviewing monographs, and yet the people who seemed to be putting needles in arms weren't.

Byram Bridle

It's unbelievable, the number of people that I was able to confirm among my own colleagues—colleagues who attacked me based on my scientific views. Very early on to justify what I had said in an off-the-cuff interview to a lay audience three and a half years ago, I had colleagues who were attacking me. So I actually wrote a scientist guide to parents about COVID-19 vaccines. Because at that point I saw there's no way this makes any sense for our children. It's only going to be harmful.

It was packed full of all the science on which I had based my concerns. And these colleagues who were writing open letters defaming me and saying I didn't have a clue what I was talking about, refused, they refused to look at any documentation that I gave them. You're right, it was absolutely phenomenal. They're making these determinations and these judgments of people who are looking at data, in the complete absence of looking at any data. Why, I don't know.

But what I can tell you is this. The warning signs were so obvious that many members of the public, many lay people, saw very clearly that the public messaging, the public policies, were not following the science. So I can tell you as an expert in this area, and it was very obvious to me as well, there's no excuse. If you were a healthcare practitioner, your radar, your alarm bell should have been going off very early with this technology, very early.

Commissioner Drysdale

Well, it's been a long time since my wife and I had children, and maybe that's a surprise. But when we were having children, you know, the mother wasn't supposed to be taking aspirin or eating fish. And I'm old enough that there was the recollection of thalidomide. And I heard at these hearings the last time around there was even a worse one in the 1930s that went through the DNA and last for generations. Does anybody remember the name of that?

AEDI/DSV or something? My question is this: Has that philosophy of really being careful with pregnant women, because we don't know exactly what's going on there when these babies are—has the medical profession decided that we don't have to be so careful anymore?”

Byram Bridle

Yes, we have become far too haphazard with that. And you're absolutely right. Any inflammation in the body during pregnancy has the potential to cause harm—cause harm to the placenta, cause harm to the developing fetus, to cause harm to the pregnancy. We know that. We've known that forever. That is exactly why, as you mentioned, even some basic medications we do not give.

Vaccines, by and large, are avoided during pregnancy. Because the foundation for a vaccine, in order to initiate an immune response is built on inflammation. You have to have a potent inflammatory response in order to get a proper, what we call B and T cell response or antibody response, right? These antibodies we were talking about, it's built on inflammation. They promote inflammation. You never want to promote inflammation in the body of a pregnant woman. That is just basic scientific edict. And the fact that was ignored, especially for something like this that was so experimental.

But like I said, this is what makes it so egregious to me, because it really puts it into context when you say this. From that perspective alone, even if— So let's say Health Canada came back and said: “You know what, we did authorize this by interim order, and we felt we had enough data that it was going to be effective in pregnant and lactating women.” Even on that basis, based on what you were just saying, to be safe we certainly never should have mandated this for pregnant women. And we should have been informing them: “Just so you know, every vaccine causes inflammation in the body, and inflammation is a known contributor to harms in pregnancy.” Right? This should have been disseminated.

You know, I have no problem if people want to take something. My personal opinion is if it's allowed, and there has been some level of benefit, they can do their own risk-benefit analysis, but the data has to be transparent. The information has to be transparent and let them make their choice. So we put this in the proper perspective. Like, it is absolutely egregious that pregnant and lactating women were mandated and coerced into taking these shots. There is zero justification, no matter which way you look at it.

Commissioner Drysdale

Well, we heard through other testimony prior to this hearing that these aren't traditional vaccines. They are biologics, is what I was told they were. And we heard in our hearings in Regina that there is a phenomena that people have started to talk about called shedding. And when that first started to be talked about a year and a half ago to two years ago, the medical community said that was an invention and it wasn't true.

But what we heard in Regina was that—and I'll get my terms wrong here—but the CDC or whoever that is in the United States has testing criteria or recommended testing for biologics to make sure, or to monitor, whether or not there is a shedding phenomena with those biologics. So these biological treatments never went through that testing, from what I understand. Do you know anything about that?

Byram Bridle

Yes. So thank you for asking that question. We go right back to that biodistribution data that I showed you. One of the things that I noted—which I don't think I've actually ever publicly mentioned, so thank you for giving me this opportunity—way back in those animal experiments, those documents reveal that the researchers collected samples that would have told us definitively whether or not shedding happened. They collected the samples. They collected fecal samples, they collected urine samples. They had the samples—they archived them and never tested them. And none of our health regulators were ever compelled them to test them.

So long before this went into people, we could have known from the animal model whether or not that was a potential issue. What I can tell you is definitively shedding does happen. We now know that because we have two peer reviewed scientific publications that show that fragments of the modified RNA get into breast milk. And when I raised that as a potential issue, all my colleagues said, “Oh, that's garbage, there's no evidence.”

And I remember at the time I cited a few, there was just a very limited, I was able to get my hands on a handful of reports. I went to the VAERS database. That's the database in the United States, their passive adverse event reporting system where people can voluntarily report medical things that happen after getting a shot. Again, not necessarily cause and effect relationship, but we use it to propose questions, identify potential risks.

And I saw in mothers who had got the shots that there were some cases of clinical problems in the infants that were breastfeeding from them. And my colleagues went at me like you wouldn't believe, “Oh, look at those few cases. This guy has no clue what he's talking about, you know.” And I was gaslit so badly over that.

And I just showed you how, at the exact same time that I was expressing those concerns. And I wasn't saying that it was a problem. I was saying that based on the biodistribution data and these reports, these limited reports that are accumulating, it's a legitimate question to ask, and therefore we should do the research to definitively answer it. So I want you to know those data were there way back before this even went into people to address those questions.

People have been complaining about the shedding, all kinds of people around the world ever since the rollout of these shots. This is what I want you to know, the research to definitively address that question. So in other words, shedding does happen. Fragments of this synthetic RNA gets into the breast milk. We now see even Health Canada had concerns. We see the manufacturers could not guarantee the safety. They were concerned about whether their own product could potentially get in the breast milk. They couldn't assure us that it didn't. So this was being investigated. And we end up giving these shots to these women.

This shedding data: so now it's a definitive yes, it happens. To what extent? And what tissues does it like? Let me just tell you, based on the biodistribution, it goes to the lungs. There's these little fat bubbles that can bleb off of our cells. They can carry the spike protein plus the modified RNA with them. Those can potentially get expelled in the aerosols that we breathe.

It goes to the small, large intestines. I showed you data showing it went to the intestines, spiking almost exponentially in the females at the end of this study. That means there's a potential for shedding in the feces. I showed you it goes to the bladder. That means the potential for shedding in the urine. It goes to the skin. So there's potential for shedding in sweat glands and oil glands, et cetera. It goes to the salivary glands. So we know this.

So the real thing is, what we need to do, it's very easy. We simply allow the question to be asked: Is there shedding of the vaccines of any of their components?—the lipid nanoparticles, or the synthetic RNA that they contain, or its derivatives, which is the spike protein, which doesn't exist in the actual formulation but gets manufactured in the body. And now we need to add to that list the contamination, the bacterial DNA that contaminates these vials. And where do these things get shed? If so, how much and for how long?

And I could tell you, a researcher like myself, this research is easy. This research is very easy to do. If I had those samples in my hands, I could probably get a fairly definitive answer within a few weeks. And it's not expensive. There's no excuse for not doing this. It's just research addresses problems, and until we address these as potential problems, as

questions worth answering, the research will not be done. But the research is simple, straightforward, and cheap in order to definitively answer your question.

Commissioner Drysdale

Were you familiar with the research work done by Dr. Sabine Hazan? She testified to this commission in Regina in May and June.

Byram Bridle

Yes.

Commissioner Drysdale

And she is reporting that she's finding that in the feces. Furthermore, she's reporting that people who are unvaccinated, that she's finding spike protein in them. And lastly, she was reporting that in vaccinated people, she's finding the original COVID-19 virus in their feces, which would be impossible since it's mutated, so that she was postulating that that was becoming from the vaccines that were developed for those original viruses and causing them in the patients. So are you familiar, have you got any commentary on that?

Byram Bridle

Yeah, I'm not familiar with the latter part, but again, it doesn't surprise me to hear those results. Like, before you even stated that, I just mentioned that it goes to the intestines. There's a potential for shedding in the feces. So I know the mechanisms of action, I know the potential for these things to happen. So it doesn't surprise me at all that we would find it there, absolutely. And that's why this has to be investigated.

So one of the things that I struggled with as an immunologist for a while, is I didn't understand how could somebody be shedding something that could potentially cause harm to a third party that hasn't consented to be exposed to that, and not have that person experiencing extreme harm. You know, there are even potential mechanisms to explain that.

Allergies. Allergies could explain it. That's a situation where when you mount an immune response against something, we call it an allergen, but it's just something in the environment. Some people mount immune responses and when they generate antibodies against some of these proteins we are exposed to in an environment, some people are prone to producing a type we call IgE. These IgE antibodies are able to mediate potent, potent allergic responses and responses to exposure to tiny quantities of things in the

environment. So we have a complete potential understanding of exactly how this stuff could work. We just need to do the research to do it.

And the last thing I'd like to finish with on that is: As concerning as this first-generation technology is with respect to potential shedding and inadvertent exposure of others, which is happening with the infants as I already said, we already know that. And even people try and say, "Oh, well, it looks like based on the publications, the amount is really small." Nobody's determined a safe dose for infants to consume. Oral administration has not been authorized, and administration to infants under 6 months of age is not authorized—so stop with that excuse. And if you think it's not dangerous, do the bloody research to prove that it's not dangerous, rather than gaslighting everybody.

And so with that in mind, the first generation technology, this is a serious legitimate concern. And I just want to say it's amplified even further once you start talking about this new self-amplifying RNA. Because in that case, if you get inadvertently exposed— Just so you understand very briefly, the self-amplifying RNA vaccine for COVID-19, it also gets people to manufacture the spike protein. But it also gets them to manufacture an enzyme from a virus that is needed to amplify that blueprint, right?

So now instead of putting it in the hands of one home builder, a blueprint for a house, and that one home builder can go out and build those homes, it self-amplifies like a photocopier. You take photocopies of that blueprint and you start handing them out to all kinds of home builders. Now you have many homes being built off of that blueprint. That's what the self-amplifying RNA does. It has an enzyme that acts like a photocopier and amplifies the RNA.

So now what we were worried about with the first generation technology is if you get exposed to limited quantities that should disappear from the body if somebody's exposed to it. But if you get exposed to the self-amplifying RNA, where you're getting a genetic copy of something that can then act as a photocopier in your body, this could become amplified in somebody who gets exposed. This is exactly why I went to express my concern in Japan about their public rollout of this vaccine. And I left two days before the public rollout, and I was glad.

I don't like fear mongering or anything else, but I'm sorry, I don't want to be around somebody who has taken a self-amplifying RNA and potentially putting me at risk of receiving something that can amplify with no off-switch in my body. And until I see the data that you've said to assure me that shedding does not occur, that it's not an issue, I certainly don't want to be exposed to people who receive this self-amplifying RNA vaccine. That is fact.

Commissioner Drysdale

Just one last thing. So you talk about rollout, that seems like a pretty innocuous word. But what really happened was some people took it willingly and they didn't have the information they needed to make that decision. Like, I know people in my own family who were never told that death was a possible side effect. Some people were forced to take it, not with a gun but because they'd lose their job or they'd be ostracized at school or at work. And now what we're finding out is other people who had none and did none of that may also be exposed to this thing through this shedding phenomenon.

And so, I just wanted to make that point that we didn't talk about a normal rollout. We talked about coercion, deception, and inadvertent infection of people with something they never even considered taking into their bodies. Is that not correct?

Byram Bridle

That is absolutely correct. I didn't consent to be exposed to these products being potentially shed from people. That's where I was criticized. My first criticism right from the get-go— And mainstream media recognized that I was an expert. And I gave interviews on places like the West Block and CTV National News because they recognized I was a vaccinologist. They recognized I wanted to try and protect the integrity of the field of vaccinology.

But right from the get-go I expressed concerns about the speed of this rollout. And I forewarned everybody and I forewarned our health regulatory agencies that if this gets screwed up or if the public perceives that this ends up being a screwup, it's going to destroy the field of vaccinology. And I said, this cannot be rushed. And if people get any perception whatsoever that corners have been cut, that we haven't been thorough enough in certain aspects of this, this is going to be a problem.

What I can tell you definitively is many corners were cut. And you've seen, I've shown you this. You're absolutely right. I don't care what demographic you were in, I already showed you from the BC Centre for Disease Control their own data. Every single person, there was nobody—I contend there was nobody on planet Earth who gave proper informed consent. They were unable. It was impossible for anybody on this planet to have given proper informed consent because I said at a bare minimum there should have been told for almost everybody: “The flu is no worse for you. For kids, the flu is more dangerous than COVID-19. But these shots, as you saw, are potentially 16 times more dangerous.”

Now see, if you put that message out, as soon as you put that message out, that's the reality. You saw it with your own eyes. As soon as you put that message out, you cannot mandate it.

There is no way you can convince anybody that they should be forced to take a shot for a disease that's no more dangerous to them, but the intervention that you're trying to mandate on them is substantially more dangerous than something that you have never been mandated to take ever before, right? There is no justification for that, that's obvious. But again nobody could give informed consent.

And then depending on the demographic, you have to add to that. Again, the one that public health officials tried to latch on to—because they really had no argument ever for the children, it never made sense—were for the frail elderly. But even there, you could make an argument that for many, I mean, the flu can be more dangerous for them as well than the average person. I mean, if you have multiple comorbidities and you are frail, you are at greater risk of harm from no matter what the disease is and no matter what the infectious agent is, right? That's not what they told everybody.

But the reality is maybe you can make an argument that the risk is greater there. But as I showed you, even there, even the vaccine manufacturers themselves admitted—I showed you—where they're saying in that demographic of frail people with multiple other illnesses, when these serious side effects occur, we have this higher proportion of deaths that occur. Like even they're admitting that.

And those older people still have to be told, even if they had some argument that there was greater risk potentially from the disease, but there's an order of magnitude greater risk. So even when you go to the highest risk demographic for harm from COVID-19, none of them could bring proper informed consent. Nobody could.

Commissioner Drysdale

Thank you, doctor.

Byram Bridle

You're welcome.

Commissioner Bohémier

I have two more questions. They were giving the same amount of spike protein, or I don't know how they call it, to a child of 5 years old until 11 years old without taking into account their weight? So what's the science behind that? To give the same dose to a kid that is not at the same stage, his weight is clearly different. And they did the same for adults too, not taking into account their weight. So what do you think about the science behind that?

Byram Bridle

Yeah, so I hear what you're saying. So you've got somebody like me, you could have a woman who is less than half of my body weight. So based on traditional vaccine technology—which we think of more along the lines of a lot of drugs, but actually it's even more important when it comes to vaccines—we can't always make adjustments for body weight. So it's not necessarily that you would do a straight linear adjustment, so if somebody's half the body weight, you give half the dose.

Because when it comes to triggering an immune response, there's like a threshold that you have to get beyond. The immune system has to see what you're injecting. It has to perceive it literally as something as dangerous and therefore worth responding to. So there's a threshold dose that has to be reached. So we don't typically make direct adjustments for body weight straight up.

But this is the thing, I mean, there's tons of data that does show that there do have to be adjustments to a certain degree. So in other words, what I'm saying is you don't necessarily go with half the body weight, therefore half the dose, but there have to be adjustments based on body weight. Because there's no question, there is a profound amount of data that says if you just give the same dose to massive people as you do to tiny people, harm is going to disproportionately occur among the smaller people. That is just the reality. So you need a dose adjustment, and you're right. So the answer is, again, the research wasn't done to address that.

Yes, absolutely, but this is the thing. I would even argue that is largely irrelevant. Even with these self-amplifying RNA vaccines, one of the ways they're trying to sell that is: "We're giving you less RNA, therefore the safety stuff that some of these people have been arguing about, which is a conspiracy theory anyway, is less of a concern." No, it's not because there's no off-switch, it self-amplifies.

So if we stick with this technology, this first generation technology, the reality is: To even say I'm going to cut the dose in half to give to a smaller person, really, how do you do that with this technology? You can't. You can inject half as much. Remember, this is somewhat like a prodrug. A prodrug is something you inject into a person, and inside the person it gets converted to the bioactive drug—the drug that you actually need to do something. Remember we have no control over the dose with this. This is the incredible thing. So your question actually is much worse than that.

First of all, batch to batch, the amount that they're saying when they're saying they are injecting 30 micrograms of the synthetic RNA, that's an average across batches. There's batch-to-batch variability just in that dose. Now if you take the same dose from the same vial and you inject it in two different people, even the same person at two different times, that same person might get a different dose. It depends where it traffics to.

So you inject a certain number of these fat bubbles. These fat bubbles randomly bump into cells in our body which are covered in fat. The cells are basically large bubbles of fat, they fuse and then in goes this synthetic RNA. So depending how many cells get that RNA, this blueprint, infused into them, that's going to dictate sort of that initial dose.

And then once the blueprint is in a cell, there is nothing that compels a homeowner to build just one house from a blueprint. If they want to they can build 10 homes from the same blueprint. It's the same thing with our cells. So now we have no idea. Once those blueprints are in the cells, we have no idea how many copies of the spike protein are going to be made. And it's going to depend which cells it gets into.

So I have cells in my body that, for example, in my muscle cells, my kidney cells, they're not replicating much at all. And we're talking about low metabolic activity in a lot of our tissues. So if it gets into those cells where they aren't making very much protein, you're going to get very little spike protein. But if it gets into cells, for example, the ones that cause the hair growth in my hair follicles or the cells that line our gut—like all the cells that people who get chemo get killed off because they're so rapidly dividing—those are highly metabolically active cells that are producing tons of proteins. They're going to manufacture far more.

So on average, if you give a dose to an older person, their cells will be much less metabolically active. Their cells are going to produce less of the protein than if you give it to a child. So I don't care if you've cut your dose down in half and you give it to a child, that child probably has far more metabolically active cells than the 90-year-old that you injected. And so their cells on average are going to manufacture a lot more of that. So even though you've cut the initial injection amount down, the amount of spike protein has been amplified in that child.

So it's funny that you say that. The reality is normally, yes, we would adjust. And we would adjust for these large difference of body size, and we do it through more thorough research and make informed decisions about what the safe doses are. Again, there wasn't time to properly do that, right? So that's just why they made this one singular adjustment when they went to the kids.

I would argue we probably should have finer adjustments. Like I said, even when the adult population, maybe have a couple different doses based on extreme differences in body weight, and same thing with the children. You're absolutely right. An eleven-year-old might be twice the size of a five-year-old that's being injected. Absolutely, we should do that. But at the end of the day, this technology is not amenable to it. We have no way of controlling the dose.

And that is just one of the many more reasons why we have to have a moratorium on this—whenever have we given anybody any kind of medical intervention, any kind of drug where we say, “I'm going to give it to you or you or you, and I have no dose or no clue what the ultimate dose is going to be in your individual bodies—no clue—but take it, it's safe and effective.”

Commissioner Bohémier

My last question may be the hardest one. Considering the DNA contamination, considering that's a gene therapy, considering shedding, what are the potential effects of the massive vaccination of the population on humanity?

Byram Bridle

Yeah, and I listed multiple potential harms and gave the references here. You're absolutely right. Okay so big picture, when I look at the data, they're very disconcerting data. Just earlier Dr. Julie Ponesse was testifying, and one of the things that really stuck to her, I don't know if you remember, she said something about she's been looking at the data. She's been looking at some of the cancer data and sort of this explosion in some of the cancers happening in women and in girls, and I would argue with childhood cancers.

And I remember her saying, especially with these women's cancers that she saw, and I remember her saying to me right away she sees this explosion starting in 2021. And she put it the politically correct way. She just put it as a question, bless her heart, which is, “What is it about 2021 that might explain this increase?” And the thing is, nobody can tell us when it comes to things like cancers that, oh, well, 2021 is because we locked everybody down and we delayed diagnoses, and a lot of people didn't get their treatments on time, so we expect to see a blip. That is not just a blip.

What she reported in 2021 has got worse in 2022 and worse again in 2023, and it's probably going to be worse again this year. So this is a compounding problem. And so related to what you just said, and that's why I'll use the cancers as an example. And so when she says, “Why have these women's cancers specifically started to explode?” I really do hope

that Julie was able to see what I presented. I just showed you. It's not going to surprise me whatsoever if we see preferential harm in women and girls. I've shown you why. This is to be expected. It's going to be in men and women, but I would argue disproportionately among women and girls.

And so many people said, "Oh, but if you plot out the uptake of these shots, it's really declined over a while. So why would there still be this uptick in cancers if you think it might be related to the shots?" I'm not saying it is. I don't have proof that it is, but we have this correlation occurring.

This is my concern. Many of my colleagues incorrectly told the public that the only side effects that you could ever possibly see unveiled from these COVID-19 shots would unveil themselves within about three weeks of getting a shot, maybe four or five or six weeks. After that there are no known side effects that could possibly occur. You cannot make that assertion for a novel technology, which I agree is a gene therapy technology, not a proper vaccine technology. So you cannot make that contention.

And this is my concern. So I can't definitively say, but we know numbers that don't lie. Governments keep pretty accurate numbers on deaths. We're seeing this steady rise in all cause mortality. We're seeing a steady rise in cancers. We're seeing a steady rise in autoimmune diseases, all of these chronic conditions. If you just look at it from that perspective, our public health agencies have been miserable failures over the past four years.

Our world global population is much less healthy now than it was in 2019. That is the reality. And it all seemed to start spiking in 2021 in correlation with the rollout of these shots. So why might these shots be going down but cancer still continue to go up potentially? I'm worried that we've created a smouldering fire, and I'm worried about how many people are out there where they have this smouldering fire and it's a case of we have to wait now long enough to see when the flames appear. And that's what we're seeing with the cancers.

So, yes, the uptake of the vaccine is now decreased. But I can tell you the body, when it comes to cancers, our immune system is designed to suppress the growth of those cancers. It is designed to do that. And so there are, and this is what I tried to share early on in the pandemic, we have concerns about potential neurological issues—neurological issues that are similar to things like Alzheimer's, similar things like Parkinson's disease, or what we call mad cow disease, or in people it's Jakob Creutzfeldt disease. Those conditions, the potential exists for this technology—I'm not saying definitively it does—to trigger prion-

like diseases in the brain. And so people understand, if that has been triggered, it can take up to 30 years for those to unveil themselves clinically.

So I share your concern. I hope that I'm wrong. I can't definitively say this is a problem, but again, it's a legitimate scientific question, and we're seeing the trend is that way—is how much damage might we have done? How many smouldering fires have we created? And we're not going to discover how bad that was until all of those fires are burning—you know, to the point where we have identified that we have started those fires. I don't know. I honestly cannot tell you.

Commissioner Bohémier

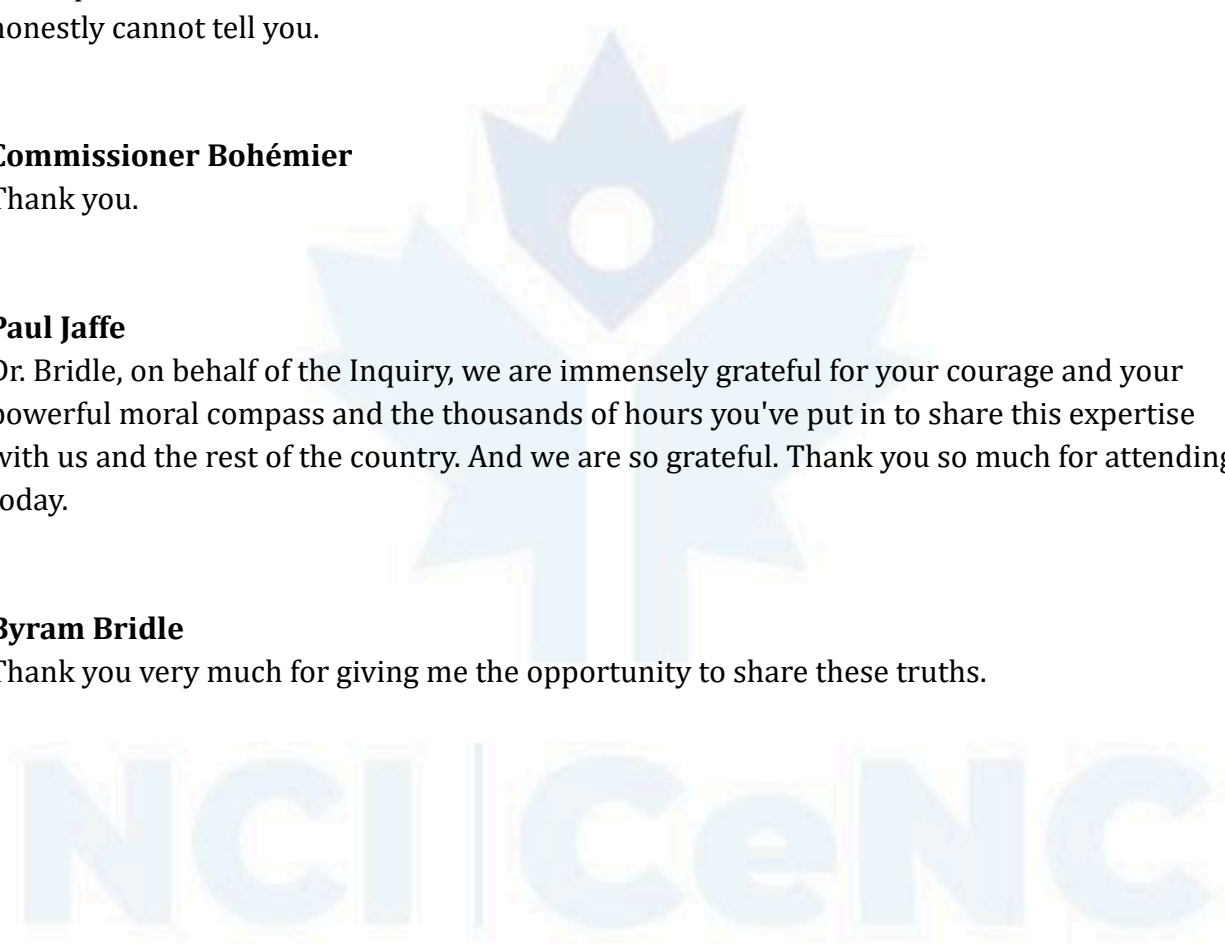
Thank you.

Paul Jaffe

Dr. Bridle, on behalf of the Inquiry, we are immensely grateful for your courage and your powerful moral compass and the thousands of hours you've put in to share this expertise with us and the rest of the country. And we are so grateful. Thank you so much for attending today.

Byram Bridle

Thank you very much for giving me the opportunity to share these truths.





NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 17, 2024

Day 1

EVIDENCE

Witness 5: Kelsey Green

Full Day 1 Timestamp: 07:34:33–08:18:50

Source URL: <https://rumble.com/v5izvud-nci-vancouver-2024-hearings-day-1-october-17-2024.html>

Wayne Lenhardt

Okay, our next guest is Mr. Kelsey Green, and I see him on my screen. Kelsey, the first thing we do is we get you to spell your name, and I'll give you an oath to tell the truth.

Kelsey Green

Very good. Kelsey Green. K-E-L-S-E-Y G-R-E-E-N.

Wayne Lenhardt

And do you promise that the testimony you'll give today to this commission will be the truth, the whole truth, and nothing but the truth, so I help you, God?

Kelsey Green

I do.

Wayne Lenhardt

Okay, I have your curriculum vitae here. And in a nutshell, you started your engineering training career in June of 2004, and you've been an engineer continuously since then until

now, right to the current time. But also in November of 2022, you were the co-founder and facilitator at Complex Trauma Canada. And then you were a founding member of a parental alienation study group starting May of 2024. So could you maybe give us a quick idea of how that came to be? And I know you have a slideshow, I believe, to give us as to what you've been doing. Okay.

Kelsey Green

Yeah. Thank you. I'm a professional engineer. I am licensed in Nova Scotia, based here. I've worked as an engineer in infrastructure for quite a long time, 20 years. And a few years ago, I got into an area of practice, or an area of interest that was not well represented. It was not well-understood. And so I applied the same engineering tools that I've been taught to try to understand this issue. While I'm not here today to act as an engineer, those principles still hold.

That area of expertise has grown, and I pursued a formal master's level education just a few years ago and am working to complete the full masters as soon as I can. That area of expertise is in Parental Alienation, a form of child abuse. And what I found as an engineer when I looked into it, there's very little information available, very little knowledge. And in the fields that many people think would have the knowledge—social work, psychology, psychiatry—there was very little understanding. So it has been a passion of mine, and now as a published author in that field, one of very few people in Canada, two to three people in Canada who have formal education in parental alienation. And I'm pleased to be here today.

Wayne Lenhardt

Is this just in Nova Scotia or in the Maritimes that you've been doing this parental alienation work, or has it been across Canada?

Kelsey Green

It has been across Canada.

Wayne Lenhardt

Okay, take it away.

Kelsey Green

Great, thank you. I have a slideshow, a few slides. Is that something that I should share my screen or is that slides are available on the technical side?

Wayne Lenhardt

I'm told by the AV people that you should share your screen.

Kelsey Green

Okay, I'm pleased to do that. I will just need, they can give me permission to do so. There we go. Looks like we're getting there. Okay, are those slides coming through on your end?

Wayne Lenhardt

Yeah, they're now up on the main screen. Thank you.

Kelsey Green

Perfect, thank you. So parental alienation might not seem like an issue that's directly connected with some of the COVID challenges we faced, but I'm going to speak to that. First thing I'm going to do is provide you with understanding of what parental alienation is and focus on what are the impacts to our children from parental alienation, and then discuss how parental alienation is impacting children and what we can do about it.

So I always begin with "This can be a trigger" warning. We're going to touch on subjects that will feel uncomfortable at times for people. I know that's nothing new here, but I do provide that as a quick warning. And again, we're going to run through things pretty quickly, so I may not touch on every slide, but the deck is there for consideration.

The first thing I want to do is go back to 1999. In 1999, the Department of Justice Canada issued a report that was given the name, *For the Sake of the Children*. And the report looked at things and said: *Separation and divorce are stressful transitions that can have a profound effect on the health and well-being of our children and their families*. That report goes on to list a number of issues that are related to children and families going through divorce.

And the conclusions of that committee were that there is clearly a need to improve the framework within which child custody and access determinations are made. That was 1999 with research done, and I'd had work done a few years before that. Many of those issues

remain today. Some of those recommendations were implemented, but many were not. And we're still back here now about 25 years later dealing with the same issues.

So parental alienation has several different definitions. And from the leading authors, I provided a few. Richard Warshak says it's:

A disturbance in which the children, usually in the context of sharing a parent's negative attitudes, suffer unreasonable aversion to a person, or persons, with whom they previously enjoyed normal relations.

Really what it is, it's parental alienation. And there's different ways of explaining it. It's the unjustified rejection of a parent, usually a parent who's actually very caring and loving, but the children get turned against that parent in order for the goals of the person who's turning them against them.

And one thing I would like to point out: Blacks Law Dictionary, 8th Edition and 9th Edition, talk about Parental-Alienation Syndrome. It used to be talked about as a syndrome because it was a cluster of symptoms, but nowadays we just typically call it "parental alienation." And Blacks Law Dictionary has been identifying it at least since the 8th edition.

Parental alienation is considered child psychological abuse. Now it's also considered a number of other things within the DSM-5 [Diagnostic and Statistical Manual of Mental Disorders] as well as the ICD [International Classification of Diseases]. So in DSM-5 some of these were put in: parent-child relational problem, child affected by parental relationship distress, disruption of family from separation/divorce. And depending on the severity of it and depending on how it's affecting the child, it can also include child psychological abuse.

Now many of these medical diagnoses are not understood, or poorly understood by professionals, and they generally aren't used. Also with the ICD, International Classification of Diseases, they talk about F24, which is: Induced Delusional Disorder. And that's often how the child comes to believe things that aren't true. All of this research is really high level research because there are people that are saying we shouldn't believe these people, we shouldn't believe these experts, so they tend to go to pretty extreme lengths in order to ensure that the research is done in a fair and open manner.

Parental alienation is also now recognized as family violence. It's what's often called "coercive and controlling family violence." Essentially it's controlling the children in order to harm the other parent who the one parent wants to harm. And our services in Canada that are intended to prevent this are actually making it worse.

So what do we know? We know that alienating behaviours—those are the behaviours that could alienate a child—are equally perpetrated between males and females in Canada. But we also know that due to social services such as child protection, police, family courts, it tends to be more often fathers who are alienated from their children in Canada. But there are mothers who are also alienated. And those are some tragic stories.

We also know that alienating behaviours don't affect all children. Many children are affected by them, but some children seem to be immune to them. They catch onto them, they understand what's happening, and they push back. Any parent who's alienated often become socially isolated. They are seen in the socialized as having done something wrong.

And we do have services and laws, actually, to prevent coercive and controlling family violence and domestic abuse. And yet some of those laws have become twisted. And groups that are supposed to be preventing this are actually supporting, perpetrating, and teaching others how to do those things. So here we have public servants who are working for Canada who are supposed to leave families alone unless there's a bona fide issue, who are actually creating a bona fide issue.

There are identified 17 alienating behaviours. There are other issues and behaviours that we'll also see—things like gaslighting, stonewalling, we'll see triangulation, we'll see no-win double-bind situations. But the original 17 which still hold are listed here. Not all 17 of these have to be present for it to be alienation. We look at the number of them and the severity of these to understand the severity of parental alienation that's happening.

And then there are eight behavioural manifestations in the child. These are symptoms, if you will, of what's occurring in the child. And again, not all eight of these have to be present. But in many cases we will see most of these 17 behaviours and eight manifestations of the child. Many of them will be present in many cases.

Now the best way to identify parental alienation is what used to be called the Five-Factor Model, but is called the Baker Model in honour of Amy J. Baker who is a doctor who developed this model. First there has to be contact resistance. That means a child is refusing to go and see a parent, and this is typically after separation. There's a prior positive relationship. That means that, you know, the child and the parent got along, they went and did things together, they had a relationship, there is an absence of actual abuse or neglect on the form of that parent. And then there are also to be multiple alienating behaviours and behaviour manifestations present in the child.

Now this model has been validated with high inter-rater accuracy. That means that this model has been checked and tested by experts around the world who all come back with the same decisions at a very high rate in these cases. So the model is accurate and verified.

We also know alienation is not occurring when a [parent] has committed child abuse or if the parent didn't have an existing relationship with that child, or a positive relationship. If the child is not refusing contact, it's not parental alienation. And again, if the behaviours and things aren't there.

I'm just going to touch a little bit on what the alienating parents look like. I'm not going to read all of these. But what we see from the alienating parent—this is the parent who is doing the alienation—we tend to see cluster B personality disorders. These are narcissistic personality disorders, borderline, and antisocial are sort of the primary three. There's also some histrionic and some paranoid personality that come up. But these cluster B personality disorders are very serious.

The people who are perpetrating alienation tend to have a need for control, but they also often play the victim. So you see this kind of back and forth. And they generally have a distorted view of reality, at least in certain circumstances, at least with regards to the targeted parent. They generally present as cool, calm, charming, and convincing. And yet they are the ones who are the primary perpetrators in these situations.

On the other side, the targeted parent, or the alienated parent—we call them targeted because they may not be alienated yet, but it's being worked on—their portrait sees them as really an abuse victim. They've been experiencing years of psychological abuse. Alienation typically is observed after separation. However, those behaviours are typically there from the outside of the relationship and the arrival of the children.

We see things like prolonged grief, which can turn into a disorder. And we also see ambiguous loss in the targeted parent. They tend to cope in the ways they can, but they develop things like PTSD, complex PTSD, and moral injuries. They often present as agitated, anxious, angry, and afraid, which is really the presentation of someone who is abused. But those often get overlooked and they get told that they're the ones who are causing the problem. We also know that sometimes they die these deaths of despair from being marginalized in society.

Now much of this, you would think, should be picked up by psychologists, social workers, therapists, or maybe doctors or, you know, psychiatrists. But there's very little information that's actually educated or taught in the programs, even in universities. And this is all the way across Canada. There is another field of study that really isn't taught. And it isn't taught

because in the '80s and '90s, the views of this longstanding field of education have kind of been rejected by the social narrative. But what we're missing and what we're seriously missing is that family-systems approach, or family systems. Gentlemen like Murray Bowen, Salvador Minuchin, Jay Haley have done research on this for decades.

Parental alienation is a family issue. It is identified through families. You can see it going from generation to generation to generation to generation. You can see that maybe in one family, all the dads are excluded from the children's lives. But in another family you might see that all the mothers are excluded from the children's lives. It is passed from generation to generation.

The triangulation within families was identified by all these gentlemen years and decades and decades ago. Now the children who are left with the alienator, they are taught these antisocial behaviours. They are grooming them to be either alienated parents or alienating parents. And we see this often happens because of what they called Fusion or Enmeshment, or Pathological Enmeshment with the alienating parent.

So how frequent is this? Well some of the best research available shows that 8.8% of adult population in the U.S. is an alienated parent. Some research out of the UK talks about 15% of grandparents being alienated from their grandchildren. And this occurs in 13-15% of divorce cases. When we look at the birth rate in Canada, which has often been around 1.5 children, and we put these numbers together, we're talking about in the range of, sort of 15-20% of the population being an alienated child, parent, or grandparent.

Now what's interesting is many of them do not know that it has happened to them. They just think this is life: one parent sucks, one parent's awesome. This is life. But that's a huge number. That's between, sort of, 1 in 7 and 1 in 5 people when you're in any room looking around.

Recently, a study was released from the UK from Ben Hine, where they interviewed 18-25 year-olds who had experienced divorce in their lifetime. They asked these children, these adult children, to report on if they had been alienated. And about 40% of them had offered up that, yes, there was alienating happening during the divorce. Now when they went through and they asked specific behaviours, they actually found the reporting to be 60%. So we're looking at 40-60% of divorce cases actually experiencing alienating behaviours.

Now unfortunately, Canada has limited research into this area. They are providing little to no funding, and it's having a real significant harm. At the same time, we are having professionals, we're having public servants at the highest level who are saying: Well, we don't have any research on this, so we can't make any decisions on it.

Now how long has parental alienation been around? Well, quite a while. So some of the notable cases, we can go first to Albert Einstein who in his memoirs noted that he was being alienated from his children by his wife who has a vengeful disposition. There's also information that shows Charles Dickens alienated his wife from their children. And if we go way back, the myth of Medea speaks of alienating behaviours as well as filicide [murder of a child by a parent], and that is in the fifth century B.C. So this is, in reality, a tale as old as time.

In the United Kingdom, one of the early cases was Ball versus Ball from 1827 that reports behaviours that are consistent with alienation. And in the U.S. we have a number of cases from the late 1800s, early 1900s that speak to similar behaviours. In Canada, we have a growing list of jurisprudence, and these are just a few cases.

The first one I'd like to point to is C.J.J. versus A.J. from British Columbia, where five experts were brought forward to address the case. Four of them were experts in alienation, one was not. The four who were experts in alienation all agreed that it was a case of severe alienation, while the one expert who was not an expert in alienation but a psychologist indicated that he didn't agree with it. The courts found with the four experts in alienation and returned the child to the mother in that case.

There's now a significant and growing amount of appeals court decisions on alienation, both in Ontario, but we're also starting to see them in other provinces like British Columbia and Saskatchewan. In one case in Ontario, an alienated father was awarded \$677,000, almost \$678,000, due to the ongoing alienation. These are serious cases. Many of them go on for 10 years. About 8 to 12 years is where they tend to be figured out, if they're going to be figured out. Many are not.

Williams versus Powers gives a pretty good summary of the alienation case law up to 2022. And in a recent case, McCluskey versus Tobin, the mother in that case had abducted the child to British Columbia. And after being ordered to return to Nova Scotia and not doing that, she was arrested and charged under Section 282 of the Criminal Code, which is Abduction of a Child Against the Custody Order. That trial for Section 282 will be going forward in British Columbia.

There's a number of other decisions that are out there. Some say that alienation must be addressed quickly. Some say that findings of alienation must be made in an interim stage. Others provide options for resolving alienation. One of them says that the court can order reunification therapy, that's the traditional treatment. And some of them even talk of the

benefits of one of the reunification therapies, named Family Bridges. But it is a dog's breakfast out there.

We also have judges who are denying that alienation exists. They are denying evidence of alienation into court, who are refusing to follow the case law that is out there from appeals courts. And the issues here are there are very few experts in this field across Canada, very few. Many provinces have none. There is a lot of uncertainty around treatment.

So what if I find that alienation is happening? What do I do if I don't know what to do? But there are programs that will travel to that province, any province, to deliver the program. And judges aren't familiar with this, and neither are lawyers in most provinces, most family law lawyers.

There also is a lack of ideological education around parent alienation. And there was a treatment program that was developed that didn't align with all the other treatment programs, went out on its own, and it had little scientific basis but also wasn't effective. So sometimes that also gets pointed to. It's not the first time that's happened, but it's not a success when that does.

We also look at, for example, the European Court of Human Rights. A number of these cases, like *Piscia versus Moldova*, and *I.S. and others versus Malta*, they all indicate that the state really needs to address these issues. Some of these speak specifically to alienation, others speak to the rights for the respect of family life and the respect of private life.

But also delays in meeting positive obligations are not acceptable. Essentially what they're saying is that we know this could be an issue and we need to address it, the state needs to address it in a timely fashion because of the harm that it can do to children.

There's a number of other decisions that are out there that all may be of interest to people. They either speak directly to alienation or they're supportive of alienation and some of the ideas that go with alienation, especially of it being psychological abuse and the harms that can come from that, as well as coercive control. So there's just a few other pieces there.

Now there are some people who say that only abusive fathers use parental alienation or talk about parent alienation. Unfortunately the research—and this time the research is a Canadian research based on legal decisions—and that research says otherwise. Jennifer Harman, Christine Giancarlo, Lorandos, and Ludmer. Christine Giancarlo and Brian Ludmer are both Canadian. Christine is out in British Columbia doing research. And the research shows that when these cases are investigated by the courts, they find that that it is not

abusive fathers or abusive mothers who are using alienation. It is alienation when it's happening, but only when it's alienation.

Now there are people who do say that alienation is only fathers using it. But one thing they don't tell you, they won't give you a definition for what they think alienation is. Because if you ask them, "Has a parent ever turned their child against another parent in the history of time?" they will say "Of course, it happens all the time." And that's alienation. They're just playing semantics.

So what does it look like to be an alienated child, your kid stuck in a loyalty conflict? We have attachments, we love both have parents, and they're being forced to reject one. There's a lot of loss of empathy, emotional numbing. There's also behavioural issues. Now what we see with alienation is it splits the child into two, and we either get a child who's angry and outburst or who's very passive and very inward. There's sort of these outward-looking views and an inward-looking view from the children. There's major disruptions to their attachments, major, especially when this happens below five years old—significant. The grief stays with children throughout their lives, and the delusions will persist even to adulthood.

I had the joy of speaking with a young lady who in her early 20s realized that she was alienated and reconnected with her targeted parent. And some of the things that happened she still couldn't get her head around. One of them was that she was told something about an event, and when she saw the video of that event provided to her by video from the target parent, there were two different images. She can't get her head around that. She knows one didn't happen, but it's still a memory that she has. Implanted memories and delusions are part of this, and they persist throughout life.

You also get a challenge of maintaining relationships and employment. The enmeshment also lowers self-esteem and creates antisocial behaviours. We see children with PTSD, we see children growing up with depression, anxiety issues. We see conflicts with authority. There are a number of people who are in criminal jails that are alienated parents or alienated children who've grown up. And all of this is extremely well-researched.

So attachments go back to John Bowlby, and he spoke of these issues: anger, outbursts, and the challenges faced by attachments and loss because the child is grieving a parent who is still alive but no longer there. It's something that we as humans can't really get our heads around.

We talk about in these situations what's called "ambiguous loss." So that's a loss where we're not really sure, and there's two types. There's physical ambiguous loss where, say, a

loved one goes off to war and they're at war and you don't really hear if they died. But they haven't come back, so you think that they probably have [died], but you still kind of hold out hope. That's physical ambiguous loss. The second type of ambiguous loss is psychological. And that may be more described by going to perhaps a home where your parent is but your parent has dementia, and you're not sure if you're going to show up and get the parent who remembers you and tells stories, or if you're going to get the parent who has lost their memory. Both physical and psychological ambiguous loss are present in alienation cases, and there are very few, if any, other [types] that are really being identified at this time.

Now, we also know when we look at the child abuse research that divorce alone provides no increased risk of suicide in the child, and these are lifetime risks. But we do know that child abuse by itself increases the lifetime risk. And we know that there's a significant risk of lifetime suicide by a child when there is abuse and divorce. So children who are left in alienating situations are much more likely to die by suicide over their lifetime.

And the American Psychological Association (2014) issued quite a statement after a big research study was published that said: *Child psychological abuse is as harmful as sexual or physical abuse*. Now to many trained social workers and psychologists, they don't realize this. They don't have the understanding. They haven't looked at this information and this research. They are not taught in school. So we have kids coming out today who don't understand that psychological abuse is as harmful as physical and sexual abuse, and they're going into child protection. They're going to work with their children. They're going to be our psychologists and our social workers.

We also know from the research that a term that was used called "parental displacement" also leads to suicide in the children. And this parental displacement, which is similarly what happens in alienation cases, is more likely to happen with fathers. And what we're seeing is fathers are removed. And the reason that parents are removed is parent psychopathology.

But there are, you know, when we look at the challenges, we don't have enough Canadian research. Social services, our child protection workers, they aren't trained. We have very few experts in the court system providing these kinds of services. And we also have a challenge with the media. And I don't think this is anything new, but the media doesn't understand how to present the research. So instead what they'll do is they will grab on to some headlines. Recently there was allegedly a group of 250 feminist groups who urged the government to ban the term "parental alienation." So we want to censor speech on parental alienation, and we're going to talk about this on this slide.

The first thing I want to say is that in that same article, it says that that organization had five women who had their children taken away and placed in the custody of the abusive ex-

partners. So it's a very high threshold for the courts to find that alienation is happening and to remove the children—it's a very high threshold right now. So if there's five people in that organization who have had their children removed—been determined that it is alienation—that's a high threshold. That may be five people with personality disorders.

We also know the judges select their own training often from ideological sources and groups. And then we've embedded this ideology and tools that are supposed to help make assessments about the well-being of people and children—one of being the ODARA Assessment, who we have long-known is ideologically compromised. And yet police departments across the country use it.

There is no university in Canada teaching about the Dynamic Maturation Model of Attachments, or the DMM. And very few of them talk about family systems and intergenerational trauma, except in specific cases. For example, Indigenous communities have intergenerational trauma, which is very true, but that isn't taught in any other context. It happens significantly in alienation, and there's this major uninformed social narrative.

What we do know is that this is likely going to continue until there are other firmer laws in place, or until those who are opposing this research move on. We are seeing misinformation and disinformation, which is very similar. We hear things about deadbeat dads, but maybe that's just an alienated father. And if you hear a child say, “Oh, I have a bio dad, and this is my real dad,” well that biological dad has been replaced. That's an alienation symptom. And we also think socially that it's acceptable that one parent sees the kids every other weekend, two weekends a month, that's okay. It's not in their best interest. It's not in their best health.

We also talk about intimate partner violence against men. And I'm just going to touch on this because this information isn't shared around a lot. In Canada, we have an epidemic—and this is what was said at the Men and Families Conference just a few weeks ago in Toronto—we have an epidemic of false allegations. These silver bullets, we can't determine when they're true and when they're not so we pursue them all as if they're true without doing the digging. And by that time we've wasted, you know, 18 to 30 months of a child's life that the child can never get back.

Benjamin Roebuck is now the Federal Ombudsman of Victim Services, and in 2020 he and his team published quite a landmark study, *Male Survivors of Partner Violence in Canada*. If you haven't read it, I would urge you to have a look at it. And then we've got researchers like Alexander Lysova from Simon Fraser University, an award-winning researcher into some of the challenges that men who experience abuse, what they experience. But we also

have Don Dutton who researched this for 40 years, we have Murray Straus, and we have Emily Douglas. These are all looking at this.

This type of violence is accepted in society. It's acceptable to abuse men, especially when it comes to intimate partner situations. We also see a fundamental attribution bias. The targeted parent is seen as angry at all times. But I think most people would be angry if they were dealing with abuse for many years in their relationship. We also see that lawyers get rewarded by winning. They get the next client, they get more money. All of these things seem to happen.

And having a winning attitude in court should be about: How does that kid or those children, how do they have strong relationships with both parents? But that's not what we're seeing. And when we take lawyers who are used to winning and we move them up into a judicial role, we hope that they can look and see what's in the best interest of the child. Sometimes that does happen, sometimes it doesn't. There is no specialized court program for this. There's no early intervention across Canada, there's none of those things.

But we do have many non-experts, people who have a psychology degree and no training in alienation, none whatsoever, who are speaking about this, who are making decisions, who are saying it's happening/it's not happening—and they're saying that willy-nilly. And the regulatory bodies will not hold them accountable. Judges and lawyers need to receive specialist training, but they don't. And one of the challenges that I've heard from legal professionals is that psychological abuse is hard to prove in court. Well, it is except if you have an expert.

Now when we look at what this looks like as a child safety issue, I want to draw your attention to a couple of things that happen. The first one, a grandmother pleads guilty to abducting Cochrane, Alberta girls in contravention of a court order. A child abduction is one of the very serious issues that can happen. And the other one is in Rothesay, New Brunswick, where a mother killed herself and her 7-year-old daughter instead of allowing child contact with the father.

Wayne Lenhardt

Kelly, I'm going to interrupt you for a second. I'm told that we're getting quite over time here so I'm going to ask if you're able to perhaps speed it a bit. Thank you very much.

Kelsey Green

So different, there's murders of fathers who are trying to see their children. In best research, 23% of targeted parents attempt suicide at least once. The average rate in Canada is 3.1%, so we're significantly a level higher. And in veterans it's 11%. So alienated parents are more likely to attempt suicide. There's also other situations where children are dying by suicide. And there's one situation that I believe needs to be explored. In London, Ontario there was a young man who drove a vehicle and killed four people of a family. It was a terribly tragic incident. The courts and the mother had prevented that child from seeing their father, and that is not considered in their filicide.

So the impact that COVID had on PA [parental alienation]. Well, the courts were effectively shut down, so these couldn't progress through courts whatsoever. Things stalled often for years. We saw that divorce rates were increasing and intimate partner violence increased. And even if you do get to court, even if you do get an order, the police will not enforce that court order. No family court order for parenting time in Canada will be enforced by police. Alienating parents also use the vaccine mandates to triangulate parents and create medical decisions. They have used COVID in order to transfer medical rights to one parent.

So what do we need to do? We need to look at the social issues here. We need to look at how alienation shows up in schools, with child protection workers, lawyers. We need to really look at cluster B personality disorders, and we need to start screening these people who are working with our children. Social workers aren't taught forensics, they aren't taught attachments, they aren't taught intergenerational trauma family systems, but they need to be. Medical and health professionals, doctors, psychiatrists aren't taught this information. They need to have it in their hands.

And legal professionals, we need to stop using the term "high conflict." It's a comfortable term for many family lawyers, but really these are cases of alienation and coercive control. We need earlier intervention, which the research is showing us how to do that. And we also need to look at the Divorce Act itself, which is 12 factors a judge must consider when deciding the best interest of the child. Nobody makes a decision on 12 factors. It's just not possible.

And what we need to do is legislate the rebuttable presumption of equal shared parenting as the best interest of the child. That's a starting point. If there is bona fide abuse, obviously that changes. But if there's not, those children need to see both parents. It also reduces risks of intimate partner violence that happen and high conflict. United Nations Convention on the Rights of the Child are not implemented or enforced in Canada, and we look at equal shared parenting. The studies that are done by Nanos have shown that there's 70-77% support all across Canada for that.

We have seen acknowledgement by some judges apologizing to one parent or another. We need to see that in Canada the adversarial court system and family court has failed. We need to look at an inquisitive court approach, a mental health court, or maybe even a jury. And we need public oversight. We need prosecutorial oversight in child protection and false allegation cases. And we need community oversight boards for child protection. And as an engineer, I would be remiss if I said we need to look at a six-sigma approach for service delivery throughout this.

And final thoughts: If Canada keeps putting our children with alienators it will continue, and already has, to undermine our society. So there are people that are saying that our laws aren't sufficient enough for parents to guide their decisions and approaches. For example, we have a law that says if a child is abducted or harbored against a court order, that is criminal—and yet it's very, very, very rarely used. And others who are pushing for a Truth and Reconciliation Commission on parenting in Canada. That's what I've got. Thank you.

Wayne Lenhardt

Are there any questions from the commissioners?

Commissioner Bohémier

I have two questions. I'm a family lawyer, so I was wondering if you have any data on this question. As a family lawyer, I've seen in family courts that vaccines were used by the violent parent to be seen as a good parent against the one who didn't want their child to be injected. So I've seen that, but I don't know if there are statistics or if you have any data proving that. Because in my cases, that's what I saw.

Kelsey Green

Good question. There is little data coming out of the family courts on any aspect, on any research that can include vaccines like that or how vaccines were used. It can also include things like suicide related to family court. The family courts are the hardest place to actually do research. They are preventing it across Canada. Criminal courts, Corrections are allowing research that family courts are not. So I don't know of any research on that, but it is an area that needs to be looked into. I do know many, many cases across Canada where that has happened.

Commissioner Bohémier

And my second question: It seems that what you're describing as parental alienation, the system is extending parental alienation as a system against the children, against their own parents. The system of education is doing that. The education system is doing that against the parents. So I don't see how this system doing that, trying to break down the families, will help in any way parents who are dealing with parental alienation when they are trying to do that themselves. You have any thought about it?

Kelsey Green

So just to clarify, you're saying that the system is supporting the alienation and that the parents or the children won't get help from that system? Is that sort of your question?

Commissioner Bohémier

The education system is trying to break the relationship between the children with their parents. That's what we heard this morning.

Kelsey Green

Yeah. And you know what? I would say that the behaviours that are being used in alienation are the same behaviours we're seeing used all across the COVID issues that we're facing and the other challenges that we're facing. They're very simple but effective manipulation tactics where you look to control different parts of the inputs to the system, you look to control behaviours, you threaten people, you give them ultimatums, you triangulate others against them. These behaviours are the same. They're just being applied in a different area, where they are attacking families and they are specifically attacking children. We're going to see more of this as they grow up, because children are learning those behaviours from alienating parents.

Commissioner Bohémier

Thank you.

Wayne Lenhardt

Okay. On behalf of the National Citizens Inquiry, thank you very much for your testimony.

Kelsey Green

Thank you. Thank you.





NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 17, 2024

Day 1

EVIDENCE

Witness 6: Vincent Gircys

Full Day 1 Timestamp: 08:19:16–09:05:18

Source URL: <https://rumble.com/v5izvud-nci-vancouver-2024-hearings-day-1-october-17-2024.html>

Paul Jaffe

Commissioners, the next witness is Vincent Gircys, and, so I would ask Vincent to give evidence. And at this point, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Vincent Gircys

Yes, I do.

Paul Jaffe

Could you state your full name for the record, please? Maybe spell the last one.

Vincent Gircys

Vincent. Last name is Gircys. G-I-R-C-Y-S.

Paul Jaffe

Now, I understand you've been tendered out to provide expert evidence in connection with matters relating to policing in Canada. And based on your own experience as a person with

32 years' service with the Ontario Provincial Police, I understand you were extensively involved as an expert in the courts as a former forensic, or as a forensic reconstruction expert, and conducted over 4500 investigations while in service with the OPP. You retired when? What year?

Vincent Gircys

2016.

Paul Jaffe

2016. Okay, and just briefly before we get to your subject of your testimony today: Forensic reconstruction experts, what do they do?

Vincent Gircys

Forensic reconstruction and collision reconstruction and crime scene reconstruction is to collect all the forensic information that we can, combine that information with documentary evidence, testimonial evidence, and then reconstruct a crime scene or a collision scene to work it backwards so that we can have a visual perspective of exactly what happened, how it happened, and the physical dynamics associated to that.

Paul Jaffe

Okay. And I understand you've testified in numerous courts over many years, is that correct? As an expert?

Vincent Gircys

Yes, when I was doing forensic reconstruction, I did testify as an expert witness in numerous courts.

Paul Jaffe

Okay. Now, your evidence today, and I understand your curriculum vitae has been marked as an exhibit in earlier proceedings, because I understand this is the second time you've come to the inquiry to give evidence, is that correct?

Vincent Gircys

Yes, that's correct.

Paul Jaffe

Okay. My summary of what I understand we're going to cover relates to the disciplinary action against the detective, Helen Grus of the Ottawa Police Service, who was investigating infant deaths back in Ottawa a couple years ago and got in trouble for having instigated that investigation and is undergoing disciplinary action. And you're going to give some evidence and insights on what's happening there. And I understand you're also going to share some observations that you've had with respect to how policing was conducted during the course of the pandemic and perhaps some related observations. So with that brief introduction, perhaps I can get you to start on that process.

Vincent Gircys

Certainly. So these are my observations and the observations and assessment of numerous conversations that I've had over the last, I would say, four years since the beginning of the pandemic when I found myself liaising with many hundreds, if not a thousand police officers over the last four years at various events, protest events—conversations that I would have had at the Freedom Convoy, conversations that I have on a regular basis every week, anytime I have the opportunity to come into contact with police officers from different cities, towns, other police services. I always like to engage in conversation and pick the officer's brain. I find that once I identify to the officer my background, who I was in terms of my previous career, it really softens up the ability to open into conversation and have deep discussions about what's going on with inside police services and the police culture.

So some of what I'm about to discuss is my observations over the course of my career when I was working, just from a visual perspective, not from an operational perspective on any particular case. And, you know, I'm looking at the trajectory of policing services over those 32 years, plus the time since I've retired. And I think I have a very good perspective understanding geopolitical issues that are going on around the globe.

And I found that police officers that I've spoken to over the last four years come into one of two categories: Those that are aware of these geopolitical issues, those that have been following this information, that are very concerned about everything that's taken place over the last four years, that have reached out to alternative information and done their homework. And then there are those police officers who haven't a clue about what we're talking about here at this NCI or any of these issues that have confronted us over the last four years.

Paul Jaffe

Very well. Now, I should have said this at the outset, of course, the overall context of the evidence you're giving and the other witnesses is in connection with the interests of children and the impact of government actions on them and what we might do to sort of address some of these problems that are affecting kids. So with that general background and with your summary of what you're about to say, maybe this is a good entry point. And correct me if I'm wrong, but you mentioned the truckers and your experience, I think, in Ottawa for a few months, or for a few weeks—in any event, a couple years ago during the convoy. But maybe you want to go more historical as a starting point or however you wish to give your evidence.

Vincent Gircys

Well, I understand the theme of this conference is: Are Children Safe in Canada. And I'm certainly here to address the issues from the judicial side and the policing side of how safe is that future that we're looking at.

Paul Jaffe

Okay.

Vincent Gircys

So essentially, you know, Canada, and it's not just Canada, Canada and its western allied nations are all seemingly going through the same problem that has been in discussion so far today at the NCI. The issues that we're facing are not exclusive to this country. And from a policing perspective, we see a slowly transforming towards a dystopian version of our former selves in this country. I'm able to look at the trajectory of what our policing was like and what life was like back in 1982 when I started with the police service, and what it's like today and the fundamental changes that have taken place over the last four years.

Many say that our country is becoming very tyrannical. And really by looking at the word “tyranny,” we see that that's nothing more than complete unbridled authority. And clearly it appears that that's happening, both from our federal government side or provincial government, and then the enforcement arm of that, our police services. No question, social disorder has police resources now stretched to a breaking point. And as the last officer I spoke with two days ago before I came here, having a detailed conversation, in his

frustration stated, “Nobody wants this job anymore.” And that's an observation that I've been making and that's a problem that police services are struggling with.

So before I go further into this conversation, I need to say I have the utmost amount of respect for our police services in this country and for the men and women of law enforcement that put their lives on the line and risk their lives every day when they put on their uniform, strap on their firearm, and get into their patrol service vehicle. There's no shortage of examples of heroism and bravery that are exemplified every day, and deservingly so. But what we have experienced over the last four years has been abhorrent to me, and I have to put blame on leadership and senior management who encouraged that type of behaviour. And this will morph into the story of Detective Helen Grus.

I find the interculture of policing has transformed significantly, and it's a top-down paramilitary organization. Orders always seem to come from the land, far from reality and often based on theoretical solutions and data from questionable sources, which we will see shortly throughout this presentation. So maintaining positive relationships with those in power, who have been in power, the relationships often by senior management, chiefs and commissioners once they retire, they maintain very cozy positions and relationships with those in the political spectrum. And they often move into the political side of things or the Senate or get some fancy high-paying gig once they've retired.

And it appears that—again my observations and those of many other police officers—there has always needed to be a division between politics and civil service. It all represents governance, but there needs to be a division between politics and civil service. And when we look at civil service, so I would describe politics as the upper portion of government and civil service as the lower portion of government. And there has always seemed to have been this invisible membrane between the two, and it needs to stay that way.

But somehow, policing is sort of the upper crust of civil service. And there are some needs and reasons for working with political entities, but it appears that this membrane has been pierced. And unfortunately, too much politics has worked its way down into the leadership of the political spectrum and has control that way. Because Canadians are seeing what's happening, especially over the last few weeks, on other issues with respect to the federal government. And crime within people who work in governments is always referred to as an ethics violation. So if we see repeated ethics violations, Canadians are always wondering, why is that not being investigated? How come nobody's investigating that? How come the RCMP isn't doing their job? And this is a real problem.

I'm now going to shift this conversation to what I believe is one of the problems, and so are the officers who have complained to me on numerous occasions. And it's about diversity,

equity, and inclusion. So with diversity, equity, and inclusion and sustainable development governance, goals from outside of Canada that are goals stated by unelected international agencies—such as the United Nations and the World Economic Forum, police agencies, like all others including civil service as well—are adopting these initiatives. And that's signed the death warrant of meritocracy. There's no question about it.

When I started my career, it was very clear to us, and there are other police officers in this room as well that are now retired, that we were told that we only hired the best of the best and congratulations, you've made it to that point. You've exceeded that threshold. Diversity, equity, and inclusivity in policing does not account for that. When I started my career in 1982, I worked alongside black officers, Asian officers, Indian officers, female officers, Native officers. We all worked together. They were all being recruited. And there was no question that we were a very tight, efficient team that were very well coordinated, working well together. It was a very proud time to conduct investigations and do enforcement strategies knowing that everybody that was there had met that threshold.

So it wasn't anything unique. We were always hiring people from different diverse backgrounds and being inclusive at that time. But the culture has shifted because of these international suggested policies that have been adopted. So gone are the days of recruiting the best of the best. And now the new targeted preference is gender, ethnicity, skin tone, and sexual preference. Diversity hires are now taking positions at the top of all agencies, and we can expect diversification instead of those most qualified to do the job.

And as woke culture infiltrates the system, so does social degeneracy. Police involvement in various pride events has already demonstrated this in the city of Toronto. And this isn't exclusive to the policing environment. Just recently the city of Toronto has announced that university medical students, and all critical systems across Canada we're seeing that. In the University of Toronto medical students' program they're now insisting to take 75% based on DEI. Again, has nothing to do with meritocracy. So that should be very concerning to everybody.

Again, the subject of this process is: Are Our Children Safe in Canada. Well, I think we'd all like to know that our dentists, our doctors, our pilots who are flying our aircraft, or police officers, and those that go on to positions of leadership are taken from the best of the best. It's not based on your ethnicity, pigmentation, or your sexual preference. So various police associations, including the Canadian Chiefs of Police Association, also highly promote and praise the transformational change of diversity, equity and inclusion—the WEF requirements that seem to have plagued our country.

The COVID years were a snapshot for us to see the systemic integrity failures in the justice system, human rights violations, war crimes, and crimes against humanity by forcing people to wear masks and vaccination coercion that took place. There was constitutional abandonment where the Supremacy Clause of the Constitution has been clear yet disregarded by many police chiefs and commissioners. The oath of service has no value to Canada because it's an oath to the Crown, it's an oath to the King, and that is not an oath to the citizens of this country.

And there's an ongoing disregard for the rule of law and the disregard for the supremacy of God. Steps taken inside police services to maintain plausible deniability exist as well, and I have experienced that over the course of my career. On numerous occasions, documents have been prepared over the last two to three years to be served upon police services. And police services went out of their way not to receive the documents, to lock their doors, and have no interaction with those trying to serve the documents. How do I know that? I was one of the people trying to serve documents, and they would not be received by the Metropolitan Toronto Police Service.

Paul Jaffe

Vincent, you just gave a list of factors that you referred to COVID years or a snapshot of these various things. Maybe I can get you to revisit a couple of them real quick just to explain what you mean. You're talking about constitutional disregard, the Supremacy Clause, the constitutional supremacy laws that are infringing Charter rights. And the police, dutifully with blinders on, presumably pursued people carrying out what ought to be lawful activities in ways which trouble you. If that's what you're saying here.

Vincent Gircys

Yeah.

Paul Jaffe

You've also talked about an ongoing disregard of the rule of law. I'm looking at the clock, so I don't want to take you too far from what you intend, but can you give some examples of those things that you observe that are deeply troubling to you as we sit here today?

Vincent Gircys

Well, with human rights violations, I would say that there's an overwhelming amount of human rights violations that took place. The Supremacy Clause within the Constitution,

Section 52, sub 1 [Subpart 52.1] essentially says that any law that has been put into place that is in violation of the Constitution is of no effect whatsoever. So police officers disregarded that. They were told to follow orders, and they did so.

Now, that being said, I won't get into the specific detail, but it was very obvious that there were certain winners and certain losers. And there were certain police services—and they generally became the largest police services in Canada—that went along with everything the government wanted to implement. And there were quite a few police services in this country that said, “No,” and did not follow that. So kudos to them.

Paul Jaffe

Would you say that those police forces that were being used for political or ideological purposes demonstrate a compromise to that membrane that's supposed to exist between the political world and police agencies?

Vincent Gircys

Absolutely.

Paul Jaffe

Okay. Don't let me derail you from your plan.

Vincent Gircys

Okay, so now I want to get on to the issue of whistleblowers: people who are trying to bring attention to police services as to what is going on within the services, and whistleblowers in general. So the first one that I would really want to make reference to and spend most of my time on is Detective Constable Helen Grus from the Ottawa Police Service.

Those that are not familiar with her case, and I don't want to go into too much specific detail on it because it has already been covered by witness Donald Best who testified in Regina. But I will say that the Ottawa Police Professional Standards Unit charged Detective Helen Grus in July of 2022 with conducting an unauthorized investigation into a cluster of nine unexplained infant deaths.

Detective Grus, she's a selected and exemplary member of the Ottawa Police Service, Sexual Assault and Child Abuse Section. She had suspicions that the vaccine status of the mothers could possibly be a factor in the deaths of breastfeeding babies. Breastfeeding babies are

our most precious demographic. The Ottawa Police had shut down the investigation, suspended Detective Grus, and buried the evidence that she had collected.

The evidence she collected was very reasonable. She had done everything right, and she was absolutely correct in her suspicions. And as time went on, and prior to the evidence that had come out, evidence had already existed to suggest she had reasonable grounds beyond reasonable suspicion to believe what she had believed in doing her job and she had complete authority to do what it is she was doing.

On January 10, 2024, Detective Grus was scheduled to testify for the first time in her defence at her disciplinary hearing. Her lawyers told Hearing Officer Chris Renwick that shortly before Grus was due to take the witness stand, the Professional Standards Bureau officer in charge of this internal investigation, Inspector Hugh O'Toole, the head of the Professional Standards Branch, had sent her a criminally threatening email. Inspector Hugh O'Toole that day committed criminal offenses against Grus, including intimidation of a witness contrary to the criminal code and obstruction of justice contrary to criminal code.

One of Helen Grus's attorneys, Mr. Blair Ector, had made a statement that says:

It has come to my attention that Inspector Hugh O'Toole sent an email to my client stating that she cannot rely on any OPS documents. That is witness tampering, that is intimidation, that is obstruction. This tribunal should be outraged. I'm trying to hold back my seething anger. This is beyond unconscionable.

And then another one of her lawyers, Detective Grus's lawyer Bathsheba Vandenberg, made the comment, "A crime committed by the head of the Professional Standards Unit of the Ottawa Police by threatening and intimidating our client before she's due to give testimony." And then Mr. Blair Echor further stated, "I'm a witness to a crime. I'm an officer of the court. I'm going to make a police report right now." And he did.

Inspector Hugh O'Toole oversaw the investigation. He oversaw charges, and he oversaw the prosecution of Detective Helen Grus. And he was likely part of an illegal wiretapping of Detective Grus and her family in February of 2022. Two Ottawa police officers criminally revealed confidential police information to a CBC reporter in March of 2022, yet Inspector O'Toole refused a written demand to investigate the crime. Hugh O'Toole, with the assistance of others, protected corrupt police officers and covered up a crime while targeting Detective Grus's investigation of the deaths of our most precious.

Paul Jaffe

Can I stop you there for a second? I'm old enough to remember a case called Susan Nellis, who was a nurse in Toronto's Hospital for Sick Kids and was wrongfully charged with killing about 20 of these newborn infants. And at that time, the killing of babies was taken very seriously in Canada. During the course of the CBC's involvement with the Helen Grus case and O'Toole's conduct as you've described, was any attention given to the fact that these babies had in fact died, and the detective was trying to investigate what the underlying circumstances were? Did the CBC, for instance, give any balanced exposure to what it was that Detective Grus was investigating?

Vincent Gircys

Zero. Nothing. The ongoing persecution and disciplinary hearing of Detective Helen Grus reveals perjury, the exclusion of all five of her expert witnesses that were about to testify relative to these medical issues and concerns, withholding of evidence, and cover-ups of criminal conduct by rogue police officers. And, in my estimation, it is not Detective Grus who should be investigated, it is the Ottawa Police Service that should be investigated.

This disciplinary trial remains ongoing. Ottawa Police Service is seeking termination of employment as the penalty upon conviction for rightfully looking into every possibility of why these infants were dying. The trial will resume January of 2025. And, as I stated earlier, there is no media coverage. The message this sends to our police communities within Canada: Senior ranking officers of the Ottawa Police Service harass, wiretap, and surveil others without lawful authorization; they intimidate and threaten subordinate officers; they remain exempt from criminal prosecution—and to ignore and cover up the inconvenient truth when it comes to evidence that goes against the political narrative, even when it leads to the death of our most precious.

This is not just limited to the Ottawa Police Service, and in my estimation, evidence had been given earlier today by another witness. And I'm going to say that it would appear that members of the Ottawa Police Service that are responsible for this would certainly fail the Milgram experiment.

In February of 2024, Officer Grus was nominated by an excess of 200 documented submissions for the Police Association of Ontario Hero of the Year award. I was one of the people that nominated her for that, and myself and retired police officer, Donald Best, coordinated that initiative and tracked how many people also nominated her and confirmed the nomination. The Police Association of Ontario refused to acknowledge a single submission.

So Are Children Safe in Canada? I'll sum this up quickly. We are sacrificing our children at the altar of unchecked corporate greed, while those in power no longer have the courage to do what is necessary and look the other way. Parents have put their trust in our institutions as they tend to the business of raising children. Until our justice system and those who shape our policies stand watch, stand on guard, and act accordingly, they will no longer have our trust.

The current path toward woke ideology has compelled speech and feelings to be what matters the most. A civilization of adults trapped in adolescence that expects to enjoy their activities without the consideration for the sensitivity of children is a civilization which has given up. By combining arrogance with ignorance, the agencies and organizations designed to protect us have failed, and they have failed miserably. The failure is morally, ethically, and now criminally negligent. And at the current rate, if we as a society continue to accept this cultural subversion, political corruption, and dysfunctional social services, I suspect that the future of our children is not safe—as any society on the current path would be untenable.

And I want to leave you with an observation that the Jews during Passover celebrate. When the Jews celebrate Passover, those of the Jewish faith repeat the story of Exodus, the freedom of the Jews from Egypt. And in doing so, they tell a story, and it's known as the story of the four children. There is the wise child, the wicked child, the simple child, and the child who does not ask questions.

And the story is relative to the children that need to interact with one another to ensure that they repeat the story of Exodus so that they never forget how they got their freedom and what they received their freedom from, how it came about, and the necessity for maintaining that freedom. And within that story, they acknowledge that it is the child who does not ask questions that is the most dangerous, because that child has forgotten the story. And it is incumbent upon all other children of God to ensure that they educate that child that does not ask questions.

Now I had indicated earlier my testimony I will just cover before I finish, that there is some false information that police services seem to easily adopt. I had come across a report which I'd enter into evidence that you have been provided. It's from the National Defense Research and Development Canada. This report titled *A Preliminary Dive Into Canada's Past and Future Crime Landscape*. So, this report done by Defence Research and Development, a scientific report—

Paul Jaffe

Just one sec, Vincent. It was uploaded as an exhibit. I believe the Commissioners, you ought to have that. Great. Okay, go ahead, please.

Vincent Gircys

Okay, so I'm not going to go through the whole report. I'm just going to refer. I have read the report extensively in detail and on page one of the abstract, I'm just going to indicate that the four main drivers of future crime are: economic crisis, emerging technology, climate change and public health, and social and political instability. This is the type of nonsense that the RCMP is being provided by analysts to say we're going to tailor our policing services and that global climate change somehow is a component that needs to be incorporated into this. This is a complete fabrication and a lie.

And when you look at the references at the back of this report specific to all the reference material, and they are there, there's 74 references in pooling the source material for this—28% of the data that is provided. And I'm only familiar with 28% of the sources, and that's why I'm only quoting 28% of the data. But of the 28% of the sources, the source data for this type of material for the RCMP is the CIA, the World Economic Forum, Global News, the CBC, and the United Nations.

Paul Jaffe

And just to put a cap on that theme, you're saying this report is evidence of what you've referred to earlier as the cultural change in policing and how that membrane that's supposed to separate the political world from the policing world has been compromised, and you're using this as an example to make that point?

Vincent Gircys

Yes, exactly.

Paul Jaffe

Okay. There was one other exhibit, and I note the time, but Helen Grus, the detective in Ottawa getting persecuted as you've described, was very much in the sense of a whistleblower attempting to investigate what ought to have been exposed, and of course, persecuted as a result. But you yourself became targeted to some degree as a whistleblower as well. Can you briefly describe that?

Vincent Gircys

Absolutely. So in January of 2021, at the beginning of the pandemic in the first phase of the lockdowns, I was slated to provide evidence. Not evidence, I was slated to appear on an episode that was going to be broadcast globally, entitled *The Great Awakening*. And there were a number of other individuals. Justin Trudeau's brother was on this exposé, Randy Hillier, a former MPP in Ontario, Pastor Hildebrand, myself. We were going to have a frank discussion about what was happening. And the day before this broadcast, two senior officers from the Ontario Provincial Police—again, my having been retired for a number of years—two senior officers attended my residence to provide a letter that had been signed by the commissioner of the OPP. And it was a warning letter. And I have that here, and I've provided that to the commission about the scope and extent of the warning.

Paul Jaffe

Right. We've got it up on the screen now. And as I understood your evidence, two officers came to your house on January 1st to basically deliver this subtle message that you had better keep your thoughts to yourself, or if I'm characterizing it correctly, am I—?

Vincent Gircys

Well, there's no question this was meant to be a warning and to discourage me from speaking at the event.

Paul Jaffe

Right.

Vincent Gircys

And all it did was embolden me. And I can assure you that I will not stop speaking. I will not stop speaking on these issues until the day I die. And no commissioner, no police service is going to stop me from doing that.

Paul Jaffe

Great. I note the time. The commissioners may have a few questions for you.

Commissioner Larsson

Thank you, Mr. Gircys. Just one very quick question. What's the worst possible outcome that there could be for the detective?

Vincent Gircys

So, there is what's known as an increased penalty notification, and that's when you would have done something really egregious. So, if you were really convicted of a criminal offence, many officers can be convicted of a criminal offense and not be terminated. But, you know, if it was a very egregious criminal offense, then they're making it very clear that we're going to terminate your position as a result. And they have served those documents on detective Grus indicating they're going to seek termination.

Commissioner Larsson

Could there be criminal charges involved as well?

Vincent Gircys

Against Detective Grus?

Commissioner Larsson

Yeah.

Vincent Gircys

No.

Commissioner Larsson

No.

Commissioner Bohémier

I have two questions. First, it seems that they want the system to collapse. So I'm wondering why they are pushing diversity into the law enforcement system. For what benefit? Do they just want the system to collapse? Or what is the purpose of it?

Vincent Gircys

Well, the necessity to accommodate that particular policy starts with the federal government and has worked its way down into all sectors. This is not just policing service, this is all of social services. This is every facet of government, and it's also being adopted by most municipalities as well. I have my opinion as to why. I can't prove that, so I dare not say or even offer opinion evidence on that, but there's no question that it appears to be extremely destructive.

Anyone just needs to ask themselves. And I have put a survey out on social media requesting—I can't remember the response I got. I think it was 1200 people who responded to my survey. And it was essentially the question of: Would you rather have police officers recruited based on their performance being top performers or based on diversity, equity and inclusivity? And 98% of the response indicated they wanted top performers.

Commissioner Larrison

My second question is: If we cannot rely on police to stop criminals, what can we do to protect our children?

Vincent Gircys

There seems to be no mechanism currently in place to correct what was done over the last four years. And I am very hopeful that perhaps when we have our next federal election, this could be a subject that could be raised. And perhaps some form of liaison could be interjected between the communities and the police service to safeguard our rights and freedoms.

Commissioner Bohémier

Okay. And all the crimes that were committed during the COVID era: Let's say just giving the vaccine with all we know about those injections now. So, we cannot think that police officers will investigate why they are still giving shots to people and why they gave it to people in the first place, with the data we have?

Vincent Gircys

Well, I think one of the methods to get through is through the media, for enough Canadians to understand what it is that has transpired. But of course, that has been hijacked and blocked, and it is no longer a safety mechanism for us now at this time. But there certainly

is the court of public opinion, and once Canadians get angry enough and vocal enough, I believe there's the opportunity to change that around and hold people accountable.

Commissioner Bohémier

And who is behind the police system now?

Vincent Gircys

Who is behind the police system now?

Commissioner Bohémier

Who is controlling the police system now?

Vincent Gircys

Well, federally, the commissioner of the RCMP is appointed by the Prime Minister. Provincially, the head of the OPP is really put in place by the Premier. And municipally, the Municipal Services make their appointments as well. So, we've always seen appointments. And, you know, I'm a big advocate of the American Sheriffs' program, where sheriffs are elected by people within the community, and they are loyal to the people within their community. And perhaps that's something that can come about eventually over time.

Commissioner Bohémier

Okay, thank you.

Commissioner Drysdale

Just a couple of little, short things. You talked about the piercing of the membrane that's supposed to exist between politics and the police. Can you comment on the fact that the top police officer in Canada is the Attorney General, and the top political officer is the Minister of Justice, and yet they're the same person in Canada?

Vincent Gircys

I mean, I have perhaps a bias on that issue, as I do have a civil suit currently engaged with members at the highest level. And so I would rather not comment on that issue. It is clearly a dysfunctional system.

Commissioner Drysdale

Right. Because the Attorney General is supposed to be the top cop, and the Minister of Justice is a political appointee.

Vincent Gircys

Correct.

Commissioner Drysdale

Okay. The next question I have is: You said or used the term “ethic violations,” and I’m trying to get my mind around that. Would the government of Canada being convicted of violating the Charter of Rights and Freedoms be an ethic violation, do you think?

Vincent Gircys

Yes.

Commissioner Drysdale

Did the federal government not get convicted in federal court of doing exactly that? And yet I am not aware of any penalty that was placed against them. And I put that in the context of: If I’m driving down the road 10 miles an hour over the speed limit and get pulled over, I get a several hundred dollar fine. But violating the highest law in the land has no penalty associated with it? Is that correct?

Vincent Gircys

Well it does, but civilly there has been recently the Power decision or Power case that had come out in court several months ago. And the decision from the Supreme Court on the Power case was the government's attorneys were arguing very aggressively to the Supreme Court that the Canadian government should not be held responsible for human rights violations, or they should not be accountable for any type of compensation. And the Supreme Court had ruled against that and made it very clear that the Canadian government is going to be held responsible for human rights violations, and they will be held accountable. So as matters proceed civilly, the Supreme Court has made it clear that if you proceed civilly, the government will have to compensate and be held accountable.

Commissioner Drysdale

But if I understand what you're saying correctly is: There was a case that went through the courts, and the federal court decided that the government had violated the Constitution or the human rights section of the Constitution, and yet there was no penalty. And I think what you're telling me is in order to get some kind of a penalty, people have to go to court again and get a civil decision against the government at the cost of, I'm guessing, millions of dollars. Is that what you're telling me?

Vincent Gircys

Yes. It would be very expensive to try to recoup anything civilly. However, yes, the problem that we have is there does appear to be this invisible immunity blanket to those at the top. And that needs to change.

Commissioner Drysdale

Are you aware of revisions that are currently being considered to the Ontario Police Act which would remove the independence of a police officer to commence an investigation like Helen Grus did?

Vincent Gircys

Yes, that has already come into effect in December of 2023. Officers are now in Ontario required to get permission from their supervisor before they can proceed on a criminal investigation, with some exemptions. But in Detective Helen Grus's case, there was a period of time when her supervisor had told her not to look at COVID whatsoever, not to look in that direction.

Commissioner Drysdale

Are you familiar with any other episodes in Canada specifically that you're aware of where police either refused, ignored, or somehow obstructed accepting evidence that may lead to a criminal investigation.

Vincent Gircys

Never.

Commissioner Drysdale

Okay.

Vincent Gircys

Never. And I would never have heard of any investigation where you don't look in a certain direction when there's reasonable suspicion to look in that direction. And if we adopt those principles—being told by a supervisor not to look in a direction where there's evidence to suggest you should look in that direction—that is an extremely dangerous policy to have in place. Because when the direction points to the government or to the police service, you should proceed wherever that leads you, wherever the evidence takes you. And this is a very, very dangerous precedent.

Commissioner Drysdale

Well, that leads us to an interesting point. If the revisions to the Ontario Police Act were actually in place when Constable Grus started her investigation, would she have been in violation of that new policy or that new revised Policing Act?

Vincent Gircys

Yes, exactly.

Commissioner Drysdale

Okay, thank you.

Paul Jaffe

Yes, thank you very much. Unless there's something else you want to add before you're gone, we very much appreciate your courage, actually, for standing up for what you believe, your very compelling and credible concerns about what's happening to policing. So thank you so much for testifying today.



NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 17, 2024

Day 1

EVIDENCE

Witness 7: Paul Dirks

Full Day 1 Timestamp: 09:17:35–10:26:07

Source URL: <https://rumble.com/v5izvud-nci-vancouver-2024-hearings-day-1-october-17-2024.html>

Shawn Buckley

Welcome back, as we continue with the National Citizens Inquiry on October 17, 2024, in Vancouver, British Columbia, on the topic: Are Children Safe in Canada? Commissioners, for the record, my name is Buckley, initial S. I'm attending this lead counsel for the inquiry this afternoon. I'm pleased to announce our next witness, Mr. Paul Dirks. Paul, I'd like to start by asking you to state your full name for the record, spelling your first and last name.

Paul Dirks

Paul Dirks. D-I-R-K-S

Shawn Buckley

And Paul, do you swear to tell the truth, the whole truth and nothing but the truth, so help you God?

Paul Dirk

I do.

Shawn Buckley

Now my understanding is that roughly nine years ago, when SOGI began being pushed in our education system, that you decided to dig into the peer-reviewed literature on sexuality and gender identity. Is that correct?

Paul Dirks

That is correct.

Shawn Buckley

And literally for about five years you did a deep dive into the literature, which included reading over 700 peer-reviewed studies on gender and sexuality.

Paul Dirks

That is correct.

Shawn Buckley

This created expertise where you found yourself teaching it to other people?

Paul Dirks

That is correct. I've trained professionals such as teachers, lawyers, medical professionals, counsellors, as well as pastors.

Shawn Buckley

Now there are some world experts who we would call sex researchers. And my understanding is every single sex research expert follows you on Twitter to see what you're speaking about on the topic.

Paul Dirks

That may be only slightly exaggerative, but yes, most of the leading experts have followed me, at least last time I checked they still do. I'm not quite as active on Twitter specifically on this issue as I used to be several years ago. But yes, there has been contact with sex experts and researchers in this field by myself around these issues.

Shawn Buckley

Yeah, and I was just trying to make the point because that's actually, I think, one of the best forms of flattery when experts in the field are following you on social media to see what you're having to say on the topic. The other thing is, when the Senate was considering Bill C-16, you were called to testify in the Senate concerning the Bill as an expert on sexuality and gender identity.

Paul Dirks

I did indeed appear before Bill C-16 specifically on the issues of women's sex-based rights, and how they are undermined by gender identity rights, so-called. And so, on that basis, I did provide testimony to the Senate.

Shawn Buckley

Now Paul, when you and I were speaking some days ago, you indicated to me that the literature on sexuality and gender identity conflicts quite significantly with the public messaging on that, and you've prepared a presentation for us. I'm wondering if you can basically give us your presentation, but also explain to the commissioners about this conflict between the public messaging on SOGI, the public messaging about gender identification, and what the research shows.

Paul Dirks

Thank you, Mr. Buckley. Yes, there is considerable conflict between what is presented, as in the findings of sex research and sort of what gets disseminated or percolated up to the level of the common discourse around issues. This is particularly interesting in light of the fact that much, though not all, of the research that is done on these subjects tend to be by LGBT advocates themselves. And so the literature that I'll be citing today which does undermine the prevailing narrative around sexual orientation and gender identity, it's very interesting in light of the fact that the data itself points in a different direction than often summaries will indicate—or as that gets disseminated up into organizations that use that information and then give that to our politicians and other people that need to make policy about them. And so there is a real disconnect that I hope to be able to point out to you this afternoon. May I begin?

Shawn Buckley

Yes, please.

Paul Dirks

So the current state of affairs in North America, here in Canada, is that with an affirmation-only perspective on sexual orientation and gender identity, that there is a conveyor belt, especially in relationship to gender identity, that leads confused children to a place where they face lifelong medicalization, sterilization and mutilation.

Shawn Buckley

Mr. Dirks, can I just stop you? Because most people might not even know what you mean by an affirmation-only approach to gender identity. So can you explain first to us what that is?

Paul Dirks

Yes. So the perspective is that if any child presents their desires, their attractions, their identities as being in a sexual orientation, or specific non-heterosexual identity, or as being a gender different than the sex they were born with, then the only perspective that is permitted within treatment, within official social circles, and by professionals such as in our schools by counsellors—and increasingly this is put on parents as well—is to affirm those identities, those behaviours, those attractions, rather than to possibly question them or to relate them to a developmental process of, you know, exploration, or identity formation, or even to the development through puberty or of the brain. The brain is not fully formed until well into the 20s.

And so this affirmation-only paradigm is, for instance, ensconced in legislation such as Bill C-4, in which I think is erroneously called a “conversion therapy ban Bill”—that’s how it’s been portrayed—which only permits, for instance, somebody who has a child that has gender identity questions who may claim to be a girl even though they were born male, the only way that a professional may treat such a person is by affirming their new identity and treating them along a medicalized path, if they desire that path.

Shawn Buckley

And I'm just going to jump in for a second. David, is it possible for my computer screen to be put up on the screen for a second? So what I have on the screen here is out of our Criminal Code, and I believe this is what you're referring to when you're speaking about conversion therapy. So the Criminal Code is our criminal law. And Section 320.101 defines conversion therapy. And then the following Sections make it an offence to basically do conversion therapy, or even to promote conversion therapy. And I just wanted both the

commissioners and those watching to understand what you're talking about. And that's been entered as Exhibit V2-041. But this is what you're referring to, isn't it?

Paul Dirks

That is correct.

Shawn Buckley

And so we literally have in here that conversion therapy means a practice, treatment or service designed to change a person's sexual orientation to heterosexual. So this is interesting. So the person is not identifying as a heterosexual, but it's basically illegal then to suggest to them that they become heterosexual.

Paul Dirks

Correct. Or, especially in the area of gender identity, for someone who claims to be transgender or to have gender dysphoria to say, for instance, that they ought to wait to go through the pubertal process to see if the condition persists or desists before making medicalized decisions.

00:08:58

Shawn Buckley

Right, and I know you're going to go into that later in your presentation, but can we just pull this definition back up again? I wanted the commissioners to understand that what you were referring to is actually part of our criminal law, where basically the law can be read as suggesting that it would be a criminal act to try and convince somebody to become heterosexual.

And so, you know, conversion therapy includes Subsection (b). And so this is practice, treatment, service that would include counselling to change a person's gender identity to cisgender. I even had to look that up because it's a new term from the trans movement which basically means your birth gender; (c) to change a person's gender expression so that it conforms to the sex assigned to the person at birth. So somebody's born a boy. If you are counselling them to change their gender expression to be that of a boy, like they were born, this is now a criminal offence in Canada.

Paul Dirks

That is correct.

Shawn Buckley

So just so that people understand, it's literally a criminal offence to counsel someone who is not identifying as a boy if they are a biological boy, to be a biological boy. It is a criminal offence: (d) to repress or reduce non-heterosexual attraction or sexual behaviour to repress a person's non-cisgender gender identity; to repress or reduce a person's gender expression that does not conform to the sex assigned to the person at birth. This seems all one-directional.

So you could encourage somebody to gender identify in a non-heterosexual way. You're not breaking the criminal law of Canada to suggest that somebody who's heterosexual identify as non-heterosexual or somebody who's bisexual identify as some other gender. But it is criminal to have somebody who doesn't identify as heterosexual to basically counsel them to be heterosexual. Am I reading this correctly?

Paul Dirks

You are. It is a one-way street. And this is why, especially in both the areas of sexual orientation and gender identity, we're talking about an affirmation-only perspective in dealing with these two areas. And especially it gets really problematic and traumatic when we deal with gender identity because of the medicalized nature of the treatment.

00:11:52

Shawn Buckley

No, and this could terrify doctors and nurses and counsellors and social workers, and a) they could in the very least lose their job; or b) they could lose their job and face criminal sanctions if they were to try and put the brakes on somebody who is trying to get their surgery to change their gender. Am I correct about that?

Paul Dirks

That is correct.

Shawn Buckley

So we've basically created this one-sided legal system with criminal penalties to put a break at all-on suggesting to somebody, no matter how young, no matter how immature, that perhaps they should be okay with being their born gender identity for a period of time.

Paul Dirks

Yes, that's correct.

Shawn Buckley

Okay. So I'm sorry for interrupting, but I just thought it was important for the commissioners to understand—

Paul Dirks

Thank you.

Shawn Buckley

—that we've actually criminalized this in our criminal law and it's completely one-sided.

Paul Dirks

Yes.

Shawn Buckley

Okay, so please continue with your presentation.

Paul Dirks

Excellent. Yes. So we have arrived now at a place, in relationship to the issues we have just been discussing, that young children even as young as 8 years of age are undergoing puberty blockers, children as young as 12 years of age are undergoing cross-sex hormone therapy, and girls as young as 13 are having double mastectomies, because of this so-called treatment of their gender dysphoria.

And so, although much could be said about that treatment today, my purpose is actually to look at how it is that such an, in my view, unconscionable, unthinkable sort of treatment has been rendered thinkable—how is it possible that that sort of treatment is not seen as unconscionable, but rather in many cases is seen as virtuous and supportive? And to address with the peer-reviewed literature to serve to undermine those erroneous presuppositions that so many of our federal government agents and provincial government agents and school counsellors are operating from.

So my testimony will proceed along four major lines, and I will do my best to summarize the literature under each one of these points, but also to delineate where certain outcomes, certain findings within the literature are coming straight out of those studies, and where I may be making comments on them myself. I'll do my best to delineate those things.

So just to summarize where we're going with this, first of all, I want to present on the fluidity of sexual orientation and gender identity. It is very clear within the peer-reviewed medical literature that neither sexual orientation nor gender identity is remotely immutable or a fixed trait as is so often portrayed in the media, and even within Bill C-4 itself, for instance.

Second of all, I want to point out the fact that because of pure contagion and the promotion and celebration of non-heterosexuality within our culture, that these things have grown the LGBT population significantly, and especially amongst youth. Thirdly, to discuss some of the literature and what it shows on the elevated rates of childhood trauma amongst LGBT people. And then fourthly, to discuss the ineffectiveness of gender-affirmation treatments such as sex reassignment surgery, or what often is called gender-affirmation surgeries now.

So first of all, in regards to the nature of sexual orientation and gender identity, it has now been well proven through decades of research—although you would not know this from the media narrative and even how this is portrayed among schools and organizations that advocate for LGBT people—that sexual orientation and gender identity is not remotely fixed, immutable, or a stable trait.

A major study on this point was done in 2007 by Ritch Savin-Williams and Geoffrey Ream. It was a large population-based longitudinal study, and what they discovered is that over 80% of same-sex sexually-involved teens became exclusively heterosexual over the period of the study over numerous waves that spanned six years. So just to be clear for our commissioners and those listening, what this means is: If, for instance, within a high school you had 100 students and 10 of them claimed to be LGBT—and we're not only claiming, for instance, same-sex attraction or gender identity, but this was focused on same-sex sexual behaviour and attractions specifically—that within those 10 students, only 2 of them heading into their early adult years would remain non-heterosexual. That over 80% of them would be exclusively heterosexually-behaved after the period of their puberty, their adolescence, heading into adulthood.

There's a bit of an interesting story with this study in that Ritch Savin-Williams essentially didn't believe his own data. And he suggested later on that perhaps people had sabotaged

the study. There were teens that were noting their own sexuality in a wrongful way. But later on, Fish and Russell concluded the exact same thing, verified the data.

And what we've seen more recently in the literature is this exact same point, and it's been concluded by researchers such as Katz-Weiss, Elaut, and perhaps most notably one of the leaders in the field, Lisa Diamond. So this is a well-established finding within the literature that LGBT status for youth is often momentary and there is significant movement amongst LGBT youth towards heterosexuality coming out of puberty.

Shawn Buckley

Now can I just spend a bit of time on that topic with you? Because then the ramifications for pushing hormone blockers, you know, let's say you're female and taking testosterone or having a hysterectomy or having a double mastectomy. I mean, these are decisions being made by young people that we won't allow to drive, that we won't allow to vote, that we won't allow to drink. We know their frontal lobe isn't developed, we know that they're not competent to make such important decisions.

You know, if we're speaking about people that are same-sex attracted and that's why they're undergoing these procedures, the research is showing, well, by the time they're young adults, just left to their own devices they become exclusively heterosexual. So this research would be showing that our current policy could be extremely misguided for the kids they are in theory affirming.

Paul Dirks

Yes, that is generally correct. Although one must always keep in mind that there's debate about whether sexual orientation and gender identity, how much overlap those two fields have or those two issues have. There is good reason to believe however that there is considerable conflation of those two ideas.

So I will be giving some data specific to gender dysphoria and transgender presently, but there is data that suggests that when transgender or gender dysphoric teens desist in a similar way—when they move from, for instance, a transgender or gender dysphoric status to this desisting, to “going away” this gender dysphoria—that there's a high prevalence in that desisting group of same-sex attraction.

Shawn Buckley

And I'm going to have to stop you again because most people don't know the language. What is desisting?

Paul Dirks

Yes, so desisting is the language that's used in a clinical setting for gender dysphoric teens that had gender dysphoria throughout childhood. And then as they hit puberty—because prior to roughly five, ten years ago, gender dysphoria was recognized as a mental illness, and so it was studied in a clinical setting in a different way than at least in recent history same-sex attraction has been. And so there was always an understanding from the literature going back to the '60s that puberty would resolve much of gender dysphoria.

Shawn Buckley

And again I even have to stop you with gender dysphoria, because desisting is basically going back to heterosexuality from—or, I'm sorry, back to your—

Paul Dirks

Cisgender sex.

Shawn Buckley

To create a new term. So tell us about gender dysphoria. And I'm sorry to slow you down, but to a lot of people this is brand new.

Paul Dirks

So gender dysphoria is clinical vocabulary around a felt disagreement or incongruence between your natal sex—whether you're male or female—and what you feel your gender to be. And so this began to be studied going back probably in the '50s and '60s, more so in the '60s. We began to get literature on it in the late '60s and in the '70s.

And so gender dysphoria is what clinicians, counsellors would look for in order to be able to consider whether this gender—what we might say in a more general sense, gender confusion—whether it's something that ought to be treatable, and then heading into what those treatments were. And of course, the kinds of treatments have changed considerably over the course of the last 30 or 40 years towards us now, at least in North America with this affirmation-only paradigm.

Shawn Buckley

Are you aware, or do you know, pre-SOGI: So before we're basically in kindergarten suggesting if a boy has long hair that maybe he's a girl, so before we're raising the issue of gender to children, do you know how prevalent it was for a person to—you know, how many people with gender dysphoria were there in the population? What percentage were they?

Paul Dirks

Yeah, the percentage prior to this, again as you say prior to SOGI, was 0.02%. Statistics are given by different people, but that's generally around the prevalence, very, very low prevalence within the population. More recently, as you head into sort of the 2010s but still back 15 years ago, something like that, the number had crept up for transgender people. Although again that's not a clinical number now, but would have been around 0.3%. So the number was going up there, although again maybe not quite the same measure. And I'll get to some data here presently that shows that that number has gone up considerably from that point.

Shawn Buckley

Okay, and sorry for interrupting you. It's just truly these terms are brand new to many of the people watching your testimony.

Paul Dirks

Thank you. So, just to give one more study here. There are other studies that could be marshalled to just kind of bolster this point, but I'll mention one more before turning to issues surrounding gender identity and the fluidity there. And that is there was a study done by Barona in 2018, and it was a longitudinal study. They had good access to this data about inner-city girls in Pittsburgh, I believe it was. And what it found is that 63% of this female cohort reported at least one change in orientation over the course of eight years.

So again, just to be clear what that means: that means that over the course of these eight years, these inner city girls, over 50% of them, at some point claimed to be non-heterosexual. Interestingly, as the researchers classed their sample size into three groups—the heterosexual group, the bisexual group, the lesbian group—the lesbian group which you would perhaps expect to have less fluidity than, for instance, the bisexual group, the lesbian class averaged three orientation changes over those eight years.

So that just demonstrates the extreme fluidity of LGBT youth, teens, as they go through this pubertal and identity-formation process where even their brains are forming and not yet fully formed. It's a developmental process, an experimental time as well for many of these young people.

An interesting footnote in regards to this study is that the researchers remarked that the highly-elevated rates of non-heterosexuality and fluidity within it may be because of low socioeconomic status. Now that's remarkable. They didn't explore that a great deal within a relatively short, abbreviated sort of study. But that may fit some of the findings I'll present a little bit later in regards to the amount of adverse childhood events that LGBT people tend to face on average in youth and in childhood.

So before we move to gender identity, Lisa Diamond is one of the leaders in this field. And in a university presentation that she gave, she just simply summarized by saying this: "The queers have to stop saying, 'Please help us. We were born this way and we can't change' as an argument for legal standing." She goes on to say: "I don't think we need that argument, and that argument is going to bite us in the ass."

Now, we know that there is enough data out there that the other side is aware of as much as we are aware of it. And it is worth noting that Lisa Diamond is herself an LGBT advocate, and yet she is a reasonably good researcher. And she recognizes what her researcher is finding: namely that sexual orientation is not remotely immutable, it's not remotely a stable trait.

In regards to gender identity and transgender youth, and I'm going back to a study here now in 2011. And so this was prior to the language of sort of transgender being quite so ubiquitous at that time. It is focused on sort of a clinical perspective on gender dysphoria. But Steensma looks at all of the data that's been given. About 13 studies have ever been done on the question of whether gender dysphoria continues through puberty or whether it remits, whether it desists, whether it goes away through that time of formation and puberty.

And Steensma says this by way of summary: "The vast majority of children grow out of gender dysphoria. Rates of persistence vary from 2% to 27%. The results unequivocally showed that the gender dysphoria remitted after puberty in the vast majority of children. And if you read the literature, you will understand that the word "unequivocally" is not used lightly. If, for instance, you say that something is unequivocal and it is discovered that that is incorrect, your professional standing is greatly diminished by such errors.

It is actually the case I've looked at. I've personally read all except for one of these studies that was done. This one was done way back in the '60s. I can't get my hands on it. I've looked at all of these studies, and it is indeed true that in the vast majority of cases, children grow out of gender dysphoria.

And the caveat to that, and Steensma looks at this in his study, is that if you socially transition a child, if you affirm a child, then these desistance rates can drop significantly, rather than simply waiting on the pubertal process to be navigated—which may in some cases be a difficult process for a child with significant gender dysphoria.

So just to summarize this point before moving on. The way to avoid children being medicalized, sterilized and mutilated is by waiting. It's by waiting—by waiting for pubertal and psychological development to occur. And this fact, very clear in the literature, in my mind makes it horrific and unconscionable that rather than permitting children to go through the normal pubertal process, we are cutting off those pubertal processes. We are affirming them in delusions, essentially, that will not last, and doing the sorts of medical interventions that are experimental, that we do not know the outcomes of, and will leave them sterilized and mutilated in many cases for life.

Shawn Buckley

And I just want to see if I understand what you're saying. So the research is saying basically for gender dysphoria—which is a very strong type of gender identity where you would believe that you're other than your biological sex—the research is showing unequivocally that most kids grow out of that after puberty. So it stops being an issue. They become heterosexual and are comfortable being heterosexual.

Paul Dirks

Yes, it's the vast majority. And if you were to summarize, if you were to kind of focus on maybe one percentage that would sort of group those various studies, it would be over 85%.

Shawn Buckley

Okay, so unequivocally the vast majority. So if we just waited for kids to get through puberty and become young adults, it would only be a small percentage then that would still be having gender identity issues, to perhaps then do surgery and things like that when they're older and can be making those decisions.

Paul Dirks

That is correct. Now for my own opinion. I would state that these sorts of medical interventions are never appropriate, even for adults. That is my own personal view, and for reasons that may become apparent a little later in my presentation. Nevertheless, I view that what is taking place amongst children is particularly harmful. And, of course, that is our focus today with these hearings.

Shawn Buckley

Yes, well the next point I was going to make is, I would think: Well, wait a second, so if the majority of children, it's now illegal to stop the train if they're being encouraged or decide they want to physically change their sex with hormone blockers and surgery and the like, the majority of those will then end up regretting what they've done because the research is showing that they grow out of it, that it's a temporary thing. So we're basically making it illegal to stop them from making permanent decisions when we know because of the research that that's something that they're going to regret later on.

Paul Dirks

Yes, that's correct.

Shawn Buckley

So this isn't helping. I mean, just using the research, am I correct that the research is suggesting what we're doing is actually extremely harmful to a vulnerable group, our children?

Paul Dirks

That is exactly the case. And in fact, the issue actually gets even worse. And I want to turn your attention back again to Bill C-4. So first of all, Bill C-4 states in the preamble, or in the surrounding documentation to the bill, that these include—and I'm quoting from it: "These include myths and stereotypes." Now, let me read back a little bit further:

"The bill would discourage and denounce harmful practices and treatments that are based on myths and stereotypes about LGBTQ2 people. These include myths and stereotypes that the sexual orientation, gender identity, or gender expression of LGBTQ2 people are undesirable conditions that can or should be changed."

And I just want to point out for our commissioners that this idea that it is a myth that they can be changed is so counter to the evidence that it's hard to exaggerate. That when it comes to children and youth, not only can it be changed, it changes more often than it stays the same. So we have now, embedded within Bill C-4 something that is completely counter to what the evidence indicates.

Now I want to say one thing further about how this harms the most vulnerable. And it gets really back at the discussion about how this is a one-way sort of treatment path or change path in regards to Bill C-4 because of the fact—and I hope that those listening can follow the logic here—because of the fact that those who experience gender dysphoria are far more likely, 50% in the literature, fifty per cent of those who experience gender dysphoria and then it goes away are same-sex attracted.

What it means is that those who are going through to being medicalized, sterilized, and mutilated are in fact far more likely to be same-sex attracted. And on that account, what Bill C-4 really is doing is it is ensuring that the worst kind of conversion therapy is actually taking place.

So again, I don't know if all of our commissioners can follow that, but if what is so bad about conversion therapy is that we are saying to someone who has a personal identity or set of attractions or desires that we are going to do these significant, harmful, invasive sort of treatments, like that were done in history: things like shock therapy and other sorts of things—if we're saying that those sorts of therapies are unconscionable towards, like, same sex-attracted people, then what Bill C-4 does is it actually ensures that those things will happen through medicalization, sterilization and mutilation. Because so many of these gender dysphoric teens are in fact same-sex attracted, and that gender dysphoria would remit if they were allowed to go through puberty.

I want to continue by another line of evidence, and that is the growth of the youth LGBT population through pure contagion and promotion, or celebration within our culture. A researcher by the name of Goodenow who did early work through gay/straight alliances in the state of Massachusetts, did a bunch of work in the 2000s. And in 2016 released a study that showed that the amount of youth had increased—I believe this was within the state of Massachusetts—this was around the turn of the century or millennia if you will—from 3% to 6.3%, 12 years later. And so there you have within a very short period of time a growth of this at-risk population that is doubling in size.

Pew Research in 2022 did a poll that found 5% of youth and young adults claim to be trans now, or non-binary. And again, as I mentioned earlier, traditionally a little earlier, not much before this, that number was way down at 0.3%—some of the research work that the

Williams Institute did in some of their polling. And so here you have an exponential rise in the amount of youth and young adults claiming to be trans or non-binary.

There are other polls that have found similar amounts of increase or even more than that. Maybe I'll mention one more. A Gallup poll in 2023 found that of Gen Z adults—so these are very young adults ranging from ages 18-26—that 22% of them identified as LGBTQ. This was in 2023.

So we find that there are significant rises as non-heterosexuality has been promoted, celebrated within schools and by various organizations within our society. As various organizations that promote LGBTQ advocacy have been funded to the tune of millions of government dollars as well as private institution dollars and big business dollars, we've seen the incredible prevalence, the rise to an enormous degree in this population.

Perhaps more serious yet are the increases in children and youth who are accessing gender treatment around the world. Where we have some of the best data out of the UK, we find that there was a 20-fold rise in those children and youth who are seeking treatment with gender services. This was between the years 2009 and 2016. But even though the UK is perhaps one of the places where we have the best data, where we have data from other places, like Australia, Canada, and the United States, we find almost exactly the same sorts of charts. And I'll put that chart up so you can see the exponential rise.

One of the things you note about this rise is that here the female population is in a different colour than the male population. And you see a great rise, almost a hockey stick exponential-type rise within adolescent females. And this is particularly interesting in light of the fact that prior to the last few decades, if you go back 20 or 30 years, gender dysphoria was a male domain issue or mental illness exclusively. There really was hardly any women that had gender dysphoria or girls that had gender dysphoria. And yet now what we see is that gender dysphoria and transgender identities among teen girls is the largest segment of this population.

Shawn Buckley

Let me just unpack that. So when you were talking about gender dysphoria, historically those are people presenting for psychiatric or counselling services because basically they're born as a boy but they're feeling like they're a girl, and there will be a clinical finding that they're gender dysphoria. But it was never female before. And yet now that we've introduced SOGI and we've culturalised, literally, gender dysphoria or gender identity, that it's prevalently females that are presenting for these services in the UK. Is there an explanation? Is it social pressure on females? What's going on here?

Paul Dirks

Yes, so that is correct. And the research is doing some work on this, although the research is often not permitted to go ahead, or sometimes there are retractions as advocates get a hold of research that in their minds is homophobic or transphobic. But Lisa Littman is somebody that has done some excellent work on this point, and her findings are that girls within peer groups, peer networks—and I'll say some more about peer contagion presently—they are influencing one another, especially through online media and online groups. And so this social network sort of contagion or pressure, not dissimilar to the epidemic of bulimia perhaps that took place in the '70s and '80s, it's responsible in a significant way for this tremendous rise.

Shawn Buckley

Okay, thank you. And I'm going to ask you to continue, but I just see from the time that we need to tighten things up a little bit.

Paul Dirks

So the question that you asked was pertinent to my next point, but maybe I'll just say a tiny bit more about that. And that is, starting with Nicholas Christakis's work in network contagion, peer contagion which began in I think around 2007 or so, it has been shown—and again the literature is very clear on this point now—that behaviours are contagious within society and peer groups.

So things that you would never perhaps have assumed previously to be contagious are things like obesity or divorce are contagious behaviourally. Things like happiness, or conversely, mental illness are contagious. And so it really is not surprising that things like gender identity or gender confusion or gender dysphoria, for instance, are likewise contagious, which is exactly what I think we are seeing.

I want to proceed with the next line of evidence, and that is the vulnerability of this group of LGBT people, and especially looking at childhood. And that is the elevated childhood trauma rates amongst LGBT people. It has been well recognized in the literature for decades now that there's a very high prevalence of childhood sexual abuse amongst LGBT people.

So Friedman, 2011, is just one example of this data. So here you can see that females who are homosexual are roughly twice as likely to have been sexually abused in childhood. With

bisexuals, the number is actually even higher. Within males, homosexuals are more than four times as likely to have been sexually abused than heterosexuals. And the numbers are similar for bisexuals. So this is a finding that's been known for quite some time.

But what has occurred more recently in the literature is an investigation of more diverse adverse childhood events [ACEs]. And so this language of ACEs is just vocabulary that's used within the literature to get at a variety of traumatic events that children will often face. And these traumatic events are often associated with health risks of various kinds, whether mental or physical, in adulthood.

So amongst LGBT people, we find not only for instance, as I look at the data that Anderson in 2013 provides, not only higher levels of sexual abuse, for instance, and not only emotional abuse and physical abuse, but also higher levels of household mental illness, household substance abuse, and incarcerated household member.

This is really important to understand because— Maybe I'll just quickly note that these same findings have been found for transgender persons as well. You can take a look at that data: Schnarrs, 2019; Tran, 2023. But what I want to note about these things is that even though these data are well recognized by even LGBT advocates, the reason that is often given for these sorts of correlations is what is called the minority stress theory. I'll try to very briefly enunciate what this theory is.

It states that because these children may be gender non-conforming— So whether they end up being, for instance, gay, lesbian, or transgender, it presents similarly in childhood as gender non-conformity. And so as parents interact with gender non-conformity, it may be that they face within households, and maybe those just barely outside those households, these additional risks, specifically from their households.

The problem with this theory is that it can't explain many of these adverse childhood events. It is very conceivable, and I suspect it does indeed happen, that for instance a sexual predator may prey upon a gender non-conforming child, seeing them as vulnerable. Which would then indicate that some of these elevated rates of sexual abuse amongst LGBT people are on account of, you might say, this gender non-conformity or proto-homosexuality amongst those children. That would fit with the minority stress theory.

However having household members that have elevated amounts of mental illness or substance abuse, or having an incarcerated household member can in no way be explained by the minority stress theory. And so what this indicates is that within the LGBT population, and specifically I'm looking at youth, there are tremendous amounts of trauma that may be connected with confusion about same-sex attraction, behaviour, and gender identity, that

needs to be able to be explored within counselling by professionals—the sorts of counselling that Bill C-4 does not permit. And this is again another example of harms towards the most vulnerable segments of our population.

I want to finish by noting the ineffectiveness of gender affirmation treatments. Much more could be said about this. But there have been many different studies that have been done, as you might imagine, on the effectiveness of things like cross-sex hormones or surgeries. The challenge within the literature is that there are tremendous problems that attend these studies.

The largest of them is the loss to follow-up rates. If you are doing a treatment, especially treatment as invasive as experimental cross-sex hormones or especially sex reassignment surgeries and you treat, let's say, 100 individuals, you want to get as close to 100 individuals looking at that same group 10 or 20 years later to determine whether that treatment has been successful. And yet very many of the studies that are done on these treatments have lost to follow-up rates of 30%, 40%, and even 50%.

This is especially problematic in light of the fact that where research touches on what we would expect to find in those lost to follow-up rates, the research shows that those who are lost to follow up tend to be lost to follow up because they are experiencing worse outcomes than those who are able to be followed up. So there are a few studies that are long term and avoid those problems because they look at a more population-based approach, especially out of the Nordic countries that tend to keep very good records for follow up and for studies.

So one of these studies by Cecilia Dhejne in 2012 found that death by suicide was 19 times higher amongst those who had undergone sex reassignment surgery than in the control population for the study. Psychiatric hospitalization after adjusting for prior morbidity—and I'll explain that in a second—was 2.8x higher. In other words, you are comparing not just those who went through sex reassignment surgery with average people that are demographically mixed, who had not gone through sex reassignment surgery, but you're also comparing them with those who have similar levels of psychiatric problems and hospitalization.

And even when you account for that, those who had undergone sex reassignment surgery were almost 3x as likely to face psychiatric hospitalization after the fact. Simonsen in 2016, a study that was done in Denmark, found that there was no statistically significant difference in the amount of psychiatric diagnoses in the group before and after treatment. This is actually one of the only studies that we have in which we're actually able to follow.

We're going to do a study all the way through of our initial cohort prior to having the treatments, and then afterwards be able to follow up on them after a good amount of time.

One of the best studies—although one in my opinion that is the most biased in how the researchers move from the data itself to observations, and the interpretation of that data—is done by Lindquist in 2017. It is a longitudinal study, one of the only ones that really we have, that has multiple markers in determining how successful this treatment was. And there were markers for both mental and physical health. And what it found is that mental and physical health had deteriorated to the same level or lower than prior to surgery after five years.

This is really remarkable, and I want to enter this into evidence with our commissioners. You can see some of the data up there, but almost everything except for, I believe it was physical functioning was the only measure in this quality of life measurement scale in which it was not lower after five years than prior to the surgery. And it's actually well recognized within the literature that there is a honeymoon period in which treatments seem to work for a very short period of time because it's expected to work by those who undergo it. And yet we see the deterioration significantly from that.

Just finishing up here. One of the recent reviews that has been done out of the UK is the CASS report. And I encourage people to take a look at that report in which there was this review of all of the gender identity services that were done in the UK. And there were significant changes that came out of this, including that no further medical treatments of gender dysphoria would continue for those under 18 years of age. And similar things have been taking place in other European countries. But sadly in Canada, as well as in the United States, we are moving ahead it seems full steam with a set of treatments that is not evidence based.

So just now to my recommendations in conclusion. Generally speaking, my recommendation is that all cultural or institutional promotion of LGBT identity or behaviour directed towards children and youth must stop. More specifically, Bill C-4 must be repealed as being factually and demonstrably false in its premises and as removing parental and professional responsibilities. Bill C-4 essentially takes on the role of parents to children and of counsellors and professionals to their clients.

Secondly, SOGI and other LGBT programs and initiatives directed at children and youth must be stopped, lest school districts and trustees be held financially and legally responsible in lawsuits which are beginning to be launched by de-transitioners who have lost to sexual function or body parts due to medical treatments and interventions.

And then, thirdly, government must stop funnelling millions of dollars to SOGI organizations which influence and sexualize children and youth. Thank you.

Shawn Buckley

Thank you, Mr. Dirks. Commissioners, do you have any questions of this witness?

Commissioner Larsson

Yes, thanks, Mr. Dirks. I'm interested in your views on this rather strange, to my mind, concept of sex assigned at birth, which has now found its way into laws like Bill C-4. Is it not simply a way of avoiding the uncomfortable truth that sex is determined at the point of conception and not assigned at birth?

Paul Dirks

The short answer, Commissioner, is yes, it is. The slightly longer answer, and perhaps where some of this began, is a compassionate effort to deal with intersex individuals, which tends to be an extreme minority of individuals. Again, you're down into 0.0 percentages of individuals. And even in those cases with intersex individuals, it is clear that they are intersex relative to either male or female. And so the short answer is yes, and I think that we need to do away completely with this language of sex assigned at birth.

Commissioner Bohémier

I have a couple of questions for you. What strikes me in the SOGI narrative, it's the flaws in the reasoning. So I will ask a basic question that needs to be asked, but maybe you will just have comments, probably no answer to give. So first of all, if you are not defined by your sex at birth, why you need surgery to change it later, what justifies it? How can the narrative explain this fundamental problem in logic?

Paul Dirks

Yes. And in addition to that is the rather uncomfortable truth that transgender itself connotes a binary that you are always moving from one to the other. And so now of course that does get undermined to some degree in a general sense in regards to gender non-conformity or non-binary status. But when it comes to the sorts of treatments that are done, the treatments are over to the binary, the other sex. And so yes, I would agree with that.

Commissioner Bohémier

And also when you are a woman, how can you know what it is to be a man? And when you are a man, how can you know what it is to be a woman? So how can you say, "I feel I'm a man"?

Paul Dirks

Yes, thank you. You know, there's clinical research that has been done in the earlier years, especially when the research was probably more evidence based, in trying to address the incongruity that people felt. But you are absolutely correct. And I think also in line with that thinking and that idea is the question of: How can you know when you are 8 or 10 or 12 and you are a female, how can you in fact know without going through puberty what it means to be a woman even? You may have some idea, but without going through that process, especially a process that will resolve gender dysphoria in the vast majority of cases, there is just this great lacuna that is missing in all of this conversation.

Commissioner Bohémier

And you said the way to avoid children being medicalized, sterilized, and mutilated is by waiting for pubertal and psychological development. The thing is, in Quebec at 14 years of age, a child, a teenager could do a sex change without his parents even knowing. So how can we do anything about that? And do you know about cases where Youth Protection was involved because they tried to prevent their children to change their sex?

Paul Dirks

Yes. So I believe that what needs to happen here in North America is what has taken place recently in the UK: for our elected officials especially to protect children by putting in place more evidence-based guidelines and safeguards for children when it comes to these decisions that they're not prepared to make. And yes, I am aware. There's a notable case here in BC that in fact I'm still unsure whether I can even say the fellow's name because of court protection orders, in which a father did not want his daughter to go through a medicalized treatment. And not only did the judge say that the daughter was permitted to do as she wanted, but also that the parent was not permitted to speak to the media about this issue, and was jailed for a period of some time because he refused to adhere to those court orders.

So there's tremendous pressure being placed on parents in this regard, currently. There are plenty of examples where in schools children are transitioning behind their parents backs

and then led off to counsellors under this affirmation-only paradigm, in which they're then started on this road to medicalization. There are cases even in the United States where children have been removed from the care of their parents because of these issues.

Commissioner Bohémier

And I will say by some professionals that before Bill C-4, I guess, it took two years of psychological treatments before there was an approval for a sex change. And now it takes 20 minutes at the children's hospital to have prescription for hormone therapy. Can you confirm that?

Paul Dirks

I can confirm that. That has been confirmed in fact by de-transitioners. There are currently de-transitioners—and I'm thinking about a case in the United States; the name has escaped me—but there are de-transitioners who have indeed said that that was the case with themselves, and who are now beginning to sue doctors that did not do their due diligence in adhering to proper protocols in this regard. So yes, that is indeed the case.

Commissioner Bohémier

And my last question is, do you have data or do you know about the influence of hormones in water for example, or in other things, that can explain the exponential growth of this gender dysphoria.

Paul Dirks

Yes, I am aware and I have looked at studies that would relate to that. In my view, data relative to water supply is not conclusive in regards to it being involved in this.

An area that does deserve far more attention is the area of microplastics and phthalates. There has been research that has been done that I think is credible at least in the sense that it ought to be more greatly researched. The challenging aspect of where this rise may be coming from, other than the most obvious, is simply social pressure and the promotion within the culture: pure contagion. That is probably the lion's share of the responsibility or the cause of those, in my opinion.

But I do believe that there is some research that ought to take place in epigenetics that is well demonstrated now, and especially over the last 10 years, that changes in behaviour can affect the expression of the genome and can be passed down to your children.

The other area that interacts with that to some degree, in my opinion, is the area of hormones and how prenatal hormones can affect same-sex attraction. And there have been those who have done significant work on this, like Ellis and others. So there are areas and avenues of research that I think are important. I am not certain whether water supply would be one of them.

Commissioner Bohémier

Okay, thank you.

Shawn Buckley

Those are all of the commissioners' questions. Mr. Dirks, we've already entered your PowerPoint presentation as Exhibit V-2025. And if you email to me the studies listed in the PowerPoint presentation, we will enter them as exhibits. And on behalf of the National Citizens Inquiry, I sincerely thank you for coming and sharing your testimony today.

Paul Dirks

Thank you.

NCI | CeNC



NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 17, 2024

Day 1

EVIDENCE

Witness 8: Alisa Horth

Full Day 1 Timestamp: 10:29:25–10:39:34

Source URL: <https://rumble.com/v5izvud-nci-vancouver-2024-hearings-day-1-october-17-2024.html>

Wayne Lenhardt

Okay, next up, we've got Alisa Horth. Alisa, again, could you spell your name for us? And then I will do an oath with you.

Alisa Horth

Alisa is A-L-I-S-A H-O-R-T-H.

Wayne Lenhardt

And do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony today?

Alisa Horth

Yes, I do.

Wayne Lenhardt

Okay. Your testimony is basically, I think, a description of all the problems you went through having a son in the Delta BC school system during COVID. So I'm assuming this started

about 2020, so maybe that's a good way for us to organize your testimony. So could you tell me what happened, starting with the onset of COVID?

Alisa Horth

It started with the mask mandate in school. And I said my son was not going to be wearing a mask, and there was a lot of problems with the principal to get him to agree to that. And then finally he agreed to that. And he went into each classroom and the teacher kept forcing a mask on him, despite the understanding that he was not wearing a mask for anxiety reasons, and just generally not wanting to wear one. And there was a lot of peer pressure, a lot of mocking, and just calling him an anti-vaxxer for not wearing a mask. And a lot of stress, a lot of anxiety.

Wayne Lenhardt

So along the way, you talked to an administrator, as you put it in your statement here. Is that the principal by another name?

Alisa Horth

Yes, I talked to the principal.

Wayne Lenhardt

Okay, and you also talked to a trustee at one point.

Alisa Horth

Yeah, that was later. This whole thing with the masks was just another unbelievable situation in the school system where—

Wayne Lenhardt

Okay, so you started out having trouble with the mask issue.

Alisa Horth

Yeah.

Wayne Lenhardt

But your son never did have to wear a mask because you insisted that he not. Is that correct?

Alisa Horth

That's correct.

Wayne Lenhardt

Okay. So how old was your son?

Alisa Horth

At the time he was 15.

Wayne Lenhardt

Okay, what grade was he in then?

Alisa Horth

He was in grade 10, I believe, at the time.

Wayne Lenhardt

Great. Okay, so was he the only one that wasn't wearing a mask?

Alisa Horth

He was the only one in the whole school, except for one autistic boy. And they made a point of having a class meeting in the gym to point out that there were two people not wearing masks for personal reasons, and everybody stared at my son. And it was a very deliberate attempt to intimidate him.

Wayne Lenhardt

Okay. Were there some other problems along the way in that you had problems with the curriculum, and sexual and drug content that was with the curriculum? Tell us about that.

Alisa Horth

That actually started in grade nine. I was very observant of my son's curriculum. Even starting in grade four, there was weird stuff happening. But by the time I got to grade nine, I always asked him what his courses were, and it was grade nine gym. And then the gym thing was, "Well, you're not exercising. What are you doing?" And he said, "Oh, I'm just doing surveys." And I said, "Well, what are these surveys?" And he didn't have a cell phone at the time, and the teacher was very aggravated that [my son] couldn't do the surveys at school and so he was forced to do them at home. The teacher didn't like that. She didn't want me to see the surveys.

And I started to see the surveys and there was nothing to do with gym. It was all sexual in nature and a lot of explicit stuff about drugs, learning about different types of drugs, learning how to take drugs safely, learning about questioning your gender identity and all that stuff was in gym as well. And I asked—I can't remember because I took him out and the program continued. Even online, I saw the same physical ed curriculum when I took him out, but I questioned the teachers about that. And once I had taken him out and put him into this Home Quest program, which was the same problem. They basically eliminated all the sexual stuff after I saw most of it. But I just made such a stink. They told me I couldn't opt out, but in the end I was causing so much trouble, I just gave up and said, "Well, we'll restructure the course so he doesn't have to continue." Because it's years of it. It's grade 9, 10, I think even 11, they're shoving this stuff.

Wayne Lenhardt

Okay. You eventually took him out. Did you homeschool him when you took him out?

Alisa Horth

I took him out, so that's the partial. I took him out in grade 10 because of the sexual stuff and because in school there was everything. It was pansexual day, trans day. It was non-binary day. It went on and on. Every week there was something new, and they were handing out buttons, and they had the GSA [Gender and Sexuality Alliance] club on the intercom, and it was every day they had an advertisement for the GSA club—every day. That was their first announcement in the school. And my son would tell me all this stuff, and there was so much pressure, and all the kids said they had to be an ally and all that stuff. And he got ostracized from his friends, because he didn't agree that they were talking about pansexuals, I mean. And, ah, it's just, it's so sickening.

Wayne Lenhardt

Okay. So finally you took him out. Did you ever put him back into the classroom?

Alisa Horth

I took him out after—I can't quite remember the date, but I think the final straw was when two of the teachers asked for my son's pronouns in the class. And I called the principal and I said, "What are you doing? Now you're doing pronouns." He goes, "It's not our policy, but it's up to the teachers what they want to do in the classroom." I said, "Well, that's it. Not doing this anymore." But then when I pulled him out, I put him into the Home Quest program because I didn't have very much time. And that's basically the online curriculum for the school.

But I thought for some reason it would be less "everything graphic" and everything else. And sure enough, the gym course was the same—same sexual stuff. And that's where I got to see it all up close. And everything is just making kids question their sexuality and also assuming that they're sexual in grade nine, and picking up people and, you know, stuff that's so inappropriate, it's shocking. And then I wrote letters, and that's when I started to talk to the trustees.

Wayne Lenhardt

And did you get some relief from your issues at some point, or did they just say, "Go away"?

Alisa Horth

Zero relief? No, I contacted the Home Quest advisor, and he basically countered me and said that I was old school and I don't know what I'm talking about, and these kids these days are really sexual, so we have to be up to date, and we have to know what they're doing, so we have to teach them about it before it happens—this backwards logic about how they have to know about it beforehand. They have to know about how to do drugs just in case they might do drugs, because they're all online anyway. That kind of stuff, yeah.

Wayne Lenhardt

Okay. I think at this point, I'm just going to ask the commissioners if there's anything they would like to pursue here.

Commissioner Bohémier

I have two questions. Were you able to home school without problem?

Alisa Horth

No, I was not. Because the Home Quest program, because I didn't have a lot of time, as I said is connected to the public school system. So the same curriculum for gym is there as well. So I could see it at home very clearly, unlike at school where they're doing it quietly on their phone when the parents can't see what's going on. So I actually got a really close up focused version of what they're actually doing. And gym is now sexual health, mental health. Physical ed is actually at the bottom. And when I suggested they actually do exercise, he laughed at me because, "That's not what we do in gym anymore," he said. So that's where we're at with physical education.

Commissioner Bohémier

Okay, but the government was not pushing you or harassing you because you were homeschooling.

Alisa Horth

No. No problem in BC with the Home Quest. And then in the end, I pulled him out of the Home Quest because that was intolerable, and I put him in a private Christian school. And now we're just trying to get through grade 12, and unscathed.

Commissioner Bohémier

And how was your son?

Alisa Horth

Well, he's a lot happier. When I pulled him out, he was a lot happier. I didn't realize how much anxiety he had. The amount of pressure, the peer pressure was terrible, yeah.

Commissioner Bohémier

But when he was in school, he was very anxious. Did he have friends or—

Alisa Horth

I would say COVID—probably if you're not going to wear a mask, you're not in the club. So like the rest, you know, who didn't want to go along with the narrative, once you're out, you're out. And the teachers were excluding him from everything. I mean, it was—we all know what happened. The peer pressure was incredible.

Commissioner Bohémier

Benny agreed to follow your advice not to wear a mask? He agreed to do that?

Alisa Horth

Yeah. Yeah, he did. I mean, he wanted to at some point, but I said, “It's not good for you and you don't have to go along with the crowd.” And he had the courage to stand up.

Commissioner Bohémier

Okay, thank you.

Wayne Lenhardt

Any other questions, commissioners? No. Okay, we're running slightly behind now, so I think I'm going to just leave it at that. And thank you so much for coming and giving your testimony today.

Alisa Horth

Thank you.

Wayne Lenhardt

Thank you.



NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 17, 2024

Day 1

EVIDENCE

Witness 9: Amrit Birring

Full Day 1 Timestamp: 10:39:52–11:09:20

Source URL: <https://rumble.com/v5izvud-nci-vancouver-2024-hearings-day-1-october-17-2024.html>

Paul Jaffe

The next witness is Amrit Singh Birring. Amrit, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Amrit Birring

Yes.

Paul Jaffe

Thank you. Could you spell your name for the record, please?

Amrit Birring

First name, Amrit. A M R I T. Last name, Birring. B I R R I N G.

Paul Jaffe

Now, as you know, this hearing today and over the next couple of days is focusing on children and making the world safe for children and doing what we can to address some of the issues that society faces recently and at present. So with the focus on the children, I want to give some general background on who I understand you are, and then we can hear your evidence directly. You are a resident of Surrey, BC. You had two kids who finished high

school now. You're a software developer. And a few years ago, you became extremely concerned about what you saw happening in the schools, and in particular the SOGI program. You've been involved in organizing 40 rallies and interactions with students. You've been communicating with the BC Education Minister. You were involved in organizing the Million Marches that have happened in Surrey. And you've launched a criminal case through the RCMP against the BC education minister relating to SOGI and, I understand, some of the explicit materials used in the schools in connection with that program. Is that all roughly correct?

Amrit Birring

We also did a recall on BC Education Minister, Rachna Singh, in December/January of this year.

Paul Jaffe

Right.

Amrit Birring

So we did a recall on her.

Paul Jaffe

Oh, that was a recall, yes. Okay. And you're also involved politically. I understand you're the leader of the Freedom Party of British Columbia and that you have five candidates in the upcoming provincial election. Is that correct?

Amrit Birring

That's correct, and our number one agenda is to remove SOGI 123 from BC schools.

Paul Jaffe

So it was such an important issue for you that you got yourself involved politically, formed your own party, and that's the real focus of your party is to get rid of SOGI. Is that correct?

Amrit Birring

Yeah. Because our contention is that government has declared a war on our children and we, so to speak, have declared a counter-war.

Paul Jaffe

Okay. Perhaps then you can explain to the commissioners why it is you feel that the government has declared war on the kids and that you're fighting back. Can you explain that?

Amrit Birring

Yeah, I will just show my narrative, what we have done so far, and everything we did, government responded. And those responses can tell you how deep this conspiracy is. For instance, we have books in Surrey school libraries—in fact, in all BC school libraries and in fact all Canadian libraries—which shows a boy sucking the private part of another boy.

Paul Jaffe

Okay, and I don't want to interrupt too much, but for the commissioners edification: I don't think we're going to put it out there for everyone, but there's some explicit materials that have been submitted by the witness that you may have on your screens. I'm not sure we're going to be broadcasting these to the world, but you can explain as well as you can what it is that you see in the books that you're telling the commissioners are in the public schools here in British Columbia. What did you find in these books?

Amrit Birring

So this is one image I'm talking about.

Paul Jaffe

Okay.

Amrit Birring

The other images are two naked boys are sitting on a bed. Two naked girls sitting on a bed. There's a picture where 18 different people, they are fully naked in the book, of different size and denomination and colours. So these—

Paul Jaffe

What are they doing, these folks? Just generally, are you talking about pictures in these books that are in the schools?

Amrit Birring

In the school libraries, both elementary and secondary school.

Paul Jaffe

How is it that you found these books?

Amrit Birring

You can find them in the catalogue of the school libraries. There are two books precisely. Its name is *Gender Queer*, and *It's Perfectly Normal*. And school does acknowledge that they have these books. They do not deny it. As part of exhibit, I have sent an email from the Surrey school board where they acknowledge the presence of these books. And when we ask: What's the reason of them being there?, their contention is: one, is to teach them human anatomy; and second, to teach them alternative lifestyles.

Paul Jaffe

Okay, just to stop you there for a second. So I have a letter that I think has been uploaded as an exhibit. It's a May 29th, 2023 letter from the Surrey schools to yourself.

Amrit Birring

Yeah.

Paul Jaffe

And that is the explanation that set out in the letter: to teach anatomy and to teach alternative lifestyles?

Amrit Birring

Yes.

Paul Jaffe

And that was in response to your complaint about the sexually explicit material that you found in the books, right?

Amrit Birring

Yes. So the Surrey school board has monthly meetings where parents can participate. So that's where you can ask questions in writing. And I did ask these questions, and then they sent us a written email response.

Paul Jaffe

Okay. And I also understand that you complained to the police as well. Can you describe what it is you did in that context?

Amrit Birring

So what we discussed so far, that's an integral part of the police complaint. Now there's a section 171.1 which is part of Canadian criminal code, that if you show a sexual explicit material to a child you are booked under section 171.1., so now that the school acknowledges that their libraries have those books and those pictures as I described.

By the way, anyone can buy those books off Amazon. It's called, *Gender Queer* and *It's Perfectly Normal*. One is approved for elementary schools and one is for secondary schools and their combined cost is only \$50. I have the copies I've given to many parties who never believed until they saw them. So using this situation, I complained to RCMP Surrey against BC Education Minister, Rachna Singh, that she is ultimately responsible for those books present in BC school libraries.

Paul Jaffe

I was just going to say, so 171.1 of the Criminal Code of Canada prohibits the exposure of sexually explicit material to children. Here's a question: What level of school were these books at when you found them? Was it a high school, was it a lower public school? Do you recall?

Amrit Birring

Yes, I do. I just know all these things by heart. We are doing it for two years.

Paul Jaffe

Right.

Amrit Birring

So there's a book called *It's Perfectly Normal* that has a picture of two naked girls sitting on a bed and two naked boys sitting on a bed. This is approved for elementary school. So they are in pretty much all BC elementary school libraries.

Paul Jaffe

Okay.

Amrit Birring

The other one where so-called oral sex: one boy sucking the private part of another boy and there's some masturbation pictures, those are approved for secondary school libraries.

Paul Jaffe

Okay, and getting back then to your dealings with the police and you were reporting the education minister in the context of this criminal code offence. I think we uploaded an exhibit which is a production from the RCMP of their dealings with you. It's a four-page document. It's pursuant to a freedom of information. Remember you made a freedom of information (FOI) request, and you got produced to you copies of the internal documents of the police relating to your complaint. Right?

Amrit Birring

Yes.

Paul Jaffe

I see it. I don't know if you have them in front of you just for your own recollection, but I think it shows January 27, 2024, you and a group of people attended the Surrey RCMP to protest and lodged a complaint against the BC Education Minister. Does that sound about right?

Amrit Birring

That's perfectly right.

Paul Jaffe

Okay, tell us about that. What were you saying to the police, and what was the response?

Amrit Birring

We did a recall on the BC Education Minister. Its last day to gather signatures was January 29th. And just two days before that, we made it public that we will go to the RCMP to protest against this. So they contacted us and started asking us how many people are coming, et cetera. We said, "Don't worry, we are just coming to launch a criminal report." And this is the reason they actually even took the report from us. If someone else will go there, they probably will refuse. So we had a lot of public pressure because of the ongoing recall.

So we did go to their police station, Surrey RCMP headquarters. And they knew we were coming; there were assigned time. So an officer came to us in the parking lot and said that, "Someone will reach out to you soon, very soon." It was raining and it was cold, January 27th. No one came for one hour. Then we marched in front of their office, which they didn't want. And then they came out again and said, "Someone has been assigned to you, an officer, and he will take your complaint." And another half an hour, finally an officer came and he escorted me inside the usual witness room. You can leave your cell phone off or outside.

So I had a 45-minute discussion with him in his witness room in-camera. So I showed him the sexually explicit material, the pictures, the actual books, my communication with Surrey school board in which they admit that the books are present there. So he took the complaint and he gave me a complaint number. So I waited for one month. I didn't hear anything. So I contacted the officer again, Officer Benjamin Botang, and he said he's investigating with Surrey school board its CEO. His name is Mark Pearmain. He said, "I have asked him to send a reply to it, and he's not replying. So of course it's not my problem." Police have their ways, right? They have powers. But that's the excuse he made.

So at that point I made it public in our social media that's the situation, and we encourage people to call Mark Pearman, that he should respond to police. So eventually time passed and I called RCMP again, and they say, "Oh, we have a reply, and I was about to get to you." And I have all that conversation also recorded, and I sent you as exhibit just today. It's a YouTube, it's a Facebook video. Anyone can play all that conversation. So he's saying that "Yes, we heard from them. They are saying the books exist, the sexually explicit content

exists, but it has not been shown to any child. It hasn't been shown, so no crime has been committed."

So I discussed with him on that recorded call as well, "So someone who is carrying a loaded weapon, but unless the person fires, there's no crime?" He has no answer. Then I ask him, "Let's say a teacher shows it to a child, is there any auditing process in school that they record it? Because how do we know if it's shown or not? Do they have a written process?" And he had no answer to that. So I knew that they will brush it under the rug. But I wanted to put it on record, because we can revisit this in the future again.

So this freedom of information report, when I asked them, "After the conclusion, give me what happened?" They said, "You have to file a freedom of information report." So I filed it. And that's how many times they put obstacles. So when I filed the report, the officer who was taking the report said that my original complaint number, it's not found in their records. But luckily she helped me. She searched with my name, Amrit Birring, and she found that complaint number with one number off from what the officer had given me in writing.

Okay, now I file the freedom of information report. They come after two months and say "The investigation has not been concluded yet, so we cannot release any information." Okay, I go back to the investigating officer. I said our understanding was that it has been concluded. He took his own sweet time and said, "Yes, it has been concluded." I said, "Give me the date of conclusion." He took his time and gave me the date, which was prior to when I filed the freedom of information, so it meant it was already concluded.

So I write back to the FOI officer that this is an email from the investigation officer, and it says it has been concluded. So this time the FOI guy said, "Hmm," and they finally released it to me. So I had to pursue, pursue, pursue and call them out, but it wasn't straightforward. And that report is with you. And this report mentions that the investigating officer did try to ask Surrey school board, "Would you like to sit down with me to discuss in their presence and resolve it," and they refused. It's part of the FOI.

Paul Jaffe

Okay, I think the commissioners have that as an exhibit, the FOI release of the police report. I hope you do. It's file 1301 2024 1272. That's the number that the police have on the file relating to your complaint about these books. And just want to get back to your evidence, as I understand what you said. Once the police were satisfied that these books were in fact in the libraries and available to the kids at school, their explanation to you was that there was

no evidence that the books had been shown to the kids? Is that really what the police told you as a reason to not go further on this?

Amrit Birring

That's correct. So the school board claimed that the books are there, but they have not been shown to any child. It's written in the FOI.

Paul Jaffe

Okay. Now in addition to your efforts to take this issue into the political arena and you're actively campaigning with your party's focus on the SOGI program and your efforts to help organize the Million March, can you tell me—we've only got a couple minutes left—what's happening in your ongoing efforts these days dealing with the public, dealing with the school board, dealing with the police? Can you give us an update since this complaint to the police that we've just now addressed? What's happening now?

Amrit Birring

We were in June. June was the Pride Month which is celebrated in schools, public schools. So we planned protests and rallies and we went in front of nine schools, because schools are where the crime happens. That's where the victims are children, and no one is sticking up for them. Our teachers have been scared, are shushed. Parents are busy making two ends meet, and children are there at the mercy of teachers. So we really feel for them. So we publish the schedule of our protest on our Facebook and social media, and RCMP monitors that.

So every time we go to school, there's a few cars of RCMP always there, stationed, a representative from Surrey School Board, and some staff of that school. And we occupy one corner and we have a speaker, and we say things like: "SOGI is a fraud. It's an abuse of children. Boy cannot become girl, girl cannot become boy." So we shared these things and children listen and they feel very good. We can see happiness in their eyes, sparkling that someone is speaking for them. And then they come, and even though school is monitoring and that they don't interact, they still make it a point.

So we were in a school, Sullivan Heights Secondary School in Surrey in pride month, and two girls came to us and told us there are 18 children who identify as animals in the school. Because gender identity doesn't only mean you can identify as a different gender, but you can identify as anything. And one of terms they use is "furries." It's popular in U.S. as well. Children identify as animals, and they come with their tail or they scratch each other. They

put whiskers. So their mental thing, they start imagining they are animals. So this is like taken to another level.

And then in one school, Fleetwood Secondary School, a girl told us they're building three unisex bathrooms because they claim there's no such thing as male and female. So they want to take out the concept of "he" and "she." So they're building three unisex bathrooms. So these are a few of our encounters. There are plenty because we have visited at least 30 elementary and secondary schools combined. We have videos on our TikTok, YouTube, little children coming to us and chanting with the "Stop SOGI 123! Stop SOGI 123!" So it's all there.

This crime is happening in broad daylight. Everyone has been scared, shushed. If you say something, they label you, you are hateful. There are mechanisms to shut down the speech. So it's just all happening. You have to see it. So our focus is action. I mean, knowing isn't enough. That's an intellectual exercise. That's a first step. But there are countries where they're openly corrupt. Everyone knows everything, and it's acceptable because they got used to it. It became normalized. So before we get to that point, we need to take physical action, and that's what we do.

Paul Jaffe

Amrit, I notice we've got about five minutes left. And so unless there's more that you want to say about your efforts to deal with SOGI and to publicize this, and if there isn't, then I'll turn things over to the commissioners who may have a few questions for you.

Amrit Birring

Yes, please go ahead.

Commissioner Larsson

Well thanks, Mr. Birring. The school board's defence was that although these books are in the library, they hadn't actually shown them to the children. Is that right?

Amrit Birring

That's right.

Commissioner Larsson

But do the children have access to the library?

Amrit Birring

I believe children have access to every book in the library. They can get it checked out.

Commissioner Larsson

Those children may well have seen these books, and the school board has no idea?

Amrit Birring

That's correct. I mean, by definition, if there's a book in the school library for children, then they can use it.

Commissioner Bohémier

So I guess you cannot go into the school library yourself? So how come you were aware of those books?

Amrit Birring

Yeah, so I am not the only one working in SOGI. There are many groups. For example, Kari Simpson, who probably spoke here before. She is the pioneer. There's a website called Exposing SOGI 123 that lists a vast majority of books in different provinces. So a lot of work has been done. We have Ronnie Herman here. She has done a lot of work. What we did is we tried to convert that into action, physical action. So we already had all that information. And then there's a website called *gofollett.com* (www.gofollett.com). All the BC school libraries are linked to it. It's a searchable database. It will tell you exactly which book is in which school and whether it has been checked out or not. So it's all information out there already.

Commissioner Bohémier

Okay, so it's not your children who took out those books, and you borrowed those books from the library. You knew by another means that those books were in the library.

Amrit Birring

Yes. So in this case, I am not claiming that I'm a victim or my family suffered. It's more we are doing it for society at large.

Commissioner Bohémier

Okay, but when children borrow books in the library, there is a register of it? So: “No children ever took this book”—don't they have a registry of the children taking out those books? They could prove it, because when a child borrows a book, it's written in the computer somewhere.

Amrit Birring

When I asked RCMP officer about the audit that does the school record when someone gets the book, he had no answer to that.

Commissioner Bohémier

Okay. And the police officer never considered this and never considered those books as pornography.

Amrit Birring

He did consider that it is sexually explicit material. He definitely did. Because when a naked child is in a book of elementary school, what else? What is the definition of pornography?

Commissioner Bohémier

But were the books taken out of school? What did they do? They left the book there? Or the police officer sees the books. What did they do with the books?

Amrit Birring

So the crux of the issue is that it's an agenda, not even by the school district or the BC education ministry. There are people entrenched in the BC education ministry who run the show. The governments come and go. And this thing has survived both different party governments, BC NDP and BC Liberal. In fact, it's a globalist agenda. I mean, we were talking about Bill C-4 before, which was passed so that 12 years old can decide they can have top surgery without parents' permission. And they can decide to change their pronouns and parents will have to affirm it. If they don't, they go to jail.

So education comes under the province, but what's the business of the federal government passing those bills? Because it's an agenda at a higher level, and they aid and abet it and they make infrastructure to facilitate it. And that's why the RCMP is not impartial. They also take their instruction on what to do. Now complaining against a sitting MLA who is an education minister is not a small thing. So I'm pretty sure it's not under the control of that individual officer. They get guidance from the top and it was guaranteed that there will not be any action. Only thing is how they brush it under the rug, as I mentioned. So in this case, they use this childish excuse that the books are there, but it hasn't been shown to anyone.

So now that it's on record, at some point we will go after them. Let's say the media cooperates with us. You know, if the news station, if they talk about this FOI, it will be a game changer very quickly. Now we know that media is also government controlled. So these are the reasons that something very wrong is happening, and no one does anything.

Commissioner Bohémier

So as I understand, what you're saying is that the police officer recognized that it was sexually explicit material, that it was illegal, but since it was not shown to children, no crimes were committed. But they didn't seize the books, or we don't know what happened with those books.

Amrit Birring

They did not seize it. Things are as usual.

Commissioner Bohémier

Okay, thank you.

Amrit Birring

Thanks.

Paul Jaffe

I have just one follow up on that. Did you ever hear back from the Minister of Education? The police were giving you the runaround and obviously not using their best efforts, because as I understand your evidence, the police did not even investigate to see whether the books had been checked out. They confirmed that they existed in the libraries. They confirmed that it was sexually explicit. They confirmed a prima facie breach of section 171

of the code. But because you weren't able to show that the books weren't checked out, and because the police didn't investigate to see if they had been, that's the excuse they gave you for going no further, right?

Amrit Birring

Yeah.

Paul Jaffe

And did you ever hear back from the minister at all on this?

Amrit Birring

No, we never heard back from education minister, ever. In fact, before launching this complaint a year ago, we had written a letter to her email that we alleged that certain things are happening in school—a list of eight, nine things: “Do you deny or accept it? If you deny, should we send you proof?” And we never ever got any response from her.

Paul Jaffe

Wow. Well, unless there's any other questions from the commissioners. Amrit, thank you so much for the work you're doing on this front and for the passion you bring to the battle, and for your evidence here today. Thank you.

Amrit Birring

Yeah, thank you very much. And might I add that we are not done yet. This is just part of the journey, and we will continue. Thank you.

Paul Jaffe

Thank you.



NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 17, 2024

Day 1

EVIDENCE

Witness 10: Karlene Duncan

Full Day 1 Timestamp: 11:09:44–11:18:28

Source URL: <https://rumble.com/v5izvud-nci-vancouver-2024-hearings-day-1-october-17-2024.html>

Wayne Lenhardt

Okay, we're back with Karlene Duncan. Karlene, let's try again. Spell your name for me, and then we'll try an oath.

Karlene Duncan

K-A-R-L-E-N-E. Last name Duncan, D-U-N-C-A-N.

Wayne Lenhardt

And do you promise to tell the truth, the whole truth, and nothing but the truth in your testimony today?

Karlene Duncan

Yes, I do.

Wayne Lenhardt

Okay. I think it was just as well that you came after this fellow, as we'll see in a minute. You have been an educator in B.C. and you're a librarian as well, so could you maybe tell us how long you've been doing that, just so everybody gets a picture here?

Karlene Duncan

Thank you. Yes, I've been a BC College certified teacher for 26 years. I have my bachelor's degree. I also continued my education. I got my master's degree in library and information science.

Wayne Lenhardt

And have you lived in Fort St. John for your entire life, or a lot of it?

Karlene Duncan

For a lot of it, yes.

Wayne Lenhardt

Okay, and you've been teaching in that area for that long? Correct?

Karlene Duncan

Correct.

Wayne Lenhardt

Okay, so tell us then what happened when COVID hit.

Karlene Duncan

Well actually, I wasn't working in the school district when COVID hit. I was working as the director of the public library. However, I went back to the school district and worked in the technology department. And that's when I noticed that there was a huge change in the resources and materials that were being cataloged into the elementary schools, junior highs, and high schools for resources.

Wayne Lenhardt

And you were already the librarian for the school, correct?

Karlene Duncan

I have been a librarian for school. At that time, I was working solely in the technology department.

Wayne Lenhardt

Okay.

Karlene Duncan

And I ended up leaving that position because of the material that kept being sent to me to catalog. I disagreed with it strongly, did not think it was appropriate for elementary age children.

Wayne Lenhardt

Did you complain or discuss it with any senior administrators or upper-level people?

Karlene Duncan

I did not, actually. I told them at the time why I was leaving, but I didn't take it any further. As we have heard in other people's testimony, you are considered closed minded, homophobic, and you're not saving the kids when you put your foot down that you do not support the SOGI [Sexual Orientation and Gender Identity] program.

Wayne Lenhardt

Did you actually ever see any students read any of this material? And if so, how did they react?

Karlene Duncan

Well, in all my experience as a teacher librarian, I never had a student come to the desk or anywhere else and say, "Uh, Mrs. Duncan, do you have any books on gender identity? Uh, do you have any sexual orientation books?" So it is simply something that kids are not interested in. They are interested in topics like Minecraft, dogs, horses, monster trucks.

Students do not have an interest in SOGI material, but yes, it is very available for them to take out at any time.

And in fact the SOGI program, which is funded by the ARC Foundation—the ARC foundation is a corporation, a private corporation—it is not in any way accredited for education materials in our province. It is not authoritative at all and doesn't necessarily even use authentic publishers. Its mandate on its website is to normalize the material, and it gives librarians strategies to how to showcase their material. So the intent is definitely to have students look at it. And we can look at records of the books and titles, subjects, et cetera, and follow who has taken them out, how often they've been taken out.

In certain schools in our area, a lot of the books go missing. Parents either take them out and do not return them or by other means they go missing. We have librarians that lock them away in the cupboard so that they can show to their administrators and others that they have them, but they simply do not circulate them because they don't agree with the topic either.

When I was cataloging books in 2021, one of the elementary schools in our area had 88 keywords with SOGI in them as the topic. And when I recently looked before I came to do my testimony, that is now increased to 111 SOGI topic books. So this is a clear indication that our provincial resources are being directed to these program and materials and away from other things that kids are actually interested in.

Wayne Lenhardt

Okay. I'm going to read from the material I have on you here, though. It says: *Some school librarians hide their books in cupboards so that they can prove that they have them, but won't actually circulate them.* So is it possible then, our previous witness, that the books were actually in the school but they had not been shown to any student at that point?

Karlene Duncan

I mean, that's possible, but I think that's highly unlikely. In all the schools that I visited, the books are right in the middle of all of the other sections, and they're filed away and cataloged and sorted just like any other book. I think that was an extreme case and that's why I brought it up, was just to highlight that the librarian herself was really struggling on how to, quote, “make the administration happy,” but also make the parents and students feel safe and happy.

Wayne Lenhardt

Okay. Is there anything else you want to add before I ask the commissioners if they have any questions here? Because the hour is getting late.

Karlene Duncan

Yes, just really quickly. I would like to say that the resource money that's being spent to focus on the sexual orientation for students that have not even hit puberty is incredible. The books cover all sorts of topics: pronoun usage, gender dysphoria. They also are displayed with political messages. There's a particular book called Granddad's Pride, and in it there's an elderly gentleman wearing sadomacastic clothes— very erotic—and carrying political messaging. And very often in these books, the characters are portrayed as the hero that are having any type of gender confusion or anything else. And admiration is given to these characters, or for this dysphoria that they're having or identity issues that they're having.

So the whole concept of sexual orientation, which means preferences, is uncomfortable for kids, whether it's heterosexual or homosexual. And the topic that's being focused on is taking resources away from items that children are actually interested in. My recommendation would be to stop the SOGI program for all children across Canada, most likely in B.C. is where we see this program, to have resources reviewed by independent audit and mostly removed. And I think that the government needs to stop the program.

Wayne Lenhardt

On that note, I'm going to ask the commissioners if they have any questions. Okay. Thank you very much for a very precise presentation. I thought it was extremely well done. Thank you so much. On behalf of the National Citizens Inquiry, thank you.

Karlene Duncan

Thank you.



NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 18, 2024

Day 2

EVIDENCE

Witness 1: Dr. Paul Thomas

Full Day 2 Timestamp: 01:01:30–02:19:18

Source URL: <https://rumble.com/v5j4dp0-nci-vancouver-2024-hearings-day-2-october-18-2024.html>

Wayne Lenhardt

Good morning, Dr. Thomas. Can you hear me?

Paul Thomas

Yes, I can hear you.

Wayne Lenhardt

You're a hard man to get a hold of. I do have your printed material though, and I think we're in for an interesting session. But it's far more than I think we can put into an hour. So I'm going to ask you, Doctor, to give me a snapshot of your CV which relates to your presentation. And then I'm going to just let you launch into it. I think my role this morning. I'm going to just if I hear some jargon that I think I don't understand or your listener may not understand, I may stop and ask you to clarify that. But other than that, I think we have 45 minutes and I'm going to give you your free reign. So if you wouldn't mind starting with your CV briefly.

Paul Thomas

We'll wrap that up. Thank you, Wayne.

Commissioner Drysdale

He needs to swear an oath.

Wayne Lenhardt

Oh, right. I'm just reminded, usually the court clerks always do this for us in actual practice, so I'm not used to doing this. But I need to have your name and then I'll swear you to tell the truth, Doctor. And let's go from there. So thank you.

Paul Thomas

My name is Paul Thomas.

Wayne Lenhardt

You're Dr. Paul Thomas.

Paul Thomas

Correct.

Wayne Lenhardt

And do you swear to tell the truth, the whole truth and nothing but the truth so help you God during your testimony today?

Paul Thomas

I do.

Wayne Lenhardt

Thank you. Okay, back to your CV.

Paul Thomas

Very good. Hopefully your AV people can put it up, but I was trained in biology in 1979, Masters in '81, Dartmouth Medical School, graduated in '85. I completed a three-year pediatric residency, taught residents and medical students for many, many years. Was in

private practice from 1993 to 2008 in a group practice, and started my own practice, integrative pediatrics, in 2008 until my retirement in December 2022.

I was a board certified pediatrician for 30 years, from 1990 to 2020. Also board-certified in addiction medicine. And I have been an educator from the beginning of time to the present. I'm an author. My first important book was *The Vaccine Friendly Plan*, published in 2016. Now I see a hand that went up, am I supposed to pause and have somebody ask a question?

Wayne Lenhardt

I think that was on your end, Doctor. So no, you're fine. Go ahead.

Paul Thomas

Okay. *The Vaccine Friendly Plan* was a plan where I was prompted to create that plan because I witnessed in 2004, 2005, 2006, and 2007 in my own practice a child who was completely normal at 12 months, developing normally, regress into severe nonverbal autism by age two. And, you know, when you see this four years in a row, it's no longer a coincidence. It was like a wake up call. Something is going on. And I was already doing a deep dive into trying to figure out why were we seeing so much autism.

So a lot of that is in that book, along with a plan to still vaccinate but at a slower pace, a more careful pace, and a considered one where, for example, infants don't need hepatitis B vaccine if their birth mother does not have hepatitis B—things like that, only giving one aluminum-containing vaccine at a time. So I went on to write *The Addiction Spectrum* in 2018, and then this year I've just written *Vax Facts: What You Need to Know if you are Considering Vaccinating Your Child*. I have a number of publications that I've listed there and I will share those during my presentation.

I'm also the host of a couple shows: *With the Wind: Science Revealed* and *Good Morning CHD: Paediatric Perspectives*. Just a quick disclaimer, I'm retired, I'm no longer licensed. That was quite an interesting journey. After I published the *Vaccine Friendly Plan*, the Oregon Medical Board where I was practicing were relentless in their pursuit, without a single patient complaint. They buried me with legal matters to the point where it just made sense to turn in my license. So I am not licensed, I don't diagnose or treat and consider my presentation informational and educational. In a way it's a more accurate form of informed consent regarding vaccines.

So this testimony is to answer the question: Are Children Safe in Canada? Well, we are told what I'm calling "THE LIES." We're told that vaccines are safe and effective. First of all,

there's not been a single vaccine on the childhood schedule in North America that had proper safety testing: no saline placebo, and numerous other tricks that remove any semblance of proper scientific study for safety. Effectiveness is variable, so they are not extensively tested for safety. We will hear that safety testing uses a control group. The control group they use is an older vaccine, oftentimes a more dangerous vaccine. And typically in all the vaccine trials, they find there is a 5-10% serious adverse event in both groups.

So the most recent changed vaccine was the Prevnar 20. So in the testing for Prevnar 20 they used Prevnar 13, the older version, to test for safety. Both groups had a 5% severe health outcome. And what parent, if they were really told this information, would want to expose their children to a 1 in 20 chance of a severe side effect? Safety testing does not look at key health outcomes. We're told that serious side effects are 1 in a million. Serious side effects are 1 in 10 to 1 in 20. And this is right there in the package inserts of all of these vaccines, if you look at what was presented for licensure.

So we're told that without vaccines we would go back to the dark ages. Nothing could be further than the truth. And the entire schedule has not been tested for safety. We're told kids can handle 10,000 antigens or vaccines at once. Obvious nonsense. You can vaccinate children when they're sick? Well, yes you can, but it is very dangerous to do so.

We're told the amount of aluminum in vaccines is harmless, that there's less aluminum than there is in formula. Well, that may be true, but formula is ingested orally where only 0.1% or so of that aluminum is absorbed into the body. When you inject aluminum, it's all mainlined into the body. We're told that vaccinating is being responsible for the greater good. I'm going to share data from my practice that makes it really clear that it is the unvaccinated children who are healthier, and the unvaccinated children who are actually protecting the rest of society.

So here's some facts. Every childhood vaccine kills more children than the diseases for which we vaccinate. I have this well-documented in my new book, *Vax Facts*. Safety testing is virtually non-existent and this is due to several tricks. There's never a control group using saline as the placebo. They only pick up about 1% of danger signals, the VAERS, the Vaccine Adverse Events Reporting System. They look at predetermined health measures, often that are insignificant. They never look at all health outcomes.

So basically we have serious side effects that are generally in the 5-10% range, with most children being adversely affected, but not recognized. If they don't recognize a condition as being related to a vaccine, how can they document it? So when we go through my data, you

will see the various health conditions that are directly related to vaccine. And this might be shocking to many.

It was really flush toilets and refrigeration that ended the infectious diseases of the dark ages. So we're not going back to living in squalor with sewage running in our streets. That was the setup for many of the diseases that were so deadly in the past. The entire schedule has never been tested for safety. And the CDC, the FDA, public health officials, they've never done vaxxed-unvaxxed studies. I will be presenting my vaxxed-unvaxxed study that should be replicated because the information is powerful and it's very conclusive.

Vaccinating children when they're sick is dangerous. I can't tell you how many families I have met who have had severely injured children because a doctor gave vaccines while their child was sick. Vaccine ingredients, many of them are known to be dangerous. Mercury was removed from most of the vaccines in 2000, approximately, in North America, but aluminum is still in there in massive quantities.

And then we've got newer vaccines that are dangerous in a whole new way, such as the COVID shot, the MRNA products, and using nanoparticles that can easily get into areas of the body that you wouldn't want vaccines to enter. So this idea that vaccinating is being responsible for the greater good is a lie, unless depopulation is your agenda, because vaccines are clearly very deadly for a significant number of people. I will show that vaccinated children are 4-6x sicker than unvaccinated children.

So our children are sick. Fifty four per cent of American children are chronically ill, 13% are in special ed, 1 in 6 have developmental disorders, millions have allergies, asthma, deadly peanut allergies, 11% have attention deficit hyperactivity, ADHD, 15,000 diagnosed annually with cancer, and those numbers are skyrocketing since the introduction of the COVID jab. And 1 in 35 now has autism, and those numbers are rising. We have the highest infant mortality, SIDS—in America, and Canada is not far behind—of the high income countries.

So here's what we've seen with autism, if you all are able to see my graphs. We have this explosion in autism to where in 2020 we're 1 in 35. When I was in medical school in 1981-85, we had zero autism. I didn't see a single case. There wasn't a single lecture on autism. During my residency training, I saw a couple of mild cases. This exploded in the '90s, but we are now in a state where it won't be long before every other boy is autistic. And that's just tragic.

So the Canadian childhood vaccine schedule, you've got 36 vaccines by the time a child is 18 months. And I'm not sure, the site I looked at did not have COVID added as a shot, but in the

United States they've added it for six months, which is tragic. I was in practice when COVID hit. I retired in December 2022. I had 10,000 active children, patients. Not a one ended up in the hospital for COVID. Children have a robust natural immune system and could handle that novel COVID infection without any difficulty whatsoever.

So just a brief look at some of the data I presented in 2016 with my book *The Vaccine Friendly Plan*. I looked at the patients in my practice. We had a group of over a thousand who were vaccinated with a vaccine-friendly plan. Think of that as sort of half the amount of vaccines in the current Canadian schedule. I actually had three who had autistic-like symptoms, but those resolved. One of the things we did with the Vaccine Friendly Plan was if there was any developmental delay whatsoever, you stopped vaccinating, allow that child to recover—and they did.

The second group, I had 238 unvaccinated children. None of them had autism. And in the most vaccinated group—these were pretty close to the CDC schedule, pretty close to what you do in Canada—the rate of autism was 1 in 60, which was the going rate at that time. The more important study came actually here in November of 2020. So in February of 2019, the Oregon Medical Board said, “Prove that the Vaccine Friendly Plan is as safe as the CDC schedule.” I hired an outside expert, we pulled every data set from my practice of every baby born into the practice. What we found is astounding.

So these are the distribution of the children: 2,700 were variably vaccinated. You can see that some got one vaccine all the way up to one child got 39 vaccines. Unvaccinated, we had 561. These are substantial groups. This is data that's highly significant based on the group size. And here's the summary of the findings: the vaccinated chart is in orange, the unvaccinated in blue. And they are tracked over 10 years. And you can see that for everything we looked at, those who were vaccinated had a lot more chronic conditions and infections.

So I'm going to quickly run through these. You'll have this slide set for a review. Here's asthma—significantly more asthma in the vaccinated compared to unvaccinated. What I want your listeners to understand is that since these were patients born into my practice, the vaccinated children were following the vaccine friendly plan or less. So these horrible outcomes were actually in minimally-vaccinated, not CDC vaccinated, not the Canada schedule—which would be a lot more vaccines. The results would have been much worse if we were looking at full CDC or Canada schedule vaccinated children.

So here's allergies, allergic rhinitis. Here's urticaria, which is itchy skin. Here's eczema—massive increase in eczema in the vaccinated. Dermatitis, another skin condition. And then we see behavioural disorders. How many parents struggle with children who have

behaviour problems? Well, look at the ADD/ADHD. There were actually no cases of ADD and ADHD in my practice over those 10 and a half years in the unvaccinated, which was a little shocking to me. And just look at how it skyrockets in the vaccinated.

We check for anemia in pediatrics at nine months, and you will see that the vaccinated had this huge spike in anemia which was occurring right around nine months. Anemia is known to be associated with brain development issues and lowered IQ. Is it any wonder that our vaccinated children are struggling?

Now, here's the surprise. We've all heard that you should vaccinate to protect grandma. You should vaccinate to protect that poor child who has cancer or somebody who's undergoing chemotherapy who's immunocompromised, because you don't want to kill those people who are at high risk. Well who is going to infect somebody who's at high risk? It is somebody who has an infection. The unvaccinated rarely get sick, rarely get infections.

Look at the difference for sinusitis here. Here's respiratory infections, the orange line again, way up there, five times higher than the unvaxxed. Otitis, ear infections, conjunctivitis, eye infections, gastroenteritis, vomiting and diarrhea, intestinal infections, all other infections. Everything we looked at, it is the highly-vaccinated or the vaccinated, in this case partially-vaccinated, who are sick. And it is sick people who are going to transfer a condition or a disease to a vulnerable person.

Simple quarantine works, folks. If you're unvaccinated and your child is sick, you keep them home. And actually that's something respectful that people should do whether they're vaccinated or not.

So that paper I presented to you was retracted after a quarter million reviews online. And it was retracted based on one complaint. The Journal did not follow standard protocol of letting us address that complaint. So that complaint was addressed in this article with my co-author, James Lyons-Weiler and Russell Blaylock, pediatric neurologist. And clearly what they were able to show was it was wrongfully retracted. In fact, the data would have been even more impressive had we followed the directions that the complaint said.

The complaint was that children who don't vaccinate, everybody knows those parents don't go to the doctor very often. Therefore, of course they're going to have fewer conditions. And what they were able to show with this reanalysis of the data was that actually the unvaccinated parents took their children into more well-child visits than the vaccinating parents. That was quite a surprise. And indeed, it doesn't surprise me.

My parents in my practice who were choosing not to vaccinate were typically the most educated, the most concerned about their children's health, and they wanted to do everything possible to keep them healthy. There's more data, though. This is a study that is really important to look at, thecontrolgroup.org. They looked at 1500 unvaccinated individuals in 48 states of the United States of America and found that only 0.26%, a quarter of 1% of the U.S. population is completely unvaccinated.

Now, using the same colours I used, that was just coincidence, you'll look at the conditions in orange for the vaccinated compared to the conditions in the unvaccinated. So chronic conditions: much higher in the vaccinated. Heart disease: there was no heart disease in the unvaxxed adults. Fascinating. And almost 50% for vaccinated adults. How about no diabetes? Wouldn't that be wonderful? There was no diabetes in the unvaccinated, almost no digestive disorders, almost no eczema in adults or children. Same for asthma and food allergies: almost non-existent in the unvaccinated.

Developmental disabilities were only 1% in the unvaccinated, 7% in the vaccinated. Seizures, almost non-existent in the unvaccinated. Autism spectrum, very little in the unvaccinated—it's not zero, but it's very rare. And then there's your ADHD: there was no ADHD in adults who were unvaccinated and very little in children. Learning disabilities, the same. You start to see the pattern.

Speech disorders: much higher in the vaccinated. Ear infections, sinus infections, SIDS [sudden infant death syndrome]. SIDS is an important story. So there's no SIDS in the unvaccinated, and indeed, I've never heard of a SIDS case in an unvaccinated child. But here's some important data that we looked at. So we looked at when was SIDS is happening relative to the day of vaccination? And you'll see that in the first 10 days, 97% of the SIDS occurred in the first 10 days, with the other 3% happening in the next 10 days.

So Sudden Infant Death Syndrome is vaccine injury. And in fact, there are six other studies published in peer-reviewed journal that show that 78% of these deaths are occurring within the first week of vaccination. They're happening after the vaccines, not before. We are killing our children with the vaccines we are giving them as infants. So here's infant mortality rates, and the United States is right up there at the top of the most developed nations. And you'll see that Canada's not far below, number five or six there, at 5 infant mortality deaths per 100,000.

This correlates quite closely with the number of vaccines we are giving. So we are highly vaccinating and causing harm. And this has been known since 2011. 2011, this publication showed a direct correlation between infant mortality and the number of vaccines we are given.

So back to that study, the control group, you have no cancer in children or adults in the unvaccinated. Wouldn't that be nice with how cancer is exploding? Are there other studies? Absolutely. We've known for quite some time that the old DPT, so the diphtheria tetanus pertussis vaccine used to be a whole-cell vaccine. Sadly that version of the vaccine is still used in places like Africa, which is where this study was done. And this study showed that girls had 10x all-cause mortality increase who got the DPT, than children who didn't. So this is a horrendous increased mortality, and they still use that vaccine in Africa.

Thimerosal levels were shown to cause an increase in autism. Thankfully thimerosal was removed. But sadly at the same time, they moved the Hepatitis B vaccine with all of its aluminum to be given to newborns and infants, rather than leaving it at the teenage years.

There's an increased risk of autism shown by the CDC data, and this was part of a huge disgrace, I believe in pediatrics. So in 2004, there was an important article published in the journal that all pediatricians read, called *Paediatrics*. And that article stated that there was no connection between MMR and autism. Of course, if you're paying attention, we were seeing kids regressing into severe autism after the MMR. Well William Thompson, one of the lead researchers on that article, came forward finally stating that they omitted the data showing that African American males who received the MMR vaccine before age 36 months, were at increased risk of autism. What we were seeing has now been validated to be true.

So we have an increase of type 1 diabetes with vaccination. We have an increase rate of asthma with vaccination, miscarriage when giving the flu shot during pregnancy. And actually all shots during pregnancy are associated with increased risks of miscarriage. This Mawson study was a very important one that came out a few years ago. And you'll see the little fellow unvaccinated in white. That's your unvaccinated child. Relative to the unvaxxed child, vaccinated children were twice as likely to have chronic illness, 3x as likely to have eczema, 4x as likely to have neurodevelopmental issues, autism, ADD, learning disabilities, and 30x as likely to have allergic rhinitis. The vaccines are clearly linked to a number of serious conditions.

Here's another study that looked at data from multiple pediatric practices and you will see that developmental delay, asthma, and ear infections were increased by 2-4x in those studies. A different study showing allergies, autism, gastrointestinal disorders, asthma, ADD, ADHD, and ear infections all have an increased odds ratio that goes from 4x to 27x the rates for the unvaxxed. So we have ample data now.

So you will hear as a complaint if you share any data about some link between vaccines and a medical condition: "Well, correlation does not mean causation." I would agree. That is

absolutely true. There are more cars on the road, just as there's been a rise in autism, for example. That doesn't mean more cars on the road causes autism.

So how do you show causation? You know, if you got a penicillin shot and you had a serious allergic reaction, every doctor on the planet knows that penicillin can cause an allergic reaction. We don't have to go back and wonder, well, correlation doesn't mean causation. That correlation has been shown to be valid. Well, how do we show that correlation is valid?

First of all, the event needs to follow the vaccine. And this has been true for everything I found in my practice: certainly true for SIDS, certainly true for autism, certainly clearly true for the conditions that I was able to show in my studies. There also need to be numerous reports and studies documenting the same occurrence. I've shared with you multiple studies showing the exact same findings when you look at various groups, if you will compare vaccinated to unvaccinated.

That's the thing the authorities have failed to do, is to just pool their data sets, get all the unvaxxed kids in those data sets, match them to an age-appropriate vaccinated kid, and look at all health outcomes. With modern technology and electronic medical records, that would be possible in a day. I mean, it does not need to be put on the back burner. My only guess is they've done it and they don't like what they've seen.

So the events follow the vaccine. There are numerous reports. Finally, there needs to be a plausible mechanism, an explanation that makes sense. And we have that. We have direct toxicity from things like aluminum, mercury, other things in vaccines. And we have immune activation, which is very harmful for developing brain.

So this chart just shows the amount of aluminum in the various vaccines that are on the schedules in North America. We go from the Prevnar, with 125 micrograms; all the way up to the Hep B, the Hep A having 250; the TDAPs having 300 or more; all the way up to some of the combo vaccines that have as much as 700 micrograms. Well, is that a concern? Absolutely, it's a concern.

The FDA set the limit for parenteral aluminum (IV/IM) at 5 micrograms per kilogram per day back in the year 2000. That means if you have a newborn who weighs, let's just say big kid, five kilos, over ten pounds, the maximum amount of aluminum they should get is 5 times 5, which is 25 micrograms. Just the hepatitis B shot alone has 250 micrograms—10 times the toxic dose. And actually aluminum has no function in the body. I don't think there's any safe amount.

Here's the problem with aluminum though. A quarter of the injected aluminum is present at two weeks. Half of that is present for seven years—the half-life of that aluminum. So aluminum is very difficult to get out of the body. Here's what happens when you have an injection of aluminum. You see the little needle there, and the little squares are the little nanoparticles of aluminum? White blood cells, your macrophages, will gobble up that aluminum because it's not supposed to be there. It's a foreign invader, it's a toxin. And white blood cells will try to dissolve that aluminum in their lysosomes. They can't, because it's very difficult to dissolve metal.

So the aluminum remains within the macrophage, the white blood cell, and macrophages can move throughout the body, including getting into the brain, the bones, the kidneys. They only have, the lifespan of a white blood cell is a few months. When that white blood cell dies, that aluminum is released. So now you have aluminum trojan horse getting into the brains of our children. And I'm quite sure that the massive amount of aluminum we're giving infants with the vaccines is enough to put them at great vulnerability for live viruses—especially the live virus vaccine, the MMR, which is known to cause inflammation on its own.

So an important study I published about aluminum shows on this graph: the amount of aluminum in the body, and those spikes are shot days. Yellow and black CDC schedule; it's different because you can choose different TDAPs, as far as the brands will have different amounts of aluminum. But even with the vaccine friendly plan, the blue line is the pediatric safety level. We are exceeding safe levels of aluminum.

And this next graph was actually shocking to me. If you see the black and yellow bar here, we notice that from birth to seven months, 25-70% of infants in the United States, and it'll be very similar for Canada, are over the toxic level of aluminum. We are bathing their brains in aluminum. We know that aluminum is bad for brain.

So what about shots during pregnancy? Well, we know that infection during pregnancy has been associated with autism and schizophrenia. There's articles on this. We also know that immune activation affects brain development. So we should not be intentionally injecting substances that will trigger inflammation and immune activation during pregnancy. It is one of the most insane things we do, followed by giving the hepatitis B in infancy and all the shots that we're giving during infancy.

Here's what's happening with our developing brains for our kids. You'll see birth there in the middle. Well in the womb you've got the neurons developing, you've got the immune system developing, you've got the glia developing, and then all through birth. And the first years of a child's life right up into their 20s for some cases, we're making connections with

those nerves, we're making synapses and we're doing synaptic pruning, and we're myelinating which allows those nerves to conduct properly. You are interfering with all this important development when you vaccinate.

So here's some books I think everybody should own. *Vax Facts* comes out this December 10th at vaxfactsbook.com. You can pre-order now and the ebook is available now. *Dissolving Illusions* with Suzanne Humphries and Roman Brinsky is an important book for giving the proper history. You'll hear those of my parents' generation and older will say, "Well, you don't want polio to come back, do you?" Or, "What about smallpox?" Well, this book dispels the myth that is existing with that.

Vax-Unvax with RFK Jr and Brian Hooker is a great book, again, looking at all the science comparing vaccinated to unvaccinated populations. This is really the science that I speak about when I travel the country. My book *Vax Facts* covers a lot of the similar topic. And then *Turtles all the Way Down* is a masterpiece that shows definitively that not a single vaccine on the vaccine schedule was tested with a proper placebo.

So many of you know about VAERS, the Vaccine Adverse Events Reporting System, and this was established and managed by the CDC and the FDA according to the National Childhood Vaccine Injury Act of 1986. And VAERS was started in 1990. The intent was to detect adverse events, detect hot lots, and evaluate safety. Vaccine manufacturers, health professionals, and the public can report. And the CDC was supposed to monitor for safety signals. They actually never have. And I will show you soon the safety signals in VAERS for COVID that will just shock anybody who has not seen them before, that this could go on and they would still have that vaccine on the market.

The Harvard Pilgrim group was set up to see if there was a way to electronically capture adverse events. Because we all have electronic medical systems these days. Wouldn't it be great if it would automatically come to your desktop when there's an adverse event from a vaccine? Well, indeed, they were able to figure out that the VAERS system was only capturing about 1%. They are missing all the data, or most of the data.

So here's the VAERS reports for COVID. And this was just, I pulled this report September 6, 2024. That was the most recent report available when I recently looked for it. This is a vaccine that's caused tens of thousands of deaths, hundreds of thousands of hospitalizations, and heart attacks, miscarriage, permanent disability—horrendous, horrendous problems from this vaccine.

I remember showing this graph to my mom, and she says, "Well, why haven't we seen this on the news?" What you're seeing here on the top part is the reports of death from all

vaccines since the beginning of VAERS. So the Vaccine Adverse Event Reporting System started in 1990, and you can see that there were almost no deaths from vaccines until, what year?—2021. COVID hit and killed so many in 2020. But it was the vaccine in 2021 that was just so devastatingly dangerous: 20,000 deaths reported.

Now if you look at the graph on the bottom here, you will notice as far as when were these deaths happening relative to when the vaccine was given. And what you see is that almost all the deaths were on day zero—the day the shot was given—or day one, two, or three. The deaths are right after the vaccines. COVID jabs should not even be called a vaccine. They are an absolute disaster, bioweapon if you will. I mean, they just have almost no benefit.

And this study here from Cleveland Clinic shows why you should not ever get another COVID shot. The bottom graph, the black, is Cleveland Clinic members who took no COVID vaccines. And over the ensuing period of study, 98 days, it shows how many of them had COVID. So what this study did was brilliant. At the very onset of the vaccine program for the Cleveland Clinic—which had tens of thousands of members by the way; maybe it was actually over 100,000 members—every person in that clinic had a weekly COVID swab and they also had a weekly report of symptoms. Did they have fever? Did they have all the symptoms that are correlated with COVID? And what they found was: the more doses of the vaccine you got, the more likely it was that you would catch COVID again. So that's what's called negative efficacy. You are actually at greater risk of COVID infections if you take the COVID jab, and especially if you take multiple jabs.

Here's a chart that I have in the back of my book, *Vax Facts*. And this is the important thing to note: You know, parents are always worried, “Well if I don't vaccinate, am I putting my child at risk for a disease for which we have a vaccine?” And how do you answer that unless you have both sides of the equation? In other words, what is the risk of death from the disease, and what is the risk of death from the vaccine? And you can see the numbers for yourself. The risk of death from the vaccine far exceeds the risk of death from the disease. And so we have all this data available to you. It's in the back of *Vax Facts* in the table of contents.

So are children safe in Canada? I would say they can be, if we reject the one-size-fits-all vaccine schedule, and if we trust children's natural immune systems. My data showed conclusively that natural immunity is far superior than vaccine-induced immunity—not just for the diseases for which we have vaccines, but for all diseases. There are over a thousand different infectious diseases that can harm children, or adults for that matter. We have vaccines only for 12, 14, 16, 18 of them, depending on what schedule you're following.

So you are leaving yourself way more vulnerable for all those other diseases. Hence the finding in all the data sets I presented, that it is the vaccinated who are getting sick. They are getting the sinus infections, the ear infections, the pneumonias, the lung infections, all kinds of infections. Being highly vaccinated is harmful to your immune system. It shifts your immune system towards allergy and autoimmunity. And honestly, we need to have a moratorium on this. At the very least, we need to insist that there are no vaccine mandates.

It is the families and the parents who don't want to vaccinate who are actually creating robust health for their children. And it is those healthy children who are really protecting grandma or protecting those who are at greatest risk. So I thank you for your time, and looks like I got through this probably a little quicker than I had anticipated. I'll be happy to take questions.

Wayne Lenhardt

Yes, at this point, I think I'll open it up to questions from the commissioners.

Commissioner Larsson

Yes, thank you very much. Very interesting. If these data are robust, the question really that is behind them and that we have to ask is: What on earth is the motivation behind pushing a vaccination agenda?

Paul Thomas

Yeah. Well, there is no question that there are massive conflicts of interest, and so I would say that the obvious motivation is money. What happened with Pfizer and COVID, for example, when hepatitis B was rolled out, you know, 20, 30 years ago, that vaccine made the manufacturer \$1 billion. Pfizer, with their COVID rollout, has made now \$60 billion—an obscene amount of money.

So there's no question that we have a revolving door between the industry and the regulatory agencies. So people who worked at the CDC who get a vaccine approved, then mysteriously or not so mysteriously, they're working for the pharmaceutical company that made that vaccine. And that, that's been documented in several instances. So, sadly, our regulatory agencies are captured. And at the very least there's the money motivation.

Actually, I published another article; I think I forgot to mention it. I looked at how much money pediatricians would lose if they didn't vaccinate. So what I did was I took one month, it was actually in August in my practice, and I listed every single vaccine that that child

would need to be caught up to date. And then we looked, based on their insurance, how much we would have gotten reimbursed just for the admin fee. And my practice was losing over a million dollars just in lost admin fees.

Pediatricians get compensated other ways for vaccines. We get a bonus if you have a highly-vaccinated population, with many insurance companies. You get an added bonus based on everything you do in your practice. Having a population that's highly vaccinated is considered a quality measure. Instead of looking at the health of your population, they look at how well you can follow a protocol of giving the vaccines. So the incentives are all wrong.

Commissioner Larsson

Well, insurance companies are pretty hard-nosed individuals. What's the reason that insurance companies want people to be vaccinated?

Paul Thomas

You know, I wondered same thing because it made no sense to me. For example, Kaiser, which is a system that's a little bit close to your system in Canada, right? Where you have a public, one-system. It would seem to me that systems like Canada's system or the Kaiser system in the U.S. would save a ton of money if they didn't vaccinate and their population was healthier. So the problem is, we are inundated with junk science. And so most doctors actually don't see what I saw. They don't read the papers that I'm reading. They are fed science that is basically flawed, and they believe it.

So it's really a problem of: We've got a paradigm, and the paradigm that's been to this day from the time I was in medical school is "vaccines are safe and effective." And, you know, until you can have someone, sort of what Shawn Buckley was opening up with: "We've got to be able to open our minds and see what's in front of our face." Because I think people are just not open-minded. I would go to my partners and share information, and I would buy them books. They wouldn't read them, they wouldn't look at the information. They just wanted to follow the CDC schedule.

Commissioner Larsson

Thank you.

Commissioner Bohémier

Thank you, Dr. Thomas, for your testimony. I have a couple of questions. Can you explain what is your vaccine friendly plan?

Paul Thomas

Well, if you read *Vax Facts*, my new book, you will learn that there actually is no reason to take any of the vaccines except maybe in a rare circumstance. And those are individual rare situations. But to answer your question, because the vaccine friendly plan is safer than the national plans that Canada and the United States have listed. It's about half the vaccines.

What the vaccine friendly plan basically states is you do no vaccines during pregnancy. You don't do the hepatitis B until maybe teenagehood, but certainly not in infancy. You only give one aluminum-containing vaccine at a time. And to do that, you also would avoid the big combo vaccines, because they have the most aluminum. You hold off on the MMR until at least age three. And it turned out that data that William Thompson testified about showed benefit by waiting until age three on the MMR. And the other key thing is, if you have a child who's not developing normally, or who stops developing normally, or who regresses, you stop all vaccines and just give that child a chance to recover.

Commissioner Bohémier

And why would you propose a vaccine friendly plan when vaccines are dangerous in general?

Paul Thomas

I don't propose the *Vaccine Friendly Plan*. I wrote that book in 2016. It's why I have written the new book, *Vax Facts*, which now makes it very clear. Most of the studies and the data, if not all of it, that I presented today has come out since 2016. The book I published, the *Vaccine Friendly Plan* in 2016, did not have the benefit of all these great vaxxed-unvaxxed studies that we now have.

Commissioner Bohémier

Okay.

Paul Thomas

To be clear, I am not recommending the Vaccine Friendly Plan. It's an option for somebody who for whatever reason cannot go there as far as doing none. But my own study, those

vaccinated data, were vaccine friendly plan vaccinated. I did not have CDC-vaccinated kids in that study that I published.

Commissioner Bohémier

And how we can cure children who have been vaccinated?

Paul Thomas

That's a great question. Sadly, once you put a vaccine in, you cannot take it out. There are ways to enhance the excretion of certain toxins, like aluminum. Silica, if it's natural, in silica water has been shown to help usher aluminum out of the body. There are lots of things you can do to heal the biome. It turns out that a lot of the vaccine injury, especially when you're talking developmental delays and autoimmunity, has to do with disruption of the biome. So really working on healing the gut can be very helpful. So yes, there are plenty of things one can do, but the most logical thing is let's not do the harm in the first place. And I would add that eating organic, avoiding toxins in general is vital. We just live in a very toxic world now.

Commissioner Bohémier

The CDC created another reporting system regarding COVID-19 vaccines. Can you tell us about it? Because not everything is in the VAERS.

Paul Thomas

Correct. I am actually not an expert on what they created, but what I have noticed is that there's been a huge lag in reporting. So I'm not sure we're actually getting all the information we should be getting. It's very difficult to trust the CDC, who are actually also responsible for selling vaccines and profiting from vaccines. And, yeah, these agencies are all conflicted. So no, but sorry, I don't have a good answer for your specific question.

Commissioner Bohémier

And do we have data regarding children who were in their mother's belly, who got the COVID shots?

Paul Thomas

Yeah, miscarriages, they are tracking that. So we know the shot during pregnancy is terminating a lot of pregnancies. As far as the data following those children, I don't know that I've seen it.

Commissioner Bohémier

But the children who got to be [born] alive, do we have data on them?

Paul Thomas

Yeah, I haven't seen it. It may exist, but I don't think it's part of the tracking system that the VAERS is doing.

Commissioner Bohémier

Okay, thank you.

Commissioner Robertson

Hi. Thank you for the information. You have answered some of my questions. I'm interested in vitamin K. Why are we giving newborns vitamin K the minute they come into the world? I have that question. The other thing is DPT. Can you get tetanus [shot] now on its own, or is it four-in-one?

Paul Thomas

Okay, let me start with the vitamin K and then I'll come back to the DPT and tetanus question. Vitamin K deficiency can cause bleeding in the newborn period. And this has been something they've been doing since way before I even started practicing. I like the information I've been able to find from Europe with using oral vitamin K. To me it makes much more sense to give the vitamin K in a safer form.

When you inject vitamin K at the high doses that are being injected, if that injection happens to get into a blood vessel, it can kill you. So there's a black box warning on vitamin K shots that they can be fatal. The rate of bleeding from vitamin K deficiency is so low that, you know, as a precaution I would support oral vitamin K. I don't like the shots as the mechanism, but I think there might be valid reasons to go ahead and give oral vitamin K.

Now, as for tetanus and the DPT, I'm not sure I got exactly what your question was, but I will tell you this. There is really no tetanus in children in North America these days—not fatal.

The neonatal tetanus was something that we would see in third world countries: unsanitary conditions where maybe you've got a home delivery and a dirty pair of scissors used to cut the umbilical cord, and tetanus spores get introduced in that manner.

All the deaths in the last decades in North America, unless I missed something but I have looked at this, are in 55-year-olds and older. And my guess is that's probably a situation where you've got a diabetic who doesn't have sensation on their feet, they get a wound or an infection on the feet, and it ends up being fatal. Tetanus only survives in the anaerobic state, in other words, where there's no oxygen. So any wound or injury that you can clean and leave open, or totally clean properly, you don't have to worry about tetanus. But maybe there was another part to your question I missed.

Commissioner Robertson

Well, I know people whose children have cut themselves, gone to Emerg and they've insisted they get a tetanus before they treat them. When they look at the vial, it's diphtheria, pertussis, tetanus and varicella.

Paul Thomas

So that's a combo vaccine. It makes no sense to use that combo vaccine for that situation. They don't make a tetanus by itself, as far as a tetanus vaccine. There is a TD, tetanus diphtheria. And diphtheria is gone from North America. There's one case every other year, so we don't need to worry about diphtheria. However, they just don't make a tetanus by itself.

So if you really did need to get a tetanus vaccine, I think the prudent thing to do would be just go ahead and get the one that has the pertussis, the acellular pertussis. I say that because the DT vaccine, if I'm not mistaken, still has thimerosal. So the multi-dose flu shot has mercury, which is thimerosal. And I believe the TD vaccine has some thimerosal. And thimerosal is just horrendously dangerous for our immune system and our developing brains.

So what happens with injuries and cuts, you know, for pediatrics, let's say your child is completely unvaccinated. Then you go to the emergency room with an injury. If that injury is a dirty wound that they cannot clean, then that's the kind of wound that's dangerous for tetanus. The emergency room would be administering tetanus immune globulin, which is the cure that will prevent that child from getting tetanus.

But they'll also, I'm sure, demand that you give a vaccine so that there's some ongoing protection that develops. That's the only time I would say to go ahead and accept the TDAP, when the wound is dangerous enough that they're wanting to give tetanus immunoglobulin as well.

Commissioner Robertson

The other thing is, 1986, didn't they remove accountability? I think it was 1986, yeah.

Paul Thomas

Completely, so physicians, manufacturers of vaccines, any vaccine that makes it onto the childhood schedule, you have automatic blanket immunity, cannot be sued. And sadly this really is what set the stage for pharmaceutical companies to just explode in churning out vaccines that are poorly tested. It's gotten so bad now with this COVID and MRNA technology, which is not safe. I mean it just should not have been even brought to market. It's so easy to do, that we're going to see more and more and more MRNA technology vaccines, and it's going to be disastrous for our health.

Commissioner Robertson

Thank you.

Paul Thomas

You're welcome.

Commissioner Drysdale

Good morning Dr. Thomas. I just have a couple of questions here. Are you familiar with the work by Denis Rancourt, who is, Dr. Denis Rancourt who has looked at all cause mortality following the COVID event?

Paul Thomas

I am not. Or if I have, I've forgotten.

Commissioner Drysdale

The reason I ask that is because he's testified here several times. And when you were talking about the deaths reported due to the COVID vaccines under VAERS, I think that number was somewhere around 37,000. And Dr. Rancourt believed that it was about 350,000 to 370,000 based on all-cause mortality. So that seemed to be in agreement with your premise that VAERS is reporting about 1% of the deaths. Now on that, why is it that miscarriages, which are the death of a baby in the mother's womb, aren't reported as deaths? It's a separate criteria there on the graph you showed. It was 37,000 deaths and yet I can't remember the number, but it was several thousand miscarriages. Aren't those deaths, Doctor?

Paul Thomas

Well that goes to that whole definition of viability. And you know, when do you count it as a life? Is it at conception or is it at some other moment? I mean, yeah, you've lost your child. If you are a parent wanting a child, imagine you had gone through years and years of infertility and you finally get a pregnancy, that's your baby. So no, I do believe it's a child. It's a human being that is developing within the mom. But that's just what they call it. I mean it is what it is, but at least it's identified.

Commissioner Drysdale

With regard to going a little further on that, and we're talking about safety for children. I mean, we've heard a lot of testimony with regards to the effects or the believed effects on fertility, miscarriages, et cetera, with women. With regard to the other vaccines, excluding the COVID-19 vaccines, have there been studies about how they might affect the fertility and getting pregnant in the first place, or having irregularities in their cycles? There seems to be a lot of work on that in the COVID biologic, but there doesn't seem to be any discussion on that on the remaining, or the standard vaccines, if I can call it that.

Paul Thomas

Yeah. Oh, there has been some work. So the HPV vaccine, the human papillomavirus, Gardasil, several papers have shown ovarian failure. So it is clear that that vaccine has a propensity to shut the ovaries down. There was another paper, and in fact I'm blanking on the name of the documentary, but a documentary was made of this. They rolled out a vaccine in Africa that intentionally had as one of the ingredients in the vaccine, I believe it was human chorionic gonadotropin. And so it sensitized these African girls. They were targeting females. It sensitized their immune system to shut down the possibility of pregnancy. So they had created it, and they slipped it in another normal childhood vaccine.

You know, when you learn of things like that, you start to realize that there's something very nefarious going on. And I mean, I'm sure you all have heard that the World Health Organization, the World Economic Forum, Bill Gates for sure, there's a desire to reduce the population of the world. And Bill Gates in particular was trying to use vaccines as a mechanism for decreasing the population of the world.

So unknowingly, parents are giving their children vaccines, thinking they are helping their child, when in fact it may be there's an attempt to reduce lifespan or even cause death in the process of vaccinating. That's, you know, that could be a conspiracy theory, right? But it seems like there's enough information out there to show that indeed this sort of thinking is out there.

Commissioner Drysdale

You know, you use the term conspiracy theory. Somehow, I'm an engineer, that means I'm a scientist. And seems to me every idea in science starts with a hypothesis. And we've changed the name to conspiracy theory, what used to be called hypothesis.

Now you mentioned some financial effects that not doing the vaccine injections would have on a doctor's practice. Now we heard testimony last year in Alberta that doctors were actually being paid money, not just for giving the COVID vaccine—and I believe the amount they were getting was double or triple what they were getting for other vaccines—but they were also getting paid a separate fee for actually phoning their patients and advising them to get the vaccine. And if I recall, they didn't have to provide records of that, they just had to report that they had done it. Is that common practice that you see?

Paul Thomas

So not that particular twist, but yes, what we have in the United States is several mechanisms for being compensated when it comes to the vaccine. So the one I was mentioning that was huge was the administration fee, which is basically a thank you for giving the vaccine, the assumption being that it took you a lot of time to educate the population about the vaccine, which is not true. Pediatricians just hand them a VIS, Vaccine Information Sheet, and that's it. That's their extent of their education.

But there are other ways of getting compensated. And one is if you have a high vaccine rate, you can get bonuses. But the other that addresses your question, there's a billing code for vaccine education, and as long as you give the vaccine education and you don't have to document it that extensively, you can get paid for it. So I think what most pediatricians do is

they hand out that VIS, that Vaccine Information Sheet, and they can add that billing code for vaccine education.

Commissioner Drysdale

I want to talk to you about autism just a little bit. And we heard through your testimony and other people's testimonies of how the incidence of autism has been going up significantly over time and that we're at 1 in 35 I think your numbers were. Can you tell me a little bit about when that develops? In other words, there seems to be a correlation between vaccines and autism.

So if a child is going to become affected by this, are they affected by it on the first set of injections? Could a child be normal until they get their boosters at age 12, for instance, and then develop autism after the vaccines? Is there some kind of information as to, you know, where in that schedule of vaccines over years that that autism can be triggered?

Paul Thomas

Yeah, great question. So, the earliest sign of autism that I was able to start picking up was lack of eye contact. And you could often pick that up by six to eight or nine months. If you've got a child that just won't make eye contact, that's not normal. So that's evidence that something is going on neurologically.

As far as the regression-type autism, so most autism these days, the last couple decades, is the regressive type. It's where you have a child who's going along normal and they fall off the cliff in the sense that all of a sudden their development either stalls out or more typically they actually lose skill.

So you'll have like the four cases that I saw. These kids were starting to make words, they had great eye contact, great social skills. And then over a period of a few weeks, or in a couple of them a few months, they lost their language, they lost their eye contact, they started spinning and flapping and crying and just being very unhappy. That kind of autism we tend to see most between age 1 and 2, but occasionally as late as 3.

I've only had one case I was aware of where actually this family had read my book, *The Vaccine Friendly Plan*. They had waited until age 3 to give the MMR. They weren't in my practice, they had just read the book. They gave the MMR, and their kid regressed into autism. So that was a case, the only one I've heard of, that you can still regress even after age 3.

I haven't heard of teenagers becoming autistic, although I've heard of plenty of teenagers who have, after the HPV or after the hepatitis B shot, had autoimmune conditions, had severe neurological neuropsych kind of situations where they would become anxious and depressed. So yeah, vaccines can harm you at any age, but you're so much more vulnerable those first two years of life, which is why it is just so devastating to our children.

You know, Are Our Children Safe in Canada? Not if we keep jamming them full of vaccines those first two years of life. And not as long as we have vaccines that don't have proper safety testing, and there's not a single one. I say we throw them all out and start from scratch.

I'm not anti-vaccine in terms of the idea of it, but I'm absolutely against administering dangerous products that don't have proper safety testing, that don't have good science behind them. You know, if we had a killer disease and we did proper development of a vaccine that would truly reduce mortality. You wouldn't have to have mandates. People would line up for it.

Commissioner Drysdale

We also heard testimony that, generally speaking, the COVID biologic— I don't like calling it a vaccine because it doesn't meet the definition of a vaccine. It meets the definition of a biologic.

Paul Thomas

Correct.

Commissioner Drysdale

But we were told that the injection of those vaccines were supposed to be aspirated. In other words, it wasn't supposed to get into a blood vessel. And then we heard testimony that they weren't aspirating anymore because that would cause vaccine hesitancy. Have you heard this? Can you confirm that you've heard that they were doing that?

Paul Thomas

Well, this whole notion of aspirating when you give vaccines, it is the ideal and proper technique. However, in reality, it almost never happens. And if you think about how they rolled out COVID shots at least in America, they were giving COVID shots in parking lots,

they were giving them in McDonald's, they were giving them in churches, and not in, for example, pediatric offices where those nurses are used to giving vaccines. So I'm sure there was massive vaccination without aspirating.

Commissioner Drysdale

My last question is inspired from my colleagues' questions. That seems to be happening a lot lately.

Commissioner Robertson

Well, that's what it is for.

Paul Thomas

You have good colleagues.

Commissioner Drysdale

Yes, absolutely. One thing that you said struck me, and again I've heard testimony on this from other witnesses, and that was you were talking about a theoretical somebody presenting themselves in the emergency, and they had a cut. And I believe you said the physicians demand you take the vax. Like, we weren't talking about COVID vaccines, we were talking about the tetanus. We heard from a number of witnesses that people presented themselves in emergency rooms, and the doctors demanded that they did something or they wouldn't be treated. How can that possibly be considered informed consent and a legal procedure, where you're demanding that they take X or you won't give them Y?

Paul Thomas

Right. I don't see how it's legal. I imagine if you went in with your attorney by your side, that doctor would back right down. You know, these doctors are so indoctrinated into their belief system that the most important thing they can do is vaccinate, that they get very, very pushy. For this reason, I don't think anybody should go to the hospital or the emergency room alone. It's much easier to be bullied if you are alone. If you have somebody by your side who will support your decisions, they're going to have a lot harder time bullying you. And the other thing is you can walk out, you can get up and leave if you have support. So, yeah, never go alone for sure.

You know, I just had one other thought I wanted to share that I forgot to slip into my presentation. My own mom asked me one time, because I was trying to convince her not to take the COVID jabs. I was unsuccessful in that. She lived in an institution, nice place, but everybody was just, they were all being injected with the COVID jabs. And I think it took her life. But she says to me back then, she said, “Well, Paul, how can you be right and all the other doctors are wrong?” And so for any of your listeners who are wondering that same thing, here's what I have to say.

I was in a very unique position of honouring informed consent as an absolute. So there were no exceptions. If a parent wanted to do one shot, two shots, all the shots, none, that was their right. I was also vaccine risk aware. I had seen far too many cases of kids regressing into autism, the four in my own practice as an example. I then went on to hear hundreds of stories, because patients would get kicked out of the practices of my peers in Portland, Oregon. In most of the practices in Portland, Oregon, if you don't follow the CDC schedule, you get kicked out. They say, “We're not going to take care of you, it's unethical to take care of you. You're going to endanger the rest of our patients.” That's the rationale they use, which is false, but that's what they say.

So these families come to my practice where they can then do whatever they want to do once they're informed, and many of these are highly informed families anyway. This put me in a very unique position where by the time I published that last data set that I shared, I had almost 600 non-vaccinated children born into my practice. I probably had as many who joined my practice who were unvaccinated. So I had well over a thousand children unvaccinated. Most pediatric practices might have one or two, or none because they kick them out. So they don't get to see what I saw. And what I was able to see and then publish, was how incredibly healthy unvaccinated children are, how rarely they get sick, and when they do get sick, they recover quickly.

You know, parents out there, you don't need to fear infectious diseases if your child has a good immune system. And a good immune system just requires adequate nutrients and avoiding toxins. And while it's harder and harder to avoid toxins, if you're vigilant, you can: drink filtered water, eat organic, and sometimes you take a supplement if there's certain nutrients you just aren't going to be able to get from your diet. And you can have healthy kids, and you don't have to be afraid of anything when it comes to infectious diseases—other than be afraid of those toxic shots, the so called vaccines.

Commissioner Drysdale

One last thing, and it's just a kind of an observation, and perhaps you can comment on it, perhaps you can't. You know, I've had the benefit, if you can call it that, of traveling across

the country and listening to hundreds and hundreds of people testify, a lot of medical professionals. And I've heard over and over again testimony from folks like yourself and I've seen the data, and the data seems to be before us. It doesn't seem to me you have to look very far to see this data. And at the same time, these mainstream, the health professionals, the people supposed to be taking care of us, appear to be unaware or appear to be ignoring that data even though it's there.

And at the same time, we had probably dozens of testimonials from people who proved that the medical profession at the same time were overturning every rock they could in order to find COVID-19 infections. So they were ignoring the data set, on one side. I can tell you we had one senior paramedic from Toronto who testified that she and her partner went to assist at a jumping situation, somebody was jumping off of a building, and when they got there there wasn't much left because the person jumped off a 13-story building—and the other paramedics swabbed it for COVID-19.

And so how is it that the medical profession was overturning every rock to find COVID, but when the data about what they were doing was perhaps dangerous or at least not effective at the very least, they seem to be ignoring that. They have the capability to look, but they don't seem to want to look. Do you want to comment on that at all?

Paul Thomas

Absolutely. It's all about incentives and disincentives. So hospitals were incentivized, and this was real money. So they were given additional money if they took care of a COVID patient. Then they were given even more money if that COVID patient was in isolation. And then they were given even more money if that COVID patient was intubated. And then another additional bonus if that COVID patient died.

So when you have an incentive to have a dead COVID patient, anything that would cause those patients to die would become very lucrative. And that's where the remdesivir and the intubation thing happened. And there are so many horror stories of exactly how they pulled that off. And they demonized anyone who was trying to actually help and make a difference.

So a quick story. I had a friend in the health freedom movement call me. This was after I'd lost my license. So in 2023, he had come down with COVID and his oxygen was in the mid-80s. Well, you know you're getting into trouble there when your oxygen is in the mid-80s. He was driving to the emergency room. I said, "Give me a few minutes." I called a naturopath I knew who I thought could probably get some ivermectin to this guy and maybe some oxygen. She did. She called him, told him, "Pull over. I will come to you with

oxygen and ivermectin.” By the next day, he was fine. He didn't need oxygen. His sats were fine.

I've heard this story over and over and over again. So they demonized the treatments that could help people, and they incentivized the hospital mismanagement. And, you know, where do people come up with such evil concepts, right? And then what happens to the doctors in these hospitals? Why aren't they speaking out? Well, those that did were fired. And so if you're a physician carrying a massive debt from medical school and you've got a family to take care of, you might suspect that something's not right.

So we've been trained in medicine to follow protocols, and we've really been trained not to think. So critical thinking, Shawn started the session off today with talking about the schools and we've got to get back to teaching our kids critical thinking. And I couldn't agree more. We've got doctors who can't critically think anymore. So the incentives were all wrong, which resulted in the hospitals becoming killing fields.

And the doctors who do stand out and speak out, many of the doctors lost their licenses. I'm no longer licensed. It's partly because of writing the *Vaccine Friendly Plan*. I chose to be fairly vocal in Oregon, speaking at the steps of the Capitol. I travel the country speaking. So I was a target, and yeah they got me.

And, but you know what? I wasn't going to— You know, when I feel like I was personally responsible for— I mean, I'm the doctor that said you should do these shots, right, those four kids who became severely autistic. I cannot live with myself if once I know that that is something that is real, how could I live with myself if I didn't speak the truth and do everything in my power to get the truth out to the world?

So I think for those who are listening to this, and you're hearing both sides of this, maybe I'd propose you consider listening to people who aren't conflicted. You know, people who have conflicts of interest or their employment depends on them maintaining a certain narrative, you have to take what they're telling you with a grain of salt.

We always have in medicine: “Get a second opinion.” And I just read recently, actually, just stay away from doctors altogether. Because the doctors who are giving you the second opinion are trained by the same system of that first opinion. So if you want a clear decision on what's right for you to do when there's a medical intervention involved, that second opinion needs to be somebody who's not trained from within the system.

Commissioner Drysdale

Well, you know, that's interesting. We had testimony from Lt. Colonel Redmond last year who said the entire premise of our response to the COVID was wrong. In other words, the response was, "We must protect the medical system," as opposed to, "We must protect the citizens."

Paul Thomas

Yeah.

Commissioner Drysdale

And that seems to be consistent with what you're saying. Thank you very much, Doctor.

Paul Thomas

Oh, you're very welcome.

Wayne Lenhardt

On behalf of the National Citizens Inquiry, I want to thank you very much for a very informative presentation. Thank you very much.

Paul Thomas

And thank you, all of you who are volunteering for the National Citizens Inquiry and those of you who are working on their behalf. I'm impressed and hopeful that what the kind of work you're doing should be exemplified around the world. So thank you for letting me participate.



NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 18, 2024

Day 2

EVIDENCE

Witness 2: David and Collet Stephan

Full Day 2 Timestamp: 00:00:00–00:00:00

Source URL: <https://rumble.com/v5j4dp0-nci-vancouver-2024-hearings-day-2-october-18-2024.html>

Shawn Buckley

Commissioners, our next witnesses, we're going to have them testify together, are David Stephan and Collet Stephan. And David and Collet, we'll start by having you state your full names for the record. And then I'll ask you to swear to tell the truth.

David Stephan

David Stephan. D-A-V-I-D S-T-E-P-H-A-N.

Collet Stephan

Collet Stephan, C-O-L-L-E-T S-T-E-P-H-A-N.

Shawn Buckley

And, David, do you swear to tell the truth, the whole truth, and nothing but the truth?

David Stephan

I do.

Shawn Buckley

And Collet, do you swear to tell the truth, the whole truth, and nothing but the truth?

Collet Stephan

Yes.

Shawn Buckley

Thank you. And if you guys want to pull your mics closer. And Commissioners, I will advise you we're going to be having these witnesses speak about their experience with the system, including the legal system, and that I was their counsel at the first trial and one of co-counsel at their second trial. Now, Dave and Collet, I'm going to introduce you partially by just how you were portrayed in the media. It's unfortunate, but you're famous. But you're not famous because of something good that happened. And I guess I'll also just start, Collet, you're nervous to be here, am I right?

Collet Stephan

Yes.

Shawn Buckley

Can you just share how you're feeling and why you're feeling that way?

Collet Stephan

This just brings up a lot of PTSD from our situation in court.

Shawn Buckley

Okay, well, we thank you for your bravery in coming.

Collet Stephan

Thank you.

Shawn Buckley

And I remember those experiences. So perhaps we'll just ask you guys to start telling your story at the beginning and then maybe I'll do the contrasting later on. So maybe, Collet, can you start. And just start sharing what happened?

Collet Stephan

I'll do like a Coles Notes version because my husband will, I'm sure, expound upon it, sorry. So in 2012, our son had gotten sick and he kind of waxed and waned with some symptoms, and he had at one point stopped breathing. And we had called the ambulance and we ended up meeting them on the road and ended up in children's hospital. And within five days, life support was taken off and he passed. We had police and RCMP and social workers in the hospital in Calgary questioning us.

And about 11 months after our son had passed, we were charged with not providing necessities of life, and ended up in court where we were found guilty in the first trial, and my husband was in jail and I was on house arrest for three weeks until our appeal. And from our appeal we had one judge that did dissent, that allowed us to go to Supreme Court. And at Supreme Court, the seven judges there unanimously decided to throw it back to a second trial, where we were vindicated.

And then the Crown had appealed and it went to the Appeal Court, which unfortunately did not have the result that we were hoping for. And there was to be a third trial to go back. But fortunately, the Crown, after some evidence of their pathologist that had come out in the States of some situations that he was in, they then dropped the charges.

Shawn Buckley

And I'm just going to summarize just to see if I can help make it more clear. So you had the first trial, it was a criminal trial, and you were convicted.

Collet Stephan

Correct.

Shawn Buckley

And then the Court of Appeal upheld the conviction, the Alberta Court of Appeal. And then the unanimous Supreme Court of Canada found that the trial was unfair, and overturned the conviction. So the Crown proceeded with a second trial. And at the second trial, you were

acquitted and found not guilty. And the Crown appealed that, and the Court of Appeal ordered a new trial. So at the end of the day, really nothing's happened except a whole bunch of court cases. Is that fair to say?

Collet Stephan

Yes.

Shawn Buckley

What was it like to have to go through all of that?

Collet Stephan

Beyond awful. Hell at times.

Shawn Buckley

And can you describe for us how the media treated you?

Collet Stephan

The mainstream media was quite biased in their reportings. They reported very twisting information from within the trial making us look like absolute monsters, not portraying the truth of what was actually happening in the courtroom. When it was time for our witnesses to take the stand, a lot of the media would either leave or they wouldn't report anything.

Shawn Buckley

Right. And David, maybe I'll have you step in. When this started and you're at the hospital, is it fair to say you had a completely different understanding of what you thought happened than you think now?

David Stephan

A hundred per cent. Our understanding has significantly changed based on medical evidence that we have received over the years. Some of that medical evidence was not disclosed to us initially, putting us in an unfair position for the first trial and even throughout the first two appeals. It wouldn't be until about 2018/2019 that we would begin to actually see what had taken place with Ezekiel, what led up to the situation that he

was in, where when he was in Alberta Children's Hospital he had complete brain death and it would have been nothing short of a miracle for him to be able to survive.

But when we were initially in the hospital, we had no idea. And we were incredibly confused, grasping at straws, trying to figure out how can we be of assistance in helping the medical personnel in getting Ezekiel healed, not knowing that there was a lot of skeletons in the closet in relation to the care that he had received.

Shawn Buckley

Right. And I maybe will now take the opportunity to just kind of frame the story for people. Because some people watching and the commissioners may still not understand who you are. But this was national news for years, and it was international news.

David Stephan

International, yeah.

Shawn Buckley

My aunt came back from a cruise in Panama and showed me the Panama newspaper she brought back about your trial. And so am I fair in saying, I mean, the media for years and years were claiming that Ezekiel died of bacterial meningitis.

David Stephan

That's correct. Even after we were acquitted in 2019, one of the first things I had to correct on a radio show that I ended up on when CBC would still interview me, was that they were still misrepresenting that fact that my son did not have bacterial meningitis, that there was no scientific evidence to support that claim. And then we had to supply redaction notices to all of the media outlets to get them to stop that, as well as to have them stop misrepresenting other facts as well.

Shawn Buckley

Okay. So actually, just because I've got some familiarity, I'm going to start saying things and you tell me the second I say something that you don't believe is 100% true. So when they tested at the hospital for bacterial meningitis, they could never culture any bacteria that would cause meningitis.

David Stephan

That's correct.

Shawn Buckley

At the first trial where you were convicted, the court found as a finding, the fact that there was no bacterial meningitis.

David Stephan

That's my understanding, is that it was left very open ended, that it could be multiple things, but there was no conclusive evidence to support it.

Shawn Buckley

Okay. And there's a court decision with Justice Jerke, and for the sentencing, he made as a finding, a fact that there was no bacteria, that that was not the cause of death, even when you're convicted. And at the second trial, there was a finding that there was no bacterial meningitis.

David Stephan

100% correct.

Shawn Buckley

Now, Collet had referred to the medical examiner, so that's the pathologist. There was an autopsy done. And can you tell us about Dr. Adeagbo? And can you tell us about the Department of Justice letter sent to him before the autopsy?

David Stephan

Yes. So Dr. Adeagbo was hired, I believe in 2010 or 2011, by Dr. Anny Sauvageau who was a chief medical examiner of Alberta. He was brought in from the States. He had received his license, I believe in the state of Kansas. And he performed the autopsy report. But of interest, before he had performed the autopsy report, he had received an 18-page letter from the Alberta Solicitor General's Office. I believe it was, if I get this correct, Jonathan Nichols. And within that letter, it articulated kind of what had taken place to a degree, and it also stated or insinuated that Ezekiel had died from bacterial meningitis.

Shawn Buckley

So I'm just going to stop you. So here is a letter from the Department of Justice, the Alberta Department of Justice, to a pathologist before the pathologist does an autopsy suggesting the cause of death is bacterial meningitis.

David Stephan

That is correct.

Shawn Buckley

Okay, so carry on.

David Stephan

Okay. A lot of things would unravel over the years with Dr. Adeagbo within the preliminary hearing in 2014. He would provide evidence that would show that these charges against us would be used to set a precedent in Canada in relation to parents who didn't choose to vaccinate their children. And so he'd be providing testimony to that, basically claiming that Ezekiel's bacterial meningitis would have been prevented had he received the Haemophilus influenza B vaccine.

And so in 2016, he would then testify again. But by that point in time, things would have changed in relation to the Crown's position and what they were looking to achieve from these court proceedings. Because we had hired two expert witnesses in relation to the vaccine topic, and the evidence was very compelling, and it would have probably achieved the exact opposite precedent that the Crown was looking to achieve by using our son's death for that purpose.

Shawn Buckley

And I'm just going to then start stating things, and you tell me where they're not correct, and I'm just hoping to clarify for people. So for bacterial meningitis, they vaccinate for a single bacteria called homophilia influenza type B.

David Stephan

There's numerous causes of meningitis.

Shawn Buckley

No, no, this is the vaccine. They vaccinate for single type homophilia influenza type B.

David Stephan

Not entirely correct. There are particular vaccines for meningitis, I think it's called the meningococcal vaccine. But in relation to what the claim was as to what was found in Ezekiel's cerebral spinal fluid, using non-scientifically validated testing, by the way, they found scant amounts of the DNA of a bacteria called Haemophilus influenza. And so in relation to the meningitis, they were claiming the haemophilus influenza B vaccine would have prevented that.

Shawn Buckley

Okay, so you're getting ahead of me. The vaccine that apparently Ezekiel should have gotten, according to the authorities, would be for homophilia influenza type B.

David Stephan

Yes.

Shawn Buckley

Now homophilia influenza is a family of bacteria, and there's several types.

David Stephan

Yeah, I believe there's seven types. I think 11 types that have been identified.

Shawn Buckley

Right, so A, B, C, D, E, F, G, H, I, and then a whole bunch of untyped ones. They don't know how big the family is.

David Stephan

That's correct.

Shawn Buckley

The vaccine would not work against any type but homophilia influenza B.

David Stephan

That's correct.

Shawn Buckley

If it works at all.

David Stephan

Exactly, if it works at all.

Shawn Buckley

Right. And then in Alberta, and Canada generally, one of the experts pointed out no child gets bacterial meningitis from type B.

David Stephan

Correct.

Shawn Buckley

So the vaccine really is useless anyway. But with Ezekiel, with what you were talking about there is well, they couldn't grow any bacteria in the cerebral spinal fluid, which is how you determine whether a child has bacterial meningitis.

David Stephan

Correct.

Shawn Buckley

So they couldn't grow anything, so they did this thing called the PCR test.

David Stephan

Yeah, it wasn't so famous back then. So what happened when we were looking at the communication between the microbiologist in the lab and the forensic pathologist, is that the forensic pathologist, Dr. Adeagbo, had provided the sample of cerebral spinal fluid to the microbiologist, and he wasn't able to identify any infectious agent. And what was interesting about this is that when that report came back to Dr. Adeagbo, he immediately fired off back to the biologist and said, "You need to find the infectious agent." And it was just left at that.

Within, I believe it was two hours, give or take, but I think it was even a little bit less than two hours if I recall properly, they had discovered this Haemophilus influenza, scant amounts, using a PCR test. Of interest, we never received the lab reports identifying what happened with that PCR test, or if the PCR test ever took place.

Shawn Buckley

Right. But there were two important things: So first of all, they couldn't say what type of homophilia influenza, so whether it was A, B, C, D, E, F, G, H, I, or—am I correct about that?

David Stephan

That's correct. They couldn't. They had no typable.

Shawn Buckley

And then also Dr. Chan emailed back to Dr. Adeagbo saying, "You can't use this. It's not a valid test."

David Stephan

Yeah. You can't use it for diagnostic purposes, only for research purposes. Hence why in the autopsy report, it was mentioned that they had to use non-clinical research methodologies to determine that it was bacterial meningitis.

Shawn Buckley

And then the chief medical officer, Dr. Anny Sauvageau, who was the boss, the chief pathologist in Alberta said, "Well the whole test would be invalid because the autopsy room is so unsanitary anyway."

David Stephan

Yeah, my understanding is it's become quite public knowledge that with the PCR test that you will find whatever you're looking for. You just have to cycle it enough times.

Shawn Buckley

Right. But there were slides of the tissues. Because I'll tell you one thing I found interesting. So first trial, you got Dr. Adeagbo saying, "Well, no, no, it was bacterial meningitis, because I'm looking at the brain tissues." And the brain tissues are there for any pathologist to look at, so Dr. Sauvageau, his boss, looks at them and says, "There's no way this is bacterial meningitis."

David Stephan

Right.

Shawn Buckley

What I find fascinating is the second trial, years later, slides are still there, Dr. Adeagbo is back saying, "No, no, it's bacterial meningitis." And Dr. Sauvageau, the chief medical officer is saying, "No, it's not bacterial meningitis." But why didn't the Crown have another pathologist look at the slides to tell the court, it is or isn't? Because the slides are there. I'm just saying as a lawyer, that one spoke, you know, sometimes the dog that doesn't bark.

David Stephan

When we take a look at it, and after spending five days of cross examining Dr. Adeagbo in 2019, the evidence was so wanting. There were dots that were being connected that should have never been connected. I don't believe that anybody else, any self-respecting individual who values their career would have stood behind Dr. Adeagbo's findings and said, "Yes, I've looked at them, I've peer reviewed them, and I agree with his findings of fact."

I don't believe that anybody would have been willing to do that because it was so egregious what had taken place, and it was just filled with holes. His theory was filled with complete holes. And more so than just holes, there was absolute evidence that showed that he had in essence falsified that autopsy report. Because there were two causations of death that were listed, and the second was a right pleural empyema—so a well-developed organizing infectious agent on the outer wall of the lung and the pleural cavity on the right lobe.

And what was of interest is, though not initially disclosed to us but after the first trial, after the wrongful conviction, we discovered or we were able to get our hands on an X-ray that was taken upon intake of Ezekiel getting into the first hospital. And it showed clear lungs. So you can't possibly die from a right pleural empyema when you didn't have one when you arrived to the hospital. That wasn't a causation of death, and he had claimed that Ezekiel was dead before arrival.

Shawn Buckley

Right. And the claim was brain death. Right about that?

David Stephan

That's correct.

Shawn Buckley

Okay, so you learned something from an ambulance attendant. And so I'm wondering if you can kind of tell the story as to how you learned this, and then what you learned and what came out at the trial. And Commissioners, I'll advise you that the entire trial record, including the transcripts of evidence of both trials and exhibits, are going to be entered as Exhibit V-2047. So anyone will be able to go and read the transcript of these ambulance attendants. But Mr. Stephan, if you can share how this unfolded and what these ambulance attendants said on the stand.

David Stephan

Yeah, because when we ended up in the Alberta Children's Hospital, you know, we had gone from one day Ezekiel, thinking that he was going to be perfectly fine, going symptom-free for a time, thinking tomorrow he's gonna be up and running, to 24 hours later he's on complete life support and has brain death. And we're left confused as to why that happened.

And so we did learn that there was an issue in the ambulance. And the only reason that we learned that is not because they willingly disclosed it and said, "This might be a potential factor as to why Ezekiel's in the position he is." The medical personnel were completely keeping us in the dark. It was only because one of the paramedics, his mother-in-law, was my mom's best friend growing up.

She came to the hospital when she heard what had taken place. But she also heard what had taken place behind the scenes based on her son-in-law breaking down, having a

meltdown, or a breakdown over what had just happened, what he had just witnessed, and sharing that with her. And so she disclosed that to us. So that gave us a bit of an understanding that there was something more behind the scenes. And I've actually done up some slides to be able to articulate it a little bit more clear and concise.

Shawn Buckley

Sure. Why don't you walk through those slides then?

David Stephan

Okay, thank you. Okay, so 911 is phoned after driving a mile to take Ezekiel to the hospital. He stopped breathing, we phoned 911. At the time there was issues with Alberta Health Services with the dispatch. They had just taken over the ambulance service a year before, and there were major issues with dispatch. So we drove within 100 yards of an ambulance about two to three minutes into our call. And those ambulance attendants that night never received a dispatch call, but instead they dispatched an ambulance from about 40km away.

Shawn Buckley

So can I just clarify for the commissioners. So you are living just outside of Glenwood, Alberta.

David Stephan

Correct.

Shawn Buckley

There's an ambulance in Glenwood, Alberta.

David Stephan

Correct.

Shawn Buckley

You're driving through Glenwood, Alberta while you're on the 911 call.

David Stephan

Correct.

Shawn Buckley

And they never have you park there. They never have that ambulance meet you. They send one from Lethbridge, 30 minutes away.

David Stephan

From Cardston. Correct.

Shawn Buckley

Cardston, okay.

David Stephan

Yeah. So we interface with the ambulance, and I'll show the patient care report, just to delineate from the PCR test, to show the very first issues that were encountered. And so here we have the patient care report for Ezekiel, and it was, I think, opened up at about 9:58 PM and they received care of Ezekiel. The first reports are at about 10:03 PM, so they're now commencing care at that point in time.

So when we take a look at it, there was an issue that was encountered right off the bat. So if we zoom in, we take a look, what you're going to see is the first time stamp at 10:03:00 PM. At 10:03:30 PM, they attempt to get oxygen to Ezekiel because he's no longer breathing. And so we see there that there's a big valve mask. And we see at the bottom there: *wrong size mask*.

So we move to page two of this, or I guess page three of the report, which is the next page, so we're not missing anything here. And we see the continuation of it. It's an attempt to get ventilation. And we see there that the response is: *unchanged*. Attempts: *two*. Successful: *No*.

We go down 30 seconds later to 10:04:00 PM, and we see that they attempt again to get an airway. So they're attempting an airway adjunct and they're using an oropharyngeal airway. It says successful: *Yes*. Complications: *None*. Response: *unchanged*. It didn't do anything. And so we go two more down to 10:11:11 PM—and make note that the date above it is 13/03/2012. This is 13th March 2012, and that becomes relevant in a moment here. We see

the treatment is: *intubation*. We see: *successful*. And they use a size 3 endotracheal tube. And they now believe they have an airway. This is at 10:11:11.

So we are sitting about from the time that they took Ezekiel to the time that they were able to achieve this is about 8-1/2 minutes. And we would later learn from the paramedics, they would testify that Ezekiel was 100% without oxygen for eight and a half minutes.

Now, there's something interesting here. I just make note of this because this actually becomes a bit of a theme throughout the whole trial. We go down to the bottom and you're going to see a timestamp in red there. And when you take a look at it, it's 10:06:00 PM, which it's out of order. It should be before the 10:11:11. And you see an airway adjunct and you see an LMA and it was not successful, and that they attempted it three times. And when you look at the timestamp, that's from the 15th of March, 2012, which doesn't make sense because he wasn't still in the ambulance 48 hours later.

And so what was discovered is that there was an issue with the ambulance report that was out of the norm. Through giving testimony, Kenneth Chernowski—you'll see that he's one of the attending paramedics here—testified that generally they would close those reports within 24 hours or less, that there's no reason for them to leave them open and no reason for 48 hours later information to still be input into those reports. But yet we see here where the proper time was put in there, but they didn't adjust the date, which now puts it 48 hours later.

And the reason I bring this forward is because this, like I said, became a theme in the trial where we would see this happening with numerous medical personnel—where reports were being left open, where there was one particular doctor's report that we end up with four different versions by the time that the trial was done in 2019, where edits were being made, no timestamps saying when the edits took place or why the edits took place, but that these documents were being left open for editing, which appeared to be for the purpose of establishing a narrative.

And so when we take a look at it, that's the cover page of the patient care report. And what we see here up at the top is *Finalized: No*. That should be a "Yes." We did receive a copy of it that actually did say "Yes." We don't know when it was closed. But what we do know is that when we take a look at the fax date at the bottom, that that was faxed one week after. This was the 21st day of March 2012, and it was being faxed to the chief medical examiner's office in that state where it was still left open and editable.

But that was the initial issue with the ambulance, albeit the 8-1/2 minutes may not be entirely accurate, because what took place immediately upon arriving at the hospital in

Cardston was a reintubation in the ambulance bay, which is not the most ideal place to do a reintubation unless it's urgent.

And so right off the bat, we see from the 2016 trial transcripts here where Shawn Buckley's asking the question: *Okay. And we have Dr. Sandy Cunningham, or Alexander Cunningham testifying, saying, you know: endotracheal tube means that you have a tube going through the mouth and into the trachea, and that was established in the ambulance bay, in the ambulance at Cardston.*

So upon arriving to Cardston a few minutes after they had, according to the PCR report, successfully achieved an airway, they were already re-intubating Ezekiel at that point in time. And we see that further within Sandy Cunningham's report, where he says:

An endotracheal tube was placed in the ambulance while the ambulance was in the ambulance bay at the Carson Hospital...My involvement in the code and subsequent transfer focused primarily on managing the patient's airway in emergent interventions...Ventilation was maintained through the endotracheal tube in order to optimize a patient for a transfer and optimize care. His tube, which I believe was a 3.0—which was listed in the PCR report as such—was replaced by myself with a 4.0 cuffed endotracheal tube.

The initial phone call to Alberta Children's Hospital between Dr. Shauna Burkholder and the leading doctor in Cardston, Lloyd Clark: Lloyd Clark, on that recording states that Ezekiel had an unprotected airway for 12 minutes, which would line up with the time that he arrived in the ambulance to the time that he ended up in the ambulance bay and had the proper endotracheal tube.

Shawn Buckley

Mr. Stephan, can I just provide a little more context, and then just share with me if I get any of this wrong. So the ambulances in Southern Alberta were taken over by Alberta Health Services about a year prior to this.

David Stephan

Correct.

Shawn Buckley

And prior to Alberta Health Services taking over ambulances, ambulances were basically equipped with three different ways of getting an airway.

David Stephan

Correct.

Shawn Buckley

And they were fully stocked to accommodate persons from birth to basically 100 years old, like an adult.

David Stephan

Based on the testimony of the two paramedics that were attending that night, that is correct.

Shawn Buckley

Right. Well, and actually also the paramedic who testified about seeing Ezekiel before, Dora Lambert, also who's a paramedic in the area, testified that the ambulances were fully stocked prior to Alberta Health Services taking over—of all three ways of getting an airway.

David Stephan

Correct.

Shawn Buckley

So we had three paramedics under oath testifying that the ambulances were fully stocked. But Alberta Health Services made a decision to destock the ambulances to basically of all three types of a way getting an airway so that they only were stocked for age 12 and higher. Am I correct about that?

David Stephan

Yeah. For clarity, they did not run out of the equipment. They actually proactively went into the ambulances and removed the equipment based on the customer.

Shawn Buckley

Right. That was the testimony of the three paramedics. So, just so that the commissioners understand, we have all the ambulances stocked with three different ways of getting an airway for everyone, and then a bureaucratic decision is made to actually take out the equipment for anyone of the age 12 and under. So 12 and up, they would have the right size equipment. So when these paramedics are not able to get an airway, their testimony is it's solely because they didn't have the equipment for an infant. Am I correct about that?

David Stephan

Correct.

Shawn Buckley

Okay. So now, the mainstream media and the chief medical examiner, Dr. Anny Sauvageau, she said that that was the cause of death. She called it "medical misadventure." But it was basically the destocking of the ambulances so that they couldn't get an airway for Ezekiel for this 12-minute period.

David Stephan

Correct.

Shawn Buckley

Okay. Sorry. I think it was important to clarify.

David Stephan

Yeah. And there's more contributing factors to it as well. If we were to take a look at the first, you know, two and a half/three hours of care that he received, that there was a lot of insult to injury after the fact that, yes, he had gone 8-1/2 to 12 minutes with no oxygen whatsoever, which created the initial hypoxic injury, but that issues just continued to get worse. It was one bad thing after the next, to the point that when he arrived at Alberta Children's Hospital, you'd have Shawna Burkholder taking a look at the CT scan and making the declaration that it was the most devastating scan that she had ever seen. Albeit she left out all the context as to why it would have been so devastating. If you want me to continue on, I can.

Shawn Buckley

Oh, yeah, no, no, please do. And I think it's also important to note, so there was this testimony at the stand. Like literally, the paramedics were crying on the stand and saying they had been begging management to restock the ambulances for a year. One of them even wrote a letter, as I understand it, because they were saying to the management, the first infant we get that needs an airway is dead.

David Stephan

And they had been making those requests for one year. And of interest, one week after the passing of Ezekiel, within one week, those ambulances had that proper equipment.

Shawn Buckley

They were restocked.

David Stephan

Yes. You know, I should digress for a moment here to identify that this was not an isolated incident, that through all of these proceedings I had somebody reach out to me—a friend of a family out of the Raymond area where we had once lived; it's in the same general geographical location—and how this young girl was being transported from Raymond to Lethbridge and that she required an airway and that they didn't have the equipment either. And she was left in a vegetative state after being oxygen deprived for a significant amount of time, but she survived. And the only reason why it wasn't becoming public knowledge is that the family had settled with Alberta Health Services, and that as part of that settlement, there was a gag order put on those circumstances.

Shawn Buckley

So I just want to fill in the timeline. So we have the ambulances destocked. We have the ambulance attendants begging for the equipment. We have them not being able to get an airway for Ezekiel for perhaps 12 minutes.

David Stephan

Correct.

Shawn Buckley

We then have the ambulances restocked.

David Stephan

Correct.

Shawn Buckley

We then have the Department of Justice writing a letter to the pathologist, who is yet to conduct an autopsy, advising the pathologist that Ezekiel died of bacterial meningitis, that that's the cause of the brain death.

David Stephan

Correct.

Shawn Buckley

Okay. I just want to make sure I have that timeline straight. And then there's an autopsy, and then there is the PCR test to try and find something.

David Stephan

Correct.

Shawn Buckley

Okay.

David Stephan

Okay. I'll continue on with the slides here to just show the first about two hours of care to qualify why Ezekiel was in the position that he was. Because that's always the hurdle that people are left with: Well, if it wasn't bacterial meningitis, how do you end up in that situation? And it becomes quite evident.

Shawn Buckley

All right, can I just back you up before you get into the care, as there is a 911 tape where you can actually hear Ezekiel breathing?

David Stephan

That's correct.

Shawn Buckley

And Dr. Anny Sauvageau, who's actually a world expert on choking and breathing issues, she testified she was of the opinion that Ezekiel had the croup and had aspirated.

David Stephan

Yeah, that was her evidence.

Shawn Buckley

Okay.

David Stephan

And he had definitely aspirated, there's no doubt about that, because he had coughed up some mucus and fluid and started breathing again. And that's when we opted to drive him to the hospital, even though we were left in a very confused state at that point in time, because just two hours before he was symptom free. So we didn't know what was going on, but we wanted to take him to the hospital just to make sure. And it was a mile into the drive that he stopped breathing again.

So the first thing I want to talk about real quick here is just electrolytes and elevation of potassium. Now everybody's confused at the hospital. The doctors have no idea what's going on at this point in time. They're transporting him to Lethbridge by ground and they're going to rendezvous there with the STARS [Shock Trauma Air Rescue Service] ambulance team. And the reason why is because out of the blue a snowstorm came up and the STARS couldn't reach Cardston, so they were going to go to Lethbridge to avoid the bad weather.

Well during transport, this blood gas reading comes back and identifies that Ezekiel has elevated potassium. And what you see there is the potassium or K, and you see a 6.4. Now there's nothing of drastic concern there. It's above normal, which is a 3.5 to 5 next to it there. But for context purposes, it's necessary to understand that Ezekiel had already

received 650 ml of saline fluid at this point in time, previous to this test taking place, which would have diluted the potassium. And of significance, when somebody gets up to about 8 millimoles per liter is when it can become of quite concern, where you can end up with respiratory paralysis or even cardiac arrest. So there's that that pops up.

Now of interest, they're transporting him and here we see the general condition that he's in while he's being transported to Lethbridge. And we see at the top there, epinephrine. And they had to raise it. And it's at 0.1 milligrams per kilogram. So that's what they're needing to use just to keep his heart going. We see his blood pressure is 106 over 74. But then we see the introduction of calcium chloride, which is the treatment for elevated potassium. They give him the calcium chloride, and you see immediately that they reduce his epinephrine down by 25%, down to 0.075 per kg there.

And then we see again the epinephrine is dropped to 0.05. So now it's 50% of what it was. And we see a blood pressure there that's elevated, 126 over 90. So we see that there's improvement taking place. And then we go down even further, and we see that they took the epinephrine down to 0.025. So it's now at 25% of what it originally was just from correcting the elevated potassium.

Now, just to, I guess rest this case, because some people will say, well the reason why he had elevated potassium is because he was dead. But Dr. Adeagbo actually provided us that evidence in the second trial because that's what he was saying, is that, well, he was dead before and that's why. The breakdown of cells is a release of potassium into the extracellular fluid. But when he ran the mouth on it, Ezekiel would have had been dead about eight hours previous to the 911 call being made, in which we hear him breathing on that 911 call. So it's an impossibility.

And so the potassium is corrected. But this is where we end up with compounding effects. And just to make note, we don't know why Ezekiel ended up with elevated potassium. We have no idea. All we know is that it was there and that there was also another electrolyte issue that qualifies the symptoms that he had, that he waxed and waned with for the week previous to that.

So just to qualify that the bacterial meningitis didn't make any sense. And so we have Shawna Burkholder's paper here where she identifies that it is uneventful, aside from discovering that he had a potassium of 6.4. And we see just off to the side that calcium chloride was given to correct that. We see just below that that he ends up with spontaneous respiratory efforts.

So now he's clearly not dead, because that was the theory of Dr. Adeagbo is that he was completely dead. And so he has spontaneous respiratory efforts. If we ignore the next two highlighted lines there and go right down, we see: *but started breathing*. And then we see, and this is where it gets a little dicey, we see that rocuronium, this is an abbreviation, ROX, is supplied. So they give him this medication. Rocuronium bromide is a paralytic medication. So it's to make sure that he's not animating, that he's not over breathing. So they're actually trying to suppress his own efforts because they're trying to keep complete control and to avoid the removal of an intubation tube.

So what we see, though, right after the administration of the rocuronium bromide is that another 20 milliliters per kilogram of body weight of saline fluid had to be administered to him in order to try to prop his blood pressure back up. So his blood pressure is dropping, and we see that. Then what we see is a 50 over 30's and 130 over 20's blood pressure. They've effectively now put him into a state where he's going into cardiac arrest. And it says despite even giving the epinephrine.

So they had to increase his epinephrine up to 0.2, which is almost 10 times the amount that he had to take just minutes before when they had corrected the potassium. So we see that they're taking drastic measures to try to get his blood pressure back up. And he's now into hypoxic injury range again because he doesn't have adequate perfusion, which is when you have a low enough blood pressure, the blood isn't adequately getting to the brain to feed the brain. And so they're back into hypoxic injury.

Now, of note, when I cross examined Shana Burkholder in 2019, I was able to get her to qualify and agree with that there was about three hours of time during the initial care of Ezekiel in which he was not getting adequate perfusion, and hypoxic injury would have been taking place either to a small degree or to a large degree—on top of the fact that he went 8 1/2 minutes to 12 minutes without any oxygen whatsoever.

What's of interest is that right after that issue of supplying him rocuronium bromide and we see a drastic decline in his vitals, is that there would be a blackout of all medical records for the next 65 minutes. It's as if they just stopped all care altogether. They arrive at the Lethbridge hospital and nobody's documenting anything, even though they have three teams at that point in time. They have a STARS team rendezvousing with the Cardston team, with the Lethbridge team.

Shawn Buckley

And I just want everyone to be clear on what you're saying. So there's detailed medical records up to that point. And then all of a sudden, basically three different teams, the medical records stop for the same amount of time, 65 minutes. So the ambulance team, all of a sudden, they're not making medical records. The Lethbridge hospital is all of a sudden, they don't have medical records. They start, and the STARS team doesn't have medical records. So there's a blackout. And this is what you're talking about, is basically three different teams involved in Ezekiel, they have records before and after, except for Lethbridge Hospital.

David Stephan

Correct.

Shawn Buckley

But two teams have records and then they stop for 65 minutes.

David Stephan

That's correct. And this is where we start to see that there's something nefarious going on. Because there's medical evidence referencing lab reports that were done during that time, but the lab reports are nowhere to be found. There was in fact stuff taking place, and we have substantive evidence to support it, that they didn't just all go on coffee break at the same time and leave Ezekiel, that they actually were doing things, that they were documenting it, and that there was later records that would reference that. But yet during this critical time of crisis, they never provided us those 65 minutes of records.

And we would fight tooth and nail for them, and they would never supply them. It was a big deal that chewed up a fair bit amount of time in the courts in early 2019 when we were making numerous applications, O'Connor applications, saying we need that evidence, and they refused.

Shawn Buckley

And I'll just clarify for the commissioners. Because you were being charged criminally, there was a constitutional obligation to give you all of the relevant records, which would include Ezekiel's medical records. But Alberta Health Services was at the end of the day claiming they no longer had the records. Am I right about that?

David Stephan

That is correct.

Shawn Buckley

Not that you weren't entitled to them, but they just, they've disappeared.

David Stephan

Yeah. And I may be incorrect in this, but my understanding is that it's unlawful to proceed with criminal charges or criminal proceedings within the courts without providing a full disclosure. So we ended up going through two trials being deficient, but more so deficient in 2016 than we were in 2019, where we ended up with a couple hundred more pages of medical evidence than we had in the 2016 trial.

Shawn Buckley

Right. So the end of the day is you're not able to say what happened for those 65 minutes?

David Stephan

No idea.

Shawn Buckley

After what you've already shown us.

David Stephan

The last thing that we have is 50 over 30 and 30 over 20 blood pressure, and then all of a sudden a blackout. So we have no idea what took place, other than we knew that he was going into crisis.

Shawn Buckley

Right. Okay. So this is what you know today. But at the time, you guys basically end up leaving Ezekiel. He goes in the ambulance to Lethbridge, and you guys are off to Children's Hospital in Calgary by car.

David Stephan

Correct. Yeah, that's absolutely correct. And then I have just a few more slides that would highlight what took place while we were on the road to Alberta Children's Hospital and what was taking place with Ezekiel at the same time—and why we ended up beating the STARS helicopter to Alberta Children's Hospital, even though we had to go home and pack in the meantime as well.

Shawn Buckley

Well, and drive to Calgary in a snowstorm. How long does it typically take to drive to Calgary from Glenwood?

David Stephan

Two hours.

Shawn Buckley

Okay, so you had to go home which is about what, 20 minutes?

David Stephan

At the speed that we would have been driving, probably about 20 minutes at that point in time.

Shawn Buckley

So you had to go home, drive that 20 minutes, pack, and then drive the two hours to Calgary, and you beat the ambulance helicopter.

David Stephan

Correct.

Shawn Buckley

Okay.

David Stephan

By a half decent amount, too. I think it was about the better part of an hour.

Shawn Buckley

Right. Okay, so do you want to share the slides that you have then?

David Stephan

Yeah. So the initial intent was to do a quick rendezvous at Lethbridge to meet up with the STARS ambulance and not to delay, but to get Ezekiel to Alberta Children's Hospital as quickly as possible. But as we see, there was 65 minutes of lag time where Ezekiel was at the hospital for some reason, and it would appear that it was to stabilize him based on the crisis that had just occurred. And so when we take a look at it real quick—and I'm going to go back to the rocuronium bromide here—but when we take a look at the insert, this might provide a little bit of understanding as to what took place, but then highlight some real concerns after the fact.

So what we have is the insert here for rocuronium bromide. If we go to page two, we're going to see these cautions. And when we go down, we see potentiation of resistance, severe acid base, and/or electrolyte abnormalities. Now, we just identified that there was an electrolyte abnormality that they actually were attempting to correct that caused Ezekiel to begin to over breathe and to have a significant reduction in his epinephrine, because his heart started to work on its own.

They just corrected that, or they were in the process of correcting it, when they are now applying rocuronium bromide, which is contraindicated for electrolyte abnormalities. It *may potentiate or cause resistance to the neuromuscular blocking action of rocuronium bromide. No data are available in such patients and no dosing recommendations can be made.* So if somebody has an electrolyte imbalance or abnormality, there are no dosing recommendations for the rocuronium bromide.

If we go onto another site here, drugs.com, what we find is that, although rare, but obviously probably less rare when you have a situation with somebody that is contraindicated for the drug, is that you can end up with circulatory collapse. And we saw that. They gave him the rocuronium bromide. He was looking great, gave him rocuronium bromide, and all of a sudden his vitals are declining significantly, quite rapidly, where they're having to make rapid medication adjustments.

Shawn Buckley

And then the medical records end for 65 minutes.

David Stephan

And then the medical record, exactly. Then we have a black hole for 65 minutes where we have no idea what happened. So what we have here is the STARS report. And this is where it gets interesting. And Dr. Shawna Burkholder's testimony in 2019 qualifies that there's something interesting about this. I don't know the full details yet, but this is what I do know, is when we take a look at the STARS ambulance report what we see at the top there at 1:44 in the morning when they're transporting him.

Now remember, they're getting to the Lethbridge hospital just after midnight. And so now at 1:44 they've got him in the STARS helicopter and they're administering 11 milligrams of rocuronium. We see right below it at the 2:00 timestamp—so 16 minutes later—we see quotations and it says: *as above*, though not very legible, but *as above*. And then we see at 2:15 quotations saying: *as above*. So they triple dose for the rocuronium.

Now of interest, the rocuronium, its effects will last generally about 30 minutes or longer. But within a 30-minute time period here they've just given them three of the largest doses that you would give to an adolescent. Now, when I was cross examining Shawna Burkholder on this, trying to get clarity as to why would you do three doses, she was incredibly adamant that the quotations weren't for the rocuronium, but that they were for two lines above, which would become quite confusing. But she was adamant, she was not willing to admit that that dosage, that the 2:00 timestamp was rocuronium bromide.

Unfortunately, there was a lot of needles in the haystack because of the vast amount of medical evidence that we had, that we missed this in cross examining her, but later on realized in hindsight that she was not telling the truth, and didn't understand why she was so adamant that it wasn't a dose of rocuronium bromide.

Because it was only just, I believe, the next page or a page later that would identify this when we go to it, that at that 2:00 timestamp—as we see up in the top left hand corner there—that there was in fact a dosage of rocuronium bromide of 1 milligram per kilogram of body weight, that that 2:00 timestamp was, in fact, those quotations were referring to another dose of rocuronium bromide that could not be justified. And then if we go down, we see another dose of roc bolus. I can't make heads and tails of that timestamp, but it's not the 2:00 timestamp. So we know that there were multiple doses of the rocuronium bromide being applied.

And it's at this point in time that I should probably make note. I don't understand all the details with this, but I should make note that there is legislation in Alberta that would incentivize the—for some people it would be deemed as the “ethical euthanasia of patients.” Because had Ezekiel survived, we could have sued, based on this previous evidence that we saw as to what took place with medical misadventure. We could have sued for millions of dollars. If he was to die, we could sue for just over \$80,000, is what the legislation in Alberta caps it out at for wrongful death.

And so in relation to the theme of: Are Our Children Safe?, it's important to note that there is legislation on the books that could potentially lead medical personnel to make decisions that would lead to the loss of life, if they deem that that individual may not have quality of life.

Shawn Buckley

Okay, I'm just going to actually want to ask Collet the next question. And it's just we already pulled out that there were two trials, and both of them there was finding that it wasn't bacterial meningitis. And that the chief medical examiner, the best pathologist in the province, just said there's no way this is bacterial meningitis. And the slides are still there in the medical examiner's office if they wanted to get a third pathologist to look. But they refused to do that, to bring in another person to say, “No, no, I've looked at them also.”

But the media just never reported that actually Ezekiel didn't have bacterial meningitis. It was “bacterial meningitis, bacterial meningitis.” And, Collet, one of the things that the media reported in making the whole country hate you was they were saying that you were treating bacterial meningitis with maple syrup. Do you remember that?

Collet Stephan

Yes, they were.

Shawn Buckley

Okay. So first of all I'd like you to just basically describe, because you talked about Ezekiel waxing and waning. So basically, he came down with what you believed was the croup on, I think, a Monday or Tuesday.

Collet Stephan

Correct.

Shawn Buckley

But, you know, the following Sunday, he's running around church with other kids. Like, we're not talking about a kid who is really sick. And then he just seemed to get better, and then just kind of was not doing well. So do you want to actually describe the progression right down to basically the last day, so that people understand what you're viewing. And then explain to me the maple syrup thing, how the media twisted that.

Collet Stephan

Correct. Okay. Yeah, so we were attending a parent preschool with my oldest son and Ezekiel. And while we were there, he started to get, like, a temperature. You could feel that he was warm. And he actually just fell asleep while we were there. And it just kind of came and went, like that week, just his breathing, just like as if he's got croup is definitely what it sounded like. And by that weekend, we'd gone to church, and he was running around. And then come Monday, he seemed, you know, a little bit tired, but not completely run down.

And then come Tuesday, we had gone into—it was Lethbridge that day, right? Yeah. We had to sign some papers from selling our house, and we had stopped at a naturopath's office, and she gave us another tincture just to boost his immune system. And that night, that evening, I had gone to an event at the church. My husband had encouraged me to go because I had been with the kids all week. And Ezekiel laid down for a nap, and he was like, "This is a good time. You know, go and visit."

And while I was there, he had called me and said that Ezekiel had woke up but his breathing was different. So I got in the car and came straight home, and he was on my lap, and he had stopped breathing. And so I took him to our room and I laid him down, and I started CPR. And after a couple breaths, I turned him on his side, and he started coughing, and some mucus had come out. And at that point, my husband had called 911, and I just had him on his side, and I was patting his back. And as long as I was patting his back, it seemed like he was breathing with every pat on his back.

And so the media had started reporting that we were giving maple syrup, horseradish root, some smoothies with garlic and all kinds of things, which we weren't treating him with anything like that. I did put maple syrup in his water just to give him, like, more boost from being sick, because there's a lot of nutrients within maple syrup. But not as a cure to fix him, but just to make sure that he wasn't getting dehydrated at all. And we gave him smoothies, but that was a daily thing that he always got.

Shawn Buckley

Right. So, first of all, is you didn't think he had bacterial meningitis anyway?

Collet Stephan

No.

Shawn Buckley

Let alone that two courts found that he didn't. So when the media is saying you were treating bacterial meningitis with anything is—like in your mind, that'd be like the media saying you treating him for leukemia with something, because nobody's told you he has bacterial meningitis.

Collet Stephan

Correct.

Shawn Buckley

Right. And you didn't believe he had bacterial meningitis?

Collet Stephan

No, I didn't.

Shawn Buckley

You just thought you had a sick child.

Collet Stephan

Yes.

Shawn Buckley

And you were trying, like, vitamin C and things like that.

Collet Stephan

Yeah, we were giving him nutrients, just like in his smoothie, because he was only one and a half, so it's not like he could swallow pills or anything.

Shawn Buckley

Okay. I just bring that up because, like literally, I remember some juror said, "I can't sit on this jury" when we're picking jurors. Like, I think you guys were the most despised couple in Canada, because the media was painting it as if: You knew he had bacterial meningitis, he's getting worse and worse and worse, and you're treating him with maple syrup or garlic or horseradish. And I'm just giving you the opportunity, both of you, to respond at the National Citizens Inquiry to those media allegations against you.

David Stephan

Yeah, it was definitely, you know, I guess to provide clarity. It was CBC that really led the charge on that, in establishing that narrative. And in fact, we had two different reporters come up to us that were attending the case at that time, when CBC first launched that narrative of trying to cure bacterial meningitis with fruit and juice and maple syrup and all that.

And two of the reporters independently at different times, one came and said that their supervisor had gotten mad at them and said, "Why didn't you get me that story?" And she reported, "Well, because it's not true." Unfortunately, within about three weeks it must have been the truth, because now she was parroting the same thing.

But then there was another reporter who also came and said, "You know, what CBC did to you is just, you know, basically despicable." He'd be removed and replaced off of the case. That media outlet would still be attending the case, but within about a week or two, he was off of it because I don't think he was giving them the stories that they wanted. And so there was at some point in time, a display of integrity from some of the media in contrast to what CBC was doing.

But it got so bad, in fact I just discovered about three days ago a spam folder in my Facebook messaging, and I started going through it. And you can actually see, at the times that CBC would launch articles you can see the amount of hate mail that I would get at just those particular times. It can be correlated directly with what the media was doing at that time. And then when the media wasn't reporting, I wasn't getting that. And largely that spam box is full of supportive messages at other times.

And so it's just really interesting to note the impact that the media had, to the point that when I was wrongfully convicted and end up in jail, that upon intake into the jail, the officer said, "You can check general public if you want, but I'm not putting you there." And so I got put into solitary confinement for three weeks because of the risk that it would have been to have me amongst other inmates based on the media that they had seen.

Shawn Buckley

Right. And my understanding is both of you have received death threats over this.

David Stephan

Correct. We've received a couple dozen death threats that we're aware of, but it may be more than that. I just discovered that spam box and I haven't gone through it thoroughly.

Shawn Buckley

Right. And another theme in the media was that, I mean, I referred to this as a vaccine show trial because it was all about, you know, "well, he wasn't vaccinated, he wasn't vaccinated." And Commissioners, I'll share with you, and it will be part of the court record because it will be part of the transcript, and Mr. Stephan's referred to it.

So the preliminary inquiry, it's like, well all vaccine, and then they get served with the two expert vaccine experts who basically debunk all of that. And all of a sudden it's not about vaccine. There's actually an agreement with the Crown in front of the judge that the word "vaccine" won't be mentioned by anyone, and if a witness brings it up, we just won't go there, and the judge will even charge the jury. This has nothing to do with vaccines.

So that evidence isn't before the jury or, you know, Justice Claxton for the second trial. And yet the media is reporting, "Oh, you guys didn't vaccinate, didn't vaccinate, didn't vaccinate," when the trial has nothing to do with that. So what were your thoughts about what was it like to basically be living as the parents that, according to the media, basically killed your child because you were so irresponsible, you didn't vaccinate, when it's not an issue at the trial. What was it like to go through that experience?

Collet Stephan

Well, being in public, there'd be a lot of second looks. There wasn't too many people that would approach, at least me, but you could see on their face how they felt. We had friends and family that changed their perspective on us and didn't want to have anything to do with

us anymore. But because of those threats, it did become concerning for our children and we wouldn't take them out in public too often. And I found for myself, I became quite a helicopter parent, watching over them, what they were doing, where they were, always attentive to who was around them. A lot of fear of somebody coming to just grab my children and run away thinking that they're protecting my children. And so there's a lot of nightmares that came along with that. Yeah.

David Stephan

I found it interesting that even amongst the community that had reservations surrounding vaccinations, that based on what the media had done to us, it even created a major rift or divide in that community, where we were being isolated from those people saying those are, you know, those extremists are the ones you want nothing to do with based on how the media had painted us.

Shawn Buckley

Yeah. And it's interesting because the legal issue is just basically, did you seek what they would refer to as “proper” medical attention, meaning the medical system, soon enough. And this all happens Tuesday evening, am I correct about that? Do I have the calendar date? So, Collet, what happened? Because the impression the media had is you just had this such terribly sick child and you didn't do anything, you didn't go to the doctor. Can you tell us what happened, Collet, on Monday morning?

And first of all, Ezekiel was the Sunday before running around a church, because we have the paramedic Dora Lambert testify he saw Ezekiel running. Like he was confused when he heard about Ezekiel's death because, wait, I saw him a day and a half ago running around with other kids. Like, literally running with other kids. But you had somebody come and visit you on the Monday morning, and David, you had somebody visit you on the Monday evening, and they both interacted with Ezekiel.

Can you share with us, each of you, what happened there? Because I just want people to understand when the media is saying, “Oh, you had this sick child and you didn't take Ezekiel to the doctor, hospital,” but we're talking about something that happened Tuesday evening. Sunday before he's running around with other kids at church. And what happened Monday morning?

Collet Stephan

Right. So I had called my midwife, who at that time was also a nurse, and I just asked her.

Shawn Buckley

Can I just clarify that she worked at the emergency department and had so full-time for 10 years?

Collet Stephan

Correct. And so I asked her if she would be able to come out just to assess Ezekiel, take his vitals, just to see if there's something that I'm not seeing. And so she did come out, and he was napping at the time, and she checked him over, did the triage, what she would have at the emergency, and checked his vitals and didn't see any concern with him. And so as we were visiting, she did mention that there was a case, I can't recall if it was about two weeks prior or a couple weeks prior, in the Cardson Hospital, of bacterial meningitis. Which that was the first time I even heard of that term before, and so I started looking up the symptoms of bacterial meningitis, and some of them correlated.

Shawn Buckley

And she did with you, right?

Collet Stephan

Correct. Yeah. And so there was a few that correlated with, like the flu, but everything else on there that was pretty extreme, of seizures and high temperatures, and blindness or blinding, and hearing loss. He didn't have anything like that whatsoever.

Shawn Buckley

Can I just fill in? Because she testified, and her evidence will be part of the transcript that's entered. My understanding is she's talking about that and her looking at it, but she said, "I didn't see anything of concern. I didn't say go to the hospital or doctor or anything." She didn't find anything concerning. And she's got a stethoscope there. She's doing her makeover.

David Stephan

Within her testimony, I think it is in the first trial, she states that she saw no runny nose, mucus in the eyes, anything indicative of an infection. And then my recollection based on— Well, so what happened is before Collet had met with Terry Meynders, I had come home for

lunch, and we'd had a discussion, and Terry Meynders was coming by that week anyways and Collet's like, "I should just have her come over early because Ezekiel just, you know, had a rougher night last night and kept me up."

And the conversation comes up because he has, you know, not the best night, but yet he had been doing better, you know, the days before that. And so, of course, the conversation comes up, "Well, do we take him to the doctor? Do we not?" I'm like, "Well, I don't see a reason why, but, you know, go ahead, consult with Terry Meynders." So the rationale as to, or I guess the information that was wanted to be obtained was: Do another opinion, do we take him to the doctor or not?

When I showed up later that evening after Terry Meynders was gone, Collet reiterated to me that Terry said, "If you were to take him to the doctor, that you'd likely be turned away based on the lack of symptoms," which I agreed with.

Shawn Buckley

Right. Because you're interacting with Ezekiel. What happened that night?

David Stephan

That night was uneventful.

Shawn Buckley

Didn't you have a visitor?

David Stephan

Oh, my apologies. Okay. I was thinking that we were fast forwarding a little further because for Ezekiel it's uneventful, and he's actually just progressing. But, yes, my father came by. We were kind of almost in a state of celebration because we had just been fighting some legislation that was, you know, a little bit tyrannical, and we had won. And so anyways, he had come by, and we were discussing matters, and he came and took a look at Ezekiel. And I just asked, said, "Hey, you know, like, can you pray for Ezekiel as well? Just want to make sure that, you know, he's getting all the love and, you know, that he's going to get better," all that type of stuff.

So he saw Ezekiel. It was uneventful in that way, that there was no recommendation to take him to the doctor. And my dad is, you know, a father of 13 children, and so he's very well

experienced in relation to children and taking them to the doctor when it seems appropriate. And so same thing from him. There was no concern.

Collet Stephan

So he was sitting on his lap, crawling all over the bed, like.

Shawn Buckley

Right. Yeah, I'm just trying to get out of you guys that there were other people independent of you that testified, that had seen Ezekiel, and then also your own observations. Because the whole issue at the trial was: Did you react soon enough? So I'll leave it at that and ask the commissioners if they have any questions of you, except to kind of ask if—I guess I do have to circle around. Like, you found that the doctors basically became agents of the state. And I just want your comments on perhaps giving parents advice as soon as they start to suspect that something might be going south with regards to your child. I think maybe it's important for you guys to speak about that.

David Stephan

Okay. Since going through this, we've become a bit of a magnet for parents going through crisis or having concerns in relation to interfacing with the medical system. And I've fielded a lot of calls, done a fair bit of consultation, if you will. Ironically, one was with a medical doctor, and her colleagues had turned against her and she lost custody of her daughter. And it became this big rigamarole where she was deemed to not be competent to provide medical attention to her daughter. But yet here she was still working as an emergency room doctor providing medical care to others.

And so people are terrified. Parents are terrified because they're in a position of, you know, between a rock and a hard place, where they want to interface with the medical system that's supposed to be there to serve them, and they want to do so to ensure that their children are getting the care that they may need. But they're also concerned about if there's a recommendation made that they don't agree with and then second guessing it or asking for a second opinion, and then all of a sudden child and family services is involved and it becomes more of an authoritarian thing than it is a service industry that's supposed to be there to provide care.

And so when it comes to parents wanting to navigate that, well, two things that I would make recommendation of—especially given the fact that we went through a lot of court proceedings, we've had a lot of further interaction with the doctors that we thought were

there to help us, that we thought were there to help Ezekiel—is to record. If you are engaging in the medical system, record everything.

And the reason being is, had we recorded everything it wouldn't be just conjecture, you know, coming before the courts four or five years later saying: “Yeah, but you said this and that left— You know, it was quite emotional, hence why it left that print on us that we know you said this because we were actually trying to correct that. And now you're saying that you didn't say that and we don't have medical evidence to support it.”

And so, record everything. And even if the doctors are aware that you're recording, that may actually keep them in check a bit. But be as proactive as you can in relation to the health of your children so as to avoid interfacing with the medical system as much as possible. And it's a sad state of affairs when we find ourselves in that position where people are genuinely terrified of the medical system, that no longer are they seeing it as a place where they're going to get proper treatment and care, but that it's more of an authoritarian structure.

Collet Stephan

I'd like to add, I agree with Dr. Paul Thomas that if you do need to go in, don't go alone, have support. So if you're unable to record, that they can record for you, and you have that extra support.

Shawn Buckley

And just because the video of your evidence will be a separate thing eventually. So, for those watching, we just had a pediatrician, Dr. Paul Thomas, testify before you. And during his testimony, he gave the advice that you should not, as a parent, go to the hospital alone, but you should take somebody with you so that you can resist pressure, you know, that you'll need to resist. So I was just filling in the context. So is there anything else that you guys would feel that you should add before I turn you over to commissioner questions?

David Stephan

Yeah, actually, I'll show just one more slide to highlight how terrible the whole situation was. And this comes on the heels of mention that Terry Meynders, the midwife/nurse, didn't see any evidence of infection after she checked his vitals and whatnot. And so what's of interest is that she wasn't alone in this. What we have here, after all the evidence— In fact, there were slides that I didn't show there that also showed a case of going from hyponatremia to hypernatremia and raising sodium levels too fast that would actually cause osmotic demyelination syndrome or severe damage to the pons area of the

brainstem, causing further brain damage to Ezekiel. And the evidence is absolutely glaring there. But even after all of these situations, the medical system was looking for an alternate cause of brain death, rather than owning the fact that there was three hours of hypoxic injury. And there was—

Shawn Buckley

Yeah, and I read what you put up, and I'll just add there is a CT report. And this isn't it, the official report, but it's part of the Record that ruled out brain swelling as the cause of the hypoxic injury. It found no brain swelling. And the mechanism of bacterial meningitis causing the death would be the brain swelling and basically shutting the heart and breathing down because of the pressure in the brain. So the CT report ruled out, even if Ezekiel had had bacterial meningitis, it would not have progressed to the point where it could have led to his death. But it ruled out any brain swelling.

David Stephan

Well, sorry, just for the record, to correct that there was brain swelling, it ruled out meningitis as the cause of the brain swelling.

Shawn Buckley

Right, because once you've had the hypoxic injury, you're getting brain swelling.

David Stephan

Exactly.

Shawn Buckley

As soon as I said that, I realized, oh, no, no, I remember that.

David Stephan

So, remember, pre-CT scan, three hours, hypoxic injury, and he was already at that point in time, about two or three hours into osmotic demyelination syndrome or central pontine myelinosis, whatever you want to call it. But either way, it's brain cells literally shredding from the osmotic transference of intracellular fluid to extracellular fluid, shrinkage of the cells too fast, and the axons actually sever.

And so what we find here is they acknowledge that though at the same time that they're phoning the police on us, that they're phoning Homicide on us and Child Family Services. At that same time, they're also phoning PADIS, Poison and Drugs Information Services. And this is what they're indicating to PADIS: that there's no objective evidence of an infection. *Initial suspected diagnosis was ?meningitis however CT scan ruled it out.* They've acknowledged that.

And yet here, they're still avoiding what truly caused the brain injury. They're looking into the herbs and everything to see if one of those could be blamed so that they could throw it back on us. And eventually they have no choice but to come up or to work with the bacterial meningitis narrative to absolve themselves of the responsibility of the criminal negligence that resulted in Ezekiel's death.

Shawn Buckley

Can I be cheeky? In all fairness, they were missing 65 minutes of medical records. But I'll turn you over to the commissioners.

Commissioner Bohémier

Okay. I just want to understand well the story. Do you have other children?

David Stephan

We have.

Collet Stephan

Yes. We have four other children besides our son that passed.

Commissioner Bohémier

And Ezekiel was.

Collet Stephan

He was our second child.

Commissioner Bohémier

The second child.

Collet Stephan

I was pregnant with our third during this time.

Commissioner Bohémier

Okay, and so the real cause of death is a brain death.

David Stephan

Correct. Due to medical misadventure.

Commissioner Bohémier

The trials were to hide the malpractice.

David Stephan

I think one element of it was to hide what they had done. And sometimes the best defense is an aggressive offense. But also it would become a trial that would attempt to set a vaccine precedent in Canada. And then when they had to drop that, it would become the biggest choice of care case in the history of Canada. Where now, in essence, what they're doing is they're targeting us over the fact that we favour natural medicine over allopathic medicine. And CBC would even springboard off of that shortly after the wrongful conviction in 2016, where they would run cross-country or countrywide radio shows, bringing into question the licensing of naturopathic doctors, using our case as an example.

Commissioner Bohémier

Okay, so I need to understand clearly what was the allegation for criminal negligence? It was because you didn't give him a vaccine? Because you gave him herbs?

David Stephan

Yeah, so the vaccine element would become part of that, that we had a higher onus to seek medical attention because we chose not to vaccinate. That was one of the theories that they were going off of, or the principles that they're trying to establish. But further to that, they were trying to highlight that if he had bacterial meningitis, these were the severe symptoms

that you would have had to have been ignoring as parents. And as such, you should have sought medical attention when you saw these signs of bacterial meningitis.

And that's where the whole issue surrounding causation of death came up, because bacterial meningitis comes with some very severe symptoms. But if he didn't have bacterial meningitis, but actually had an electrolyte imbalance, and all the symptoms that he had match that, like a mild to moderate chronic form of hyponatremia, it changes the story altogether.

Commissioner Bohémier

And since you had other children, what happened with Child Protection Services? Were you targeted?

Collet Stephan

No, they didn't come and take any of our children.

Commissioner Bohémier

So you had criminal charges for having killed or having been negligent with one of your kids, and they let you have the other kids without any intervention?

David Stephan

It was quite a peculiar case in that way. There's a lot of peculiarities, I guess, or anomalies that you wouldn't see typically. But just for clarification purposes, one of those anomalies or things that made it quite peculiar is the fact that this case of failing to provide necessities of life was not accompanied by any allegations of negligence.

Commissioner Bohémier

Okay.

David Stephan

In fact, which makes it very abnormal because almost always charges of failing to provide necessities of life would be accompanied by also criminal negligence or criminal negligence resulting in death. And that charge wasn't handed out. In fact, the judge in the first trial at one point in time digressed and said, "You know, this is quite an interesting case

that comes before the courts today, because all the evidence before the judge or the courts and the jury is that the Stephans are loving, caring, attentive parents, which is exactly the opposite of negligence.”

And so when they achieved the wrongful conviction, that's when the Crown actually came up with a theme that they made it very clear. We know the Stephans love their children, but sometimes love isn't enough. And that would become headlines across Canada—Sometimes Love Isn't Enough.

Commissioner Bohémier

So when they dropped the allegation regarding vaccination, what were the arguments to continue the charges, the criminal charges?

David Stephan

Yeah, I was naive in thinking that they would just drop the case, thinking now where are they going with this? But they would use it to attack, at one point in time, the fact that I'm involved in a supplement company, that I was actually raised in a family where my father developed supplements for the use in psychiatric care and helping people come off of psychiatric medications, and very deeply researched and scientifically validated.

And so they would use it to attack that, because we had been previously about a decade before in the courts with Health Canada, and we won. And so they would use that to try to slander what we were doing there. They would try to use it to slander homeopathic medicine. The fact that they tried to paint the picture that we had gone to a naturopathic doctor rather than a medical doctor, when supposedly Ezekiel was in a time of crisis, which he wasn't.

And so that's where they were going with it. It was making it a matter of choice of care. And in fact, just previous to the 2019 second trial, the judge who was managing the case, he was the second top judge in Alberta, ACJ Rook or Associate Chief Justice Rook, John D. Rook. He would digress at one point in time, and basically, I don't know if he was trying to instruct the media or what, but he said, “Just to be clear, it's not negligence that brings the Stephans before the courts today, but rather choice of care.” So it was very highlighted that this was about our rights to natural medicine. So really it came down to, it was a medical choice case and a parental rights case in Canada.

Collet Stephan

Well, and I think also to note, when the Crown appealed as well, the three judges on that one, they then deemed that if Ezekiel had been vaccinated that this wouldn't happen, even though there was no expert witness put before them to even make that claim.

Shawn Buckley

Can I add, just as counsel on that appeal. So Commissioners, we'd already pulled out that vaccination was not an issue at the trial. So nobody led evidence on vaccination. And the appeal had nothing to do with vaccination, it was actually just on some legal issues: Should the judge have relied on this?

And the Court of Appeal ordered a new trial, but the Court of Appeal came out and basically said there is an onus to vaccinate, and parents that don't vaccinate have a higher onus to seek medical attention—which floored both the Crown and defence, because you can't even raise new things at the Court of Appeal where you haven't created a factual foundation. And here you had both parties deliberately not lead evidence and by agreement would steer witnesses away from that issue, and yet we have the Court of Appeal, without any argument on it coming out and giving strong directions. And that in itself is part of the story of what's going on.

So why would the Court of Appeal come out and basically give medical directions and presumptions for future courts on that issue where there was no factual foundation? And the rule is you just don't go there as a Court of Appeal. You don't let the parties raise it without a factual foundation being laid at trial and it being argued at trial—two conditions. So it was neither: no factual foundation and no argument, and no appeal on the point. So it was very, very interesting. I think I just wanted to kind of flesh that out.

Commissioner Bohémier

So if I understand your testimony correctly, you're saying that proof was hidden and proof was forged, or at least an expert report that wasn't true.

David Stephan

Yeah. So, if we were to break down real quickly the autopsy report, the two causations of death was bacterial meningitis or overwhelming bacterial meningitis, where they used non-clinical research methodology. That's just their fancy terminology for using a PCR report that was not approved for diagnosis. And so that got the scant amounts of haemophilus influenza in the cerebral spinal fluid. But then also the right pleural empyema, which there was the withheld X-ray that when we obtained it, completely debunked that because my

son arrived with clear lungs to the hospital. And so you can't—yeah. So yeah, it was, absolutely, when you break it all down, the autopsy report was falsified.

Commissioner Bohémier

Okay. So in your opinion, who hid and who forged the proof? Was it the medical system or the justice system?

David Stephan

Well this is where, you know, you have the marriage of the medical system and the justice system. When you have the Chief Medical Examiner's Office, that's not under Alberta Health Services, they're medical personnel. But they're hired by the Alberta Solicitor General's Office, so they're part of Justice Alberta.

And so when we take a look at it, we look at the fact that the 18-page letter was supplied from an upper in Alberta Solicitor General's Office to the Medical Examiner, in essence stating that Ezekiel had died from bacterial meningitis. You have to take a look at it and say, well, you have numerous parties that stand to benefit. Alberta Health Services gets to cover their tracks. Alberta Justice gets to push forward an agenda against a well-known family that's been in the courts with the government for the previous decade.

Commissioner Bohémier

Thank you.

Commissioner Robertson

I can't imagine ever going through what you have been through. You answered my questions, but I just said I will pray for you.

Collet Stephan

Thank you so much.

Commissioner Robertson

You don't deserve this. You're great parents. The other thing is the bromide overdose, that seems to have been another cover up.

David Stephan

I still haven't fully figured it out other than they're trying to hide it for a reason, and the fact that we see clearly that every time that it was administered it would have a very negative impact on the cardiovascular functioning of Ezekiel.

Commissioner Bohémier

We are sorry for your loss.

David Stephan

Thank you.

Shawn Buckley

I will just clear up something that's come up from the questions just so that it's clear to the commissioners. Alberta Child Services did get involved. Can you tell us about that? So just, because it's left with the impression they didn't investigate you at all, when they did investigate and then just "no problem here" and left you alone. So can you share with us what happened and how quickly that happened?

David Stephan

Almost 48 hours after—no, I guess we were almost awake for 48 hours at the point, getting pretty close—but we're now in Alberta Children's Hospital. We've been at Alberta Children's hospital since about 2:30 that morning and it's now 10:00 at night, 10:00-10:30. And Child Family Services, two agents are there, and they're interviewing Collet and myself. And we're traumatized, we're sleep deprived, we're hungry, we're just, we're a wreck.

But even in that state they interviewed us and they came back with just simply recommendations that: You take Ezra, our older son, to get some blood work just to make sure that he doesn't have some kind of infection as well, and that upon completing that, that the case would be closed, that the file would be closed. And so that closed, I guess, within the week of Ezekiel's passing.

Shawn Buckley

Right. Because I think it's important for people to understand you were examined, and they concluded that there was no difficulty with you as parents to warrant their intervention in the family.

David Stephan

Exactly.

Shawn Buckley

Other than please get Ezra checked out.

Commissioner Drysdale

I just have two quick questions. You said that you went to jail?

David Stephan

I went to jail in 2016, I think it was June 25th, I believe, if I remember correctly, up until the second week of July.

Commissioner Drysdale

And that was as a result of the conviction during that trial.

David Stephan

That's correct. So I was sentenced to four months in jail, and we appealed. And so by week three, all the documentation had been completed and an agreement had been made with the Crown that they would release me upon conditions. But meanwhile, at the same time, the Crown was appealing the sentencing and actually seeking for three and a half, no, three to four and a half years for both Collet and I.

Commissioner Drysdale

Well, that's where I'm going on this question. I mean, from what you described to me, in the care of your children, you're a team. You know, you're interacting back and forth. You made decisions together as a team. Why is it, and I apologize for this question, but why is it you were only sentenced to a prison term or a jail term?

David Stephan

I have a big mouth. I was deemed unremorseful because I was still highlighting the double standard that criminal negligence had occurred with Alberta Health Services, that they had mismanaged the ambulance services so they didn't dispatch the right ambulance. And the ambulance that they provided was lacking in the equipment necessary to preserve Ezekiel's life so he could get stabilized and corrected.

And I was highlighting that, saying, "Look, if you're going to, you know, try to convict me, where's the people in Alberta Health Services that pulled that life saving equipment, putting at risk not just my son, but also other children within the south zone of Alberta." And that wasn't taken very lightly, and so I was deemed unremorseful. And as such I received a higher sentencing, or worse sentencing than my lovely wife who maintains her silence.

Commissioner Drysdale

One last question. I can't remember his name, but you talked about the original doctor who was going to perform the autopsy, and it seemed that he used tests that weren't appropriate. It seems that he accepted interference or allegedly accepted interference from an outside party. Were there any consequences for that doctor?

David Stephan

No. But he would move down to the States, conveniently at about the same time that we started to release a lot of information online in 2018. Maybe he was already moving down to the States, I don't know. But he moved down to the States about a month after we had released all this scathing information showing the egregious things that had taken place, including perjuries. And he would, two years after that, end up on credential fraud investigation in both the state of Kansas and the state of Indiana. And then he would eventually end up with his own criminal proceedings for another matter as well. So it seems like justice has a way of making its rounds.

Commissioner Drysdale

So I just want to make sure I understand that right. So the doctor that initiated these tests and used the PCR test, which is not a diagnostic test as we've heard testimony, there was no charges against him, but he left Canada sometime after, and then he has had some other charges against him, including credentials fraud, did you say?

David Stephan

That's correct. Yeah, credential fraud investigation.

Commissioner Drysdale

I apologize, I do have another question. You know, one of the things we keep hearing over and over again in these hearings, going back even through last year is FOIA requests, FOIA requests, FOIA requests. I'm not going to pretend I know what the ins and outs of that are, but did you do any FOIA requests to determine whether or not there is any correspondence between government officials and the CBC? And what I'm trying to get at is we're all aware of the Twitter papers and what was going on in the United States. I'm not sure if a person can do a FOIA request to the CBC or not, but certainly you could have, to whoever was— I'm trying to find out, was there a direction, is what I'm asking?

David Stephan

Yeah, you know, that's a great idea. I never got around that far, though it has crossed my mind. But I was left a little bit discouraged when we first tried to start doing FOIA requests, and we did one in December of 2017, right after we lost our first Alberta appeal. So we started to really dig in, and I did a FOIA request with the RCMP at that point in time to make some discoveries there. They have 30 days to respond. I didn't get a response until, I think, July of 2019 from them saying that they're denying my request. So that's been kind of the stonewall that for some reason with our case we've come up against, and it seems persistent, that we just thought we'd focus in on what we could at that time, that we knew we were going to get results from. Because the government wasn't playing fair at all.

Commissioner Drysdale

I'm so sorry for your loss. I'm a father of six and I also have five grandchildren, and I can't imagine. I honestly can't imagine. Thank you.

David Stephan

Thank you.

Shawn Buckley

Commissioners, because of that question, you've raised an issue that I think should be framed for you to consider, and it's on the issue of sentencing. So the Crown wanted several years in jail for both parents and actually appealed that issue. So we have parents who have other children. The state has investigated and agrees they're great parents, and the court, as a finding of fact on both trials finds these are great parents.

And the issue when you're saying, "You acted criminally because you didn't go to the hospital soon enough," I mean, every parent has that. And I'm sorry, I'll tell my age because I'm in Fahrenheit, but you have those conversations, right? Oh, the temperature is 103. Do we go to the hospital or do we wait until it's 104? Like, we all have been in that situation, because you don't want to engage the system if you don't have to and most things resolve.

Well let's say you get that wrong. So it's best faith. Like, everyone agreed: the Stephans were acting in the best faith. They were doting parents. So both trials where they're convicted and where they're acquitted, everyone agrees they're super parents. We have zero concerns with how they raise their kids, but this one time, this one short moment they got it wrong and didn't go to the hospital quick enough.

So where's the public interest then? Because everyone would agree if you take children away from their parents for several years, put the parents in jail, what's going to happen to those other kids? It's a public interest concern that we were trying to address in sentencing, and the court never really gave us any direction on it, except, you know, Collet was allowed under house arrest so that she could stay with Ezra.

Commissioner Drysdale

But isn't there another part to that, Mr. Buckley? If they say that they've delayed in getting treatment to their child and that resulted in the death, does it work the other way, if you go to the hospital and you sit there for 14 hours and the child dies there?

Shawn Buckley

It's interesting because, you know, the Crown theory was bacterial meningitis. And my law office was inundated with communications, because this was an international trial. And I had parent after parent after parent send me the stories, and I likely still have the emails in the file where it's like: "Well, I took my child to the doctor and the doctor didn't do it. My child died that night of bacterial meningitis." Or, "I went to the doctor and the doctor didn't. And then I took to the hospital and both sent me home, and my child dies, like, that day." Like, bacterial meningitis can just sneak up so fast and become, you know, where it's a

problem so fast the system doesn't have time to respond, and doctors get it wrong and emergency departments get it wrong and nobody's held to account.

And yet here you're saying, "Well, this was bacterial meningitis and you got it wrong." And there seemed to be just blinders. Because, I mean, Collet, you'll recall this as, you know, you had described him being very lethargic in week one. But bacterial meningitis, if it got to the point where it was causing you to be extremely lethargic, it doesn't wax and wane. The child isn't running around at Sunday school the next day, and he's not going to playschool the following day. But they wouldn't rule like that. It just seemed to be they had it in their heads to convict, and it made no sense. But it was a curious theory because bacterial meningitis fools doctors and emergency nurses.

Commissioner Bohémier

Do we have to understand that those parents wouldn't have gone through what they had gone through if Ezekiel was vaccinated?

Shawn Buckley

That is a good observation.

David Stephan

Yeah. They likely wouldn't have had an agenda or an axe to grind, I guess, if we had vaccinated them. But the problem is failure to provide necessities of life. They're basically saying: "You saw something, or you're aware of something, you had knowledge, and you ignored it." Well, conversely speaking for those that understand the science behind vaccines, and this is where the evidence came forward with our expert witnesses, is that if we were to vaccinate today and harm befell our child, and we're already well-aware of those risks, are we liable because we just subjected our child to something that could cause them harm or death?

Shawn Buckley

You know, ironies. Remember I told you the Alberta Court of Appeal case, there're basically assuming that vaccines work and so that it's a factor in failing to provide necessities of life. It's a factor for the court to take into account that you're not vaccinated. Well, now with all the evidence we have, I mean, here we had Dr. Paul Thomas basically showing as a matter of fact that children that are vaccinated, and the more vaccinated you are, the worse the outcomes.

Well, if that becomes common knowledge because of this Alberta Court of Appeal decision, ironically, parents of vaccinated children now will have a higher legal onus to seek medical attention than parents of unvaccinated children—although the clear intent of the Alberta Court of Appeal was the opposite. There was a political, at least in my opinion. I'm concerned that they overstepped because the evidence wasn't led. But ironically, that case works both ways. Unintended consequences.

So we had spoken about there being an audio of the 911. That will be part of the court record. So eventually, and it will take some time because the NCI is a volunteer organization, is that audio recording of Ezekiel and the 911 call. It's difficult to listen to, but that will be available.

So, David and Collet, on behalf of the National Citizens Inquiry, I sincerely thank you for coming to testify. And I know that, Collet, for you this was emotionally difficult, because it's like you're in court again. And that's what was setting you off, was the court-like, because we are under oath and we are a quasi-judicial body. So thank you for being brave enough to come and share your story.

Collet Stephan

Thank you.

David Stephan

Thank you for having us.



NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 18, 2024

Day 2

EVIDENCE

Witness 3: Barry Neufeld

Full Day 2 Timestamp: 04:34:07–06:03:54

Source URL: <https://rumble.com/v5j4dp0-nci-vancouver-2024-hearings-day-2-october-18-2024.html>

Paul Jaffe

We're back on the record. Again, for the record, my name is Jaffe, initial P. The next witness is Barry Neufeld. Barry could you state your full name for the record, please?

Barry Neufeld

Barry L. Neufeld. N-E-U-F-E-L-D.

Paul Jaffe

Okay. And Barry, do you swear to tell the truth, the whole truth, and nothing but the truth so help you God?

Barry Neufeld

I do so solemnly affirm.

Paul Jaffe

Thank you. Barry, as you know, the subject of this week's proceedings with the inquiry is: Are Children Safe in Canada? In the context of that general theme, we're going to have you

give some evidence about the experiences you've had with some focus on your adventures through the courts and other institutions of supposed justice. Let me first have you confirm a few things about who you are and what your background is, and perhaps I'll just let you describe. What is your background, Barry?

Barry Neufeld

Well, for 27 years, I was involved in Corrections, about half of that with Youth Corrections. I was an employee of the Ministry of Children and Family Development, worked on multidisciplinary teams with child protection, mental health, police, alcohol and drug, physicians. And because of my interest in special needs kids, I was always endorsed and supported by the unions to run for the elected office of school trustee. And coincidentally, I was also elected to the Board of Education for 27 years.

Paul Jaffe

Okay, let me just capture that, and maybe what I'll do is lead you through some of this and you can expand on it as you wish and just confirm that it's accurate. You were a retired Corrections Probation Restorative Justice Facilitation Officer with the province of BC from '81 to 2008. Is that correct?

Barry Neufeld

That's correct.

Paul Jaffe

And from 1992, you served as an elected school board trustee in Chilliwack, and you completed seven terms from 1992 to 2008, and then from 2011 until, I believe, the fall of 2018. Is that right?

Barry Neufeld

No, 2022.

Paul Jaffe

Oh, '22 yes, you were re-elected in '18, I think.

Barry Neufeld

Yes.

Paul Jaffe

Yeah, okay. And really briefly if you can, Barry, describe what I understand, that while you were with probation services and working with the courts, you had a particular focus and your expertise was called upon by the courts in connection with victims of sexual abuse and other such areas. Is that correct?

Barry Neufeld

That's correct.

Paul Jaffe

Can you briefly describe your background in that field?

Barry Neufeld

Well, a probation officer is basically the eyes and ears of the judge in the community. And I would write pre-sentence reports which were basically assessments of sex offenders. And to do that, I also had to interview the witness and get a witness statement. My technique was always home visits.

Quite often when a person goes into a psychiatrist's office, they can say whatever they want, but I would visit them right in their homes and see how they lived and worked in close cooperation with the forensic psychiatrist to give the judge an idea of what kind of damage had been done.

Paul Jaffe

So by the time you were first elected to the Chilliwack School board in early 1992, you had had a considerable bit of experience dealing in that subject area with the courts of BC. Is that right?

Barry Neufeld

Yes. I not only took training at the Justice Institute, I taught a course at the Justice Institute how to supervise sex offenders. And at one time, we had a loose group of professionals who

worked with sex offenders and we met on a monthly basis to compare notes and to encourage each other. It was a very depressing, stressful job because some of the things that human beings will do to little children is absolutely horrendous.

Paul Jaffe

Okay. And you remained active in that field with probation services and with the courts here in BC right up until 2008. So you, by my math, had been on the Chilliwack School Board for roughly 16 years concurrently with your career as a probation officer, right?

Barry Neufeld

That's correct.

Paul Jaffe

All right. Now I wonder, just to take you through some facts in a chronological way, if we could put up on the screen, and I think the commissioners have it as an exhibit, a document that was filed in the Supreme Court of BC. It's called an Amended Notice of Civil Claim. It's in a case called Neufeld vs. Hansman. Do you have that in front of you, Barry?

Barry Neufeld

I do.

Paul Jaffe

Okay. Just for the edification of those who aren't aware of this bit of history. Glen Hansman was the former president of the BC Teachers Federation, and you sued him in an action that we see this is the claim in that action, correct?

Barry Neufeld

That's correct.

Paul Jaffe

And to give a brief overview of it: It was a libel claim directed at Glen Hansman as the only named defendant, who I understand was amongst a number of very high profile and powerful people, who you allege to have defamed you over the course of a year or so

through the print media, through television, and widely and successfully defaming you. That was the nature of your claim, right?

Barry Neufeld

It was. I had spent a whole career working with challenging special needs kids, even had a stepdaughter. And when he said that I was not fit to be around children, that was just too much of an insult. I couldn't take it.

Paul Jaffe

Okay. So yeah, let's review this claim so we can get the whole story as coherently as I'm able here. Paragraph 3 of the claim, if we can go to that really quickly, this just reviews some of your background as a Corrections probation officer. And you've referred to in the criminal justice system the people who have been: *victimized by intolerance, homophobia, racism, bullying, and bigotry*.

And you say in your claim, and I'll have you confirm it, that throughout your lengthy service on the board—there's a Chilliwack board, and you were still a trustee, I believe, at the time that you filed this claim, right?—

Barry Neufeld

Yes.

Paul Jaffe

—you had supported all efforts to advance tolerance and inclusivity in the school system.

Barry Neufeld

Yes, I was an advocate for our anti-bullying programs, which were very high quality.

Paul Jaffe

Okay. Paragraph four of that claim, you refer to a program called SOGI [Sexual Orientation Gender Identification], and its stated objective is to foster tolerance and inclusiveness for children who, by reason of sexual orientation or gender identity, may face discrimination. Could you explain as briefly as you can, because we've heard evidence about SOGI, but from your perspective, can you elaborate on that? Tell us about SOGI.

Barry Neufeld

Well, when I first spoke out against it, my fellow trustees didn't know what I was talking about because it had been implemented secretly and by a directive of the Ministry of Education. We subsequently had a training session by one of the creators of the program, and he admitted it's not primarily an anti-bullying program. It's to raise awareness of why people want to believe that they're born in the wrong body. It was teaching the very controversial gender ideology as if it was fact to all children from kindergarten to grade 12.

Paul Jaffe

Okay, now if we can go back to the claim just for a minute. Paragraph five, you talk about: Aside from SOGI, there had already been a fairly comprehensive anti-bullying program in the schools to address issues of that nature. It was called ERASE [Expect Respect and a Safe Environment]. Is that right?

Barry Neufeld

Yes, that made sure that nobody was bullied, and it was quite an effective program, I thought.

Paul Jaffe

Okay, and then paragraph six of your claim, you say: *Unlike ERASE, SOGI is founded upon a controversial and politicized ideology [which is] rooted in a belief that gender is a social construct rather than biological. And you say it promotes a controversial theory. It seeks to indoctrinate children to a "non-binary" perspective of gender. And it sought to curtail the use of gender-specific words as mothers, fathers, women, boys, girls, sons, daughters from common parlance. Can you elaborate on that?*

Barry Neufeld

Yes. When I first heard that this was part of the learning resource of SOGI, I thought: I cannot go along with that. In my years of experience with sex offenders, they are usually very, very charming individuals, and they could sell refrigerators to Eskimos, for example.

And one of the things that they used to try and groom children was to confuse them with whether they were boys or girls. And it was very effective in confusing children. And now

this idea was being promoted in public education, and I could not sit by quietly and let that happen to children. I knew how many children it would confuse.

Paul Jaffe

Okay, so you thought that SOGI might be harmful to kids in the context you've just described, right?

Barry Neufeld

Yes, because they were changing the whole culture of public education to suit the needs of, at that time, we thought maybe 0.2% of all school children had gender dysphoria. It was just too much. And there were children with other mental health issues, especially autistic children, who would be really confused by this ideology.

Paul Jaffe

Okay. Paragraph seven of your claim, you refer to SOGI promoting the possibility of teachers interacting with young children on such highly personal and sensitive subjects as transitioning and gender reassignment, without parental input or knowledge. And you believe this presents risks of far-reaching adverse implications for the kids. Can you go into that a bit?

Barry Neufeld

Well, it is my firm belief that it's the parents responsibility primarily to educate their children. And parents delegate that to public servants who work in the public school system or independent schools. But in the end, the parents should have the final say. And for teachers to do such as keep secrets from parents is absolutely unethical in my opinion.

I go along with the recommendations of Dr. Hilary Cass in England, who says if a child starts showing signs of gender confusion, the parents should be notified first and they should be referred to an independent therapist, not a therapist or school counselor paid for by the school district.

Paul Jaffe

And you're talking about the Cass report that just came out, I think, earlier this year in England.

Barry Neufeld

Yes.

Paul Jaffe

A report to a national health authority, I think in England, written by Dr. Cass who addressed the dealing with young people on this gender— Can you explain the Cass report?

Barry Neufeld

In England, there was some lawsuits that ended up creating a lot of controversy and ended up resulting in closing down the Tavistock Centre, which is one of the busiest gender clinics in the world. There were accusations that kids were being railroaded into taking body-altering drugs and surgery when they may have other mental health issues that were not being diagnosed.

So Dr. Hilary Cass, a prominent pediatrician in England, spent four years studying this and she came up with the conclusion that encouraging children to transition probably did more harm than good. And in the English schools, they don't even use the pronoun protocols that we have in place here in British Columbia.

Paul Jaffe

So what we can now read in the Cass report about Dr. Cass's findings and concerns and recommendations, these were thoughts that you had back in 2017 when you first spoke out about SOGI, right?

Barry Neufeld

Yes. It confirmed what I already instinctively believed and what I had learned from the research that I had done. I've spent the last seven years researching this topic. I spent more time and effort on it than I did for my master's degree, which I received in 2010.

Paul Jaffe

Can I take you to paragraph 10 of your claim, please?

Barry Neufeld

Yes.

Paul Jaffe

And the prior two paragraphs relate to what you've given evidence about now, that it's the role of parents to be dealing with their kids rather than the school system. But in any event, paragraph 10, you say: *For roughly a year after SOGI was implemented. And you refer to: the militant nature of some activists and fear of a hostile backlash had a chilling effect on meaningful debate about SOGI and on school boards across BC.*

And that: *elected school boards are to provide a democratic means by which communities have input on what takes place within their schools. And given the distinct mandates of public sector unions, the purpose of school boards is defeated if trustees are intimidated from openly addressing all matters which affect the schools. Can you elaborate on that?*

Barry Neufeld

Well, I spoke out openly. And of course, one of the things that made it possible for me to do so is that I was retired and I was on a pension, which I think is secure. Many, many parents and quite a few teachers told me that they agreed with me, but they were too afraid to speak out for fear of being censured, for losing their jobs, for losing their businesses. There was this atmosphere of fear that nobody wanted to be called names like the names that I had called, and they weren't willing to make the sacrifices because of the abuse that they feared they would receive.

Paul Jaffe

Okay. Maybe I can take you to paragraph 12, which I think captures the very first public statement you made about SOGI. But I think, as I understand your evidence, you and others were afraid to say anything because of a predictable backlash which could damage you in various ways. Is that right?

Barry Neufeld

Prior to October 23, 2017, I thought that most people in the land had common sense and that I was just making a statement that everybody would agree with. The backlash from the media really surprised me. I didn't realize how powerfully and how extremely this idea had gotten into people's minds. I now know that for the past 20 years, this gender ideology has

been a very common theme in our post-secondary institutions. And this was now the attempt to move it down to the K-12 educational level.

Paul Jaffe

Okay, so the first public utterance you made, and the one that attracted the initial public backlash against you, was made in October of 2017. And am I correct in suggesting that at that point you were the only person in public office at any level of government, in any province of Canada, to sound the alarm about this gender ideology program in the school? Is that correct?

Barry Neufeld

I was the only elected official to oppose teaching gender ideology in public schools for several years. There are now a few more, and they have also suffered some severe consequences.

Paul Jaffe

Right, so if we look at it, and I won't read the whole thing, but we can go back to paragraph 12 in the claim. You say, and this is on your Facebook page— Oh, just before I get to this, you say you had spoken privately with other trustees and teachers, and parents perhaps, concerning SOGI but nobody had yet opened up publicly about it, right?

Barry Neufeld

That's correct.

Paul Jaffe

Okay, so here you are in your Facebook post, October 2017: *Okay, I can no longer sit on my hands. I have to stand up and be counted. A few years ago—* And then you talk about how this program took effect from grades K-12. And then you go down to the middle of it, you say: *At the risk of being labeled a bigoted homophobe, I have to say I support traditional family values and I agree with the College of paediatricians that allowing little children to choose to change gender is nothing short of child abuse.*

So here you are opening up on that. Can you describe what you meant by that? Why is it child abuse in your opinion? And why did you decide that you could no longer sit on your hands?

Barry Neufeld

Because gender affirming care, which is promoted by gender ideology, involves, number one, puberty blockers. At first they said it just pauses the child's puberty, but very rarely do they pause with that. They go on to hormone therapy.

Puberty blockers are a drug called Lupron. As a sex offender specialist, I was aware of the policy of the State of Washington where they use Lupron to chemically castrate sex offenders, thinking that that would stop them from being a risk. It's a dangerous drug. It's never been approved for use in children, and it has numerous side effects. It can cause brittle bones, it interferes with a child's endocrine system and messes them up.

Furthermore, they begin taking opposite sex hormones. If a little boy wants to become a girl, he would take estrogen. If a little girl wants to become a boy, she takes testosterone. These hormones have massive effects on the body. Estrogen and testosterone affect not just the sexual organs, but many organs in the body: the liver, the brain, the pituitary gland. It just causes a general storm in the child's body.

And once they've been on these body-altering drugs, a girl taking testosterone will grow a big Adam's apple. She'll start growing hair on her face. Then they choose elective surgery. And this surgery is still in the experimental stage. There's been a lot of complications from the surgery to try and change a boy's sexual equipment into a girl's, or vice versa.

And to me, I also learned from Dr. Zucker and from Dr. Kenneth Cantor that if these children that are dissatisfied in their bodies, if they're just watched over waitfully, they eventually grow out of it. They may end up becoming homosexual, but at least they have all their body parts.

Paul Jaffe

Right. So this was your thinking back in 2017. You thought the school was somehow playing a role in ushering these children into a certain perspective which presented a risk in regard to what you've now just described. You felt the schools were now actively involved in creating those kinds of risks for kids, right?

Barry Neufeld

Yes. And they affected not only children who were struggling with sexual identity and gender identity. Even normal kids thought that this was the latest scientific knowledge and

they would go home and argue with their parents, and it was causing family conflict with parents who had more traditional family values when their kids came home with these SOGI 123 ideas.

Paul Jaffe

Right. You also say, if I can take you back to that same paragraph in your claim there, there's this reference to: *Teachers must not refer to mothers and fathers either*. Was it part of SOGI, from your perspective, that gender-specific words like mothers, fathers, daughters, sons, brothers, sisters, uncles and aunts, those kinds of words were being expunged from the parlance used in the public school system? Was that happening?

Barry Neufeld

It was recommended that a teacher should not address their class as boys and girls. They should just say students, everything should be gender neutral. We should ignore the difference between the sexes. Back in those days, the argument was that gender is completely different than sex. Gender is environmentally imposed. But now they've changed their tune. Now they say sex and gender is the same thing. It's so confusing when their ideology is a moving target.

Paul Jaffe

Right. And so when you publish this on your Facebook post, what happened, if not that night, then the next day? Briefly describe what took place.

Barry Neufeld

Well, I first noticed some extremely vulgar and negative comments on my posts. And then somebody phoned me and said that they saw a nasty article in the newspaper about it.

Paul Jaffe

Okay, let's go to that. So within the first day there was expressions of outrage and some accusations made saying nasty things about you. So there was an immediate backlash of sorts, I think both in the newspaper and through social media, correct?

Barry Neufeld

Yes.

Paul Jaffe

Okay. And then if I can take you to examples of some of that adverse media coverage. Go to paragraph 14, please, of the claim. *Vancouver Sun*, October 24th, these are statements. This is, I believe, an article in the *Vancouver Sun*. I think it's an editorial saying: *It's not OK. The public school system...you have an obligation to ensure safe and inclusive...regardless of race, nationality or religion, references to transphobia, homophobia and racism.* That's one of the articles that came out after you initially spoke out about SOGI, right?

Barry Neufeld

Yes.

Paul Jaffe

Vancouver Sun with those imputations. Another one in *Global News* over at paragraph 15. *Global News* referred to as an: *intolerant voice...bigoted views...whether he likes it or not...LGBTQ are here to stay.* And then the next paragraph, you've got *Huffington Post* talking about how you: *violated your obligations.* It refers to your faith-based views, so imputing religious bigotry. Do you remember that was being spread around, this idea that you're a religious bigot and homophobic? Do you remember that was part of the initial backlash?

Barry Neufeld

I remember that. And my religious beliefs had very little to do with my opposition to SOGI 123. I failed to see how it protects LGBTQ students, but they threw that in as well.

Paul Jaffe

So after you first experienced this very nasty backlash you were getting through the press, you decided to issue another statement to try and better explain or qualify what it is that people were reacting to. And if I can go to paragraph 17 of the claim. So on October 25, after that initial very adverse media coverage there, you say, paragraph 17:

My post on Facebook has created a lot of controversy...I want to apologize to those who felt hurt by my opinion...I am critical of an educational resource, not individuals. Those who have worked with me for over 24 years know I DO believe in inclusion and a safe learning environment for all our students; that they should be protected from all forms of bullying and intimidation.

And then you say this:

I believe that in a free and democratic society, there should be room for respectful discussion and dissent. I firmly believe that implementation of SOGI 123 resources needs to be reviewed by engaging parents and teachers in conversation on this topic.

So you confirmed that you weren't targeting any sort of individuals, but rather you were being critical of a program. Why did you feel the need to do that?

Barry Neufeld

Well, my school board were really taken aback by all the sudden publicity. The apology was primarily intended for my colleagues on the school board. As a single trustee, I have no power. It's only when the seven school trustees speak as one voice that we can set a policy or vote something into motion. But I was not thinking of any particular person. I was opposed to the ideology. I wanted to make that clear.

Paul Jaffe

Okay. Now, your claim refers to a number of other events that took place following October 2017. If I can go to paragraph 20 then, you're still on the board here at this point. And out through a number of newspapers, *Fraser Valley News*, *Agassiz Harrison Observer*, and I understand a whole slew of other newspapers owned by Black Media were covering this story.

And it quotes Hansman, okay, Glen Hansman, the president of the BCTF, saying this: *that teachers and educators will continue to rally together to fight hatred, and Sometimes our beliefs and val—*and this is in the context of an article about you—*values, and responsibilities as professional educators are challenged by those who promote hatred.* Did that trouble you at all that you were being portrayed in the media as somebody promoting hatred?

Barry Neufeld

It certainly did, because I don't hate anybody. And I have nothing but compassion for children who feel that they are born in the wrong body, who don't feel comfortable as boys and wish that they were a girl and could wear dresses. I have compassion for them, but I don't want to see their bodies modified to suit their delusion.

Many of these children we now know, and I suspected back then, had other mental health issues that were being ignored and overlooked: depression, obsessive compulsive disorders. They need better mental health care, not just told that, “Oh, you solve everything if you switch from a boy to a girl,” right?

Paul Jaffe

Yeah, so you've explained that, and it's been characterized by the head of the BCTF, a 55,000-member teachers union—and you were getting similar comments being made by a number of other public figures; we'll get to those in a minute—but they're characterizing your views and your comments as promoting hatred. And you feel that was completely unfair, right?

Barry Neufeld

It was unfair.

Paul Jaffe

And it was damaging to you, was it not? We'll get into some of the consequences, but as somebody who had been a probation officer for almost 30 years with a specific focus on people who had been disenfranchised in various ways through bigotry of various kinds, for you to be characterized as somebody promoting hatred as an elected school board trustee, that was particularly difficult for you, right?

Barry Neufeld

It was. But I guess I could say I was not surprised when I found out how deeply embedded this ideology had been in our post-secondary institutions.

Paul Jaffe

So go down to 21, please, paragraph 21 of the claim. So within a day or two of that media, you come out with another statement, once again trying to explain what it is that you're actually being critical of. You talk about in a middle paragraph of that part of your press release: *I did not, and I do not oppose any changes to the BC Human Rights Code, in particular the recent inclusion of gender identity.*

You go on to say: *I am interested and invested in all students receiving an excellent education regardless of their sexual orientation, gender identity, race, religion or other group identity. I*

support a safe environment. So you, similar to the retraction—not a retraction but the apology and explanation you gave back in October—why did you feel the need to once again go public, to once again explain what it was you were concerned about?

Barry Neufeld

By now I was losing a lot of even personal friends who believed what they read in the newspaper, that I was a hateful person. And I felt I needed to explain to them. Over the course of the past seven years, I've lost many friends, but I have gained many, many more—people who are willing to stand up and be counted and have supported me.

Paul Jaffe

Okay, so you were fighting back publicly to protect your reputation and to explain what it is that you were really concerned about, right?

Barry Neufeld

Yes. I wanted people to see that there was flaws in the SOGI 123 program that they had not carefully looked through. It was designed by a group of people who all agreed. My experience on boards, and I've been on several boards, is that sometimes when you have opposing positions, if you talk it out and come to a compromise or collaborate you end up with a better product in the end or a better policy.

Paul Jaffe

Sure. But that wasn't happening. There was no intelligent debate on SOGI as I understand it, either at the Chilliwack school board or to the best of my knowledge at any school board in BC. Is that correct?

Barry Neufeld

That's correct. The current president of the BC Teachers Federation says that SOGI 123 is a perfect resource. There's nothing wrong with it.

Paul Jaffe

And so in early 2018, not only were you getting hammered in the press as we've looked at, the BCTF and CUPE [Canadian Union of Public Employees], two massive public sector

unions, commenced proceedings against you at the BC Human Rights Tribunal. Is that correct?

Barry Neufeld

That's correct.

Paul Jaffe

And so when they kicked off these proceedings, they announced them through the press that Barry Neufeld was now a respondent on human rights violation complaints. And if I take you to paragraph 24 of your claim, so you can see the press release from the BCTF alleging that you've created an unsafe work environment for trans people and exposed trans people to hatred.

And if we go lower down on that excerpted portion from the media, this is the *Star Vancouver* newspaper talking about: your comments were *restricted to transphobic comments*, and it's referring to *discrimination based on gender identity* and characterizing your views as discriminatory and hateful. And then if you go to the next paragraph, you can see how the unions were going to the press at this time to publicize the fact that you are now being targeted by human rights proceedings.

CityNews 1130, April 12th comes out, Hansman again saying that you: "*tip toed quite far into hate speech*" and that whether it's transphobic, racist, or misogynist, characterizing you as a bigot of that nature and characterizing your views as hate speech. You remember all that was happening in April of 2018?

Barry Neufeld

He was throwing every insult that he possibly could think of at me, simply because I disagreed with a learning resource. That's the job of a trustee—to approve learning resources.

Paul Jaffe

And it's also the job of a trustee to be the voice of the parents in the community who elect you, right?

Barry Neufeld

That's correct.

Paul Jaffe

So not only as a Canadian citizen do you supposedly have the constitutional guarantee to your freedom of expression, thought, opinion and belief, you were also elected by the parents in your community to be their voice on the board, right?

Barry Neufeld

That's right. But the SOGI 123 program encourages teachers to keep secrets from parents, because parents don't know what's best for children, only the teachers do.

Paul Jaffe

Did you see the unions as trying to divide parents from their kids, drive a wedge in and essentially usurp or disenfranchise the function of parents?

Barry Neufeld

I could tell numerous anecdotes of how that has happened.

Paul Jaffe

That was a concern of yours, that it was damaging families by separating children from their parents, right?

Barry Neufeld

That's right.

Paul Jaffe

Just sticking with the claim for a minute, *CBC* jumped in here on April 13th, paragraph 26 of the claim. I think you touched on this at the outset of your evidence. *CBC* here is broadcasting to the world comments by Hansman again, that you: *shouldn't be anywhere near students*, and again referring to you as being hateful. Elaborate a bit. What's it like when the world, when the *CBC* and other national media are putting out this notion that you, with your background, quote, “shouldn't be anywhere near students”?

Barry Neufeld

Well, you know, teachers cannot speak on behalf of children. Their complaint was that I was creating a dangerous environment for teachers. But now the *CBC* has expanded it that I'm a danger to students, and that's not a fair jump. I consistently got negative reports in the media, and they all seem to be coordinated from some central location, which I suspect is the office of Justin Trudeau.

Paul Jaffe

Okay, well, I don't think we named him in the claim, but probably should have. Let's go down a little bit more then, just to some more of the media that was coming out, which were the publications that were at issue in your libel claim. You got *CityNews* again, paragraph 28, referring to your hateful comments, and then go down to 29 in September. So almost a year after you first spoke out, the media onslaught against you continued.

September 16th, Hansman, BCTF president, quoted in *CityNews 1130* that you're, quote, *continuing to spread hate about LGBTQ people* and apparently *vile comments about refugees and immigrants*. And it goes on to talk about *racism and misogyny...spreading hate, not spreading bigotry*. And I understand when this media was coming out with these egregious, defamatory imputations, this was leading up to your school board election in October of that year, right?

Barry Neufeld

Yeah. They really turned up the rhetoric and the insults just prior to the election.

Paul Jaffe

Okay, so going further into the claim, we see other people. You've referred into this claim as Hansman being part of a smear campaign that involved a number of other people, which you've referred to as seemingly coordinated to attack you in certain ways through the press. Paragraph 31 refers to the vice president of the New Democratic Party, a person named Morgane Oger, talking about how you're publishing hateful material. Do you remember that stuff going out?

Barry Neufeld

I remember I talked to Morgane several times.

Paul Jaffe

Paragraph 32. Rob Fleming is a politician, was the Minister of Education in Victoria at the time, and he was published repeatedly in a number of outlets. *Vancouver Sun*, this is paragraph 32, if you're talking about, went on to say: *Neufeld's "shameful behaviour" would lead to suicide*. And he's talking about discrimination against people. Then *Chilliwack Progress*, Fleming again says the hurtful and offensive words and actions of trustee Neufeld, goes on to talk about how you've jeopardized student safety.

Again, the *Progress* on another date, again quoting Fleming talking about discrimination and persecution of LGBTQ community, spreading the same bigoted views. This is the Minister of Education suggesting that your criticism of SOGI is somehow contributing to the suicide of people. How did that make you feel?

Barry Neufeld

Well, I knew for one thing that that was a lie. It was a threat that was told to people. If you don't encourage children to transition, they will commit suicide. And in the Cass report, they discovered that there's absolutely no evidence for that at all.

There's a lot of threatening suicide, which is a manipulative way of getting parents on board. But the actual children who commit suicide because they're not allowed to transition is practically non-existent. So he was using this manipulative lie to try and accuse me of causing suicide. I wasn't causing suicide. I was preventing it, I believe.

Paul Jaffe

Okay. Now there's more. I note the time, so I don't want to spend too long with your claim, but just maybe head down to 42, if you don't mind, paragraph 42 of the claim. In October of 2018, what you've called the smear campaign was going full tilt with imputations of this nature, that we've looked at a few of them.

In October of 2018, the school board election was October 20th. The day before the election, out through the newspapers, Black Media again through its weekly or semi-weekly community papers puts out this quote from Glen Hansman—so a day or so before the school board election—talks about, the quote in paragraph 42: *His other misogynist*—Hansman is referring to *Press Progress*, which is a union socialist sort of publication out East that speaks on behalf of public sector unions in Canada. Is that correct?

Barry Neufeld

Yeah.

Paul Jaffe

And referring to you at paragraph 43 as being: *hateful of gay people, a misogynist and a religious bigot*. And so they really went crazy through the press to defame you as much as they could in the day or so before the school board election in October 2018. Right?

Barry Neufeld

They did.

Paul Jaffe

And paragraph 44, you were, in fact, despite this horrific media smear campaign, you were re-elected on October 20, 2018.

Barry Neufeld

I was.

Paul Jaffe

And the day of that, or the day after, on *CBC Radio*, in reference to the fact that you were re-elected, Hansman again is referring to: *Hate and bigotry have no place on school boards*. You remember seeing that or hearing about it on *CBC radio*?

Barry Neufeld

Yes.

Paul Jaffe

Okay. So you decided in face of this protracted and repeated smear campaign to fight back, to vindicate your reputation and to prove that you're not a hateful bigot, you decided to commence legal action and libel, right?

Barry Neufeld

That's right. And I wanted to protect other people who might agree with me and wanted to speak up. And the insults that they were throwing at me were totally unwarranted. They were unjustified. They were unjust. And I was hoping to get some justice from the courts.

Paul Jaffe

Okay. And so you started this action and Hansman defended it, filed a defence, or the BCTF did. And then a few months after you started your action, what happened which then derailed your chance to get into a courthouse so that you could tell your story and vindicate your reputation? What happened?

Barry Neufeld

Well, about a year earlier, the provincial government had enacted a new law: Anti-SLAPP legislation. SLAPP stands for Strategic Lawsuit Against Public Participation. Now if you could imagine, an old hippie lives out in the forest and he loves his spotted owls and he loves his trees, he likes to hug them. And he sees the forestry company coming down and clear cutting everything. So he writes a letter to the newspaper that ABC Forestry Company is damaging the environment.

Well, he doesn't have any money but the forestry company's got lots of lawyers and endless budget. Anti-SLAPP legislation was supposed to protect little guys like that hippie living out in the forest. I thought it would protect me. But Mr. Hansman, head of a 55,000-member union with an annual budget of over \$800 million, he uses this new legislation to try and stop my defamation suit against him.

Paul Jaffe

So Barry, just to try to sum up what you've just said. The provincial government enacted legislation, the acronym is SLAPP, Strategic Lawsuit Against Public Participation, which provides the court with what's supposed to be a screening mechanism to prevent the big powerful institutional and wealthy parties from dragging a relatively financially modest defendant through the courts and punishing by the process of litigation on unmeritorious claims. That was the purpose of the SLAPP legislation, right?

Barry Neufeld

That's right. And that's why environmental groups were so pleased with this legislation. They thought it would help some of their environmental protesters.

Paul Jaffe

Because it was designed to protect free speech so that people who did speak out against the powerful wouldn't be bankrupted by being dragged through the court. So SLAPP was there to give them some protection, right?

Barry Neufeld

That's correct.

Paul Jaffe

Okay, so you're saying that the BCTF, supported by the government, the AG [Attorney General] of BC, all of the publicly-funded activist groups, the mainstream press that were participating in the smear campaign, they decided that they would file a SLAPP application to prevent you from having a day in court on this libel claim, right?

Barry Neufeld

That's correct.

Paul Jaffe

And so SLAPP application was brought. And just to speed things up, what happened in the initial hearing in front of the first judge on the SLAPP application?

Barry Neufeld

Went before a brand new judge, he had just been appointed. It was the first case that he heard. He had never been involved in a defamation lawsuit, and here was a complex twist and turn on a defamation lawsuit, and he ruled in favour of the wealthy guy who had all the money for lawyers.

Paul Jaffe

So the long and short of it is the first judge ruled that you, Barry Neufeld, a pensioner and a sole voice on the Chilliwack school board, constituted a threat to the freedom of expression of the president of the BCTF. That's the ruling of the first judge?

Barry Neufeld

That was his ruling.

Paul Jaffe

And therefore you were not allowed. The judge dismissed your claim, saying you're not allowed to a day in court in connection with all of those publications we've looked at, right?

Barry Neufeld

That's correct.

Paul Jaffe

So then you went to the BC Court of Appeal in front of three more senior judges who, just to speed things up, reviewed the publications at issue, reviewed all of the surrounding facts, applied the law of defamation, and ruled that you were entitled to a day in court on your defamation claim, right?

Barry Neufeld

Yes. And I believe they said something about this would be a dark day for free speech if this decision stood.

Paul Jaffe

Right, because you know that if people in the public arena don't have at least some protection by having access to the court to hold people accountable for the untruthful and damaging things they say, then it becomes open season for the Hansmans of the world to target people who are counter-narrative. And so the courts are absolutely essential for people like you who are courageous enough to speak out. Is that fair to say?

Barry Neufeld

I would say that's a fair statement.

Paul Jaffe

So you were vindicated, at least in the BC Court of Appeal, in terms of your right to your day in court. And then I understand Hansman applied to the Supreme Court of Canada to have the BC Court of Appeal reversed on the question of whether you have the right to a trial. Correct?

Barry Neufeld

That's correct.

Paul Jaffe

And then in the fall of 2022, you had a hearing in Ottawa at the Supreme Court of Canada.

Barry Neufeld

Yes.

Paul Jaffe

And at that hearing there was not only the BCTF Hansman as the appellant, but I understand there were another 10 interveners—publicly-funded activist groups from across the country—along with the Attorney General of BC and the BC Government Employees Union, all joining in as interveners in support of Glen Hansman's effort to prevent you from having a day in court. Is that correct?

Barry Neufeld

There was 14 lawyers against you and me. I happen to have a list here. The interveners were the Attorney General of British Columbia, the Canadian Human Rights Commission, Canadian Civil Liberties Association, Community Based Research Centre, Canadian Culture for Gender and Sexual Diversity, West Coast Legal Education and Action Fund, BC General Employees Union, BC Government and Service Employees Union, EGALÉ Canada, Human Rights Trust, Centre for Free Expression, Qmunity and the Skipping Stone Scholarship Foundation. They all ganged up against me.

Paul Jaffe

And I understand there were two applications to intervene on behalf of groups like the Justice Center for Constitutional Freedoms and Karin Litzcke who's a very experienced sort of expert on teachers unions. They both applied to intervene to speak to the issues. And they were both denied intervention. Correct?

Barry Neufeld

They were both turned down. The decision was already made before I ever showed up in the courthouse.

Paul Jaffe

So the Supreme Court of Canada then ruled, as you've said, reversing the BC Court of Appeal and saying: Notwithstanding all of those publications with those most egregious of imputations—you knew that promoting hatred and hate speech are offences, criminal code offences, and you were being imputed with having done that—but notwithstanding the egregious nature of the imputations, the protracted and repeated republication of them, the Supreme Court of Canada decided that you, Barry Neufeld, are not entitled to a day in court on your libel claim. Is that right?

Barry Neufeld

That's correct.

Paul Jaffe

And do you remember—and the decisions, of course, are all online, the judgments themselves—but do you remember in the hearing in Ottawa with the Supreme Court of Canada, judges arguing about whether gender fluidity is a biological absurdity and the underpinnings to the gender ideology, do you remember that was the concern of the court?

Barry Neufeld

Yes. They were trying to do a balancing act, and they finally decided that Mr. Hansman, it was okay for him to insult me because he was trying to protect a very vulnerable group of individuals, and that was non-binary and gender fluid children.

You know what was interesting? There's nine judges on the Supreme Court, only seven showed up. The majority, six of them voted for Mr. Hansman. But I should say something about Madam Justice Côté. When we were in the Appeal Court, the judges made their

decision based on a Supreme Court decision that was written by Justice Côté. And Justice Côté dissented from the majority view. And the one thing that's interesting about her, she's the only judge on the bench that was appointed by a Conservative Prime Minister. All the other judges on the bench were recent Trudeau appointments.

Paul Jaffe

So one judge, Madam Justice Côté, was dissented. Côté had been the principal author of the prior two judgments relating to SLAPP that had come before the court in Ottawa, and she ended up being in dissent.

And Côté was basically saying we shouldn't judge someone's access to courts by virtue of whether or not we agree with an underlying debate between the parties. But she was overruled by the majority who referred to Glen Hansman as being a gay person and therefore having the right to say what he said. Is that essentially summing up the judgment?

Barry Neufeld

That's right.

Paul Jaffe

Okay. And were you troubled at all? And are you still to this day, by the fact that the judges' agreement in Ottawa with Hansman's side of the underlying debate and the court's characterization of criticism of SOGI as being hate speech? How does that sit with you today now, a year or two after the Supreme Court of Canada denied your right to the courts?

Barry Neufeld

Well, the six judges assumed that allowing children to transition was the best thing for them, and this was the way to help them. But now around the world, not just in England, but Finland, Sweden, Alberta, several American states, they've all come to realize that encouraging children to transition may do them more harm than good.

Those six judges disappointed me. I was an officer of the court for 27 years, and I never saw such incompetence and lack of attention to the rule of law, truth, or common sense. They were ideologically driven.

Paul Jaffe

Okay. And to just put a cap on that point, your experience in the court taught you that judges have this paramount duty to be independent and impartial and to not be taking sides with the parties in respect of any underlying debate. Was that your understanding?

Barry Neufeld

That's correct. In the Vancouver courthouse, there's a statue of Lady Justice, and she's blindfolded.

Paul Jaffe

Now just to change. I know we've only got a few minutes left. This inquiry has heard some evidence about a culture being promoted through our institutions that, with reference to the SOGI program involves, among other things, a culture of sexualizing children and confusing them, which includes explicit materials in the school system, sexually graphic books and things. Can you give us some evidence on that?

Barry Neufeld

Well, a lot of it comes from a direction from the United Nations, who believe that this is good for children to know about sexual behaviour and all different varieties of sexual expression. Unfortunately, in my professional experience, the more children have their boundaries blurred and their sensitivities dulled, that makes them more vulnerable to manipulation and exploitation by predators and child traffickers. And it's not doing children any good.

Paul Jaffe

And today, as we hear today in October of 2024, is it your concern that there remains a significant degree of inappropriate graphic material in the schools and the conveyance to the public and the school kids of themes of sexuality that you feel are inappropriate?

Barry Neufeld

You know, I can't figure out the RCMP. Some of this stuff shows very extreme kinky sex. But the RCMP say they can't classify it as pornography because it's in cartoon format, it's not actual photographs. And our libraries are getting full of it. And if any parent complains, they're accused of being hateful. And the argument is that we're not Alabama, we don't burn books anymore. Well, nobody's asking them to burn the books. We're asking for age-

appropriate materials to be available to children. And I think this commission has heard other arguments about the graphic nature of books.

Paul Jaffe

Okay. You were defeated at the school board trustee election in October of 2022, I think, right?

Barry Neufeld

That's correct.

Paul Jaffe

And in your campaign for that election, you were participating in a Zoom meeting with, I think it was a group called Action for Canada, and referred, without naming anybody specifically, referred to the "striptease artist" that had won a by-election and a position on the board a year or two earlier. Remember, referred to striptease artist?

Barry Neufeld

Yes. There was one trustee who made a parody of Miley Cyrus and her Wrecking Ball video. When Miley Cyrus did that, she had previously been Hannah Montana and had a lot of young preteen girls idolizing her. And Miley Cyrus was seriously criticized for appearing naked on a wrecking ball as being a bad influence for children. But when this trustee hopeful appears naked on a wrecking ball and makes other lurid videos, she's lionized as being libertine and free-spirited and fun to be with, and she gets elected.

Paul Jaffe

Okay, now, without litigating the case here, it's still before the courts, but I understand you were sued in defamation for the reference, without naming her, on one occasion with a Zoom meeting referring to striptease artist. She had access to the court and had a trial against you on a libel claim, isn't that right?

Barry Neufeld

That's right.

Paul Jaffe

For that one comment. Now, and again we're not here to do anything aside from exposing the hypocrisy, I suppose, of the system. But, Barry, in your evidence in those proceedings, you filed an affidavit which has also been uploaded as an exhibit, and I think the commissioners have it. I just want to, in reference to your concern about the conduct of public officials and the culture of sexualization that you're so concerned about, I want to take you to just a couple portions of the affidavit you filed so that the public can see and the inquiry can see what it is you're concerned about. And this just happens to be the behaviour of Carin Bondar. Who is she? She's a vice chair of the Chilliwack School Board, right?

Barry Neufeld

Yes, she is.

Paul Jaffe

Okay. And she sued you because you use the term "striptease artist," right?

Barry Neufeld

That's correct.

Paul Jaffe

Okay. Now, I'll just take you to just a few of the exhibits in that affidavit of yours. Could we go over to, I note the time, so I'm going to just go through this quickly with you. I won't take you to the pictures, which may be just as well so shortly before lunch. But in any event, you were able to find some material online.

I understand Ms. Bondar had 150 million views of what you consider to be sexually explicit material, and pornographic in nature, which was of great concern to you. So your reference to her as a striptease artist was in the context of publicity about her, which she had out on YouTube and other places, is that right?

Barry Neufeld

That's correct.

Paul Jaffe

And you actually put that evidence before the court in the Bondar case, right?

Barry Neufeld

That's correct.

Paul Jaffe

And that matter is still before the courts?

Barry Neufeld

Yes.

Paul Jaffe

But, I do believe, Commissioners, that the entire affidavit has been uploaded as an exhibit. So it's there on the record. Oh, the only other thing I'll ask you, Mr. Neufeld, is I understand James Kitchen is your lawyer in the BC Human Rights Tribunal. I understand he'll be testifying later today. I understand that that's now set for a couple weeks starting at the end of November of this year, is that right?

Barry Neufeld

November 25th, yes.

Paul Jaffe

So, eight years, I'm maybe out on my math here, seven years in any event, the BC Human Rights Tribunal is still going after you on the basis of the public sector union complaints. And you're finally having a hearing now, end of November of this year, is that right?

Barry Neufeld

That's correct. I haven't set foot in the school since 2018, so how can I be a threat to their members? If I had been charged with bloody murder and the Crown couldn't get their act together and get the trial organized within two years, the court would throw it out for abuse of process. But they've allowed this to hang over me for eight years.

Paul Jaffe

Okay, Barry, thanks so much. I'll turn you over now to the commissioners, who I think may have a few questions for you.

Commissioner Bohémier

Okay, I need some clarification. The suits against you in defamation is ongoing? Do you have a hearing date?

Barry Neufeld

Yes, she won her defamation suit. We've appealed it. And the hearing date is December 11th.

Commissioner Bohémier

Okay, so the November 20th is for the Human Rights complaint?

Barry Neufeld

November 25th.

Commissioner Bohémier

25th, it's for the Human Rights complaint?

Barry Neufeld

Yes.

Commissioner Bohémier

Okay. So she won against you, and you're in a court of appeal.

Barry Neufeld

Yes. Yes, she did. And I have appealed that decision.

Commissioner Bohémier

Okay. So you had a hearing in front of the Supreme Court of Canada on a question, on a procedural question, which is very surprising for me. Was Justice Wagner sitting on the bench?

Barry Neufeld

He was in charge. Yes, Justice Wagner was.

Commissioner Bohémier

And as far as I know, every COVID litigation case was not accepted to have a hearing in front of the Supreme Court of Canada. Maybe I'm wrong. So that's what surprised me a lot, that you had a hearing in front of the Supreme Court of Canada.

Barry Neufeld

I was surprised that they accepted the argument as well.

Commissioner Bohémier

So Hansman, the man you were suing, he was the president of the board?

Barry Neufeld

President of the BC Teachers Federation, which is all the union members in British Columbia, approximately 55,000 members.

Commissioner Bohémier

Okay, he was not a member. Was he sitting on, like, the trustee board?

Barry Neufeld

No, he's a union worker.

Commissioner Bohémier

Okay. And did he have suspicious resources to attack you?

Barry Neufeld

Well, he has unlimited financial resources. I think the cost of taking me all the way to the Supreme Court of Canada cost their legal team about a quarter of a million dollars. And the cost of spying on me for seven years and gathering documents for the Human Rights Tribunal, there's over 600 files, some of them with hundreds of pages, plus about 400 emails. They probably spent half a million dollars trying to nail me in the Human Rights Tribunal. I don't know why they're so enthused about going after little old me. I haven't set foot in schools for over six years.

Commissioner Bohémier

And have you ever heard about the CTIL [sp.?] files?

Barry Neufeld

About the which?

Commissioner Bohémier

CTIL files.

Barry Neufeld

No.

Commissioner Bohémier

Okay. Maybe we'll have more information about that later on, or not. There were files regarding trolls or people paid to drag persons like you to have problems. It was files showing that— You said that you think that the office of Justin Trudeau was involved. What makes you think that?

Barry Neufeld

Well, Justin Trudeau has made it very clear that Canada completely supports gender ideology. While other countries are backing away from it, he's doubling down on it. And that's based on my how I met him personally over 20 years ago, but I won't go into that here.

Commissioner Bohémier

Okay, you had a personal implication with him 20 years ago?

Barry Neufeld

Yes, when he was a teacher in a private school in Vancouver.

Commissioner Bohémier

Okay. And would you advise anyone to take legal action in Canada today for advocating, let's say, for the SOGI program or any other matter, like COVID issues or things like that?

Barry Neufeld

Well, if a person is against any policy of the government, they're wasting their money to go to court and hire a lawyer because the courts are not paying attention to the rule of law or the right of the individual. The courts really disappointed me. They're siding with the current government policy.

And to me, the Canada that I grew up in is becoming, in my opinion, very totalitarian. And that's a sad thing for me to say, because I love this country and I've served my country in many ways, and yet at the end of my life, I get nothing but injustice.

Commissioner Bohémier

Thank you.

Commissioner Drysdale

I have a few questions. Sir, you mentioned— Thank you for your service by the way. School board service is not easy, and being a Corrections officer is also not the easiest job in the world. In your testimony, you mentioned that you have a master's degree. Can you tell me what that's in?

Barry Neufeld

In 2008, I took a break from the school board. I wanted to become a prison chaplain so I went back to seminary and I got a master's degree, hoping to be hired as a prison chaplain.

Unfortunately, they changed the rules. My master's thesis was the effect of divorce on middle school-aged children.

Commissioner Drysdale

And that's not acceptable?

Barry Neufeld

What?

Commissioner Drysdale

You said they changed the rules.

Barry Neufeld

Oh, they changed the rules for hiring chaplains. At my age, I would have had to go and serve as a parish priest in some little town in northern Saskatchewan for five years, and I wasn't prepared to do that. So as a result, I landed up back on the school board.

Commissioner Drysdale

You know, sir, I mentioned earlier that I understand that being a Corrections officer is not easy. I've designed prisons and so I've had some experience in interfacing with your colleagues. Also, being on a school board is not an easy thing to do either. Was your motivation in going into those jobs for the money, or why did you go into such difficult positions?

Barry Neufeld

Well, I guess you could say I became a Corrections officer for the money because I had been unemployed for quite a while and I had five mouths to feed. It never paid very well. I spent most of my career as a single parent living from one paycheque to the next. But I had a heart for helping special at-needs kids and some of them were doing horrible things with their lives.

But I was happy to see that I think I had some effect on some of them that they managed to clean up their act, get sober, get married, have a successful job. And one of the greatest joys

of my life is when some of them would come back and thank me, even though I was a force of discipline in their lives. Many of these children had no discipline at all.

Commissioner Drysdale

As a trustee, you're supposed to represent the people that voted for you. When this program, this SOGI 123 program was coming in, did your school board hold public meetings with its citizens in order to determine whether or not they should proceed with this? Or in other words, was it the will of the people?

Barry Neufeld

No, the school boards were— What happened was the Minister of Education told all the superintendents that they were bringing SOGI 123 into grade 11 and 12 in the fall of 2016. And he told the superintendents, don't make this a public announcement because it could create some controversy. So they snuck it in without any prior knowledge. And in the fall of 2017 it was implemented province-wide.

The program was designed by a private special interest group and had only the input from one public education official, and that's Matt Carruthers, who was a principal in Delta. There were no parent groups involved in it. There were no medical people part of it. There was no psychiatric community. It was all done secretly behind scenes by activists.

Commissioner Drysdale

Okay, so this was dictated, at least to your knowledge, by the Minister of Education in BC.

Barry Neufeld

Yes.

Commissioner Drysdale

And you talked about some of where it was developed. But was the seed of this thing from British Columbia? Did it come from these activist groups in British Columbia, or did it come from somewhere else? Do you know?

Barry Neufeld

Well, as I said, these ideas have been percolating in our post-secondary institutions for quite some time. They were borrowing a lot from Kathleen Wynne's controversial sex-ed program in Ontario. And there were also elements of what was available in the California school districts.

The push behind this was from an organization called the World Professional Association for Transgender Health. And this organization has recently been exposed as not being made up of professionals. It's made up of activists and having very low professional standards. It's largely been proven that the World Professional for Transgender Health, it does not good science, and it's not best practice.

Commissioner Drysdale

You talked about that there appears to be a policy, or you were aware of a policy where children in the schools could go through or start going through with the process of converting without the permission of their parents. And as a correctional officer who spent 27 years talking to troubled people, particularly in the sexual arena, can you comment on: What is the effect or what is the possible effect of children being taught to hold secrets with other adults from their parents?

Barry Neufeld

That really sets them up for manipulation. You know, under the Young Offenders Act and the Youth Criminal Justice Act, we couldn't do anything with the kids unless the parents were involved. We didn't dream of keeping secrets from parents. They have change closets in school. If a little girl wants to present as a boy, she can pack her boy's clothes in a little knapsack, go to school, and go into the closet and change from her dress into her boy's clothing without her parents ever knowing that she's socially transitioning at school.

The union members have been told very clearly that if a kid discloses to a teacher that they are either gay or transgender, the teacher must keep that confidential from the parents and not tell the parents, because what if the parents get upset? They might hurt the child.

Commissioner Drysdale

You know, that's a frightening thing. So you're not only talking about keeping secrets from parents, but you're talking about an atmosphere that's being created where the parent is being drawn out as an enemy and a potential source of violence, by someone who's not even part of that family. Is that what I'm hearing you say?

Barry Neufeld

That's right. Parents have been going to public school board meetings and trying to express their concerns. They've been getting their mic shut off. Loud music has been played to drown them out. They've turned the lights off. And on several occasions, the board has just got up and walked out of the room. They will not listen to the concerns that parents have about what's going on in schools.

Commissioner Drysdale

I'm going to guess, or I'm going to ask you, I'm not going to guess: You know, in your long career, you mentioned an organization that you were involved with in regard to correctional officers. You're on the school board for many years. You must have had instances in those groups where there were disagreements within the groups.

Barry Neufeld

Oh, plenty of them, but we stayed friends and we tried to work out our differences and find a path that we could all walk with. Actually, on the first 20 years on the school board, we had some very progressive, left-leaning trustees, but we always had a chairman who believed in consensus. And before a motion was put on the table to vote on, we would wordsmith it until the point where we could all agree upon it.

Commissioner Drysdale

Well, that's my point. So you used the word "consensus." So in your career you'd been on boards, you'd been on various things, and you would talk these things through and you would get consensus. You also mentioned a program called ERASE that I believe had something to do with bullying.

What's the difference between a situation where you and I are discussing something and we're working towards consensus, as opposed to you and I having a discussion that you could classify as bullying? What's the characteristics of a relationship that's a bullying relationship as opposed to an acceptable relationship? Is there hallmarks, specific hallmarks of it?

Barry Neufeld

Well, in the old days, we used to say that “sticks and stones may break my bones, but words will never hurt me.” But in today's world, bullying takes the form of words. If you're having a discussion with somebody and you have a disagreement, if they start saying, “Oh, you're a bigot, you're a homophobe, you're a transphobe, you're a misogynist, you're a racist, you're a bigot,” the chances of a consensus being reached is impossible because that person has resorted to verbal bullying.

Commissioner Drysdale

That's true. But given what you described and what I've read on the papers produced by the lawyer, what they were doing to you, under that definition is bullying. You know, they're promoting an anti-bullying atmosphere; however, when you criticize not a person, but a program, you were called all kinds of names. So isn't that bullying? Weren't you being bullied, sir?

Barry Neufeld

I think in all Canadian history, a school trustee has never been bullied more than myself. But I haven't given up. My new friend Megan Murphy wrote an article and she says that, “Barry Neufeld has reached the age of no rips given.” Actually, she used a more profane word than “rips,” but you know what I mean.

Commissioner Drysdale

Well, you know, one last thing. If I go to the bank, I'm on camera. If I walk into the lobby of this hotel, I'm on camera. If I interact with a police officer, I'm on camera. Why aren't, or is it—I'm asking your professional opinion—why aren't the schools on camera? Why don't we see by cameras what our teachers are teaching to our children? Or would that be a bad thing?

Barry Neufeld

No, I think it would be a good thing. One of the things that helped this SOGI thing take off was two things. During COVID they shut down the schools and kids were stuck at home with their computers and their tablets more often, and they were absorbing more stuff. But once they did start allowing them back, parents were not allowed to set foot in the schools. It used to be that parents would volunteer in schools and they'd sit in on the classroom and see what the teacher was teaching the kids. But since COVID, outside people are just not allowed to set foot in public schools anymore.

Commissioner Drysdale

Is there something that we can do as parents, given what you had talked about as well about microphones being shut off and the school board's walking out. Is there something we can do as parents beyond that school board in order to get cameras in classrooms, in order to get a discussion going, in order to find out whether there's a consensus in the population—I mean, a true consensus, not a consensus under bullying, but a true consensus?

Barry Neufeld

Well, I think the best place to make a difference is at the ballot box. When I was campaigning, the one thing that always discouraged me was when I'd go up to an elderly couple and I'd tell them I was running for school board and they would say, "Oh, our children are all grown up now and we don't pay attention to the school board. It's none of our concern."

You know, these kids that are coming out and graduating are going to be making up the society of the future. My stepmother is in her 90s and she's in an old folks home. And when I go to visit her, all these young girls that are looking after her, I can tell they're all recent high school graduates, and her life depends on their care.

And I would say to senior citizens, the future of our society is going to be created in our public schools. You better get out there and vote for school board and pay attention to what kind of people are being elected. Because school boards have traditionally always attracted more progressive politicians, but they haven't been representing the real, true needs of our community.

Commissioner Drysdale

I'm curious. You know, you ran in a number of elections as school board trustee. In Manitoba, where I come from, the participation in school board elections is about 1% of the eligible voters. Do you have an idea of what the participation rate was in school board elections?

Barry Neufeld

Well, even with all the controversy and the talk about striptease artists and everything, I still think there was only about 20% of the people that showed up to vote. It's amazing.

Everybody votes for the mayor. Not as many people vote for councilmen. And maybe less than half of them will bother to vote for a school trustee. They're not interested.

Commissioner Drysdale

But they have an interest in what we're talking about today.

Barry Neufeld

I would hope so.

Commissioner Drysdale

Thank you, sir.

Barry Neufeld

Thank you.

Commissioner Bohémier

I have a last question. I would like to know how do we fight this program?

Barry Neufeld

At the ballot box.

Commissioner Bohémier

But, for example in Quebec, there are no more elections for trustees. They abolished that.

Barry Neufeld

Well, I still think you're provincial. I don't know, I don't think you call it a Member of Legislative Assembly in Quebec, but I think they have control over the Ministry of Education. That's the other thing that's discouraging about Canadian politics. The bureaucrats seem to have more power and control over public policy than our elected officials. And we need to elect officials that will take back control of our government to be responsible to the people.

Commissioner Bohémier

Thank you.

Paul Jaffe

Barry, on behalf of the Inquiry and everyone watching who have no doubt learned a great deal from your evidence today, thank you so much for your courage and presence here today. Thank you.

Barry Neufeld

Thank you.



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NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 18, 2024

Day 2

EVIDENCE

Witness 4: Paul Jaffe

Full Day 2 Timestamp: 06:44:38–08:04:00

Source URL: <https://rumble.com/v5j4dp0-nci-vancouver-2024-hearings-day-2-october-18-2024.html>

Shawn Buckley

Hello. Welcome back to the afternoon session of day two of the Vancouver hearings into the question: Are children safe in Canada? Commissioners, my name is Buckley, initial S. I'm attending this afternoon as lead counsel for the inquiry. I'm pleased to call my next witness, Paul Jaffe. Paul, can you please state your name for the record?

Paul Jaffe

Paul Jaffe. J A F F E

Shawn Buckley

And Paul, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Paul Jaffe

I do.

Shawn Buckley

Now you were counsel for Barry Neufeld and you just actually walked him through his evidence earlier. You have been a lawyer for 40 years?

Paul Jaffe

Almost. Yeah.

Shawn Buckley

And you've been involved not only with Barry Neufeld, but a lot of COVID litigation.

Paul Jaffe

I have, correct. I was counsel associated with others working with the JCCF, The Justice Centre for Constitutional Freedoms out in Alberta. And they funded a whole bunch of us constitutional lawyers across the country in various pandemic related challenges. And I was one of their folks out here in BC.

Shawn Buckley

And just so people are aware. So the JCCF, I believe it's a nonprofit, not a charity.

Paul Jaffe

It is, yeah.

Shawn Buckley

And it raises money to fund lawsuits. So we just bring that up because they're only able to do things like that because people donate to them.

Paul Jaffe

Right.

Shawn Buckley

And they funded a lot of cases and have made a big difference. So just, we'll give a shout out to them now that you mentioned them. So you walked Barry Neufeld through what

happened, and your evidence is going to be kind of standalone. There's going to be a witness page. So I don't want to go through all of what you just did again, but I do need you to describe, you know, basically the Barry Neufeld story, just the Reader's Digest version. I'll advise you, his Facebook comment I've entered as an exhibit to your testimony. It's V-2005. I've entered his press release as an exhibit so people watching your testimony can look. It's V-2006. And I've done a slide of some of Mr. Hansman's comments about transphobic and racist misogynists. But can you just give a Reader's Digest for people who haven't yet watched Barry's testimony?

Paul Jaffe

Well, Barry Neufeld had been a probation officer by the time he was off— Well, back up even further. My connection with Barry was as his counsel in a defamation case that he started in the fall of 2018 against the president of the BCTF, Glenn Hansman. The BCTF is a BC Teacher's Federation, a massive public sector union. And Barry, as an elected school board trustee out in Chilliwack, found it at some point impossible to not speak out as to his concerns about a program in the school called SOGI, Sexual Orientation and Gender Identity Program, which in his view was indoctrinating kids in ways which were quite harmful.

My goal as Barry's lawyer in that was to not involve myself in the underlying debate about gender ideology. It was simply to recognize that once Barry spoke out, there was a flurry of very defamatory publications over the course of at least a year in every form of media conveying the most egregious defamatory imputations. Even though it was patently obvious to anyone who actually paid attention to anything Barry had ever said, he was not expressing hatred or bigotry towards anyone, but rather his concerns about the program and his view that it was damaging to children.

Now, it's because of Barry's background. Although I would say anyone would have the right to convey those concerns, but Barry in particular, given his extensive background as a probation officer with a particular expertise and vast experience in dealing with people who had become disenfranchised in various ways and who were caught up in the criminal justice system. Many of them were kids. So I thought, well, any Canadian theoretically, as supposedly guaranteed by the Charter of Rights, has fundamental freedoms of thought, opinion, belief, conscience, religion, peaceful assembly, association—all of these things are supposedly guaranteed. And he was exercising what is supposed to be that fundamental constitutional right to express himself. In addition, as an elected school board trustee, he had a positive duty to speak out about what he saw as happening in the schools. So he did that.

He was the first public official anywhere in Canada to speak out in a critical way about the gender ideology happening in the schools. There had been no debate on any school board anywhere in BC and I suspect anywhere else in Canada at any point where the trustees addressed the appropriateness of this program. And the reason they didn't speak out, as Barry testified and which has been made abundantly clear, is that if anybody did, they would be the subject of the most vicious smear campaign. And what has happened to Neufeld was the subject of the claim that I ended up as his counsel and bringing for him against—Glenn Hansman was just one of many people. Many prominent figures: the Minister of Education, leaders of various activist groups, people in the mainstream press editorializing, Neufeld became very well known and very badly damaged.

Shawn Buckley

And I'll just slow things down. So Mr. Neufeld has expertise as a probation officer with disenfranchised youth, basically, and also expertise in sexual offenders.

Paul Jaffe

Right.

Shawn Buckley

And he is an elected school trustee, to boot.

Paul Jaffe

Right.

Shawn Buckley

And so he makes comments with regards to this SOGI. He's not making comments on any individual. He's not supporting this program, and he's pointing out there hasn't been public debate on it.

Paul Jaffe

Correct.

Shawn Buckley

And he's actually then called transphobic. He's called racist, he's called misogynist, he's called hateful. And I'm just going through your pleadings and the court decisions that they also reported he was making vile comments about refugees and immigrants. And none of that is true at all. And as I say, I've got as exhibits, and we're also appending as exhibits the BC Supreme Court decision, BC Court of Appeal decision, and the Supreme Court of Canada decision. And the actual texts are in there, like the text of the conversation, so to speak. So he is basically lied about. So he has spoken out and his character is assassinated.

Paul Jaffe

Right. And as a fellow who's been through a few defamation cases over my career, I saw this as being a very meritorious one. I didn't see any realistic prospect for any defence of fair comment or qualified privilege or justification or the usual kinds of things that are raised by a defendant in a libel case. They were patently untrue. Neufeld had never uttered any comment in any way, shape or form that was hateful, that expressed religious bigotry or racism or antisemitism or misogyny or any of these things. Now, he took a position on a program in the school which he had great concerns about, and he even anticipated that he would get accused of the most awful things if he did speak out. But as he testified, he got to a certain point where he couldn't ignore his duty as a trustee to at least raise the matter. And his prediction of being destroyed came to fruition.

We thought, well, at some point, you know, the law of libel is often seen as a limit to free speech, but it isn't really. For public officials, it preserves free speech because it gives people the chance to vindicate themselves. If they are brave enough to speak out on a matter of public interest, they know that there are certain limits to what others can do to you. Because if they go too far, you can go to the court and vindicate yourself and hold people accountable for some of the untrue and terrible things that they can say.

Shawn Buckley

And can we just distill that for the commissioners and the public? So you're allowed to disagree publicly and have debates on policy issues.

Paul Jaffe

That used to be the way it was.

Shawn Buckley

Okay, so we'll go back to the way it was. So, I mean, when you're talking about defamation law, you're allowed to engage in public debates, and you're even allowed to get heated in those public debates, is my understanding.

Paul Jaffe

Sure.

Shawn Buckley

But you can't say things that are outright false and clearly calculated to character assassinate and cause harm to the other side. That's not an allowable tactic, because as you're explaining, that actually puts a brake on free speech. If you were allowed to, you and I engage in public debate, and all of a sudden I've got this campaign that has nothing to do with my position, but it's just attacking your character so that—

Paul Jaffe

Right. If we don't have limits on what people can do to each other in the public arena, nobody's going to want to express themselves on controversial matters. Because historically, if somebody did go too far, there would be access to the courts and the possibility of vindicating one's reputation and sending a message to society that: you can agree or disagree and you can exchange at times insulting comments and disparage each other—it's the nature of the political arena; there's a cut and thrust of robust debate and differences which healthy democracy can accommodate—but there are times when people go too far. And that's what the law of libel does with respect to public officials, who say you can do what you can, but there are certain things that cross the line.

The thing about the Neufeld case, is in my view— And before I even took it on, I searched high and low for anything he could have said anywhere that remotely justifies some of these comments, and I just couldn't find them. And Neufeld's an incredibly passionate guy. He's got strong beliefs. He's got a good background. Even if he wasn't an elected trustee, I'd go to bat for any Canadian who is willing to express their views on matters of public interest, especially one brave enough as Neufeld was, who knew he was going to get nailed. Because the public sector unions, the government, the mainstream press, and a slew of activist groups floating along on an ocean of public money are poised to erupt in an explosion of outrage and destroy you for speaking out. And that's what happened to Neufeld.

So before we even started the case, I looked high and low for things that they might point to to support these egregious imputations. I wasn't able to find anything. But what was clear is that there was a concerted effort by the government of BC through the Ministry of Education, through these various activist groups, through the public sector unions, to nail this guy. And as I saw it, it was conduct intended to stifle debate and to make an example of Neufeld and to deter anybody else from ever speaking out on that. They could see what was happening to Neufeld, and it would compel other trustees and other public officials just to not mention it.

Now, when Neufeld first spoke out in 2017, he was the first. Since then, of course, we have numerous other people who have begun to express concerns about SOGI. So I think if he were to speak out today, he would have not been subject to the same kind of protracted vilification, nor would he be before any human rights tribunal as I think we're going to talk about.

Shawn Buckley

So I just want to make sure that people understand what you're saying. You're basically saying he was so viciously attacked, he was made an example of to scare anyone else from criticizing the policy.

Paul Jaffe

Right. Sure, that's exactly right. And so— I'm sorry Shawn, were you going somewhere else?

Shawn Buckley

No, no, no, I wasn't. I was going to let you carry on, but I would add so the next part of the story is a little ironic with the SLAPP law.

Paul Jaffe

Well, yes. Okay, SLAPP is an acronym for a Strategic Lawsuit Against Public Participation. And Barry mentioned it in his evidence, but he was wrong on the timing. The action that we started preceded the enactment of the SLAPP Act. SLAPP is intended to prevent wealthy and powerful parties from dragging people through the court process on unmeritorious claims simply for the purpose of inflicting on somebody some sort of punitive consequences for having spoken out. So SLAPP is supposed to protect the little guy.

Shawn Buckley

The Barry Neufelds.

Paul Jaffe

The Neufelds of the world who have the courage to speak out. And then the public sector unions and governments come down on him like a ton of bricks.

So SLAPP, the whole theory behind SLAPP, is to protect a little guy. And the purpose of SLAPP was theoretically to protect free speech on matters of public interest so that when people speak out, unmeritorious libel claims can be summarily dismissed under a SLAPP application. It was never intended to basically protect people like the heads of public sector unions from liability if somebody like Neufeld, a retired pensioner, a sole voice on the Chilliwack school board, expresses a problem with SOGI and gets vilified for it. It completely turns the SLAPP law on its head when it's used against somebody like Neufeld.

And what happened with our action is it got dismissed under the SLAPP laws, and we ended up going back and forth. Court of Appeal upheld our right to a day in court, and the Supreme Court of Canada set aside the Court of Appeals. So at the end of the day, Neufeld had no access to the courts. And the reason he didn't have access to the court is because the Court of Appeal, who I say was absolutely right, said, "It's not our job as judges to involve ourselves in the underlying debate."

Whether we agree with Hansman or Neufeld as to SOGI and whether we agree none of that should matter at all, the only question is whether the publications at issue were defamatory, whether there's a reasonable prospect of a defence, and whether Neufeld is entitled to a day in court. That has always been the law in Canada until just two years ago, is that judges would not involve themselves in the underlying debate and they wouldn't take sides. They would simply—and should in my view, but didn't—look at the publications, look at the issues in the context of defamation law, and decide whether it's meritorious. And if so, let it go to trial. For judges to involve themselves in the underlying debate, which is what the Supreme Court of Canada did by effectively—and I'm cutting it to the chase here—characterizing criticism of SOGI as hate speech, and therefore validating the publications which were at issue—

And I argued in vain. But it was almost surreal to have to argue the point that surely the duty of judges is to be independent, impartial, to not be political, to not allow any sort of ideological predispositions to determine the outcome. Whether you agree with Neufeld or not—immaterial. It should be immaterial in any justice system in a free, democratic society for a judge to decide, "No, I agree with Hanson, and therefore, you don't get a day in court." My question I posed rhetorically with the Supreme Court of Canada is, "Well, if it isn't

solved in court, how does it get solved? Where do we go if the court system isn't there for people like Neufeld?"

Shawn Buckley

And Paul, where do we go if we can't solve it in court? And before you answer that, I mean, we're both lawyers. And I've been in cases where we've gone against the federal government, and to me it seems like there's a playbook to actually prevent you from ever getting your day in court. This has nothing to do with SLAPP laws. But if we wanted the rule of law, understanding that the Department of Justice has unlimited resources, I mean, I've been on cases where it's only me and the Queen, but there's 10 lawyers against me.

Paul Jaffe

Right.

Shawn Buckley

But if we wanted rule of law, the Department of Justice should say, "Oh, well, what's the real issue here? Let's admit everything else, and let's just quickly and to the point deal with that issue," and then we both live with the result because the impartial court sorted it out. But it's like motion after motion after motion. Let's, you know, add experts after the fact. Like, you're snowed under and so discouraged from actually getting to trial. I expect in a lot of cases that people run out of money, and I've never had a client where they would ever go against the federal government a second time, regardless of the outcome the first time. And as a lawyer, I found myself discouraging people from trying to get a redress in court against the federal government, which grieved me because then we've lost rule of law. So you're talking about a similar thing.

Paul Jaffe

Well, except for this reason: the David-Goliath dynamic has been a dominant factor in our legal system. I say it's a legal system, not a justice system, because of that. Your success in the courts is very much a function of your resources. That's been an unfortunate reality of our justice system since I started 40 years ago. I was with DOJ [Department of Justice] for a while as a prosecutor, and I was also with a big firm that acted for banks and things. And I knew what the game was, and I've been on both sides of those files. I've been both David and Goliath, and that's just the nature of the beast.

But what is different with Neufeld and what is different with all of the litigation that we conducted across the country on pandemic-related issues is that what we have now is an increasingly politicized and ideologically-driven court system. So that is why Neufeld didn't get a day in court, because I was unable to achieve the impossible in Ottawa, which is essentially to convince judges that Neufeld was correct in his views about gender fluidity being a biological absurdity or other things that he said. And my argument in Ottawa was, look, who cares whether Neufeld is right or wrong? I'm just an old barrister trying to run a libel case here. Do I have to enter into a debate with the Supreme Court of Canada on the underlying gender ideology issues? That surely can't be the test to get a day in court? Supreme Court disagreed with me. That is the test. They didn't say that so clearly, but that was exactly what they did.

And so getting back to your thoughts about the David-Goliath thing, the nature of the legal system, there's been a big change in the last five or six years. The Neufeld case is just a great example of how our legal system has become ideologically tainted, which is very much at odds with what we call "the rule of law." I can tell you that it very much, although seemingly discrepant subject matters, that same very troubling reality was patently evident in the courts across this country in relation to the pandemic litigation.

Shawn Buckley

Do you want to share some of that with us? I know that you've had some rather bizarre experiences with churches, for example.

Paul Jaffe

Well, we're all sort of trying to awaken from this Orwellian brain fog. It's surreal that we even had to argue these points in court, let alone lose on them. And this sort of thing, it's like a bad dream in Canada. I came out of law school in the early '80s when the Charter was just a brand new thing in our constitution. I remember the debate at the time, when debate was still permissible at universities. We were talking about how this is going to Americanize our legal system, and that could be a problem by codifying fundamental rights which have always been protected by common law in this country. We played second fiddle to no other country in the world in terms of protecting our freedoms.

In any event, oh, it's just amazing. So 30 years later, after I got out of law school, I was a prosecutor, okay? So we were duking it out every day in the courts on this Charter stuff. And the courts took the Charter really seriously. There were two kinds of Charter challenges. There were Charter challenges in relation to trials, usually search and seizure evidence things, war DEERS admissibility issues. The Charter was there every day for us in the '80s.

And then there was enactments that were challenged. The big case initially, the big Shoppers Drug Mart case, the Lord's Day Act in Ontario was set aside because it prohibited retail shopping on Sundays. And at that time, when governments infringed on constitutional rights, they had to bring cogent and persuasive evidence to demonstrate, quote, "a reasonable limit prescribed by law and demonstrably justified in a free and democratic society."

Shawn Buckley

Lesson one, yeah.

Paul Jaffe

So the heat was on the Crown to show why its laws, which prima facie infringe, should be upheld. And it was an onerous burden on the Crown. I argued both sides of those cases in the '80s and '90s. So the courts took the Charter really seriously.

Shawn Buckley

Should we just let the commissioners know? So the Charter of Rights and Freedoms sets out our guaranteed rights and freedoms, but it begins with Section 1, which reads: *The Canadian Charter of Rights and Freedoms guarantees the rights and freedoms set out in it — and now is the mischief— subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society.* That's what you're referring to. It's basically—

Paul Jaffe

Section 1. So the U.S. Constitution doesn't have Section 1. So the U.S. legal political system has what are called "checks and balances." So each branch of government has the capacity to hold the other one accountable. In Canada, we don't have that. We have a parliamentary system where the executive and the legislative are joined together and the judges are effectively appointed without any public scrutiny: no democratic input, no validation hearings, it's all done at the whim of the Prime Minister. So judges are appointed by the PMO [Project Management Office] through the Minister of Justice. There is no separate legislature from the executive.

And so, well, the concerns that we expressed as young law students and young lawyers in the '80s were: we're Americanizing our systems but without the protections that the U.S.

system has, so it would inevitably lead to a more politicized judiciary because the governments whose actions are at issue can appoint judges which find those actions to be reasonable limits. So we anticipated in the early '80s that over the course of a few decades, we would have an increasingly politicized legal system.

I remember that debate back in the '80s and saying, "Oh, don't worry about it, you know, it's all good." And, you know, it was good for 20 some odd years, even 30. But what happened was in the late '90s there was the evolution of certain, what are called "administrative law principles." Now the justice system consists of two basic parts: there are the courts and then there are administrative tribunals—so professional governing bodies or immigration appeal board or tax property assessment review. So a great deal of quasi-judicial decisions are made by administrative tribunals, so a whole massive body of law relates to that.

And what happened in the late '90s was different standards evolved for testing the limits to government overreach. In other words, the case I told you about before the Shoppers Drug Mart one began on Lord's Day Act, and there were a few others. There was the Oaks one, which was possession for the purpose of trafficking. It became known as the "Oaks Test" that the government had to satisfy to justify an infringement. Well, the law evolved in a way where the government didn't have to meet the Oaks test to defend its actions if they were carried out by administrative tribunals. So governments learned—and it became very clear during the pandemic—they learned that the way to avoid the Charter is to simply carry out their activities through administrative authorities.

And so if, for instance, now I'll take you to a case that I was involved with as an example of how those administrative principles work and why I say that the Charter is, if not absolutely dead at this point, very much on life support. And I think the predictions of those who anticipated a politicized judiciary, and one that could be ideologically driven, are coming to fruition—the predictions we made over 40 years ago.

But anyway, back during the pandemic I brought a lot through the JCCF. We acted for a bunch of folks who were challenging Bonnie Henry. She's the local BC's Provincial Health Officer. She imposed what are called "gathering and events orders." And that basically closed down society completely. Every sector of society from recreation centres to schools to shopping malls to businesses to, you name it, it was impacted by this order. It wasn't enacted as a statute, because had it been, it could have been challenged under the Charter. It was an exercise of her discretion as an administrative authority.

And so we, the churches that I acted for, along with some protesters, in January of 2021, we brought a petition to the Supreme Court of BC. We ended up with Justice Hinkson, Chief Justice of BC at the time. And I argued unsuccessfully that when Bonnie Henry, an

administrative authority, enacts legislation of general application applying to everybody in BC, imposing these kinds of restrictions, government should meet that onerous test that we see under the Oaks test of meeting Section 1: a reasonable limit prescribe by law, demonstrating, you know—

Shawn Buckley

And including proportionality.

Paul Jaffe

Yeah. And they have to bring evidence. They have to bring evidence: cogent and persuasive evidence to justify the infringements.

Shawn Buckley

And it being the least restrictive.

Paul Jaffe

Yeah. So I was acting for protesters who were ticketed for having protests, and on the courthouse steps. The AGBC [Attorney General British Columbia] threw in the towel and conceded that there wasn't a speck of data to back up any sort of justification for that. So they took us right to the wall at a time when they had imposed an absolute prohibition on protest in a free and democratic society. So they threw in the towel on that.

But with the churches, here's what the deal was with the churches at a time when under these gatherings and events orders Bonnie Henry decided that you could attend all of these secular venues: gyms, restaurants, pubs, big box stores, schools, shopping malls, courts, businesses, public transit, all operational subject to certain protocols: social distancing, masking, contact tracing, these kinds of things—but any gathering for the purpose of worship was made illegal inside or outside, regardless of the precautions taken.

So her order didn't focus on how gatherings were committed, which may be a public health factor; they focused on the purpose of the gatherings. She was using her power under the Provincial Health Act to target activities for political or ideological reasons, because there's not an epidemiologist in the world who will tell you the safety of a gathering is affected by the subject of discussion.

So the churches that I was acting for could have had yoga classes, or they could have been watching a Canucks game, or they could have been having a support group, or they could have been having a band practice. That was all legal. What made it illegal was for the Bible to come out and reference to the scriptures. And of all the venues imaginable in which the strict compliance with those protocols could be obtained, surely it's a church service where families come together in their little bubbles and they sit on these benches, spaced out, everybody knows who everybody is. But that was, in Bonnie Henry's unfettered and unlimited power, targeted for complete closures inside or outside.

So I argued in front of Hinkson, you know, we do have this thing called the Charter. You don't have the constitutional right, guaranteed right, to go to the pub and watch the Canucks lose another game, but you do have a constitutional, guaranteed freedom of religion, peaceful assembly. Yet that's the one that is nailed with the absolute prohibition and treated different from the secular venues.

Now I thought, well, it's surreal to even have to argue that in Canada. Are we really at the point where I have to make such an obvious argument that you can't pick on the churches? Well, not only did I have to make the argument, we lost on that argument. And we lost on that argument because of what I was saying are these administrative law principles.

Hinkson said, "Yeah, Jaffe, you know, it's a law that applies to everybody, but it was made by Bonnie Henry. She's an administrative authority, and so these principles apply." The principles that applied are: deference to the expertise of the tribunal—so Bonnie was given a very high degree of deference by the court to her expertise—and the scope of evidence admissible on a judicial review [which] is what's called the Record of Proceeding. The Record of Proceeding is the evidence that Bonnie Henry considered in making the decision at issue. So we had experts lined up to give opinion evidence on matters that should be obvious, which is that the presence of a Bible doesn't make a gathering more dangerous.

Shawn Buckley

And can I just interrupt you, because you're making an important point. I hope that people understand. So when you're appealing to a court, a court is generally, unless there's really good reasons otherwise, just going to rely on what was before the decision maker.

Paul Jaffe

Right.

Shawn Buckley

But the difficulty is when you only have the decision maker, it's not like you had parties putting materials in front. It encourages the decision maker not to look at other evidence.

Paul Jaffe

Well, it insulates them from any sort of effective challenge.

Shawn Buckley

Right. But you understand, if Bonnie Henry wants her order to stand, she shouldn't look at any evidence or limit what forms part of her own record. I mean, let's say I'm in Bonnie Henry's shoes and I want my orders to be bulletproof. And so I know somebody sent me some materials that are going to contradict, I don't even look at them.

Paul Jaffe

Correct.

Shawn Buckley

I don't consider them. I don't read them. They're not in my mind. They don't form part of the record.

Paul Jaffe

You cherry pick what you can to justify your decision. It's completely unfair. And the reason why that administrative law principle exists is because the vast majority of administrative tribunals involve a dispute between two parties, a licensing application, or something of that nature. So the parties impacted by the administrative decision have usually had standing and have had put in their own material before the administrative. So these administrative principles evolved from these quasi-judicial activities. So it kind of makes sense that the appellate court reviewing it is confined to that record of proceeding. But in a case where there's a law of general enactment passed through an administrative authority, there's no justification for preventing people from bringing their own evidence to court.

Well, anyway, so we couldn't bring in evidence, nor could we argue common sense. You see, even Hinkson during the hearing posed the question to the lawyers for the AG, "How can it possibly be that I can go to a pub and watch the Canucks or I can go to the gym and work

out with my friends, and if I wear a mask everything's fine, but these folks can't?" He posed the question to them, and they of course couldn't answer it because it's so obvious that the distinction makes no sense. But he still upheld this treatment of the churches.

The other thing that happened in front of Hinkson was the government argued that my clients will have their day in court because they were all being prosecuted \$2,300 per ticket. So every service they had, they were getting nailed for \$2,300 bucks. And there was a whole slew of them, and it really adds up. And the argument of the Attorney General of BC before Hinkson was that my clients will have the right in the criminal courts to bring in evidence to effectively challenge these ridiculous, this discriminatory treatment of the churches.

So when we get to the provincial court, the prosecution of the tickets, the Crown successfully argued that since Hinkson had thrown out the constitutional challenge, this court was bound to follow Hinkson so that my clients were precluded from leading any evidence to show how ridiculous these restrictions were. And so the Crown completely flip flopped on where it was that we were finally going to get a chance to look at the merits of this distinction at issue.

The Crown said, "Well, we're bound by Hinkson. Hinkson upheld the constitutionality of these things." And I argued, "Well look, no, but we're in the criminal court here and all defendants in a criminal court have the right to bring evidence to challenge the constitutionality of the enactment under which they're being prosecuted." The Crown successfully argued that since Hinkson had thrown out the judicial review, this court in the provincial court, the criminal prosecution of the tickets, was bound to follow Hinkson. So at no time was there any evidence allowed by any expert to show how ridiculous Bonnie Henry's discriminatory treatment of the churches was. It was really remarkable.

Shawn Buckley

And, you know, another point though that comes out of what you're sharing with us is you have the crown basically arguing in one case: Don't listen; let's not hear the constitutional argument because it's going to be heard somewhere else.

Paul Jaffey

Right.

Shawn Buckley

And then when you're in the other court where they've said, "No, no, it's going to be argued there," saying, "Well no, you can't because you didn't hear," that's dishonest. And they should have been stopped from doing that. But in your career, or let's say in the last 25 years, have you ever seen the court hold the crown to account for doing something like that? Taking opposite positions on the same issue with the same party in different courts?

Paul Jaffe

I probably have seen things of that nature. I can't think of any offhand, but I've never seen anything like what I've tried to describe. Which was that an accused person is prevented based on the outcome of a civil proceeding, which is the judicial review, and the rules that apply which restricts the evidence to the record of proceeding and accords deference to Dr. Henry, and prohibits any evidence challenging it. I've never seen an accused in a criminal court said, "Based on the outcome of that civil proceeding, you can't defend yourself here."

So one of the things we did for the pastors who I was acting for was say, "Well, look, support services for instance were permitted under Dr. Henry's orders." Now support services address issues like drug abuse or spousal disharmony or unemployment or the usual kinds of things that are difficult for people. They get together in these support groups. That was all legal as long as you're socially distanced and masked and contact traced and limited numbers, and so forth.

Well one of my clients, a pastor, testified as to how worship gatherings are very much in the nature of support groups. They provide comfort and companionship for people, who in the middle of this friggin pandemic were being isolated and scared and really up against it. Of all the times in the world where the non-religious benefits of churches were obvious, it was then. So my client gave compelling and unchallenged evidence about how worship gatherings are also support groups.

So the argument at the end of the day in the prosecutions was: those are permitted. And the judge said, "Well, yes, but Dr. Henry has distinguished between support groups and worship services. The latter is prohibited." And since the Bible was out and the reference to the Scriptures, it became illegal. And I just said, "Well—" I mean, I didn't say it, but I'm, "It's just so sad. So sad."

Shawn Buckley

So I'm going to kind of tidy this up and I'll give you over to the commissioners. But you were involved in a lot of this COVID litigation to try and protect our rights. Other than the case

where the Emergency Act was recently found not to have been justified, other than that case, are you aware—and that case isn't going to prevent the government from declaring the Emergency Act again anyway—are you aware of a single case in Canada, let alone BC, that if we had another pandemic would operate to put a brake on any level of government's actions going forward?

Paul Jaffe

No. And the case in Ottawa with the invocation of the Emergency Act was simply because they redacted everything imaginable and prevented any scrutiny of any rational basis. And Mosley, who was an old Conservative judge on his way to the golf course, he had nothing to fear personally. He had the freedom to call it as it obviously was, and quite different from the challenge of the exercise of a public health authority. For many reasons, it's a different kind of challenge.

But one of the great, terribly frustrating, and in my view most egregious aspects of this bit of history in Canada was the inclination of every court to take judicial notice of things that are highly contentious—but because they are promoted by government spin machines, the official narrative as to the dangers and the wisdom of the closures and the need for quick and decisive action on this deadly thing. Without a speck of evidence, the government spin machines through press releases were accepted as proven facts.

So right at the outset of every one of these challenges, we were swimming upstream against the court's acceptance of the government narrative. We've always required evidence on these things in the courts. And then we're precluded from bringing in evidence to disprove the narrative, which had no evidence. So we were hooped on both sides of that.

Shawn Buckley

My last question before I set you over to the commissioners is: First of all, explain what the rule of law is and then tell us if we still have it.

Paul Jaffe

Well, impartiality of a court, the right to equal treatment, the application of certain legal principles. In the context of the churches: the right to defend oneself. Principle fundamental justice is the right to advance evidence and to challenge those people effectively whose enactments are at issue: Just swept away—swept away by a combination of the court's inclination to accept government narrative and to deny the right to bring evidence. Very

dangerous. Very dangerous. It's entirely consistent with the story that Barry Neufeld was telling about how he was denied his access to the courts.

And so I say, governments have learned how to overreach, have learned how to screw people basically by doing it through administrative authorities whose decision making cannot be effectively challenged because of these administrative law principles. And that's why we're in so much trouble.

And I'll just end by saying this: We've got a whole slew of professional governing bodies across this country—and that's the other area I told you about the law—basically, through the courts, civil and criminal, and then through administrative tribunals. We have, and I've been involved to some degree in instances of persecution of people through their professional governing bodies for expressing themselves as professionals on matters that they're fully qualified to talk about, but whose opinions differ from the required narrative.

Charles Hoffe at the College of Physicians and Surgeons is a good example. Jordan Peterson out in Ontario is a good example. Amy Hamm out here is a nurse in BC. I acted for Corrine Mori, who's a nurse who had the audacity to remind the public of what's supposed to be the paramount ethical obligation of any medical professional, which is to respect the need for informed consent—which she was denied of and was fired along with a couple thousand other nurses. But because she went public about it she was persecuted by her own college.

And so we see an increasing tendency of professional governing bodies to be used for ideological or political purposes. The reason for a professional governing body is to establish licensing and standards of practice, continuing education, and disciplinary matters, but not for ideological or political purposes, to be punishing people who express their honestly-held views on these matters. And so I see both the courts, themselves, become highly politicized and ideological, and these professional governing bodies that are becoming increasingly used as a tool by governments to punish professionals who have opinions that governments don't like.

Shawn Buckley

Thank you. I have no further questions. I'll ask the commissioners if they have any questions.

Commissioner Larsson

Mr. Jaffe, now that the government's learned that the extent of its powers is rather broader than even they initially thought, the next time some sort of crisis arises, like another virus or God forbid the mythical climate crisis, isn't it inevitable that the government will try to push the boundaries again? And what on earth can we do about it to try and escape this quagmire?

Paul Jaffe

Well, yeah, I do think it's inevitable. I think the message from the courts is you can get away with this and you won't be held accountable. So, to give you a great example of that, a couple of my colleagues acted for Max Bernier and Brian Peckford on the vaccine mandate stuff in Ottawa. They spent \$100 grand [\$100,000] on discoveries and documents and getting everything ready for the hearing. We had the government dead in the water on the fact that there was no input from any public health expert as to the wisdom behind these mandates. It all came from the Prime Minister's office to the bureaucrats. And shortly before the hearing, they repealed those mandates and then argued that the matter was moot. They relied on the doctrine of mootness.

And my colleagues were saying, "Well, wait a minute, they could do this again tomorrow." It takes a year to get to court, but it didn't matter. The thing was tossed out, so we could never challenge them on that. So there's an absolute great example of something they will do again tomorrow if they can and they know they can't be effectively challenged. And that's the same message I was given in the Neufeld case in the Supreme Court of Canada, is if you protect Glenn Hansman for what he did, it is a green light, a dinner bell for those who want to just destroy people in the public arena with impunity because they know they can get away with it if judges agree with their position on the underlying debate. And I said, "You can't do that."

Commissioner Larsson

So is it just a simple fact of life that we have to wallow in despair, or is there something that we can do about it?

Paul Jaffe

What a wonderful question. Well I'm still practicing law, so I've got to pull in my horns a little bit here what I have said in the past too: there's a difference between a rule and a law. And theoretically, a law is a rule that the courts will enforce. If you as a right thinking person perceive that there's something wholly unjust and irrational about a rule that's being imposed, I think— And what horrified me in the pandemic, and I'm sure many others,

was the degree of mass compliance with things that didn't make sense and which were unfair. And I think Canada has to awaken to a need for a greater fight back on these things and less mass compliance. Because even though you're not getting screwed now, you'll be screwed tomorrow if you let your neighbour get screwed today. And so you've got to fight back. And I've told people, just fight back.

Other than that, the only solution really is a political one. You have to have a complete gutting of the culture that has prevailed both in Ottawa and here in BC. I think we have a chance this week potentially to begin that process. But much of this is political. In my view, the courts have failed Canadians wholly on what is their paramount duty, which is we theoretically live in a society governed by what's called constitutional supremacy, where all laws that are inconsistent with the Constitution must be struck down to the degree of inconsistency. It says that in Section 52(1) of the Constitution. That has always been we have to return to a country of constitutional supremacy where the courts recognize their paramount duty.

It doesn't matter what the personal views are of any judge, whether somebody's right or wrong on an underlying debate. The rule of law requires that they withdraw from their personal views and apply the law impartially. These are all platitudes which in a perfect world we could pursue. But I think the first step is a wholesale political change at both levels, and mass non-compliance when they try and do something that is overtly unfair and irrational.

Commissioner Larsson

Unfortunately, recent history has shown us that mass non-compliance is a very mythical creature.

Paul Jaffe

Well let's hope it's not mythical in the future if they try and do this again. And the argument that I've made unsuccessfully everywhere I go is that if you don't rein them in and if you don't hold them accountable, they will do it again.

Commissioner Larsson

Thank you.

Shawn Buckley

And commissioners, just for context, Mr. Jaffe was referring to Section 52(1) of the Constitution, which I believe reads: *The Constitution of Canada is the supreme law of Canada, and any law that is inconsistent with the Constitution is, to the extent of the inconsistency, of no force or effect.* So that's the first part of our primacy clause. And thank you, Mr. Jaffe, on behalf of the National Citizens Inquiry. Oh, I'm sorry, I thought we were done.

Paul Jaffe

Okay.

Commissioner Bohémier

I want to ask you some questions about the Neufeld case. So, as I understand this story, the Supreme Court of Canada decided that it was hatred speech, even though there was not even an ounce of proof made in front of the first tribunal. There was no testimonies heard, nothing. It was just a motion to strike the case.

Paul Jaffe

Correct.

Commissioner Bohémier

And the Supreme Court said it was hatred speech, with no evidence.

Paul Jaffe

Yeah, the Supreme Court of Canada held that it had a duty to protect what's called "counter-speech." And counter-speech, in any rational sense, is the guy who's fighting back against the dominant narrative. But they characterize Hansman in the province of BC, and all the public sector unions, and all the advocacy groups, and all the governments in Canada at that time as counter-speech. And they treated Neufeld as though he was the dominant narrative, the massive, well-funded institution picking on this poor Glenn Hansman. They'd completely turned the whole thing on its head.

But you're right, there was no evidence. In fact, the action that Neufeld had taken, we hadn't even got to examinations for discovery yet or production of documents. The Act was proclaimed into force a few months after we started our action, and then we got dismissed by a brand new judge. The rest you've heard from Mr. Neufeld.

Commissioner Bohémier

And what was your reaction about the fact that the Supreme Court of Canada accepted this case to be heard on the procedural questions and they refused every recourse made by churches concerning COVID measures. So how did you find that?

Paul Jaffe

Very troubling. But I, as one of my many weaknesses is eternal optimism, I said, “Well maybe the reason they've done this is to just validate the BC Court of Appeals so that the whole country knows that we don't control access to the courts based on the opinions of the parties about some underlying debate.” I still in my wishful thinking thought that maybe that's the message they want to send out, so they'll give leave to Hansman and then they'll pronounce something up there. Plus I had a lot of wind in my sails from their earlier rulings on the SLAPP which Madame Justice Côté authored, and how she was the dissent on the hearing in front of the court.

With Hansman, it was surreal to have to argue gender ideology with a bunch of judges. It was a remarkable, surreal, and very depressing realization when I saw that my hope that the court system was still intact and that the rule of law would prevail—it was just awful. And look, you win and lose cases, but what I'm saying is not sour grapes. I feel for Barry, of course for any client of mine who doesn't achieve success. But I feel more for the country. Like, my God, have we really got to this point? Like, that's why I'm so impacted by this. I spent 40 years doing this. I can't believe that we've done this to what used to be a wonderful second-to-none legal system in the world.

Commissioner Bohémier

Are you aware of any related COVID case that was accepted by the Supreme Court of Canada to be heard?

Paul Jaffe

I know a few that weren't. Now I haven't followed it as closely, maybe, as some of my colleagues. I'm not aware of anything that's going up on the challenges that didn't succeed. No, I don't. We tried, we tried. We applied for leave from Hinkson's decision. Hinkson was upheld by the B.C. Court of Appeal, and we applied to Ottawa and we weren't allowed. And we thought, God, it's got to be a no brainer. You know, the test for getting leave in Ottawa is whether it addresses a matter of national importance, and surely the ability of a provincial health officer to discriminate between secular activities which have no specific

constitutional protection and religious ones that do, and without a scintilla of logic or evidence backing up any sort of wisdom behind that distinction—

And the other thing is, I subpoenaed Bonnie Henry, and I also applied for production of documents. We were turned down. We couldn't even cross examine her or get some underlying documents, let alone get our own experts admitted. I mean, it was so horrifically unfair. So we thought, surely we meet the test for leave in Ottawa, let them address this thing. Not that that would have done any good in light of the sort of cultural predispositions of the court there—that's beyond my ability to be open and honest about right now, until I retire. I'm sorry for being so sneaky about that, but I'm still practicing and I've got to hold it back a bit, honestly.

Commissioner Bohémier

Yes, I know. Before, the justice system was late on cultural changes. Now, they seem to be ahead of those changes. Like, in the legal field we see the use of pronouns since a couple of years. Like, the sanitary measures were applied in court. So we were pleading about masking with a mask on our face. There was vaccination policies in courts. So what is your thought about the fact that those things are already in the system and we are trying, lawyers are trying to fight those measures. What are the chances?

Paul Jaffe

Well, based on the existing jurisprudence—in other words, the decisions throughout the country on these issues—common law, being what it is, resort to precedence as authority for a decision. We're not in good shape to take those on, and that's why we resort to mass compliance to the degree that— You know, it's one thing for a handful of people to fight back and then the court has the capacity to prosecute them. And if everybody fights back— And it's like I'm advocating anarchy, and I'm not because I focus on the distinction between rules and laws. And it's terrible that a person has to make that distinction. But when the courts don't, people have to. And the courts fail us when they don't do that.

Commissioner Bohémier

So is there still public law in Canada?

Paul Jaffe

Is there still, sorry?

Commissioner Bohémier

Public law. Public law would define the law. The courts were supposed to control the action of the government. That's public law.

Paul Jaffe

Right. You know, judges at both levels are either appointed by the federal cabinet or the provincial one through their Attorney Generals or Ministers of Justice, so it has always been the case that judges are in a conflict of interest in a sort of way. Because when constitutional arguments are made, it's the actions of the very people who appoint judges that are at issue. But judges historically in this country have always risen above that and acted for the most part with impartiality, taking a judicious approach and not there to essentially circle the wagon for public health authorities using principles that prevent any effective legal challenge.

I've always felt, historically, that our courts were very good at doing that. I don't think that anymore. I think we've seen an increasingly politicized and ideologically-driven judiciary. And that's a really troubling thing, because as you probably know, in a free and democratic society, the judiciary is supposed to be totally independent. That's part of the rule of law. And when it's shown to be otherwise, as I believe it has in my view, this is deeply troubling, deeply troubling. It's one thing for parliament to have thoroughly collapsed in many ways, and the media which is non-existent now in terms of holding governments to account, the courts are all we've got left.

Commissioner Bohémier

Would you still recommend people use the courts to contest, to protest, again let's say that SOGI Program, Bill C-293, or other legislation? And if so, in what intention would you use the courts just to, let's say, [get] out of our echo chamber? Or do you still believe that there is something to win out of the legal system?

Paul Jaffe

It probably depends on what kind of case you're dealing with. Throughout the worst parts of the pandemic, not a day went by when I didn't get a handful of calls from people who were having the most difficult time. Just innumerable instances of personal grief: you know, being fired or kids having to wear masks or the ArriveCAN thing at the border, and people just getting nailed for the most outrageous things. And I'm just in sole practice. I don't have

the resources to take these. But I heard their stories and I would just say, “You’ve just got to fight back.”

And fight back. If everybody fights back, the system won't be able to accommodate the prosecution of those who do—if everybody fights back. And that's why that was generally the thinking that I shared with these folks who would be calling me. And God, not a day went by when I didn't get those calls. And people were referring them to me for some reason, because I guess I had been in the court fighting on these other cases that attracted some attention, and I just heard their stories. It was actually difficult emotionally for me.

Commissioner Bohémier

To fight back, at least not to have them win by default or at least to slow them down?

Paul Jaffe

Fight back, fight back, fight back. Just fight back. Jam up that system. I mean judges go home to their families too. And if everybody fights back, like I say, if the courts aren't capable of being independent and impartial and judicious and recognizing the rule of law and constitutional supremacy—in a country where the Charter is supposed to be preeminent constitutional supremacy.

And when it gets punted into the end zone by these administrative law principles by judges who say, “Ah, you don't get to challenge these things, common sense plays no role here. And yes, you can go to the pub and watch the Canucks lose another game, but you get the Bible out in a much safer place, you're guilty.” And for me that's unimaginable that Canada has gotten to this point.

Anyway, here we are. And that's why we have this inquiry. Because if the courts were working, we wouldn't have this inquiry, because we would have fought all these battles in the courts and had some success. It's only because of the complete failure of our legal system that there's the need for an independent inquiry to look at these stories. I mean, thankfully you exist and we do have a place to share these thoughts.

Commissioner Bohémier

About judicial notice, I know there is judicial notice of the fact that there was a pandemic. And I also know that there was a judicial notice about the fact that the vaccines were safe and effective. And this judicial notice was challenged with the Charles Hoffe case successfully. But is there other judicial notice, aside of those things?

Paul Jaffe

Yes, there is. Charles Hoffe at the College of Physicians and Surgeons, who was able to convince them that the starting point in his prosecution ought not to be the acceptance of government narrative as to the safety and efficacy, and there should be the need for them to put in that evidence to refute what Charles Hoffe was saying was the data and his own observations as a physician. So that was a tremendous decision for anybody who has any hope that there could be an actual fair hearing. I was so happy to see that. But there is judicial notice being given of narratives that are absolutely devoid of any evidential basis.

In for instance the case with the churches being treated differently from secular venues, the findings of the court, both the civil and the criminal proceedings, are that Bonnie Henry must have had some reason, otherwise she wouldn't have done it. And therefore, even though there's not an epidemiologist in the world that could support any sort of public health purpose to the distinction at issue, they stretched judicial notice to the point where they assumed she must have had some basis. And since we can't cross examine her and since we can't bring in our own experts, we're stuck with it. That's kind of a form of judicial notice. It's stretching it to an absurd degree, but that's what we're stuck with.

Commissioner Bohémier

And would you say that there were public health recommendations regarding vaccination of children taken as judicial notice too?

Paul Jaffe

I think the inclination to take judicial notice of everything the governments were saying was more obvious at an early point. I think the pendulum's swinging back a little bit. Some of the witnesses we've had here today, and just a general awareness that we weren't told the truth about everything at the early point, the fear level has gone down where we can kind of sit back and look at things more objectively now. There's no more need to panic until the next one, which could be any day. So I think the reason judicial notice was such a problem was because the courts justified the actions at issue on the basis of the need to take quick and decisive measures, so they just bought into this narrative.

Things like the Great Barrington Declaration. You know, tens of thousands of physicians signing onto something, and the fact that this idea of following the science was a cult-like mantra that made no sense in the context of thousands and tens of thousands of very qualified doctors questioning the wisdom of the closures initially, and then the safety and

efficacy of the vaccines. I mean, we have come a long way since the early point of the pandemic, and I think the pendulum is probably swinging back. And Charles Hoffe's case at the College suggests, no, they're not going to just accept the narrative now. We need some evidence for that. And I'm hoping that's the beginning of a series of movements on that front.

Commissioner Bohémier

And now what is your thoughts about the future of the legal profession?

Paul Jaffe

Well we are, I think, the second oldest profession. We pay more taxes. I think I haven't given up, honestly. My own family background, my father lived through Nazi Germany in the '30s. Got out of there. If he hadn't, I wouldn't be here. So maybe I'm genetically programmed to be sensitive to things that happen. The darkest chapters of human history always start very incrementally with what appear to be the most innocuous circumstances: distinguishing between people based on race, or things of that nature. And so when I see that beginning to happen anywhere, Neufeld or the churches—I've done a few others that I won't take up your time on—but you've got to stop it. And so I haven't given up on the need to try at least to stop it. Because the options are, well, you have no other options. You've got to try.

Commissioner Bohémier

Thank you.

Commissioner Drysdale

Just a couple of quick, short, I think they're maybe a little more technical. Did I understand you right that you started the defamation action before the SLAPP law was put into place?

Paul Jaffe

I think the SLAPP law had gone through third reading. I can't remember the legislative history. It was proclaimed into force about a month or so before they brought their application. That was in the spring of, let's see, the spring of 2019 is when it was proclaimed into force.

Commissioner Drysdale

But you had started your claim prior to that?

Paul Jaffe

Yes.

Commissioner Drysdale

I thought that in law you can't retroactively pass a law that applies to something that happened in the past?

Paul Jaffe

No, but it wasn't retroactive in the sense that it applied to a present, ongoing civil proceeding. So it was an enactment which applied to both future and present civil claims. Ours was still underway.

Commissioner Drysdale

So what you're saying is the law isn't, I guess in accounting firms, accrual. In other words, when I make a transaction in my accounting system today, it gets entered today, and that's when it happened.

Paul Jaffe

Right.

Commissioner Drysdale

But what you're saying to me is that that's not the way the law is. There might not be a law today that I can't wear red socks, but as long as it hasn't gone through the courts yet, and they proclaim that Ken Drysdale will go to jail if he wears red socks, I can be held liable for wearing red socks—even though it wasn't the law at the time when I committed the act.

Paul Jaffe

Yeah, well certainly the retroactive application of criminal law is contrary to the rule of law, because you're entitled to know what the law is at the time the alleged offence. And so they can't retroactively apply laws of a criminal nature. But the civil rules are different. Civil litigation takes years, and often the rules are changed midstream, and we just have to live with it. Sometimes they're against you, and sometimes they're not. But in this case, there was nothing contrary to the rule of law.

I will say, though, that the timing was coincidental because the BCTF, a big, big powerful ally of the government, and we were just about to go into discoveries with Hansman. And one of the effects of the SLAPP Act is it freezes proceedings so you're not allowed to take any further steps. And cynics suggested that maybe the timing was more than coincidental. I don't know. It was certainly fatal ultimately to Neufeld's right to what always had been a right: to a day in court.

Commissioner Drysdale

To me, the operable thing there is there wasn't a law in place when the act occurred, when the defamation occurred. However, this law was used to, in my mind, whatever the semantics are, retroactively apply to an act that happened prior to the law was passed. So as a result of that, you have no certainty in the law.

Paul Jaffe

No. But you know, even if the law had been up and running for years before we started our action, I would have never thought in a million years that it would be used to shut down a guy like Neufeld, because he's the very person who the law is intended to protect. He's the little guy.

Commissioner Drysdale

Yeah, well, I understand that completely, but this issue of certainty really bothers me, and I want to make sure I understood it. So, again, the act was committed prior to the law coming into force. However, since it hadn't progressed through the courts, the rule that was passed after it, applies to it now. That just seems— Anyway, let's move on.

You made an off-handed comment, and I don't mean to hook you on this, but it came to mind because I had a discussion with Judge Giesbrecht last year on these hearings. And you made the off-handed comment: "While Moseley was off to the golf course and he's close to retiring, he had nothing to fear." We had this discussion with Judge Giesbrecht and I asked, "Aren't judges appointed for life unless they commit some criminal offence?" Like, if a judge is appointed for life and they do that for independence sake, what have they got to fear?

Paul Jaffe

Well, that's a good question. And you're right, the tenure of judges is made quite safe, so on the theory that it protects their independence so they can rule against governments

without fearing for their position as judges. And I don't want to disparage all judges at all levels. I mean, for the most part they're decent, honestly. It's just that there's a greater inclination for them to become more political and ideological, from my observation.

But you know, you're working within a system and you have coffee with your mates and you're all appointed by the same people. I mean, for the last nine years I guess they've all been federal superior court judges and have all been appointed through Justin Trudeau. So one can only imagine. And I don't want to disparage them because I'm sure there's a bunch of good ones out there, but you can't dismiss the importance that the people selected to judge the government are going through that screening process in Ottawa, and you're not going to find—

I mean just to make a point, the two lawyers I was against on the case in front of Hinkson, both got appointed. Two lawyers against me, and the judge I was arguing against, a provincial court judge in the church case, just got appointed too. They're all, you know, I mean, you've got a better chance of getting appointed than me. Not that that would be a problem. So they select judges from those who I think won't compromise their own beliefs and who reflect their views on these things. I think that's just human nature. It's a political process.

Shawn Buckley

Mr. Jaffe, can I just step in? And Commissioners, we're running so far behind today that we will be cutting witnesses. And the question now is how many witnesses will we cut? So we're having to make a decision on the issue of our children are safe. Should we be listening to witnesses or— So I'm just saying it's a matter of fact, we're cutting witnesses today. So unless we're sitting until about 10, are there any further questions on that?

Commissioner Drysdale

No, I was just going to say that with the discussion with Judge Giesbrecht, you know, he was mentioning something very similar, that these people have to work within a system and they're worried about it. But then I questioned him, I said, "But we have truck drivers." And at the same time, the witness before Judge Giesbrecht, sometime before him, was a fellow who owned a trucking company. And in his mind he was going to lose his business, all of his employees would lose their employment by going to Ottawa, but he went to Ottawa anyway. And these judges who are appointed for life and can't be punished unless they do a criminal effect won't stand up for Canadians. But this truck driver from, I think he was from Steinbach, Manitoba, did.

Paul Jaffe

Yeah, I hear what you're saying, and I'm also mindful of the time. So I think we could go all day on this.

Commissioner Drysdale

Thank you.

Paul Jaffe

Thank you.

Shawn Buckley

Thank you, Mr. Jaffe. On behalf of the National Citizens Inquiry, I thank you for two things today. Thank you for testifying, and also I thank you for helping out as a lawyer calling witnesses.

Paul Jaffe

My pleasure.

Shawn Buckley

Thank you.



NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 18, 2024

Day 2

EVIDENCE

Witness 5: James Kitchen

Full Day 2 Timestamp: 08:04:20–08:24:12

Source URL: <https://rumble.com/v5j4dp0-nci-vancouver-2024-hearings-day-2-october-18-2024.html>

Wayne Lenhardt

Okay. We're running behind here, so I think we've got 20 minutes. I guess I better do an oath with you first. Do you promise to tell the truth, the whole truth, nothing but the truth during your testimony today?

James Kitchen

Yes, I do.

Wayne Lenhardt

Just quickly. I don't know if you've heard the last witness here, but I had a thought here and maybe you and I could kick this around for two minutes. I think there's a couple of avenues where we could deal with perhaps. And I haven't thought this through totally, but the thing about judicial notice, the rules of court are all provincial, and in Alberta, there is a thing called the Judicature Act which has certain things in it. And I'm wondering whether we couldn't tweak the rules at court in order to prevent judicial notice in certain instances. Because that's a statute and they have to comply with it, the judges.

James Kitchen

Yes. Well, yes, and the judges and the courts tend to love complying with legislation, it seems.

Wayne Lenhardt

Exactly.

James Kitchen

They tend to view it as a good thing, right? This whole idea of big government and government knows best, so legislation is good. I like that. It's a creative proposal. And if you have somebody, you know, whether it's Smith or whoever—I don't know if she has quite that much courage, but she's demonstrated some—that would be an excellent way to do it without attracting too much flack.

Wayne Lenhardt

Well, I mean, she's already attracted some flack. I mean, in for a penny, in for a pound, I mean, what the heck?

James Kitchen

I agree.

Wayne Lenhardt

But, you know, I think that is an avenue. And just to give an example here of how that works, for example, you could have a residential lease that's ironclad, that says you've got to pay the rent at the first of the month. If you don't do that, it's an ultimate default and the landlord can terminate your lease. The Judicature Act has a Section in Alberta, it's called Relief From Forfeiture, and it covers more than just leases. But, for example, your tenant can be a couple days late, and you come in and say, "Well, I want him out, okay?" And the answer will be, "Well, Section 11 of the Judicature Act allows for release from forfeiture. Sorry about that, but we're going to have to have a hearing on that." So, anyway, that all came to mind while I was listening.

Okay, anyway, since we've only got 20 minutes, James, maybe we could just go through what Barry's two options were and how it all worked again quickly, because I think we've heard the testimony if we've been here for the day today. So perhaps you could do a quick

summary of that. You've done a lot more of that and more recently than I have. So what are his two options and how would that work? And he's at the Human Rights Tribunal, and I'm not sure that this thing even ought to be called "Human Rights" Tribunal. But anyway, I'll leave that with you. So, if you could maybe do that for 20 minutes and I'll chime in once in a while.

James Kitchen

Sure. So for those who didn't hear Barry's testimony, he's got a seven-year-long now case of the Human Rights Tribunal where there was a complaint against him by the teachers union, the BCTF [British Columbia Teachers' Federation], that he had somehow discriminated against their members, the teachers in BC, through his comments. Which, you know, basically said that the teaching of trans ideology or of queer ideology, or this idea that you can switch your genders, and penises belong in girls washrooms, and you can lop off your breasts when you're 15, and it's good, we're going to call that healthcare.

This idea of teaching this belief system— You know, "ideology" is perhaps is a word that confuses people and just angers everybody who is mildly left wing. I'll call it a "belief system." It is a system of belief to believe that you can switch your genders and that you can assign genders at birth and then switch them when you get older, and that you can take drugs and somehow become something else that you're not—it's a belief system.

So he criticizes that belief system, and he criticizes the teaching of that belief system to young children who, of course, are not able to properly process through that belief system—and then of course aren't even able to properly discuss it with their parents because sometimes it's done in secret. So they characterize this, or mischaracterize this, as discrimination against the teachers on the basis of their protected characteristics, instead of what it really is, which is the criticism of ideas. So they're sort of conflating a belief system with the identity of people who hold that belief system. Which, of course, if you were to turn that around, I'll give an example where those same people would think it was great.

You know in our society, we generally regard the ability to criticize Christianity as just a basic fact of free speech, right? But on that logic that the LGBT crowd comes in with, Christians should be able to say: "Well, look, I mean, my identity is a Christian, so you can't criticize Christian ideas. I mean, you can't go around saying that Jesus didn't rise from the dead and that we're crazy for believing that, because as soon as you do that, you're discriminating against me on the basis of religion, right? It's discriminatory. You can't do that. Free speech doesn't protect that. It's discriminatory. It's hate speech. It's hate speech to say that Christians are stupid for believing that Jesus rose from the dead." That's the logic

being applied by the BCTF. And that's what the Human Rights Tribunal is saying, that we need to have a hearing on this—which we shouldn't be having a hearing on it, to be frank.

And not only that, but of course me and Barry and everybody else who's paying attention to this, we generally all kind of roll our eyes and say, “Well, we know where the tribunal is going to go on that, right?” Which is sad. We shouldn't be thinking that, but we can't help but think that, because that's the reality. I mean, nobody honestly expects the tribunal to prioritize free speech and to be able to properly characterize what criticism of ideas is and how that's separate from actually discriminating against a person. Nobody actually honestly expects the tribunal to be able to do that, which is really, really sad and depressing.

So that's basically what the case comes down to: is Barry has exercised his free speech, responsibly so actually, because he's supposed to as a school board trustee, to criticize ideas and the teaching of those ideas to a particular group, i.e., students. And the Teachers Federation has sort of drummed that up as discrimination. They say it's hate speech. They say it's discrimination in employment, which is, of course, a little bit absurd because he's not the employer of the teachers. He's a school board trustee.

And they've actually said that it's retaliation against Glenn Hansman as well, you know, because there's this defamation lawsuit. They're saying the fact that Barry launched the defamation lawsuit is actually retaliation contrary to the Human Rights Code, which in itself is a form of discrimination. Which, I mean, really is laughable—or would be if it wasn't for the serious consequences.

So starting on November 25th, we're going to have a two-week hearing where I'm going to represent Barry. And he's going to be there, he's going to testify, and we're going to basically argue that, you know, there's no discrimination here. There is what should be protected free speech, and you need to follow the law and throw this thing out. I don't have high hopes of that. I think we should fight for it nonetheless. I'm very much with Paul when he says, “Fight back.” I've been saying that for years. Let's fight. Even if our chances are terrible, we've got to do the right thing. It's the morally right thing to fight. I'm sure they felt that way, you know, the Bonhoeffers of the world and all the others who gave their lives in the '30s and '40s. I'm sure they felt that way when they were fighting in the beginning. But I mean, in the end they won, or, you know, the forces of freedom won.

So that's where we're at with Barry's case. The implications of it, of course, are pretty significant. Because, you know, it's one thing when you have a Bill Whatcott type that's told to shut up, and you know we all sort of lose free speech rights when that happens. But a guy like that is intentionally a provocateur and he's intentionally inflammatory and, you know, the loss is not as significant as it's going to be for Barry because he's an elected school

board trustee, right? And he's a very reasonable guy and he's a very respectable guy and everything he said, you know, makes complete sense.

And don't take my word for it. You can go listen to the feminist, Megan Murphy, who says, "Yeah, I've listened to what Barry Neufeld had to say, and he makes sense." You know, if she can get on board and say it makes sense—obviously not a raging right wing, you know, guy like me—probably what he's saying makes sense. And if a guy who is actually in a position where he's supposed to be speaking about this sort of stuff, he's elected to do that, he actually is objectively representing the interests of people when he's doing that because he's reelected again and again and again to do that.

If a guy like that can't talk honestly and openly about this stuff in the very moderate, respectable, reasonable way he did without being accused of hatred and hauled before some proceeding—I'll just say proceeding that lacks credibility—and then given some sort of punishment to pay thousands of dollars or to be quiet or to give some apology or whatever, you know we're in trouble. We really, really are. And I'm sure people are tired of hearing that, but it's got to be said. We really are, right?

So the implications, I think, are really significant. It's not just sort of free speech generally. It's like we're now into a realm where elected officials that are actually speaking very responsibly, even they can't talk about it. And unfortunately, of course, that's what the left generally wants. That's what the LGBT movement generally—not all of them, obviously; I've spoken to lots of them that don't believe in that, they do believe in freedom—but generally, the powerful parts of the LGBT movement want that. And that's really sad and unfortunate. Because what they want, whether they realize it or not, is the destruction of what makes our nation worth living in and of what brings the most quality to life.

You know, we have a higher quality of life in a place like Canada, as opposed to a place like Iran and North Korea. And that's directly attributable to the degree to which we have things like free speech and limited government and—well, somewhat limited in Canada. So, you know, really, that's what they're seeking. They're seeking the destruction of Western civilization, whether they realize it or not. And, I mean, it doesn't get any more of a big deal than that. So, that's my overview of Barry's case and why it's important and why I'm fighting it, and why I'm glad Barry is.

And, you know, he wants to protect children, too. Ultimately that's what this hearing is about. I mean, you can't protect anybody without free speech, but obviously children. But whatever it is, whatever the issue is—whatever's dying, or whoever's suffering, whoever's being misled, whoever's being, you know, encouraged to have themselves mutilated or to kill themselves, the whole euthanasia thing—you can't protect anybody, any group,

especially a vulnerable group like children or elderly people, without free speech. You have to have it in order to protect people from other people, or usually from governments.

And you know, that's what's motivating him—and good for him. It doesn't matter, that motivates me too. But I think that's tied up with the free speech thing. You can't protect the kids if you can't talk about what is hurting the kids. And that's what Barry was trying to do. At the end of the day, ultimately, that's what he was trying to do, right? I mean, he's saying, “Look, I think—” And whether he's right or wrong—I mean, obviously I think he's right and I think a lot of people think he's right—but whether he's right or wrong, what he's saying is, “The reason I'm talking about this is because I think the teaching of this belief system to these kids is actually harming them. It's actually bad for them. And I'm supposed to talk about that.” So there you go. That's my overview on Barry's case.

Wayne Lenhardt

Okay. A couple of quick questions that have been rattling around my mind for a couple of days. Language is very important, and the English language is very vague and very ambiguous a lot of the time, just by itself. So to make the point, if the COVID jabs, for example, do not meet the definition of vaccine traditionally, and you refuse to take that jab, then you're not an anti-vaxxer, are you—if it's not a vaccine. I mean, you know, language can be important this way.

I don't know, am I making that point? Okay, for example, hate speech. It seems to me like everything under the sun now is hate speech—stuff that we would never in a million years have said was hate speech, like 10 years ago. But, you know, you say something to somebody and they don't like that, it's hate speech. Are there clear enough definitions in the Human Rights Act to deal with that kind of thing, James?

James Kitchen

Well, there's a two-fold problem with that, because you could say, “Yes,” when you read the language, and this would go back to the issue with Section 1 of the Charter. You know, the hate speech language is—I'm going to paraphrase, okay? You know, would a person, a right thinking, informed person, aware of all the circumstances, would that person view what was said as likely to expose the particular person or group of persons to vilification and detestation on the basis of their protected characteristic?

Okay, so there's a lot of language there to really qualify that, which is to say, to protect against it being just something that's merely offensive or just something that somebody doesn't like, right? And that's the same language that we have in Section 1 of the Charter,

you know, generally speaking, right? Well, it's got to be demonstrably justified, it's got to be reasonable, it's got to be prescribed by law, and blah, blah, blah, blah, blah.

But at the end of the day, all of that is meaningless because what you have is people who are themselves unreasonable, as opposed to what we would have thought was reasonable over the last quarter of a millennia in the English-speaking world. And they have their own political and ideological worldviews. And so where they would draw the line on vilification and detestation—which of course are very subjective words; what the heck does that mean, right?—you and I as reasonable, intelligent, calm people, well read in Western civilization literature can say, ‘Okay, well, I have a good idea of the high bar of that.’

But you know, you take some 32-year-old who is—oh I guess the age doesn't matter, could be 47-year-old, whatever—you take somebody I guess probably who's my age, a millennial I guess who's just grown up in this system of indoctrination through all this left wing stuff. They wouldn't call it left wing stuff. They would just say it's the truth, right? But it's all the stuff that they've been fed in the public school system and the advanced education system, right?

And of course all that's been infiltrated by the long march through the institutions from the the Marxists. They're going to look at it completely different and they're going to say, “Well, saying that teaching kids this inclusive stuff about how they can switch their gender, saying that is child abuse, as Barry Neufeld has, I mean, of course that's going to expose these people to vilification and detestation. Any right thinking person would think that.”

So at the end of the day, the problem is that it doesn't really matter what the language is, because the decision makers who have the power to do so will remake the definition in their own image. That's exactly what we've seen over the last 40 years of the Charter with the judges. I mean Paul, Jaffe went through that. I think he did a very good job. It's nice hearing it from him as opposed to hearing it from myself. I studied this in law school and I've only been living it for seven years and practicing. He's practiced the whole era of the Charter, right? He says the same thing that I do, is that this thing was set up to fail. It was bound to fail. And to me that's obvious, right?

And I'm not surprised it only took 40 years. Here's something as wishy washy as “demonstrably justified in a free and democratic society.” It's like, you know, the Founding Fathers from a quarter millennia ago in America would have said that's hogwash, that's not going to last very long, right? It's not a coincidence that their system of absolute rights is still somewhat intact a quarter of a millennia later, and our system has completely fallen apart. And it's the same problem with this hate speech. You can't have protections against hate speech because it is set up to fail. It might last 10, 15 however many years, but it will

inevitably fail especially if we have the problem that I identified where you have all these people who really don't know how to think straight anymore, basically, about things like free speech and first principles and what is the basis of Western civilization.

So, that's the problem we face, is I can go in there, and I plan to, and say, "You know, let's look at the law, and let's look at what these words mean, and let's look at what Barry said, and we can clearly say it's not hate speech." I shouldn't even be arguing that to begin with. What it should be is an absolute right to free speech. And we shouldn't have something like hate speech that is just prone to be corrupted into whatever somebody wants it to be for their own political or ideological reasons.

Because I'm already fighting a losing battle, because we're going to talk past each other, right? If I get in front of a person like Devin Cousineau, we're going to completely talk past each other. She's on Planet Marx and I'm on Planet Whatever— pick your Englishman from the 17th or 18th century that talked about rights and freedoms. We're going to talk past each other, right?

But who has the power? She does. I mean, I can publicize the case, and I plan to, and I can make a big deal about things and tell society that we're all falling apart. But I mean at the end of the day, is that going to work? She's the one that has the power. She can do whatever she wants. Is the B.C. Supreme Court really going to overturn her, you know, on something as sensitive as this? Maybe, but probably not. And certainly if I get in front of Chief Justice Wagner at the Supreme Court, which I don't think I would, but if I did, I'd have the same problem as Paul Jaffe.

Wayne Lenhardt

The clock behind me says we've got about a minute left, James. So, are there any questions from the commissioners? No. Okay. Well, on behalf of the National Citizens Inquiry, thank you very much for your testimony today. Okay, thanks.

James Kitchen

Thanks for having me.



NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 18, 2024

Day 2

EVIDENCE

Witness 6: Irvin Studin

Full Day 2 Timestamp: 08:24:23–09:54:10

Source URL: <https://rumble.com/v5j4dp0-nci-vancouver-2024-hearings-day-2-october-18-2024.html>

Shawn Buckley

Our next witness is Mr. Irvin Studin. Irvin, can I get you to state your full name for the record?

Irvin Studin

You did well. Irvin Studin.

Shawn Buckley

And Mr. Studin, do you swear to tell the truth, the whole truth and nothing but the truth, so help you God?

Irvin Studin

I do.

Shawn Buckley

I'm going to introduce you to the commissioners. I don't need you to agree with what I'm saying but, Commissioners, the purpose of this introduction is just so that you understand

that Mr. Studin has a significant background in analyzing and addressing large policy questions. That's where I'm wanting to go with my introduction with you. And if I say anything that is incorrect, please correct me. But Mr. Studin has a degree from Schulich Business School of York University, the London School of Economics from the University of Oxford where he studied as a Rhodes Scholar. He has a PhD from Osgood Hall Law School where he was a Pierre Elliot Trudeau Scholar and won the Governor General's Gold Medal.

He has been a professor of public policy in leading universities and policy schools in North America, Asia, and Europe. He worked for a number of years in the Privy Council Office, the prime minister's department in Ottawa. He has worked at the Australian Department of the Prime Minister and Cabinet in Canberra. He was an appointed member of the first ever external advisory board of the Canadian Foreign Service Institute, Canada's diplomatic academy charged with preparing Canada's diplomats for the challenges of this century. He was the first ever recruit of the Canadian government's recruitment of [Public] Policy Leaders Program. He was a member of the small team that wrote Canada's 2004 national security policy, which was Canada's first such policy. He was the principal author of Australia's 2006 national counter-terrorism policy.

He is president of the Institute for 21st Century Questions. This institute was founded in 2014. It's a vision and strategy tank that, in association with *Global Brief* magazine, aims to analyze and help provide real-life solutions basically on major issues facing the world today. And these are macro issues, including the former soviet space, middle east security framework, international criminal justice, and the like. And then I'll get to the policy that Mr. Studin is here to speak about, which has to do with the worldwide education of children. But Mr. Studin, I'm just pointing out to the commissioners that you have an incredible track record and experience in major and significant policy issues. Is that a fair assessment?

Irvin Studin

It's your assessment. I'll appreciate it, and I appreciate the description.

Shawn Buckley

Okay. And why I thought that was important, Mr. Studin, is I mean, you're basically in the business of, and have the experience of looking at major geopolitical issues, and yet you are focusing your attention on what's happened with COVID and the education of children, because you view it as a significant issue for the world.

Irvin Studin

That's a great way of framing it. I'm in the business of original frameworks. I think what I bring to the table is in many cases—on global issues, on Canadian issues, with my colleague with whom I created the Institute for 21st Century Question, but across all my work—is original angles and interesting frameworks that allow complicated problems to be viewed originally, and therefore advocating for practical solutions where they otherwise wouldn't be found with conventional frameworks. It just so happened that the pandemic yielded, what to my mind is the most catastrophic of all the crises facing humanity. And that concerns our children, their education, and the future generations we're graduating, that we're promoting into society post pandemic.

Shawn Buckley

So do you want to share with us basically what the problem is as you see it? And I'm going to anticipate that my AV person is going to ask you to move your mike a little forward. You're dropping off just a touch.

Irvin Studin

How's that?

Shawn Buckley

Yeah, I think that's good. So if you want to basically just launch in and explain to the commissioners what the issue is.

Irvin Studin

All right. How's that, good? Okay. So let me just humanize myself as well. I should say that people will be willing to know that I'm a father of three. I'm a husband. I'm a former elite soccer player. I played almost at the national level in Canada. I was a two-time all Canadian, and despite my present constitution, I was a pretty good athlete across a number of sports. So that's the human side. The intellectual side stays alive and probably outstrips the physical, the athletic side.

During the pandemic, obviously I was with everyone else trying to assess what was happening and adduce frameworks for solving emerging problems as we saw it. I do have an analytical background from the Privy Council Office and elite decision-making bodies across the country, so I know how they think and they have a certain set of skills. But what I'm here to report is the tragedy of what I call “palace ignorance”—that people at the centre

didn't realize what was happening on the ground to our most precious asset in the country, and that is our children.

When I began to see that, it took me about six months to accept, myself, that this was happening in Canada. And it's taken me to this very present day to explain it. And I continue struggling to explain it because it's such a foreign phenomenon. What am I talking about? Well if we understand that in March of 2020, the world saw the closing of some of the biggest systems in the world, and those biggest systems are, to start, our education systems. Other than government, the education systems are the biggest in Canada. They're populated by the largest number of Canadians, although young—well in excess of 5 million globally across Canada. And that repeats itself in all countries of the world.

When we close them, we imagine that everybody pivoted online in Canada, correct? So I did as well, because that's what my children were doing or were supposed to be doing. What I noticed emerging very quickly is a third category of child that we ended up calling, for explanatory purposes, the “third bucket.” And so I'll retreat, because to understand what I'm talking about from a Canadian perspective requires you to disabuse yourself of preconceived notions of what happened during the pandemic and about some of what we're discussing today with respect to what happens within the school. I'm talking about from a systems perspective, what happened when we closed the schools.

The simplest way we've discovered to explain it is to divide the children into three buckets. The first bucket is physical or classical school, the one which we all enjoyed growing up and which most children enjoyed until the closures. The second bucket is virtual or online school. And the third bucket, colleagues, is no school. No school at all. And I'm not talking about home education. It's no home education. I'm not talking about pod schooling or group schooling. It's no education: Dickensian state. And so I need you to understand that deeply in a way that someone from a less-advanced country would understand immediately: no school at all.

So first bucket, physical school. Second bucket, virtual school. Third bucket, no school at all. And what we understood is that the closure of the schools immediately precipitated an explosion of third bucket kids: kids who were in no school at all. Again, they weren't home schooled. They're in all places that we'll discuss. And that number, that quantum, grew as the closures grew and intensified. And globally, we put together a group of 60 countries to analyze this, because this was common across all countries, rich and poor alike. When you close the schools, kids disappear from all education at all stages of all grades, right? And regardless of background, and they never return to school when the schools reopen. So called, they never return.

So this third bucket we calculated at the peak of the pandemic was somewhere in the area of half a billion children not in any school at all, and when the pandemic closed and the schools reopened, was in the hundreds of millions: 300-400 million children around the world not in any school at all. And I'm here to report—because I just published a book on this which is available to colleagues and commissioners and people attending, but which I'm discussing across the country—I'm here to report that in Canada we today, post pandemic, have north of 100,000 children who defected from schooling or were ousted from schooling during the pandemic, never again to return across all grades. Over 100,000 children.

And not only is that a monstrous quantum of very regular children—we'll go into details, these are regular children—but the consequence, the consequence of that quantum is monstrous for the future of the society. This will bleed into every crack of Canadian society and state for any foreseeable future. This is the family unit. This is our homeless population. This is our criminal element. This is an under-capacitated labour force. These are citizens who have the right to vote but are not able to formulate analytics on even simple problems. They're uneducated Canadians that we've all of a sudden formed as the future of our society in large non-negligible numbers.

And I repeat, these were kids—and I'll describe some of the stories—who were firmly and happily ensconced in normal schooling, public and private alike, in March of 2020. And we'll go through some of the mechanics by which they became third bucket kids. But the message of course—and this is why I'm here from a strategic perspective, and every catastrophe yields major messages and lessons—is never, never close the schools again. Ever. Whether there's a foreign army at the gates, or a new pandemic, or a forest fire, or an earthquake, you do not close the schools because tomorrow is a catastrophe for the society. Watch for it. I'm coming from Ontario where it's before one's eyes every day, if only one understood what happened, because Ontario controls 40% of the national student body and had the longest closures in all of North America.

So what have we done? With a smile we've presided over the collapse of the near-term future of the society. We've yielded to tomorrow an underprepared generation. It's all our fault. It's all our fault. It's an “own” goal, as we say in football and soccer, of massive proportions. And I wasn't in the children's or education business before this, but it has such strategic tentacles that I could only be preoccupied by it. So from September of 2020 onwards, my main brief was to decision makers: immediately reopen the schools, immediately. And we'll talk about what they did, I'm sure, as we proceed. So that's my way of preface to our discussion.

Shawn Buckley

Right. So actually, I'm wondering if we can just go into—because you kind of wet our appetite here, because we all experienced the school closures, didn't matter what province you were in. But we weren't privy to discussions, most of us, with educational authorities about reopening, and you were. And you've also said some things that are, I think, challenging for people, just intellectually without an explanation. I mean, you literally said, "If there's a foreign army at the doorstep, you don't close the schools. If there's an earthquake, you don't close the schools." Now you're saying that because in your opinion, closing of the schools leads to such disastrous consequences that for no reason can we do that. And I'm hoping you can explain to us those consequences.

Irvin Studin

That's right. And again, these are things that can be dismissed in a slogan. I mean, you can go online and say, "I disagree." "What if there's—," or "You've got to save the children." These are slogans. But let me be a 1980s person a bit and walk us through the logic. And I'm going to take a scientific perspective, since science apparently was so central to our decision making, in error in my view. Science should only be an input, among many, into decision making, right? There has to be philosophy, ethics, sociology, economics, law, right? Science is an input.

By the way, the scientists aren't particularly good policy people. You know, I know many of them. They're brilliant, but they're fools in policy terms, just as I am a fool in science. So the marriage of the two makes for a happy one, right? But if science, just from an epidemiological perspective, dictates that we close the schools, then we have the systems collapse of which I speak. But from a physics perspective, even classical physics, thermodynamics, different science, where were the physicists during the pandemic?

Physics would say: When you close a giant system like the school system, you have an entropy. You release all the energy from the system. Not just in the form of humans leaving and going home and into the street, into their rooms and to screens, but also all the permutations of social interaction: all the norms, all the discipline, right? All the extracurricular life. This is all energy that we released from the closed system, and we imagine that we reconstituted it in the virtual space.

And I'm here to report that that entropy, that chaotic energy, manifested itself in something—in a chaotic energy that redounded to the destruction of our society starting with the destruction of our youth. They stopped being disciplined. They lost discipline. They forgot how to dress in the morning. They became depressed. They became anxious. They didn't know how to behave. They were poor at sports. In a soccer club that I helped lead, the kids

couldn't touch their toes. They were running two years behind in speed. They didn't know how to compete. They were soft. All of this is a function of the entropy in the system that we released, we unleashed, in closing the system from a physics perspective.

So the point is, even if there's a foreign army, and I'll go to the foreign army in a second, you can't afford that entropy for any sustained period because you release the energy and you can't get it back. Thermodynamics is irreversible. It requires a huge accumulation of energy to reconstitute the system. So the schools we've reopened, or imagine that we've reopened as if in 2019/2020, are inferior schools. They're low-energy schools where you have a depressed student body, a depressed teaching body in most cases with some manifest exceptions, where extracurriculars are inferior, where academic results are inferior.

There's great inflation to compensate for that. The children are not well behaved. There's a lot of violence, there's a lot of insubordination. There's a lot of conflict and tension that was completely foreign to the academic situation pre-closure. And this is, by the way, globally. This happens in Colombia just as it does in Montenegro and here in Canada, because we closed the school. So how would you keep it together if there was another pandemic? That is the challenge for us. We do not touch the school system.

And if you don't believe what I'm saying, at least understand or appreciate next time this happens that— I'm not sure exactly why it happens, but I heard that something terrible happens when you close the schools. Let's just skip that one over. Let's do something else. But do not close the schools. It's that central to the vitality of society tomorrow. Not just because these are our children, but it bleeds into every part of life.

So in Toronto in the GTA [Greater Toronto Area], you have youth who are being charged with hideous crimes that were unthinkable for their generation just a few years ago. Carjackings, attempted murder, murder, home invasions, all sorts of acts of violence. And the only thing we can understand is that, yes, this is a function of the school closures. In my view, directly, these kids were poorly socialized, if they're not third bucket directly.

You have a foreign army at the gate. The biggest war today in the world is between Russia and Ukraine, and I'm not here to discuss that. But what is interesting is that Ukraine, in their determination to continue to educate their young people even under bombardment, started creating schools in the metro system. Where there's a will, there's a way. Because without education, what's the point of winning the war? You've got to have an educated population to especially reconstitute a broken country. If you go back in history, in the Second World War, many schools were closed prematurely and the devastation to the children was conspicuous. You only need read about it in my book, but in other texts in that period.

But in the Iran-Iraq War, Iran kept its schools open. So did Iraq, to some period, even in the wars of the cities, right? Until the army was bombarding the school. And that wasn't for a systems understanding, but that was still understanding that education is central to our tomorrow. What the pandemic closures told me as a proud Canadian who grew up in the public school systems of the Greater Toronto area, always public, is that we forgot what we had. We forgot we built a system of significant quality, but great parity across the country, and how easily through momentary folly we can lose something that is so central to our tomorrow—and that's the education system.

Shawn Buckley

Can I just kind of—

Irvin Studin

Yeah, carry on.

Shawn Buckley

Well, it's just you're explaining something in a way that most of us haven't heard. Because when we experienced the school closures, it was a single thing: safety. And we weren't told about any costs or benefits. And I think for most Canadians, even the idea of understanding that school, it's not— You know, you refer to it as the second largest system in Canada with 5 million students at all levels, but it's a social system that's essential, not just to our socialization, but it is for socialization of kids.

But it also defines how we've structured our family and affairs. It's how we've structured our recreational systems. It's so central to the lives of those that are in it that you're kind of just giving us an awareness: Wait a second, it's not something to be trivialized. And you're telling us that it's really the lifeblood of us being a vibrant nation going forward. And that's a new thought to us. So I just wanted to slow us down on that and then I'll let you continue. But you were just sharing something that I think could be missed, and it's so important.

Irvin Studin

I really like the way you've again framed that. Put it this way: I'm a child of immigrants. Most of my friends growing up were children of immigrants. When I went to school, I was in a French Immersion school, so I went to school from, I would say, a lower middle class area and I would be transported an hour all the time to an upper middle class area where I went

to school. But of course we didn't know the difference amongst ourselves, but there were many languages at the table, and probably the same in most parts of Canada. We fought, we were friends, we played sports.

These, by the way, are all extracurricular things. They had nothing to do with the curriculum. I'm not here to talk about math or science or my predilection for Latin. I got a 99% in Latin, by the way. So the point is, all of this stuff I learned in the schoolyard during which the days seemed eternal—recess for 40 minutes seemed like two days—we could do a lot of *Lord of the Flies* activities at that age. But if we close that down for two years, which we almost did in Ontario, you know, that's a lifetime for a young person. And a young person, psychologically, they miss a lot. That's just the closure. And if they never return—

So take assimilation. We have a major discussion on immigration as a fact, and immigration in its quantity and intensity in Canada post-pandemic. We're missing one of the central points that you adduced, Shawn, and that's that while we may dispute the quantum, we haven't given enough thought to mechanisms of assimilation. Where are immigrant kids and young immigrant adults going to learn to have a Canadian head, as I do, an immigrant child?

All the graduates in my immigrant community have Canadian heads. They may not look old-stock Canadian, but they have Canadian minds. How so? While they were all assimilated in the public schools, they all were perfectly assimilated by a stable system—a system that existed from Summerside, PEI, all the way to Burnaby, BC, up to Dawson, Yukon. And when you collapse that, then you have no mechanisms for assimilation. You can be assimilated on American algorithms online. And then we'll see the chaos on the street. Then you have a disunity. You have a problem of social solidarity. We lose the country. So that gets to your point.

If you'll allow me, I just want to walk through the mechanism of the third bucket. People say, “How could the child disappear from schooling?” Let me walk you through the mechanism. It's very counterintuitive. When you close the school, again we imagine that everyone pivoted online. I did, you did, and our neighbours down the street did. But let's start with the basic moment of ouster. I call it the “baseline internet ouster.” There's a portion of the student population, and the national population in Canada, that has no access to internet. That's “immediate ouster.” As soon as you declare that, we go to the second bucket, we're going online. In Canada, that is between 1% and 6% depending on where you live. And it grew over the course of the pandemic as resources became scarce. But in countries like India or Sri Lanka or Uganda, it could have been upwards of 80%. And they had the same third bucket, but their immediate ouster was higher than ours. So internet ouster is the first immediate source of ouster.

But let's say the child makes it online. Courses start, but the child is in an abusive home. The child is being abused physically, verbally, or sexually or any combination thereof over any sustained period of school closure. That child is out of education quickly—quickly. What's the coefficient of abusive homes in Canada? I don't know. There are almost no statistics on that, but it's non-negligible. And clearly it grew over the course of a tense pandemic when everyone was at home and things became tense materially, psychologically, academically.

Third, what if you're a child who is newly come to Canada? You don't have French or English, you go online, you don't have the supports. What if you're a child with any conspicuous handicap: physical or intellectual, blind, deaf, autistic. This was a catastrophe for them. I know of many autistic children who were stuck after grade six. They went online: that's it, their education was done. For all our *prima facie* kindness, we did a grave disservice to them. Kids who went have to go to workforce in grade 8, grade 9, grade 10, Especially in the north of Canada or in rural communities, they never returned.

And then the final category which was the most catastrophic, and I've seen it and I'm going to report some programs that we started for this group: the teenagers. The teenagers. Let's go back in our minds to when we were teenagers. Why do we go to school, most of us? Friends, sports, boyfriends, girlfriends, clubs, any permutations thereof. In my case, it was for academics, right? But all of those things disappeared once you went online. So no boyfriends, no girlfriends, no sports, no clubs, no music, no theatre, no walls.

In the province of Ontario—and by the way this is repeated, I believe, in Saskatchewan and Alberta, and several other provinces and territories—there were several closures where they were described as being indefinite: “We're closing the schools indefinitely.” This was, in my view, a policy crime upon the children of the country. Because for the teenage mind, “indefinite” meant permanent. I live in a no-school society. So this anomic state of no friends, no sport, no mentors, this is life now. And I'm out because there's no return proposition. There's no return proposition. You're not telling me, “Get ready for this date, everyone back, and we're going, going, we're charging.” No, you just said, “This is life indefinitely.” And you bugged off. You finished the tweet and you went back, you went to your cottage. And the teenagers defected en masse.

And by the way, the teenagers I can report that defected were in many cases from the wealthiest families, the white collar families. And I say this to make a strong point against our general intuition. Our intuition is they must be bad kids. They must be kids of ethnic or racial minorities, indigenous kids. No, no, I'm reporting on the white collar kids so that we understand that it was a perfectly human phenomenon, that we created this entropic phenomenon once we closed the schools. We de-energized their lives. We told them this is

the state of life. Then we reopened the schools as if nothing had happened, low energy, and they were stuck.

So there are cases of grade 8, grade 9 kids who were I would say top athletes, top students who have remained in that state. They never returned to school. The society moved on. They're stuck. That's a third bucket kid. Now scale it across the country across some of the massive school closures, and you get north of 100,000—I would say 120,000-130,000—Canadian kids who ended up in the third bucket during the pandemic closures. And that does not include on-reserve schools where third bucket was well north of 50% in many cases. A hundred twenty thousand in Canada? The Austrians and Germans look at us like we're martian. How could that happen in an advanced country? It happened like that.

Shawn Buckley

The curious thing though is, I mean, you've been speaking for years about this and you've been speaking to authorities. Are you just being ignored? I'm going to ask you to kind of explain what happens when someone isn't educated: you know, socioeconomic, their family status for their own families as they form, and medical outcomes, lifespan, all being affected by education levels. And this is known to education policymakers. Are you seeing any efforts at all to solve what should be a simple problem to at least start addressing? Because I'm anticipating you're going to say, "Well, yes, we should be able to track these kids. We knew who they were, we know we can track them down," and pouring resources in to get the energy back into the school system.

Irvin Studin

Very nicely put. I'm going to be for the first time, not humble. I'm never ignored when I speak on these issues. But there is a lag period in all cases of five years. Student says something, or student and colleague say something original: original framework and original solution. And it's so counterintuitive and so foreign that it sometimes takes a little bit of intellectual migration. In this case, five years is too late. So I've been uber-aggressive in saying, "First of all, do not close the schools. Immediately reopen."

We managed to stop them from closing the schools, but too late. The energy had already been let out and third bucket kids moved on, in many cases. By the way, a teenager at 14, 15 who's been out of school for two years is a different person when you find him. He or she is an immovable object, especially if again counter-intuitively, he or she doesn't even realize what happened—that he or she should be back in school and that should have never happened on any Canadian watch. So I'm certainly not ignored. What I would say is that this

phenomenon was so foreign to our Canadian imagination that while we thought we were saving the children, we were destroying them.

But here's where it gets dark, and I'm on the record of saying this: When decision makers understood what I was saying—and at that point I was not alone because I was leading a commission across 60 countries, including dozens of top Canadians in British Columbia and other provinces alike to flag this emergency for our children—when they understood it, they doubled down on the position of closure. Why? Because another physics phenomenon, the inertia, the inertia of the train was too great to stop. You cannot after having closed the system so easily and so totally all of a sudden say, “No, no, we're reopening and we're going to find all of these third bucket kids and we're going to energize the education for everyone else.” That requires energy. It's easier to tweet in accordance with the erroneous inertia.

So thereafter again, and not in the spirit of being ignored, I wrote a trilogy of resignation demands in the Toronto Sun. Thankfully, they published them. I demanded the resignation of the Medical Officer of Health of Ontario, all of them, for the school closures. I demanded the resignation of the Chief Medical Officer of Health of Canada for other reasons. And I demanded the resignation of the Premier of Ontario. I could have continued, but at that point they said, “We get it, Irvin,” because that's what ought to have happened in any sane country, behaving so erroneously in policy terms. These were policy crimes committed against our children. And I stand by that position. The only thing I can say is, after all these years is that I report that the lesson is: Never close the schools again. Let it start from us, in Canada we made a catastrophic mistake. Let's teach the world the balance of the 21st century, don't close the schools.

What else can we do? Find the third bucket kids. They're all over the place. We have the rosters. My team and I on a project we started called Project Youth Energy, went across Ontario trying to find them and bring them back to school or early work opportunities. You'd be surprised at what we found. You know, these are catastrophic stories. Then for the rest of the student body that managed to come back to these low energy schools, in physics terms, the advice is energize the schools. We have to hyper-energize the schools because we've wasted time.

We wasted two years, wasted two years living essentially academic and social fictions for our children. And we have limited runway in which to raise them to prepare them for tomorrow. What kind of tomorrow? A more difficult tomorrow. It's a post-pandemic world which is obviously unstable, difficult, fastidious. We have to over-prepare them. We've underprepared them. Well the gap there, I call it the “misery gap.” I don't want Canadian kids to be miserable. Therefore, we must prepare them properly. If we've underprepared

them, we've set them up for misery: shorter lifespan, lower income, more social instability, and a less happy, potentially very unstable country and body politic.

Shawn Buckley

And I'm just going to slow down because you kind of listed three things that are consequences of somebody being undereducated. And I was wondering if you can flesh out that shorter lifespan, you know, socioeconomic consequences, and even just tie it into somebody who's lost one year of school or two years of school, just so people can understand the consequences of what is happening.

Irvin Studin

Well, again, online one can dismiss anything I say with a slogan, say: "Irvin has a fetish for education." Well maybe, maybe not, right? "Irvin has a fetish for excellence." Maybe, maybe not. That's not what I'm talking about. It's not an elitist brief. I'm talking about education as the basic set of intellectual and social skills that any proper Canadian had in a functioning Canada pre-pandemic, largely thanks to high quality education systems, largely public, pretty uncontroversial and pretty accepted around the world.

Now, two things happen. Pandemic closures lead to a class of Canadian kids who are either uneducated or highly undereducated. That's on the supply side. On the demand side, we have a world post pandemic, and not just because of the pandemic, but the pandemic hugely so. But you need only look at the headlines, and you don't even need to be a professional analyst to understand the world is a more wicked place, okay? There is war, there are economic bottlenecks, there's political instability. And Canada by the way, in my estimation, is suffering through about seven major crises of system of which the education crisis is the major one, but there are other ones.

So our country is less well off, and we're feeding into this less well off, more wicked world a class of young Canadians who are uneducated or under—there's a mismatch there. There's a mismatch. So in Project Youth Energy, we combed much of Ontario. There was a wonderful woman, I'll name her here, I hope she's watching. Her name is Liz Galvin. She lost her daughter, Danielle, to suicide at the University of Guelph because of the closures. This was at the post-secondary level. I hired her to be the director of Project Youth Energy. And Energy was conspicuously used to energize these third bucket kids.

And we had a team going across Ontario working over the course of over a year to find and reintegrate into education or first employment these third bucket kids. And the kids we found in many cases will not do well tomorrow because they are underprepared. They have

not finished high school, they don't have basic math, they don't have basic literacy, they don't have good social skills, they have poor discipline, poor motivation, depression, anxiety. They have other seductions that have taken over the course of the closures: internet addiction, maybe drug addiction, maybe other mental illnesses, physical illnesses.

Now for all our Canadian politeness, and I love our country, who is going to need these children in the context of the world I've described? Again, you can say it online: "Yeah, we love our children." Show me who's going to hire this young person. No one's going to hire this young person. And where will they go as a result? And now multiply that across the scale I've commended to you, given the closures in our student body, and we have a real problem.

We have an underclass we've prepared. And that's the consequence of undereducation or no education at all. It's not a society where you didn't once need a high school diploma to get a basic job. It's a society where not only do you need that, but you need to be able to fight for yourself for scarce jobs in the context of institutions that are not properly responding, in the context of international uncertainty. How are these kids going to fight for themselves? We've not prepared them to fight for themselves. They might not even know there's a fight on hand.

I discovered this with some of the athletes I was training post pandemic. These kids were not only athletically behind, they were psychologically not aware of the nature of the competition at hand. They didn't even realize that one side was trying to win and there was a problem with losing a certain competition, at least in the result sense. So that's the consequence of non-education and undereducation. That's a strategic matter now, it's not just a moral matter. Obviously I'm infuriated at the moral failure. We failed the duty to educate.

By the way, I want to emphasize "duty to educate," not "right to education." We talk about the right to education. By the way, the right to education is highly under-litigated in Canada. We talked about a lot of constitutional lawyers. You won't find it in the Charter of rights, but I'm here to report that we need to ensconce in Canadian thinking and Canadian law and Canadian policy and strategy that we have a duty to educate our young people. Why do I say "duty"? Because when you say "right to education," the "right" lives with the child.

Sylvester, age 5, has the right to be educated in Canada. Very well. But if adults infringe on that right to education, which we did, that means we foist onto Sylvester the workload to fight for his right to be vindicated. That's adult failure: "Sylvester, go ahead, declare and fight for your right." And if he fails? So the "right" is with the child, but the "duty" is with the

adult. And if the adult feels the duty, then we will dispatch it. So we have a duty to educate our children to eternity now.

So that's also a change in the thinking that I've come to have about our education system, our approach to education. But it's not just a moral or legal question now, it's a strategic question. Does Canada want to have a tomorrow? I can think of no better way to destroy a country, not least a wonderful country like Canada, than for it to fail to educate its next generation. Can you think of a better way? Are we going to graduate a bunch of incompetents? Are we preparing a generation of idiots? Of innocents?

By the way, a generation of innocents is worse than a generation of idiots. They don't even know what's going on. So it's a strategic question. Any country which is to survive and succeed historically, at least over the last couple of decades, has invested in education—certainly has not allowed education to be destroyed, certainly not destroyed it itself. So I hope that's a reconstitution, reconceptualization of the centrality of education to the strategic prospects of our country, not just in the moral sense or the policies, in sort of the legal sense.

Shawn Buckley

I found I'm still digesting this idea of school being such a large system, that the kids' lives are so integrated in that we have to be thinking of it in a broader context. Because I think we just assumed: Well, we close the schools; that's a minor thing. And I think one of the things that is of service to what you're presenting here is just an understanding of what that meant to close the schools. I don't think most of us understood that.

Now, going forward, assuming that our policymakers don't understand that yet, and if they were to close the school again—let's say we're talking about British Columbia where you're testifying today—the first thing would be for parents to fight to prevent the closure and to get it started again as soon as possible if it is closed, would that be right? Parents also, you know, if they had to be left to their own devices, is track the kids themselves. And the third thing is parents organizing to make sure that their kids, all the social needs and everything that is possible could be met. You know, we're looking for solutions, and I'm just wondering: if there was a policy failure, do those sound like reasonable things? And are there any resources for parents to assume the duty if the state was to fail in the duty again?

Irvin Studin

Again, I really appreciate the framing. It is very apposite. Let me just elaborate, if I may. My counsel to parents around the world and parents in Canada—and certainly that was my

attitude during the pandemic; I mean, I was a warrior parent during the pandemic—whatever it takes for your children to be prepared for tomorrow, that is your duty as a parent. That is not something we really had to worry about as Canadians because the system, you just need to feed Jeremy to the system. Jeremy can be brilliant or not brilliant, and Jeremy will generally graduate competently by the end of year 12, year 13. That was my understanding.

But having assimilated into my parental mindset during the pandemic that that wasn't happening and that we had limited time, I was fighting like the devil to prepare my income, a father of three. In the case of my eldest, extremely bright, in Ontario you'll know that until recently, until two decades ago, we had OAC [Ontario Academic Credit] at grade 13. And by the way, I did argue publicly, and I still do, that in all jurisdictions across Canada, a year should be added, right? Not because I have a fetish for grade 13 or education, but because we lost time. So an intelligent society adds a year for superior incubation. And Jamaica did that, credit to them. Why not us? Are we too dumb and lazy to understand that? Have we improperly associated that extra year with something else? It seems a basic step.

But I was in warrior mode, so whatever it takes to prepare. But if I say that my eldest, who was not properly schooled for two years because of the closures and doesn't have the OAC year, therefore ends up with three fewer years of schooling than I did, I have a real problem with that, right? He's not third bucket, but now we have to go hyper-energy. So that's my counsel to the parents. Like, humbly, I'm not intervening in any household affairs.

My counsel to decision makers, this starts at the very top, and more premiers than prime minister because, believe it or not colleagues, we don't have a Minister of Education nationally. So Ottawa had no appreciation of what was happening to the kids of the country at all in educational terms, a very paradoxical thing in our country. I would call colleagues in Ottawa. I said, "There's a catastrophe with our kids. We don't do education," I said, "but it's a strategic question. We're going to be graduating a workforce, a military, a political class that's totally inferior because we failed to educate them." Ottawa didn't understand. So it's the premiers, first and foremost, and education ministers: never close the bloody schools, ever. Ever. That must be just an iron law in Canada.

Now, if you do have an army at the gates, or we have a forest fire, or we have a pandemic that is conspicuously devastating for children, and this will happen through the century, then what do you do? And you started speaking about it, Shawn. But there is an algorithm. First of all, the closure must be exceedingly short: a day, two days, three days, one week. I don't even want to say as short as possible, because then we get very flexible with our modern Canadian mind. We're not imprecise with language. One day, two day, maximum

week—short, because otherwise you get the entropy and then life takes on the third bucket contours.

Second, you must keep the children energized. You must hold the system. There's a reason that Austria didn't have the third bucket, even though they closed for long periods. And that's because they have what's called a Schulpflicht: very stern attendance norms that are highly litigated and highly accepted by parents in the society. So it wasn't: Who wants to go to school tomorrow? School is school, whatever you think of it. You must maintain the norms. That requires energy, because structure is energy. So I'm not just talking about giving the kids laptops and keeping them busy. Get them together in parks. The prime minister of the Netherlands was giving direct speeches to the kids: "Okay, well you're not in school, but I want you to go and congregate and go play football. Go play soccer." Okay? He knew that the kids needed to stay energized.

Third, you must publicly articulate to the kids when they are expected back in that shortest time frame: "Guys, the schools are closed, there's a foreign army at the gate. We expect you back in two days. In two days, it's back to the races." It can never be indefinite, it can never be uncertain. We're the purveyors of certainty in government and in adulthood. We don't convey uncertainty or insecurity to the youth. What's this nonsense about public leaders professing anxiety and being scared, just as scared as the other. We're the adults, they're the children. We're preparing them. We're supposed to be prepared. So see you back in school in two days. It's going to be off to the races.

And then the final point of the algorithm is that when you get back, the school must be hyper-energetic because you've got to reconstitute the system and you've lost time, right? And the kids will be excited to come back to a high-energy school. In Toronto, and I'm sure this is the case in many parts of Canada, when the kids return to school, they returned in a defensive posture after two years. We're there to survive another day, as if death is around the corner. Were everyone feeling comfortable? Everyone's safe? Maybe we'll feel comfortable in a week. Are you comfortable doing math? Is everyone feeling okay? We're losing time.

The school signs were empty, there was nothing written on the signs. I saw this everywhere. You know those school signs that starts "Welcome back to grade nine, welcome back, congratulations." The schools were empty, the signs were empty. We'd forgotten how to choreograph the reopening of school, and that all connoted a lack of energy. Lack of energy that was completely counterproductive to our mission, which is to reconstitute the system and get the kids prepared within diminished time.

Shawn Buckley

Thank you, Mr. Studin. It's a little off-topic, but you mentioned that there were seven areas of crises facing Canada, and I'm just wondering if you could rattle off what they are.

Irvin Studin

Education. We have a massive economic crisis which, by the way, starts with the closure of businesses. When you look at the so-called productivity crisis in Canada, everyone's talking about: "We're unproductive, employment is this part, there's inflation." The starting point of the Canadian economic crisis is that we destroyed tens of thousands of Canadian businesses. That's what happened. That's the equivalent of the third bucket in economic terms. British Columbia to a large extent, but if you look at Ontario and Quebec, the number of businesses that disappeared in conspicuous empty strip malls and large quarters of the society, this was an economic crisis of substantial proportion that bled into every other aspect of the economy. So the economic crisis second.

We have the health crisis, pandemic and post pandemic and physical and mental alike. We have a crisis of institutions. Institutions here primarily government and media and parliament. We have a crisis of national unity. That is that the West lived a very different pandemic psychologically from the Center and the East of the country, and we've never re-soldered the country. And the Quebec question looms large there.

We have an international crisis, we have a social crisis. And I might be missing one, but that was my last book. So all of these things, if you imagine just systems spiralling out of control, but they're growing. And we might say, "Well, it's a quick fix. Cut this tax, build this road." But we're fooling ourselves because from a system's perspective, you've got to have systems answers. That's a lot of work. That's biblical in scale across a country as large as Canada.

But the education question is central because you're going to say, "Well, how are we going to do it tomorrow if we don't have an educated population? Where's our human capital?" And by the way, young people who then become young adults who are destabilizing forces, they not only do not know Canadian history, but they don't know what the mission is as a citizen. We have a problem. We have a problem.

Shawn Buckley

And you compound that. You mentioned immigration. So we've been having record immigration. If we were to close down the schools for another two years, we would be compounding that because we'd have a larger third bucket and we would be creating minds that aren't Canadian, as you phrased it earlier with your own experience.

Irvin Studin

Yeah. And any new closure of the schools, I think, would result in an even larger third bucket because the die has been cast. And the third bucket norm has been ensconced to some extent in the society. And it's talked about amongst youth as well, right? Whereas when I was growing up, again not wealthy at all—and here I'm not talking about just third bucket, I'm talking about dropouts—I knew very few dropouts in regular schools. It was very exceptional. And here you have not dropouts, but third bucket kids, again even from wealthy backgrounds, leave aside the poor, the indigenous. That's normalized. Then it will be super normalized in the next closure, and we will not have much of a society into which to invest.

I mean, and then you say, “Well, these crises that I described, they overlap.” So the economic crisis overlaps with the education crisis, because when big investors look at Canada, they say, “Let me look at the quality of your workforce. Let me look at their education.” Do I want to invest in a population that's undereducated or in a society that's failed to educate its young people? Right?

Shawn Buckley

Thank you, Mr. Studin. I have no further questions. I'll ask the commissioners if they have some questions.

Commissioner Larsson

Mr. Studin, that was fascinating, thank you very much. Clearly closing the educational system was an unmitigated disaster, as you've pointed out. But it was a special facet of the lockdown philosophy which affected virtually the whole of the Western world, with the possible exception of Sweden. So it's difficult for me to envisage a situation where education wouldn't be shut down, but all of the other lockdown hysteria would still take place. Even at the time of shutdowns, there were many voices raised against lockdowns in general, and the educational system in particular. But one of the problems that we had was that the prospect of closing down the educational system was actually enthusiastically appropriated by the teaching unions, of all people. So how can this problem be addressed in the future when we lose sight of the rationality of the situation and simply respond to hysteria?

Irvin Studin

I thank you for the question, and the conceptualization, I think, is also accurate. Let me just go back and if I may. In the history of the 20th century, there are societies in some cases smarter than ours that went through periods of momentary or transitory mania, self-destruction, and waking up the next day said, “Did we just kill tens of thousands of our own people? Did we just destroy ourselves? Us, who are responsible for massive literature and culture and industry, did we just do that?” Yes, you did. And then there are lesser societies that did the same. It's in the human condition to have moments of mania.

It just so happens that we lived through a moment of Canadian mania. And I said many times during the pandemic, this is a mania. There was the vaccination mania. But I'm here talking about the school closure mania. We were closing schools like maniacs, even after I was saying loudly, “There's a third bucket catastrophe. It's growing in scale. Every subsequent closure will amplify it. And you will be guilty before these children when they grow up when they say, ‘Why the hell did you do that to me?’ You have been guilty in policy terms of a policy crime of having been a maniac.”

And this was not just the teacher unions, this was much of the online class. We were outbidding ourselves. One of the reasons for which I asked for the resignation of the Medical Officer of Health in Ontario is because they were outbidding each other to show how heroic they were in closing schools: “I'm closing schools. No, I'm closing the schools here,” and they were applauded. And I would call them personally and I would say, “A disgrace, a disgrace. Open the schools immediately.” Now, how could they resist temporary applause online? They're celebrities for the moment, but ignominious for the long run, ignominious figures.

So the answer to mania is that at the very top there must be a sane leadership, class leader. Hopefully we have that provincially, federally, in the schools. Heroic principals say, “No, you're not touching the schools.” We didn't touch the hospitals. We destroyed many, many more lives by closing the schools than we would have had we closed the hospitals—many more lives because it bleeds into all of our tomorrow. So the point is that we hold the line.

On general closures, I'm not here with a brief on the other sectors. There are many countries in the West and non-West alike that kept a steady ship because the pandemic was not as devastating to most of the population as reported. And that's just in the numbers. It didn't even need to be in the numbers. It was *prima facie* obvious after two or three months. That's why I can forgive the school closures for the first couple of months. I forgave those. They were erroneous, but you can forgive them because we were improvised. We weren't sure. After that, it was a policy crime. We were doubling down on mistakes.

But if there's a future one, I can't say, "Well, you can't close certain businesses or you can't close this transport node." I have no such telepathy into the future. But I know that the education system must be preserved just as we are absolute in preserving the medical system, the hospital system, under all circumstances. And the education system sits right beside it. That's probably the simplest way of reporting that, like the Hague Conventions coming out of the first World War, let's say, we learn major lessons. They last, they're in the psychology, right? Thou shall not commit genocide, and chemical and nuclear weapons, there are all prohibitions on these. Biological weapons. Well, after this one, you do not touch the schools. The major lesson of the pandemic, do not touch the schools. Oh, yeah, that was learned in the early 21st century when Canada behaved so foolishly along with other countries.

Commissioner Larsson

Thank you.

Commissioner Bohémier

Mr. Studin, I missed context to fully understand your testimony. You know, for me it's very logical that if you close school and if you don't have internet, there will be, as you say, third bucket kids. But I do not understand what you're doing for a living. How do you know, how do you find kids that never came back in the system? How can you say that kids never came back in the system. So I don't know on which data you rely on. I don't follow this part.

Irvin Studin

[Speaking in French]

Commissioner Bohémier

I guess it would be a good idea to answer in English for my colleagues to understand.

Irvin Studin

So all Latin if you like. So the data is in Annex 3 of this book, which is painful to read, was painful to write, but now is public. And there are full calculations there based on public data, and then working from that public data. And the Annex lists exactly what the third bucket is for '20/21, '21/22 and now, although we didn't make it in time for this, '22/23. The data always comes a little bit later because this is happening in real time. And decision makers are saying, "I remember this at the start." I said, "There are kids leaving."

At the time I was estimating 200,000 across Canada by certain back-of-the-envelope calculations based on internet ouster, half a billion globally. And this was with 60 countries. But let me finish. So this was an estimate. And then online people would say, "Well, show me the data." By the way, as a policy person, this show-me-the-data fetish is a mistake in Canadian policy. I worked in the Privy Council at a time when data was not king, when data was one input amongst many. And the policy making was much better because there are many things other than data, including human experience, including sociology, including broader understanding of science.

It's not just numbers. The numbers themselves could be wrong. But then the numbers came, but they came late. Numbers come after. And the numbers are path dependent, that is, they lead you down a path whereas you need to be more imaginative than the numbers in order not least to understand them. When the numbers came out, we said the student population is X. The student population grew according to the following factor historically, and during the pandemic it collapsed.

Now, to what extent did collapse compared to what the number should be? And the numbers are: I'll draw it up from Annex 3 in my book. I'll give this to all commissioners as a submission that in 2020/2021, the third bucket calculation was 55,203 Canadian kids. In '21/22, and we're still in the middle of the closures, the third bucket is 99,322, so just shy of 100,000 in both cases, not including on-reserve schools. And the next year, because the numbers are just available, it is well in excess of 100,000, so '22/23, and I would say probably around 120,000-130,000 kids.

These are kids that should be in school and enrolled based on historical evolution of student numbers. Where did they go? Where did they go? You're going to say, "Well, they've got to be homeschooled or something." But I'm telling you, they're not homeschooled because homeschooling, there's an enrolment for homeschooling. "They must be in private schools." Well, there's enrolment for private schools, too. So this takes into account homeschooling, private schooling. So where are they? They are in no education at all through the mechanisms I described. And it's not just in Canada, because we learn from other countries how this happens, but it's just to them it's much more intuitive than it is to us. So I need to come up with different concepts, different frameworks to be able to attack our way of thinking with a concept that is very foreign to our experience.

Commissioner Bohémier

And those numbers are coming from the Minister of Education?

Irvin Studin

Yes. They are Statistics Canada numbers based on exact enrolment statistics from every province.

Commissioner Bohémier

Okay. And because there's also an excess mortality in children, I don't know, so you said in your testimony that you find kids. You mean physically or you find kids? I'm not sure I'm following. You talked about the project New Energy and the fact that you're finding kids. So what do you mean exactly?

Irvin Studin

Well, it shouldn't be so bizarre, we have an Institute for 21st Century. We run projects around the world. This was the first project that we launched on the ground. It wasn't a policy project or a conceptual project or a peacemaking project. This was to find young people who had been ousted from education during the pandemic and bring them back to education. So we had a team that did it in person and found them and worked with them to get them back on track.

Commissioner Bohémier

They found them at their homes or in the streets?

Irvin Studin

Everywhere.

Commissioner Bohémier

Okay.

Irvin Studin

In those circumstances. So some of those anecdotes I report are from that case. We found kids who were top athletes, top students who were stuck in their basement, who never returned to school after grade 8, grade 9. We found autistic kids who were grade 10, grade 11 education, but were unemployable afterwards, not properly socialized. We found kids who went online, but pretended to be online. So they filmed themselves for their teacher

nodding. And two years went by, and so they defected after grade 10, unemployable. We found kids from abusive homes, from broken homes, the entire panoply. We found kids of law deans—law deans—who didn't finish their education, and officers of medical health who didn't finish their education.

And by the way, let me just say that if you're from a white collar family and in Canada, you all of a sudden have a third bucket kid, and how are you going to present that in polite company once the pandemic mania ends? It can be very embarrassing, right? And that embarrassment only conduces to deepening the crisis of the child because society is not reacting properly.

Commissioner Bohémier

There's an obligation probably in all provinces to school children until they are 16 years of age. So this system collapsed too?

Irvin Studin

That's exactly the point. The point is the system collapsed under pressure and mania.

Commissioner Bohémier

And would you say, because we heard a lot of testimonies and it seems that they want this system to collapse. Would you say that it is the case?

Irvin Studin

Who is, they?

Commissioner Bohémier

I don't know exactly, but they seem to adopt policies that goes against the system, that goes against the well-being of children. So it's seems that they are self-destructing the system, you know?

Irvin Studin

There's two ways of understanding what happened in education, maybe more generally in Canada in the pandemic. And I'm in the minority camp because the majority camp seems to

say that if it was a mistake, it must have been some intelligent conspiracy whereby we wanted to destroy education, destroy our—some choreographer at the uber level, international level, or hiding somewhere in Wisconsin or in Tacoma, Washington organized this. And I would say that is highly improbable.

The more probable one and through my understanding of history and the way government works, is that this was a conspiracy of mass stupidity and a momentary stupidity where we self-destructed. And then we woke up one day and now I hope gradually say, “What did we just do?” And it's the latter in which I find myself, right? And which I'm trying to through such briefings and for and opportunities to fight against repetition.

Commissioner Bohémier

Thank you.

Commissioner Drysdale

I've just got some short ones. This commission prepared a report last year. We had 24 days of testimony, over 300 witnesses and we wrote a 5,400 page report which touched on all of those—well more than touched on all seven areas that you talked about: seven areas of crises. We talked extensively about the education system and were promoting many, if not all of the things that you have been talking about, because we had expert educators coming in and saying you just can't shut down the system, and then the next day, business as usual—which is what they did.

Now having said that, and I know you're really here to talk about education, but I'm going to push that a little bit. You talk about seven areas of crisis. We had broken it down in our original report to four: civil, social, economic, and health, and they all included all seven of those. How is it possible for such a large network of activities: health, education, banking, financial system? You know, our national debt went from about 680 billion to 1.3 trillion over that period of time. Media, banking, all of those systems: in the words of David Leis at the Frontier Centre, “They failed us.”

All of those systems failed us at the same time. Surely they had different leadership. Surely the leadership of the police was different than the leadership of the courts, which is different than the leadership of the economics. How do you come to grips with this complete failure of all institutions in Canada and the abandonment of the very fundamental things that we considered made us Canadian: freedom of speech, hard work, looking out for your neighbour, belief in whatever higher power? Is there an explanation?

Irvin Studin

Is there a simple explanation that I could post on Twitter? And the answer is, of course, no. I'm with you in waking up from the nightmare, the cauchemar, and saying, "Did that just happen?" But because I do this professionally, I see it all the time. I mean, one of the things we should understand when we leave here in Vancouver or when we saunter across our beautiful country and say, "It's not over," in the sense that these systems continue to spiral out of control, it's not back to normal because we've declared it back. There's no way of resuscitating businesses that took decades of capital and toil and blood to build. There's no way of resuscitating their disintegration. And these people, by the way, have moved on to other walks of life and work. That's why the public sector grew manifestly, because the public sector has direct taxation, direct deposit, right? And these businesses had to fend for themselves. They were destroyed. You're not going to put in capital again to do it. There's no capital available.

So we have a economic problem, there's no education system that's properly producing, so how is it that we came? Well, we had a period of terrible mania in Canada that I thought was foreign. I used to say, "Come to certain parts of Canada, not all, and I promise nothing will happen." I mean, Toronto in particular I thought would save from any emergency in any part of the world. Immigrants used to say, my parents would say, "You have to invent problems in Canada of any scale compared to what we see in other parts." Well, we did a great job of inventing it. We self-destroyed.

With respect to the leadership of—and you articulated very, I think, well—they were different people, different personae, and different walks, different positions, but it was a historical failure of leadership across almost all sectors. And at my rope's end, I said, "We have an accidental leadership class." These are accidental people sitting on the opposite side of the phone call or the desk or the taxation spectrum, and we happen to be governed by them at the moment. But their legitimacy is very questionable after that performance. In some cases, they have no legitimacy at all. I mean, they presided over policy crimes, and why are you in power? In any other country, there would be a different outcome.

So we can't have such a leadership class in future emergencies, which will certainly be at least as grave as the pandemic, probably more grave. We will not survive. We cannot survive a major national unity crisis with that quality of leadership across the spectrum. And by the way, so go back to my central brief, how can we prepare a proper leadership class if we're not properly educating? We're educating the next generation. My goodness, we have a task on our hands. So I'm not calling for miracles, but only work will get us through it. We have to systematically go through all of these systems crises and their connections and adduce

sufficient energy to begin to lift, to reconsolidate these broken systems that are spiralling right now.

Commissioner Drysdale

You know, the interesting thing about this is we had plans in place. As a matter of fact, the people who lost their minds the most were involved with preparing those plans. We had the Canadian Influenza Pandemic Plan, which was authored by Theresa Tam and a great number of medical professionals across the country participated in that. And one of the things that said in there was: Do not close the schools. Quarantines don't work. We had testimony from doctors that said they abandoned quarantine 50 years ago. And so we lost our minds there. And I almost hear you saying—I don't want to put words in your mouth—but I almost hear you saying that this was a storm of things that happened to come together at the same time.

We had this leadership that was incompetent in all levels. We had systems that were abandoned. Lt. Col. Redmond talked about the emergency measures organizations in Canada and how they were left behind, and emergency measures were given over to medical professionals and were never trained for that. So we had plans in place, but these pieces—and I know you'll correct me if I'm wrong on this—but you're almost saying that these pieces came together and this mania, this mind virus which seemed to sweep the world, happened. And I guess there's 20th century examples of that. You know, you didn't specifically say, but Germany in the 1930s, one of the most advanced and civilized countries in the world, lost their minds. And as a result, hundreds of millions of people died in the world.

Irvin Studin

That's right, Germany lost its mind. And they were in many cases more clever than us in many areas: more cultured, more educated, at least at the elite level than us. But they lost their minds much more seriously than we did. And then they woke up and said, "That was a very un-German thing to do." And Yugoslavia was the same when it collapsed. Neighbours started killing each other who would otherwise have gone to school together and were brothers across the confessions. And then they woke up one day and said, "What did we just do? We were just best friends." And that happened in Rwanda.

These are genocide acts of war. But there are other ones where it's just a mob mentality that conduces to momentary bloodshed or wreckage. And then you wake up and say, "How do we lose our mind?" It's of the human condition. Obviously, we're not exceptional humans in Canada, and Canada is not an exceptional country in that sense. I thought we were

exceptional in the sense that we were saved from these historical tendencies. The mind virus is interesting.

If I may offer again another counterintuitive brief. One of the problems in Canada, this is one of the institutional problems I talked about, the media. I know that we're often exercised by this idea of legacy media or traditional media versus non-legacy media. In my view, there's generally no media at all in Canada for the following reason—zero media—because structurally, and the pandemic confirmed this tendency, we're dominated by American social media, which, by the way, wasn't du jour when I was in the Privy Council Office, much more classical still, and Facebook still hadn't dominated. And by the way, when I worked on national security issues, we hadn't even predicted the advent of social media. Social media changed everything. It was consolidated during the pandemic.

But structurally, we have to ask ourselves in Canada, well, who created social media? Well, American genius created social media. Not us. We're the users. Well, good on them. They were brilliant, industrially, intellectually. They're computer engineers. Well these algorithms are created in California and they have platforms, we use them. And the mind virus, well, I don't even call it—the mono message, which was a closure message but could have been other things, was rammed down our throats and without us being able to resist or control at all. Because we were consuming algorithms that were developed and run from afar by engineers who were not in Canada. They were controlling the words we were using, whether we would open or not, whether someone was popular or banned. It didn't matter whether you were prime minister or an MP or a member of legislative assembly or membre de l'assemblée Nationale. And we were very naive to not understand the structure of our information system. And that's why we had a monomania in which the contours and the colours and the words were often programmed by social media that was controlled by from the outside. That's our fault.

Commissioner Drysdale

But I wonder though, and perhaps you can comment on this, have we gotten to the bottom yet? You know, historically they've said people don't rise up until they're hungry. And we're not hungry yet. And you know, just last week I got a letter from the government telling me to get my COVID-19 vaccine. We see children as young as 6 months still being vaccinated with this poison shot. We see scandal after scandal after scandal being exposed, worth millions if not hundreds of millions of dollars and there's no penalty. And Canadians still are only voting 51%. Fifty-one per cent of eligible voters across Canada vote, and it's worse in municipal elections. Do we have to wait until we get hungry? Because according to the work of Denis Rancourt who testified here, 37,000 plus or minus Canadians died because of the COVID measures. So death hasn't inspired us.

Irvin Studin

So your question I've asked myself several times over the last few years, and my answer may be devastating in the sense that we don't want to see what the bottom looks like, because the bottom will finish us. Canada is a great, great country. And so over 150 years of peaceable, civilized coexistence and good politics, it is the second largest country in the world. You'd have to wait several millennia for something like this to be recreated. But I mentioned that my parents are from a different country. My parents are from the Soviet Union. And that country was even bigger. And how fast did it collapse? Took only a couple of weeks. And nobody saw it coming, by and large, certainly not in the population.

So what does that mean? That means that a country like Canada for all our greatness and our potential, and I say this patriotically, would collapse even faster. So we don't want to see the bottom. Looks like a no-Canada. And another pandemic or another emergency and that type of leadership and that type of performance would tear us asunder very, very fast, and then we'll see mass misery. Because you'll see first world people all of a sudden starve and be zombie-like running for the banks, where the banks don't work, where government is sitting at its kitchen tables pretending to do zoom calls in emergency posture, right? With no education system. That's misery. And it can happen here very fast, and it could well happen.

Now our job is to ensure it does not happen, because that would be an even bigger stupidity. How can you lose a country like Canada? What a failure that would be. Canada should be the center of the world in the 21st century. That's my brief, too. We're the center of the world. We're between America, China, Russia, and the former Soviet space in Europe geographically, especially through the North. That's our future. Yeah. We need to prepare for that. We've got a lot of decades ahead of us. So that's an optimistic brief.

But the pessimistic brief is that, yes, of course it could get much uglier. But we've proven that we're not reactive to crisis. We need leadership that is not just on paper and not just professing things piously on Twitter, but really is ready to get to work and can move the population, excite the young people. Let's get the young people dreaming again. Let's put colours in their minds, the way we dreamed. Canada's an exciting prospect, but not the reverse. We don't seem to react to crises.

I should say, Shawn mentioned that I was one of the people on the team that wrote Canada's first national security policy, so I was writing these documents. And by the way, the Public Health Agency of Canada was created through that 2004 National Security Policy, so we have things on paper, but the paper is maybe a necessary but not sufficient condition. Then

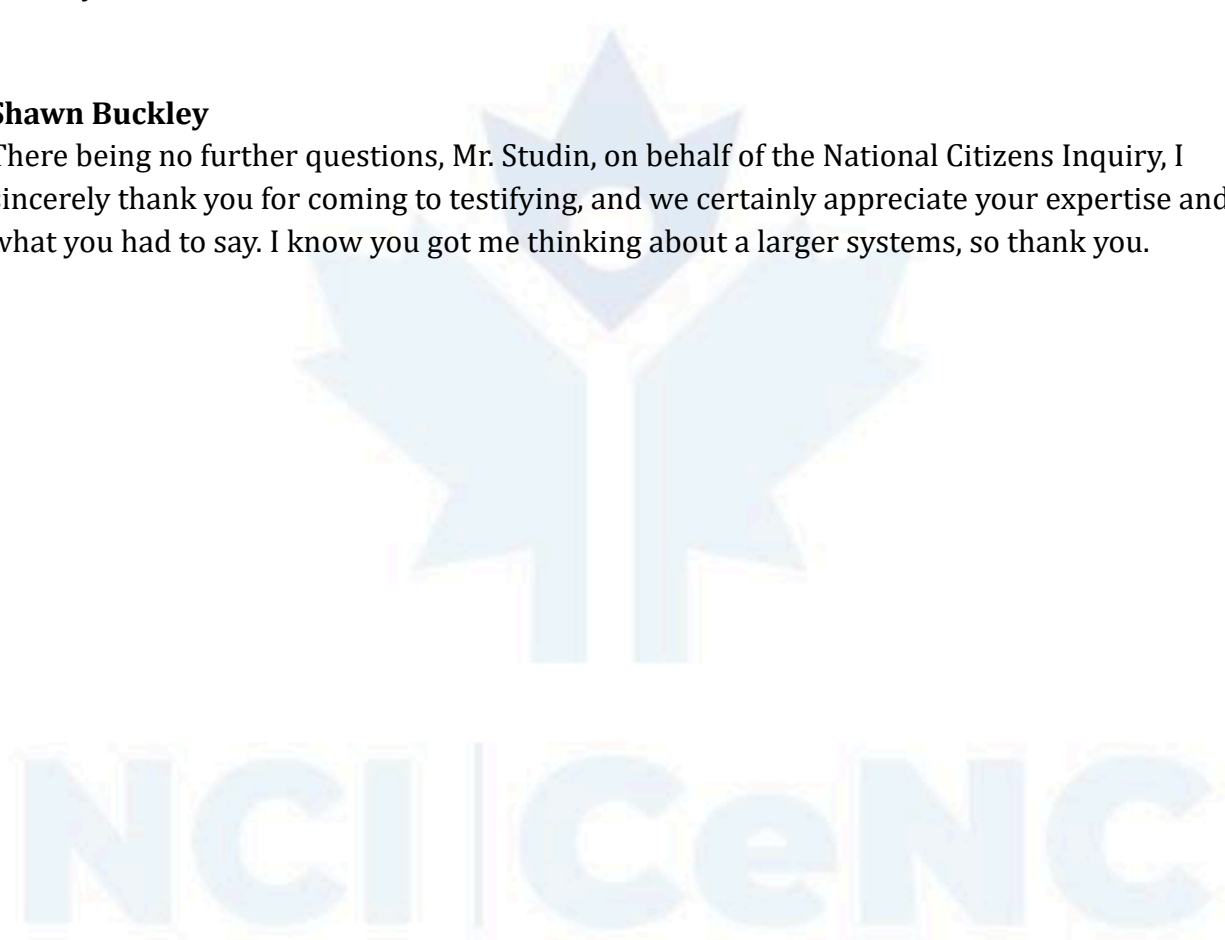
you need the human aspect. The human aspect was untested before the pandemic and failed during the pandemic. So we need a next generation that is serious, we need to become a serious people. But obviously we're on the back foot because of the education performance.

Commissioner Drysdale

Thank you, sir.

Shawn Buckley

There being no further questions, Mr. Studin, on behalf of the National Citizens Inquiry, I sincerely thank you for coming to testifying, and we certainly appreciate your expertise and what you had to say. I know you got me thinking about a larger systems, so thank you.





NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 18, 2024

Day 2

EVIDENCE

Witness 7: Helen Ward

Full Day 2 Timestamp: 09:54:14–10:33:58

Source URL: <https://rumble.com/v5j4dp0-nci-vancouver-2024-hearings-day-2-october-18-2024.html>

Wayne Lenhardt

Our next witness is Helen Ward. Helen, could you spell your name for us? And then I'll do an oath with you.

Helen Ward

H-E-L-E-N W-A-R-D

Wayne Lenhardt

You promise to tell the truth, the whole truth and nothing but the truth in your testimony today?

Helen Ward

Yes, I do.

Wayne Lenhardt

I think we may have to move fairly quickly. I think we've got about 20 or 25 minutes. You have a PowerPoint presentation, so I think we'll get to it pretty quickly. So you are just a

parent. You took over an organization called Kids First Parent Association of Canada about 20 years ago. And you've been producing materials and giving advice and whatnot since then. So I think if that's all correct. Let's move to your PowerPoint.

Helen Ward

Well, let's just get into it. So, Are Children Safe in Canada? Okay, so I'm here to tell you that parents are children's best bet. That's according to Dr. Gordon Neufeld, an internationally-recognized Vancouver-based developmental psychologist. It's also according to research findings. In the U.S. there was a massive study of over 90,000 adolescents that looked at their health and risk of harm. And risk means things like drugs, alcohol, smoking, sex, violence, self-harm, and crime. And that study found that what emerges most consistently as protective is the teenager's feeling of connectedness with parents and family. Feeling loved and cared for by parents matters in a big way.

It also is the opinion of the Supreme Court of Canada, believe it or not. The Supreme Court ruled that parents should make important decisions affecting their children. That's in education and health and moral upbringing, both because parents are more likely to appreciate the best interests of their children and because the state is ill-equipped to make such decisions itself.

So child safety is harmed when the state does not protect the parent-child relationship and child well-being. I'm going to rush through a bunch of stuff here: seven systemic causes of discrimination against the parent-child relationship, and five areas of discriminatory laws.

So the first systemic issue is that there's a huge power imbalance between the state and parents. The state is colonizing the family and displacing parents. This started perhaps back in the 1840s when Reverend Edgerton Ryerson wrote two reports. One of those reports led to the compulsory school attendance laws and compulsory funding of schools, not parents. And his other report led to the founding of the residential schools, and we know about what happened there. So there was no parent-child rights back in that day and parents had no power at all.

We have discriminatory measures and definitions that cause systemic problems. This is a diagram of society. There's three sectors of society: Government, Market, and Civil Society, according to standard interpretations. But what's missing? The 'F'-word: family. It's not even a part of society in standard measures.

Defining and measuring productivity. In the 1880s, the British census changed the definition of productivity. Before that, men and women were equally productive, 98%. But

after the bean changers changed the definitions, 42% of women only were productive and 58% of women suddenly became “unoccupied,” though I’m sure they were still working pretty hard.

Another problematic systemic issue is the measuring productivity using the Gross Domestic Product, the GDP. The IMF [International Monetary Fund] says that the GDP is an economy’s all, that it counts all of the output generated within the borders of a country. But it does not.

The GDP was invented in the 1930s by economist Simon Kuznets who said that, “The volume of services rendered by housewives and other members of household must be imposing indeed.” And he argued most of his life against how the GDP was used as a measure of total production and a measure of well-being of society. Because it’s not. The GDP grows when we spend money on arms, on crime, on pornography, on illness and sickness. And the GDP does not grow when you breastfeed a child, when you look after your loved ones, when you care for people outside of the GDP.

We have measures defining gender equity. The World Economic Forum measures gender equity and ranks the countries of the world based on this. And the primary issue there for them is women’s labor force participation. So in this measure by the World Economic Forum, Canada ranks well below South Africa, about 20 points below. But South Africa is a number three in rapes in the world, and Canada is number 97. Where would you rather live? Where would you rather raise your daughters?

We also have measures and definitions about child care. Now child care is the care of a child. But when Statistics Canada says that 60% or 50% of children are in child care, what they mean, what they’re talking about is children spending any amount of time in any form of non-parental child care. And they put out these infographics for us to get the message from them. And they’ll say that 60% of children are in child care and 52% are in daycare.

But what does that actually mean? Well, you have to multiply the 60% by the 52%, so you get 31% of children aged 0-5 in Canada are in any daycare centres or in preschool. That was 2019 statistics. Currently it’s about 19% are in those forms of care, which means that 80% of children 0-5 are not in daycare centres or preschool. So the vast majority are not in those particular forms of care.

Another structural issue is tax-funded lobbyists. Pierre Trudeau in his Justice Society initiative started funding and creating advocacy and research groups. The federal government established the Canadian Daycare Advocacy Association, and it funds many other advocacy and so-called research groups. And this distorts public perception and the

public debate, because some groups have tons of money from the government and others don't have any.

Actually in 2006, the federal government defunded the daycare lobby. We met with Prime Minister Harper in November 2005, and I asked him to defund the daycare lobby and they did the next year in April. The daycare lobby was very angry about that, but then in 2015 we had another change in government federally, then they got their funding back and more. And this is distorting public policy and public discourse.

Another structural issue is junk social science. We have PhDs publishing regarding family policy and child policy outside of peer reviewed journals. And we have non-peer reviewed reports by banks, business advocacy organizations, and international organizations that are the foundation of much of our child and family policy in Canada. So child and family and education policy in Canada is largely based on junk social science.

Last year, Ontario teachers were required to start teaching children cursive writing and phonics. And this was because the Ontario Human Rights Commission said that they were discriminating against children, especially marginalized children, by using unproven teaching methods and harming children's rights. So they said, "Decades of research shows us what we need to do to give all students equal opportunity to learn to read, but this knowledge has not translated into what is happening in schools."

Another systemic issue is the commercialization of research. The Canadian Institutes for Health Research requires that research that it funds is commercialisable, which means it has to produce something that you can sell. So then you have a bias towards research that can create, for example, pharmaceuticals that can be sold. But things like breastfeeding, healthy food, parent child attachment and fresh air are not commercialisable, so they don't get funded.

We have another systemic issue: KT. KT stands for Knowledge Translation. This is the process by which research reports, data gets disseminated from wherever it comes from to the public, to policy makers, and to the media. So, for example, when I was with my newborn son in a mom-and-baby group in 2008 in February, the nurse told this group of moms of newborns that breastfeeding does not protect against asthma and allergies. And I said, "What do you mean?" She said, "Well there's a study."

Well, there's a study—it was a crappy study. But that study was done only a few months before, was taken from the obscure annals of medical research, and put into the hands and eyes of moms of newborns to basically discourage us from breastfeeding our newborns.

The author of that particular study, well he had worked for Nestlé, and Nestlé is infamous for being the world's largest producer of infant formula.

And the largest issue regarding structural issues is there's a process going on that, to quote the people who promote this is, "They're redefining the welfare state." They're replacing familialism with post-familialism and something called defamiliarization.

What am I talking about? Well, tax-funded lobbyist, Dr. Paul Kershaw, located at UBC, he defines defamiliarization. It's the degree to which individuals can uphold a socially acceptable standard of living independently of family relationships, apart from male adult family members and spouses. So it's a directly anti-family policy which is pushing us towards being dependent on the state and on jobs and not interdependent on our family members and our friends.

These policies go back. We had industrialization in the 1800s, and we needed laws to protect the family from unfettered capitalism and the exploitation of workers and whatnot. So over time familialist laws protected families and restricted industry. We restricted child labour and women's labour. We had minimum wages, and we had laws restricting what you can sell, what kind of products that industry can sell to people. And these familialist laws also provided direct cash support to families.

In 1926, the widow's pension came into Canada. My grandma received that. There's compensations for injury or death or unemployment with baby bonus and cash benefits. These are direct cash supports to the family. So these policies created familialism and the post-war welfare state, the breadwinner dad, the homemaker mom.

There was a problem with those policies though because they put unfair restrictions on women. Women's education, employment, and property rights were restricted, wages were low. Just ask your grandmas. And so we had second-wave feminism that arose to end these restrictions and to work for equal pay. So that was for women.

But there's aspects of second-wave feminism that are against women. Gloria Steinem said that housewives are "parasites." Betty Friedan said, "Housewives are mindless and thing hungry..." I think this would have counted as hate speech. The second-wave feminism also hid a Simone de Beauvoir. She wrote that "No woman should be authorized to stay at home to raise her children. Women should not have that choice precisely because if there is such a choice, too many women will make that one." And she also said a housewife is "a parasite sucking out the living strength of another organism..." and that "[W]oman's work within the home [is] not directly useful to society, produces nothing."

So what is work? Feminists disagree. Some say that parental child care is work. Every mother is a working mother, and mothers should choose what they want to do, and we should fund parents. The daycare feminists say that parental child care is not work and we need to coerce mothers into having full-time jobs and to fund daycare centres. They've always fought for free universal daycare.

But they were getting nowhere with that agenda until the 1980s. We have the rise of globalization, rise of neoliberalism, neoconservatism. It's not conservative, it's not liberal, it's certainly not new, and it's about big business partnering with big government and reducing restrictions on business. It's not family-friendly and it's not kid-friendly.

And the neoliberals came up with the idea that all adults have a duty—a duty to work. But by work they meant have a full-time job, which is not necessarily work. So this led to the marriage of the neocons and the daycare feminists in the 1990s. So the neocons got behind the daycare feminists to produce the policies that we're living with now.

Why? Well, subsidized daycare means higher profits for business. It's a low-wage subsidy. It's a godsend to employers at the Economist Magazine because it raises demand for goods and services like convenience foods. And women cost less to employ than men, they're more flexible, and they're less likely to be unionized, so it's good for business.

So this redefining of the welfare state in post-familialism reduces protections for children and the parent-child relationship. It takes cash support that has gone to families and transfers it to business and government and nonprofits that provide services. So instead of families getting cash, services are getting cash, and families then don't control what happens with their money.

This led to welfare reform because everyone must have a full-time job. I'm going to skip some stuff here. We had the attack on women who were called welfare queens. And this led to the 1996 laws where President Clinton said we're going to end welfare as we know it. And that same year in BC, the NDP government said "We're going to end welfare as we know it." Because in the past you could stay on welfare until your youngest child was age 16 or 18, and this was lowered down. And now it's age two in BC. In many places, it's age one. In some places, it's six months.

What happened to all that money that used to go to the poorest women and the poorest children? Well, it went to corporations to provide wage subsidies for low-wage jobs for the moms, workfare programs, and it went to corporations and nonprofit societies that provided daycare for the kids. So we got McJobs for moms and daycare for the kids. Who got behind this? The World Economic Forum is behind this, Business Council of BC, the Bank of

Canada present, the World Bank is a key player, and the OECD [Organisation for Economic Co-operation and Development] is also a key player in this agenda. It's not a grassroots movement.

So the OECD came to Canada in 2004 to evaluate our daycare system, and they ranked us dead last. And that was on the front pages of all the papers and they keep talking about this. The co-author of the OECD's report was Helen Penn from the European Commission, and she also wrote a tax-funded paper for a Canadian daycare lobby group about the care of babies and toddlers. And what did she say? "Well babies and toddlers," she wrote, "need the freedom to explore and learn out of the range of adult gaze." She rejects attachment theory, she rejects empirical evidence based on it, and she rejects standard empirical measures of the quality of child care.

Rhianne Mahon, professor at Carleton University in Canada, also wrote a paper, a tax-funded paper about the OECD in Canada. And she looks forward to something she calls the "new child," the "public child." She also rejects attachment theory, familialism, and women's preferences regarding jobs and child care.

In 2002, the OECD and UNESCO got together and published a thing called a state-of-the-art blueprint paper that was called *An Integrated Approach to Early Childhood Education and Care [ECEC]*. And this blueprint paper, which we are following in Canada and in BC, calls for a new order that avoids a return to the family-centred ideology. It seeks deep changes in society and the professionalization of care. The goal is shared responsibility between the state and family—that's what the paper calls for—shared responsibility between the state and family for the raising of children.

The models that the paper recommends include Cambodia, the USSR, Vietnam, and China under Mao, and I'm not kidding. The World Bank is also a key player in Canadian child and family policy. Dr. Clyde Hertzman used to work for the World Bank in Eastern Europe in the 1990s. The fact that he worked for the World Bank is never mentioned in his CV, his obituary or his many, many media appearances.

He worked for them, and then he shows up in UBC in the late 1990s and he founded an organization called the Human Early Learning Partnership, that's HELP for short, at UBC. And HELP tax-funded lobbying organization led the push for cheap daycare and all-day kindergarten across Canada and in BC.

So there was a reversal of Canadian child and family policy. There had been in 1999 a federal subcommittee set up on tax equity for families with dependent children. This subcommittee was set up as a response to a Kids First member, Beverly Smith, making a

complaint to the United Nations about the treatment of mothers and children in Canada. The federal government had to act.

So this committee wrote a fantastic, actually, report. And they said that our policies for children and families need to promote the best interests of the child, and that parents are the ones to make these decisions about children's care. And our policy should be fair and equitable and neither encourage nor penalize caregiving choices. A very excellent policy set that should have been kept, but it was dumped because of the influence of the OECD and the World Bank.

So there was a public discussion paper in BC called *Building a Better Future for BC's Kids*. And this is how I actually got into this whole area of life. This paper was partly written by Dr. Clyde Hertzman and it quotes the World Bank which puzzled me at the time. And it's not about building a better future for BC's kids. That paper was only about building more daycare and a flexible workforce.

Because as the Royal Bank of Canada Vice President, Charles Coffey spoke to the World Bank, and he said that child care is an industry that produces jobs and that parents, what are parents? They're not parents, they're employees and consumers. That's how we contribute to society.

I'm going to get to five areas of policy that are discriminatory. I'm just mentioning education. The whole education, funding the education system the way we do it means that parents have no control over it, because all the money goes there. And we saw the residential schools and all the results of that.

Child care policy, well, the money goes to the child care provider and not to the daycare system and not to the parent. So we don't control the policy, we don't control the care of our children. Child care is defined since 1971 as the care of a child except by the father or mother of that child. That's in the child care expense deduction, the CRA laws, and also in the BC Early Learning and Child Care Act. Again, parents don't do child care.

And in this Bill C-35, an Early Learning and Child Care Act for Canada, was passed just this past February. It ensures that over \$30 billion, it's close to \$40 billion dollars, will go into non-parental child care and into the daycare lobby for their work, so it entrenches those policies. And the intention of these is to coerce parents and women to use cheap daycare.

Paul Kershaw, he's one of those at the Human Early Learning Partnership. He says we need a neoliberal and paternalistic approach which, quote, "utilizes the state's coercive power for the purposes of altering citizenry decisions, modelled on neoliberal welfare reform."

Women's choices, well, we can disrespect women's choices because women's choices are influenced by the patriarchy and social cultural factors, so women's choices don't really matter. This is what we call feminism in Canada today.

The federal government says that \$10-a-day daycare is the best start in life. There's many statements of that from the federal government. The BC government and other governments promise that it's high quality and affordable and inclusive and we're going to get \$1,600 a month or more if you're using that system.

But if you're using parental child care, we really get zero dollars. If your child is in a daycare centre, they're receiving about \$20,000 a year or a lot more per year, per child, for using that system. So most children get zero dollars of child care funding for their care, but billions of dollars for children's care doesn't go anywhere near the children or the parents in this country.

Is it high quality? Well, all the studies of the quality of child care or licensed daycare in Canada which are done by the daycare proponents find that, quote, "Most licensed daycare in Canada is of minimal to mediocre quality." Part of the quality issue is the issue of staff-child ratios. Like currently in Quebec, that system that they want us to emulate across the country, one adult can look after five infants aged 0 to 18 months. Picture looking after five infants aged 0 to 18 months. Canadian daycare lobbyists and the European Commission are pushing ratios where there is one adult for up to six babies aged one. That is not high quality, that's physically impossible.

How will children be affected? Well, two of the top economists in Canada, Michael Baker and Kevin Milligan from UBC, did a massive study of the Quebec daycare system—two studies. And they found striking evidence that children are worse off: aggression to motor social skills to illness. There's more hostility, less consistent parenting, worse parental health, lower-quality parental relationships, and increased maternal depression—more access to child care meaning daycare is bad for these children.

Their 20-year follow up study found that the sizeable negative shock to non-cognitive outcomes persisted to school ages: worse health, lower life satisfaction, and higher crime rates later in life. But the government is telling us that this will improve our society.

When they made those statements, Clyde Hertzman, who I mentioned, he attacked the economists calling them "zombies conducting statistical malpractice." His buddy, World Banker Dr. Fraser Mustard, called the report that the economists wrote "chicken shit" to the Canadian Senate.

Is this a good use of funding for families? Well Nobel Laureate economist, James Heckman, is the world's leading expert on the cost benefit analysis of early childhood intervention programs. And there have been programs for very marginalized underprivileged families that improved the long-term outcomes of the kids.

These programs that were successful empowered the mothers. And they found that a few of these programs, for every dollar spent, in the long term \$6 was saved because of lowered crime, lowered divorce, lower unemployment, and lower out-of-wedlock birth, and that marriage rates and health and education and wages were higher for participants in these very few, very particular, targeted programs from the 1960s.

So Heckman says that none of this evidence supports universal programs. He says, "We can empower families but the whole activity has to be to engage the family...So, I think it's the family, the family, the family...And I don't know if public policy has gotten there yet." But folks at the UBC Human Early Learning Partnership—these tax fund lobbyists, Hertzman and Kershaw—they lied about what Heckman said. And they weren't the only ones. They used his research about very marginalized families, and to say that this applies to all kids.

And so they claimed, and Kershaw spoke to the federal government, that we will save \$3.1 trillion dollars—\$3.1 trillion —by following the daycare agenda. And he uses Heckman to argue for that. But Heckman didn't say this. Yeah, \$3.1 trillion dollars and that child care services would pay for themselves over time.

And this is why all the politicians in Canada who vote for these policies think that they're going to save money by putting money in daycare—because of the lies of these academics such as the Human Early Partnership people. Now Heckman responds to these kinds of claims. He's horrified that his research is used to support universal programs, because he doesn't support universal programs.

Another huge waste of the daycare funding money is that, for example in BC, this is recent data, we've created 40,000 new funded spaces since 2018. But 20,000 of those spaces, nearly, are not operational. That means you've got 20,000 new funded spaces that are vacant. What a colossal waste of public funds. Here we have Mr. Kershaw meeting the top people in the land and sharing his tax-funded research with the top people in the country, Freeland and Trudeau.

So I'm going to switch and start talking about child protection services. These are another area where the state interacts with the family, the parent-child relationships. Did you know that here in BC and probably other provinces anyone can pick up the phone, and there's a

24/7 hotline so that anybody can report a parent anonymously. And when social workers receive that report they can go to your child's school and take them out of their classroom without your knowledge or consent and interrogate them.

Then social workers can come to your home and interrogate you or your children apart from you and inspect your home at any time. And if you don't like that and you say, "No," well then get a court order over the phone. They can remove your children with the police help.

And this can all happen without evidence being required because of deference to the social worker's opinion. You have no privacy rights. And the laws requiring written, informed and free consent, and timelines regarding when Court appearances must take place, are routinely ignored.

The the child protection laws assume that the state does not harm children, but we know that it does. The definitions of abuse and neglect and risk in the law are vague, arbitrary, and overbroad, and violate the principles of fundamental justice in the Charter, Section 7. There's no due process. You are guilty until proven innocent, and that's not easy to do.

Hearsay reports is considered evidence, and anyone can make an anonymous report about a parent, including the children. In the 1990s, Rena Virk, some of you might remember her name, reported her dad, accused him of sexual abuse because she was having some challenges at home. She wanted to get out of the house, and so she wanted to go into foster care. Well, she got into foster care and she was in foster care when she was brutally murdered in 1997. And that is not known, and it's not reported.

Another area of law that we need to look at is so-called mature minor consent laws. Now in the 1970s, medical doctors wanted to be free of liability for providing birth control or abortion to minors, so BC led the pack. In 1973, BC amended the Infants Act to allow MDs and dentists to let minors consent to or refuse medical treatment.

So that was debated in Victoria, and it was limited to minors aged 16-plus. And it also said that the MDs must try to contact the parents. And in 1992, the Infants Act was again amended and new amendments were passed in an omnibus housekeeping bill. There was no debate whatsoever. There was a new NDP government, and they snuck in these very controversial amendments into un-debated bills.

The new amendments removed all the age restrictions, so any minor 0-18 in BC, removed the requirement to contact parents, and they broadly expanded the definition of health care

provider. So anybody providing a therapeutic, preventative, medical or cosmetic procedure who's licensed in BC is now a healthcare provider.

In 1993 there was a Charter challenge trying to strike down that law. And it's called the Ney Case, because Ney was one of the complainants. And the judge ruled that reasonable efforts to determine the children's best interest will require that concerned parents must be involved. Because consulting the parents will be needed to determine if the healthcare is in the best interest, because parents may need to provide medical history, or to provide follow up care, or to fund things.

And the judge ruled that all health care providers must be aware of the importance of family relationships to the emotional, physical, and spiritual well-being of their patients. That's a pretty good way of interpreting the law, but this interpretation has been completely ignored.

So we have a bad law, and the adherence to the law is even worse. So the healthcare providers are supposed to assess a minor's capacity to make these decisions, but they routinely don't. Just recently I received—well I didn't receive—my son received a letter addressed to him from the local healthcare providers, because they got the information about his address from the schools, soliciting him to use particular medical treatments.

So minors have died refusing addiction treatment because they can refuse it, because they are mature. A 15-year-old Stephanie Lawrence died in BC. An Elliot Eurchuk died at age 16 because his doctor refused to tell his parents about the state of his addiction treatment. So he's dead too. He died in Victoria. And minors can consent to healthcare that was not even considered health care back in 1993, such as social transitioning or puberty blockers or perhaps, in time, medical assistance in dying. And teachers in the law are not healthcare providers, but they seem to be allowing acting as if they were.

Last area I'm going to look at is products that harm children. Now products like alcohol and drugs and cars and lead and cigarettes and porn—all these things have been restricted by laws to protect children. The restrictions can include outright bans or labels on products or age limits or education campaigns. In the 1980s, President Ronald Reagan eliminated restrictions on advertising to children.

And now in the 2000s, we see that education systems have embraced and promote and require digital learning, like computers, tablets, cell phones, and online learning, remote learning, despite all of the evidence showing that this is very suboptimal and harms children's physical, social, and emotional well-being.

So we have last year in BC, 12-year-old Carson Cleland took his life after experiencing sextortion through his cell phone. In response to that, this past March, BC looked at proposing legislation to allow lawsuits against these big tech social media giants, just the way we've had lawsuits against tobacco and opioid-selling companies.

So in March they made that plan, and then one month later they canceled it. They put the legislation on hold, although Premier Eby had made a promise to Carson's parents. He met with the Vancouver Board of Trade to discuss this legislation. They are totally against it because it's going to reduce profits, right? So that legislation to protect children from these harmful products is on hold.

So again, parents are children's best bet. And got any questions? Go ahead.

Wayne Lenhardt

Okay, are there any questions from the Commissioners?

Commissioner Bohémier

I have. First of all, I just want to be sure because in Quebec, we have in the Civil Code of Quebec that kids can have their own medical choices at 14 years of age, but you mean in BC they can make their own health choices before 14 years of age?

Helen Ward

It's up to the healthcare provider to decide that the child has the capacity to make the decision. But they're supposed to assess the child's capacity, but they don't. Like literally when my son, a teenager, receives a letter from the health authorities, they have not met him let alone assessed his capacity to make a decision.

Commissioner Bohémier

So let's say a child that is in daycare at five years old or is brought to the hospital, the health provider could decide to apply a procedure on the child without the parent consent?

Helen Ward

Well, if it's an emergency situation they can do that. But theoretically, if they think the 5-year-old has the capacity to consent, who understands the pros and cons of the treatment,

they could do it. I mean, but this assessment, like, they don't necessarily take place. So, but in BC, yeah, there's no age restriction.

Commissioner Bohémier

Okay.

Helen Ward

Other provinces have, like, they say 14. And BC used to say 16, but now there's none in BC.

Commissioner Bohémier

So the health provider just needs to see if its patient is understanding the treatment, the side effects, the benefits.

Helen Ward

It says that the healthcare provider should be satisfied that the minor understands the pros and cons. But I mean I've seen that they've done things over the phone with a child they haven't even met. My friend had a son who was 17. She took him to addiction treatment because he was severely addicted to meth, prostituting himself on the downtown East Side.

She took him and she tried to put him in the addiction treatment place. She was happy to find a place that she could take him to. They asked the 17 year old, "So what do you think? Are you interested in doing this? Is this what you want? It's up to you." Well, he was out of there. I mean, he's still alive by the Grace of God.

Commissioner Bohémier

And I would like to know what your organization is doing: its mission, what services you're —

Helen Ward

So we are a volunteer-run organization. And for example, sometimes parents call with a child protection issue. I'll list them, give them some advice if I can, try to find a lawyer. There's very few lawyers who have an area of expertise in this and who are willing to fight for parents. The child protection lawyers typically just tell the parents to do whatever the ministry tells them to do.

We're also preparing legal action against the government of BC regarding the child care laws that define child care as to exclude parental child care. And actually James Kitchen is one of the lawyers that we've hired to do that.

And we're also hoping to take legal action against the government of BC, the Education Ministry, regarding—I'll just say the controversy over the issues of sex and identity in the schools. Because parents are legally the ones who are in charge of their child's upbringing, moral upbringing, and education according to international law, according to the Supreme Court of Canada. So we want to defend parents' rights and parent-child rights in the courts against—well just to strike down those laws, the policies that have been created that are violating the parent's and child's rights.

Commissioner Bohémier

And what would be your recommendations for our children to be more safe?

Helen Ward

Well to parents, the parent-child attachment. I mean Gordon Neufeld's work, I highly recommend it. The Neufeld Institute, I cannot give it more recommendation, and it's just the best thing you need to do. Having a strong attachment to your child, helping your child to be attached to their extended family, neighbours, other people in your community. You've got to build a village yourself.

There's not a village like the daycare. Well maybe it is a village for you, but it's not really a village for most people. It's who's going to be at your wedding, who's going to be at your graduation, who's going to be at your Christmas party or your bar mitzvah or whatever—those are your village. It's this building your own village, and parents realizing how important they are.

I mean the research is so clear, but parents don't know. Parents will trust when we take our children, their most precious things, and we give them to people who we have not even met, like in the school system or the daycare system. We have you put your child in a daycare centre. Strangers who you have not even met are going to be doing your child's diapering. If you're okay with that, well that's okay, but you might want to think about: Do you really want that for your child?

Like, the role of the parent in the child's life has been, like, sidelined. We have all these organizations and service providers that are crowding out parents, colonizing the family.

The family used to be the only game in town, and all these other organizations and businesses and whatnot have grown up over the centuries, and the decades, and the generations, and they want a piece of that pie—and they are crowding out parents.

Commissioner Bohémier

Thank you.

Helen Ward

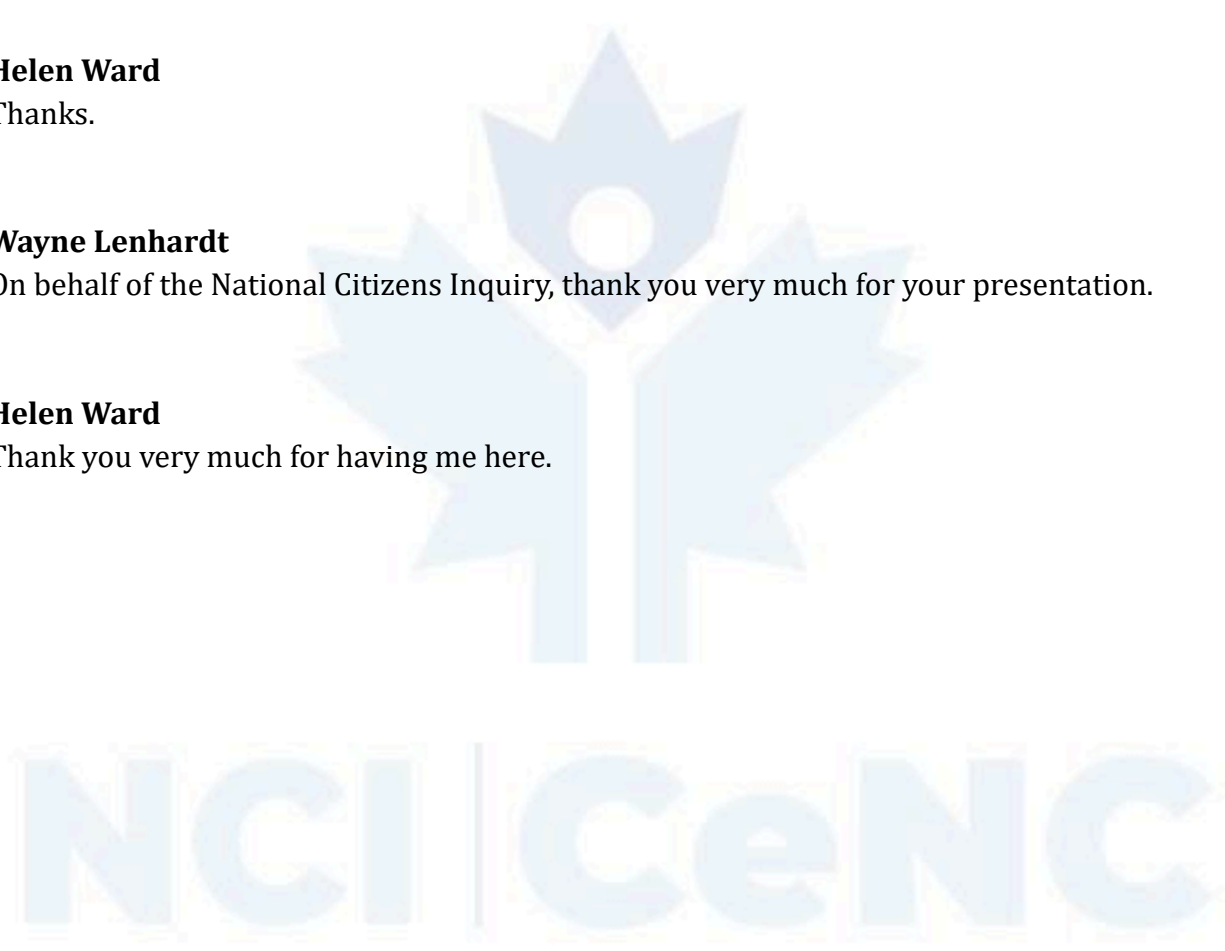
Thanks.

Wayne Lenhardt

On behalf of the National Citizens Inquiry, thank you very much for your presentation.

Helen Ward

Thank you very much for having me here.





NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 18, 2024

Day 2

EVIDENCE

Witness 8: Pierre Barns

Full Day 2 Timestamp: 10:46:54–11:22:18

Source URL: <https://rumble.com/v5j4dp0-nci-vancouver-2024-hearings-day-2-october-18-2024.html>

Shawn Buckley

Welcome back to the National Citizens Inquiry as we continue with day two of the Vancouver hearings on the topic: Are Children Safe in Canada? Commissioners for the record, my name is Buckley, initial S. I'm attending as lead counsel this evening for the inquiry. I'm pleased to introduce our next witness, which is Mr. Pierre Barnes. Mr. Barnes, can you please spell your name for the record?

Pierre Barns

Yeah, my name is Pierre Barns. P-I-E-R-R-E B-A-R-N-S.

Shawn Buckley

And Mr. Barnes, do you swear to tell the truth, the whole truth and nothing but the truth, so help you God?

Pierre Barns

I do.

Shawn Buckley

Now you have expertise and knowledge on basically the sexualization of children. You are a father of four, you're a passionate advocate. You have experience. When you were younger, you were in seven different foster homes, and that's given you an understanding of challenges faced by children that are in difficult circumstances. And it's also motivated you to be an advocate for children. And you've actually become a self-taught expert. You've got extensive knowledge in the area, you're self-taught, and you have a different perspective on child abuse and you're here today to basically share some things with us.

Now, Commissioners, I have to tell you that we've had to edit things and approach this differently because Mr. Barnes, one of the things that he wants to testify about is about materials that are available to children in our schools. The difficulty is that they are absolutely pornographic, and we are not going to show them on the screen because we don't know what children might be watching online. And even adults will find them disturbing.

They will be provided to the commissioners in camera, not available to the public. And as you know, what courts tend to do is they just describe in their judgment what the photographs look like without disclosing them to the public, and that's how we're going to handle this. And also Mr. Barnes, in an effort to be helpful, was going to show us publicly available photos of children who have had mastectomies and the like. And we have again chosen not to show those publicly, but they will be made available in camera to you as commissioners.

So Mr. Barnes is adopting those pictures as representative of basically what is available to the public online as far as mastectomies, and what is absolutely available to children in person in our schools. Is that correct, Mr. Barnes?

Pierre Barnes

Yeah, that's correct.

Shawn Buckley

Okay. So it's quite interesting. I mean, I find it interesting that as a lawyer that's probably run about 1500 trials, most of them criminal trials, that here we're concerned about violating child pornography laws with materials that are available in schools. But we've made that decision that we're going to play it safe, and it's a legal necessity.

So that in itself, Mr. Barnes, I find interesting that here we are having to censor for adults material that is available to children. Now you've got a bit of a slide presentation. Do you want to start walking us through your highly edited slide presentation?

Pierre Barnes

Yeah, I can do it, sure. First, you know, we keep talking about grooming and keep talking about sexual abuse and all this stuff and criminal codes, and I really want to go to the specifics of the words: What is grooming and what is non-contact sexual abuse? Can you have the slide right here? Okay, good, perfect.

So I would like to describe what is grooming and what is the manipulation technique used to groom children. So here we talk about emotional manipulations, which is making the child feel special, loved, and dependent on the abuser. Secrecy and isolation: encouraging a child to keep the relationship secret. And they do this a lot with gender ideology when, let's say if they want to change the pronouns, they tell the children, "Don't tell your parents."

It's actually a part of the policy that the teacher is not allowed to tell the parents about the new pronouns of the children, which is a part of the secrecy and isolation's way of grooming. And gifts and favours, of course, threats and intimidations, flattery and attention—you know, making them believe that they are special, that they all want them to be who they truly are, and all this language.

Normalization behaviours: gradually introducing inappropriate behaviours to make it seem normal and acceptable. And the thing with grooming is that they don't only groom the children, they groom the people, they groom the population, they groom the parents—to groom us to believe that actually showing sexually explicit material to children is completely acceptable. Which is unacceptable, because in order to groom a child, you have to groom the population to believe what you want to do with the child.

And you know, a lot of abusers, what they are going to do is actually they're going to be in front of you with your children, and they're going to start to touch your children on the shoulders in front of you. They start with little things so the kids think that: Okay, oh that's fine. That guy can touch me in front of my parents and my parents did nothing. And it starts like that. It always starts with little things that usually don't seem to matter.

And it's the same principles with sexually explicit material to children. You've got a trustee that keeps speaking about the books, like the books are fine. So then the children listening to this think: Oh, well, the books are fine. The trustee said the books are fine; therefore, they

should be fine. So this is a normalization behaviour. It's really what we see right now in the school boards, in the media, and everywhere about the over-sexualization of children.

And here are all the secrecy. Again, encouraging secrets. I talked about it before. Creating a sense of exclusivity by making them believe that they are a part of the group, part of the LGBTQ groups. So that will be a part of this. Threatening the child with negative consequences in detail. You see this part of actually threats and consequences, you know, a lot with detransitioners, with the adults. With the children, usually it's other things. Usually the children are going to transition when they are younger and detransition when they are older, when they understand all the bad that was done to them. But when they detransition, actually, there are a lot of threats from the other side actually that tell them they are not a part of the groups anymore and they are traitors. So that will be a part of the threat and consequence.

And you are minimizing the situation, downplaying the significance of the behaviour and persuading the child. Yeah, minimizing the situation. You know, there's a lot of people around that minimize actually the issues of sexual abuse. And in a lot of places, let's say we want to talk about SOGI [Sexual Orientation and Gender Identity] and the dangers of SOGI, there is a lot of people that are saying, "Well that's not important, we're not going to talk about this. We're going to talk about—" I don't know, all other issues. There is a big minimization of the importance of sexual abuse that is happening right now in our country, specifically regarding SOGI.

Because when you want to talk about SOGI or when you want to talk about pronouns, if what I say is, "Pronouns is wrong," and people tell me, "Why? It's just pronouns," but that's not just pronouns. Pronouns actually, it's built into the concept of gender ideology. The pronoun before your name is built into the concept that they made that a boy can be a girl and a girl can be a boy. That's why they had to put a pronoun in front of the name.

So the pronoun is not just a little thing, it's an indoctrination tool. So that's when they minimize it: "Oh it's just a pronoun. Who cares about this kind of stuff?" That's what groomers do. Well, that's what groomers do, and that's what people who have been groomed to believe that these are okay do. Not everybody that believes in gender ideology are necessarily groomers. Some are parts of the cult and some don't understand what's going on, they just believe in it.

Okay, what is non-contact sexual abuse? That one is very important because the books are "not contact" sexual abuse. They are non-contact sexual abuse, which is very important for people to understand, okay: encouraging a child to masturbate and watch others masturbate; secretly recording or observing a child in private situations for sexual purpose;

exposing a child to individuals engaging in sexually explicit acts. The books that we just saw that we had to remove, it's plenty of that. It's all available to children in schools all across the country. I'm talking not just secondary school, I'm talking elementary school, K-1 to K-12—so exposing a child to child sexual abuse material.

Sexual abuse material is child pornography, so people understand that. And, you know, not everything in the book is child pornography. I just want to be precise about that. As a result, we have to make a difference between sexually explicit material and child pornography. So there are books where the majority of the book contains sexually explicit material. Some books do contain child pornography, like the book *Gender Queer* when you got a boy that is giving fellatio to a man. This is child pornography, and this is in that book.

So anyway, flashing: exposing genitals to a child, which is the same thing you do when you look at a book. Communicating over technology. So anyway, that's what non-contact is. This is very important to understand what is non-contact sexual abuse, and important to understand the meaning of those words so we can identify the problem, right? If there is grooming, we can say, "Listen this is grooming, you're grooming our children. So you're exposing our children to sexually explicit material."

Okay, Section 171.1 (1). Yesterday we had Amrit. Amrit was talking about the stuff that was in the libraries and that one of the trustees, some member of the board, I don't remember which one it was, told Amrit, "Well, the books are there but no kids touch it," okay. And I think it's important to understand that in Section 171.1 (1), it's not exposing children to sexual material, it's making it available.

So the person was telling to Amrit, "Well, you know, no children took the books." No, the problem is that the books are available to the children. So there is a crime committed there. So that person admitted by saying the books are there, but no children touched those books. So for her, I think that was a woman, for her that was okay, but it's actually criminal because the books are available. If you left a gun at home available to children, that's a crime, it's dangerous. So that's the same thing. Okay, so that one is important to understand, is the availability of the material. That is criminal, and of course the exposures to it.

The other one is: What is sexually explicit material? And this is explained in the criminal codes. And, you know, definitions are always hard to find. It's like in school, they're going to talk about, "This is appropriate for children, and we have age-appropriate material to children." That's all they say. They're going to tell us, "Oh, the books in schools are supposed to be age-appropriate." Well, what is age-appropriate? What does it mean, right? There is no definition of from [grades] 5 to 8 we're going to do this, from 9 to 12 we're going to have this. There's no definition. They say, "Well it's age-appropriate," which means nothing.

So according to the Criminal Code Section 171.1 paragraph 5, it explains what is sexually explicit material and what should not be made available to children: a photographic film, video, or other visual, whether or not it was made, that shows a person who is engaged in, or pictures as engaged in, explicit sexual activity. That's with all the pictures that we saw today that we had to remove; some of the pictures are showing that.

Dominant characteristic: of which is a depiction for a sexual purpose of genital organs, anal regions, breast. This, we removed some slides of a book called, *Let's Talk About It*. That's the name of the book, *Let's Talk About It*. Well, it's very simple. It definitely shows two persons having sex together. It shows an anus, actually a big picture of an anus. Big pictures of a penis and erections. And it shows a picture of someone with a finger in the vagina for masturbation, and the picture of someone masturbating his penis. So it shows this within the books.

So if you want to debate with the librarians or trustees about what is sexually explicit material, just go to Sections 171.1 paragraph 5. And I just want to mention something about the section 171.1 (5): there are no exceptions. There is no context in which this should be shown to children within the criminal code. Much of the laws have exceptions where there is place where you can do some stuff, but in Section 171.1 (5), there is no exceptions at all. So there is no context in which you can show sexually explicit material to children, because showing sexually explicit material to children is child abuse. And there is no context in which child abuse should be acceptable.

Okay, now SOGI. This is my view about SOGI, and I think this is the view of a lot of parents, okay? And I'm going to read that. Not the first part, just the second part: *The truth is that SOGI is a way our children are forced to see the world*. It is not a curriculum because they keep telling us, "Oh, it's not a curriculum as is, we all just [inaudible]. And because it's not a curriculum, well, it doesn't affect the children." But it's quite the contrary, because as I wrote here, it is not a curriculum, but it's an excess of policies, an excess of procedures, and a dangerous idea within a very exclusive environment.

There's nothing more exclusive than SOGI. If you speak against it, if you say anything about it: *SOGI has been used to undermine parental rights, intimidate parents and educators who raise questions about SOGI and other ideological/political matters, introduce gender ideologies into educational curricula, and rationalize the inclusion of sexuality explicit materials in academic settings*.

So my point about the exclusions is that, let's say someone with religion and says, "I believe there is only a man and a woman." And well, if you say this to a SOGI activist, they're going

to call you a bigot, a transphobe. There's nothing more exclusive than those people. There's no way you can have a conversation if you don't believe what they believe. You're going to be called names all the time.

And they do this for a reason. They do this because they want to silence us. And they want to create a chilling effect into the society when nobody wants to talk about issues. And what happens when nobody wants to talk about issues, then dangerous things are pushed into the society. And that's what they have created. And that's why nobody wants to talk now, because of the chilling effect that is happening. People are scared to talk about this stuff because they are afraid to lose their jobs, because they witness people losing their jobs in the media and everywhere regarding this stuff.

Okay, now regarding the sexually explicit material. I am talking about this. And, you know, they want us to believe that this is completely fine, you can show this stuff to the children. But that's wrong because there are actually teachers— And I got a dozen of cases like that and I find it on the Ontario College of Teachers and the BC Commissioners in BC that say if a teacher shows sexually explicit material to a child, you will be punished.

But I want to go back about the grooming process, right? Even if it's illegal to show this, they are still pushing the fact that this is legal, okay? So it doesn't mean that they are saying that they can really do this, because they can't—because those cases are proven.

That guy here had pictures on his computer that included a beach scene and partially naked individual on his computer, okay? And he further admits that while viewing this image during instructional time, one student accidentally observed the inappropriate material. The guy has a six-week suspension. Someone went beside the computer, saw the pictures, and he was suspended. So that's the proof, so here we go.

So I look at the other one. Which one is that? Oh yeah, that one, okay. Viewed pornographic image of adult woman on his— Well, that's pretty bad actually. Three other occasions between 2004-2005, Mr. Van Vloten admits to using inappropriate names to refer to males as a babe and sweetheart. Making inappropriate comments concerned, 12-month suspension, okay?

The books: inappropriate comments, babies, sweetheart, this is full of it in the books. The books in school, there's lots of inappropriate books that are going to mention words like fuck— you know, I'm not even kidding, hundreds of times in the books—like cunt, blowjob, bummy, blow me, and all this sexual stuff. Even [inaudible] is going to say this: motherfucker. It's right into the books in school. That guy was [punished] 12 months for just saying—but not “just” saying; it's bad to say this to children, actually—“babe” and

“sweetheart.” I don't think a teacher should call his student babe and sweetheart. But you understand? They did a 12-month suspension.

And look at this [searching through resources]. I want to find out the one—which one is that? Inappropriate language. But it's the same principle. Anyway, I'm going to go to “all” because I've got multiple cases like that. But you understand, the things that it is.

Okay, I didn't put that case there. But there is a case of a teacher who was playing the song, Bad Romance from Lady Gaga. The guy was suspended three weeks. Lady Gaga, Bad Romance into her classroom, was suspended three weeks. Then they want to tell us that the books containing that vulgar language and sexually expressed material is acceptable to children. They are grooming us, and this is what we have to keep in mind.

That's the same thing. I repeatedly show a video of students during the classroom that contained inappropriate, including some sexual image—three-month suspension. That's another case. Okay, next one.

Shawn Buckley

Mr. Burns, I'm going to ask you to speed it up because we're tight on time and I think you made that point.

Pierre Barns

Perfect, okay I'll do it. Okay, that one here. This is a guy from Abbotsford. I was actually able to have this guy remove his flags on the classroom. I'm just going to go very fast. Look at this. This guy was sharing his sexual orientations with students in middle school in Abbotsford. Look at this: Physically attracted to women, men, and other. Imagine every time that a student was going to their classrooms, they were learning about the sexual orientations of the teacher. This is ridiculous. Anyway, next one.

Okay, this is on the Public Health Agency of Canada, just to show you how much respect they have for parents: *Families are not always a safe place for gender variant youth. It is important not to involve the parents/caregivers of gender variant youth—unless they want to disclose it.* And this is all related to the pronouns. And this is all over policies all across BC and Canada.

Next one. Okay, Scott Beddall. Scott Beddall was a BCTF [British Columbia Teachers' Federation], I think he was the vice-president of something at some point. Anyway, he writes learning resources for the BCTF. And you see: *Fourth, draw a penis and testicles on*

the boy. And so that's a drawing. There is a boy and there is a girl and they remove, like, the bikini, whatever the things for the girls and the boys, and they ask the children to write a penis on the boys and draw a vagina on the girl. This is complete nonsense, and it's very dangerous, because—

Anyway, and they actually removed that one from the BCTF site, but I have the copy. And this is in K-3—K-3 material: draw a penis and a vagina, of kids. It's terrible. And you know, they told the kids that sometimes you're going to touch yourself and you're going to feel good. Imagine having a grown-up man telling your children that it feels good to touch your private parts. Yeah. So you see two sample outlines, one with the vulva, one with a penis, and whatever.

Okay, next. That's the same one. Same one. I'm just going to skip. Okay, *Eleanor and Park*, that one is available in school in Abbotsford actually. Okay, look at the language: "I asked him if his dick was bigger than his truck. I know you're a slut. You smell like cum." This is the type of language they have in school. And Bruce Banman actually exposed—he's an MLA in Abbotsford—he actually exposed this book at some political place in Victoria. I don't remember the name of the buildings. And he had to remove the wording from the recording, because the wording was not appropriate for the MLAs, but it's completely appropriate in school. It's ridiculous.

Next one. Okay, listen, I want to read that book. That book says—I won't read this. This is terrible. This is a father abusing his daughters and they write this. You can read it. I won't read it. You can read a part of it anyway. It explains all the feelings of the father abusing his daughter. So this is what could be called child pornography, actually in the wording. Yeah.

Okay, next one: *This Book is Gay*. Here we go. *This Book is Gay*. That one talks about *Blowies*: *Oral sex is popping another dude's peen in your mouth*—right into school. Next one.

Bumming. You know what is bumming, I'm not going to describe this. When you don't have a vagina, you do bumming, that's what they said. Okay. Oh yeah, *Fingers*: I don't need to describe this. You understand, you got the picture? I guess, okay. Oh, they talk about toys and strap-ons, right? You know, they talk about all the little things that women and men are using.

Okay, the promo. Now we're gonna go with the promotion of gender ideology. I'm just trying to go fast here. That's why I'm speaking like that. The promotion of gender ideologies in books: now we talk about sexually explicit material. Let's talk about the gender ideology things. Okay, the Infant Act and the danger of exposing children to gender ideology is that they can consent without parents. So the Infant Act in BC, Section 17 was there so children

can consent to preventive, palliative, diagnostic, cosmetic—anyway, they can consent to puberty blockers, let's say. It's right written into this.

Now, if you are mature minors—and in BC, a mature minor, you need a doctor and a kid. And a child can consent to a vaccine without the parents if they are considered mature minors. Keep this in mind. And a mature minor is when the doctor says that the child is smart enough to understand the risks and benefits of anything, including vaccine, puberty blockers, and anything. So that's mature minors.

And the Bill C-4, of course, I call it the Child Mutilations Bill, because that Bill actually makes it criminal for— Let's say if there are children who are confused, it makes it criminal for physicians to help those children to be less confused, because it forces the physicians to affirm whatever confusion the children have. So if the boy thinks he's a girl, the physicians have to say, "Well you're a girl. I'm going to affirm your gender and treat you as that." So that's the Bill C-4: it makes it criminal actually for physicians not to go that way.

So the thing with conversion therapy, it's illegal to say to someone who identifies as a girl, or let's say as a homosexual, that maybe that's just a phase, maybe it's going to be heterosexual later—it's completely illegal. But, you know, if you've got someone who is heterosexual, the bill makes specifications about this. It's completely fine for them to explore everything else. So it's a one-way thing, right? So the physicians can only go in one direction, which is exploring gender ideology.

Shawn Buckley

Can I just slow you down, Mr. Barnes? So, no put that slide back up please, David. So we're talking about Criminal Code of Canada. Conversion therapy is illegal. You can go to jail for this. And your point is that—so looking at (d) there—so conversion therapy would include counseling or whatever to change a person's gender expression so it conforms to the sex assigned to the person at birth. So if you're born a boy, it would be illegal to basically counsel a person to be a boy, but they can counsel you to be anything else.

Pierre Barnes

There we go.

Shawn Buckley

So that's what you mean by “one way.” It's literally in Canada illegal to basically do anything, including counselling, that would affirm a person's gender identity as that they were biologically born with. I mean, if it wasn't in the criminal code, I would think people would think that I'm lying and why are you being so ridiculous. But it's actually in our criminal code.

Pierre Barns

It is right there.

Shawn Buckley

Okay.

Pierre Barns

And I want to mention that almost all the politicians voted “yes” on that bill, and they all applauded when that bill passed. That's very important. That shows the corruptions of our country. Both sides, Liberals, Conservatives, NDP, all applauded this bill, they were all happy that this bill passed. They had a big celebration about it. So maybe some of them were just ignorant at that time too, that's possible.

Okay, let's take a look. BC Children's Hospital, just so you know [where] the propaganda goes, and that even the BC Children's Hospital is a very well-respected hospital in BC. And look at this. If you go on Gender there, the gender clinic support the needs— If you want to see if this is true, go on the BC Children's Hospital website, look at the Gender, and see everything that they offer for children. Right there, they offer puberty blockers and gender-affirming hormones to children.

And now put this side by side with the BC Infants Act and the mature minor things. Now children can consent without parents to that kind of thing. So anyway, if the parents do not affirm the gender identity of their children, they'll take their children away because it's considered child abuse. So that's the books that are in school regarding that, okay? Okay, that's *George which is now called Melissa*. And see this is for children in elementary school, okay? And a boy could become a girl.

Shawn Buckley

And we're gonna have to move along.

Pierre Barns

Okay, more fast, perfect. Okay, to talk about hormones given to girls and the, “Mom, what if I am a girl?” But you understand the principle: they show children that a boy can be a girl. This is this one too: *I am Jazz*. I'm not going to go deeper on that subject. Just look at this. I have a girl brain but a boy body. They're showing this to children. They confuse children. So, yeah, “You are such a good boy.” And, “No mama, good girl.” You see? On and on. I'm going to skip Jazz. So we can skip. And there we go, so that was Jazz. Jazz is a boy. And now Jazz, actually she has got very bigger issues. She's [inaudible] right now.

Okay, good. And look at this, *The Gender Book*. I was actually able to remove those books from my children's school. And I want to mention I was able to remove six books in the Abbotsford School District. So anyway, that book here talks about gender expression. Where they cut [the bodies on paper], you can see the kind of play that they play with the children. And look, the pronoun things: he, him, she, ze. And look at this, they show this into school to children: a man taking estrogen. Here they show another drug. This is Physical Transition: a woman taking testosterone. And here we go. Okay, so this is—I'm not sure if I should go with that.

Anyway, so this is just to show you that this truly happened. This is the communication I had with the principal of one of my kids, okay, where I actually asked them to give me the list of LGBTQ books in the school districts. They actually gave me the list, which is what you see. And I'm saying that because if you ask, they have to give it to you if you're a parent. If you're a parent, ask for the list of the SOGI books, of the LGBTQ books, and take a look at the books you can.

And take a look, I've got a list of books on my website. My website is exposingsogi123.com. You can find, I believe so far I've got 29 books right there, of inappropriate books. I bought the books and I made a review about it, and I put this on my website, so at least you've got a list of 29 books that you can look it up.

Okay, so yeah, that one. This is all those people that are mocking us all the time. This is a doctor here. His name is Dr. Giancarlo, okay? This guy is performing mastectomy on children in Canada and in USA, and he's gone on and on just joking about this, and that was on the *topsurgery* Instagram account.

So if you want to look at the pictures of young females getting mastectomy, go on Dr. McLean's clinic, and go on Dr. McLean's Instagram account, and you can have access to all those pictures. You can go on Dr. McLean, that one, Dr. McLean clinic, and you can you see Dr. McLean right here. And you can see all the pictures of—

Because, listen, in order to groom us, they have to make us believe that what they are doing is good. So that's why they expose us. That's why they made everything public, because they want us to believe that this is correct—but this is not correct. So I'm in for the questions.

Shawn Buckley

Thank you. Commissioners if you have any questions for Mr. Barnes. Mr. Barnes, there being no questions, on behalf of the National Citizens Inquiry, I thank you so much for testifying. And you will be getting us those files that we're not sharing with the public, but sharing with the Commissioners.

Pierre Barns

I've got it on a file, yeah.

Shawn Buckley

And also a copy of the slide presentation that you just presented. Can you provide that to us also?

Pierre Barns

Oh, yeah, for sure.

Shawn Buckley

I'll mark that as an exhibit.

Pierre Barns

Perfect. Thank you.

Shawn Buckley

Thank you.



NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 18, 2024

Day 2

EVIDENCE

Witness 9: Kellie-Lynn Pirie

Full Day 2 Timestamp: 11:22:22–12:56:06

Source URL: <https://rumble.com/v5j4dp0-nci-vancouver-2024-hearings-day-2-october-18-2024.html>

Shawn Buckley

Kellie-Lynn, can you state your name for the record? Spelling your first and last name, please?

Kellie-Lynn Pirie

Kellie-Lynn Annette Pirie. K-E-L-L-I-E - L-Y-N-N P-I-R-I-E

Shawn Buckley

And Kellie, do you swear to tell the truth, the whole truth and nothing but the truth, so help you God?

Kellie-Lynn Pirie

Yes, I do.

Shawn Buckley

Now we've introduced you as Kellie Lynn Pirie. And that's the name that you were assigned at birth.

Kellie-Lynn Pirie

That's correct.

Shawn Buckley

But then you had changed your name for a period of time to Kenneth Logan Anderson.

Kellie-Lynn Pirie

That's correct.

Shawn Buckley

And so you started your life as a biological woman, but you transitioned surgically to a man, and then changed your name to Kenneth Logan Anderson.

Kellie-Lynn Pirie

That is correct.

Shawn Buckley

And now you are going through what's called detransitioning.

Kellie-Lynn Pirie

Yes.

Shawn Buckley

And before I have you tell your story, it's just a lot of people, and then I shared this when we were interviewing, don't even understand the terminology in this world. So can you explain to us what "detransitioning" means or who a "detransitioner" is?

Kellie-Lynn Pirie

Detransitioners are those who regret their transition and they go the extra step to attempt to regain the appearance of their biological sex.

Shawn Buckley

Okay, and by “biological sex,” you mean the sex they were born with?

Kellie-Lynn Pirie

Correct.

Shawn Buckley

Okay. And now what is a “desister”?

Kellie-Lynn Pirie

A desister is generally considered a child. So there's this idea that children who are broken from their sense of being a boy or a girl will be consistent, persistent, and insistent in being the opposite sex. And a child who is a desister is one who would be a boy who would become reconciled to being a boy. The natural biological process that is a catalyst for 80% of desisters is puberty.

Shawn Buckley

Can you explain that, what you just said? Because what you're suggesting is that people, before they enter puberty may, you know, have some gender confusion, but puberty resolves that confusion.

Kellie-Lynn Pirie

That is what the research has consistently shown, yeah.

Shawn Buckley

Okay. And then can you explain to the commissioners what the term “regretters” means?

Kellie-Lynn Pirie

Regretters are generally those who feel that there's no way they can ever look like their birth sex again. If anyone's watched the documentary, *What is a Woman?* Scott Nugent is a well-known transition regretter. She honestly feels that there's no way she can either look

like a woman or tolerate taking estrogen again because, aw man, it's— When I started taking estrogen in December of last year, I went through a stage of severe emotional dysregulation. I had about two months where I was bawling every day, and I would cry about, like, the simplest things.

Shawn Buckley

Okay. And the reason, you know, wanting to be your biological sex again, a woman, the reason why you would need to take estrogen is because you have surgically had your ovaries removed.

Kellie-Lynn Pirie

Yeah, that is correct. I was having compression fractures to my lower back, so I needed the estrogen for my bone health.

Shawn Buckley

Okay, so let's start your story. So you're born in the mid-60s. You're the youngest of six children.

Kellie-Lynn Pirie

My mother's youngest child, yeah.

Shawn Buckley

Yeah. So kind of start from there and share your journey. And as you go, I'll just have you emphasize some things.

Kellie-Lynn Pirie

Okay, well, I want to keep this part short, so I've got it written. Before I was three years old, my parents divorced, and my mom remarried to a convicted pedophile. Mom knew what her husband was doing to her children and refused to leave him. The household I lived in until I was 13 was a chaotic mix of drugs, alcohol, and abuse. At 13, I turned my mother's husband in to the police, and he eventually went to jail for sexually interfering with a minor in his care.

Shawn Buckley

And that minor being you?

Kellie-Lynn Pirie

That's correct.

Shawn Buckley

Okay. And there were substances in the home, and you were introduced to alcohol and marijuana at a very early age?

Kellie-Lynn Pirie

Yeah, my cousins verified that when I was five years old, I knew how to drink vodka and smoke dope.

Shawn Buckley

Right, okay. And just because of the dysfunction of the family, you ended up actually being in foster care two times.

Kellie-Lynn Pirie

Correct. In 1980, the first time was before I turned my stepfather into the police. I had spoken with my coach at school, and she told the social worker, and the social worker had me put into foster care. But I was, like I didn't understand what withdrawal from drugs was. So that was on a Thursday. So over the weekend, I was just telling my foster parents that it just felt wrong being alive in my body, and I didn't know what to do. So, of course, that flagged a bunch of suicide flags. So my mom stepped into that breach and had me committed for a psychiatric evaluation.

Shawn Buckley

Okay. Now, I want to back up, actually, though, before that. Because when you were very young, you were being sexually abused.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

By, you know, your mother's partner who is a pedophile.

Kellie-Lynn Pirie

Yes.

Shawn Buckley

But you came to the belief that boys wouldn't be abused like you were being abused.

Kellie-Lynn Pirie

I witnessed girls being abused, and it led me to the false belief that boys didn't get sexually abused. Because I didn't see what he was doing to my brothers, and I saw what he was doing to my female friends and my female cousins.

Shawn Buckley

Right. Okay, so you're having the experience as a little girl, you're being sexually abused, and you're seeing other little girls being sexually abused, and you believe that little boys aren't being abused. So that actually led you to believe that if you were a boy, you would be safe.

Kellie-Lynn Pirie

Correct. I always understood I was a girl. I just believed that had I been born a boy, I would have been safe.

Shawn Buckley

Right. And that's just based on what you're actually seeing.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

Okay, so you're actually having the experience that while little girls get sexually exploited, I don't see little boys getting sexually exploited. If I was a man, if I was a boy, I wouldn't get sexually exploited.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

Okay, so this is a belief that you came to develop early on. It's not that you're feeling, I'm a man. You're feeling, if I was a man, I would be safe.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

Okay, so you got introduced to this trans ideology when you moved to Vancouver in 2002.

Kellie-Lynn Pirie

Yeah. Correct.

Shawn Buckley

So before that you didn't know anything about it?

Kellie-Lynn Pirie

Well, I had heard about it because—just give me a sec here—so if I saw a man in a skirt and he took off the skirt and he had a penis, he was still a man to me. However, I was exposed to men wearing skirts, so I understood there were people who had this weird—I thought of it as a fetish. But the whole idea that people would actually do that all of the time, that I was introduced to in Vancouver.

Shawn Buckley

Right. And there is such a thing as trans ideology and different thinking and assumptions that I'm going to have you share with us. So you get introduced to some different things in Vancouver. What happens to your thinking?

Kellie-Lynn Pirie

Well, I was still a fairly beautiful woman, and when I was drinking I could hide my discomfort behind the alcohol. I could use the drugs to numb that discomfort. But when I got sober, I didn't have that buffer anymore. So I was aware of how—

Shawn Buckley

Can I just slow you down? What's your discomfort about?

Kellie-Lynn Pirie

The sexual gaze of men or women.

Shawn Buckley

Okay, so what you mean is, so you are a beautiful woman and men are giving you sexual attention.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

And because of your history of abuse, you are uncomfortable with sexual attention of men?

Kellie-Lynn Pirie

Extremely.

Shawn Buckley

Okay, so it's not you're going, "Oh, I feel like a man." You are uncomfortable with men being attracted to you as a beautiful woman.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

Okay, so that's what's making you uncomfortable. And so you would drink to basically get that discomfort to go down.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

Okay. But then you make a decision in your 30s to become sober.

Kellie-Lynn Pirie

Yes.

Shawn Buckley

Okay, so tell us what complications that created.

Kellie-Lynn Pirie

I no longer had that buffer, so I was aware of my discomfort. Like, I wouldn't have been able to sit in a room like this, the way I've sat in this room this afternoon listening to other people's testimony. It wouldn't have been something I'd be able to do. I would have had to leave. Like, I just couldn't have sat in a room by myself and done that.

Shawn Buckley

Okay. And that's just fear of sexual attraction by men towards you.

Kellie-Lynn Pirie

And also not understanding social cues, social rules. Am I safe? How do I keep myself safe? Yeah.

Shawn Buckley

Okay. And then something else happened between you and a friend, and that also caused you to fear more, am I right? Did a friend—okay, you got the cue of what I'm talking about?

Kellie-Lynn Pirie

Ah yeah. About a year before I got sober, I was raped by a friend. Yes. I had been living in a lesbian relationship. He was my partner's best friend's spouse, and he got me a job driving a truck. And I thought he was my friend; I'd known him for about a year at the time when it happened. And it didn't just happen once, it happened twice. So I didn't know how to keep myself safe. I didn't know. Yeah.

Shawn Buckley

Okay. What you just said was pretty important, because you said you didn't know how to keep yourself safe. So this is the childhood trauma of being sexually exploited coming back, because now you have another man sexually exploiting you as an adult woman.

Kellie-Lynn Pirie

Yes.

Shawn Buckley

Because he's finding you attractive as an adult woman.

Kellie-Lynn Pirie

And I hadn't picked up on any of those cues.

Shawn Buckley

Right, okay. So I'm just wanting to emphasize: So for you, the big issue right now is fear and fear of men.

Kellie-Lynn Pirie

Oh, yeah.

Shawn Buckley

Okay. So what kind of happens next in your journey? So how do you deal with this fear that you have of men?

Kellie-Lynn Pirie

Well, when I got sober, I went into women's support recovery. And in some ways it was awkward in different ways. Like, when I was a child, my mom would tell me that the reason the abuse kept occurring was because I was breaking the rules. It was because of how I behaved. It was because I was so pretty. It was because, because, because—we don't need the details. So as an adult, and especially sober, I was always struggling to understand the rules of a social situation.

Like, even in the women's support, the one support recovery house, we were sitting there having a conversation at dinner, and the women were laughing and joking. But I don't have a social context into which to put people laughing and joking and safety all at the same time. So I felt like I needed to control the situation. So I didn't understand how to be sober around other people. I didn't understand, like, sitting and having a dinner conversation with 10 other people at a dinner table.

So when I started talking to my drug and alcohol counselor about this, she then asked me about—now I'm trying to remember how the conversation even started—oh, I was talking about the women. There was a man who was dressed as a woman at one of the AA meetings, and I was talking about that. And Cindy was like, “Oh, well, do you think you're like that individual? You know, could you be transgendered? Like, is the discomfort you're feeling because, you know, you're not really a woman; maybe you're a guy?” The conversation just kind of— I don't know how to explain how a crazy conversation evolves, but it just kind of evolved.

And then I would talk about, like, things in my youth, like horseback riding, sports, having a stage where I wanted my hair cut really short—which had to do with my stepfather's clients thought my long blonde hair was really pretty so I wanted it cut off. It wasn't about being a boy. It was about not wanting the long hair that they liked, about how uncomfortable I felt when I started developing breasts, because the clientele that he

switched to as I got older were really cruel. So I became incredibly discomforted with my female body developing, and it felt like it was happening to me.

Shawn Buckley

So you basically being sex trafficked by the pedophile?

Kellie-Lynn Pirie

Yes.

Shawn Buckley

Okay, so when you're talking about: So when you started entering puberty and developing as a woman, the clientele changed as you're being sex trafficked by the pedophile.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

And the sex was rougher then.

Kellie-Lynn Pirie

It was crueler.

Shawn Buckley

Okay.

Kellie-Lynn Pirie

Yeah.

Shawn Buckley

Right. And I think that helps us understand the fear that you were feeling better.

Kellie-Lynn Pirie

Yes.

Shawn Buckley

Okay. So you're having with a counselor a conversation, and you're describing things that could be described as masculine, like cutting your hair or liking sports or, you know, farm work.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

And now this becomes important for trans ideology, doesn't it?

Kellie-Lynn Pirie

Yes, it does.

Shawn Buckley

Okay, so can you explain that because we had had a conversation where you basically said trans ideology takes you back to the sexual stereotypes of the '50s.

Kellie-Lynn Pirie

Yes.

Shawn Buckley

And so we need to understand why that's important, like, how they basically tell you that you're another gender based on that.

Kellie-Lynn Pirie

Well, she framed my really enjoying sports as something that's typically boy. She framed my not liking makeup as something that's typically boy. She framed my wanting to—like, I had

this really baggy coat that I wore for a year, as being: “Well, of course you're developing breasts, and boys wouldn't want to have breasts.” So my behaviours that were, in fact, a response to the sexual abuse were reframed as being: “This is where your masculinity was beginning to develop.”

Shawn Buckley

Okay. And I want the commissioners to understand what you're talking about. So I'm going to try and lead a little bit, and just tell me if I get off base at all. But, like, in the feminist movement, it was all about: Hey, women can do whatever they want. They can have short hair if they want, and that's part of being a woman. You don't have to fit into these 1950s stereotypes. You can be interested in sports. You could be a farmer, you could do whatever you want. That wasn't considered masculine, part of the sexual revolution. And the feminist movement was you can do whatever you want as a woman. That doesn't mean you're not a woman. But what the transgender movement does, is it goes to 1950 stereotypes.

Kellie-Lynn Pirie

Yes.

Shawn Buckley

So, well, if you preferred short hair, then it's going to be suggested you're really a man.

Kellie-Lynn Pirie

Yes.

Shawn Buckley

If you liked farm work or if you ended—well, that's massive.

Kellie-Lynn Pirie

As a truck driver.

Shawn Buckley

Yeah. So, well, that's it, so you had learned to drive a truck. Well, that's a man job. So it's actually suggested to you, well, maybe you're a man in a woman's body.

Kellie-Lynn Pirie

Yes.

Shawn Buckley

And the same would happen if you were a boy and you like long hair, for example. So the transgender movement actually, it relies on characterization—

Kellie-Lynn Pirie

Stereotypes, yeah.

Shawn Buckley

—stereotypes from the '50s.

Kellie-Lynn Pirie

Because I knew how to change the oil in my car, I knew how to change my tires, I knew how to change my brakes.

Shawn Buckley

And you grew up on a farm, that's why.

Kellie-Lynn Pirie

And I grew up on a farm, yeah.

Shawn Buckley

Okay. So I just wanted people to understand that when it's being suggested to people in this trans ideology movement that, well, if you're a woman you might be a boy, it's based on stereotypes that assume that, you know, a girl wouldn't have short hair, a girl wouldn't be interested in farm work, a girl isn't going to be changing oil in a car. That means psychologically, you must be male. That's actually the first part of gender identity under this movement.

Kellie-Lynn Pirie

Yes.

Shawn Buckley

Okay. So I'm sorry for stopping you. So you're basically now being told for the first time by somebody who has this ideology that you might actually be a man.

Kellie-Lynn Pirie

Yes. And I very much started fantasizing and became, like, really obsessed with the idea that I could disappear and become this man, and then I would be comfortable. It would fix all the problems I was having socially.

Shawn Buckley

Right, okay. So the problems you were having socially were: So basically, you were sex trafficked as a youth, or a child and a youth, and so you didn't understand normal social cues. You weren't even comfortable with a normal thing like having supper with a bunch of adults that are all sober.

Kellie-Lynn Pirie

Correct. Like, when I went to an AA meeting, I would show up five minutes late and leave five minutes early so I didn't have to hug people or say hello or shake hands.

Shawn Buckley

Right, so you actually hadn't learned to interact. It had nothing to do with your sex.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

But because of you basically being completely sexually exploited as a young girl and then as a young woman, the idea, you were terribly fearful of being a woman.

Kellie-Lynn Pirie

Oh, yeah.

Shawn Buckley

And the idea of being a man gave you security. You thought you'd be safe.

Kellie-Lynn Pirie

Yes.

Shawn Buckley

Okay, so what happens? So now you've been introduced to the idea: Wait a second, I might be a man. It's becoming very attractive to you for the reasons we just discussed. What happens?

Kellie-Lynn Pirie

Well, I started attending what was at that time, the Vancouver Coastal House Trans Health program. And there, the first thing you attend is what's called the peer support group. And that was a room with, like, three or four other women like me and about 10 to 15 men who wanted to be women. And they start telling you about the process. So the first thing you have to do is you verify with your doctor, you speak with your family doctor, and you tell them that you're transgendered, and then you ask your doctor for what's called a carry letter. The carry letter is this letter saying that—so it was like, Kellie Lynette Pirie has been diagnosed with gender dysphoria, and this is why she appears to be a male, but has female ID. That's kind of—but that starts your clock so that you can then access wrong-sex hormones. Because you have to be cross dressing for, I think it was six months to a year at that time before you could get cross-sex hormones. For me, that would have been testosterone.

Shawn Buckley

Okay. So I just have to slow down here. So this is Vancouver Coastal Health.

Kellie-Lynn Pirie

Yes.

Shawn Buckley

So this is part of the health authority. So they have a program.

Kellie-Lynn Pirie

Yeah.

Shawn Buckley

And you have to go through certain steps. And this program is to transition you from your biological sex to the opposite sex.

Kellie-Lynn Pirie

Yeah. The terminology at that time was female-to-male, or male-to-female. Yeah.

Shawn Buckley

Okay, so as part of Vancouver Coastal Health, this program, you have to start dressing like— So you get your doctor's letter and that starts the clock ticking.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

Because you have to wait a certain period of time. You have to dress like a man for a certain period of time—

Kellie-Lynn Pirie

Yes.

Shawn Buckley

—to qualify to get hormone treatment.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

Okay, and what was the period of time that you had to dress like a man to qualify for the next step?

Kellie-Lynn Pirie

The recommended time at that was a year to two years. I got the referral to a doctor that would prescribe testosterone to me after six months. It was about nine months.

Shawn Buckley

Okay, so after about nine months, you are now on testosterone.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

And so what happened to you physically once you started taking testosterone?

Kellie-Lynn Pirie

Your muscles grow faster. Your muscles adjust to the testosterone faster than your ligaments or your tendons and stuff like that. So you get tendonitis, you get sore joints, your voice starts to change after about six weeks. So it kind of sounded like this for about six months.

Shawn Buckley

Okay, and do you start getting facial hair and things like that?

Kellie-Lynn Pirie

I had a hormonal imbalance, so I already had mild facial hair. Well, heavy facial hair for a woman. So I started shaving probably six months after starting testosterone.

Shawn Buckley

Okay, so you did get facial hair.

Kellie-Lynn Pirie

Oh, yeah. I shave every morning.

Shawn Buckley

Right, okay. So how long do you have to be on hormones then to qualify for the third step of this program?

Kellie-Lynn Pirie

You're supposed to be on at least a year. I had my hysterectomy in 2006. I had started testosterone in 2005.

Shawn Buckley

Okay, so the third step is surgery.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

And so you have a hysterectomy in 2006, and that's the removal of your uterus and your ovaries.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

So now your body, you don't have ovaries to be making estrogen anymore.

Kellie-Lynn Pirie

No.

Shawn Buckley

Which is why today you're having to take estrogen.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

Okay. So how did you feel about the hysterectomy?

Kellie-Lynn Pirie

I had had a pregnancy when I was 12, so after that, my stepfather became obsessed with the idea that he could turn me into a baby-making machine. So mostly it was a huge relief. And a system that by nature should have been self-cleaning never was. When I was 18 years old, I was dying from multiple sexually transmitted diseases. So the system never worked right. I was mostly relieved because the underlying infectious process that had just gone on and on and on for decades was, like, finally gone.

Shawn Buckley

Now, how did your family react?

Kellie-Lynn Pirie

My family was devastated. It was the day I was released from the hospital in Abbotsford, and my mom got a hold of me on my cell phone and I was pretty stoned on pain relievers for the hysterectomy. And mom was asking me, like, what's up? How are you doing? Like, your voice sounds kind of funny. And it's like, "Mom, I'm just really sore right now. I had a hysterectomy and I just kind of want to go to bed and I don't want to talk about it right

now.” So they were shocked. They were dismayed. They were grieving and trying to navigate how they would even have me in their lives after that. Yeah.

Shawn Buckley

Okay. And now how did you process your family's reaction?

Kellie-Lynn Pirie

I was angry and upset and also was wondering. Well, don't they have a right to feelings? Like, don't they have a right to feel something about this? Because I was talking at the support group, going like, “I just kind of dropped it on them,” and they were like, “No, that's transphobia. They are refusing to accept you as an adult. They're refusing to affirm you.” And they encouraged me not to have anything to do with my family anymore.

Shawn Buckley

Okay. So I just want to be clear, because I'm going to suggest that, let's say, I don't have a sister, but if I had a sister who called me or I learned that she had had a full hysterectomy and it wasn't medically necessary, I might actually be concerned on many levels.

Kellie-Lynn Pirie

Yeah.

Shawn Buckley

Right, that are actually caring and loving. And you know, if I learned my daughter had a hysterectomy, just I could be concerned on many levels which have nothing to do with transphobia. And the only reason I'm emphasizing this is that this is part of the trans ideology, isn't it? To deliberately frame legitimate concerns like that as transphobia, as: Well, the people, they're transphobic—and even to characterize your own misgivings as internalized transphobia. Am I right about that?

Kellie-Lynn Pirie

Correct.

Shawn Buckley

Can you kind of share a little bit more about that, where if you're having misgivings as you're going through this process, that you're told it's your own internal transphobia?

Kellie-Lynn Pirie

Especially after the mastectomy, I began to question what I had done. And I was starting to wonder if this was helping, if I was actually feeling better, if it was making my life better. Like all of the anxiety that was supposed to magically go away, the social discomfort that was supposed to magically disappear, like, none of these things magically disappeared. I still struggled with stuff.

And the peer support people would say, "Oh, you're struggling with internalized transphobia. Your Christian family is not accepting of you. Your sister still calls you a girl." My brothers always called me Kellie. My mom always called me Kellie, and "her daughter." So they were like, "Because you're getting all of this disrespect, you are internalizing their hate for you. And this is what internalized transphobia is." I look back on it now, and I see it's the first sign of what's called desistance, where I was going, "This isn't helping the situation."

Shawn Buckley

Right, okay. But I just want, you see, because it's new to a lot of people, this trans ideology: And so even counselors will say to you, and it was a counselor saying to you, "Well, no, your family is being transphobic—

Kellie-Lynn Pirie

Yes.

Shawn Buckley

—and you should have nothing to do with them."

Kellie-Lynn Pirie

Correct.

Shawn Buckley

So you're actually a person that's gone through an enormous amount of trauma that might need family support, but you're being told to have nothing to do with them.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

Okay. So you've already now shared that you've had a mastectomy. How long was it between the hysterectomy and then you having a mastectomy?

Kellie-Lynn Pirie

I had the mastectomy in 2008.

Shawn Buckley

Okay, so two years later.

Kellie-Lynn Pirie

Yeah, 2007, I went through the psychiatric assessment process. And then you have to wait on another waiting list to get the surgery.

Shawn Buckley

Okay, and what was that like to go through that surgery?

Kellie-Lynn Pirie

That one was hard. There were complications to the surgery. It's called developing a bleeder. So I had a deep artery, the cauterization blew. So I had blood into the one side of my chest, so I ended up needing emergency surgery. My roommate took me to the hospital, but when we got to the hospital, the admissions nurse was really transphobic. He was like, "People like you don't deserve health care."

And there was a car accident, so my plastic surgeon had to attend to the car accident before he could operate on me. So the charge nurse took and put me in a back hallway in the

hospital, and he didn't tell anyone where I was. So when the surgeon came out of his emergency surgery to do my surgery, he couldn't find me. He had his student doctors searching the hospital for me that night. They found me early the next morning, and I had the emergency surgery.

But from the first surgery, I went down really hard with the anesthetics, so they had a hard time waking me up. They were actually talking about giving me an opiate blocker, because they were that concerned about how long it was taking me to recover from the anesthesia. So they gave me a lighter anesthesia the second time. So I woke up on the surgical table while they were still sewing me closed and preparing to put the band aids on and everything. And I was going to get up and leave, I was quite upset. I started yelling and screaming and trying to get up off the table.

And my surgeon and the anesthesiologist were having a heated argument. And my surgeon finally said, I don't care what you give her, just knock her the fuck out. And had something like that happened in 2023, I could have had my surgeon reprimanded for misgendering me. And yet I think it's, like, he was more concerned about the fact that I was going to rip my stitches wide open because I was, like, leaving.

And when I did wake up the second time in the bed, my surgeon was sitting beside—I don't know what I had been saying as I woke up—but he's sitting beside the bed that I'm in, and I'm completely tied down. And he's like, “Kellie, it's okay. It's okay. I'm here. It's Doctor. It's okay, Kellie. Kellie, can you hear me? Yeah, I can see her waking up. Kellie, it's okay.”

I don't know why he was calling me Kellie rather than Kenneth. And the next day, when I saw him, he was back to calling me Kenneth. And like in today's world, that would be considered he was “deadnaming” me, it was so traumatic. But at the time, it was comforting. And I'd just had a really terrifying experience, and I guess I'm saying that this stuff is, like, all so complicated.

And that second surgery—and I've heard other women have the same thing—it's like, it's something about having the surgery where you actually see what's gone, and you go, “What did I do?” Because I never thought I would miss having breasts. I absolutely hated them. And I don't think anyone who hates their body parts is in any sort of a psychological state to consent to having them removed.

Shawn Buckley

I can tell you that, and I just sense it's in the room that people are touched by the pain that you've gone through, and I thank you for sharing it with us. But just know that we're all

touched by you being so honest with us and sharing your journey. So, you know, I had asked you to explain what it was like after the mastectomy, and as I understand what you're saying is you actually grieved the loss of your breasts, and that surprised you.

Kellie-Lynn Pirie

Yeah. Yeah, it did. It took a while to hit me, but when it hit, it hit hard.

Shawn Buckley

And how did you deal with that?

Kellie-Lynn Pirie

I prayed a lot, talked to God about it. It was a lot of years later.

Shawn Buckley

Were you getting any, you know, counseling at the time after your mastectomy?

Kellie-Lynn Pirie

I was seeing a psychiatrist and the peer support group.

Shawn Buckley

Okay. And so what were you being told? Because you're upset about what happened.

Kellie-Lynn Pirie

Yeah.

Shawn Buckley

So what are you being counseled at the time?

Kellie-Lynn Pirie

The psychiatrist I ended up working at with, he said that the day is going to come where you've realized that all of these things you did that you thought would help didn't help. And

I'm here so that when that day hits, you don't just kill yourself. And I ended up working with him for almost two years, like, seeing him as a client.

Shawn Buckley

What was the peer support group, how were they characterizing the suffering that you were going through over the loss of your breasts?

Kellie-Lynn Pirie

You don't talk about that there. People who talk about regretting their surgeries are completely ostracized, and they're called ungrateful. And you're labeled as a threat to our health care.

Shawn Buckley

As a threat?

Kellie-Lynn Pirie

Yeah. You don't talk publicly about regretting surgery.

Shawn Buckley

Okay. So just so I understand, because you've been involved in the support group now for several years.

Kellie-Lynn Pirie

Yes.

Shawn Buckley

Many of these people will be close friends with you.

Kellie-Lynn Pirie

I thought so.

Shawn Buckley

But if you have regrets over surgery, just within that culture, you're not allowed to share the regrets.

Kellie-Lynn Pirie

You're allowed to maybe talk about it once or twice, but if you become stuck on it, then the men will start to correct you and let you know that you're being inconsiderate and hurtful and that people like that are the reason, quote-unquote, "we have to fight so hard."

Shawn Buckley

Am I correct? Because you were sharing with me the experience of a young man in the United States that tried to back out of having his penis and testicles removed.

Kellie-Lynn Pirie

Yeah.

Shawn Buckley

And the system basically went ahead despite his objections.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

Because from an ideological perspective, you're being transphobic if you want to back out of the surgery, so you must be wrong or something like that. Am I missing that? So can you explain to us what happened and just, philosophically, why the medical people in that situation would have felt justified proceeding as they did?

Kellie-Lynn Pirie

The young man was going in to have his penis amputated and his testicles removed, and they had him prepped for surgery and were taking him out of the prep area into the surgical room. Danny was like, "I don't want to do this." And someone administered an

anesthetic, and he woke up and the surgery had been done. And he talks about that quite a bit.

And it's hard to wrap your heads around this thinking, but it's like dissent, backing out, it's—they talk about people who regret the decision to transition as being crazy, as being mentally ill, as being so extremely rare. I believe in the opinion of whoever did that, they would have been thinking: Well, this guy's never going to get this surgery if he doesn't do it now, so we're going to make the right decision for him. Because I can't imagine any—yeah, it's hard to understand because they are completely convinced that what they are doing is the right thing. And it is the weaponization of compassion.

Shawn Buckley

Now you're having some misgivings after the mastectomy. What happens? So you end up leaving Vancouver. Can you tell us what occurred there? Why you ended up leaving?

Kellie-Lynn Pirie

The people who knew me before I transitioned thought of me as a woman who now looked like a man. And in my trans activism, when I started doing that, I had facial hair already. So those people thought of me as just a guy. And I told one of my friends that I was attracted to her, and she's like, “Well, I'm not attracted to men.” And I realized that I had rendered myself invisible to the people I was attracted to at that time.

And it, along with recognizing that doing this had not helped me with my anxiety, it hadn't helped me with being around people—all of the stuff it was supposed to have instantly fixed. I'd hopped through all of the hoops and those problems were still there and I was still struggling with them. And I couldn't deal with what's called cognitive dissonance. It's where you're holding these two completely conflicting experiences, going, “I've transitioned and I'm involved in advocacy, but this didn't help me.”

And so on a Friday, I applied for a bunch of trucking jobs. On Monday, I had three job offers. The next weekend I got a ride to Calgary and went long-haul trucking.

Shawn Buckley

Okay, but before we go there, I'm just going to back us up because of some of the things you said. So one thing is, you shared with us that you had become attracted to a female that had been in your circle.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

But, actually, it was a strong emotional attraction.

Kellie-Lynn Pirie

Yes.

Shawn Buckley

Like so, I mean, you cared about this person and you wanted to have a serious relationship.

Kellie-Lynn Pirie

Yes.

Shawn Buckley

So we're not talking just a casual thing. This was something that you were emotionally invested in.

Kellie-Lynn Pirie

Yes.

Shawn Buckley

You realized that your transitioning to a man had now taken that possibility away from you, the possibility of that relationship.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

Okay, so you're personally grieving over that. Now also, when you talked about being an advocate, my understanding is basically for about three years you were a very strong advocate in the trans movement for trans rights.

Kellie-Lynn Pirie

That's correct.

Shawn Buckley

Can you share with us a little bit about your activities and accomplishments in that area?

Kellie-Lynn Pirie

I got involved with the trans advisory committee for the Trans Health program at Vancouver Coastal Health. I'm not proud of this, it is what I did. At that time, genital mutilation surgery for women wasn't approved for funding in British Columbia. So I reached out to a lawyer who was involved in a human rights case regarding trans people. And I got advice from her on, you know: What do we do, how do we start this process? And I also knew a psychiatrist who is involved heavily in patient advocacy and how MSP funding works, and how to make the machine move, how to move the Titanic.

So the two of them both gave the same piece of advice. Start by having doctors request the surgery for their patients. So I talked to the doctor saying, "You need to send a request into MSP." And they're like, "Oh, there is nowhere in MSP, there is no funding." So I made the phone calls to MSP to find out how this process happens. Because there was a time at which kidney transplants were not funded in BC, so the process of changing what is funded through the medical services plan is established. It's an established process.

So I found out what that process was. I got the phone numbers, I got the contacts, and then I explained to the doctors that were involved with the advocacy through the trans health program, "This is what needs to be done." And then I got them to reach out to student lawyers, like those who were in their fourth year of university or their first year of being a lawyer who were doing volunteer stuff. And the lawyers confirmed to the doctors the same thing, "We're not going to start off with, you can't have a human rights complaint until you've been denied access to something. So the first thing we have to do is send in referral requests."

Well, it turned out that by the time the cogs in the machine had turned enough, and time and blah, blah, blah, that MSP had received enough requests to have the surgery that they ended up funding it. So there never was a human rights trial regarding access to genital mutilation surgery for women. And for a long time, I had the letter saying that I had been approved for phalloplasty.

Shawn Buckley

Right, okay. So when you were in the transitioning process, you were heavily involved, obviously, in even making it possible for you to do the transition surgeries.

Kellie-Lynn Pirie

Yes.

Shawn Buckley

Okay. So we'll go back. So you basically were leaving Vancouver for personal reasons because of the transition to being a man. You were now precluded from this important relationship and you weren't appreciating how people were reacting to the changes.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

Okay, so you get a trucking job. Where do you go?

Kellie-Lynn Pirie

The first job was in Calgary, and that was flat decking internationally. So it's going Canada, U.S. I was driving all over Canada and the U.S. for a year for them.

Shawn Buckley

Okay. And then as a truck driver, and you're now living fully as a man.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

And then as a truck driver, my understanding is there's kind of a sub-specialty of these big dimensional loads.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

And so you kind of got into that specialty.

Kellie-Lynn Pirie

Yes.

Shawn Buckley

But that specialty, so there are a lot of women truck drivers.

Kellie-Lynn Pirie

Not in flatdecking, but yeah.

Shawn Buckley

Okay. So there's some. And they tend to be women that are married to men that are truck drivers, and they're kind of owner-operators and both drive.

Kellie-Lynn Pirie

In the decking industry, yes.

Shawn Buckley

Right. But in this wide load thing, it's pretty well all men.

Kellie-Lynn Pirie

Yes.

Shawn Buckley

Okay, so you get into that subspecialty of trucking, and that causes you to realize some things.

Kellie-Lynn Pirie

Well, yeah. One of the things that I didn't even realize was that my co-workers were afraid of me because they never saw me get, like, a little angry. Because women just respond differently to socially-frustrating situations than guys do. So I'd been working at the one company for about two years when my one friend mentioned to me that, "You know, you realize, Ken, that we're all like more than just a little afraid of you because we've never seen you just a little angry. So it's like no one wants to cross you, because it'd just be scary."

Shawn Buckley

So what do you mean they haven't seen you just a little angry? Because then I get the impression that, no, they've seen you really, really angry.

Kellie-Lynn Pirie

No, they hadn't seen me angry at all, that was the thing. They were like—because with guys there's the whole, for lack of a better word, it's kind of like the staring contest or the pissing contest. It's like, how far can I push you? It's the whole psychological dominance thing, where am I in this hierarchy thing. And it's a totally male-dominated industry. So I see it happening amongst my co-workers, but I never thought of needing to engage in it in any way.

Shawn Buckley

Okay, so that's actually causing you, when that happens, to understand: Wait a second, I don't think, like, there's a man.

Kellie-Lynn Pirie

Not at all, yeah.

Shawn Buckley

So here you've transitioned to a man. You've had two surgeries, you're on testosterone, you're shaving every day, you look like a man, you're doing a man's job, you're living in a man's world, but this is causing you to realize: Wait a second, but I don't think like them.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

Okay, now something else. There was some other behaviour in this male group that really made you realize: Wait a second, that's not me. And can you share that? You're laughing and it is, I find it funny too. So, you know, don't hold back. Share with us how you came—

Kellie-Lynn Pirie

There are areas in America where it's legal to have a whorehouse. So the guys all wanted to go to the whorehouse for the weekend, and I had no interest in purchasing any of the commodities there. I just went for like dinner and stuff. And they were kind of puzzled by my lack of interest because they're like, "Well, you talk about having had relationships with women, but you don't seem to be interested in having sex."

Shawn Buckley

Okay. But there was actually a little more.

Kellie-Lynn Pirie

Oh, you're talking about—

Shawn Buckley

I'm talking about the day-to-day.

Kellie-Lynn Pirie

So driving in rush hour traffic, you're like moving two feet a minute. And guys would be very, completely obsessed with looking down into sports cars or whatever that women were driving. And I would just kind of pretend to see what they were seeing because I couldn't figure out what they were looking at. Because women, especially in the United States, women driving convertibles will, like, take off their shirt and just drive down the row of trucks. And they were like, "Did you see the blonde? Did you see the redhead?" I'm just like, "Yeah, okay, I saw it." Then I was just—

Shawn Buckley

Right, so the truckers are talking on the radios.

Kellie-Lynn Pirie

Oh, constantly.

Shawn Buckley

Yeah. So there's constant—it's not CB anymore, it's FM, right? But they're always talking on the radio. So they've always got this chatter going, and with you and this subset which is old men. I mean, they're basically ogling women whenever they can, and they're all excited about it. And this is going on constantly, and you're realizing: Wait a second, that's not me.

Kellie-Lynn Pirie

Yeah.

Shawn Buckley

So what's happening then in your mind? Because, you know, you're not going to the whorehouse. You're realizing you're not reacting in a male way. They're afraid: Well, when she does get mad, what's going to happen? And you're just not into ogling the women like they're into. So what's going on in your mind? A realization is happening, and tell us about that.

Kellie-Lynn Pirie

Well, I really understood that men and women think differently. We're socialized differently. The reasons that a man gets up and does a job like long-haul trucking, where they sacrifice

so much, are completely different than what motivates a woman to do the same type of job and that we just look at the world completely differently. I mean, we're the same species, but we are so different in how we engage in situations.

Shawn Buckley

Okay, now I'm assuming that this realization is taking a fair amount of time.

Kellie-Lynn Pirie

Oh, yeah, it was slow. It was, oh, 2017, I was hauling with a group. There were four oversized loads. We all had to show up at the receiver at the same time, same day type of thing. And laid over on the weekend at the truck stop, and my one co-worker was like, "So are you interested in men or women?" And I'm like, "Huh?" He's like, "Well, Debbie at work has been flirting with you for a year, and you just don't seem to notice. And I've seen you at truck stops and guys flirt with you and you just seem to politely say: No thank you. And I've never known you in the years that you've been driving here to like, even date. So, like, what are you interested in?"

And it wasn't even something I really thought about about my co-workers, but he's just like, "Yeah, so if I'm gonna get you laid this weekend, do I want to, like, call over a cute chick or a good looking guy?" I was like, "No, I'm good." So I understood the way they think is different than the way I think. The way a woman is interested in a relationship is completely different than the way a man is interested in a relationship. I wasn't interested in the women because I felt like a paycheck. I didn't feel like they were interested in me. I felt like they were interested in what I could provide for them. And I also understood that my physicality, my having a woman's body was also not what they were sexually interested in, so I wasn't interested in engaging in that.

Shawn Buckley

Right. Okay, so you're seeing that men think a specific way, but also now that you are in a male body, you're seeing women differently based on how they're treating you.

Kellie-Lynn Pirie

Oh, completely, yes.

Shawn Buckley

Okay, so you actually learned about women like in a unique way, really.

Kellie-Lynn Pirie

Oh, yeah. A whole different side of them.

Shawn Buckley

Okay, you'd probably make a really good couples counselor, because you will have some insights that I think are very difficult to get. So you're finding yourself. And correct me if I'm wrong, but I think what you're telling us is you're coming to a realization that you think like a woman.

Kellie-Lynn Pirie

Yes.

Shawn Buckley

That you don't identify with the way men think.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

You're seeing a very clear distinction between the way women think and the way men think.

Kellie-Lynn Pirie

Oh, yeah.

Shawn Buckley

And that's also based on how women are reacting to you with them seeing you as a man.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

Okay. Because as a man, you're being treated differently by women than you're being treated by men, like you're seeing that difference.

Kellie-Lynn Pirie

Oh, yeah, huge.

Shawn Buckley

Right. Okay, so now you've come to realize: Wait a second, I think like a woman. So tell us what happens next in your journey?

Kellie-Lynn Pirie

Well, Titan Transport went belly up. And then I kind of bumped around jobs for a while, and COVID came along. And after COVID, after we could meet in coffee shops and stuff, I was having coffee with a friend of mine I hadn't seen, Aaron, in a couple years. And we were talking about SOGI and I was going, "Yeah, my oldest brother is completely insane. He's telling me, blah, blah, blah, blah, blah." And Aaron's like, "Actually, it's way worse than that. He's like under the affirmation model that's going on."

Even the level of assessment that Aaron was doing with the teenagers who were coming to him, he was told he was being transphobic. Because Aaron would be asking them about what was going on in their home, if there was any trauma background, if there were any comorbidities going on. And he had actually changed his job as a result of the pressure.

And then he was telling me about the case with the young girl out in Ontario, where they lost the Human Rights Tribunal because it was deemed that the girl wasn't actually traumatized when she came home crying. Because she was like, "Mommy, Mommy, I think I'm a girl because you told me I'm a girl. There's something wrong with me."

And Aaron and I ended up starting an organization that was called Gender Dysphoria Alliance Canada to start speaking out, saying these youth are not being properly assessed and they have completely unrealistic expectations about what transition does. And it was just the beginning of this idea that some of these youth actually thought they would

physically become the other sex, and there were young boys thinking they'd be able to have babies one day. And so we started speaking out about that.

Aaron ended up a trans rights activist, started a complaint process. So I had a conversation with my new employer that I never thought I'd be having. And I phoned him up and said, "I need you to know I was born a girl, because I've gotten involved in speaking out against SOGI 123 and speaking out against transitioning children. And there's a possibility that you could have trans rights activists phoning you and complaining should they decide to look me up." But I think it's because they realized as a long-haul trucker, that there was really no authoritative body they could complain to about me. So they went after other people who were involved, but they never came after me.

Shawn Buckley

And when you say "they," you mean people in the trans movement.

Kellie-Lynn Pirie

Yeah. Morgan Oger was the trans rights activist in Vancouver at the time who was filing a lot of the complaints. And then that was about the same time, it was a little bit after that where Amy Hamm had her complaint filed.

Shawn Buckley

And you were sharing with us earlier, I mean, within the trans movement they're very touchy about this thing. You had indicated it's not something you can share in a support group, you know, maybe more than a couple of times. Like, it can't be something that continues on.

Kellie-Lynn Pirie

You do not talk about regretting your surgeries. Yeah.

Shawn Buckley

So there's just some lines that can't be crossed. It's all just in one direction, am I right about that?

Kellie-Lynn Pirie

I had a friend who was so traumatized by the surgery where his penis was amputated that he couldn't do proper wound care afterwards. So what's called the neovagina shriveled and completely closed. And he could not talk about that in the groups because that's too traumatic. It's too triggering. You just talk about how glad you are, how grateful you are that you had access to that. It's a single narrative.

Shawn Buckley

Okay. Another thing that confused me when we spoke, and I think it might be helpful for commissioners to understand, because some people—I guess I'll just talk for myself as I almost have a fear about upsetting someone in the trans movement—but that there might be an emotional explosion.

Kellie-Lynn Pirie

Yes.

Shawn Buckley

And you had explained to me: Well but for them, within the trans movement, it's all about actually being validated from the outside that you're making the right choices. And it took me a while to understand what you're saying. Can you explain that to us?

Kellie-Lynn Pirie

My entire identity was tied up in how other people reacted to me. So I got a lot of push back, telling me to demand my family call me Kenneth and "he." And I really couldn't wrap my head around it until I understood that for a lot of the men who do this, it is an envy of women, and it is also a sexualized experience. So when one of these men is called "he," it collapses their bubble, because it's all about somebody else calling them "she." It's about somebody else treating them like a woman. It's about how other people respond and interact.

Because there is always a part of you that knows, for me, that I was a girl. So when that bubble burst, when my friend said, "Oh, but I see you as a man," and I recognized that moment where there was that absolute conflict between the social presentation that I put out, this masculine facade that I put on, and who I actually was, it was like a house of cards came crumbling down.

So when you make a bad decision, you just can get stuck in making more bad decisions rather than admit that that first one was a really bad idea. It's like, I've relapsed on alcohol a lot of times before I finally got sober in 2002. And one of my relapses, I ordered four drinks, and I took the fourth one that was put down and I drank it first. But once I'd made the one bad decision to order a drink, I made another bad decision to order four, and then I made another bad decision to drink all four at once. And transitioning can get like that. So anyone who isn't what they call "affirming" your bad decision, affirming your delusion, who pierces through that veil and sees you for who you are, that's a threat.

Shawn Buckley

It's a threat to your very identity.

Kellie-Lynn Pirie

It's a threat to the illusion that you've put up around yourself. Yeah.

Shawn Buckley

Okay. Now, your journey didn't end where we've left off. So you had come to realize while trucking: Wait a second, I'm a woman despite everything that's transpired. I think like a woman, I don't think like a man, I'm a woman. You've now, then you've started a group to help people that are detransitioning.

Kellie-Lynn Pirie

No, it was just to the original group. The original group that Aaron and I started was to speak out so that children were adequately assessed and not just blindly affirmed.

Shawn Buckley

Oh, right. Because you were sharing with us that, actually. So you gave the example they will be boys because they're not mature yet, they're not adults.

Kellie-Lynn Pirie

No.

Shawn Buckley

And actually, they're going through a transition thinking that they're going to be real girls, that they're going to be able to get pregnant and breastfeed and, like, literally that you could become a girl instead of a boy.

Kellie-Lynn Pirie

Yes.

Shawn Buckley

And then they go through the surgeries and learn: No, they're not going to be a girl. They're a boy that has had their testicles and penis removed.

Kellie-Lynn Pirie

Yes.

Shawn Buckley

And, you know, been on puberty blockers and estrogen and the like, but they're not going to be having babies.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

And so you were trying to stop that from happening without the children actually understanding what the end result was going to be.

Kellie-Lynn Pirie

Yeah, slow it down so that the decisions that were being made were being made at an age where the child could understand the consequences. Like, there's a reason we don't let a 10-year-old get a tattoo. And the thing about what they call puberty blockers is it isn't a pause button. It chemically alters neurological maturation. So puberty, which is the process that stimulates the last stage of neurological maturation and frontal lobe development, literally doesn't happen.

So this idea that the trans advocates put forward that: Oh, Lupron is just a pause button to give children time to mature and think. Well, the chemical that they're given actually halts the maturation process that would allow a child to have a better cognitive grasp on the decisions that they're making. So we actually thought if we'd educate people, you know, people will wake up and go, "Oh, my goodness." We were rather naive.

Shawn Buckley

Now, so you're talking about this one, the puberty blocker drug, that actually it doesn't just put a pause. So it actually prevents the normal development of the brain, including the frontal lobe. So some of these kids will never be able to think like adults because of this drug that they're put on.

Kellie-Lynn Pirie

If they're on it for long enough.

Shawn Buckley

Right. Are there other health consequences? So have you developed health consequences because of the actions you've taken?

Kellie-Lynn Pirie

I have type 2 diabetes and I still struggle with brain fog from the testosterone, because every cell in my body developed under a very specific hormonal bath during fetal development. And it was prepped by my DNA to be under a very specific hormonal bath during puberty and then into maturation and into womanhood. And testosterone runs the cellular machinery at the wrong speed. The same thing happens for men with estrogen. It's like burning gasoline in a diesel engine. It's just wrong. It can be done, but there's a cost, a metabolic cost that you pay for doing it.

Shawn Buckley

And so you've developed type 2 diabetes. And is that, you know, a risk then of the testosterone?

Kellie-Lynn Pirie

It's a heightened risk that women have. Correct.

Shawn Buckley

Okay. Now just carrying on in your journey. So you've realized: Wait a second, I am a woman. And you're now getting involved and trying to help other people, because you'd found yourself in a state of regret and you're especially wanting children to at least not be able to make decisions until they can really understand the consequences of what they're doing.

Kellie-Lynn Pirie

Correct.

Shawn Buckley

But your journey wasn't finished.

Kellie-Lynn Pirie

No.

Shawn Buckley

So tell us, tell us about what else happened.

Kellie-Lynn Pirie

I started talking with my friend about regretting transition, saying that this did not help me. And Aaron really encouraged me to start reaching out online and connecting with other people who were in that part of their journey. He started a podcast called Transparency. And I was in several of the early episodes of that. And I met someone called Scott Nugent. And I found out that Scott was also a transition regretter.

In the beginning stages I really didn't think I would ever be able to look or appear female again. One of the things that they talk about, the men talk about a lot in the peer groups, is that once a woman's taking testosterone, she'll never look pretty again. Like you've started testosterone, you'll always have male privilege, and even if you tried to go back, you'd just

be ugly, right? And so I really thought that there was no way back from where I'd gone. I thought there was no way I could ever look like a woman.

After a year or so, I started attending Bible study and church, and really heavily convicted of being a woman, but looking male. So I spoke with my pastor one day after church, I had like a 6-inch beard, and I said, "I need to tell you something, I was born a girl." And he asked, how could I help you in your relationship with Christ? And we started meeting once a week, and he just really encouraged me to read my Bible, pray, go to Bible study, continue to attend church.

And slowly over time, I came to recognize that God intentionally made me a woman. And I didn't know if I could ever look like a female again, but I needed to try. And December 15, 2023, I shaved my beard off for the first time in a long time. And I've pretty much shaved every morning since then. And I think God has been amazingly gracious with me.

Shawn Buckley

Something happened that basically got you more serious about God? Can you tell us, do you mind sharing the story with your brother?

Kellie-Lynn Pirie

Oh, my brother Trevor, my favorite brother, had a crisis of faith.

Shawn Buckley

And can I just slow you down? Because before this you really weren't on board, right? Like you were—

Kellie-Lynn Pirie

When my family would want to pray with me when we ended conversations, I was like, "I'll listen while you pray." But I wasn't comfortable praying myself. So Trevor had an upcoming surgery in Vail, Colorado. And so he didn't know exactly when the surgery would be, but he knew his passport was going to expire. So he went in and did a three-day application, like a rush passport. And he was living in Saskatchewan, but he was in Langley at the time that he did it. So they were supposed to hold it for him to pick up in three days, and instead they mailed it to Saskatchewan. So he gets the call that his surgery is on board and happening, and so he's going a little crazy because he can't go down to the States without the passport. And finally the post office in Calvington released the passport to my cousin.

Shawn Buckley

But you're missing part of the story, aren't you?

Kellie-Lynn Pirie

Yeah, my cousin redirects it, but instead of coming to Vancouver, it got misdirected to Winnipeg. So Trevor is having an absolute nuclear meltdown because it's Wednesday and he's got a fly out on Saturday. And Thursday they lose the passport. They now have no idea where it is. Friday morning he's like, there is no God.

And I phoned my oldest brother and I said, "Brian, we need to pray for Trevor, he's having a crisis of faith." And Brian was like, "No, but I'll listen while you pray for him." So I prayed, and I phoned Trevor and I'm like, "We're all praying for you, brother." And he's like, "This is impossible, this is not going to happen."

Three-thirty that afternoon, the main office in Vancouver phones Trevor, "We've got your passport. It's here in Vancouver. Can you get somebody to pick it up?" He was in Langley, this is when there was still traffic. There was no way he could make it into [Vancouver] to pick it up. And the postmaster is like, "Okay, give me a name of anyone who can come here to pick it up for you. We'll release it to them." My niece happened to be in Vancouver for something else entirely and she was able to get to the passport office and pick it up.

Shawn Buckley

And this is Friday afternoon.

Kellie-Lynn Pirie

This is Friday afternoon, and he's flying out Saturday morning.

Shawn Buckley

Saturday morning, and the post office just doesn't release passports to anyone.

Kellie-Lynn Pirie

No.

Shawn Buckley

Let alone phone you and do this.

Kellie-Lynn Pirie

Let alone double-registered mail. Yeah.

Shawn Buckley

So what happened? How did this come about?

Kellie-Lynn Pirie

Oh, it was the intervention of God because there's so many people that would have had to care. The person in processing in Winnipeg would have had to care enough to skip the usual way of handling it and rush the passport directly back to Vancouver. The main office in Vancouver, the individual on the line would have had to recognize it and pass it up. Like, there would have been six or seven people who would have had to care about this enough. And then you have to get special permission from the postmaster at the post office to make the phone call. So, yeah.

Shawn Buckley

Okay. So that kind of cemented things for you.

Kellie-Lynn Pirie

Oh, yeah.

Shawn Buckley

So where are you now today? Here you are at the National Citizens Inquiry, sharing your story. How are you doing?

Kellie-Lynn Pirie

I'm good. I've been comfortable. I've enjoyed talking to people here all day. Listening to some of the testimony has been hard, but it's been because it's such emotionally heavy things that have happened in people's lives, like events in people's lives. I was accepted into

Act Seminary at Trinity Western University. So in January, I'll be starting my master's degree in divinity. And my dream is to make Detrans Alliance Canada into a residential program for Canadians who are detransitioning, to have a stable place to be and live as they stumble through those first months and weeks and days in that first year of detransitioning.

Shawn Buckley

Well, thank you for sharing your story. I'll turn you over to the commissioners and see if they have any questions.

Kellie-Lynn Pirie

Okay.

Commissioner Bohémier

Hi, Kellie.

Kellie-Lynn Pirie

Hi.

Commissioner Bohémier

Nice to meet you.

Kellie-Lynn Pirie

It's good to meet you.

Commissioner Bohémier

Kellie, how old were you when you transitioned?

Kellie-Lynn Pirie

I would have been 37 when I started. Oh, 2005, I would have been 38 when I started.

Commissioner Bohémier

And you had a peer group. You had a psychiatrist, you were followed by a psychiatrist. Did you ever talk about the abuse you had to them?

Kellie-Lynn Pirie

I talked with the counselor quite a bit about the abuse, the stage at which—what's the term I'm looking for—the assessment stage. What they did was they assessed my ability to present well—so could I be calm and rational when I was talking about the abuse. So they didn't ask questions like: Do you think your desire to transition or to appear as a man has to do with your simply wanting to flee from the male gaze? So those type of questions. It was a stage getting into what's become the affirmation model, where that type of uncomfortable assessment was no longer being done.

Commissioner Bohémier

And it seems to me that the things that were said to you, like being isolated from your family, having integrated transphobic beliefs yourself, it seems like a sect or a cult.

Kellie-Lynn Pirie

I quite agree with Helen Joyce, who calls it a religion. Yeah.

Commissioner Bohémier

So that's almost the same way it's working.

Kellie-Lynn Pirie

Gender becomes the most important thing. Gender for years was the most important thing in my life. Yeah.

Commissioner Bohémier

And what do you think about the fact that in your situation, the transition took many years to happen and you were older, so you had some kind of time to think about it, to think about your decision. But now little children, teenagers can decide this, and they won't have a psychiatric follow up for two years. After 20 minutes, they can be put on puberty blockers with a doctor. What do you think about this process?

Kellie-Lynn Pirie

I think PM Smith in Alberta has put it best: that we need to preserve for children the right to make adult decisions as adults. I also believe that this whole changing of the ID needs to stop. We know from the statistics that over 90% of children who start social transition end up medically transitioning. And we also know that the rate of regret amongst this cohort in their 20s and into their 30s is exploding.

And I think that, because in the human rights legislation gender is a completely separate category than sex. So let's keep the ID based on sex, especially because there are teachers who are encouraging students to have seasonal genders—so you can change your season, you can change your gender four times a year to try them out. So a blood test, observation and a blood test will identify 999,000 out of a million. I think that's fairly good. We can say that sex was observed at birth and carry on from there.

Because the insanity of having men in women's spaces doesn't just— Upholding one person's rights should not be sexually violating another person's rights, and we need to draw the line somewhere. And I really think that ID is the line to draw that and to say: What you do socially when you're in common space, okay, we'll let you have that. But private spaces and sex-segregated spaces, we're going to keep those according to your ID, and your ID is going to stick according to your birth.

Commissioner Bohémier

I want to say that I think you are in an exceptional position to be able to talk about this subject and to act against SOGI. And I think it may be the real purpose of following your journey.

Kellie-Lynn Pirie

Thank you.

Shawn Buckley

Kellie Lynn, the commissioners don't have any further questions. So on behalf of the National Citizens Inquiry, sincerely thank you for coming and testifying and just being open and honest with us and giving us an insight into your journey. Thank you.

Kellie-Lynn Pirie

Thank you for listening.



NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 19, 2024

Day 3

EVIDENCE

Witness 1: Dr. Jessica Rose

Full Day 3 Timestamp: 00:50:36–02:31:07

Source URL: <https://rumble.com/v5j9ez7-nci-vancouver-2024-hearings-day-3-october-19-2024.html>

Shawn Buckley

I'm pleased to call our very first witness who is joining us online, Dr. Jessica Rose. Jessica, can you hear us?

Jessica Rose

I can. Can you hear me?

Shawn Buckley

We can hear you. So first of all, can you state your full name for the record, spelling both your first and last name?

Jessica Rose

Jessica Rose. J-E-S-S-I-C-A R-O-S-E

Shawn Buckley

And Dr. Rose, do you swear to tell the truth, the whole truth, and nothing but the truth?

Jessica Rose

Yes, I do.

Shawn Buckley

I just want to briefly introduce you to the commissioners and to the public before we march into the substance of your testimony. But you are a Canadian researcher. You have a bachelor's degree in applied mathematics, a master's degree in immunology. You hold a PhD in computational biology, and you have two post-doctorate degrees, one in molecular biology and one in biochemistry. You basically have been an adamant researcher, and in the last several years have spent an incredible amount of focus on issues surrounding the COVID-19 vaccines and other issues connected with COVID. Now you have prepared a presentation for the commissioners, and I'm just going to invite you to march into that and then I'll just kind of interrupt you to clarify and ask you other questions.

Jessica Rose

Sure. That was a very moving opening speech, by the way. It's appropriate for me, too, because a lot of people say, "You seem perfectly suited with your background to be doing what you're doing right now." And it's true. So I'm fearlessly doing what I was sent here, or however it works, to do. So thanks for having me.

Shawn Buckley

Well, Dr. Rose thank you for being willing to come. You've testified before, you've participated before and been of great help. And it's interesting that you mention that, because some other people in the last couple days have mentioned that they actually feel that their life experience until now has been preparing them for what they're now being used for.

Jessica Rose

Yeah, I think it's true. You know, the people with the science backgrounds can say that just as wholeheartedly as anyone without. Yeah, it's a good feeling too. It's weird. I mean, what's happening isn't good but it's a good feeling, because you know you're walking a true path and it gives you a lot of power. Like, you know, it doesn't feel good all the time, but at least you know you're doing the right thing, right? So, yes, I have prepared a presentation. It's going to be quite sciency and dry.

Before I get started, I want to call attention to a story going on in Australia which is very important and, of course, it matters to all of us. I'm calling it the Port Hedland story. Councillors from a small community called Port Hedland in Western Australia have recently brought a motion forward with evidence of DNA in the COVID-19 vials that was actually passed 5 to 2. And on October 11th, it was announced that 537 additional Australian councils were to receive the DNA contamination report. As of October 18th, however, the Therapeutic Goods Administration, which is like the Health Canada of Australia, have publicly called for misinformation.

They did this without bringing additional evidence forth to counter the evidence in the actual report, and they didn't acknowledge public statements made by Health Canada and the European Medicines Agency on the SV40 subject matter. So for anyone who hasn't heard about that, it's very important. It's happening in Australia, but it's the story that we all share and it's gaining a lot of momentum. So tap into the interweb on that and show your support however you can. So without further ado, I'll get into this because I think I have quite a few slides.

Shawn Buckley

And, you know, but tie this in because part of your presentation has to do with this particular DNA contamination in the vaccines, and these are vaccines that are used in Canada. So although you're sharing with us the Australia Authority is basically trying to keep this information from the public, the same issue is affecting Canadians.

Jessica Rose

Yeah, it's affecting everyone because as you know, as everybody knows, this was a global injection campaign. So billions of people around the world are probably going to want some answers. So I'm going to talk about that. I'm going to talk about some of the compendial standard issues that remain today. I'm going to lead into the self-amplifying RNA subject matter, and then I'm going to show you some VAERS [Vaccine Adverse Event Reporting System] data and how that applies more to kids even in Canada. Because I wanted to, you know, roll that in because of course this is a Canadian inquiry, and I suppose everyone's going to want to know what's happening with the data and VAERS with respect to Canada.

So before I start telling you about the data, I wanted to bring up Paracelsus, who's the so-called father of toxicology. And he said in Latin, "Only the dose makes the poison." And the reason why I wanted to bring this up is because that's absolutely true when you think about it. But it's kind of not true in the context of what we're facing now in terms of these new man-made gene therapies. And it's especially not true when you're talking about the self-

amplifying RNA, and I'll explain why as I go on. So we've entered a new era of manmade therapeutics using gene-based lipid nanoparticle modalities. And therefore, I think maybe Paracelsus might have a challenge on his hands.

So compendial standards were not adhered to. And in the biotech industry, a compendial standard refers to a set of guidelines or specifications or standards that are developed by regulatory bodies or science organizations, trade associations, to ensure the quality, safety and efficacy of biological products, such as vaccines or therapeutics. So these are in-place standards that are meant to be adhered to. And they have not been in the case of the modified mRNA lipid nanoparticle-based products on two fronts that I'll demonstrate some evidence for here.

Critical quality attributes, or CQAS, and potency issues remain in the context of these products. And I say that because there is DNA in the vials, we have evidence of this from labs all over the world. And perhaps very and most importantly that not many people are talking about is that we don't even have a quantifiable dose. The antigen expression and thus the antibody response, which refers to the potency, is proportional to the number of mRNA transcripts successfully delivered into the cell with cytoplasm for translation.

So what of dose? There's a paper that was published quite recently, actually last year by Dowdy, and I'll quote from this paper from the abstract. He says, "It remains entirely unknown, mechanistically, how endosomally trapped FDA-approved RNA therapeutics escape into the cytoplasm." And basically what that means in layman's terms is that we don't have a quantifiable dose. So I know that people are hearing that the Moderna and the Pfizer have certain doses, 30 micrograms versus 100 micrograms, but that's just the quantity that's in the 300µl [micro-litres] of solution in the syringe that's injected into your deltoid.

Shawn Buckley

Dr. Rose, I just want to make sure that people understand what you're explaining. So in a typical medication or vaccine there's, you know, a specific amount. So let's say a traditional antibiotic, for example, we're going to get a measured dose likely based on things like our body weight, so we know what the dosage is. But with this mRNA technology, what's injected to you isn't the active ingredient. The active ingredient is made by your body, because the mRNA, some of it is going to get into a cell or cells and then make the spike protein for your body to mount immune response. But we don't know in advance how much of that is going to actually be translated into the cell and then express the spike protein. That's what you're discussing, am I correct?

Jessica Rose

Yeah, and I will develop that as I go along. It's more like a prodrug. And you're absolutely right about drugs. Pharmaceuticals, they have half-lives. We know how long they're going to last in the body. They have so-called decay rates. But these guys are not like that, because the injection material is just a template that your cells are going to use to produce the end product, which is going to be—well, we hypothesize spike protein, but we also know that your cells might be making off-target proteins.

But just to give everyone a little explanation about what I'm talking about with endosomes: When the lipid nanoparticles encounter cells and get inside the cells, they're encased in what we call endosomes. The hypothesis as to how the genetic material is delivered to the cytosol for ribosomal translation is that the endosome matures and the pH goes down. The LNP [Lipid Nanoparticle] ruptures and lets out or dumps its cargo, which is the genetic material.

But this is actually what we would refer to as the rate-limiting step. We don't have any details as to how this actually works. And this isn't speculation, it's not rhetoric. This is true. There's nowhere in the literature, nowhere from a bench, nowhere from a scientist doing this research who can tell you definitively how much product is going to be usable for translation, which is—it's kind of crazy when you think about it, because billions of people were injected with this stuff. We have estimates, of course, but we don't actually know. And in light of the fact that we have so many adverse events arising, it kind of seems like an important topic to explore. So— What happened? Can you still see my presentation?

Shawn Buckley

We can see your screen. We have: The Rate-limiting Step Prevents Reliable Calculation of Dose as the header. And we can see your mouse moving around.

Jessica Rose

Oh, just a second. Let me try sharing again. That was very odd. Okay, there we go. Can you see it again?

Shawn Buckley

Yes.

Jessica Rose

All right, so the bottom line here is—and it's kind of a stunning thing to say, and it's at the end of a lot of research that I've been doing for years—but there's no actual dose. There's no quantitation of RNA or protein. And to go back to Paracelsus, we can't actually answer the question: Is this poison or not? Because we don't know the dose. So again, is it poison? Sometimes? Is this why we're seeing differences in adverse event profiles? I mean, there are a lot of reasons why we might be, but this might be a very big one. And what of process-related impurities? I mean, we heard Kevin McKernan speak. I've talked about this before. And he mentioned, I believe in his testimony, this so-called bait and switch.

And this becomes really important when we start talking about DNA, because this is actually how the DNA became a problem. In the clinical batches that were produced for the clinical trials, the DNA was produced using PCR [Polymerase Chain Reaction]. When they needed to upscale these products such that they wanted to inject billions of people with them, they wanted to do it in a way that they save money and time. So they exploited the doubling power of E. Coli bacteria and inserted them with plasmids that encode the spike gene. And every 20 minutes the bacteria double. So you can imagine overnight you have a ton of DNA in the plasmids, and it costs no money. It's no time. It's genius from a production point of view; however, it could come with potential problems.

And on the part of the bait and switch, I just want to reiterate something very important. They only tested the safety and immunogenicity of the Process 2 products, these commercial products, using the plasma E. Coli system on 250 individuals. Now, they claim that they did this on 250 individuals per lot. But we know by FOIA [Freedom of Information Act] requested evidence that they only looked at one lot. So this by no means is a common safety study.

Shawn Buckley

So, Dr. Rose, I want to make sure that people watching your testimony understand. So we have this vaccine rollout, and we're told, "Oh, yes, well you know, the clinical trials have been done. You know, trust the science." Well, that was done on a product that was made using PCR amplification, in which case you don't have all this problem with DNA contamination. And yet the product we received was not the product on which the clinical trial was done. It's using E. Coli to create the DNA strands or the mRNA, but there's a whole bunch of DNA contamination. And as far as safety and efficacy, which wasn't proved in either case anyway, they only looked at 250 individuals. So, you know, the world has basically been vaccinated with the product which really has not been tested.

Jessica Rose

Yeah, that's correct. And like Kevin McKernan said, Josh Geutzkow and Retsef Levi published this in the BMJ [British Medical Journal]. This isn't something that the regulatory bodies or the safe-and-effective people can just brush aside. This is published and it's FOIA-requested data. We stand on real evidence here. And you'll notice it's kind of a trend in my presentations, I always come with receipts that you can see at the bottom because I like to be able to be backed up by what I'm saying.

So this is exactly what you said is the reason why this became a problem. As I evolve the story, you'll see that it is a problem. So this is the mRNA synthesis workflow, and in the case of the Pfizer and Moderna products, it's a modified mRNA synthesis workflow whereby you're throwing in N1-methyl-pseudouridines during the transcription step instead of uridines. You can have two problems that are completely anticipatable here. You can have potential DNA contamination, or you could have lipopolysaccharide contamination, which is part of the membrane of the E. Coli bacteria. And you absolutely do not want to inject either of these things into people: LPS [lipopolysaccharide] because it's very toxic, and DNA because of the potential problems with genomic integration, et cetera.

So what we think happened at the end of this synthesis workflow is: Following the in vitro transcription reaction, we have our soup of modified mRNA, and we have some DNA, we have some lipopolysaccharide, we have some solution. So what you're meant to do at the end of this process is add a DNase, which is an enzyme that breaks up DNA such that you can filter it out and remove it. So what must have happened is that this was ineffective. And we don't know exactly how, but we hypothesize that some of the DNA strands hybridized with the RNA strands.

And this happens in nature. This isn't something exclusive to this. This happens in our cells. We have certain enzymes, RNase H, that take out these hybrids such that they don't accumulate in our cells. Because if these do accumulate in your cells, these so-called excised introns, called R-loops, can definitely cause problems. So I'll get to that to the next slide.

So the bottom line here is that if this happened, you're introducing these potentially cancer-inducing agents into your cells by force, using lipid nanoparticles. And that could, for all intents and purposes, be disastrous, especially to those particular cells. So the only thing that you're meant to have at the end of the synthesis workflow is the modified mRNA itself so that you can ship it off and get it wrapped up in lipid nanoparticles for use in your final product. But clearly that's not what happened.

And just one more thing on this R-loop thing. Again, this isn't my data, this isn't my work. This has been published, this is known. That's why I'm saying this was anticipatable. And I

think that it absolutely should have been. And it's interesting that not only are these accumulations of R-loops associated with cancer, they're also associated with virus-induced pathogenesis and neurological diseases and autoimmune conditions. So we've been seeing a lot of that in the pharmacovigilance data—a lot of it—excessive amounts that we do not see in the past 30 years of data in VAERS for all the other vaccines combined. So it's absolutely not outside of the realm of possibility that this is causing a problem. So again, I have cancer highlighted in red here and I'm going to circle back to this at the end.

It's interesting that this is also a release document from the EMA [European Medicines Agency]. They knew about this problem. Like I said, it was anticipatable. They were testing for residual DNA as early as March 2021, but the so-called levels were not considered to be a problem. So they were trying to mitigate this. They knew about it. But they went ahead with it anyway despite redacted data and despite the fact that we had to get this information ourselves. In my opinion, this should have been—I mean, the whole thing should have been made more transparent to the public. Because there is DNA in the vials.

We know that at least four independent labs have tested Pfizer and Moderna vials. And every single vial that was tested has had DNA in it—some of them at much higher levels than the other, and most of them above what we consider the WHO, the EMA, the FDA, all these three letter organization-recommended thresholds. So they're above those. And it's even more disturbing when you think about the fact that these recommended levels or thresholds were designed based on naked DNA, not based on lipid nanoparticle-delivered DNA. This is a far more efficient way to get genetic material into cells.

So what they should have done in my opinion, and the opinion of many experts, is re-establish the standard for what that baseline should be. And I can guarantee you it's going to be a lot lower than this. So when you consider the fact that the DNA levels from all of these labs have exceeded these already too-high levels, you can probably guess that there might be a problem here.

Kevin has mentioned this again. This is designed plasmid map on the right, and this is the disclosed plasmid map by Pfizer that you can find in a rolling repertoire review. And you'll notice, if you have a keen eye, that there is no SV40 elements on the plasmid map on the left. And what that means, according to Kevin's sequencing data, is that they left it out—because we know that it's there.

And this SV40 enhancer promoter, it's problematic on its own, besides the fact that it wasn't meant to be there and it has no function. It doesn't need to be there in order for the synthesis of the modified mRNA process to work. That's why we have this so-called T7 promoter. These enhancers also don't need to be in these plasmids alongside promoters.

They're put there on purpose to enhance transcription. So it's really strange, this whole issue.

So the questions that everybody should be asking are: Why were the SV40 elements not disclosed in the first place? Why were they there in the first place? And why is it being downplayed as a potential problem?

Shawn Buckley

And Dr. Rose, can I just kind of repeat some of the things you said because I want to make sure that people understand. So you're talking about DNA contamination, and you're saying it's exceeding the levels set by organizations such as the World Health Organization and regulatory bodies such as Health Canada or the FDA. So we're exceeding that.

But those basically safety levels for DNA contamination—because the worry with DNA contamination in an injection is that some of the DNA will get into the cells and then that could cause genetic problems—but those levels were set for just naked DNA. But these injections, the DNA is encapsulated in lipid nanoparticles, which are basically blobs of fat. And because they're blobs of fat, they will touch the fat of the cell and dump the contents into the cell. So you're going to have a much higher insertion of DNA into the cell than you would with other products.

Jessica Rose

Yeah, you're going to have more efficient delivery and more sustained bits of genetic material, especially with the modified mRNA, because it's actually designed to be quite hardy. And just one more thing on this for the science nerds among us. You don't need integration of foreign DNA—like I'll get a little bit more into that with this SV40—in order, for example, for cancer to arise. There are published papers that I've shown in previous presentations that show that you just need to get it to the cytosol of the cell to cause problems with this so-called—well anyway, it doesn't matter—it's cGAS-STING pathway.

But this is published that you don't need integration to occur to get cancer as a result. If you do have integration occurring, which we're starting to have evidence of now, that's even more of a problem. But I just wanted to throw that in there that there are many levels of problems here associated with this, which is why we have these strict standards regarding DNA. We don't want to introduce foreign DNA into cells. I know that there are thresholds, but if you ask me, zero is a good amount.

So just one more thing on this SV40 nuclear localization sequence: It is a nuclear location sequence and it has functionality as a gene therapy tool, which is why what I'm about to show you is extra alarming.

So on October 19th, exactly one year to the day, and November 1st last year, both Health Canada and EMA confirmed the presence of SV40. And that was as a direct result of Kevin's findings, the sequencing data, and some really intrepid reporters and independent journalists in Canada. So this was one of the most important days of our entire struggle, because these are the regulatory bodies. These are the guys who say "yes" or "no" to limits, thresholds, "Yes, this is safe," and they admitted that this particular DNA was in the vials—not just DNA in general, this particular DNA. And this is a—it's a gene therapy tool. It's a well-known gene therapy tool. Its job is to transport plasmids and fragments of things to the nucleus of cells in order to enable integration, for example.

So thanks to Noé Chartier, intrepid journalist, we know that we have access to some emails by FOIA request. And, sorry, the red lines are out of place here. If you can see this, we can see with our own eyes that the EMA is asking questions of the FDA: *Have you taken any action on the subject matter of the disclosure of this SV40 presence in the vials?* A Health Canada rep to the CDC actually is quoted to have said here that the SV40 fragment is inactive and has no functional role.

I don't know what this person's background is, but clearly it's not in gene therapy. Because if she had a gene therapy background or genomics background, she would not be able to say this without any evidence to back up this claim. Because there's no reason to assume that it has no functional role. And at the very least we don't know because we don't have any data to say the contrary. So it's exceedingly irresponsible—I'm being very kind here—for a representative of a regulatory body of a country to come out and say this, even in an email. It's not true.

So one more disclosure here. The European Medicines Agency rep asked: *Should the sequence have been disclosed to us? Should our analysis have been done earlier?* And these are very good questions. They're the exact questions that we should have been asking years ago. So the reason I threw these in here is because I find it kind of inspiring. We're making a little bit of progress, and the most important thing I want people to kind of cling to is that not everyone is bad, even in these three-letter agencies. In my opinion, there's usually only one rotten apple in the batch, so most people are good and most people, when they find out this information that we have to get by force, they're going to be shocked and appalled and want to do something about it. So I just wanted to make sure that everybody was aware of this.

And I also have to ask: Everybody in Canada knows that there was a recent order to destroy the XBB vials, and I'm wondering if that was to destroy the evidence. They did come out with a new version of this in November and I wonder if they cleaned it up. We'll find out soon, I hear.

So the bottom line in this introductory part is that these gene-based lipid nanoparticle platforms aren't plug and play. You can't just swap out the spike gene for something else like they're trying to do now. They're making flu-based products, RSV-based products—no, you can't do this because there are persistent and unmitigated problems. And these are their problems. These are their definitions. These are their guidelines and measuring techniques and methodologies—these must be adhered to. They're there for a reason, and they're good.

And just before I shift over to the self-amplifying RNA, if you're not confused enough, I haven't even mentioned, and I'm not going to mention, all these other problems: the lipid nanoparticle toxicity itself; double-stranded RNA, which is a big problem; mRNA misfolding and frameshifting. And again, these are all documented in the literature since this COVID-19 injectable product rollout began. The research is being done. It's just, it's coming after the fact.

So this self-amplifying RNA lipid nanoparticle technology—and you guys are in Vancouver; this is where this is originating from if you aren't aware—it's based on exactly the same transfer technology, these lipid nanoparticles, as the COVID-modified RNA LNP products that continue to be riddled with unresolved critical quality, attribute, and potency issues, as I've outlined.

And going back in time, those original trials where they were checking out the Pfizer BNT162 products were being done concurrently. So if you haven't gone into the clinical trial data, they started these trials at the same time. So the base product was the BNT162. So there are variations of this. They had A, I suppose they had B. The B2 was the one that eventually ended up in billions of people. And they also had C. So that's this self-amplifying RNA, so this isn't that new. I mean they were trialling this back in the day when they were checking out the other versions. This is the clinical trial number here. You can look that up.

And this self-amplifying RNA is a very different animal from the conventional modified mRNA. The self-amplifying RNA is a type of molecule with both coding and non-coding regions. And it can synthesize its own complementary RNA strand using something called an RNA-dependent RNA polymerase [RdRp] which allows it to replicate autonomously. So I'll get to some details on this. Don't worry, I won't leave you hanging. The claim to fame here is that this is a better version of these genetic therapeutics, because you don't need as

much starting material because they have this self-amplifying ability. So they're saying that it's safer and better. I would argue with that.

So basically what they did—and by the way, biologically it's genius, but this stuff should never be injected into people—this comes from the design of an alphavirus. Like many things, if not all things in biotech, the brilliant humans are borrowing from biology. Like plasmids themselves, you know, they come from bacteria. Alpha viruses have this RdRp gene which allows them to replicate themselves. The only thing that a virus really wants to do, if it wants to do anything at all to imbue it with human properties, is replicate. It wants to survive. So these guys have this technique where they can photocopy their own genetic material and sustain themselves within the cells.

So what these brilliant scientists have done is taken the coding material, this alphavirus, and extracted the subgenomic material—which is the other stuff that it uses to make itself into a virus, like envelope glycoproteins—and substituted in the spike gene. So if that doesn't scare you, I don't know what would, because it scares me. And I'll tell you a little bit about how this works now. This is Dr. Been's medical lectures that I borrowed some screenshots from. He does some excellent YouTube videos and you should go watch this one if you want to know more about how this works, because he explains it very well.

So like I just said, you take the template of this alphavirus and you replace the subgenomic components with the spike gene. So the first thing that happens—this is all encased in lipid nanoparticle by the way, so you have very efficient delivery of this material to the cell—so the first thing that happens is this RdRp gets translated into proteins so that it can function as an enzyme. And its function as an enzyme or a protein is to copy the RNA template. So it creates many, many, many, many, many templates, this mRNA, the messenger RNA, for subsequent translation with other ribosomes into spike proteins.

By the way, this isn't modified mRNA in this product, as far as I'm aware. It's the messenger RNA with the uridines. So if you're starting to get the picture here, you have a two-step process whereby you start off with a little bit of material, and you end up with a whole lot of spike protein. So you have—

Shawn Buckley

Dr. Rose, I'm just trying to understand what you're saying. And it seems to me the problem we have with viruses is the virus, let's say I get infected with a virus. I've got the virus in my cell, and the virus is going to start reproducing itself and getting into other cells, and my body has to mount an immune response and basically beat it before it's out of control. Basically, aren't we just creating a synthetic virus? So we're injecting something that is

going to replicate itself and the end product is it pumps out the spike protein, which my understanding is the spike protein in itself is toxic. Is that what's happening, is we're basically creating a synthetic virus?

Jessica Rose

Not really. It's more an assembly line to much more volume of spike protein. But I'll add something to what you just asked, because there are potential problems with existing alphaviruses and cells if you introduce this material to that same cell environment. So there isn't really, you know, the process of fabricating a virion here because we don't have the coding material for all the other bits that we need, like the protein code and all these other components. This is just for mass manufacturing of the template, the coding material for the spike protein, such that you end up with a whole lot of spike protein at the end. But this is exceedingly problematic for the cell.

So if you can imagine with the conventional so-called modified mRNA system, it's more like a one-to-one. It's not. It's more like 1,000-to-one mRNA transcript or modified mRNA transcript to protein. So that's what you're seeing on the right here. This is Anna Blakney's little schematic. So that's the situation with what we've already been injected with.

This newfangled technology with the self-amplifying RNA, you start off with your template, you mass produce, you mass copy, and then you end up with more mRNA templates for production of protein. So it's more like a one-to-something. I mean, this is one of the biggest problems: We don't know anything about whether or not this shuts off, when it shuts off, how—you know, does it just keep going until the cell dies? That's what I would assume. But it's just a little visualization of how this is different from the so-called conventional. I mean, both of them in my opinion is very bad for the cell. But the mass production on the left-hand side is much worse in terms of the stress that the cell is going to be under.

So again, you have this initial amount of product that's injected. It's something like 0.1 micrograms as opposed to 30 micrograms in the case of Pfizer. But you end up with more protein and longer antigen exposure. And again, I just want to reiterate, we don't know how long this goes on for. So here are some questions that everybody can bring to whomever you want to bring them to: representatives, mayors, town hall meetings, teachers, parents, whatever, who might want to know about this. Because we don't know. We don't know the answers to any of these questions.

And the last one is the one that I was going to circle back to. So we don't know if it's possible to turn these things off once they start going, once they get into the cell. We don't know if the replicases are self-limiting. Like, normally you'd think that. Nothing in biology is

infinite, right? Nothing is exponential. We have logistic growth. This is to maintain homeostasis in populations, et cetera. And viruses also need to maintain a certain happy homeostasis with their host, because they don't want to kill them because that's no good for them, right?

So we have no idea, in this context, in this man-made alphavirus, if these things are self-limiting. We don't know if they have self-cleaving motifs that enable them to cleave themselves during replication as a mode of turning themselves off. We don't know. We don't know if the segmented poly(A) tails— So I'll just go back here so that you know what I'm talking about.

Do I have a good picture of this? Well, anyway, we have a cap on the left here, a five-prime cap and a poly(A) tail. And basically this is the head and the tail that protects the template from degradation. So the longer your poly(A) tail— And what that means is literally a sequence of A's. These are amino acids at the end, or I'm sorry these are not amino acids, these are bases at the end that protect it from being degraded. So depending on how long this is, you may have a strand that's more or less durable or long lasting. So if you segment this tail, it might actually end up keeping this thing around longer. We don't know if that's happening. What I'm trying to say here is it might have been actually constructed to be more durable. And if it was constructed to be more durable, is it? Once it gets into the cell? We don't know.

And this is alluding to what you might have been wondering about before: Is the risk of recombination with endogenous RNA going to be assessed? Or in more layman's terms, if you are currently fighting off an alphavirus infection in your cells, or say you have an alphavirus replicating in your cells, and your doctor says, "Yeah, you should definitely get the self-amplifying RNA shot," you get the injection, and some of this genetic material gets dumped into that cell, we have no idea what's going to happen in that context.

I have a pretty good imagination and it's hypothetical at this point, but this is exactly why I'm asking as a scientist. It's like, it is possible that this could happen. It would be disastrous if it did, and so we need to test this on a bench and make sure that this isn't happening first before we inject people. So it's possible that there's going to be some kind of recombination event that might imbue this alphavirus with some properties of this exogenous genetic material. We don't know.

Shawn Buckley

Right. Just so that we understand what you're saying is: So we're injecting this self-replicating system, and if it gets into a cell where there's an active virus, you know, dividing the cell and replicating, we could find ourselves where we've basically put into a virus the ability to make spike protein.

Jessica Rose

We don't know. Nothing is out of the realm of possibility, because we're doing something we've never done before and nature is pretty brilliant. It's also possible that it could never happen in vivo. But, yeah, we don't know. Viruses are very clever though. This is why I'm asking and this is why I'm worried about it, because bacteria and viruses have these amazing abilities to share with each other, to learn. This is why antibiotic resistance is a problem. This is why antivirals can become inefficacious. It's because we throw things into the melange, like drugs, and we assume: Okay, well, everything's just going to respond in such a way that the pathogen is going to be eliminated. But that's not what happens sometimes. Sometimes the pathogens, the viruses, the bacteria, whatever, they learn. Sometimes they take up new information. Sometimes they take up new plasmids, in the case of bacteria, and they have a certain antibiotic resistance gene, and now they're resistant to a new—et cetera.

To make a long story short, it's not outside the realm of possibility that these alphaviruses could learn to make spike. I could be completely wrong, but I would rather find out beforehand. And anybody who's out there saying, "No, no, you're completely out for lunch," then please, I'm not the kind of person to not listen to someone disprove an hypothesis that I'm proposing. Actually, I love it. That's what science is for.

But unfortunately, you know, I had some faith that some of these questions at least would be asked and answered prior to injection rollouts of these products beginning, but they haven't been. They were recently rolled out in Japan into the elderly population. And the good news is that not many people, from what I hear, are taking them. So the question is going to become: What will the uptake be? And what will the effect on the environment and the other mammal species that can be infected with these alphaviruses be? Because, yeah, none of those questions have been answered either.

This is meant to be funny, but it's not funny. This is the summary of safety from that trial that I showed you earlier. Apparently there is a version of this that's been disclosed, but it actually just reveals why they redacted it in the first place. But this is just speaking to the level of transparency that everybody knows that we've been dealing with as scientists, researchers from the very beginning. I mean, the only thing I think when I see something like this is: What are you hiding?

And just one more thing on the self-amplifying RNA, these are the possible outcomes of continued amplification. And primarily I would assume that it would kill the cell, because metabolically it's very expensive to produce proteins, and especially if you're producing proteins, I suppose, at such a high scale because you have this RdRp gene. So it's not going to be good for the cells. But even within the cells, you have all of these other potential problems. I'm not going to read them out here, but I implore everybody to look at these and to bring them to people who might be interested in hearing more about this.

So this is the last part. My throat's getting dry, so it's probably good that I'm going to stop talking. My claim to fame primarily has been investigating VAERS data. VAERS data is the Vaccine Adverse Event Reporting System from the United States. And it's designed to detect safety signals in adverse event reports made by people in order to serve as an early warning system in case, you know, a product gets into the population that isn't really safe. You'd think that this system would be showing blaring signals, and you would be right.

So this is the latest as of May 2024. But there hasn't been much difference in the numbers up until now, so I kept this slide as it was. But it's staggering enough. There are over 1.6 million reports of adverse events in the VAERS system since the beginning of the COVID rollout. This is only for COVID products. And quite staggeringly, a quarter of them are considered to be serious. And for those of you who aren't aware, serious adverse event includes death, disability, birth defects, life-threatening illness, hospitalization, or an emergency room visit. And according to the VAERS handbook, the upper limit of the percentage of serious adverse events that you should see in any given data set is 15%. So this is 10% above the upper limit already. And I've listed a few other, quote-unquote, "popular" adverse events associated with these COVID shots here, myocarditis being one of them.

These charts are probably the most infamous. First of all, both of them show the last 30 years of VAERS data for all vaccines combined compared to the COVID products from the rollout, starting in basically January 2021, the end of 2020. On the left we have all the adverse events. So you have an average of about 39,000 in total per year. In 2020 there were 49,640. And then for some mysterious reason, it shot up to over 750,000 in 2021. That number is higher now, by the way, because of backlogs. And in reference to death, it's the exact same picture, qualitatively, a little less quantitatively, but the numbers are absolutely staggeringly different. We still—we still—to this day have no acknowledgement of this from the owners of this data, which is the FDA as well as CDC.

Shawn Buckley

Now, Dr. Rose, so just while that's still up, so basically this is showing that the COVID-19 vaccines in a very short period of time have caused more deaths than all of the previous vaccines combined in history.

Jessica Rose

That is correct.

Shawn Buckley

And then my understanding is that this doesn't show the actual numbers, that some estimates are that only 1%, roughly, of adverse reactions, including death, actually get reported to this passive reporting system.

Jessica Rose

That's exactly right. So as part of the characteristics of VAERS, as you just said, it's passive. So I haven't even mentioned how underreported these numbers are. And they are underreported. We don't know exactly by how much, but even if it's by a small factor, I mean these numbers, the reason I show these like this is that these alone are staggering. If we actually knew— Like, let's just say we take the Lazarus study and we say that there's a hundred times underreporting, or only one person out of 100 will ever report an adverse event, I mean think about that. I'd rather not, this is bad enough. But, yeah, it's absolutely the case.

Most of these pharmacovigilance databases are by— You know, you offer your adverse event voluntarily and it actually takes quite a bit of time to file one of these, so the incentivization is not really there. And if you're a GP, you have say five people come to your clinic in a day that you suspect because of a temporal, you know causal-looking effect between say their third shot and their myocarditis, how likely is it that you're going to file five of these reports when they take at least a half an hour to file online—after working I don't know how many hours. The point being, you're absolutely right that there's underreporting and there's a number of reasons why. We even know in Canada that some of the disincentivization techniques were very strong, as Charles Hoffe knows.

But for the people who claim that these numbers are just looking like this because there were so many more shots delivered because this was a global rollout, I have a few charts to show. So I did a timeframe matched analysis on flu shots and COVID shots for a 462-day timeframe. And in fact there were 2.3 times as many COVID-19 shots doled out in this timeframe than flu. However, well I'll just say one more thing. If these COVID shots had the

same damage profile, injury profile, adverse event profile as the flu shots historically, you would assume that the number of adverse events would be ratioed properly, would be proportional. You would assume that there wouldn't be many more types of adverse events because they're not causing different kinds of damage.

But what you actually see when you look at the data—this is directly from VAERS—is 118 times more reports of adverse events in this equal timeframe for the COVID-19 products and 6.2 times as many types, which is probably even more alarming. And it also lends to the very strong evidence that we're seeing from medical doctors and on the ground in case reports and published material that there's some kind of systemic damage going on in people, and it actually points to an immune system dysfunction. We're seeing neurological conditions, we're seeing heart conditions, we're seeing liver conditions, adrenals. Everything, the reproductive system, I mean, everything you can think of are being reported as context of adverse events to pharmacovigilance databases in the context of these products.

And for the people who say again it's because there are more shots doled out. No, it's not. I took the influenza products from 2019, accounted all the adverse events, and I normalized it to per million doses that were doled out. I did the same thing for COVID in 2021. I removed 2020 to get rid of any potential bias. And you can see that there's no comparison here. There are 25 times more adverse event reports in the context of the COVID products per million doses. And when you look at death on the right, it's 70 times more. So these COVID shots are definitely “deathier,” and cancer is the same.

And I had a whole bunch of these charts, these similar charts produced that I'm not going to show here because of time. But any adverse event that you pick: myocarditis, cancer, you know, Bell's Palsy, Guillain-Barre, whatever you want to pick, it looks like this. There's absolutely no way to explain this other than to accept the fact that these things are causing more of these adverse event types. The signal for cancer in VAERS is actually going up, which is also very concerning considering the fact that fewer people are taking these shots over time. This is normalized for 100,000 adverse event totals. So you'll see the data for 2018 and 2020, this is for all vaccines combined. So the total number of adverse events per 100,000 adverse event total for cancer for all vaccines combined is shown on the left. And then for 2021 through 2023, it's only for the modified mRNA COVID-19 products for 100,000 adverse events reported for the year. So you can see that it's on the rise.

This is also in line with the fact that a lot of oncologists that I know are saying that there are people reporting cancer as a delayed effect. I also hear about cancers getting to stage four very quickly. There's also this phenomenon of people not associating, say, an emergent

cancer with getting these shots. Maybe it happened later in the game, which is why they ended up reporting it. But this is what the VAERS system is showing.

So this is my last thing on the children because that's what this is about. We're doing all of this to protect the next generation. That's our job. That's why we're here. So this is a slide that I produced a long time ago—I mean a long time ago. It feels like years because it has been. There is so much literature from the very beginning indicative of the fact that no child ever did need these shots. This was in the time when I was trying to prevent these things from being EUA approved or approved for kids. The IFR [Infection Fatality Rate] was so low, I mean it was negligible. You know, if anyone actually knew anything about herd immunity, they would have said, “Yes, let the kids roam free.”

So this is just a slide that you can take home and reference if you ever need to show someone, you know, why we never needed to do this in the first place. And the reports of adverse events for children ages 0 through 17 in VAERS by age group is shown here. There are a considerable number of them. I mean, there's well over 60,000 and that's underreported. Fourteen per cent is considered to be a serious, and of these kids, 200 have died. And if you include the 18-year-olds, it's 234.

Shawn Buckley

Dr. Rose, are you aware of any children dying because of COVID-19?

Jessica Rose

No.

Shawn Buckley

Okay. So, and you scour the literature around the world. So for around the world, you're not aware of a single documented case of a child who doesn't have a whole bunch of comorbidity, you know, dying of COVID-19?

Jessica Rose

No. And the person I would defer to for the most information on that is Marty Makary in the States. He has written the most about this and he knows. He is in the hospital setting as well. So, yeah.

Shawn Buckley

Right. But even you're showing us just the data of deaths in the United States. So there's no case in the world that you're aware of, of a child dying of COVID in the world, but just in the United States, there's a large reported number of deaths and adverse reactions. So the cure here is worse than the disease.

Jessica Rose

Yeah, well that's very clear to me if you ask me. And Marty, I think it might actually be here. Yeah, I can't see because I'm losing my reading vision. But there were a bunch of kids that the authorities were claiming were dying from COVID, but he actually demonstrated that none of them died from COVID. It was something, some comorbidity, and they died “with” COVID not “of” COVID. It's actually all well-written down. So, yeah, there was never any reason to inject kids with this stuff. It was a stunning mistake, if you ask me. And alarmingly, 29% of the children who died, the 200, died so within 24 hours of injection. That stunned me.

So for those of you who might know a little bit about my work, I've written quite a bit about this Bradford Hill criteria. So this is what the WHO and the regulatory bodies are meant to use in addition to PRR analysis and basing analysis—PRRs is proportional reporting ratio—when they look at pharmacovigilance data in order to make assessments of causation. So this is how you determine, for example, in the case of the rotavirus vaccine that was pulled from the market in 1999. They used these criteria in order to determine that the product was causing intussusception, which is a very dangerous condition where the bowel folds over in children. They use these. This is how they do their analyses. But they haven't been doing them in this case, so I did.

So temporality is one of these Bradford Hill criteria. And basically one thing has to come before the other, naturally. You know, you get a shot and then you have anaphylaxis, for example. And the shorter the timeframe between those two events, the higher the probability of causality or causal effect. So this, I mean I don't know anyone who would look at that statistic: 29% of 200 kids that died, died within 24 hours of an injection. I mean, kids are generally healthy. So that seems kind of bizarre to me. This is the same data except distributed by age and specific age and sex. You can see a little cluster down here, very young babies, um. And this is very important, um. Sorry for all the ums. This always makes me stutter a bit.

As part of VAERS, there's a variable called “symptom text,” which is kind of like the doctor's notes or the reporter's notes on what happened. They fill in the blanks in “real people speak” about what happened. VAERS is great for this. A lot of people put VAERS down, but I

think considering that you have a range of 52 variables to look at and that you have very detailed reports with each VAERS report itself, you can actually gather a lot of information. And you can hear the voice of the person, even if it's a GP filing the report for a person who died, for example.

So I combed through these for this presentation and I pulled out five just so that you guys can have, or for the audience to see what we're dealing with here, the real story. Because every single one of these reports is a human being—let's get that straight—who got injected with a product that was supposed to protect them. These are death reports. I'm sure you've all read this while I've been rambling here, but we have keywords like: *perfectly happy child, 14-year-old boy, he hung himself seven days after*—this is always hard for me, sorry—the third Pfizer shot.

Anyway, I don't want to read these because I'm getting emotional, but I need everybody here to read these and share them because these are the real stories of the people. And although I'm a data analyst, this is kind of like the face of each data point and it's very, very sad—and most importantly it's unnecessary, completely unnecessary.

So there are actually in VAERS—this might stun you—over 8000 reports. VAERS is a composite of two different files. You have the U.S. only, which is called domestic data. And you have an equally-sized file of reports coming from all over the world. And this is generally the reports made directly to the manufacturers, and they're put into VAERS in the form of this foreign data set. So it's amazing most people don't know this, but there's a whole lot of data coming from all over the world in VAERS, including Canada. I mean 8000 data points is not a small number, and 146 of these are for kids.

So these are Canadian children. And this is what stunned me when I looked at this: 146 might not sound like a lot, but more than half of them, half of these reports, were considered to be serious. So at the very least what we're talking about here is half of the reports involved hospitalization of kids, and three did die. So this is the end of my presentation which has probably been a little bit depressing, forgive me.

But the recall of products, like I mentioned the rotavirus vaccine, requires irregularity and side effects. This is the CDC speak. And lack of adherence to these compendial standards that I've laid out here in this presentation has led to both of these things. We have serious irregularities in the form of this DNA, just that alone. We have frame shifting, we have double-stranded RNA, et cetera. And we have millions—millions of reported side effects in only one pharmacovigilance database. I haven't even mentioned the Yellow Card system, the UDRA system, the DAEN system. I haven't mentioned any of these other systems all over the world that are showing exactly the same trends.

So just based on that, recalls are justified. And on that subject matter, it's really important that we not destroy the vials because to me they serve as evidence. So critical quality attributes and potency assay assessments need to be addressed prior to any further use of this platform. And I'm being very kind here because I don't think there should be any further use of this platform, especially not in the self-amplifying RNA realm.

This is my final slide that I usually present as to where we go. We need to help the injured first; impose a moratorium on this stuff, don't let them destroy the vials. We have to hold people accountable so this doesn't happen again. And probably even more importantly, because this is why we're in this mess, is that we need to hold on firmly to our personal sovereignty and our national sovereignty as well. We get to decide. We get to decide what goes into our bodies. And as we were hearing earlier, don't let fear, like of losing a job or a threat from a government, stop you from doing what your heart is telling you to do. Just don't, because we're only here once—or let's at least assume that.

And I just want to end with a quote from my friend David Bell. We're talking all the time about this stuff and he's a doctor, he used to work with the WHO, he's very wise. And he said to me the other day on the subject matter of moratoriums of these products, "It still comes down to free choice. People have had enough of being told what to do even by well-trained medics. Advocacy has to be for the rights of people, not based on the wishes of scientists and doctors." And I couldn't agree more. So with that I'm going to thank you for listening, and I hope I didn't go over time. And I guess I'm open to having some questions.

Shawn Buckley

Thank you, Dr. Rose. I will turn you over to the commissioners for questions.

Commissioner Larsson

Dr. Rose, thank you. Fascinating data. And we've actually heard quite a few testimonies, all showing similar robust data showing that the vaccine is not only not very effective, especially in some subsets of people, but I think the data is unequivocal that the vaccine is actually quite dangerous. Given that, I'm going to ask you a question that I've asked all of the other scientists that have presented similar data to us. What on earth is the motivation for the regulatory authorities and governments in the Western world being reluctant to accept this data and do something about it?

Jessica Rose

For lack of a better, I think it's peer pressure. It's, you know, the vaccine has turned into a monster if you ask me. I came into this about four years ago, like completely pro-vaccine. I'm vaccinated up the ying-yang against everything. It's a fabulous concept conceptually. However, it's turned into, like I said, a monster and profit driven. The regulators, the companies making the products, they're like the same people. So they have no incentive because there's no liability for their products.

In effect, I think if I may go into a little philosophical realm, I think this boils down to people—human beings being that part of human beings that doesn't act if it doesn't affect them directly. And I think that's absolutely what's going on here now. And a lot of these people are still basically violating truth and propagating lies about these things being safe and effective. They just haven't been touched by the negative aspects far enough yet. I mean it's wild how the majority of the people who are defending the vaccine injured are the people who are being called anti-vaxxers and, you know, the people who didn't get the shots—not because they were against it, not because they had kind of, you know, grandiose incentives. It was just they made a choice not to do it, to go the natural route.

So as far as motives, I mean, I'm an optimist and I do think that most people are good. But there are some people, perhaps the ones at the apex, who definitely—I don't know if I would say malicious motives, but they certainly— This is how I describe it. A lot of people think there's a kill campaign out there. I don't think that's true, but what I think is true tentatively is that they don't care if people die from these products, as long as the products keep rolling.

Commissioner Larsson

Thank you.

Commissioner Bohémier

Good morning, Dr. Rose. I would like to know because in your recommendations you said that it should be prevented to be put in plants and animals. But is it done, this technology? Is it given to animals and plants that we eat?

Jessica Rose

This isn't my ballpark, but from what I've heard, yes, it is being done, which is indescribably horrific. I can't refer to any papers that I know of off the top of my head because this isn't really my ballpark directly. I can tell you that, yeah, they are doing this, started doing it recently. But having said that, I don't mean to be, you know, too realistic here, from what

I've seen over the past four years, whatever we're being told, or whatever we're seeing now, it's already transpired. Now that might sound a little bit conspiratorial, but if they don't have any plans to stop putting these types of products into humans, then I honestly can't see what incentive they would have not to put them in plants and animals. I mean, it's kind of like this whole idea of monoculture. Anyway, I don't want to get too off topic here, but the short answer is, "Yes."

Commissioner Bohémier

And do we know the consequences on human beings to eat those plants and animals that were injected with those products?

Jessica Rose

I'll look at the data. I don't know. I don't think anybody knows.

Commissioner Bohémier

Okay.

Jessica Rose

It's like the entire concept of anticipating, you know, what could happen testing it in the lab versus what actually happens. I mean, these could also be very different things. So even if we had thorough testing, you know, I don't know who would sign up for those studies. But if we had testing of people eating these modified animal products, for example, like you know, cows injected with stuff, it's not necessarily going to translate to the larger population, for example. So I'm sorry these answers [evade] us, but I'm not the best person to ask about the animals and plants.

Commissioner Bohémier

That's okay. That is a question we need to ask and to have in mind. Also I would like to know if other vaccines that are given to children have applied this technology.

Jessica Rose

Not that I'm aware of in large numbers. Although having said that, I would look at the RSV. I should know this off the top of my head, but it's possible. I also do know that there's a combo COVID-Novavax product that's recently been pulled, but I don't think that that's been put in [inaudible]. Again, I would check out the RSV products, because I'm not sure.

Commissioner Bohémier

Okay. Are you aware of another reporting system that was created by the CDC to derive reports from the VAERS that have been confidential?

Jessica Rose

Oh, so then the other set of VAERS. No, not that's been confidential. So what I mean by that is there's definitely a set of books for VAERS. There's more demographic data collected that we are not privy to that the CDC are, the HHS are. I deferred to Liz Willner, she designed and developed open VAERS. She has a lot of FAQs, Frequently Asked Questions, there that might address this. She knows more than anybody about this that I know of. But there absolutely is another, quote-unquote, "set of plots" whereby there is more telling data.

So for example, you could probably do an analysis of VAERS by race, for example. We don't have that system that we are allowed to publicly download. So you might be able to say, "Okay, well I'm seeing this condition in young black people more than I'm seeing in older white people," for example. So there's that kind of data that they definitely know that we are not privy to. So that's the best answer I can give.

Commissioner Bohémier

Okay, thank you.

Commissioner Drysdale

Good morning, Dr. Rose. It's good to hear from you again. I have a few questions. Perhaps they're broader questions. But you know, in all the testimony we've been having, more or less, people are always talking about the VAERS system or the UN system, but I never hear anybody talking about the CAEFISS system. Why is nobody referring to the data that Health Canada is collecting on Canadians, which is called the CAEFISS system?

Jessica Rose

So I can only speak from my own experience and it's very limited. When I tried to look through that system and I think CAERS, Canadian Adverse Event Reporting System, I found access very difficult. Again this might have only been my experience, and I didn't spend much time on it because of those difficulties. It's also the reason I didn't look at user data. I mean there's millions of reports, but it's not really user-friendly or accessible.

Commissioner Drysdale

Well, okay, I understand that. But you know that's surprising to me because we had witnesses here the other day, the Stefans, and they were talking about what happened to them and they had these mountains and mountains of information on a minute-by-minute basis of what happened to their son during his event in the hospital or in the ambulance or that whole period of time. So our Health Canada system must have that kind of data on all of the people interacting with the health system, because it's what they do. And so we also have legislation going forward now that's talking about digitizing all that information and making it available to different agencies. So that data must be available. And given we've been talking with you for over a year, a year-and-a-half now, I suspect, and we still haven't gathered that data? Like the government hasn't made that available to us to do research on when we have these horrendous indications of problems on these reporting systems?

Jessica Rose

Well, that's just it, Canada has been hit really hard. Canada and Australia and maybe Israel have been hit the hardest in terms of the long-lasting challenges and lack of transparency. It's crazy how much we could have done and learned if this was about public health. And I think that's the issue here. I think any time you hide data and then use the words "public health" in the same sentence is a red flag. There's been no attempts that I've been able to find for anyone to generate any charts from data in Canada that shows the rates of death in the unvaccinated versus, say, single dose, second dose, third dose injected cases. And maybe that's been updated as of late.

But if you ask me, and not just as a data analyst, the fact that we've been having to FOIA request data not just in Canada but all over the world just to get basic information about death rates and people who are being injected stuff—which we shouldn't have to be asking that at all; they're not supposed to kill you—it tells the story. I mean, if I was in charge of data collection, I don't know how necessarily it would work—like if GPs would have to submit patient reports directly to some kind of database so that everybody could have access to it so that everybody could do analytics. I mean, I don't know what the exact [inaudible] would be, but it certainly seems to be making it hard for people to have access to data, which again, that's what I've encountered when I've gone looking for Canadian data.

Commissioner Drysdale

I have a couple of other short questions. On the slide that you presented of the VAERS data and they were reporting so many deaths, they were reporting instances of myochondritis, cancer, miscarriages. Isn't a potential outcome of myochondritis death?

Jessica Rose

Yeah, that's myocarditis. It's inflammation of the myocardium of the heart, which is the middle layer of the heart muscle.

Commissioner Drysdale

I understand that, but my point is this. If I understand the VAERS system—and I'm asking you if I understand this correctly—if I understand the VAERS system, something happens and they submit a report on the moment, but we don't know what the final outcomes of those things were. In other words, did the patient die of that cancer that was reported? Did the patient die of that myocarditis? So we don't really know what the death numbers are, do we?

Jessica Rose

Oh, you're absolutely right. That's a very important point because as part of the way that VAERS operates by the operators, if you do file a subsequent VAERS report as an update—Let's just say you already filed myocarditis, and you die and your spouse files a secondary report to report your death, that won't make it in all likelihood to the front end system of VAERS. It'll get buried. We know that that's happening. And by “we,” I mean the other people who are looking at VAERS. So you're absolutely right, because a lot of these are serious adverse events that do result in death. So we can only say that the deaths that we're “seeing,” quote-unquote, in VAERS is a huge underestimate.

Commissioner Drysdale

Well the other part of this, too, is I think I can say that it's generally accepted that smoking results in cancer or bad health outcomes. Now you know, these injections have been going into people since December 2020 or January 2021—in that range. If we were monitoring smoking on the VAERS system, I can't imagine that we'd be detecting cancers from that smoking in one to two to three years. So is it the long-term effects are completely

unknown? Is that not correct? Even with looking at the VAERS data, we don't know what's going to happen in five years. Is that a correct statement, do you think?

Jessica Rose

Yeah, totally. And from what I'm seeing—I alluded to this with the immunological description—is that it looks like from a bird's eye view that whatever condition or precondition or genetic precondition somebody might have, something about these shots seems to be pushing them faster to the end point. So you remember when they first injected the elderly populations, there was a huge drop off of people. A lot of people died. So that could have to do with lifespan. You know, if you're 80, 90 years old, you're much closer to death than 20-year-olds. So maybe that's what we were seeing in the beginning.

I've heard a lot of women say that they have endometriosis and, you know, they didn't even notice it until they got the shots. And then all of a sudden they're just doubling over in pain, everything fired up. Same thing with autoimmune conditions. A lot of people I've heard had them under control, psoriasis, or even a new onset. So it seems like these things are acting on an individual basis mechanistically, similarly manifesting different according to the individual's predispositions. And that also has to do with, of course, their immune system. Are they optimized with vitamin D, zinc, et cetera. And weight is a factor. I'm sure smoking is a factor. So we can't anticipate, but it sure looks like these things exacerbate pre-existing conditions, that's for sure, cancers too.

Commissioner Drysdale

You also mentioned in your testimony, I believe, that the testing on this new version has been carried out on 16 to 55-year-olds. And given the mechanism that you described that these self-replicating RNA shots have, what they're doing in your body has to be directly related to your metabolic function. In other words, a child who's growing and is five years old is going to have a different response than myself who is in his 60s or close to 70s, and sometimes feels like he's in his 90s. And yet we didn't test any of that. And yet we're not just rolling it out as an option, you know, we're coercing people to take it. How is it possible that we're rolling it out to these untested groups, including pregnant women by the way, without any kind of testing, and that our regulatory agencies are allowing this to happen?

Jessica Rose

Your guess is as good as mine.

Commissioner Drysdale

I thought that might be your answer. I have one last question I do want to get to, and I know your voice is going and I can see Mr. Buckley rocking back and forth, so he wants me to get on with this. You know, I've been around for a few years myself. Personally, that might be a surprise to some people, but I don't remember daily, hourly talk in my entire lifetime about pandemic. We have a monkey pandemic, we have a popsicle pandemic, we have a dirty socks pandemic. We've got this, we've got that. We're reporting something that's happening in Mumbai, India, and somebody got sick, and we've got another pandemic.

How is it this pandemic mania seems to be forcing us or leading us into taking these chances on these biologic treatments, even when we have evidence of all kinds of things going wrong? And when you and I talked before, you know, we were talking about this being a genetic Pandora's box. We really don't know what's going to happen. It's in the biome, it might be changing the DNA. So where did this mania for pandemics come from, and what's the basis of it?

Jessica Rose

I think it's just the tool. It's clearly the goodwill of people has been preyed upon here. I mean, most people are afraid of dying. Most people do good by others. I mean, you're hearing what I'm saying, and it's all echoing in these mantras: "Oh, you have to do this to save your species, and you have to do this to save grandma," and blah, blah. So it's very predatory, and I think, well, "they" have figured out a way to have everyone it wants.

Now, why behind [inaudible]? I don't know. It clearly has something to do with control. It clearly has to do with industry. It clearly has to do with certain people very, very rich. And it's shameful and shocking that the healthcare industry, there's no "health" or "care" in the healthcare industry anymore. It's a money-making— It's disgusting because it's just like I said, people are being preyed upon. And people are trusting. People today, they still trust that they're being told the truth and that when they're told they need to get this shot that they're going to go out—I mean people are still going out and getting shots. It's crazy to me. I mean, I'm not the only person I know that has decided after what I've learned to never to get injected with a so-called vaccine again, no matter what is going on. I'm just going to let God sort it out.

Commissioner Drysdale

Thank you very much.

Jessica Rose

Welcome.

Commissioner Robertson

Hi, Dr. Rose. My whole family has been infected by vaccine injuries. I was wondering, can you obtain the data from pediatric hospitals on the increase of children with myocarditis without it being reported? Like is there some way that you can reach that data? There's a huge number of children that have Crohn's that are being treated with Remicade. Like is this some way you can obtain that data—

Jessica Rose

I'll look into it.

Commissioner Robertson

—of the number of people involved? And it seems like it's a huge study.

Jessica Rose

Yeah well the Medicaid system in the States, or Medicare, technically from what I know, a lot of these types of databases that you referring to are not in the public domain because of privacy issues. But yeah, you know, you're absolutely right from a study of data analytics view because if— Let's just turn it on them and say, “Okay, we were in a public health crisis, you know all of these things were injected into people, and now we have a pandemic of myocarditis in children. So may we have that data so that we can do some studies?” So there are ways that you can adapt, say, the names or the personal information from hospital level data that you can see the patterns without seeing the actual personal information, you don't disclose the person themselves. Yeah, I can look in.

Commissioner Robertson

Yeah, so there's nobody doing that at the moment.

Jessica Rose

Oh, there probably is. I'm limited in my omnipotence.

Commissioner Robertson

Yes. Thank you very much for all you do. Thank you.

Jessica Rose

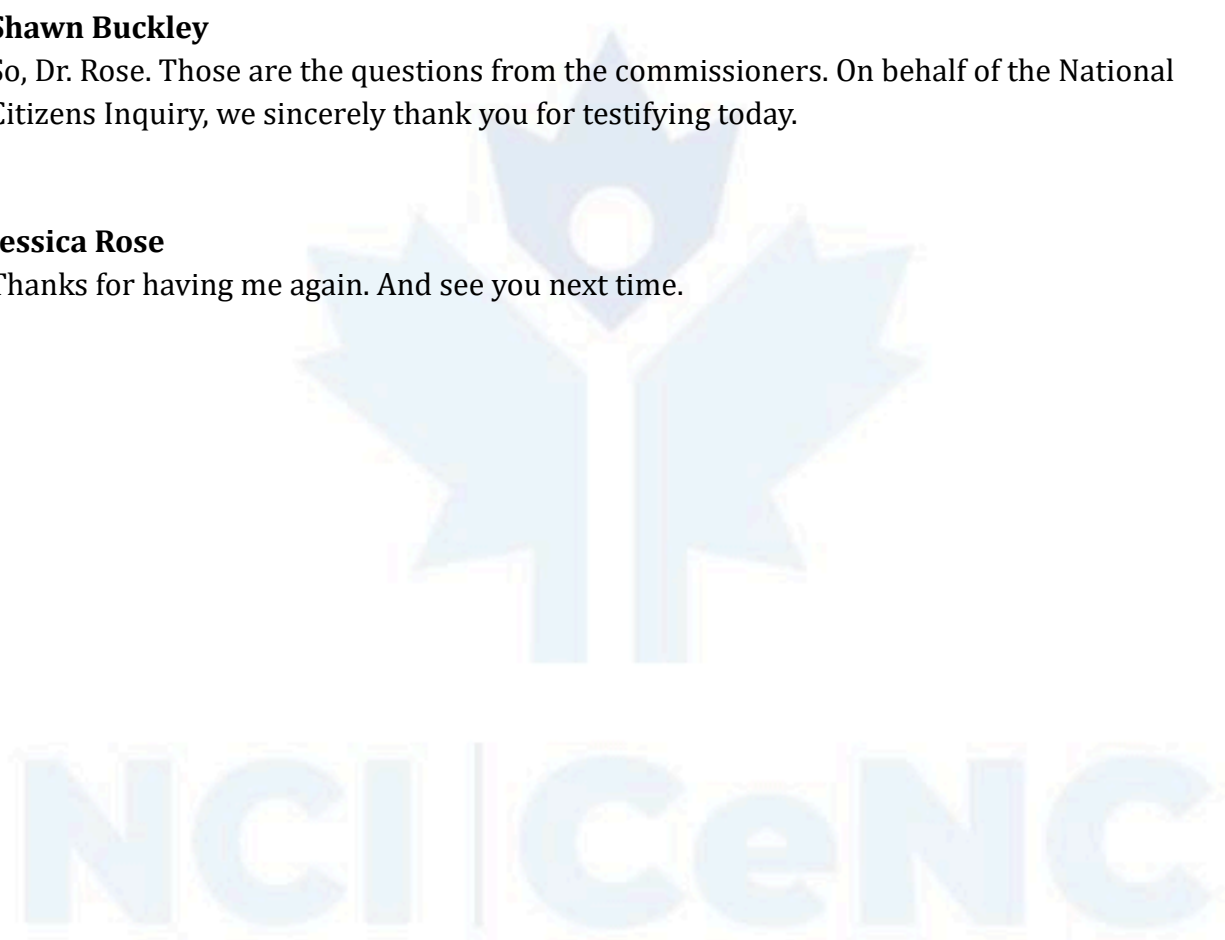
That's the funniest thing ever said.

Shawn Buckley

So, Dr. Rose. Those are the questions from the commissioners. On behalf of the National Citizens Inquiry, we sincerely thank you for testifying today.

Jessica Rose

Thanks for having me again. And see you next time.





NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 19, 2024

Day 3

EVIDENCE

Witness 2: Priya Sall

Full Day 3 Timestamp: 02:49:11–03:04:10

Source URL: <https://rumble.com/v5j9ez7-nci-vancouver-2024-hearings-day-3-october-19-2024.html>

Wayne Lenhardt

Good morning. My name is Wayne Lenhardt and I'm another one of the volunteer lawyers. Our next witness is a girl by the name of Priya Sall. I hope I've got that correct, the pronunciation. Can you hear me, Priya?

Priya Sall

Yes.

Wayne Lenhardt

Okay, I'm going to do an oath with you, and it goes like this: Do you promise to tell the truth, the whole truth, and nothing but the truth in your testimony today?

Priya Sall

Yes, I do.

Wayne Lenhardt

Thank you. I have some background on you that I think I'll quickly go through. I think I've got it organized. You were a premature baby. You were born at 25 weeks, am I correct?

Priya Sall

Yes.

Wayne Lenhardt

And you weighed only two pounds.

Priya Sall

Yeah.

Wayne Lenhardt

And I presume probably as a result of this you now have cerebral palsy level three. And you also have a vision impairment, correct?

Priya Sall

Yes.

Wayne Lenhardt

And you use a walker to get to school and to move around.

Priya Sall

Yes.

Wayne Lenhardt

And I've got here that you wall-walk within your home.

Priya Sall

Yes.

Wayne Lenhardt

And that all was prior to any injections being taken.

Priya Sall

Yes.

Wayne Lenhardt

I think if my dates are correct here, it was around 2021, I think you were 15 years of age.

Priya Sall

No, sir, I was 14 in 2021.

Wayne Lenhardt

Fourteen, okay.

Priya Sall

Yeah.

Wayne Lenhardt

And you ended up taking a total of three injections of Pfizer?

Priya Sall

Yes.

Wayne Lenhardt

So the third shot of Pfizer you had during the summer of 2021.

Priya Sall

Yes. No, sorry. Yeah, it was summer 2020. I was 13 when I had my first one. My second one was in, yeah, sorry.

Wayne Lenhardt

The second one is typically about 10 days after the first one. Is that about right?

Priya Sall

Yes, that's it.

Wayne Lenhardt

Okay. And then you had your third, the so-called booster, I think in the summer of 2021.

Priya Sall

Yes.

Wayne Lenhardt

And you didn't have any problems until you had the booster.

Priya Sall

Yeah, that's right.

Wayne Lenhardt

And at that point, shortly after the booster you experienced your first ever seizure.

Priya Sall

Yes.

Wayne Lenhardt

You never had a seizure in your life before that, correct?

Priya Sall

No, I haven't had one before.

Wayne Lenhardt

Okay, do you want to give me a quick description of what that felt like?

Priya Sall

I remember it was very scary. I was in school. So the first one was in school. I was doing a test, I think I was. I don't remember exactly what I was doing, but I wasn't out for too long, according to my education assistant. And she said that I was out for a few seconds, and she had told me that I had a seizure, because I don't remember. I don't remember anything that happened.

Wayne Lenhardt

You were in bed. I think you were either asleep or you were going to bed or something at the time, am I right?

Priya Sall

I was, yeah, I was asleep.

Wayne Lenhardt

Okay. And that was in the summer of 2021. And then after the school year started again, 2021, you had a second seizure. Was that similar to the first one?

Priya Sall

The second one was on the bus. Similar scenario where the bus driver had told me that I had a seizure. And then I remember I was getting home that day and I was very tired after that, but that was only for a couple seconds as well. The biggest one happened in my grade 11 year. So my graduating class was the class of '24. So my grade 11 happened. The one where I went to the hospital was in March of '23.

Wayne Lenhardt

Okay. Yeah. Your third seizure I've got here was in March of 2022, correct?

Priya Sall

No, it was '23.

Wayne Lenhardt

'23.

Priya Sall

Yeah.

Wayne Lenhardt

And that, I gather, was the worst one of the three, am I right?

Priya Sall

Yes.

Wayne Lenhardt

Okay. Anyway, I gather you had ringing in your ears. You were sitting on a chair. Your mother was there.

Priya Sall

Yeah.

Wayne Lenhardt

And you almost fell off your chair.

Priya Sall

According to what she said. Yes.

Wayne Lenhardt

Yeah. And apparently you were passed out essentially for five to ten minutes.

Priya Sall

Yes. That's from what I remember her saying. I'm trying to be as honest to the best of my ability, so I might not get everything right.

Wayne Lenhardt

Yeah. Okay, so 911 got called, but you were not admitted to hospital for that one.

Priya Sall

No, I was.

Wayne Lenhardt

You were? Okay.

Priya Sall

Yes. That was in March of '23. And then that was the worst one out of all of them. The hospital didn't really do much. They just sent me home, and it was pretty much what happened in the ambulance, not in a hospital bed.

Wayne Lenhardt

Okay. Since that third seizure, you haven't had any more seizures, is that correct?

Priya Sall

No, I have not.

Wayne Lenhardt

Okay. Now prior to having these three Pfizer shots, did anybody talk to you about the benefits or supposed benefits of these shots versus the possible side effects? Did anybody discuss that with you? Prior to you getting the first shot?

Priya Sall

When I was at the clinic getting my first shot, they just said, “Oh, you know, severe side effects are very rare. And the only thing that might happen is soreness at the injection site. And you might get a headache or a fever or two, but it's not too bad.”

Wayne Lenhardt

Yeah, and a sore arm where they jabbed you, that type of thing?

Priya Sall

Pretty much, yeah.

Wayne Lenhardt

Okay, did anybody suggest that these seizures could have been the result of taking these jabs after you're having these seizures?

Priya Sall

Yes, it was my educational assistant. And then she had said that after the first seizure that it may have something to do with the COVID vaccine. And then I made the connection after the third seizure because I was also getting off medication: clonazepam. Sorry, it was before or after the booster? Yeah, and then initially I thought it was because of that, you know, the adjustment period of getting off the medication a bit too quickly. And then once I got back on it— I wasn't even off it for too long. It was, like, at the most I'd say a couple, not even a week. But I could be wrong on that, so just don't quote me on it.

Wayne Lenhardt

Okay.

Priya Sall

But yeah, it wasn't too long of a period when I was off it. And then once I was back on the medication, a year later— Back in '20, that was the time period. Later, it was March of '23 when I was hospitalized for that seizure. So I had made the connection that the vaccine must have been worse than I thought.

Wayne Lenhardt

Yeah. What I have in my information here is that you were taking a drug by the name of clonazepam.

Priya Sall

Yes.

Wayne Lenhardt

I said that correctly. And you were taking that for a couple of years relating to muscle tension, relating to your cerebral palsy.

Priya Sall

Yes.

Wayne Lenhardt

But your doctor had said it wasn't a good idea to take it continuously for a long period of time. So you were actually off of it at the time you had the first two seizures.

Priya Sall

Yes.

Wayne Lenhardt

Anyway, but I think that's probably important to know because somebody might claim that that was somehow causative in this process.

Priya Sall

Yeah.

Wayne Lenhardt

Since the third seizure now, how long ago was that? A couple of years?

Priya Sall

Yeah, that was— It's 2024 now, so it was March of '23.

Wayne Lenhardt

Okay.

Priya Sall

That was when the third, that was when the last seizure happened.

Wayne Lenhardt

Okay. And you haven't had any seizures since then, am I correct?

Priya Sall

No, I haven't.

Wayne Lenhardt

And you hadn't had any seizures prior to taking the Pfizer shot?

Priya Sall

No, I haven't.

Wayne Lenhardt

Correct. Okay. How has that experience affected you? Do you still trust the doctors?

Priya Sall

No, no, not as much as—not at all, really. I can't listen to the words “safe and effective” without getting flashbacks, or the thought of me passed out on a chair. I picture that whenever I hear “safe and effective.” And every time I hear Surrey Memorial Hospital brought up, it just reminds me of that day where they didn't really do much apart from blood work and checking my blood sugar. I was scheduled for an EEG, you're not going to

believe this, three months. So it was March; I was scheduled in June. That was when I got my test, my EEG, and the results came back normal according to my family doctor. I was like, “Right, so I never had a seizure in my life but it's totally normal.”

Wayne Lenhardt

Okay. Again, I didn't mention it previously, but when you had your third seizure, I think your father called 911, and you did end up going to an emergency facility.

Priya Sall

I did. Surrey Memorial Hospital, that's what it's called.

Wayne Lenhardt

Right, but you weren't admitted to the hospital. Did they do some tests there?

Priya Sall

So when I was first there, they mainly did blood work and checking my blood sugar and my oxygen and stuff like that. And then the doctor, when we were about to leave, the doctor said “I could try and schedule you for an EEG in two weeks.” So not the day of, but it could take a bit longer. And I guess he did, and it took three months to get the actual appointment.

Wayne Lenhardt

Okay. I think at this point I'll just ask the commissioners if you have any questions. Okay. Any last things you want to tell us, Priya, before we sign off?

Priya Sall

I'd say if you're a young person and you've been vaccine injured, it's not too late for you to come out and tell your story if you're really anywhere in the world. But if you're a parent who's listening to the news—and this also goes out to young people—if you're listening to the news, don't believe everything they say, because it could be a lie, and then that could end up killing you like it did to another another person's, uh— Are you familiar with Sean Hartman? Sorry? Sean Hartman? So you're familiar with Sean Hartman? He was 16 when he got his injection because he wanted to play hockey. I'm using this as an example. I'm not related to him, but he's a case that I've known about. Don't end up like Sean Hartman. His father is seeking justice for him, and it's his efforts I'm sure will be great. And it might set a

great precedent for other people who want to sue Pfizer or the government or the media for what they've done.

Wayne Lenhardt

Yeah. I think there's going to be some lawsuits coming. It may take a little while. The justice system rolls slowly.

Priya Sall

Yeah.

Wayne Lenhardt

Anyway, thank you so much for giving us your testimony, and I hope all goes well in the future for you. Thank you.

Priya Sall

Thank you. Thank you, sir.





NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 19, 2024

Day 3

EVIDENCE

Witness 3: Dr. Michelle Perro

Full Day 3 Timestamp: 03:04:17–04:31:46

Source URL: <https://rumble.com/v5j9ez7-nci-vancouver-2024-hearings-day-3-october-19-2024.html>

Shawn Buckley

Commissioners, our next witness is Dr. Michelle Perro. Dr. Perro, welcome to the National Citizens Inquiry.

Michelle Perro

Thank you. Thank you for having me.

Shawn Buckley

Can you please state your full name for the record, spelling both your first and your last name?

Michelle Perro

Michelle. M-I-C-H-E-L-L-E, Perro, P-E-R-R-O

Shawn Buckley

And Dr. Perro, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Michelle Perro

I do.

Shawn Buckley

I'd like to introduce you to the commissioners. You are a veteran clinician with over four decades of experience in both pediatrics as well as in integrative medicine, treating both children and their families. You began in pediatric medicine winding your way into integrative medicine over the past 25 years. You have been director of a pediatric emergency department in New York City and spent over a decade at UCSF Benioff Oakland Children's Hospital Emergency Department. You have been a tireless advocate regarding the role of GM food—and Commissioners, that refers to genetically modified food—and their associated pesticides, centred on their effect on children's health.

You have lectured nationally and internationally on the state of children's health. You are co-author of the highly acclaimed book, *What's Making Our Children Sick*. You are the CEO, co-founder of the website www.gmoscience.org, focused on food as medicine and the regeneration education movement. You have participated in several studies examining toxicants in children's products. You've produced a global pediatric children's environmental health bill of rights. And you wrote the first pediatric environmental health questionnaire for parents and practitioners. And my understanding is that's part of a study that's ongoing.

Michelle Perro

Correct.

Shawn Buckley

And my understanding also is you're going to be giving us a presentation on basically the food supply. And my understanding is that Canadian information is difficult to find. Can you tell us about that?

Michelle Perro

Sure. When I was putting this talk together, I searched. You don't need to know about what's making American children sick, how are those Canadian kids doing? So I began my deep dive, and the information wasn't as easy to gather as I expected. So I had to do some digging

and know what I was looking for to find some answers. Yeah, I got to the material, but not as easily accessible as I would like to have seen.

Shawn Buckley

Right. And then, so maybe what I'll do is just invite you to launch into your presentation and I'll just step in to clarify or ask questions as you go.

Michelle Perro

Okay, thank you so much. So I will begin. Again, thank you for having me today, and I stand before all children, global children, not just Californian kids where I'm from, but Canadian children as well. So my talk is focused today on the brain drain and the toxic assault on our children's food. And that's what I've been focused on for the past 25 years. I am an MD, as you heard, and I'm also a homeopath, dare I say the bastard child of mainstream medicine. But I declare it openly and proudly and have helped more children homeopathically than most pharmaceuticals, but I digress. So let's get started.

So the question I posed before you today: Are Canadian Children Well? And I didn't know the answer to that, so I learned quite a bit in the preparation for sharing with you my knowledge about Canadian children. So I want to start with autism, because autism is what got me started on the GMO and food parade in the early 2000s. And what happened at that time when I was working in Northern California where I reside, I started seeing an uptick in autism. And I thought, hey folks, to my fellow pediatricians, what are we seeing here? And so it was truly a remarkable shift upward to the point where we now in California: 1 in 22 kids is on the autistic spectrum.

So how are [Canadian] kids doing? From what I gather, it's about 1 in 50. Now that data may be a bit old, and I suspect it's actually a bit higher, and this may be secondary to under reporting. In the U.S. it's by state. For example, some states like New Jersey, 2013, [inaudible] children now on the spectrum. And if you want to talk about pandemics, this is the real pandemic of autism, and I'll talk a little bit about it in my presentation today.

Obesity: Thirty per cent of Canadian children between the ages of 2 and 17 years old are obese. And obesity is not a benign disorder. It's associated with cardiovascular diseases later in life, autoimmunity, cancer, and as well as self-esteem. And so this compared to American children, again it goes by state, 1 in 5 to 1 in 3 American children are also obese, depending where they live. We have leaner states and fatter states.

What about asthma? Asthma now is actually even considered an autoimmune disease. And it appears that, and this is data that's a bit old for my liking, but in 2011/2012, the proportion of kids with asthma was 62% greater than adults. And I can give you some references and I can always supply you with any other information that you want. I like to dig deep, like my colleague, Dr. Rose. There will be some data, but I'll keep it light, data light for this presentation today. And you can see the prevalence of asthma in Canadian children way up there. And what really is problematic for kids with asthma is air pollution. And from my way from the airport over to Vancouver, I noted you guys had quite a bit of traffic. We're no stranger to traffic in California, but you can see asthma here is elevated in that age group.

I want to talk about something that you may not be aware of because it's a silent disease, which is the burden of NAFLD, which stands for—we love these kind of shortcuts in medicine—non-alcoholic fatty liver disease. So you all may know that a lot of liver issues come from alcoholism, but this liver disorder, which is a fatty liver, is not from alcoholism. And it is 1 in 4 Canadians now has this NAFLD, which is silent and hard to diagnose. And the only way you really know you have it is by an ultrasound. And I can tell you we are not just scheduling ultrasounds without any clinical symptoms, so it's quite high in Canadians.

And this issue of a fatty liver—you can see the beautiful image of what it looks like; isn't that attractive—it can develop into NASH, which is non-alcoholic steatohepatitis, which is an inflammatory liver condition which can then progress to cirrhosis. Love your liver is what I tell my patients, because your liver is a primary organ amongst many functions of detoxification. Your first line actually is your microbiome, which are the organisms that make up your gut. And then the liver takes over. So you want to keep that liver healthy and pink.

Now how is this relevant to children? Because I really want to focus on kids. There are other people who talk about adults. I know my colleague, Dr. Paul Thomas, was here as well yesterday talking about our children. I want to weave in some things as I go along for my time with you, and then give it a big Broadway moment in the end where I hopefully will bring it all together. And if Canadians are like most Americans, science background is not so good. High school does not do a good job teaching about science, and I want to teach about this name—N-phosphonomethyl glycine—and that's the chemical name for glyphosate. I know more about glyphosate now than I know about my own children, I've been studying it so long.

Now what is particularly problematic about glycine—which is a ubiquitous amino acid, super common, it makes up 90% of our collagen—is that glyphosate, which is in just about everything we're eating, can swap with it and they can swap out. So kids now are feeling a

little doughy. Go feel a kid, your own kid, not other kids, and see that they feel a bit soft. Now this study showed that more than 80% of urine samples from kids in the U.S. contain glyphosate. And scientists have found this disturbing and concerning—I feel so British when I say that. The adjectives I would use would be like: horrific and criminal. I think that's a little light on the adjectives. This is not a benign chemical, and I hope by the end of this presentation you'll appreciate why we have a toxic assault on our kids via their food.

So I'm going to talk a lot about this liver thing just for a minute, and I'll give you a couple of papers. You saw Dr. Rose, loved a lot of science, well so do I. But I'll try to keep it light and reader friendly. I know you're not scientists, but just to appreciate, what we're talking about is science based. We're citation heavy otherwise we get skewered and hung out by industry. So this is a colleague of mine, Dr. Paul Mills from UC San Diego, and he did this paper in 2019 where he was talking about this non-alcoholic fatty liver disease in America. And he said it's affecting 1 in 4 of Americans, and this study found that people suffering from NAFLD had elevated levels of glyphosate in their urine. Now since that paper, Dr. Mills, we're now to 1 in 3 Americans, and that is in the period of five years. So there has been an exponential growth.

I want to clarify about this issue with glyphosate causing NAFLD, because a paper came out in 2015 by colleagues of mine, Dr. Mesnage and Dr. Antoniou, and they found that in point one [0.1] parts per billion—that's really tiny, that's in the homeopathic realm—that it “caused,” not “correlated with” non-alcoholic fatty liver disease. And Dr. Antoniou is the head of gene therapy and genetics at King's College in the UK, really smart guy, and he's been screaming from the rooftops for decades. So we know that ultra-low doses of exposure to glyphosate “cause” not “correlate with” non-alcoholic fatty liver disease. So we understand what's driving the epidemic of liver disorders. So far so good? We're hanging with liver?

Shawn Buckley

Yeah. I think we're following, thank you.

Michelle Perro

Yes, let's march on. So what about kids? Because I focus on children, families certainly, but children—oh, not so good. One-third of kids with obesity have NAFLD, and some of us are now even calling it MAFLD, Metabolic-Associated Fatty Liver Disease, but let me stick to NAFLD for now. And I already told you that 30% of your children have obesity. So if we go statistically by that, about a third of [obese] Canadian children are likely with liver toxicity,

fatty liver, as we speak, undeclared, under-recognized. Now, even lean children, about 8%, can have NAFLD. So it doesn't just affect children who are obese.

I told you already, this disease can progress eventually to cirrhosis. And in the papers that I've looked at, there is essentially no discussion of diet or environmental factors that are driving the liver epidemic. I found one paper that said: Hey, there was a look at probiotics that can be a beneficial treatment for NAFLD. But I think that's the only thing I found where anyone's discussing anything regarding the environmental toxicants and triggers of this disorder.

Dr. Philip Landrigan and his wife Mary, he's one of my colleagues at Mount Sinai. Mount Sinai is my medical school alma mater in New York City. And basically, what you have to know is that children are not mini-adults, that they drink more water, they eat more food and breathe more air for their body weight. And so children are more at risk from toxicant exposure than their adult counterparts. And he wrote that book [*Children and Environmental Toxins*]. Toxins are organic in nature, toxicants are inorganic in terms of definition, just so you know—sorry, Dr. Landrigan, I had to correct you on that—but his book is very good.

So what's happening in Canada? Let's shift back to what's happening here, the canola capital of the world: Canada. You're all familiar with this. And you can see solutions for canola, which I believe is the second biggest crop here, wheat being number one. And it's a genetically modified crop, it's a GMO crop. And remember, the only reason why we're eating GMOs, genetically modified organisms—canola being one of the biggest—almost all the crops you grow here in Canada are GMO. And if they're not GMO, they are contaminated with glyphosate. And I think Prince Edward Island has a non-GMO canola variant that they are shipping to Japan.

But hold on for a second. So the solution to canola growth here—and I'm not an expert on Canadian farming systems, but I did have to look into this for your benefit—is it's a chemical input system. There's nothing organic, there's nothing regenerative. And I would say take-home point number one is, avoid canola. And actually I would go further to say to boycott it. And if I were 21 again, I'd go probably burn down the fields of, you know, of canola. Oh, no, I wouldn't go burn down the fields, but this needs to be stopped. This must be stopped. Canola is not a healthy food. If you eat out, 46% of American income is spent eating out, you're eating canola oil. And if you're eating canola oil, it's GMO and it's filled with pesticides.

GMOs are not benign; we eat GMOs with their associated pesticides. But GMOs themselves in the first study ever shown by Dr. Árpád Pusztai when he published in 1998, showed

harm in terms of immunology, reproduction, and intestinal leaky gut. And what happened to Dr. Pusztai two days after he announced his findings on the BBC? Well, Bill called Tony and Tony called his institute, the Rowan Institute, and he was fired after 37 years at the Rowan Institute. And he made a movie called *Scientist Under Attack*. He got a heart attack. This is not a HIPAA [Health Insurance Portability and Accountability Act] violation. He shared it in his movie, and he was vilified. So scientists who speak out, we have a history of being persecuted when we speak the truth.

So there are very few studies on just GMOs. And again I repeat for the sake of just importance that you eat a GMO with its associated glyphosate-based herbicide, essentially Roundup. There are over 800 formulations globally of glyphosate-based herbicides in the world now, not just Roundup. So this is a video which we will post up on the website, but I'm not going to show it to you right now.

Herbicide sales in Canada: Hh, I just had a look at this. I just had to go down the rabbit hole, I have rabbitholitis. And I said, well, how's it doing here? What's happening in Canada? You guys are spraying as much as we are in the U.S., unfortunately. And not only do we spray on our food, on our meridians [medians], on our hospitals, on our parks, and our playgrounds, but also in the forest.

That video which we will have up later shows spraying in the U.S. and Canada in forests. And U.S. Fish and Game has been responsible for this. As a matter of fact, my colleague, Judy Hoy, a wildlife specialist in Montana, has been reporting on glyphosate spraying aerially in the Bitterroot Mountains, a beautiful area. And the wildlife there are born with deformities. And I will be working on her work shortly. Judy is not well, and I will take up where she left off. She's not the only one.

Shawn Buckley

Can I just step in.

Michelle Perro

Please.

Shawn Buckley

So that then will end up in our water supply, because that's where our water supply comes from. And I lived the longest in the city in British Columbia called Kamloops, and it's forest fire central. So I know what forest fire smoke smells like. Not this year, but the last year was

a bad forest fire season. And I'm living in Edmonton, Alberta, and the smoke, and it wasn't just me, everyone noticed it smelt like chemical—not like I would expect forest fire smoke to smell. Do you have any idea of the amounts of chemicals being sprayed on the forests?

Michelle Perro

I don't offhand. A colleague of mine wrote a book called *A Bitter Fog*, Carol Van Strum, who reported on the spraying in Oregon, and she paid a serious price for her reporting. The U.S. Fish and Game, I don't know about Canada, keeps it really tight under wraps. I bet we could get the data, but I think it's an enormous amounts are sprayed in forests. There is data on it, and I could probably get that for you as well.

Shawn Buckley

It's just interesting because literally for weeks and weeks people were breathing smoke that smelled of chemicals.

Michelle Perro

And this is particularly harmful for children because their respiratory rates are higher than adults. A baby can breathe as high as 60 times a minute. And as children grow older, their breathing rates come down to adult rates, which is 14 times a minute perhaps. And so how we get glyphosate: we breathe it in, we drink it, and we eat it, and we touch it. Kids have hand-to-mouth behaviours. So when kids are close to the ground, they touch the glyphosate that has been sprayed and then put it in their mouth.

The same thing with our pets. Little Fido there, who's walking on a recently sprayed meridian with glyphosate, gets it on his paws, licks their paws. Rate of cancer, particularly Non-Hodgkin's lymphoma, skyrocketing in dogs, also up in cats, but not as high because cats don't go out two times a day like our dogs do. So if you don't love children, please love your animal companions. And they are also suffering the same fate as cancer. And I'm going to talk about glyphosate and cancer. It's probably the most serious offence from eating a life of glyphosate, which we're all doing.

So if you want to see how much your child is getting with a sandwich, I pulled out some American products. I did see a commercial on TV last night looking at some Indigenous communities here in Canada chowing on Quaker oats filled with parts per billion of glyphosate. We looked at oatmeal cookies in our state capital of Sacramento, California. And one oatmeal cookie had 263 parts per billion of glyphosate. So if one of our senators from California ate two cookies, he'd be eating over 500 parts per billion of glyphosate—that's

just a cookie. So you can see this doesn't look so good on what you're sending your child to lunch with at school.

So my dear friends and colleagues over at Moms Across America and Zen Honeycutt just published this study recently a few months ago, and they tested gluten-free foods for, look at this, glyphosate and AMPA [Aminomethylphosphonic Acid]. AMPA is the by-product of glyphosate and just as toxic. So when you measure glyphosate, you really need to measure glyphosate plus AMPA—many labs don't—pesticides, minerals, and gluten.

And what they found was nothing short of shocking. The highest level glyphosate was in this particular chickpeas—which is really kind of ominous for vegans and vegetarians who eat a lot of legumes—was almost 3000 parts per billion. The lab that tested it, it was a friend and a brilliant scientist, said that was the highest his lab had ever seen. So who's at risk here? Our vegan/vegetarians. The highest amount of glyphosate is actually not sprayed on GMOs, but used as a crop desiccant. And the crops that receive the most glyphosate are oats, wheat, and legumes. And those are very popular foods in children's diets.

Just to give you an idea of what we're eating, let's say Sabra, a very common hummus. Kids love hummus. It's great to send them in their lunch boxes to school. Oh, but not so fast—they're filled with glyphosate. So, becoming a savvy shopper, you need a PhD now to go food shopping. You need to really be mindful. And you'll hear me talk about nothing short of eating organic all throughout the stock.

Shawn Buckley

Right, so that's what I was going to break in, is so there is non-GMO labelling, but organic is also non-GMO. Am I correct about that?

Michelle Perro

So GMO-free just means it doesn't contain GMOs, but they still contain pesticides. So although that's a step better, but you still have high levels of pesticides. Wheat until recently, by the way, was non-GMO but with extremely high levels of pesticides. So I'm not crazy about the GMO label, although I know the people who designed it. I understand their intention was stellar, but the outcome's not good. You have to buy organic. And I teach organic, but now I've even shifted to organic regenerative, because the solution's in our soil, it's rebuilding our soil free from chemical inputs.

So this I tell parents and the parents who work with me when their kids are sick—because all the kids have gut issues now—is if you don't change your diet, you can't work with me.

And they say—and I'll talk about this—organic is so expensive. It's a hippie food. It's an elite food. It's for rich white people. I've heard this over and over. Well if we all stayed home and cooked instead of eating out, we could afford the organic food. And especially if this just wasn't on mom, just saying. Get the kids in the darn kitchen and get them helping. And so this idea of families cooking together has to be resurrected. And I know it does in America, and I might assume it needs to be done in Canada as well. Everyone back in the kitchen cooking.

Shawn Buckley

And can I just centre us a little bit? So you had a slide up with different amounts of part per billion of glyphosate.

Michelle Perro

Yes.

Shawn Buckley

And earlier you had shown us a rat study where it basically causes destruction of the liver with just a few parts per billion, but we don't know if that extrapolates over. So when we have these parts per billion on your slide, what is the safe limit or is there a safe limit at all to glyphosate?

Michelle Perro

Well, that's an excellent question, because according to our EPA [Environmental Protection Agency], because we're getting higher and higher exposures, they keep raising what the safe limit of glyphosate in our ADI, Accepted Daily Intake, is. So it keeps going up. And it's just been raised again to what is an acceptable level of glyphosate. Actually there's no acceptable level of glyphosate, because we know that the smallest amounts are toxic. So there really is no safe level of glyphosate.

Now glyphosate has been around since 1950. It's not a new chemical, but it was initially used as a metal cleaner. It was a chelator. And then it was found that the weeds around the cleaning were killed off by glyphosate, and then they began using it as an herbicide. But there's nothing good to say about this chemical. What I don't want to see is the removal of glyphosate and the introduction of more toxic herbicides, which is what happens. Because 75% of the weeds in the U.S. now are resistant to glyphosate-based herbicides. So what did

they do? They brought in more toxic herbicides like 2,4-D, which doesn't even stay where it's supposed to be sprayed, and it's been picked up and even more toxic.

We have to get off the chemical agribusiness. Agribusiness is an invention of the Rockefellers, and we've been on this hamster wheel of agribusiness ever since. What we have to get back to is to real farming. We've moved farmers away to these mono-cropping institutions and that doesn't work. We have to support farming. And hopefully by the end of this talk I'll share with you some ideas on how we do that. Because I don't want to be Dr. Doom and Gloom all day long. You'll go do Harry Caray if I don't watch out. So no, we're going to have solutions as I continue with this talk. I am also an optimist as you heard from some of the other speakers. But I think I'd like to see myself as a more New York-style optimist.

Shawn Buckley

And for Canadians, you're going to have to describe to us what a New York Style optimist is.

Michelle Perro

I would have to say, you know, not to use a certain vernacular, bad tush. "Tushy" is a pediatric word. I like to call myself a bad tush, and I won't say the other word for it, because this will be on live. So yes, you have to have grown a pair, you have to be tough, you have to have thick skin, you have to go out. And we need to speak up on behalf of our kids. I shouldn't be the only pediatrician talking here today. You should have hundreds of people lining up outside that door ready to give testimony on why we're hurting our children by their food. This is unacceptable. Needs to stop yesterday. We are overdue.

So I'm saying I am educating your audiences, Canadian audiences, global audiences, as to why our kids are sick. I've looked at Amish children, South African children, Chinese children, certainly American children, and none of them are faring well. Amish kids did the best, actually. But their kids are sick too, because it turns out that Amish farmers, and I don't know, do you have Amish farmers here in Canada?

Shawn Buckley

We do, more out East. But we definitely do.

Michelle Perro

They also have resorted to chemical farming and some GMOs, not as much as their other American counterparts, and I'm talking about the U.S., but yes their kids are not faring so well either from GMOs and pesticides. There will be another video which you can watch, which is basically talking about when people learn what's in their food, they don't want to eat it. That's what the video was showing.

So I labelled 18 things that glyphosate does, and I just want to pick out a few. I have two slides on this. And there will be a test. I'm kidding, there will be no test. I just want to see if I could raise all your heart rates. But no, there's no test, but if you could just remember a few things.

It's a carcinogen. It dysregulates a plant's ability to make aromatic amino acids, phenylalanine, tyrosine, tryptophan. Those amino acids are necessary for the production to make neurotransmitters. Neurotransmitters are the chemicals that run our brain. And children have abnormal neurotransmitters based on their inability to get enough of these aromatic amino acids.

Glyphosate alters the microbiome, which is a collection of bugs that are mostly in your gut. They're also in your eye, in your skin, in the placenta. There is a fetal microbiome and there's a brain microbiome. But the biggest amount is in your colon. It disrupts the ability for detoxification. So your liver is toxic from the glyphosate. It's also toxic from the high-fructose corn syrup, which I'm going to talk about, which is also made from GMO corn. But it's also impaired detoxification by glyphosate. And you can see some of the other things.

It causes leaky gut. When kids have leaky gut, what happens is their intestinal lining becomes permeable. Foods are incompletely broken down like gluten, like dairy. The gluten craze of gluten sensitivity is real, same with dairy. Those proteins cross this leaky gut and the immune system sees them as foreign invaders and attacks and develops something called inflammation. That's your immune system turning on. When it's turning on like that every day, it develops chronic inflammation.

Those little substances that are incompletely broken down go right up to your brain, cross the blood-brain barrier and can create an opioid-like effect. You may have heard people say, I love bread. I can't give up bread. They love it because it's a chemical reaction. Food is data, it's medicine. And that's what I'm teaching: food as medicine, and try and teach parents how to regain what our grandparents knew. Maybe not our parents. My mom was a '50s mom. She opened the can. I know Mom, sorry. And I didn't want to throw my own mom under the bus, but that's what they were taught and that's what they thought: they were doing the right thing.

More stuff that glyphosate does that I could have even gone even further. But what you also need to know for your test this afternoon, it's a metal chelator. What does that mean? So there are metals in your body that are biologic. Like, what is she talking about? Well, I'll tell you (you asked): magnesium, calcium, manganese, copper, zinc. You have over 200 reactions in your brain that require zinc and magnesium. So when your kids are deficient, they can't think, they have ADHD, they have autism, tremendous inability to sit in classrooms because they are overfed but undernourished. Our kids are obese, but they don't have enough nutrients. They are eating more to make up for the deficits of nutrients in our food.

So some people are pictorial learners. Just as a list of some of the many diseases caused by glyphosate exposure and the types of cancers you're probably all familiar with. The non-Hodgkin's lymphoma. That was the landmark case that got Monsanto Bayer in big trouble with Mr. Johnson, a ground sprayer in a school in Northern California not far from me, where he developed a kind of non-Hodgkin's lymphoma and he won a lot of money. And that was the first case. There are thousands of cases now against glyphosate. I lost count at about 140,000 and that was about a year ago. I don't follow it anymore, many cases. And there are TV commercials saying, "Harmed by Roundup, call 1-800 SUE."

So this is a book written by my friend and colleague, Dr. Stephanie Seneff, *Toxic Legacy*. There's my book, written with a medical anthropologist. This is not just a shameless plug from my own book, because the gal who worked with me on that book didn't believe a thing I said. I'll give you a little backstory, Dr. Adams will tell you that herself. When we first started exploring how industrial food has hurt our children, we looked at my patients, and she came to my clinic and spent a year with me in my office. She was horrified and became a believer. And she was also my next-door neighbour, and then she moved. I'm not saying she moved because of the book we wrote together, but she did move.

Well, I want to share with you two papers. *Autism-like Behaviors in Male Juvenile Offspring after Maternal Glyphosate Exposure*. So what are we saying here? That the exposure of glyphosate during pregnancy may cause autism spectrum disorder-like behaviours in the rats. Okay, so far, so good? One more paper: *Glyphosate in the Brain*. So maternal glyphosate exposure causes these behaviours, and how it happens was exposed in this paper. And this author actually showed the mechanism of how glyphosate causes autism.

And what they were proposing in this paper was how to prevent it by using a pharmaceutical, not removing the root cause, which is glyphosate. I almost fell off my chair. So I say, oh, wait a minute, we now understand what's causing this autism epidemic. Now all we have to do is stop the use of glyphosate. Brilliant, easy, right? Not so fast. The rate of

glyphosate usage went higher. So that's when I knew that this toxic assault on our children was not an accident. That maybe that's the New York optimism I'm referring to.

Shawn Buckley

Right. But just so that we're clear is, I mean, there's evidence out there showing these dangers. And I know as a lawyer, court is not going to find causation without pretty compelling evidence, but the regulatory bodies are not doing anything to rein in the use of glyphosate.

Michelle Perro

As a matter of fact, we took several trips to Washington. I'll just share a little personal stories with Zen Honeycutt from Moms of America, Kelly Ryerson from Glyphosate Facts, and others, Farmer Mark Doudlah. I mean, we went as a group and marched on to D.C. And I must say, I needed heart medicine just going into the Senate building in Washington. It's a little scary place. But we spoke to these groups. We spoke to the EPA, the USDA, the FDA. We've been in these groups speaking to them. And the results, I would have to say a little bit underwhelming. I'll use kind language, like Dr. Rose. I won't say how I really felt. But it wasn't good, and I didn't see a lot of action. We were just reporting findings recently of other issues that I'm going to talk about in a second. We were with the EPA, and they said they'd get back to us in two years.

So just to give you an idea, not a lot of success in Washington so far. But that's changing because there is some legislation right now called the Baby Food Safety Act that's happening in D.C. as well as this—I've got the exact title of the bill proposed by Cory Booker, senator from New Jersey: the Safe Food School Lunch [Meals] Act, and that may not be the exact title. And I'll tell you in a minute why I'm all over school lunch.

So I want you to appreciate, if you've learned nothing from me today is please appreciate that glyphosate is an antibiotic. It was patented by Monsanto, now Bayer, in 2003 and then in 2010. I read the patent because my sphincter is tight, and I went back and read the darn thing. And it is a remarkable antibiotic, very effective. And effective against what?—the beneficial microbes, like lactobacilli and bifidobacteria. And babies should be all bifidobacteria in our tummies.

What else did it do? It promoted and propagated the toxic microbes like clostridia. Kids on the spectrum, on autistic spectrum, are loaded with clostridial species. We all know that. If you take care of kids with autism, you should know that. So it has shifted the microbiome

not just in us, but in chickens and in cows and the animals we consume. So this is a huge problem with glyphosate.

So a daily dose of glyphosate in your diet, and you're getting a daily dose of antibiotics. One dose of antibiotics, like amoxicillin—people may know that one—will change your microbiome for six months, and it takes time to recover it. After three years of age, your microbiome is pretty set, so it's really hard to make changes. And you do not want to lose those microbes, because those microbes are key for your health. The reason why we can get by with 20,000 human genes is because we have a microbiome. So you want a diverse, robust microbiome, just like our population, and that includes our soil.

So what happens in Vegas stays in Vegas, but what happens in the gut does not stay in the gut. And I can't make this point hard enough. What happens to your gut goes up through the vagus nerve, the longest nerve in your body, also called the wandering nerve, right into your brain. If you have a leaky gut, you have a leaky brain. And it's this bidirectional nerve that's transmitting information via microbes, via toxins, via toxicants, right up into your brain. I would go as far as to say that this concept should be really expanded to the gut-brain-microbiome axis, because it is all in relationship. And the most important thing you can do for your children is to keep that microbiome healthy.

When babies breastfeed, there is something in breast milk called human milk oligosaccharides. Believe it or not, that is food for bifidobacteria, one of the key microbes in babies. And baby can't use it, but the microbes can, and that's in breast milk. Moms have over 200 kinds of human milk oligosaccharides. So that food is specifically for the microbes. And when babies are in trouble, they are nursing, they are breastfeeding, those microbes from their mouth go into mom through backwash, and mom makes the organisms and the substances that baby needs. It's this beautiful relationship, and I couldn't talk about that enough. But I digress.

So more about glyphosate in the brain. This was a study out of California, where in Central Valley, California, it's a big growing region of our state and the risk of autism was associated with prenatal exposure to that list you see of various pesticides. Pesticides include herbicides, fungicides, and insecticides, and the autism with intellectual disability was highest for glyphosate. I just wanted to share that in kids who struggle more, especially prenatally. My mom was exposed to spraying, so yes, prenatally there is a lot of harm, and this is a great paper.

So this is about glyphosate in the kidney, chronic kidney disease of unknown origin in Central America. And basically there is an epidemic of chronic kidney disease in Central America, India, and Sri Lanka. And the authors say the cause of the disease is unknown.

Well gosh, they should have called me. And now they'll call you, because we know what's causing it. This, to me, is an outrage. These farmers are loaded with glyphosate-based herbicides, not to mention other pesticides. And there is no data on negative synergistic effects of more than one pesticide used because the average food has at least six pesticides. So I repeat, no studies on more than one. And when these companies study glyphosate, they don't study the actual formulation of Roundup, they're just studying glyphosate. And I am going to talk about that in a second, too. So now you know what's causing Mesoamerican Nephropathy.

I mentioned this already that it's a chelator. But what I didn't mention is that glyphosate binds up these beneficial minerals but also binds up the toxic metals. But what I didn't tell you is that when it forms these stable chelates, these compounds with the toxic metals, and then they reach the kidney, these toxic components, and this accumulation of toxic material can persist for years. And chelates may not be detected by common lab methods, which are only looking at glyphosate. So an adult at 50 years old may present with all of a sudden renal failure. Gosh, we don't know why, but they've been eating glyphosate-based herbicides for the past 25 years, because eating organic is a hippie myth and they have chronic renal disease, and no one will put the pieces together.

Okay so now that I've depressed everybody across the planet, I want to talk about some solutions. Are we ready for some solutions? I believe otherwise this is going very dark. But yes, there are solutions on how to reduce the toxic load. What we've learned in treating kids with autism is that they are toxic from overload. The first thing we would do is reduce the toxic load. It's that sink that's overflowing from bad plumbing. Have it happening in my own house right now, just overflowing.

So I couldn't say this enough: sulphur rich foods. Because glyphosate depletes sulphur. My colleague, Dr. Seneff, is very well-versed on this. Read her book. Because these sulphate detox pathways are key of our clearing toxicants. Eggs, cheese, onions, garlic, and all those cruciferous veggies are filled with sulphur, like broccoli, bok choy, cauliflower, brussel sprouts, et cetera.

I couldn't say enough about fermented foods and probiotics, live cultures with acetobacter. Acetobacter is a microbe in apple cider vinegar. And again, here's your take-home point. Have a little bit of apple cider vinegar every day. Don't drink it directly because it'll take the enamel off your teeth. But that acetobacter will break down glyphosate. There are other microbes that will do it as well. The Amish culture, they eat a lot of sauerkraut. They're Dutch-German by heritage and this is a huge part of their culture. And I'm convinced that's why they're so healthy.

And so I love this one study that came out of a journal in 2014 that a charcoal sauerkraut juice combo of humic acids reduced glyphosate excretion in the urine and led to improved health of animals. So you can just do this yourself. Little charcoal, a little humic acid, little sauerkraut juice, and you're good to go. And I have parents put some sauerkraut juice in their kids food just about every day, because getting kids acquired to that taste takes some time. It has a sharp taste, so it takes time. If mom eats it prenatally, there's a higher incidence that the kids will like the taste. If mom drinks alcohol during prenatally, they'll like that taste too. But I say stick to sauerkraut, not alcohol.

There is a very famous fermenter in the state of Tennessee in the U.S., Sandor Katz. He has a fermenting school. You could watch it on YouTube. I wanted to go to his school. I asked my own kid, who was a farmer at the time, how to ferment. I didn't know some years ago, and my own kid said, "Mom, watch YouTube." And I said, "Oh, sure, I'll watch YouTube." And sure enough, I learned how to ferment. It's not rocket science. It's basically salt, water, and veggies. You can also ferment fruits. Do it at home.

So I want to mention this. Eat manganese-rich foods because glyphosate's favourite mineral is manganese. And you need manganese for mitochondrial function, gut health, bone development, and cognition. Who else likes manganese? Lactobacilli. Lactobacilli are those beneficial bugs in your gut. The lactobacilli and the bifidobacteria, you want to keep those bugs healthy. Another plug for organic.

Plant extracts. And these support sulphate transport, like dandelions. They're a little bitter. They're a little bitter, they help your liver. Burdock root is very popular in Japanese cooking. I've tried it. I wasn't a big fan. And I don't think I would know what to do with a barberry if you jumped up and hit me. But I put in here, some of you may know what to do with barberries.

I mentioned this before. What's tested is not what's in the product because of proprietary secrets. And there are inert substances that are not tested. So the glyphosate is tested, but not the actual product, like this Roundup Transorb. I too, have eye issues like Dr. Rose, because we're all developing cataracts because we're on the computer so darn long. And the FDA decided to remove homeopathic ophthalmic drops for cataracts because they were way too effective. I'm just saying, but that's a digression.

So what I say here is that what's inert in these substances are surfactants. They're POEAs [Polyethoxylated tallow amine] and they're not declared because they are business secrets. And what those POEAs do, they're detergents. They break down the cell membranes, which allows the glyphosate to enter and do its harm. Makes them more dangerous. As you heard from Dr. Rose, dose does not make the poison. She mentioned Paracelsus, which was a 16th

century physician. I was actually very pleasantly surprised, because most of us who know homeopathy know that he may be the original father, even before Dr. Samuel Hahnemann of homeopathy. Again, no studies on multiple exposures.

I couldn't resist and couldn't help myself by throwing this slide in there. This is another outrage. We're injecting it into our children. It has been found in the MMR vaccine, glyphosate, just saying.

Shawn Buckley

Can I just ask you a question? And I just know that some people might be thinking it, because there seems to also be a high correlation with the increase in the vaccination schedule and autism. And at our Regina hearings we had Dr. Sabine Hazan, also from California, speaking about how at least with regards to the COVID vaccine, it just annihilated its bif, whatever that—

Michelle Perro

—de la Bifido

Shawn Buckley

Yeah, yeah. So I'm just wondering, it seems that the microbiome is playing a pretty key part in our children's health, including autism. I mean, is the picture as simple as glyphosate is causing it or are there some other cofactors that—

Michelle Perro

So I don't think it's just the glyphosate, because what's making our kids sick, it's really multifactorial, glyphosate being the top of my list. But I'm familiar with Dr. Sabine Hazan's work, and she amazingly had pre- and post-COVID vaccine stool specimens on four people. You heard her speak. And basically the COVID vaccine decimated the bifido population, which is shocking. Because that bifido population is key in children because it makes something called short-chain fatty acids.

You need those short-chain fatty acids across your blood-brain barrier and drive your immune function in your brain. We have an immune system in our brain as well, microglial cells. And also they keep the pH at a certain level in babies, which is protective for them. Yeast love an alkaline environment, so in babies we keep it very acidic from those short-chain fatty acids produced by bifidobacteria.

What I look for after I read Dr. Hazan's paper is whether there were any other studies looking at the effect of other vaccines. MMR [Mumps, Measles, Rubella], DTaP [Tetanus, Diphtheria, Pertussis], IPV [Polio vaccine] on the microbiome. I could not find one study. I looked at every search engine, as you know, because you can't use Google anymore and we can't use DuckDuckGo and we can't use, you know, Chrome and I'm just—Firefox is debatable, and I don't like some other ones. But I didn't find one study looking at the effect of other vaccines in the microbiome.

And I suspect, in addition to the intoxicants in vaccines and the adjuvants, which I'll talk about in a second, is that if they wipe out the microbiome is what I suspect. I do not have data supporting that. That's my clinical gut feeling. You do have an intuition in your gut. Your gut is your second brain, and some people it's their first. And so that's the study I'd like to see, but we're not going to see it, unless Dr. Hazan does it.

Shawn Buckley

Thank you.

Michelle Perro

So here we are, glyphosate and aluminum. Aluminum is in many vaccines, not all of them, but is in many. I don't think there is aluminum in the MMR, by the way, but there is [inaudible] because it stimulates the immune system. It's an adjuvant. But I wanted to put out this paper again from my friend, Dr. Seneff, because it's about this relationship between glyphosate and aluminum. They're buddies and this is not good. And I'm going to show you why this is so bad for babies. So glyphosate promotes the growth of an organism called *Clostridium difficile*, which produces a compound called P-cresol. Stick with me folks.

P-cresol promotes aluminum uptake by cells and it's a biomarker for autism. P-cresol is involved in chronic kidney disease which leads to the retention of aluminum and cognitive changes. Glyphosate cages this aluminum to promote entry as a calcium mimic into the brain. So I'm going to show you some data that shows how glyphosate shuttles aluminum across the blood brain barrier.

The other thing that is toxic for children is acetaminophen in this paper, Tylenol. So look at the dates on these two papers that were quoted: 1986. And here's one from 2009. Like, we've known this, that there were six different ways two glyphosate molecules can chelate aluminum, and it shuttles it across the blood brain barrier. What is aluminum linked to? Autism and Alzheimer's. Alzheimer's is also going off the charts. I'm not an expert in

Alzheimer's because I don't take care of adults, but we are now seeing teens with a dementia-like picture. And I have a reference for that as well.

I wanted to put this slide in there on how you clear aluminum, because it's very important because it's in all our food. And you want to eat a diet rich in silica-rich foods. And here's a paper, *Preventive Effect of Coriandrum sativum*, which is the seed and the leaf of cilantro. My farmer friends made sure I knew that. And I make sure I eat some fresh cilantro every day in my food and I give some to my chickens, and that's what I do. If a child has been hurt by an aluminum-containing vaccine, I use a homeopathic silica for them. So I'm all over this silica. It's in also some waters like Fiji water, and other waters, I think, are high in silica. Volvic is another one. I have no stock in these waters. There's cilantro.

If you do chlorella, you have to make sure that the chlorella is not contaminated with heavy metals. And you want to go to the company and you ask to see their spec sheet. Their spec sheet should show you how much metals, and they should have tested for them. And if they're not, I don't recommend you take it. And every company should have available on their website spec sheets and their own testing.

A minute for humour. May I say that? I gotta say, when you have fear, you're in your reptilian brain back in the amygdala, and humour will take you out of your little reptile brain into your prefrontal cortex, which is your abstract brain, where we can actually think abstractly and make logical decisions about what's going on. So folks, I'm a fan of humour. That's my New York coming out.

So I've been touting school lunches for several years. I did a talk, I think in China, in Beijing, looking at school lunches from around the world. There's Brazil, not as wealthy as the U.S., and oh, look what our kids in the U.S. are eating. As a matter of fact Moms Across America, Zen Honeycutt, did a study on American school lunches in October 2022. We went to Washington for this one and I did go with her. And what she found, Moms Across America, was that 100% of them contained toxic metals, 95% contained glyphosate as well as other pesticides. And there were pharmaceuticals, like chicken contraceptives, in a significant number of those school lunches, 43 lunches. Nutrient density was almost zero. Those kids might as well have been eating cardboard and save some money.

So what about Canadian children? Well what I've learned from a teacher yesterday, that many Canadian children bring their lunch. I did find this picture of a Canadian school lunch. And I'm not sure if the kids are bringing their lunch or not, but if this is what they're eating, and that's a pasta, I can tell you that pasta is likely not organic and it's filled with glyphosate in that serving of that wheat pasta, just saying. So maybe a notch up for American school lunch? Not much. If it's like an American school lunch, it's put in styrofoam and it's

microwaved and then the plastic wrap goes right into their food. That's what American kids are getting every day in school lunches, and we're fighting that. So that is a bill that's right now that I have previously mentioned in D.C.

Okay so do we need a PhD to go food shopping? I sure hope not because it seems that way. Do you need Yuka app or something on your phone to scan barcodes to figure out what to eat when you go food shopping? We have to regain the brain terrain. I can't discuss this enough. On my website I talk about returning from farmer to farm and to regain the terrain. And we need to take back our children's terrain, their physiologic terrain, our soil terrain, because they're not faring well with the present system. The present system doesn't work. It's great for industry: so for Big Ag [Agriculture], Big Pharma, Big Tele, just Big—great for them, not great for the rest of us.

This was a great study. And what these scientists linked was ultra-processed food to increase dementia risk. And this came out of the UK. They looked at 72,000 people—that's a big study—55 years and older that did not have dementia at the start of the study. They were followed for 10 years. An increase of 10% in their daily intake of ultra-processed foods increased the dementia risk by 25%. This is extraordinary. So it's hard to manage this because some foods are unprocessed, kale. Some foods are minimally processed, rice. And some foods are ultra-processed, like cereal, cookies, crackers, the things that our children are eating loads of.

Shawn Buckley

So can I just clarify, can you go back to that photo?

Michelle Perro

Yes.

Shawn Buckley

Because, you know, I like my salami and pepperoni and that, and that's what the photo is, basically of meats. Is that classified as ultra-processed?

Michelle Perro

Unfortunately they are. There are cleaner methods, because a lot of these ultra-processed meats have high levels of nitrates in them and dextrose and high-fructose corn syrup.

Shawn Buckley

No, I go to a local butcher and apparently it's pretty reasonable.

Michelle Perro

If you go to a local butcher, and we're all going to go to your butcher, Shawn, to get our meats, our ultra-processed meats. But so we have to know—know your farmer, know your butcher, know what you're eating. You have to become familiar, food has to become part of our knowledge. This has to be important, has to be checking your Twitter account or your email. People need to get involved with their food again. And we can no longer, if we could ever, trust the regulatory agencies to monitor our food. They're not doing it. So know your farmer, know your food. So processed meat is a problem.

Shawn Buckley

I'm just going to slow you down, because you've said something pretty important.

Michelle Perro

Yes.

Shawn Buckley

You said you can no longer trust your regulatory authority. Now here, that's Health Canada and in the States it's the Food and Drug Administration. And I think that most people have just been on autopilot, assuming that if a food is available on the shelf or in the store that it complies with safety regulations. And if I'm understanding you correctly, and I'm putting words in your mouth so you can correct me now, but basically our food safety standards put us in a situation where our foods aren't safe, that you have to now take personal responsibility for your own diet to be healthy.

Michelle Perro

I couldn't have said it better. There's a cost of convenience. We can't live in a drive-through society where you're getting your food through a window to make your life easier. That doesn't work. Let me give you an example, highlighting of your point which is well taken. When that Impossible Burger—some of you may be familiar with the Impossible Burger, came out several years ago made by Impossible Foods, right?—when it went through the

original FDA clearance, it was denied because it's basically a GMO soy. That is, they use a GMO soy to then get a genetically modified yeast to produce this something called soy leghemoglobin so this little nasty burger tastes like a beef burger. That's what they did.

So the FDA came back with them and said, nope, this is not good. Gosh knows how many payouts were made. Who knows what went on behind the scenes. I don't know. And then the FDA said, "Well, you know what guys, you can regulate yourselves." Oh really? Industry can regulate themselves, and we know how trustworthy the industry is. I don't know any industry— Let's take Pfizer: they've been sued more times I think, than most. So I would say that I personally don't trust these companies to self-monitor. And so Pfizer didn't do a very good job. The Impossible Foods company didn't do a very good job.

As a matter of fact, they found in one study on The Impossible Burger, one rat study—28 days, 20 rats, 10 males, 10 females—reproductive errors. Just 28 days: That is not enough to study what all the people are eating at these high-end restaurants is Impossible Burger. And it's at the airports. And the expert who came out who said, "Yeah, there are some findings, but they're not clinically significant." So rats with empty uteri and reproductive errors, you don't think that's clinically significant? Not to mention there are 44 novel proteins made from that little nasty burger that our immune systems have never seen—so allergic producing.

Shawn Buckley

Right, okay. And again, I just wanted to slow you down because I think—and again, I'm putting words in your mouth—but it seems that even the idea that our regulatory bodies are there for our safety, and I'm in the drug approval world, like that is a funny idea. But yet they have the trust still of the populace of both Canada and the United States.

Michelle Perro

It's Upton Sinclair's out there: it's *The Jungle*, as far as I'm concerned. It is the jungle. We are in the jungle. And if there's three letters to it, I would say don't trust it. You know, EPA, FDA, USDA is four letters. But I would say regulatory agencies are now just shells for Big Pharma and other companies.

Shawn Buckley

So these hearings are about: Are Our Children Safe? So the message to parents would be: No, you actually have to exercise your personal discretion and ensure yourself that the food is safe. And you're now going to kind of launch to us how we can do that.

Michelle Perro

Correct. There should be informed consent when kids are eating a school lunch. This concept, yes. That's what I'm saying. And I'm going to talk at the very end of this for the big Broadway moment. I'll talk about what I tell parents to do.

More studies. I think I've just, like, pounded this talk today on glyphosate and infiltrating the brain and increasing these proteins that are inflammatory, something called TNF alpha, which is supposed to protect the brain, but when it's out of balance it can cause harm and neuroinflammation. When brains are inflamed, either from autism, Pans/Pandas [neuropsychiatric disorders], Alzheimer's, it's very hard to quiet them down. Getting those microglial cells, which are the immune systems in the brain, to turn off is not easy for we practitioners. And so glyphosate in this paper also increased production of beta amyloid. And you may be familiar with that with Alzheimer's.

One more. This is a most recent paper, then I think I'll stop torching you with papers. This just came out. That urinary glyphosate and 2,4-D, that other nasty herbicide, and DEET—that's the stuff to keep mosquitoes off—caused neurobehavioral problems in kids. And the glyphosate was detected in 98% of the participants in this study. Sixty-six per cent had 2,4-D, but they found neurobehavioral performance changes, attention, inhibition control, memory, learning, language. Glyphosate had lower scores in social perception. DEET didn't test so bad with neurobehaviour performance.

And here in Canada, they said, "Sure, go ahead and use that DEET topically in your kids to prevent mosquito bites and West Nile virus." I don't know if people realize that a little bit of tea tree oil in a carrier base can also repel insect bites as well as vanilla. Mosquitoes don't like vanilla. So there are other non-toxic ways to keep the skeeters off the kids. DEET is not one of my choices, it's a neurotoxin, despite that study showing neurobehavioural performance changes.

I like this study out of Organic Valley by Kendra Klein. She's been at it a long time, *The Top Four Pesticide Decreases After One Week of an Organic Diet*. So just changing your diet lowers the pesticide a load. That "e" came off. Maybe that was, you know, subconscious "e" coming off there, but you get the message. How are we doing for time here? Are we doing okay, or am I like, way over?

Shawn Buckley

No, we're doing fine, actually.

Michelle Perro

Okay. Because I don't want to take up more of my time, but I think it's so important that I should go back to Canada now and what you guys are saying: *Health Canada says baby food safe after the U.S. investigates levels of toxic metals*. Well is that true? This came out in 2021. Well I would say—well, you can read what they said: Go ahead, eat that baby food, it's fine, it's not toxic. Well, let's take a look at that, shall we?

The FDA produces something called the Total Diet Study every so many years since the 1960s, actually designed to look at radioactivity. I did an infant formula study with Moms Across America in something called The New MDs, and I'll tell you about that in a second. But I looked at the FDA's Total Diet Study and actually it did come out after this paper. Our FDA, federal Food and Drug Administration, looked at 910 substances and four of them were infant formulas. And of the four infant formulas, two of them had toxic metals and uranium, so not quite safe.

So I want to show you some research that I got into. And all of a sudden, you know, I've been a clinician my whole career and all of a sudden I delved into research for two reasons. One, I was concerned about what the FDA was telling us. Number two, based on that lunch study that I told you about by Moms Across America, if 100% of school lunches had toxic metals, what about infant formula? Because babies are fed a lot of formula. As a matter of fact, by six months of age here in Canada, 57% of women are cutting back on breastfeeding and adding formula to their babies diets. This is true, I looked it up.

So the other thing that got me inspired to look at toxic metals and baby formula was the work by a gal named Dr. Renee Joy Dufault. And she wrote a book in 2017 called *Unsafe at Any Meal*. And she was an FDA whistleblower. She worked with the FDA. And she found that there was undisclosed mercury in high-fructose corn syrup, that same GMO nasty, fatty liver-producing high fructose corn syrup that's in all our kids foods. And it's the number one ingredient in many infant formulas.

So I put this study together with my colleagues and I was really looking for mercury. And so we studied 40 samples, two of each formula. We bought them from common stores in the U.S., like Walmart, Amazon, Target, Costco. And we tested them for five heavy metals: aluminum, arsenic, cadmium, lead, and mercury. They're all toxic to children. I looked at organic, conventional, American, abroad, cow, and goat formulas. The aluminum was in 100% of the samples: 4000 to 40,000 times higher than the other metals—astronomical. I was shocked. Lead—there is no safe level of lead for children—was in 100% of the samples. There was mercury, it was 57%. There was cadmium, and there was arsenic.

When I asked Dr. Dufault to look at our data, she's an expert, and I said, "Dr. Dufault, where is this coming from?" She said, "Corn syrup solids and vegetable oils." The corn syrup solids, you know: corn syrup. The vegetable oils: soy. Let's look at that. I told you there were few studies on toxic synergistic effects of metals and pesticides. And in infant formula I found three studies looking at combined metals. They only tend to look at one. These metals are more toxic together.

Which one tested the worst is when babies have issues, they often are switched to soy from cow milk, and this one tested worse. We have something called the Women, Infants, and Children's Program in the U.S.. You have a similar Canadian program that assists women with formula for feeding. Breast is best. Many women give formula as well. I did for my own babies at six months—and that one tested the worst. We had six formulas that were positive for all five toxic metals. We went to D.C. with these results. The FDA asked us for our data, and we gave them our data. You have a question, Sir?

Shawn Buckley

Well, it's just interesting because if there's one food that I would expect the regulatory bodies to ensure—the one food—if we had to just pick one food to be safe, that should be baby formula, because that's what we're giving to the most vulnerable and precious members of our society. And what you're telling us is you've just randomly went to stores and picked 40 brands.

And U.S. and Canada, I mean, our regulatory requirements are almost identical when it comes to food safety, and you're basically telling us our baby formula isn't safe. And we've just very recently in Canada had changes to our Food and Drug Act snuck into our federal budget bill that allows the Minister of Health to exempt any food or class of foods from our food safety law. And one of two reasons given was to basically expedite the import of baby formula.

So you're telling us our baby formula is already not safe with the food safety laws we have, and we've just changed our law so the Minister of Health can exempt foods from our food safety laws, and the only food mentioned as just needing this policy change was baby formula. So it's just striking me as: this is madness.

Michelle Perro

It's absolute madness. I couldn't agree with you more. And shocking to hear your point. I wasn't aware of that. We only tested 20 formulas, but we tested two different samples just

to corroborate our findings. Some of the samples were pretty disparate, but they were all positive. And I have it, I'll give you the link in a minute for the study. There were only four companies that produce infant formula. It's an oligarchy. And so some years ago, one of the companies had a contamination with an organism called *Cronobacter sakazakii*, or something like that. It was an Abbott formula, Similac is the brand they make, and they shut down a plant and the market, like, literally collapsed.

Parents were frantic, looking all over for infant formulas. Some parents went looking, trying to buy them from abroad, like from the Netherlands. Those formulas didn't test so well, either. Australia, their good formula had one of the highest amounts of aluminum. So it's not to say because we're buying foreign formulas in other countries like the Netherlands, that they're necessarily better.

So this to me, this is Upton Sinclair's *The Jungle*. These companies need to be re-regulated. The FDA needs to take over this entire thing of infant formula. And when that plant was looked at, it had equipment that was 60 years old, contaminated water pipes. I'm like, are you kidding? So our babies are eating contaminated formula. People ask me, which one should I give our infants? I couldn't recommend one, not with an open heart. I didn't like any of the formulas we tested.

I did make some recommendations because people were desperate. And I told people how to make their own formula, which is a pain in the tushy. Again, pediatric word. So I thought, okay, what are we going to do here? This is a serious situation and this situation can be fixed. And we have to source milk for these kids, for our babies—it's an ultra-processed food; it's not my first choice, breast is best—but from organic regenerative farmers and support dairy farmers who are doing the right thing.

Shawn Buckley

And I'm just going to back you up. So expectant mothers, though, can plan on breastfeeding if for no other reason that it's literally impossible to source—so I mean, that's something for mothers to know. But I expect then the mothers have to be eating organic because glyphosate and these other chemicals will be expressed in the breast milk.

Michelle Perro

Correct. And I'm going to give you a job shortly because you're right on it. So I'm going to hire you for this because you know your stuff. Not only do they have to eat organically through their pregnancy, but prenatal cleanup. I'm asking all parents now, both partners, to clean up their diets if they can six months prior to conception to reduce the risk of bad

outcomes. And even if you clean up during pregnancy, it's still better than not cleaning up at all. And switch to an organic diet and use a water filter, because we got to get the fluoride out.

So there is just a link to the study. I wrote it up and you can read about it for people who want to take a screenshot or not. I wanted to show you the worst formula we tested. I'm picking on these guys. I'll probably get a lawsuit and I'll have to be calling you shortly. But you can see there's those corn syrup solids. Look what's in this thing: vegetable oil, palm olein, coconut, soy—there it is. And I want to talk about why that's a problem. This is an ultra-processed industrialized food products for babies that is toxic with heavy metals. It's not acceptable—100% aluminum and lead? Unacceptable. This has to be fixed immediately, like now. I think I'm clear on that. Am I clear?

So this paper just came out: *Effect of Genetically Modified Soybean Oil Consumption on Biochemical and Histological Changes Of Liver And Kidney In Rats*, that show that GMO soybean oil, which is what's in the infant formula unless it says it's organic, cause liver and kidney damage in a 90-day rat feeding study. So that's the oil being used. Now, some of those infant formulas do say GMO free, and some are organic. So if you are going to use an infant formula, I say use an organic formula, absolutely. But they still have toxic metals in them because we tested organic formulas. Yes, correct.

So do we need more research? I hope I proved the point that if someone tells me we need one more glyphosate study, I just might have to fall out of my chair here. No, I think, I hope I proved the point that we do not need more studies. We need action, we are solutionaries, and this is what I'm calling on. This is a call to action to every Canadian, every American, every citizen who protects children.

I'm a big fan of these Calley brother, sister now: Calley Means, and I think Casey Means. And boy, if you haven't seen his podcast on Del Bigtree, he was at Ron Johnson's hearing, one of our senators in the U.S., a couple weeks ago. And he talks a lot about how Big Tobacco captured and transformed the food industry for worse, for those of you who are interested in the history of how this happened, which I am. And unfortunately, genetically modified foods have a strong history tied to eugenics. And you can read that work by Professor William Engdahl. Yeah, it's pretty shocking.

They have hijacked our food. Our kids are marketed, and this is on every social media. They're marketed with pretty colours. You can see there. And Senator—he's not Senator Kennedy, I wish he was Senator Kennedy—and Robert F. Kennedy Jr., love you, Robert, he came out. He spoke at the roundtable, and he basically said, "The U.S. healthcare system is an existential threat to our country." I would go far as to say the U.S. food system is an

existential threat to our country. And I might now tag on, the Canadian food system is an existential threat to your country.

So what do these companies like to do? It's Halloween coming up. Let's market, and let's market nostalgia. This was BooBerries, came out in 1973. There's a whole line now of Halloween cereals. They are \$6 a box in the U.S. Don't buy it. And look what's in it: it's like a who's who of bad things not to eat—not to mention those dyes which were just banned in Californian foods. That was our Governor who did that, Governor Newsom, but those dyes are neurotoxicants.

What can we do? This is one of the key things that I stress: is farm to school. Every public school needs to have a farm, and teaching children how to grow their own food. Every home should have a farm. Every windowsill should be growing herbs, whether it's urban or rural. We all need to learn how to grow again. We once knew this and we need to regain these skills. Kids are so happy when their hands are in dirt, and it increases their microbiome. Kids who grow up on farms that are not GMO farms are healthier than their counterparts: less risk of atopic diseases, which means asthma, eczema and allergies. Sixty per cent of babies now have eczema.

Oh dear. This is for my friend out there, Stephen. Stephen, Girl Scout Cookies. Oh, this is in the pipe. We studied Girl Scout Cookies and we're sitting on it because iconic Girl Scout Cookies, it's really hard to take them down. The cookies didn't look so good. I'm writing this up literally as we speak, what we found in Girl Scout Cookies. And I'm just wondering if this is the takedown of the mother, because we are targeting our girls with little toxic cookies. Just saying. So this one I haven't really touched, and I probably will need legal assistance when I write this one up. Girl Scout Cookies have a lot of financial backing. I'll leave it at that.

So yes, I wrote that book. I said I would never write another book again because it was pretty painful. It was like dental work. But I said, "Oh no, I'm going to write another book." And this one's coming out this summer, and I'm really teaching parents how to take back their kids' health using homeopathy and nutrition. That may not be the cover, that may not be the title, but I am telling parents they need to exit the present system because it's harmful to children. And this is what I'm telling parents. And parents now need to learn how to take care of their children at home. And I'm not sure I even would recommend going to a pediatrician's office because it's a vaccine wheel.

So my colleagues, I am a pediatrician, I am formally trained in pediatrics. You know, I went through the whole thing. But now I have grave concerns about children entering the system. Now I can't just say to parents, "Okay, parents, go on out there." How do they take care of

their children? We have to reeducate our parents, and my two favourite tools are nutrition—the kitchen is your friend, get those kids chopping in the kitchen; kids don't lose fingers using knives, get kid-friendly knives—and homeopathy, before the FDA gets rid of it in the U.S.

One of my favourite poets, I have to read from Dr. Seuss: “Unless someone like you care a whole awful lot, nothing is going to get better, it's not.” So thank you. It's my Organization, how you can reach me if you need to find me. My email is up there. I'm the one who looks at all the emails. So if you need to reach me, I'm happy to answer questions or give references or citations. Thank you.

Shawn Buckley

Okay so I've got a couple of things, because I just want to make sure that people understand what you've said. Because the first thing is you've made it really clear you don't trust our food supply as being healthy for kids. In fact, you're making the very strong point that especially processed foods, but foods generally now are dangerous for our children. Do I have that straight?

Michelle Perro

Correct. Particularly in the middle aisles of the supermarkets, processed foods and ultra-processed foods are dangerous for our children. And that we have to stick to the periphery of giving our kids fresh fruits and veggies, meats that are grass fed, grass finished on the periphery of the supermarkets. Go to your supermarkets, go to your CSAs, go to your farmers markets, and cook whole foods. And that's what I'm saying.

Shawn Buckley

So get rid of processed foods.

Michelle Perro

Out.

Shawn Buckley

Start growing your own foods.

Michelle Perro

Correct.

Shawn Buckley

Be it as organic as you possibly can.

Michelle Perro

Correct.

Shawn Buckley

And then also you just skipped over it, but these chemicals are in our water now, aren't they? Glyphosate, the pesticides, everything is in our water.

Michelle Perro

Oh yeah. So what I tell folks to do is to get a carbon-based water filter and/or get the best water filter you can afford, because they range from like \$25 to \$1200 for house systems. So you have to get what you can afford. And now there was a recent legislation in September that came out in California. A California judge just got rid of fluoride, saying that fluoride is a problem. We've been putting it in 200 million homes in the U.S. That number may not be quite right, but it's super high.

And so fluoride is a neurotoxicant, takes out children's thyroids, calcifies the pineal gland, and doesn't really help the teeth prevent dental cavities. So this legislation came out, the EPA now has to re-regulate fluoride. There's a website you can go to for the U.S. to see if your county has fluoride in it. Mine does. So you have to buy a water filter that says specifically that it removes fluoride. So now in the U.S., I'm telling parents to use water filters.

Shawn Buckley

Right. So I just wanted to make that point because it's not enough. Water is a big part of our thing: so not just drinking, but cooking with water that has been filtered. Would that be a fair—

Michelle Perro

I would say that to be true. Use as much filtered water as you can for cooking, even boiling pasta. If you're making pasta, you want to use filtered water, and for drinking. And make sure you change those filters, because some of them are in refrigerators and then people don't change them for years. You've got to change the water filters, especially the carbon-based ones. And if you can use reverse osmosis systems and other filters, sure. But we need, kids need good food, clean air, and clean water. Can we do that for them, those three simple things?

Shawn Buckley

Right. And I just also then wanted to share, like you're talking about genetically modified, genetically modified. Some people don't know really what the big crops are. So is it fair to say, I mean like in Canada, Roundup-ready wheat.

Michelle Perro

So wheat just came out of the market as being genetically modified. It's just been released like lately, and mostly in Argentina. The main crops that are genetically modified are corn, soy, canola, cotton—and we're talking in the 90%; here in Canada, 95% of your canola is genetically modified—alfalfa, which we feed our animals, sugar from sugar beets, papaya from Hawaii—50% of them—some zucchini, and there's a few more. And there are always more in the pipe because it's a patent parade. Because these companies, every time they genetically modify a seed, they get money on the patents. So they keep producing, you know, these new varieties.

These GMOs they need all kinds of inputs to keep them going. Farmers have to replace the seeds. They require chemical inputs, pesticides, to use these products. They don't reduce the amount of water and they have killed the soil, because essentially what those chemicals do to our guts, they do to the microbes in the soil as well, the mycorrhizae. So those are the main ones.

Remember cotton, which is not a food, we use cottonseed oil in a lot of products and food products, and cottonseed oil is really toxic. And we're eating some of that stuff and we don't even know it, not to mention that non-organic cotton is used in women's products like tampons. So my niece has got for Christmas organic tampons every year. Aunt Michelle to the rescue. But I'm saying, how many kids know that? Very few. You go to your dentist, the cotton pledges they put in your mouth are probably loaded with GMOs and pesticides in a very bloody vascular area. So I'm even asking dentists and tampon makers to use organic cotton.

Shawn Buckley

Thank you. Those are my questions and I'll turn you over to the commissioners for questions.

Commissioner Larsson

Thank you, Dr. Russell. Fascinating stuff. My job is supposedly to ask you a question, but I'm not going to do that. I'm going to give you an interesting bit of information that you might find useful or not find useful. On my little farm in Nova Scotia, we've got lots of dandelion and lots of burdock. And we do put the dandelion in salads with the dressing, but as you said, it's very bitter. And we really haven't found a palatable way of cooking the burdock, though we've got lots of it.

When I was growing up in the north of England in the '50s and '60s, there was a very popular drink available: it was called Dandelion and Burdock Cordial. Patricia remembers it. But it disappeared for some reason, you can't get it now, certainly can't get it here in Canada. But it's very easy to make and it produces an extremely palatable drink, whether or not you put a bit of gin in it. So if you want to encourage people to eat more dandelion and burdock, that might be one route that might be useful.

Michelle Perro

Thank you for that comment. I'm coming to your house. Yes, I'd like a little cordial, absolutely. And in Europe, they have apéritifs and digestifs, and a lot of these are bitters which help digestion. Absolutely with the dandelion, I love it. I love the idea of producing cordials. I can probably guess as to why that disappeared, but I move on for sake of time.

Commissioner Bohémier

I have one question. I'd like to know if you had any form of retaliation problems with your board because of your positions.

Michelle Perro

If I've had any problems with my, pardon?

Commissioner Bohémier

Your professional board, or if you had any retaliation because of your positions.

Michelle Perro

So interestingly, in terms of retaliation with the board, I haven't because I've taken care of complex, chronically ill children. So I wasn't part of the vaccine thing, because my patients, I didn't deal with vaccines. I took care of kids on the spectrum, kids with Lyme disease, kids with PANS/PANDAS, things like that. So I didn't have that issue. Did they come after us regarding— When I announced the infant formula study coming out, which is a \$1.4 billion industry I believe, my website did go down for three weeks, and I was told it was unretrievable. But I hired this really smart dude out of Minnesota, and he was able to get my data back.

For folks who've done research on the same topic, GMOs and pesticides, a gal out of Australia, Dr. Judy Carmen, and friend of mine, Howard Vlieger—he's a regenerative farmer in Northwest Iowa—they did a pig study. Her website went down 37 times. Jeffrey Smith, I've learned more from Jeffrey Smith, he's been talking about GMOs as long as I've known him. He's been ostracized. Zen Honeycutt's been ostracized. Physicians have had their licences removed, as you probably heard, with Dr. Paul Thomas. So I managed to dance my way maybe below the radar, because I'm speaking the truth and have a clean record. When you practice medicine like I do, you have to be super on your game. You can't make any mistakes. Because just one misstep, and we can get, you know, skewered. So I've been very fortunate. Many of my colleagues have not.

Commissioner Bohémier

Thank you.

Commissioner Robertson

Hi. I have two questions. First of all, I'll ask you about Nutramigen, because there's a number of infants that take Nutramigen. Have you done any research on that?

Michelle Perro

I think we did look at Nutramigen, and it turns out that Nutramigen is a hypoallergenic formula which is broken down for babies who have, let's say, digestive issues with dairy. And the broken down formulas actually tested better with less toxic metals, were the broken down formulas. I found that very interesting. Why that is so, I didn't explore further. We barely raised enough money to do the study we did, because testing for metals is very

expensive. It's a very expensive endeavour. I think we only studied two, they're called elemental formulas, but they both tested better than the other formulas.

Commissioner Robertson

Oh fabulous, good to hear. The other thing is, when you were talking about pH, you said alkaline environment, or—I think I may have missed that part.

Michelle Perro

So what we try to do is keep, let's say, the baby's poop more acidic because it makes it less hospitable for pathogens to grow. There are certain pathogens that like a more alkaline environment, like yeast. So one of the first things we do, let's say if someone has yeast infections, is to change the pH and we make it less hospitable for these certain microbes to grow. So these substances produced, let's say bifidobacteria, they're acidic these short chain fatty acids—so they're acid. They drop the pH and make it less profitable for the other pathogenic microbes to grow. Did I answer your question?

Commissioner Robertson

You did. Thank you.

Michelle Perro

You're welcome.

Shawn Buckley

There being no further questions, Dr. Perro, on behalf of the National Citizens Inquiry, I sincerely thank you for attending and giving your evidence today.

Michelle Perro

Thank you so much for having me. Appreciate it.



NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 19, 2024

Day 3

EVIDENCE

Witness 4: Kathy Stack

Full Day 3 Timestamp: 04:32:34–04:48:03

Source URL: <https://rumble.com/v5j9ez7-nci-vancouver-2024-hearings-day-3-october-19-2024.html>

Wayne Lenhardt

Good afternoon. The next witness is Kathy Stack. So Kathy, could you spell your name for me? And then I'll do an oath with you.

Kathy Stack

K-A-T-H-Y S-T-A-C-K.

Wayne Lenhardt

And Kathy, do you swear to tell the truth, the whole truth and nothing but the truth today during your testimony?

Kathy Stack

I do.

Wayne Lenhardt

Okay, your saga begins when you had your son, Connor, 35 years ago. And you're going to be telling us what happened regarding his shots and whatnot at that point in time. So if you

could maybe tell us what happened right after he was born and you found out that he had Down syndrome. Then you started to give him some vaccinations.

Kathy Stack

Right.

Wayne Lenhardt

Maybe you could pick up the story there.

Kathy Stack

Okay, so this was in 1989. I was working as an intensive care nurse, and my husband was managing our small family business. And that July we welcomed our first child. He was a healthy, whopping 10 pounds, 3 ounce fellow. To our surprise, he had Down syndrome. So we had no awareness of that, and we were grappling with what this diagnosis meant. And in the meantime we just fell in love with the little fellow. He was wonderful. He was meeting his milestones. I was writing down and recording everything that he did: smiling, reaching for my face, and such.

And then at about three, three-and-a-half months old, I did what I was taught as a nurse and I responsibly took him for his first diphtheria pertussis tetanus [DPT] vaccine. And a few hours later he developed a high fever and was very irritable. I treated him with Tylenol and put him to bed. But when he woke up in the morning, he was no longer focusing visually. He didn't track, he didn't smile at me anymore. So this was very upsetting for us. I took him to the doctor and we saw some specialists, and he was diagnosed with a cortical visual impairment. And when I asked why this happened or how this happened, I was told just that nobody knows why these things happen.

So on we went to the next vaccine around six months old, and same thing: he developed a high fever, about 41°, and was very irritable and then slept. But then subsequently he seemed to have lost his ability to sit up in the high chair and he couldn't hold his head up anymore. I was very upset. I didn't know what was going on and there didn't seem to be any answers anywhere. But then, at around eight months, he received his third DPT shot. And that was the most severe one. His fever was definitely 41°. He was so incredibly irritable, screaming. He shrieked this high-pitched shriek for about an hour and then he suddenly stopped and became like he was catatonic, non-responsive, and very pale. And then he slept the night.

And then what we noticed after that, was he seemed to startle very easily, and these morphed into full body jerks—and repeatedly. So took him to the emergency room and we were told that they suspected something called infantile spasms, which was a fairly mild description for something that was actually a devastating diagnosis. He needed an EEG to confirm that. So once they diagnosed this, he was admitted to hospital and they started him on steroid injections intramuscular, and I continued those.

After he was discharged we took him home, but the side effects of that were he couldn't sleep, he was exhausted and irritable. And he also, you know as with steroids, he bloated up and then he became very, very tactile defensive. He couldn't stand to be touched. We couldn't comfort him in the normal way you would with a baby. He could take no solace in you holding him. He was just distraught. So I even had to just lean over him to nurse him. I couldn't even hold him when I was breastfeeding him. And following that at home, he went on to experience—that was 35 years ago, wow—200 to 500 generalized convulsions daily for weeks.

So the dynamics of our family changed. I didn't go back to my ICU job. My husband took on being a full-time breadwinner. Thank you. And my sister took time off work to help me so I could get some sleep. And life just went on from there. But I just would like to point out here that at that time, although I was an ICU nurse and I had a lot of nurse friends, none of us put any connection together about vaccines. We weren't worried that this was from a vaccine at all. The timeline that I've mentioned earlier came from the notes I made from watching Connor's development.

And so then during this early stage, when we went into the specialist clinic after that third vaccine, the specialist just said to me rather offhandedly, “So I think we'll just hold off on the vaccines for a while now.” I was very shocked. I said, “Why would I do this? Does his problem have something to do with vaccines?” “No, no, no,” I was assured, “No, that wasn't it. It was just a precaution.” So that alerted me, but I didn't think too much more of it until the next time I was in there and the clinic nurse came and whispered in my ear that our specialist had a son of the same age, and he was not vaccinating his son with DPT because there were great concerns about this vaccine.

My head was spinning after I heard this and all the suffering Connor had gone through. I was thinking, so is this a secret I'm supposed to keep? And why didn't they tell me this? If they knew about this, why didn't they let me know months before so I could have made my own decision about whether or not to vaccinate?

Yeah, so I had the opportunity over the next few years to meet other parents of young children who had severe seizures as well. And you know, some of us kind of spoke in quiet

tones about vaccines, and some people were suspicious that that's how the seizures for their children had started. But we had all been very strongly reassured by medical professionals that this was not because of a vaccine. So most people put their concerns away. And besides, none of us really wanted that to be true. I mean, what were we going to do anyway? I mean, we were so busy with extremely ill children that we really didn't have time.

So life carried on, and vaccination was kind of part of the medical process of the day. But I was very concerned and I was seeking answers. And every time I spoke up, it felt like I was really judged or people didn't believe me. And then eventually when the term was coined, I was an anti-vaxxer. So it was a very difficult time, I was very busy. So I think it kind of broke my spirit not being heard and not being believed. So I made some decisions.

Wayne Lenhardt

So what happened when COVID came along?

Kathy Stack

Oh, COVID. Okey dokey. So well, I'll tell you when COVID came along I couldn't very well vaccinate Connor. I just knew there had been not enough check into this vaccine, it wasn't safe. But I kept receiving persistent phone calls from various departments of the health authority. He was an adult by this time, and so I avoided it.

Then I finally decided, well I will go and talk to somebody. I went and talked to his GP, who we'd had for three months. And when I described to him what I just told you about, we were sitting together, he had a mask on, and he had tears rolling down his face. And he immediately wrote me a vaccine exemption for Connor, which I really appreciated, and that made me feel hopeful. So I then went to my own primary care practitioner and told her the story and asked her for an exemption for myself. And so she checked with her supervisor, and they came back and told me that I needed a psychiatric evaluation. I just changed doctors. Um, yeah.

So to date, my son, Connor, is 35. He's nonverbal, and he's dependent in all areas of life. He requires 24-7 care. He continues to suffer what they call intractable severe seizures every day. He goes to hospital every two weeks for intravenous immune globulin because of a disruption of his immune system, which I believe is connected to all this. Awake overnight care, he needs. He needs BiPAP, oxygen. He has nocturnal seizure clusters, needs midazolam. My daughter, who's an ACP paramedic has trained all of our caregivers so that they can help Connor, because if he has trouble breathing, we need airway management,

and now oral airway and bivalve mask resuscitation if he has trouble breathing. So that's what life is like right now.

But what I'd like to end with is just to tell you that, most importantly, Connor now is the sweetest, hugging, loving, cooperative, wonderful, gentle man. And he enjoys a lot of things in life. He does enjoy his life despite the seizures, and I am very grateful. I thank God for the great gift that Connor is in my life, and he's taught me much more than I'll ever teach anybody. And this has been a very lonely journey for our family. I'm really grateful that I've had the chance to participate in this inquiry and to have Connor's plight acknowledged. And I really pray that sharing the circumstances of his suffering will somehow prevent some other children from suffering from the same kind of thing. Thank you.

Wayne Lenhardt

Just one quick question. Did you or Connor ever get the COVID vaccine?

Kathy Stack

No.

Wayne Lenhardt

No. Okay, at this point, I'll just ask the commissioners if you have any questions.

Commissioner Bohémier

I have one question for you. What help did you receive from the system to help you with Connor?

Kathy Stack

So he has 24-7 care right now. I did have to advocate long and hard for that, but we've built a suite in the ground floor of our house. And his caregivers, like I say, are trained by either myself or my daughter. And CLBC [Community Living British Columbia] now during his childhood, the Ministry for Children and Families, I got some help from them. And then when Connor became an adult, I went and advocated for support at home. So we provide his housing and all of his needs, and CLBC assists us with the caregivers. They fund that and we organize it.

Commissioner Bohémier

Okay. Thank you.

Commissioner Robertson

Hi. I was just wondering, did you say that the pediatrician was not vaccinating his own children?

Kathy Stack

Yes, I said the specialist that was seeing us. Yes, the nurse in that clinic, after I was told to hold off on further vaccines after that third one where the infantile spasms started, she came and whispered in my ear that this specialist was not vaccinating his own son because of a concern about this vaccine.

Commissioner Robertson

So you never had the chance to discuss anything with him?

Kathy Stack

I definitely had the chance, and I definitely got nowhere.

Commissioner Robertson

It seems so unfair when professionals do not vaccinate their children, and then they coerce other parents.

Kathy Stack

Yes. Well one thing that helped me a little bit is seeing during COVID, any doctor that spoke up seemed to lose his license. So I can certainly understand why they kept it close to their chest, but it is really not fair.

Commissioner Robertson

No. Thank you.

Wayne Lenhardt

Anyone else? On behalf of the National Citizens Inquiry, I want to thank you very much for coming and giving us your testimony today.

Kathy Stack

Thank you very much.



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NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 19, 2024

Day 3

EVIDENCE

Witness 5: Chris Elston

Full Day 3 Timestamp: 05:25:09–06:41:35

Source URL: <https://rumble.com/v5j9ez7-nci-vancouver-2024-hearings-day-3-october-19-2024.html>

Shawn Buckley

Welcome back as we recommence day three of the Vancouver hearings of the National Citizens Inquiry on the topic: Are Children Safe in Canada? Commissioners, for the record, my name is Buckley, initial S. I am attending this afternoon as lead counsel at the National Citizens Inquiry. I am very pleased to call our first witness of the afternoon, Mr. Chris Elston. Chris, can you please state your full name for the record, spelling your first and last name?

Chris Elston

Sure. My name is Christopher Elston. Traditional spelling. C-H-R-I-S-T-O-P-H-E-R. Last name E-L-S-T-O-N.

Shawn Buckley

And Mr. Elston, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Chris Elston

I most certainly do.

Shawn Buckley

Now, we've introduced you with your full name, but you're kind of infamous with the name of Billboard Chris because of the activities that you've taken on. And you have been a tireless advocate for children who have basically been subject to gender ideology and issues like that which have concerned you. My understanding is basically you even quit your job so that you can go across the country raising awareness about this issue so that we can have a dialogue. Is that correct?

Chris Elston

Yes, I quit my career as a financial advisor over four years ago just to raise awareness about this, at first throughout Canada, and I now travel the world. I've been to, I think, nine different countries at this point, and probably half of the United States, 90 different cities. I work with organizations and other advocates all around the world, and I am also engaged in ensuring our freedom of speech remains strong. I'm even suing the Australian government at the moment for censoring one of my posts. And Elon [Musk] thankfully joined me in that, so that was nice.

Shawn Buckley

That's a good person to have on your side on an issue like that. And you recently gave a speech to the United Nations Human Rights Council.

Chris Elston

I did. I was in Geneva. I gave a speech at the UN Human Rights Council, and I met with different UN member state representatives. And I'll be back there in about six months doing more events and having more meetings because, perhaps contrary to public opinion, not everyone at the United Nations is okay with what's happening to our kids, particularly those in nations that aren't in the West. They're all against this.

Shawn Buckley

And now, in addition to quitting your job and being really out there getting the message out, my understanding is you have been hospitalized because you've been injured for your activities. You've been arrested. This has not been a simple and easy road for you.

Chris Elston

Life's never dull. Yes, I've had my arm broken by, I guess you would call them members of Antifa. They call themselves anti-fascist, but they're just the fascists in fact trying to use violence in order to silence opinions that they don't like. So I was attacked there in Montreal. Got my arm broken by a traffic cone, of all things, as this man was swinging it at my face. I've been arrested twice after getting assaulted. Police sometimes deem it easier to get rid of the peaceful protester than they do all of the violent people coming at him.

I don't really consider myself a protester on a day-to-day basis, and I have an introductory video which explains more what I do. But I wear these signs. I wear a sign that says: "Children Cannot Consent to Puberty Blockers," which is really a pretty anodyne message that more than 90% of the population agree with. But in a small segment of the population, it can spark rage. And although I'm just out there trying to have conversations, I have had a few protests. I've had 150 police officers come out in Boston to prevent what they were trying to avoid, which would have been a riot. And nothing ended up happening.

But I've had a lot of adventures. I've been mobbed by 300 university students in Ottawa. I've been assaulted in front of police, and police do nothing. In fact, last year there was a very famous video that was seen probably 50 million times where I was assaulted by a couple of men who identify as women, and the investigating officer was watching and smiling throughout. So this is one of those issues where even though we have broad public support, we don't always have support of the police or the government, especially in Canada. I find almost all of the violence that happens to me is in Canada.

So there are many things working against us, but what's in our favour is that we have the truth on our side. And that truth, as I will mention many times throughout this, is that our children are beautiful just as they are, and they don't need puberty-blocking drugs, cross-sex hormones, and surgeries in order to be their true selves. We should not be maiming and sterilizing children just because they don't conform to what are really regressive and sexist stereotypes, or just because they've fallen into this ideological movement which teaches they were born wrong just because they're a little different. And as I'll cover in this presentation, many of these children are struggling with other mental health comorbidities, and a huge percentage of them are on the autism spectrum.

Shawn Buckley

Now before I invite you to start your presentation, can I just ask: What was your journey to where you became so passionate about this that you were willing to sacrifice so much to be engaging in this dialogue?

Chris Elston

Well, I'm a dad. That's my first job in life. I have two girls. They're now 12 and 14 years-old. When I first started learning about this in 2019, they were seven and nine. And I came across this term puberty blockers for the first time and I said to myself, what the heck are those? That doesn't sound good. And sure enough, they're exactly what they sound like. We are blocking the physical development of perfectly healthy children with a drug that's never been approved for this purpose. These are gonadotropin-releasing hormone analogs. They stop the pituitary gland from releasing follicle-stimulating hormone and luteinizing hormone, which in turn trigger the testes to produce testosterone or the ovaries to produce estrogen.

This cascade of hormones that occurs at the onset of puberty is what triggers our secondary sex characteristics to develop. So while kids are on these drugs, girls' breasts won't develop, their hips won't get wider, boys' penises don't grow. And the theory, if I were to steel man the argument—or provide the argument of the trans activists—the theory is that we can't allow these children to develop into men and women because that would make it harder for them to pass as the opposite sex when they're an adult. So they try to keep them neutral-looking.

This is only the first step. Ninety-eight per cent of the time according to statistics from gender clinics themselves, these children progress on to the opposite sex's hormones. So girls are getting testosterone, boys are getting estrogen. These drugs and hormones combined are sterilizing children, and the boys will never be able to have an orgasm as an adult. This is testimony in my presentation provided by the president of the World Professional Association for Transgender Health [WPATH], a man named Marci Bowers.

Shawn Buckley

I'll just invite you then to start your presentation because I think it's going to answer many questions. And actually because one of the themes—and it's come out by some of the presenters—has been, you know, people need to start taking personal responsibility, and I just wanted to emphasize that that's what you've been doing. So I'll invite you to enter into your presentation.

Chris Elston

Yeah, sorry, I went on a rant there.

Shawn Buckley

No, no, don't be sorry.

Chris Elston

But I'm a dad and these are my girls, and I refuse to send my kids into a world that doesn't know what a woman is, or a world that's trying to change the sex of children. We cannot tolerate a society that does that. So I made this my mission to stop this worldwide, or at least to be one of the people trying to stop it.

So I'll start this off with a short little video. This was produced by a gentleman who came out to visit me when I was in Charlottetown, Prince Edward Island, just over three years ago.

[Video clip]

Chris Elston [recording]

So my name is Chris Elston. I'm known as Billboard Chris and I'm travelling the country literally hanging out on street corners and going to busy events, going to wherever the people are, just to have conversations about gender ideology—mainly the medical harm that is coming to kids when they want to switch their sex. Because we have children who are being indoctrinated, either in school or primarily on social media as well, to believe that it is stereotypes that determine their sex or their gender.

So overwhelmingly it is supportive—at least I would say 9 out of 10 people support what I'm doing. People know instinctively this is wrong. We should be letting children grow up, because it's not stereotypes that define who they are. If a child is gender non-conforming, we should just encourage that, that's fine. You don't need pharmaceutical drugs, cross-sex hormones, and surgeries to find your true inner self. But people understand this. People are supportive. It's just most of the supportive people are quiet. I'm just going to keep travelling the country and keep having these conversations, because I know eventually we win this battle. It's just a question of how much damage is done to children before that happens.

Chris Elston

Hey, so I mentioned a few times in there that this is all about stereotypes, but I don't want you to take my word for this, so we're going to look at some of the most used materials in the world and listen to the professionals from children's hospitals themselves.

This first slide is of the Genderbread Person, otherwise known as a gingerbread man, but we don't want to give it a gender, of course. So this is the genderbread person. And I realize the font is too small to see here, but it defines your gender identity which is what this whole ideology is based off. This theory, that really was in academia for decades and now has emerged into the mainstream, teaches that we all have a gender identity and your gender identity might be different than your sex.

So what is your gender identity? What's it based off of? I've asked this question of thousands of people on the street. Nobody can ever give me a straight answer because it's all made up. But on this resource, which was produced by an activist, which is now used in children's hospitals to teach doctors and nurses about this—it's used all around the world—it defines your gender identity as being based on your personality, your job, your hobbies, your likes and dislikes, roles in society, and expectations upon you.

So your roles determine your gender. So if I want to stay in the kitchen all day and bake cookies, does that make me on the female end of the gender spectrum? If a girl wants to be a police officer or an astronaut (traditionally male occupations), if she's a tomboy, does that make her a boy? What does your job have to do with your gender? This is all personality and it's extremely regressive. And if you talk to these trans activists and you say we shouldn't put children in some stereotypical box, they will all agree with you. But they don't see that they're pushing stereotypes to such a degree that they're now recommending we stop the development of children, alter their development, and even cut off body parts. But again, this is just one resource. So please don't just listen to me. Let's listen to the experts.

This next woman is the director of the Gender Multispecialty [Service] clinic at Boston Children's Hospital. At the time I made these videos go viral a couple of years ago in August of 2022, they were the number one ranked pediatric hospital in the country. I think they're now number two. But this is one of the busiest gender clinics in the world. And let's hear from her what it is that makes a child transgender.

[Video clip]

Jeremi Carswell [recording]

A child will often know that they are transgender from the moment that they have any ability to express themselves, and parents will often tell us this. We have parents who tell us that their kids, they knew from the minute they were born practically. And actions like refusing to get a haircut or standing to urinate, trying to stand to urinate, refusing to stand to urinate, trying on sibling's clothing, playing with the “quote” opposite-gender toys, things like that.

There is more and more a group of adolescents that we are seeing that really are coming to the realization that they might be trans or gender diverse a little bit later on in their life. So what we're seeing from them is that they always sort of knew something was maybe off and didn't have the understanding to know that they might be trans or have a different gender identity than the one they had been assigned. So that is a growing population that we are seeing that's being recognized as being trans and able to be treated.

Chris Elston

"Able to be treated." If your girl is playing with boy toys, she's now able to be treated. If you have a little boy with three big sisters, guess what? They are going to play dress up. That doesn't make him a girl. That's called play. A little girl who tries to pee standing up, that's a sign she might be transgender? I give public talks all the time. Girls who have big brothers oftentimes they try to pee standing up. It looks fun. But this is now being used as a justification for having a different gender identity. It's not just her. Here's another one.

[video clip]

Kerry McGregor [recording]

So most of the patients that we have in the GeMS [Gender Multispecialty Service] clinic actually know their gender, usually around the age of puberty. But a good portion of children do know as early as seemingly from the womb, and they—

Chris Elston

I don't think we need to hear more from her. "Seemingly from the womb." Babies. What about in the womb? Are there transgender fetuses? This is all total and utter nonsense. Now keep in mind, this is a children's hospital when you listen to what this next doctor has to say.

[video clip]

Frances Grimstad [recording]

Gender-affirming hysterectomy is very similar to most hysterectomies that occur. A hysterectomy itself is the removal of the uterus, the cervix, (which is the opening of the uterus), and the fallopian tubes which are attached to the sides of the uterus. Some gender-affirming hysterectomies will also include the removal of the ovaries, but that's technically a separate procedure called a bilateral oophorectomy, and not

every gender-affirming hysterectomy includes that. And people who are getting gender-affirming hysterectomies do not have to have their ovaries removed.

Chris Elston

So they're cutting out the uterus, sometimes the ovaries, of teenaged girls because these girls have come to believe that they have a male gender identity just because they don't conform to stereotypes. They're sending teenage girls into menopause which has 100 side effects of its own. After four or five years of testosterone use, they are often required to get a hysterectomy because testosterone causes vaginal and uterine atrophy. So their uterus needs to be removed.

Seventy per cent of the children at the Tavistock, which was the biggest gender clinic in the UK, this gender clinic has now been shut down, and I'll get into more of that later. Seventy per cent of those kids had five or more coexisting mental health comorbidities: borderline personality disorder, bipolar disorder, cutting, anorexia, eating disorders, schizophrenia, dissociative identity disorder, abuse, trauma, autism. Sexual abuse is extremely common. Thirty-five per cent of the kids at the Tavistock out of a sample of 1,069 children had moderate to severe autism.

But they don't question why are so many of these autistic kids transitioning. They just transition them. They don't question, well, is it because of the sexual abuse that this girl doesn't want to be a girl anymore? Maybe we should do some mental health therapy before we start cutting the breasts off of children—and they are cutting the breasts off of children. We know in the United States, which follows the WPATH standards of care just as in Canada, up to 179 girls according to insurance data—so this is not those who privately paid, just according to insurance data—up to 179 girls aged 12-1/2 and younger had a double mastectomy because of their gender.

The *National Post* reported 14-year-olds in Canada are getting this done. There was a documentary actually produced by *Radio-Canada* in Quebec, where they're more free to talk about this issue there, that covered the stories of detransitioners and how this is being done to kids. Erin Kimberly is a nurse here in British Columbia. And Erin Kimberly used to work for TransHealth BC, and she reported a few months ago that a girl 12 years-old here in British Columbia had her breasts cut off because of gender identity issues. These are children. Have we forgotten what children are? Their brains are not finished developing. The prefrontal cortex, the part of your brain responsible for logical decision making, does not finish forming until you're about 25 years-old. Yet they're giving puberty blockers to kids at what is called Tanner Stage 2.

So Tanner Stage 2 is the beginning of puberty. For girls, this is when their breast buds have first started to form. This will be about two years before they've had their first period. So we're talking 9, 10, 11 years old. Boys typically are about six months later. That's the onset of puberty. And according to the WPATH standards of care—WPATH is the World Professional Association for Transgender Health—they start kids on puberty blockers at Tanner Stage 2, so 10 years old. These children believe in Santa Claus.

And these children have been indoctrinated when they're struggling in life with other issues—body image issues, getting teased at school—that it's because they have a gender identity that's different than their sex and the only way they'll find true happiness is if they transition. And furthermore, they're told that if they don't transition they might kill themselves. Parents are told this repeatedly at gender clinics: that they can have a live daughter or a dead son. Because the only way you can justify such child abuse going on is to say, "Well, if we don't do this, if we don't cut off her breasts, she will die." That's the only way they can justify this. And that's not true either.

We have data out of Finland where they looked at 27 years' worth of data—2,000 kids who had gone to the gender clinic. They compared it to a sample—a control group of 17,000 children—and they compared the suicide rates. And over those 20-odd years, I think it was maybe 23 years, there were 6 suicides from the gender clinic. This was back at a time when they weren't giving kids puberty blockers, because that didn't start until the late '90s, and it really didn't pick up steam until 2010/2015. But it's just a total myth.

And we have data also now from the Tavistock in England which shows there was no epidemic of suicides. We have Laura Edwards-Leeper, who started the first gender clinic in Boston, Massachusetts, back in 2007, who wrote an op-ed for the *Washington Post* about a year and a half ago where she admits there's no epidemic of suicides. This is nothing but a coercive tactic to get parents and kids to go along with it.

But here in this next video, this is the president of the World Professional Association for Transgender Health. He's on the right of your screen. He's the one talking. Now, he says he's a woman, but he's talking about what happens to these boys who start puberty blockers at Tanner Stage 2.

[Video clip]

Marci Bowers [recording]

The second was an observation that I had that every single adolescent who was truly blocked at Tanner Stage 2 has never experienced orgasm. I mean, it's really about zero. Of course, these are just assigned male at birth, so trans-feminine gen. And it's

because they never in their lives are exposed to testosterone. That doesn't change. That doesn't change.

So blockers prevent the rise of testosterone, and they don't really go on testosterone at or around surgery or into adulthood. And so we don't know. They're going to have this sensation, there's no question about that. But are they going to be able to achieve sexual satisfaction? It's important in relationships. And I know that from my work with female genital mutilation survivors that the lack of being able to be intimate with a partner is very important.

And so this is what really raised the red flag for me is to say, "Look, we're going to need to have our eyes open about it." I think it's been beneficial talking about it.

I know Joe and many others have reported to me, you know, they've changed their approach a little bit in their informed consent models in that we're talking about masturbation now. We're talking about: Okay, that's an area of the body that's got very dysphoric for you. But you know what? All a penis is, is just a large clitoris. I mean, it's all the same material, it really is. So use it for the pleasurable purposes partially that it was intended and, you know, we'll see what happens. But these are to be answered questions.

So can we avoid puberty and get good adult results? And secondly, how do we assure someone that they're going to be able to be sexually responsive? Do we remove the blockers during the course of their adolescence and let a little bit of puberty come back? Do we delay it a little bit, maybe into Tanners 3 or 4 maybe before they have their first orgasms, maybe?

Chris Elston

So as you can see, they don't know what they're doing. "Do we let some puberty happen first before starting the puberty blockers, or do we take them off the puberty blockers and then let some puberty happen?" They don't know what they're doing. This is a live experiment on children, but you can't even call it an experiment because they're not following any rules. There are no objectives, there is no follow-up. These girls who start on testosterone, they have no idea if they're stopping one month, three months, six months, a year later, because it's not even a proper experiment.

The woman in the middle there, that's Johanna Olson Kennedy. She runs the Children's Hospital of Los Angeles. She received a grant from the National Institute of Health a few years ago for 5.7 million dollars, and part of the application for that grant was the approval

to give cross-sex hormones—or the opposite sex’s hormones—to children as young as eight, provided they were already entering puberty. That’s almost exclusively going to be girls. And here she is in this next video.

[Video clip]

Johanna Olson Kennedy [recording]

Right, so what we do know is that adolescents actually have the capacity to make a reasoned, logical decision. And here’s the other thing about chest surgery: If you want breasts at a later point in your life, you can go and get them.

Chris Elston

No, you can’t go and get breasts at a later point in your life. They’re not commodities. They feed babies. And you can’t even just do those surgeries because oftentimes they don’t have enough skin tissue to even do these surgeries. My friend, Chloe Cole, who is a detransitioner, she went on puberty blockers and testosterone at 13. She had a double mastectomy at 15. She’s now 19, she’s still having issues from the double mastectomy she had. I show these videos to show the callousness of these people who are doing this to kids. They don’t care. They treat them like pieces of meat.

This next video is Kellen Lackhart. This is a psychiatrist. And in the interest of time, I’m going to speed through, but she admits that they’ve cut off the breasts of 12-year-olds and done castrations of 16-year-olds. We had earlier this year in March, release of the WPATH files. So these were leaked internal documents from the World Professional Association for Transgender Health. My friend, Mia Hughes, from Ottawa wrote the report. She’s working with Michael Shellenberger. And we have leaked internal communications. We also have leaked videos.

And so when you see me on the street and you see my sign, it says: Children Cannot Consent to Puberty Blockers. Well, it’s because obviously they cannot consent to throwing away their fertility. They cannot consent to becoming lifelong pharmaceutical patients, which is what is happening. We’re taking healthy children and turning them into chronic lifelong pharmaceutical patients forever dependent on some exogenous hormone.

But these are some of these doctors, and in the bottom left of the screen, that is Daniel Metzger. He is the endocrinologist at BC Children’s Hospital. So I’ve got two short videos I’m going to play for you here.

[Video clip]

Speaker A [recording]

I just wanted to piggyback on all of the importance that comes up with the informed consent issues. I often see people who, because there's such a backlog of therapists to do some of the mental health therapeutic support, I often see people who have already engaged in some sort of—and this is again with youth—who've already engaged in some sort of medical intervention. And so one of the things I do is I'm sitting with the youth and their parents and I say, “Oh, well, so tell me more about what you know about that medical intervention.” And kind of like what Dan was saying, you know, children and young adolescents, we wouldn't really expect them—It's out of their developmental range sometimes to understand the extent to which some of these medical interventions are impacting them.

Speaker B [recording]

We do it. We try to talk about it, but most of the kids are nowhere in any kind of a brain space to really, really, really talk about it in a serious way. That's always bothered me, but, you know, we still want the kids to be happier in the moment, right?

Speaker A [recording]

And I appreciate that much less with a 9, 10, or 11-year-old who's—

Chris Elston

So she admits children can't give informed consent. He says these children are not in any sort of brain space to be able to understand what they are signing up for. But he says, “We still want to make them happy in that moment.” In that moment, we want to make them happy while sterilizing them and turning them into lifelong pharmaceutical patients. Same guy. Next video. Daniel Metzger from BC Children's Hospital.

[Video clip]

Daniel Metzger [recording]

I think now that I follow a lot of kids into their mid-20s, I'm always like, “Oh, the dog isn't doing it for you, right?” Yeah. They're like, “No, I just found this wonderful partner and now we want kids,” and da,da,da. So I think, you know, it doesn't surprise me—

Chris Elston

He follows these kids into their '20s, and now they've got a partner, and now they want to start a family but they can't. He says, "Well, yeah, the dog's not doing it for you, is it?" The callousness. So he knows the regret rate is there, and what does he do? They keep sterilizing these kids anyway because they want to make them happy in that moment. This is medical malpractice.

So this is just a slide showing that 372 out of the 1069 patients at the Tavistock in England had autism. This is Marci Bowers, the president of WPATH, who says: *The fertility question has no research that I'm aware of, as puberty onset allows for fertility options while blockers preclude those opportunities.* This is an admission that puberty blockers preclude even any fertility options. They're not able to freeze their sperm because they've never produced it. They can't freeze their eggs. They have to have gone through at least some puberty to even do the freezing process.

He says furthermore: *I'm unaware of an individual claiming ability to orgasm when they were blocked at Tanner 2.* So they're destroying the future intimacy of these children.

This is another doctor. These are all internal communications that were leaked: *I have one transition friend/colleague who after about 8 to 10 years of testosterone developed hepatocarcinomas—liver cancer. To the best of my knowledge, it was linked to his [actually her] hormonal treatment.* This is them admitting that this 13-year-old who wanted to start testosterone also had eating disorders.

These are very prevalent: *Trauma is common among trans clients. I was surprised to find that several of my clients met criteria for dissociative disorders, primarily OSDD—or other specified dissociative disorders.* This is what previously used to be called multiple personality disorder.

And this doctor goes on to say: *I was wondering if other people have noticed these incidents and whether there's been any difficulty with the system [meaning the whole medical system] agreeing to transitioning them medically, especially given that not all of the alters [the alternate personalities] have the same gender identity.*

Wow. These people are deeply mentally ill and they're transitioning them: *Someone can have schizophrenia and be ready for surgery. It's just a matter of what you see the concerns are.*

So, again, to stress as I stated earlier on, in virtually all of these cases with children showing up to these gender clinics, there are other mental health comorbidities going on that are not being treated. They treat gender as though it's the underlying cause of everything which clearly isn't true.

Now let's look at some of the good news. Finland conducted a systematic review two, three years ago of all of the studies in existence. This is the gold standard in medicine. It's called a systematic review. They looked at everything, and they found there was no data to support transitioning kids, so they stopped it. The only kids partaking in this now will have to be part of a clinical trial. I don't agree with that personally, but at least 99% of those children will avoid this, and they will weed out all the other mental health comorbidities before they even consider any of these children as being eligible for a trial.

Same thing happened in Sweden. They looked at 9934 abstracts, more than 24 serious studies, and they found that the review concluded that the long-term effects of hormone therapy on psychosocial health could not be evaluated due to lack of studies with sufficient quality. All of these systematic reviews show there is no data concerning bone health. Gonadotropin-releasing hormone agonists, or puberty blockers: it delays bone maturation, decreases bone mineral density.

We have a wonderful woman named Jamie Reed who describes herself as a queer person married to a trans man, although her spouse is now actually detransitioning. That news just came out a couple weeks ago. And she says she's politically left of Bernie Sanders, so this is not some Conservative. And she worked at the Washington University gender clinic in St. Louis, Missouri, for four years as case manager for more than 1000 children. She blew the whistle on this about a year and a half ago, saying all the same things you're hearing today. They've now stopped this in Missouri. She's been testifying all across the country.

We have the Cass Review out of England. Many of you might have heard of this. This is the biggest review to date. Dr. Hilary Cass, a lifetime pediatrician, conducted a four-year review of all of the data and found that there is no data to support transitioning kids. Clinicians are unable to determine with any certainty which children and young people will go on to have an enduring trans identity.

According to all of the academic studies we have before they started giving kids these drugs, and they're all up on my website. This was data compiled by Paul Dirks actually who testified yesterday—12 different academic studies if you look at the most recent one which concluded in 2004. So again, this is before they started drugging these kids. It was a study involving 139 boys with severe gender dysphoria from a very young age. They followed them from the age of five all the way into their twenties: 87.8% of them saw their gender

dysphoria desist. They grew out of it. It went away. The cure for gender dysphoria is puberty itself. Now we block the cure.

And all of the studies show similar numbers. And these studies also show something very interesting which is that a majority of these children, when they grew up, grew up to be gay. Much of the gay community is now speaking out against this, because it's not exactly shocking that a very effeminate little boy sometimes grows up to be gay.

The Federal Government passed a Bill called Bill C-4 which made it a crime to convert someone's gender identity from transgender to cisgender—this made-up word that they use. The only conversion therapy going on is this business of taking kids who would grow up to be gay, telling them they're trans, and maiming and sterilizing them. That's conversion therapy. The message we should be sending is that they're beautiful just as they are. No drugs or scalpels needed.

This is Wallace Wong. He's a psychologist with the B.C. Ministry of Children and Family Development. He gave a talk at the Vancouver Public Library five or six years ago to parents and children who identify as trans. He is treating 504 children: orphans and foster kids from the Ministry of Children and Family Development. He is transitioning—let me say that again—he's transitioning more than 500 orphans and foster kids. For the children in his area of care, the cities that he looks after, that's approximately 20% of all the children in state care, and it makes up 8% of all the children in British Columbia state care are being transitioned. I should add also 52% of children in state care in Canada are Indigenous. Canada's up in arms about the treatment of Indigenous kids from the past. Here we are sterilizing them today, and nobody says a thing.

This is a letter from the BC Children's Hospital endocrinologist to a father. Four or five years ago, his 13-year-old daughter was indoctrinated at school in the Delta School District to believe she was a boy. She was sent to that psychologist who sent her to the BC Children's Hospital who decided at the age of 13 to give her testosterone. In this letter, because the father was objecting, this letter states that the father could be a friend and advisor to his daughter, but he couldn't intervene in the medical decisions. And the endocrinologist cited the B.C. Infants Act. And it's true, according to the British Columbia Infants Act, parents have no right to stop any medical treatment of their own children at any age provided the doctor thinks it's necessary. Well of course the doctors at these gender clinics think it's necessary. They're all indoctrinated themselves.

Shawn Buckley

Chris, do you know: Do the doctors at these gender clinics get paid to transition these children? Is there a conflict of interest happening, being that they've counseled children and there's a financial benefit for them?

Chris Elston

So in Canada we have socialized healthcare, so they're earning their salary. But I have—this is anecdotal, so I'll stress that—with Wallace Wong. A mother reached out to me whose child was struggling with this, and she told me that Wallace Wong was offering his services privately at \$1500 a pop. So that's something that needs to be investigated. But no, these doctors could do any specialty in the world. But in all these cities where this is going on, at all these children's hospitals and university hospitals, it only takes two or three doctors, a couple social workers, a couple nurses to be on board with this ideology, and they're going to harm thousands of kids.

Shawn Buckley

But I'm just—

Chris Elston

Yeah, I would say there is not an extra financial benefit for the doctors in Canada. Now, when it comes to plastic surgeons, that's another story.

Shawn Buckley

Okay. So the regular doctors that are doing this, to the best of your knowledge, they're just on a salary so there's no benefit. It's not like they get paid per surgery. They're just on a flat salary?

Chris Elston

Well, it's according to the system of payment in Canada for how these doctors get paid. I know they do get paid per patient. Now, I'm hesitant to say they're doing this just for money, because they can do all sorts of other specialties which pay just as much.

Shawn Buckley

Yeah, no, it's just curious because I do know that people do do things that's to their advantage. And, you know, down the road it might be interesting to know: Well do they get paid per surgery? Is there some financial incentive? Because that might be part of the picture. And I'm sorry to catch you on the spot there on the issue, but it just occurred to me that that's an interesting question.

Chris Elston

Yeah, that is an interesting question that I don't have a perfect answer for. It's something we need to look into.

Shawn Buckley

Okay. And sorry for interrupting.

Chris Elston

Because these are salaried professionals. But I know with general practitioners, for example, they are getting paid per visit, so the same is going to apply with these guys, I imagine. But yeah, I don't have a perfect answer for you on that one. My apologies. I will have a perfect answer for you tomorrow.

So one of the issues with this is freedom of speech. We're hesitant to talk about this issue in society because the forces that try to cancel us, as we discussed at the beginning of my presentation—violent forces, government forces, even police who sometimes arrest you—although we have freedom of expression in Canada, it often doesn't feel like it. And then you also have people's regulatory agencies for whatever employment they're in who will censor them as we've seen with Jordan Peterson, for example, where his college of psychologists in Ontario wants him to take re-education classes because they don't like how he speaks on social media. And he can't practice unless he does that.

We have a nurse in British Columbia who went through a long trial because he also spoke out against this publicly. I put up this billboard four years ago. It says, *I Love J.K. Rowling*—the world's greatest children's author, the Harry Potter author. I actually started my campaign with this. J.K. Rowling has been the loudest voice in the world speaking out about this abuse, and I happened to be reading Harry Potter every night with my little one at the time. And there was a woman in the UK who put up a sign that said, *I Love J.K. Rowling*, at the Edinburgh train station. And it got taken down because some people online said it was hate speech. So I got tired of our speech coming under attack, so I put up a big billboard

that said the same thing. It also lasted just a day. It got paint-bombed overnight. Sarah Kirby-Yung, a Vancouver city councillor, said this sign was hate speech. It's got a heart on it. And she ordered it taken down, which they did. There's a man up on the boom there.

We have violent people like these people who attacked me on the streets of Montreal. And I'm not going to show it all because there's a lot of swearing. I ended up with a broken arm. But we can't let these people deter us. So I went to Queen's University the next day. We have things like this:

[Video clip]

Man Interviewing Chris [recording]

Why do you think that they're getting that kind of representation? I mean, it clearly was aggressive violence.

Protestors Interrupting Interview [recording]

You suck. You suck. Fuck you.

Chris Elston

So again, they said f* you about a hundred times before I got punched in the face, throat punched, pulled by one guy, pushed by another guy from behind, in front of three dozen police officers who did nothing.

Shawn Buckley

Do you want to carry on with that video? You've shown it to me earlier.

Chris Elston

It's very vulgar, so as long as you're okay with that.

Shawn Buckley

So we'll just warn people watching online. They're swearing and there's a bit of violence, but I think this one is important.

[Video clip restarts again]

Interviewer [Recording]

Why do you think that they're getting that kind of representation? I mean, it clearly was aggressive violence.

Protestors [Recording]

You suck. You suck. Fuck you. Fuck you. You're not wanted. Fuck you. You're a fucking idiot. You're a fucking idiot.

Chris Elston [Recording]

I don't know what to say. I guess these police officers are mostly indoctrinated as well. They're afraid of the mob. I think they're afraid that if they do anything to actually keep law and order, that they'll end up being on the end of this verbal abuse. So it's just cowardice from everybody all around.

Interviewer [Recording]

People probably want to know, how do you keep your composure?

Chris Elston [Recording]

What's that?

Interviewer [Recording]

How do you keep your composure?

Protestors [Recording]

Fuck you, fuck you, fuck you—**[continues, violence ensues]**

Shawn Buckley

So did the police do anything there?

Chris Elston

They did nothing. And the blonde female police officer who was the first to arrive on this day—because I'd already been assaulted earlier, my nose was already bleeding—I knew she was a problem right away. And during that whole assault, she's got a smile on her face.

Shawn Buckley

So what's interesting is it seems that there's almost an armed resistance to opposing this trans agenda and SOGI [Sexual Orientation and Gender Identity] agenda. It's almost like, you know, in Germany before 1933 where fascists and communists would literally be having brawls on the street, and you'd have to have kind of your security people to have a meeting. And you're experiencing that. So your arm's getting broken, you're getting punched, you're getting really treated disrespectfully—and that's as kind as I can be. And I think that intimidates most people where they wouldn't want to go to a protest, they wouldn't want to raise their voice. And I think that's the intention of those actions. Is it coordinated on the other side? Because it seems to be very consistent and very well organized.

Chris Elston

It's extremely coordinated. So this next video, let me show this quickly and then I'll answer that question more fully.

[Video clip]**Protesters [recording]**

Trans kids matter, trans kids matter, trans kids matter—

Chris Elston

So the first video was 300 people mobbing me in Ottawa. I had two other people with me that day. In the morning it was myself against 300. *CBC* was there, *CTV* and *Global* were there. I talked to *CBC* for 18 minutes. I recorded it myself. Fifteen minutes with *CTV*. It was the top news item at night on the news—they didn't air one second of my interview with them. Front page news in the *Ottawa Citizen*. They also don't air any of the reasons I'm doing what I'm doing. So this is organized in media to present only one narrative.

That counter-protest against me there was organized by the local university. But then I went back to that same area last year in June—so there'd been about a year-and-a-half between—and this time I had about 500 people with me. We had a counter-protest of 500. But this protest that you can see here triggered a lot more protests in September all across Canada. I was also having my own protest in Toronto that year.

And before that September protest of last year, the Canadian Labour Congress got together representing all unions across Canada. And they had a Zoom call which was leaked, and Kari Simpson from Culture Guard leaked it out. And you've got all these heads of unions

planning what they can do to disrupt our protest. You've got the electrical workers union, the steelworkers union—who 99% of the workers they represent support me. It is very rare, almost never happens, for me to find a blue-collar guy who does not support what I'm doing. Yet the union heads are all organizing counter-protests.

And then they showed up to my protest literally holding flags with Karl Marx's picture on them and Vladimir Lenin's picture on them and handing out Communist propaganda, because these people are all in league with each other. And that's a conversation for another day. But this is radical leftism being forced on our society now through schools which are teaching this unscientific nonsense to vulnerable kids who are having a tough time and who are buying it.

So, yes, the answer to your question is absolutely this is orchestrated. None of this is organic. This whole movement is coming straight from the UN. This push for what they call Comprehensive Sexuality Education [CSE] is a UN project. It's pushed down through governments and then school boards into our kindergarten classrooms. There have been stories proven of kindergarteners being taught about masturbation. Just yesterday there's a story, I think it's out of New Brunswick, where some kids wanted to leave the class because the teacher was talking about gay porn.

It is not a teacher's place in school to teach gender identity or sexual orientation. Those are conversations to be had with their parents. If a child brings it up, what the teacher should say is, "That's a great conversation for you to have with your parents." They shouldn't be teaching this pseudoscientific, quasi-religious nonsense to our kids.

So we're winning. There's all sorts of good things happening. Twenty-five states have put a stop to this. Lawsuits are coming. There's a law firm out of Texas that formed just to represent these kids. I know those gentlemen there: four men with eighteen kids between them. Even Pierre Poilievre in Canada who voted for Bill C-6, which then became Bill C-4—that conversion therapy bill—even he's coming around and he now has said that he doesn't think children should be getting puberty blockers. Several countries around the world have banned it. England's banned them. Scotland banned puberty blockers and cross-sex hormones—the high court upheld the ban.

And school districts in the United States are now passing their own rules providing that parents should be informed when a child has a new identity. Because the policy throughout the West and the written policy, if you read the B.C. Teachers' Federation manual, is that if a girl says she's a boy at school, it is the policy to hide this from the parents.

So let's recap. These children are having a mental health crisis. Gender dysphoria is in the Diagnostic and Statistical Manual of Psychiatric Disorders. As Hilary Cass has said, "Social transition,"—or this business of giving children a new name and pronouns—"this is not a benign intervention. This is having harmful effects on these children. You are affirming a delusion." But now we have 25-year-old teachers and school counsellors who think they know our children better than us, the parents. It's outrageous. And they're hiding what is a mental health problem, and they are conducting a psychological intervention without telling the parents. That has to stop. No one loves their child like a parent does.

And I'm going to finish this presentation with a testimony from a woman named Prisha Mosley. So she was transitioned as a child. She's a little older when she recorded this video, but this harm was done to her as a child. And this sums up what is happening to tens of thousands of children. The number is approaching 100,000, for sure, in North America. *The New York Times* reported that 300,000 children in the United States between the age of 12 and 17 have been diagnosed with gender dysphoria. Those are the only ones diagnosed, often just for insurance purposes. This is not some fringe issue affecting one or two children here and there.

A woman just 15 minutes away from here—I met with her and her husband last year—their daughter at the Langley Fine Arts School had started identifying as a boy, and the school hid it from her parents. And her mother could see her mental health spiralling downward from September to December, and she asked the school three times if something was going on, and three times the school lied to her. She finally found out.

She got her child out of that school. But her own children estimated that 45 girls in middle school were identifying as trans or nonbinary. So depending on the school, depending on the area, depending on the teachers, this is a social contagion primarily affecting girls who historically are very prone to these social contagions. But this is the story of Prisha which sums it up better than I can.

[Video clip]

Prisha Mosley [Recording]

I can't believe this happened. I ruined my life. When you break it down, I decided that I didn't want to be a woman before I had ever even experienced being a woman. I had no idea what being a woman was like because I was a child, and now I feel like I will never entirely know. I want to say that I really feel like some people in the trans community and the trans medicalists and the doctors really, really target the most vulnerable of us. I have borderline personality disorder [BPD] and I know for a fact that this is the reason for my transition.

It's a very difficult mental illness, and one of the core features is not having any sense of self or identity, and my doctors knew this. I told them, even though they didn't ask, that I had been diagnosed with BPD, and it was all fine to them. I wasn't happy as a girl, so that meant I was boy and I was trans. And so I just took the cure that was handed to me. I was told that I was being given a cure and I wouldn't want to kill myself anymore—and it wasn't true.

I didn't want to cry in this video, but this is such a hard thing to talk about.

I lost a lot of things to this and I just hope that anyone else who's going through what I went through as a young girl will not be prescribed hormones and surgery because of other things. You know, there are so many mental health disorders that make you hate your body, and the solution isn't to change your body, it's to fix your brain, you know. I just don't want anyone else to ever feel this way. I lost my voice, I lost my chest. I don't know if I'm going to be able to have kids. I feel like no one wants to date me or love me because I'm ruined.

Chris Elston

This is child abuse, pure and simple. And we cannot stay silent anymore. We need to present the evidence to the people in authority to do something about it. We need politicians to find some courage to do the simple thing, which is to get gender identity out of schools and to stop this child abuse going on in our hospitals. We have all the systematic reviews and evidence in the world to support them when they make this decision. They need to stop worrying about what left-wing media are going to say about them. If you're so worried about getting called a bully or a transphobe and you can't stand up for kids, you have no business in politics leading anything. Thank you.

Shawn Buckley

Chris, what would your advice be? I was going to just limit it to parents, but I think all of us. Most of us are learning things that we didn't understand when these hearings started, and I think there's a lot of people right now listening to your testimony that feel anger. And I'm just wondering, how do we stop this? What's the solution? I think that you've convinced us that we have a huge problem. I'm a criminal lawyer, and I'm wondering, why aren't these people being prosecuted?

Chris Elston

It's a great question. Currently, it's not a criminal offence to do what they're doing. The government is the opposite. They support this wholeheartedly. They've actually made it a criminal offence to help a girl feel comfortable as a girl when she says she's a boy—voted unanimously, fast-tracked by the Conservative Party of Canada. So some of them are confused, but they're not all confused, because I've spoken with them and they know. I've been to Ottawa 11 times. I've stood out front of Parliament and they know, but they're cowards is what they are. And they're playing politics with children's bodies, and that's not acceptable. Some things transcend politics. We should not play politics on this issue.

But how do we stop this? Well, my job is to create awareness. And I started on the street talking to one person at a time. My philosophy is one conversation at a time we're going to put a stop to this. And I'm right. And it's not just me, it's all the people who are now speaking up about this. Part of my job is activating others to speak about this and helping to educate them so they can speak about this with compassion and kindness and authority, with confidence.

And the world is waking up. This is now one of the top talked-about issues culturally all across the West, but it takes time to get to everybody. We're dealing with probably 40 years of propaganda pushing the other way. And what the left has been very successful in doing—and I hesitate to make this about left versus right but this is the far left pushing this, there's no doubt about it—is they conflate trans with gay, and that silences everybody. And they put these five letters together, LGBTQ, and those letters strike fear in the hearts of men. They don't want to say anything because they don't want to be called names.

But we need to separate the LGB from the TQ because people are gay, people are same-sex attracted. You can define that. Nobody can even define what gender identity means. Nobody can tell you what it is for a girl to be a boy. Being a boy is not a feeling. It's a biological reality, and identity formation and teenage stress and difficulties with puberty, especially for girls, is nothing new. And we need to stop making what is natural teenage angst into some made-up medical atrocity.

Shawn Buckley

My next question has to do with informed consent because we had Kellie-Lynn Pirie on the stand last night, and she's involved in helping detransitioners. But also she's wanting to prevent young boys from transitioning to girls because the evidence—at least as she described to us—is showing we've got young boys that have no idea that they can't actually be a woman.

So they'll go through the surgeries and then after learn that: Wait a second, I can't have children, I can't breastfeed, I can't really be a woman. And when I hear her share that with us, I'm going: Well, despite the Infants Act, I don't care if you were 35 when you're making that decision if you don't actually understand that you can't be a boy and then have kids, like give birth. So has there been some dialogue within the medical community on informed consent?

You've shown us some very troubling videos where: Just wait a second, they know if they give puberty blockers. My understanding from your evidence, what you showed us, is 100% of those kids are not going to orgasm whether they're male or female. So when they're prescribed hormone blockers, the authorities know these people will never have a satisfying sexual life and all of the relationship problems that flow from that—because sexuality is a big part of our lives.

Chris Elston

Yes. So the statement from Marci Bowers, the president of WPATH, was specifically in reference to boys in terms of adult ability to orgasm. When they start puberty blockers at Tanner Stage 2, they are sterile forever. There are no fertility options—these are all their admissions. And there has now been a lot of talk in the UK with the medical authorities, with Finland, with Sweden, and in Germany as well. And we have 25 states that have stopped this.

We had the State of Florida also conducted their own systematic review and involved doctors. They found there's no evidence to support this. The Academy of Medicine in France has stated it's impossible to tell which children will desist and which won't, but we know that most of them do. The College of Psychologists and Psychiatrists in Australia and New Zealand has spoken out against a lot of this.

Canada, in my professional opinion, is the worst when it comes to looking at the evidence. They refuse to do it. We now have Danielle Smith in Alberta, the Premier of Alberta. Finally, we have a premier willing to start the process of stopping this abuse. So they're not going to allow puberty blockers or cross-sex hormones to be given to children under the age of 16. Now, I don't think 16 and 17-year-olds should be getting it either for all these reasons covered in this presentation, but that's at least a start. And they're talking about getting this ideology out of schools as well, which has to be done because this isn't scientific at all. This is a child-harming ideology which has no basis anywhere in society, let alone schools.

So medical authorities are looking at it, but in Canada and with our Canadian Medical Association, they refuse to acknowledge what was exposed in the WPATH files. And they're just plugging their ears, pretending all of these facts, like the Cass Review, don't exist.

Shawn Buckley

Okay, thank you. I have no further questions, but I expect the commissioners will have some questions.

Commissioner Larsson

Chris, more power to your elbow. Do you think that the enthusiasts for all of this gender identity movement are good people who are naive and misguided, or do you think that there's some ulterior overriding motive behind all this?

Chris Elston

So a lot of people pushing this are just normal individuals with good motives. Now having spent thousands of hours on the street and at university campuses and having had tens of thousands of conversations or interactions, more than 90% of the abusive comments I get come from young white women, to be exact. I don't say this to inflame tensions or anything like that. That's just a statistical fact. These young women are coming out of university having taken gender studies and it pushes this 100%. All of the young feminists coming out of university are all also trans activists. They're busy wiping out their own rights because they've been indoctrinated.

And I sometimes compare this to cults. And I don't want to use inflammatory language, but if you look at cults, there are a lot of parallels. People self-police their own thoughts. They don't allow themselves to examine the evidence. They cut themselves off from their family and friends who have differing opinions. And this is the same sort of thing. People pushing this ideology don't allow themselves to look at the evidence. They just want to pretend it's not happening. And then when I point out in 30 seconds that, well actually it is happening, suddenly their narrative changes to: Well, okay, it is happening, but it's good.

So we just need to reach, in my opinion, the 80% of people in the middle of the political spectrum who don't know much about this. We don't need to worry about changing minds of the radical 10% who want to push this. They're going to need to come to this on their own. What we can do with them, and what I do, is say things they agree with like: "There's no right or wrong way to be a girl or a boy. If a boy's more feminine, if a girl's more masculine, what's wrong with that?" They have nothing. They can't disagree. They all agree.

And I'll ask questions like the Socratic method of debate to get them thinking: "What does it mean for a girl to be a boy?" Nobody can tell me. A woman on the boardwalk last year in New Jersey, I asked her, "What does it mean for a boy to be a girl?" She said, "Well, you know, girls like nail polish and long hair and the colour pink." I said, "Okay, if a boy likes nail polish, does that make him a girl?" And she knows that's ridiculous. I've temporarily snapped them out of this kind of daze that they're in. They know it's ridiculous.

Most people won't agree to being wrong on the spot because of pride or whatever, but you plant those seeds of doubt and they'll go home and they'll think about it more. But really, we just need to reach the people who know nothing about this. Because when the average parent finds out what's going on, and they find out this ideology is in our schools and their kids are vulnerable, well, it's the parents who ultimately are going to put a stop to this. So they are who we need to reach.

Commissioner Larsson

And what do you think the ultimate aim of the activists is?

Chris Elson

So this ideology goes back decades, and that's a very long answer to give you. But these are fervent true believers. Judith Butler, one of the premier advocates for this, she's a university professor at Berkeley. She says that basically we're all in drag performing the stereotypes associated with our sex.

If you look at some other older academic writings, it's basically about abolishing sex as a class. You have traditional Communism, which according to the *Communist Manifesto*, was based on an effort to alleviate inequity based on our financial status. But then when you read some of these queer theorists or gender theorists, they'll say that even underlying economic inequity is sex inequity. And the only way to stop the economic inequity is to stop the sex inequity, and the way they want to do that is by basically abolishing sex as a class. And that's what they're achieving. So this gets really radical and really out there.

But the average person has just bought this line that they're helping children to be who they really are, and they don't believe these medical things are occurring. And so the left uses euphemisms for all of their terms, and they make it sound flowery and nice, but there's nothing nice about this.

Commissioner Larsson

Thank you.

Chris Elston

Hi.

Commissioner Bohémier

Good afternoon. First of all, I'd like to have a copy of Dr. Cass' review, because it was the second time it was talked about. And also I think a good way to change things is to be a model, so I will ask you a personal question. I'm wondering how your daughters are seeing you.

Chris Elston

My daughters are, of course, very proud of their dad. They understand all about this. They know more about this than 99.9% of adults. And it's up to parents to have these conversations, unfortunately, with their kids at an age-appropriate level.

So my favorite activity as they grew up was reading to them at bedtime, and I think every parent should do this with their kids. And it's often during that time where their inner thoughts come out from the day. They tell you about things at school that they didn't tell you when they first came home. Maybe they're just trying to delay bedtime, but you have these great bonding moments. And when it's appropriate, you know, you have these conversations. You say, "Look, what I'm doing is affirming that children are beautiful just as they are."

There's nothing caring about what they call gender-affirming care. There's nothing caring about cutting the body parts off of children or telling them that they need to be something that they're not. That's an abusive message, never mind the physical abuse that's going on. So children understand this, and they intuitively know it's wrong.

A dog knows the difference between a man or a woman. Babies know the difference between men and women. We have instincts which are powerful things, and this ideology is teaching our kids—and it's trying to enforce on women as well—to ignore their instincts. If they see a man in a dress come into their private space, they're just supposed to ignore their instincts, even though these men often have paraphilias, a sexual fetish called autogynephilia. But that's a whole other conversation.

But no, my kids are very proud. An example is in grade seven. One day the teacher brought out the gender unicorn which is like that genderbread person I showed you. It was just a quick lesson, maybe he felt like he had to teach this. And all the kids were quiet. They're uneasy because they know this is wrong. And my daughter spoke up and she said, "Well, it seems to me this is a lot about stereotypes. Girls can have short hair. That doesn't make them boys." And as soon as she spoke up, it gave agency for these other kids to speak up, and they all agreed with her.

And we're seeing a huge shift, particularly with boys. Boys in school are not okay with this ideology. When it was first introduced, a lot of people were blindsided by it. But the information is getting out there and there is a huge shift happening with Gen Z. And I know we're going to put a stop to this. But, yeah, most kids—they're on my side. I get tons of support from the teenage crowd.

Commissioner Bohémier

So I guess one of your solutions or recommendations would be to be a model for our own kids and to teach them otherwise that they must love themselves how they are?

Chris Elston

That's right. Who can disagree with that? Again, they're turning healthy children into chronic lifelong pharmaceutical patients. Whether you believe in God or evolution, this makes no sense. If you believe in God, this ideology teaches that God made us wrong. And if you believe in evolution, this ideology is stating that somehow 1 billion years of the process of natural selection has failed, and it's now up to a pharmaceutical company to help our children be their true selves. Totally insane.

Commissioner Bohémier

Thank you.

Commissioner Robertson

Hi Chris.

Chris Elston

Hi.

Commissioner Robertson

I'm a mother of five children. I have five granddaughters, and two of them have come home at five and six years old saying they don't know if they're a boy or girl because their teacher has told them so. What is the driving force of the education system getting into this and educating these little ones when it should be basic arithmetic, English, you know, just the basics of education.

Chris Elston

So we have ideological zealots running the BC Teachers' Federation. As I mentioned earlier, during that protest I had in Toronto last year, the entire Canadian Labour Congress—all the different unions—got together to plan counter-protests. What's the electrical workers union doing planning a protest against me for speaking out against gender ideology? What are they doing? But all these unions are run by far-left ideological zealots. And everyone on the far left, in order to have that label—in order to have the label as NDP or to be a member of the Green Party—they have to go along with this, and they have to go along with every other thing: like critical race theory, and climate change, and all the things. And I'm not saying there's no climate issues. That's not what I'm here to talk about today. But they all have the same opinions on everything. It's one big hive mind.

Commissioner Robertson

Is it financially driven?

Chris Elston

Well, sure, there's definitely financial incentives for a variety of institutions. Of course there are financial considerations for the pharmaceutical industry. This is currently about a two-billion-dollar industry, including the adult transition industry. But that's not the main driver of this. The main driver of this are the nonprofit organizations, the NGOs who, when they won gay rights around 2010-2015, they don't just shut their doors and say, "Yay, we achieved our objective." They need to keep the money flowing, the doors open, and keep everyone employed. So their new objective went from gay rights to trans rights. And they've been successful in conflating these and making what is really a mental health issue and turning it into a civil rights movement.

And they try to say it's the same as gay. It's nothing of the sort. They're harming people who are gay, they're harming kids who would grow up to be gay. It's the most homophobic

movement in the world today. In Iran, it's illegal to be gay, punishable by death or prison, but it's okay to be trans. So what do the gay men in Iran do? They transition. Forced conversion therapy under penalty of death. We do that here and call it love. So this is ideology driving this. It's NGOs.

And then we have this perfect storm where social media really took off around 2010, and all these kids are growing up online, and they stopped living their own lives and they started watching other kids live theirs. And so these kids went down these rabbit holes on Tumblr, TikTok, and Redditt and they got indoctrinated, as children do, because they're children. They got indoctrinated into believing they were born in the wrong body and will only be happy by transitioning. And then they have all these governments and the UN and the World Health Organization and all these NGOs and all these media companies affirming it. Of course they're going to believe this is true.

When I first started investigating, I thought: What is gender ideology? What is this? There must be something to it because it's so big. The more you read, the more you learn, it's all based on nothing but lies, and there is not one single redeeming feature of it. Period.

Commissioner Robertson

Thank you.

Shawn Buckley

Mr. Elston, I'll advise you that we will enter your slide presentation as an exhibit. So that will be available for the public to see. Commissioner Bohémier asked if we could get a copy of the Cass report. If you email that to me, I'll have that entered as an exhibit also.

Chris Elston

Sure. If you Google Cass Review, it'll be the top item.

Shawn Buckley

Okay.

Chris Elston

C-A-S-S

Shawn Buckley

Super. So, on behalf of the National Citizens Inquiry, we sincerely thank you for coming as a witness today and sharing with us.

Chris Elston

My pleasure, and thank you so much for having me.





NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 19, 2024

Day 3

EVIDENCE

Witness 6: Dr. Robert Dickson

Full Day 3 Timestamp: 06:46:33–07:33:14

Source URL: <https://rumble.com/v5j9ez7-nci-vancouver-2024-hearings-day-3-october-19-2024.html>

Wayne Lenhardt

Our next witness is Dr. Robert Dixon. I see him on the screen here. So can you hear me, Dr. Dixon?

Robert Dickson

I can hear you fine. Can you hear me?

Wayne Lenhardt

I can. Okay. You've been a little difficult to get a hold of. I know you're a busy doctor, so let me do some housekeeping first. If you have your CV and if you have a copy of your presentation which has not come in yet so that we can have an exhibit, just so that if anybody wants to watch your presentation a week from now or two weeks from now, they'll be able to do that. So I would ask, if you haven't already done it, please do so for us. And I think on that note, I know you're going to talk about harms of fluoride in water. So I'm going to ask you to maybe cherry pick your CV as to how that fits in and launch into your presentation.

Robert Dickson

Just for the record—

Wayne Lenhardt

I'm sorry, I have to do an oath with you as well. I keep forgetting this because in my entire career I've never had to do it before. It's always either the court clerks that do it or the guy that's doing the transcript of the discovery. Could you give us your full name and spell it for me please?

Robert Dickson

Robert Dickson, D-I-C-K-S-O-N. First name, R-O-B-E-R-T.

Wayne Lenhardt

And do you swear to tell the truth, the whole truth and nothing but the truth in your testimony today?

Robert Dickson

I most certainly do.

Wayne Lenhardt

Thank you. Okay, proceed. Could you give us a summary of your CV that gets us back into harms of fluoride in water?

Robert Dickson

Actually Cassie has that today. And also you should have some information in your inbox too, but you've probably been a bit busy today.

Wayne Lenhardt

Sorry, I didn't get the last part of that, sir.

Robert Dickson

Oh, my apologies for getting that in late. I've been on antibiotics the last couple of weeks. I also had a major back procedure a week ago today and was ordered to lay low, which for people that know me, they know I don't follow orders very well. But this time I did and so I've been laying fairly low the last week. I'm now off of reprimand as of today.

Wayne Lenhardt

Okay, if you could give us then a summary of your CV and launch into your topic on fluoride.

Robert Dickson

Yeah, I'll just give you a short summary of my CV. I was born in Tofield, Alberta, so I'm a native Albertan. Fifty years ago I moved to Calgary from Edmonton for 6 months and never went back. I went to school here at the University of Calgary, taking kinesiology. Back in the day it was known as physical education. And then went into paramedics at SAIT (Southern Alberta Institute of Technology) for two years.

And then that launched me into my medical career at 33 years old. And I was one of the older students in our medical class, our class of 1988. And then I took the two-year residency, and now I'm a CCFP and FCFP-certified family physician, still practicing and licensed in Calgary and Alberta.

What I'd like to do today is to be a little less formal, a little less technical than some of the folks have been previously. There's been some incredible presentations with scores of good slides and PowerPoints, but I've decided to take a bit more of a grassroots approach here today. So I'm going to take you on a little journey of a fluoridation/anti-fluoridation activist.

So just in context, Alberta was first fluoridated in Red Deer in 1959. Then Edmonton, Grand Prairie, and Lethbridge followed by water fluoridation programs in the 1960s. That left Medicine Hat and Calgary. During the '60s and '70s there were four major plebiscites, and they were all hotly contested and polarized just like they are today. And out of those four, all four were defeated by the anti-fluoridationists—narrowly, but they were defeated.

In 1989, with the help of Calgary Health Region, Alberta Health, Alberta Medical Association, the College of Physicians and Surgeons, the Alberta Dental College, Health Canada, Public Health Association of Canada, et cetera, the actual plebiscite was passed in 1989. It was about 52% to 48% for water fluoridation.

So it took them two years to build the water fluoridation facilities in Calgary. And it takes two years because hydrofluorosilicic acid, which is put into our public waters in 95% of North America, is scrubbed out of the fertilizer and aluminum industry waste stacks. And it is extremely volatile, and by law it's not allowed in our air, in our water, in our rivers, lakes, streams, or our ground.

So strict laws prevent it from being put into those places, and it would have to be disposed of properly at great cost to these fertilizer and aluminum industry companies. So they found an end around—and that is to convince us that fluoride is good and safe and effective for children and put it in our public waters. So to do that they have to build an incredibly strong infrastructure because that fluoride will eat through my desk here, through my floor, through concrete. And if any spills, you have to have a hazmat suit to correct that, to clean it up.

So 1991, first fluoridation happens in Calgary. But the activists in Calgary were not happy with that and so they protested, and they eventually got the city of Calgary to hold another plebiscite in 1998. Before the plebiscite, the city of Calgary decided to have an expert panel. Now I'm sure you can understand that if a medical officer of health that's rapidly pro-fluoride makes up or sets that expert panel, guess who's going to be on it? Well, in this case there's five people: four of them are very strongly pro-fluoride and the fifth one, a statistician, really didn't know much about fluoridation.

So at the end of their expert panel, before the plebiscite, they recommended that Calgary maintain water fluoridation, for a 4 against 1 vote. The statistician voted against it after looking at all the information. So I actually voted for fluoride, I have to admit that. I voted for water fluoridation in 1998 in the plebiscite. Afterwards, some activist friends came to me and said, “Dr Bob, what did you do there?” And I said, “Well, as a busy family doctor, I see lots of things come across my desk every day, every week, and I don't have a chance to delve deeply into all of them.”

And so the Alberta Health Services and the Alberta Medical Association, the Calgary Health Region all put up very glossy and glitzy websites and brochures and radio ads, et cetera. And they said it was safe and effective and it was good for our poor children. And as a humanitarian and a longtime worker for the poor, I agreed and I voted for water fluoridation. My activist friends said, “Well, you should really look at the science and the literature.” So I took that as a challenge and I did. And within a handful of weeks I went, “Oh my gosh, what have I done here? I've committed a grave error.” And so what can I do about this?

So I thought about my good friend and former mentor from the University of Calgary Medical School, Dr James Beck. And Jim has a PhD and an MD, both out of the United States, and then became one of the founding fathers of our medical school here in Calgary. So he was one of my mentors going through and has become a fast friend since. So I said to Jim, "What do you know about water fluoridation?" And he said, "Eh, not that much. I think it's safe and effective." And I said, "Well I've just looked at the science and it is really unsettling. Would you mind having a look at this?" And he said, "I'd be happy to Bob, I'm recently retired, I have the time."

So a few weeks later I meet with Jim and he says same thing, "Oh my goodness, what have we done here?" This is one of the worst things I could imagine us putting in public water. And he said—this was in 1999—Jim said that, "Well, we have so much science on our side that we should be able to get this out in just a few months." So I held him to that, and he joined forces with me and we led the anti-fluoridation campaign together for about 17, 18 years.

And during that time we met with deans of medical schools, we met with medical officers of health, all kinds of public officials. But we ended up working with many of the city councillors because they tended to listen more. They were a little bit more keen on understanding the science behind water fluoridation, looking at the science on both sides.

And so that culminated in a motion in 2009 that still stands to this day, really. It's such a good motion. It covers all the bases except for the new science, of course, that is hugely in our favour. But that motion was then put through city council, and in 2010 they voted on it. And we won that vote 10 to 3 in city council. And in May of 2011, after all the strings have been pulled and the papers have been signed, the water fluoridation taps were turned off in the city of Calgary. And I might say that they're still off.

However, let's bring you up to speed a little bit. In 2017, the activists were really getting to city council and we were losing some of our champions there, so I formed Safe Water Calgary. I'll have that on a slide here later @safewatercalgary.com. Excellent website, if I do say so myself, with lots of science on it and just some good interesting videos and tapes and ways to educate if you're not very knowledgeable about water fluoridation. By the way, this is non-fluoridated water that I'm drinking.

So 2019, we had a major day. We had a 12-hour day with city council, totally rigged by the pro-fluoridation side. They had all the members in the panel at the front for the whole morning, they had all the presenters in the morning, all the scientists and doctors on their side, and they had the press there in the morning.

Then at lunch break, guess what happened? Well all the press disappeared, most of the city councillors disappeared, left with two of them. And then the anti-fluoridation side got to present and I had brought in scientists from different parts of the United States, and we had some very powerful speakers. But there was no one there to hear them. There was no press, there was no city councillors. And so in essence, we lost that particular battle. And they said, “Well we're going to look into this and probably look at another plebiscite,” which they did in 2021.

So in 2021, again we're faced with all the alphabet organizations, all the major health organizations advocating for their workers, their employees, their friends and family—to all vote for water fluoridation. And we lost that vote 62% to 38%. However, it was buried on the first page of a three-page ballot and a lot of people missed voting in it. And as it turned out, 14%, one-four per cent of Calgarians actually are mandating that all the rest of us have hydrofluorosilicic acid, one of the most toxic elements of the planet, in our water.

So city council passed that 13 to 2. They gave Waterworks \$10 million of our taxpayers money to rebuild the water fluoridation systems that had had been taken out back in 2011. And the Waterworks promised they would be in and running by 2023. In the summer of 2023, Waterworks came back to the city and asked for \$18 million more—wasn't even voted upon, it was just given to them out of the slush fund.

And so Waterworks said, “2024, we're going to have it operational.” Earlier this year Waterworks said, “Yeah well, supply chain and, you know, all those construction problems et cetera. We're not going to have it until Q1 of 2025—so January, February, or March of this coming year.”

And in between that announcement and present time, we've had some major water main problems in Calgary. Ended up in water emergencies and so city having to go on rations, the entire city—and guess what hydrofluorosilicic does? The fluoride ions actually corrode pipes and they also leach lead out of old solders in pipes and put lead back into the water. So right there is enough reason just to end this antiquated practice. However, there we are.

So that brings you up to speed in Calgary. And my advocacy has been taking over the leadership in 2017 from Dr. Beck who retired. And city council now will not have a whole lot to do with this. It's a done deal that's voted for, it's voted for by “the people.” And so where we're left with that is, I guess the best way to look at it is we've not had much contact with any of the parliamentarians, because they say wait for the election in 2025. And that's in October of 2025, and in theory water fluoridation will be happening before then. So we are trying to work with council now and put a stop on it.

The other thing I might mention is that the College of Physicians and Surgeons has had major complaints against me. And we've had a case going on for almost six years now where with Bennett Jones downtown, the expensive lawyers that are paid for by the Canadian Medical Protective Association for me, we've been fighting the College of Physicians and Surgeons for almost six years now. And the last episode of my major case is to go in front of the court tribunal in the last week of January of 2025.

So it'll be a five-day battle with all kinds of witnesses lined up on both sides, and they're trying to prove that I'm being unethical and immoral by keeping water fluoridation, the safe and effective treatment, from the poor kids in Calgary. And then I'm practicing outside the bounds of my medical practice, which most certainly is not true if we have free speech in this country.

So what I'd like to do now is to go into Dr Bob's top 10 reasons not to fluoridate. I'm assuming I can screen share here.

Wayne Lenhardt

The answer from the tech guys is yes.

Robert Dickson

Okay, let's see what I can find here. Okay, can you see that?

Wayne Lenhardt

No, I don't think we can.

Robert Dickson

Oh-oh. Okay, it's on my screen here at home. Can someone maybe give me a bit of help as to what I could do there? Yes, I did that, and then I come up with a white screen. It has nothing of my—or maybe it's desktop one. Okay, let's try that again. Are you able to see that now? Well, it looks like we might have to wing it then without the data, the screen. That okay with you folks?

Wayne Lenhardt

Yes.

Robert Dickson

Okay, so Dr. Bob's top ten reasons not to fluoridate. And it really ties into your theme of this particular round of the NCI: Are Children Safe in Canada? Because approximately 50% of Canada is fluoridated, and approximately 90% of people don't even know what fluoride is. And children are drinking fluoride and it's very harmful to them. So let's go through Dr. Bob's top 10 points.

Number 10. In September [2024], we won a major court case in the U.S. federal courts that's been ongoing since 2017. So seven years we've been fighting the EPA in the federal courts of the United States for adding a toxic substance, fluoride, to public water. Now there's been some excellent studies ever since, and those went through the court system for those seven years. A lot of our Canadian studies are based out of the MIREC cohort. And many of you medical people will know MIREC, that's the Maternal Infant Research on Environmental Chemicals out of Health Canada.

So in 2020, there's two major court weeks and our experts testified pro bono from Harvard, from California, from University of Toronto, from Simon Fraser University, York University. And they did an extremely good job against the EPA folks who had brought in Exponent. Folks have probably not heard of Exponent. It's a large company in the United States that is hired by many of the Bigs: the Big Pharma, Big Chemical, Big Egg, Big Sugar, Big Tobacco, et cetera, to murky and muddy the waters and produce studies and information and data that just makes things not clear cut—and so makes judges and policymakers less likely to tackle issues head on.

So our pro bono people testified against the Element people that were paid three or four thousand dollars an hour in many cases, and our people just took them on and blew them away. Our anti-fluoridation information, science, and data was so much stronger. So then Judge Chen, who has sat the entire seven years in this court case, asked for the NTP report.

The NTP is a major report out of the United States, out of the HHS (Department of Health and Human Services). And the NTP is National Toxicology Program. It's a whole cohort of experts across the States. And they put together a four-year report from 2016 to 2020. So Judge Chen said, "Well I'm going to wait for that report because that is a major report. And they've gone through thousands of studies, animal and human studies." So he put court on hold.

And in the meantime, there was a lot of pressure, there was a lot of skullduggery that went on. There's a lot of behind-the-scenes activity with the alphabet organizations in the U.S.: the CDC, the HHS, the EPA, the FDA. And they blockaded and they censored this report and

they sent it back twice for the scientists at NASM [National Academy of Sports Medicine] to do their own separate report on it. And these people at NASM were pressured. They were pro-fluoridationists, and so they pressured the NTP to water down the report. And the NTP said, “No, our report is good.” They pressured them again, and then the NTP did back off a little bit.

So 2022, May, NTP comes out and says, “Ah, our report is ready.” And again those same forces obfuscated and pressured and censored and did not put that report out to the public. They did not publish the preliminary report. So we finally went to Judge Chen and he actually mandated, made a court order that they release the report both to him and to both sides—not to the public, but to us and to the EPA as well.

So that report was released to Judge Chan. And then we had another round this year in 2024 of two weeks in January and February of court. And again, it's very thrilling to watch. It's just fascinating to see these experts on both sides go at each other and to put the science out into the world.

And after that, Judge Chen said, “Okay, I'm ready to make my decision.” However, the NTP report was not made public until the end of August of this year. And that report is available on any of our websites: Safe Water Calgary, Fluoride Free Canada, et cetera. And it's a very long and large report. And in that report, 72 of the major studies show neurotoxicity in kids and children, and 18 of the 19 very top high level studies show neurotoxicity.

So Judge Chen then, after seeing that report come public, then he came out and made his final decision, which was on September 25, about three weeks ago. And that report is damning to the fluoride industry. It's damning to the EPA. And it's an 80-page document; I don't think we have time for me to read it all. But I'm going to read you just a short version, a short paragraph out of that report that comes out of the federal court judgment on September 25, 2024:

The court finds that fluoridation of water at 0.7 parts per million, the level presently considered optimal in the U.S., and I might add in Canada as well, poses an unreasonable risk of reduced IQ in children.

Judge Chen continues:

EPA's own experts agree that fluoride is hazardous at some levels of exposure. And ample evidence establishes that a mother's exposure to fluoride during pregnancy is associated with IQ decrements. The risk to health and exposure levels in the USA drinking water is sufficiently high to trigger regulatory response by the EPA.

And he also mentioned that they shouldn't be dragging their feet on this one. So Judge Chen did not have the power to stop water fluoridation, which has been a top 10 medical miracle of the 20th century, according to the CDC, although the CDC also admits that fluoride only works topically. So that's quite a paradox there. But anyway, that was a major win for us.

The other major wins that we have, and unfortunately I can't share my screen, so I'll just read what I have here. We have a one-pager at the Fluoride Action Network out of New York and it's called *Fluoridation's Ineffectiveness: The largest, most recent high quality scientific studies on water fluoridation's effectiveness has shown no significant reduction of caries*. I'm going to say that again, "*no significant reduction of caries*." So we're putting millions of dollars of a toxic waste product into our city waters with no efficacy, with no effect.

Again, medical people will be familiar with the Cochrane Collaboration, which is the global standard for medical evaluation. And the Cochrane Collaboration in 2015 did a study that showed that there were very few studies, and they are all a poor quality, showing any effectiveness for water fluoridation. And they just came out two weeks ago with another study—and they are a nonprofit organization of 30,000 expert researchers and health professionals from around the world—and they said with their latest data, 21 highest quality studies: *It's found that fluoridation increased cavity-free results in primary or baby teeth by only 4% and in permanent teeth by only 2%*. So this is essentially negligible. We're putting all this time, effort, money into a failed public health project.

We also have the Lotus Study out of England, which is a very interesting study, the largest ever done in the world. It analyzes 6.4 million people in the UK's National Health Service. And they too found that only 2% efficacy is happening in England. So again, no meaningful reduction in social inequalities or inequities. That is consistent with the Iowa study out of 2018, which has found is exactly the same thing.

And there's been several areas in the United States: Boston, New York, Cincinnati, Pittsburgh, that have found exactly the same thing—that fluoridation has not prevented cavities in low-income children. For instance, in San Antonio, they reported that after nine years and \$3 million of added fluoride, research showed that tooth decay has not dropped amongst the poorest of their county's children. It has actually increased by up to 13%. So the data is out there, the science is out there. Safe and effective? Neither. It's not safe. It toxifies kids brains. It's not effective. It's essentially a failed public health project.

So Number 9 on my list. We'll go through these quickly because I'm expecting we're running short of time. *Politicians should not mass medicate, nor should citizens vote by plebiscite on who should be medicated*—Paracelsus quote from Jessica Rose this morning. She's not too

keen on that one, but in our situation *only the dose makes the poison* I think is very apropos, because guess what? It's highly unethical to mass medicate, especially without control or dose and dosage and without informed consent, monitoring, or follow up.

So that dose and dosage is very important. None of the pro-fluoridationists ever addressed that with us. So for instance, if one of you drank 10 glasses of fluoridated water a day and I drank one, you'd be getting 10 times the dose of me—ten times the dose. And there is no control because all we're controlling is water concentration, 0.7 parts per million as I mentioned earlier, and that cannot control the dose. So right there this whole project, this whole public health system should have failed. Water fluoridation should not be intact.

Another problem is fluorosis, and that's the spotting and speckling of teeth. And the United States now, according to the CDC's actual data, about 70% of kids between 11 and 15 years old have fluorosis or speckling spots on their teeth. And if you tell a teenage kid to smile and they have spots in their teeth, they're going to be very shy and self-conscious about that. Self-esteem. So about 70% with fluorosis, and the easiest way to treat that is, if you got it you have to go to the dentist, get it fixed for the most part. If you don't have it, you just turn off the fluoridation system and don't take in any more fluoride.

The pro-fluoridationists always talk about how we're behind the times here in Calgary and in the rest of Canada that doesn't fluoridate, that it's a modern day thing, everybody fluoridates. Well the actual data and facts are this: 99% of Quebec does not fluoridate, soon to be 100% with our great fluoride warriors down there. 98% of British Columbia to the west of us does not fluoridate. And the kids' teeth in Vancouver are actually better, according to Canadian data, than the kids' teeth in Toronto, which has been fluoridated since the 1960s. 97% of Europe, which is often ahead of us in areas such as this, does not fluoridate. And if you look at the whole world, 95% of the world does not fluoridate—ninety five per cent of the world does not fluoridate.

So, water fluoridation, does it make economic sense? Absolutely not. In these tight economic times I think we're experiencing all around Canada, across the world even, tight economic times, we shouldn't be spending millions and millions of dollars to build water fluoridation infrastructure. And also in Calgary, it's about a million dollars a year to provide the hydrofluorosilicic acid that should be dumped in a toxic facility that handles that properly.

Another point to be made is that if I prescribed a pill to you and gave you 100 of them, and you went home and dumped 99% of them down the toilet or down the drain and took one of them, that wouldn't be very good medicine, would it? That's what happens to water fluoridation. Up to 99% of fluoridated water is used to water lawns, flush toilets, used in

showers and baths and by industry, and then flushed back into our ecosystems unchecked, adversely affecting them. This is not green. I wish the environmentalists would pick up on that one.

Fortunately, most of the fish and the aquatic plants have developed fluoride exporting proteins, and so they can protect themselves somewhat. But humans, I guess, we're not advanced enough to do that yet, because we store 50% in our bones and neurological tissues like the brain. The other 50% we excrete in our kidneys.

A major point to be made is that fluoride is not a vitamin or nutrient, as the pro-fluoridationists often tell us. And it is not needed for a single body function, not one. And the sad part about that is it harms fetuses, babies, infants, children the most. It also harms the disadvantaged, the poor, and people of colour the most as well. And that's affirmed by organizations like LULAC in the United States. LULAC is the League of United Latin American Citizens. People of colour are harmed more by fluoride.

So the number one point: fluoride is a proven neurotoxin and is one of the most toxic substances on the planet. It's as toxic as lead and arsenic—the same as lead and arsenic, and that is not what we want to add to our public waters.

So I think I'll stop there and see if there's any questions from you folks. It is an antiquated policy that should be put in the museum of failed medical practices. And that's what we're bound and determined to do. I just met with city councillors yesterday, and we are going to work on trying to get it stopped before it actually starts here in Calgary in 2025.

Wayne Lenhardt

Okay. Are there any questions from the commissioners?

Dr Stephan Larsson

Dr Dixon, thank you very much. Very interesting. If it's true that fluoridation has little or no benefit and proven significant toxicity, what is it that motivates the people who are enthusiastic about it?

Robert Dickson

That's a very good question. It's been called safe and effective. Where have we heard that term before in the last four or five years? Safe and effective. Fluoride's been called safe and effective since the late 1940s, early 1950s. Some of you might recall the name of Edward Bernays. He was the grandchild of one of the very famous psychologists in the world, Sigmund Freud. And so Edward Bernays wrote the book in 1929 called *Propaganda*.

The cigarette companies picked up on that, and Edward Bernays' program with the cigarette companies, tobacco companies, convinced doctors to promote cigarette smoking. They actually would sit in front of patients and smoke—pregnant patients, pregnant women—and tell them, “You know, you should be smoking during your pregnancy because it helps you to relax and makes your pregnancy better.” That was an Edward Bernays program. That was so successful with the tobacco companies that the fluoride industry hired him in the 1940s. And by 1950, he had sent out brochures, literature to about 40,000-50,000 doctors, mostly in the United States but some in Canada as well, to convince them that fluoride and water fluoridation was safe and effective and good for our kids.

So afterwards he said off the record that convincing doctors and dentists that water fluoridation was safe and effective for children was the easiest program that he'd ever been involved with in his entire life. So it's kind of rolled out from there. So all the major organizations that I mentioned earlier, starting from Calgary Health through Alberta Health and Alberta Medical Association, College of Physicians and Surgeons, Public Health, Health Canada, CDC, FDA, EPA, et cetera, et cetera, they all call fluoride safe and effective. And the major reason behind that is, follow the money.

So if you follow the trail of money, water fluoridation is mostly funded in Canada by communities, by municipalities. But the major information and research and literature and articles and science are paid for by Big Pharma, by Pfizer, Johnson and Johnson, Colgate, et cetera. And they make billions of dollars in the tune of twenties of billions of dollars every year off fluoride products.

They don't have to do anything with water fluoridation. They just buy the science. They fund a lot of the dental schools in the States, they fund the American Dental Association and other organizations that are similar. And those organizations put out the data. They tell their dentists the science is settled. You don't have to study the science or the data. Just go out there and promote water fluoridation because it's safe and effective. That mantra has rolled out for the last 75 years. You repeat something often enough—safe and effective—and people will believe it.

Dr Stephan Larsson

Thank you.

Commissioner Bohémier

I have only one question and probably you won't be able to answer it, but it seems to be a pattern. You talked about the smoke companies that were convincing doctors that smoking was good for their patients. So I'm wondering: Why is it that doctors are so easily convinced by the industries that a product is good for their patients?

Robert Dickson

I'll give a stab at that. And it is a very difficult question to ask. Thank you for asking it. We are brought up in a system that we're inundated, inculcated, indoctrinated is probably a good word, with information that is on the side of Big Pharma, Big Science, Big Literature. And most of science now these days there's a lot of people that are admitting that evidence-based medicine is anything but evidence-based medicine. A lot of it is bought and paid for and controlled by Big Pharma and by a lot of the other big corporations in the world. And that trickles down through our government agencies and then down to individual doctors, researchers, and scientists.

So we're brought up in a system that what we are taught in medical school is correct—just like the dentists are. They're taught that fluoride is safe and effective, so go out and promote it. We don't get any information on fluoride. We're just told in medical school, probably maybe a half-hour lecture, that fluoride is good and safe and effective and helps the poor children. Same with diet and all of our food sources. We are taught very little in medical school. We might have a couple or three lectures during medical school, during the entire medical school period of three or four years, on actually food and nutrition and what makes a good diet, what makes people healthy, what keeps them healthy.

Someone earlier in the presentations mentioned Dr Casey Means and her brother Calley Means who have come up very strongly against Big Pharma, Big Government and against the food industry. And they call it metabolic dysfunction that's happening in North America, like with the 50% diabetic rates in the United States, 75% overweight rates, and obesity. I call it metabolic carnage. These big organizations are responsible for having all those foodstuffs that we consume for the most part that is so detrimental to our health.

And then what happens once our health goes downhill? Well, doctors just have lots of pills and lots of treatments to prescribe from Big Pharma to make them better. And if they have side effects to those pills, well we have pills for those side effects too. So it just turns out to be a real end around. It comes from the top down, and we are are taught to tow the line and

not step out of line. To wit, my case, my six-year case about water fluoridation. They're trying to take me down for my anti-fluoridation activities. And almost six years now, and we'll find out at the end of January basically what happens to my license and where we go from there.

I won my first case actually with the College of Physicians and Surgeons two months ago, and that was for advocating for very safe and effective things. I hand to almost all my patients, instead of a prescription for medication, I hand them Dr. Bob's tips on health and immunity. And they include all these very serious and controversial things like walking, exercise, seven hours of sleep, organic diet, vitamin D3 at high doses, not like at Health Canada's doses, vitamin K2 which is extremely important, magnesium, zinc, et cetera. They tried to take my license away for that for two years, and I just won that case two months ago. So hopefully that's showing a crack in the system.

People ask me why I advocate for fluoridation and spent 25 years on this path and I say, "Well someone has to look at it because we're harming our children and very few doctors want to look at it." But I've taken that on to do so because I think our system is built on a house of cards. And if you pull that one little fluoridation card out from the bottom, maybe the rest of the house of cards will start to tumble down too. So that's why I continue to advocate for water fluoridation, or against water fluoridation.

Commissioner Bohémier

Just to be sure. You won your case, the first case you're talking about against the College of Physicians? Or they won?

Robert Dickson

No, I won. I won the case. They exonerated me. They dropped the case. It was actually the 1st of August of this year. And it had gone on for over two years, many tens of thousands of dollars spent by both sides. And I won that case. They exonerated me in an eight-page letter and they actually were very, very good in that letter. They were supportive of my use of alternative and supplementary medicines, vitamins, and supplements and natural cures. And they said, "Yes, there's science to back it up, and so you are quite right to be doing this, and we're dropping this case against you." So I won that one. That was the smaller one, the shorter one of the two that went for two years, and now I'm facing the six-year one in January against water fluoridation.

Commissioner Bohémier

Thank you. And we'll be beside you.

Robert Dickson

Thank you, I need all the support I can get.

Commissioner Bohémier

And behind.

Robert Dickson

Pretty tough lawyers up there in Edmonton with the College of Physicians and Surgeons.

Commissioner Robertson

I just have one question. I live in Alberta and I was wondering, does Edmonton, St. Albert have fluoridated water that you would know?

Robert Dickson

Yes, as I mentioned earlier, Edmonton has been fluoridated since 19—, oh let me get this right here, 1967.

Commissioner Robertson

Okay.

Robert Dickson

And so yes, we're definitely going to be working with Edmonton to get water fluoridation [out of] there too. But we have to end it in Calgary first. If we can stop it here in Calgary, that would send a ripple out across all of Canada and send a message to cities like Edmonton, Grand Prairie, and Lethbridge, and Red Deer that this is just not right. It's not a safe public practice. It harms our children.

So if we're looking at the safety of Canadian children in this event, the easiest thing to do—I mean, some of these things like the metabolic things: the diet changes, the fertilization, the pesticides, herbicides, et cetera, those are big things. And yes, we should be tackling those, but they are difficult to tackle. Water fluoridation: If they come to you, if the pro-

fluoridation has come to you and said “You should have this safe and effective thing called water fluoridation to help your poor kids,” all you have to do is say, “No, it's done. No.”

If you have it in your city, then you have to go to city councillors and convince them of science. We've got a huge amount of science compared to the pro-fluoridationists. Show them the science, show them the data, show them the costs involved, show them the legal liabilities that they could have in the future, and just tell them to—erhn, erhn—turn off the fluoride taps, and within two days you're fluoride-free.

Commissioner Robertson

Thank you.

Wayne Lenhardt

I think that's all the questions we have from the commissioners. I have one question myself. And I don't know whether your research would actually cover this, but fluoride toothpaste is on my mind. Now, it's not like water where you're taking it in and the more you're going to drink it, it's going to go into your system. But does any of your research cross over into the area of fluoride toothpaste, where you put it in your mouth and put it on your brush and then spit it out?

Robert Dickson

Yes. The best answer to that unfortunately is on my screen, which I can't share with you. I have the three websites, actually four websites on there. So I have my website from Safe Water Calgary, www.safewatercalgary.com. I am also the chair of Fluoride Free Canada. That website is www.fluoridefreecanada.ca. And then the largest repository of fluoride data, science, and information is at the Fluoride Action Network. That's FAN, the Fluoride Action Network based in New York. And their website is www.fluoridealert.org.

The fourth website I have on there is from a young engineer from Ontario by the name of Casey Krol. And his website is truthaboutfluoride.com, and that is an excellent website. Casey has saved me a lot of work by going through a lot of major things that contain fluoride. So that would be all the teas, the teas in the world that concentrate fluoride. He's looked at 40 or 50 different kinds of teas. He looks at the counter filters like the Britas that do not take fluoride out of the system. He looks at the whole house system. Someone earlier today mentioned the reverse osmosis systems that can cost anywhere from \$3000 to \$15,000 for a whole house system. They definitely take out fluoride, but very expensive and you have to change the fluoride filters about once every year or two.

And then there's the bigger countertop ones, like Berkey is a good example, Santevia is another. And those are a bit more expensive, maybe in the \$500 to \$800 range. And you can buy an extra fluoride filter for those, but those filters really don't do the job and they don't last very long. We're talking at maybe weeks rather than years of taking fluoride out. So, yeah, look at that Truth About Fluoride website. And Casey Krol has answered a lot of questions as to what is useful and what is not in the fluoride world.

Wayne Lenhardt

Okay. Number one, I'd like to remind you to please get your slideshow or your whatever it was that wouldn't work today. If you could get it in to our AV department or send it to Shawn Buckley or myself, just so that we can make it an exhibit onto your archived presentation.

Robert Dickson

It's already in your inbox, sir.

Wayne Lenhardt

Oh, good. Okay, on behalf of the National Citizens Inquiry, I want to thank you very, very much for having given your presentation today.

Robert Dickson

It's an honour to have been here with you.

Wayne Lenhardt

Thank you.



NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 19, 2024

Day 3

EVIDENCE

Witness 7: Dr. Christopher Shaw

Full Day 3 Timestamp: 07:33:27–08:16:41

Source URL: <https://rumble.com/v5j9ez7-nci-vancouver-2024-hearings-day-3-october-19-2024.html>

Shawn Buckley

Commissioners, I'd like to announce our next witness who is also attending virtually, Dr. Christopher Shaw. Just wait for the AV team to bring Dr. Shaw up. Dr. Shaw, can you hear us?

Christopher Shaw

Fine.

Shawn Buckley

Good, so Dr. Christopher Shaw, can you state your full name for the record, spelling your last name?

Christopher Shaw

My name is Christopher Ariel Shaw, S-H-A-W

Shawn Buckley

Dr. Shaw, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Christopher Shaw

I do.

Shawn Buckley

Now, I just want to introduce you briefly to the commissioners. You are a university-based researcher whose focus has been on environmental toxins related to neurological disorders. You have a Bachelor of Science in Biology. You have a Master's in Physiology. You have a PhD in Neurobiology. You are currently a Professor at University of British Columbia in the Faculty of Medicine. You have been at UBC since 2004, is that correct?

Christopher Shaw

I've been at UBC since 1988.

Shawn Buckley

Okay. I wonder why I got that wrong. Because I think I was going—

Christopher Shaw

Well, while I was here, I was promoted to full professor.

Shawn Buckley

Okay, so full professor since 2004. And just, Commissioners, Dr. Shaw's CV, which is 45 pages long, is marked as Exhibit V-2009, and that will be available to the public also. And Dr. Shaw, you've provided us with a copy of the slides that you're going to be relying on. I'll just advise you we've made those an exhibit too, and that is Exhibit V-2049. And on that note, then I'll invite you to start your presentation and I'll just break in to clarify.

Christopher Shaw

Okay, so Mr. Buckley, how do you want to run the slides? Do you want to—well, I'll just indicate when I want a slide to come up? Is that how we're going to do it?

Shawn Buckley

Okay, well we assume they were on your computer, but we can pull them up, absolutely.

Christopher Shaw

If you can pull them up, that might make it a little easier, if that is possible.

Shawn Buckley

Okay, just hang on. I'll just wait for my AV person to do that. And if you need, David, I've got them on a jump drive here also.

Christopher Shaw

Certainly.

Shawn Buckley

So we'll just wait for the AV person. I'm sorry about that, Dr. Shaw. I think that you indicated that to me a day or two ago when we had a conversation.

Christopher Shaw

That's correct.

Shawn Buckley

And it's just passed my mind. So, David, there'll be a file for October 2024, and then there should be a subfile about Vancouver materials, and then a Dr. Shaw file and a PowerPoint presentation. So I think they just about have that, Dr. Shaw.

Christopher Shaw

Right. That's great. I mean, worst case, Mr. Buckley, I can track down the one I have on my computer and try a screen share if that's needed, but it might be just easier if you have them come up there.

Shawn Buckley

Yeah. Okay, so I just got the thumbs up, so we should have that coming on the screen in a moment. Oh, I'm sorry, it wasn't. Do you need me to come and help find that file for you? Oh, we're good. Okay, so if we can pull up that slide presentation, then.

Christopher Shaw

That'd be great, thank you. So in this first slide, I'm just dealing with the questions about the health challenges facing Canada and the U.S., and I realize that kind of the title of the this hearing has to do with: Are Our Canadian Children Safe? or some variant on that. And we're talking in this case about health concerns, not safe as in the horrors that are inflicted on the children of Gaza, for example, because fortunately we don't suffer that, but in terms of health perspectives. And I do want to state at the outset that in this first slide, yes, I'm a full professor at UBC, which does not mean that UBC shared my views on these things, so I'm speaking only for myself.

And secondly, I want to stress that I am a research scientist, not a medical doctor. I have a lot of experience teaching in the medical school and I am actually a qualified paramedic. But this is me speaking about my views of science, from my scientific perspective about the issues facing Canadian children, and by extension American children as well. And so that was really what the first slide is. And so what you see here, you know, we're talking about chronic disease in general, and it's actually quite a major problem.

Shawn Buckley

Just hang on a sec.

Christopher Shaw

Certainly. You moved ahead a little too fast. Thank you.

Shawn Buckley

Okay, sorry about that. Carry on, Dr. Shaw.

Christopher Shaw

Okay, so if you go back one slide, we'll see. If one goes on to— Can you back one, please?

Shawn Buckley

Yes. So can we go back one? Thank you.

Christopher Shaw

Good. So this has taken sort of a general survey of web-based material on chronic disease. Chronic disease actually is a major emerging issue and it's been emerging for some time. The WHO, which their comments always have to be taken with a grain of salt, but they estimate that one in three people in the world have chronic disease.

And we'll talk a little bit about what those chronic diseases might be. But one in three with the big four really are chronic diseases such as— Again, I'll come to that in a second, but keep in mind that also, if one in three has chronic disease, also a certain fraction has multiple chronic diseases. And again, I'd like to address that in the next slide.

Okay, so the prevalence of multiple chronic diseases is quite high. So the estimation is that more than half of the adult population—and this is from the American CDC, which again is not known to exaggerate these numbers, but if anything, to underestimate them—more than 50% of the adult population has one of 10 chronic disorders. And they are there on the slide, which include: cancer, chronic obstructive pulmonary disease, coronary heart disease, asthma, diabetes, hepatitis, hypertension, strokes, and failing kidneys. And 27%, almost 30%, has multiple of these. So this is a large fraction of your population that are chronically ill.

And this is a significant problem, because we'll see in the next slide that you're dealing with something like 86%. So again, we're talking about the American situation. But keep in mind that what happens in America, we largely track the same thing in Canada. So 86% of our healthcare costs, and it's probably even higher here given our nature of our medical system here, 86% of the healthcare costs are due to chronic diseases that afflict most Americans, and I would argue most Canadians as well. So this is actually a very serious problem.

These are the kind of things that Bobby Kennedy in his run for President has been talking about and now, under his alliance with Donald Trump, is aiming to do something about. You know, their slogan is now “Make America Healthy Again.” And I think it's a very important thing to consider that when you have that level of chronic disease, the stability and the future of your nation is severely compromised, in my view. So that applies both to us and to the United States.

And if you could bring up the next one, please. Okay, this is from Children's Health Defense. Children's Health Defense is a creation of Bobby Kennedy. And you look at some of these

numbers, which are quite telling. So, for example, I'll bring you a couple of slides right off the top.

When we look at the level of cancer: 1 in 285 kids—and these are children—one in 285 kids. Fifty-four per cent overall of U.S. youth are chronically ill, which kind of mirrors what the Americans have in adults, but slightly more. And 1 in 44 for example—look at the slide on the left bottom, second from the right—is 1 in 44 have autism. They are part of the autism spectrum. And that's considering the entire group of kids, males and females, not just males. The males are closer to 1 in 22.

And something dramatically has happened in the years since the late '80s when all of a sudden the numbers go up and they go up and they go up and they go up. And this is not just for autism, but for a whole range of neurological and other diseases, as you can see in those charts. So these numbers are actually quite daunting, both cancers, neurological conditions such as ASD [Autism Spectrum Disorder], and a host of other things. And one thing to mention is when you're looking at autism spectrum disorders, you're looking at numbers that have risen dramatically in the last 30 years.

Now what was, you know, basically 1 in — Let me see if I can find the final numbers. In 2008, it was 1 in 88, now it's 1 in 44 and probably higher if you actually looked at the more recent numbers now. Because 2008 is a long time ago now, and with 1 in 22 being more realistic numbers, at least for males, this is now beginning to be a very telling epidemic. And the question you have to ask yourself at times like this is: Where is that leading? Where is that leading us as a society when that many of our children are ill, that many of our adults are ill? What happens now? Can you bring up the next one, please.

Okay, so this is now the public health information database from the Government of Canada—again, not likely to overestimate the numbers. Forty-six per cent of adults 20 years or older have one of 10 common chronic conditions. And they list them: hypertension, osteoporosis, mood and or anxiety disorders, diabetes, asthma, chronic obstructive pulmonary disease, ischemic heart disease, cancer, and dementia. In our country, again by the Government of Canada's own numbers, all this percentage of adults are chronically ill. This is actually shocking.

And when Bobby Kennedy was first talking about this in his run for presidency, and now as he moves forward presumably to have some role in the health services of the United States if Mr. Trump wins, this is actually a pretty shocking number. And the numbers are going up, they're not going down. So then the question is really: What is happening, what is driving this, and where is it leading us? Next, please.

Okay. And this just highlights the thing from the Canadian Chronic Disease State in Adults, also from Health Canada. And again you can see that there's quite a lot of all these conditions that I've discussed, and they highlight the fact that we have a chronically ill population that is growing and continues to grow, and presumably will continue to grow until we get to the root of what's going on. This is again something that's hard to over-stress how serious this could be for the future of Canadian society, and in the counterpart for the American society. Next please.

Autism. So you can see that the prevalence of autism in Canada is estimated—again this is the Government of Canada data—1-2% of the population. So of 40 million population, as we have now approximately with all the new immigration, we have 400,000 to 800,000 people that are on the autism spectrum. This is pretty stunning actually, and pretty stunning numbers which match very closely what you're seeing in the United States.

So the suggestion is that something is happening in North America that is beginning to impact increasing numbers of not only children but also adults that basically is leading us into a place that's pretty dark from a health perspective, and from the functioning of society. May I have the next please.

This is a site called Healthing.ca. CDC replaced a study of ASD prevalence. Again overall their percentage is 2.21[%] of adults. And you can see that the numbers have gone up, so it's now 2.8[%]. And these are people who may have developed the disease some decades earlier but are still living with the consequences of being on the autism spectrum and all the implications for that—not only for their health, not only for their ability to find work, their ability to become active members of society, but also the long-term consequences of the care, especially for the more severely disabled of them. Next slide please.

Okay, I want to put this in perspective of COVID-19 and the measures taken, especially with the mRNA vaccines. And it's important that we consider this. Because when you look at those tables, you can see that all of the other diseases for which we have vaccinated our children over the years have side effects. And the numbers are listed in the tables.

The most striking thing is, look at the over 5 million people since the rollout of the mRNA vaccines in 2021 who have developed severe side effects from the disease—not from the disease, correction, from the vaccine. And on the right side of the slide you can see all the different areas where the adverse effects have happened, the different systems of the body that have been affected by this. This is a massive increase in chronic disease that may last for a lifetime for many of these people, and we don't know how many of these are children. This may last for a lifetime.

And this is a concern, because something serious happened during the period of the rollout of the mass vaccination schedule that has made a lot more Canadians chronically ill than they were before. And this is going to have a consequence for our future society when you have this many people injured, this many people who have had that sort of consequence both in Canada and the United States. And I'll stress these are American VAERS data and this was compiled by the Canadian Citizens Care Alliance. When you look at these sorts of numbers, it is difficult not to be concerned with where this is going to take us in the future, especially given that Health Canada and the American CDC and NIH and FDA continue to advocate for more vaccines of these types for everybody, including children.

And we know very well that children were not really at risk from COVID. Yes, there are children who got it, but they were not majorly affected by COVID-19 and they were not major transmitters. So the idea that you had to vaccinate all of them, which both health agencies both in Canada and the United States have adopted as a mantra, is simply incorrect. Next one please.

Okay, I want to talk a little bit about New Brunswick disease, which is interesting from a couple of perspectives. So when I go back and think about COVID, I think: Okay, when the government is asked to consider the damages that may have been done and the overall issue of chronic disease in general, what did they basically do? They basically try and kick it under the carpet. They basically try and ignore it because they don't want to face the consequences.

And here you have a perfect example of a neurological disease, primarily neurological disease that appeared in New Brunswick, first recorded in 2019. A doctor, a neurologist named Alier Marrero, basically was first contacted by people who were coming down with this thing that they later described as New Brunswick Neurological Syndrome, Unknown Cause. And I'll talk about that in context of what the Americans did many years ago with a disease on Guam called ALS-PDC [Amyotrophic Lateral Sclerosis-Parkinsonism-Dementia Complex].

So this disease features a lot of neurological features that I've highlighted in blue. It affects people of both sexes, males and females. It occurred in sort of a north-south access on the East Coast of New Brunswick when it was first reported. It went from eight cases to 48, and now there's some concern that it's up to 400. It does not seem to have passed, in any level, New Brunswick's borders. So there are a few cases that may be people who moved from New Brunswick, and you have a fairly large number of people with neurological symptoms who have really exploded over the last few years. And New Brunswick basically doesn't seem to want to have dealt with this.

And this is interesting because the people who were involved in this case, Dr. Marrero and several other researchers who were brought in, primarily neurologists, were basically told, "There's nothing to see here. You can stop." And they basically stopped investigating it. They didn't, as far as I can tell. You know, there's some of the material I've looked at that came from *Global News* which is looking at it again. *CBC* did a number of stories on this. Basically, after the initial flurry of investigation, they stopped consulting both Marrero and the other investigators involved, and one of them was from UBC.

They basically said, "Well, there's nothing to see." As far as I know, they did not test soil and water for toxic elements. They did not look in detail at the possibility that some of the things on the East Coast might have involved something in the fishery, some substances that were in the fish, or the other seafood. They didn't seem to look in any detail at glyphosate, which is widely sprayed in New Brunswick, you know, in the forestry industry and the agricultural industry. And it's interesting that it's a kind of a north-south access when I first started. Now it's all over the province.

So the question is really: What's going on? And I should mention that in this case, Public Health Agency of Canada did start to take it seriously. CIHI [Canadian Institute for Health Information], our Canadian health institution which is the equivalent of the American NIH, basically offered \$5 million in grant funds to people who investigated, and New Brunswick basically didn't want it. So really the question is, why aren't they following it? Why are they not taking this seriously? They say there's nothing to see: it's just coincidences. The various signs and symptoms of what looks like a serious disease seems to be something they don't want to consider. They say it's just random occurrences, but they're not really looking very hard.

And I contrast that to what happened in Guam. In Guam there was a disease called ALS-PDC that arose in the late '40s. It actually rose before that, but it was first described in the late '40s. It peaked in the late '50s and then started to tail off and vanish. But at one point it affected a large fraction of the Guamanian population who came down with something that looked like Lou Gehrig's disease or Parkinson's disease with variations and with a dementia.

And the Americans spent millions and millions of dollars, sent a lot of experts to Guam, and studied it over the course of about 30 years. And the disease basically vanished for whatever reason, for whatever thing was causing it, which is almost certainly an environmental toxin or toxins. They basically decided, "Okay, well, there's nothing to see here because of the disease is gone," which I think was a mistake. But at least they tried really hard. They did gene studies, they did almost anything you can think of. They looked at soil and water, they looked at radiation. There was nothing they didn't do.

And New Brunswick didn't do any of that, except in a very cursory way. So the question is: Why not? Why are these sorts of chronic health issues and a kind of a glaring emergence of what could be a very serious disease affecting New Brunswickers? And I should mention that a number of health professionals and medical students have written to the government basically asking, "Why are we not doing more? Why is this investigation being turned off?" You have to ask that question.

Is there something that they don't want to find? Is there something that the health authorities know about and don't want to hurt the economy? Or is it just inertia? Is their bandwidth due to COVID too narrow to actually investigate further? And we know that New Brunswick had some of the most harsh regulations against the population during COVID. So, I mean, you have to wonder what's going on there. And this is, I think, a fairly typical case for what we've experienced in Canada, basically trying to ignore when emerging health issues are emerging—not only chronic disease, but acute disease in the case of the New Brunswick syndrome. Why is there no greater interest in this?

And I think it's because there are agendas at play that are not served by finding something that either the COVID vaccines or other things may have done. And I think that's a real tragedy because a lot of people are suffering and they need help, and we need to have a lot greater focus on what might be hurting these people. If at the end of the day, if we put the effort in and we discover there's really nothing there, well then there's nothing there. But we didn't do that. We didn't do that in New Brunswick, and I don't think we've done that with COVID. Next slide please.

I'm just going to finish by mentioning that the Canadian COVID Care alliance, which is now called the Canadian Citizens Care Alliance, has now put out two books. I am co-editor along with Steve Pelech, my full professor at UBC and a longtime colleague. The first one is coming out with Skyhorse Publications next month, in the middle of the month. And the newest one is now in press in Victoria and it'll be out sometime after that.

The first one basically takes the entire COVID epidemic and looks at, or pandemic more correctly, and looks at the science—and the real science, not the imaginary science that we've heard from various government officials. It looks at the real science, the real pathophysiology, the impact of the vaccines, the things that are actually happening, the origin of the disease. All of these things are dealt with in depth in that first book.

The second book looks at things that are arguably as important, if not more so, which is: What happened to our society? What happened to all of the things that we took for granted, all the trust we had in various institutions, whether they are medical or scientific or legal or

media or government. They've all taken a real beating because people have reason now not to trust them. What were cracks are now Grand Canyons across all those domains.

And I think that's going to be the larger legacy of the COVID pandemic, is that this is the world our children will inhabit. This is the world that they're going to have to live in, when all those things that we as adults were taught to trust and did trust have been shown to be badly flawed. And repairing that is going to take quite a bit of effort. So that's really kind of the end of my prepared comments. And Mr. Buckley, if you have any questions, I'd be delighted to address them.

Shawn Buckley

I absolutely do. So one of your slides was the slide from Children's Health Defense showing that 54% of U.S. youth are chronically ill. And David, if I could have that slide brought back up. The thing that's troubling me, Dr. Shaw, is: My understanding is that basically the Canadian numbers would be the same.

Christopher Shaw

Pretty close to the same, yes.

Shawn Buckley

And it showed 1 in 44 children in the U.S. have autism. But if I recall your evidence correctly, I think you suggested that for males it was around 1 in 22 or 1 in 23.

Christopher Shaw

It's about 1 in 22, yeah.

Shawn Buckley

Right. So really if we were to talk about just males, so 1 in 22 children, I mean that's a health crisis just in itself.

Christopher Shaw

That in itself is a health crisis, yes. And keep in mind that ASD, by the way, is a multi-system disorder. It's not just the neurological components. The affected children often have severe GI [gastrointestinal] issues as well, and so it affects multiple systems.

Shawn Buckley

Right, okay. So we're not just talking behavioural. And when you're talking about digestive, you're talking something that's going to affect the person's health entirely.

Christopher Shaw

That's right. And while some children who are diagnosed as being on the spectrum do learn to cope and do in fact show remarkable abilities later in life, a lot of them don't. And those people now are chronic—I hate to say burdened because you know they are our children—but they are a chronic issue that society has to cope with, either their parents or the health system.

And in Canada that falls on our particular means of organizing our health and who pays for it, which is largely government, which is largely taxes. So this is beginning to impede our ability to do other things, because we are spending so much money trying to cope with the chronic diseases, such as ASD, that are likely to increase, not decrease—unless we find what's causing it. And again, as in New Brunswick, there seems to be a lack of real determination to find the causes.

Shawn Buckley

Well that's where I was going. I mean, when we're talking about over half of our youth are chronically ill, it seems to me that that would be a national crisis and something that you'd think we'd be in war mode, literally, except that there's not an army on our border.

Christopher Shaw

Indeed. And so again, it has to beg the question whether this current government or the future government are going to do something about it besides, you know, wring their hands and pontificate about how much they love our children. If they really loved our children, they're going to spend a lot of money to figure out what's going on, and then take remedial steps: Is it something in the environment? Probably. Is it genetic? Probably not. Is it purely environmental of—

And we know we live in a very toxic world. I mean, there's so many things out there in the world. I've spent a lot of my career studying aluminum. Well, aluminum is ubiquitous in our world. One of my colleagues, Christopher Exley, says, "We live in the age of aluminum." It's in all kinds of products. And yet if you walk into a grocery store, at least when I walk in with

my children, they want to take all the junk food off the shelves. Half the grocery stores, major grocery stores, are full of crap that simply I won't let my children eat. We live in a toxic world.

And if we don't address that, we are going to have more. It's not going to be 44% of Canadians and Canadian children who are sick. The numbers are going to go up, as they have done over the last 30 years. We have to figure out what's causing this, unless we just want to give up and say, "Oh well, that's just the way it is, the whole world is toxic," and forget it.

Well, no, we can do better than that. I hope we can. And the next government, when the current government is no longer there, the next government has to pay attention to this as well. It's not something you can just sweep under the rug. You can't. And you can't if you want a viable society in the years that follow.

Shawn Buckley

So Dr. Shaw, we had Irvin Studin testify yesterday about up to 120,000 kids, who he describes as being in a third bucket where they haven't returned to school. And so they are not properly socialized now. They're not the educated. They are going to have difficulty fitting in. So literally, it's almost like a disabled child where they are—and we're not being callous—but the reality is, to be a vibrant nation that's competing with other nations, you need a healthy population, full stop. And you need an educated population.

Well half of our youth are chronically ill, they're not healthy, and we add in that some aren't educated. And then we add in, and correct me if I'm wrong, but are you not of the opinion that with COVID-19 vaccines, that that is likely to lead to more chronic illness in our youth going forward?

Christopher Shaw

I would agree with that completely. I think that's exactly what we're seeing with those numbers. So when you have over 5 million people that had severe adverse effects, and we keep pushing the vaccines and keep pushing other things, I think. You know, listen, we're building factories to make more mRNA vaccines.

Shawn Buckley

Right. And you just co-edited a book that will be explaining how pretty well every institution has failed us. And that's likely with government participation, even albeit perhaps through funding and grants.

Christopher Shaw

Not only participation, Mr. Buckley, I would suggest with government's nudging, to say the very least. The government has been the main driver of these measures. You know, look at your own profession. One of the chapters in the second book deals with judicial notice, and there have been a number of cases that have come up here and elsewhere in Canada. But the ones that have come up here, basically the courts say, "Well, Bonnie Henry, who's the public health officer for British Columbia, she says it must be right, we're done." We're done discussing whether she's right or not, and yet we're trying to do various lawsuits to try and bring some justice to the people who have been damaged and their children.

Shawn Buckley

But I'm just trying to focus you. So, I mean, it seems that we're already in a health crisis. For youth, it's likely going to get worse, but this isn't something that's crept up on us. You know, if you were doing charts on depression, obesity, suicidal thoughts, everything that's listed in this slide that you had, they'd all probably just be going from the bottom left up to the top right.

So I'm just wondering, is it realistic in your opinion for us to be expecting any government, regardless of party, to be coming to our rescue? Or are we in a place where either Canadians take this on themselves and start dealing with things? Like you raised how half of the grocery store is just junk and garbage and literally poison. Isn't this something we have to take responsibility for ourselves? I'm just asking you a philosophical question, because are we at that place where we can't rely on government anymore?

Christopher Shaw

I'm afraid you're right. I think we cannot rely fully on government unless we manage somehow to elect governments that share our views. If not, then yes, I think it falls on families and communities to decide they're going to take those actions that need to be taken to make the health of their children and themselves priorities.

And that means, yeah, you're not going to go in the grocery store and buy all the garbage. You're not going to feed your kids that kind of stuff. You're going to deal with the aluminum

in the air, in the water. And you're going to deal with the other toxic elements that—you know, you would deal with the glyphosate spraying. You would deal with all the pesticide use. You would deal with all of the things that are going to be participating, I think, in the chronic disease epidemic we're facing. Because, you know, if we don't, then it is going to get worse. And you know, at what point do we stop, when it's 90%?

So yes, I think communities are going to have to do the lead on this. Communities are going to have to—and what's the term we use where I live? We've kind of got “radical self reliance.” We're going to have to take the steps ourselves. And we hope that governments will follow, which they may do, but I don't think we can count on that. And yes, we may have a change in government in a year, but I think people have to take responsibility for themselves—not only as parents, but also citizens. Take responsibility and become the leaders in changing this horrible dynamic that is only going to make everybody sicker.

And what happens when it does? What happens now when all those sick children grow up? What roles do you expect them to play? And what about their kids? What roles do you expect them to play? How is society going to function? Maybe it won't. So yeah, I think you're right. I think we do have to take responsibility and we have to not wait for government to do it for us. And the philosophical question is, this is self-reliance. And it has to happen that way because we can't count on the entities that we have trusted for so long to do it for us.

Shawn Buckley

Thank you, Dr. Shaw. I'm going to turn you over to the Commissioners for any questions they will have.

Commissioner Larsson

Thanks very much, Dr. Shaw, very interesting. I'd like to ask you a couple of questions. The first one I'm asking firmly with tongue in cheek. Is it possible that some of the increase in these chronic diseases since the 1980s is because awareness about diseases like autism have increased and the diagnostic criteria have shifted.

Christopher Shaw

Well yeah it is, but not as much as various entities such as Health Canada and the CDC would like you to believe. So one estimate is, yes, people are more aware of it because it's getting more publicity, because more people are getting it. And that raises the idea that

more people, you know, it's just better detection and/or more awareness and more publicity.

But in fact there was actually a study done, and I think the estimate was— You know, when you go from 1 in 88 in a span of a few years to 1 in 44, that's not better detection. Better detection might be 10-12%. But that's certainly not the entire increase, which is a doubling every few years. That's simply not because more physicians all of a sudden go, “Oh yeah, that must be autism because, you know, my colleague saw it last week and therefore I'm looking at the same sort of thing.” I don't think this is the case. And the other excuse that is often given is, “Well, it's a genetic disease,” which it is not.

Like many things, there are genetic components, there may be genetic propensities, but it is not a genetic disease. No one has found a Mendelian inherited gene that is going to give you these diseases. There may be segments of the DNA, something called non-coding regions that may participate, but the question is what triggers them? There's something triggering them, as in New Brunswick.

So what takes you from 8 to 48 to 400? Is it better awareness? Partially, but not that kind of increase. So the short answer is, no, it is not likely to be. Because, look, when Leo Kanner first described autism back in the late '40s, when you read his papers, it's pretty clear what you're dealing with. That hasn't changed. His diagnosis of those initial eight patients was pretty much the same standard that we've been following for years.

So in terms of better diagnosis: not really. In terms of more awareness: again, a few per cent perhaps, but not the extent and certainly not in terms of—the gene pool hasn't changed in Canada. Maybe with immigration it has slightly, but it has not changed in the years between mid-1980s and 2008 when the huge increases were found for Autism Spectrum Disorder.

Commissioner Larsson

Thank you. And my second question is a philosophical one. I hope you have a stab at answering it. But you and I were educated in a philosophy of evidence-based decision making.

Christopher Shaw

Indeed.

Commissioner Larsson

Do you think we've now moved into an era of decision-based evidence making?

Christopher Shaw

Yes, I think we have. And we talk about that in the book in some detail, in the second book. I think, especially when we're talking about COVID but I think it was before COVID, a lot of it is agenda-based. In other words, we make our policies based on an agenda that we backfill to have the science—what we call science—justified.

So when you hear people say, “I trust the science, believe the science, the science is settled,” those are statements of faith, those are not statements of science. So I think we walked away very badly from evidence-based research. And in fact we see this all the time saying, “If you're questioning anything about COVID, look how scientists who did question the COVID narrative, who questioned the procedures, now whether it's here in British Columbia or elsewhere, and how the suppression of ivermectin, hydroxychloroquine, which are very effective treatments—how all those things are all dismissed because they didn't fit with a larger government agenda that permeated almost everything. Like how the media treated everything. The media became cheerleaders for these regulations.

And talking about civil liberties: civil liberties in this country were trashed. And we have this thing called the Charter of Rights and Freedoms, and I'm sure Mr. Buckley can talk your ears off about that. But how did it serve us during those years? It might as well not have been there, as far as I can tell. Because a large percentage of the Canadian public had their rights violated quite dramatically in those years—and to this day in fact. Bonnie Henry, our public health officer, just recently removed the restrictions, after four years. And yet the evidence that this was a disease that was going to kill us all was known by many researchers to be nonsensical going back into 2020.

My colleague Steve Pelech has evidence that a huge fraction of the population of British Columbia already had the disease in the summer of 2020. So the idea that you need urgently to vaccinate everyone, especially children, was just based on nothing. It was based on some agenda that was not evidence-based at all, as far as I can tell. The whole thing with masking was not based on evidence-based medicine.

Commissioner Larsson

I've got one more supplemental question if my fellow commissioners don't mind, and they don't mind the fact that they've heard this question many times from me. What, in your opinion, is the motivation behind the authorities and the powers that rule our scientific endeavours to ensure that the truth is suppressed?

Christopher Shaw

The motivation, I would think—I think they're dual motivations. One of them is money. The vaccine makers make a ridiculous amount of money. Pfizer and Moderna each walked away in 2021-22 with something like \$30 million each. So there's certainly a financial incentive.

I think it's also control. I think when you can make people so terrified that they will do what you want, and you can make them put on masks, you can make them separate, you can close churches, you can close meetings, you can basically restrict people's movements and ability to interact, I think you have the means of population control—not in terms of fertility, although that's declining too—but population control in terms of what people are able to do in an ostensibly democratic state.

And, you know, we've seen it in Canada. Canada and Australia, and to some extent the United States, England, New Zealand, were arguably the worst when it came to these kinds of things. And it was, I think, in large measure driven by an attempt at solidifying control over the population. That's maybe my so-called conspiracy theory views, but I think there's a lot of evidence that supports that perspective.

Commissioner Larsson

Thank you.

Commissioner Bohémier

Hi, Dr. Shaw. My only question is: maybe I missed it, but I don't recall. What is your field of expertise?

Christopher Shaw

I'm a neuroscientist, ma'am. And I'm a neuroscientist by training. And most of my work has been involved with Lou Gehrig's disease, Parkinson's, and the Guamanian disease. And I'm the co-chair of the Canadian COVID Care Alliance, now Canadian Citizens Care alliance and we decided to write this book. And we put a lot of time and effort into making sure that we had considered all the aspects from the medical perspective and the scientific perspective as well when we wrote those books.

Commissioner Bohémier

Thank you.

Christopher Shaw

Welcome.

Shawn Buckley

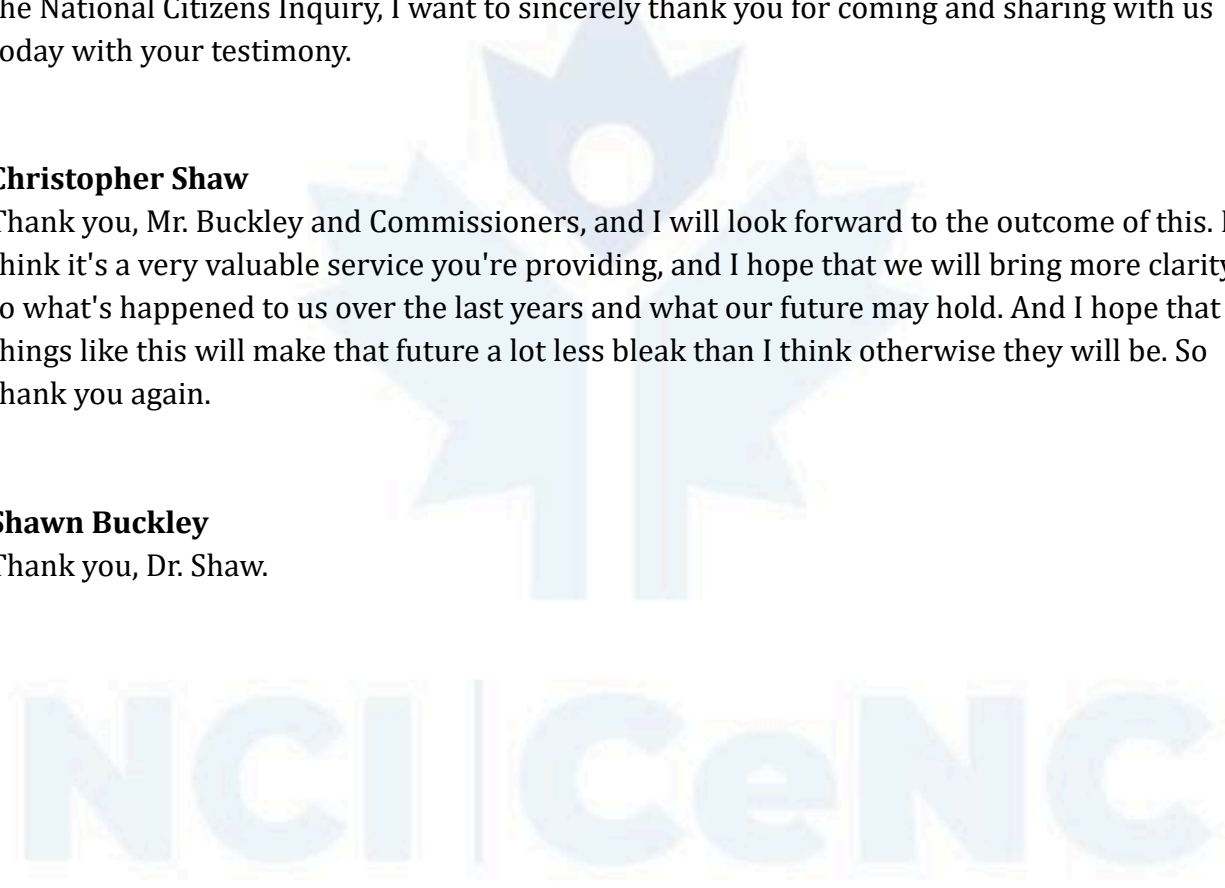
Dr. Shaw, I believe that's all of the questions that the commissioners have. So on behalf of the National Citizens Inquiry, I want to sincerely thank you for coming and sharing with us today with your testimony.

Christopher Shaw

Thank you, Mr. Buckley and Commissioners, and I will look forward to the outcome of this. I think it's a very valuable service you're providing, and I hope that we will bring more clarity to what's happened to us over the last years and what our future may hold. And I hope that things like this will make that future a lot less bleak than I think otherwise they will be. So thank you again.

Shawn Buckley

Thank you, Dr. Shaw.





NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 19, 2024

Day 3

EVIDENCE

Witness 8: Hila Russ-Woodland

Full Day 3 Timestamp: 08:30:31–09:16:12

Source URL: <https://rumble.com/v5j9ez7-nci-vancouver-2024-hearings-day-3-october-19-2024.html>

Shawn Buckley

Welcome back to the National Citizens Inquiry as we continue on day three of the Vancouver hearings on the topic “Are Children Safe in Canada?” Commissioners for the record, my name is Buckley, initial S. I'm attending this afternoon as lead counsel for the National Citizens Inquiry. I'm pleased to call our next witness, Hila Russ-Woodland. Hila, can you please state your full name for the record? Spelling your last name for the record.

Hila Russ-Woodland

Hila Russ-Woodland. My last name is R-U-S-S - W-O-O-D-L-A-N-D

Shawn Buckley

And Hila, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Hila Russ-Woodland

I do.

Shawn Buckley

Now, you are a teacher and an educator, is that right?

Hila Russ-Woodland

Correct.

Shawn Buckley

My understanding is you basically have a quarter century of teaching both in public and private schools, in adult continuing education, and community centres.

Hila Russ-Woodland

Correct.

Shawn Buckley

Is there anything you'd like to add to that, about your teaching experience?

Hila Russ-Woodland

Well, I've been teaching children ages five and up in different formats in the past 15 years. I've been running my own educational programs, especially after school care program and summer camps. I have been seeing things in the educational system many years ago that encouraged me to create my own programs. And it's interesting that what I'm going to testify about today reminds me that one of my first positions was with the Vancouver School Board as a teacher in their adult continuing education. I would have never imagined that 20 years later I'll be protesting outside their building, their closed doors, with them refusing to hear me and other parents. So that indicates the states of affairs that we are facing these days.

Shawn Buckley

Right. And the hearings are, "Are our Children Safe in Canada?" And you felt compelled to apply to be a witness and basically share with us on two different themes. And the first theme has to do with Vancouver School Board basically allowing children to make medical decisions. Can you just share with us what was going on and what happened? And then we have a piece of a video to share.

Hila Russ-Woodland

Yeah, so since March 2020, I've been noticing how the mandates that have been imposed, especially on children, have been severely influencing them on many levels—emotional, psychological, physical—from the lockdowns, staying home, overtime in front of screens, not necessarily doing school time on screens.

Shawn Buckley

But I'm wanting to focus on the decision that they made to allow children 12 and up to consent to take the COVID vaccine and, you know, your thoughts on that? Because you've been working with kids for so long, you've got some pretty good input on are they able to make those, the pressures they have to please teachers, and the like. So I'm really hoping you can focus your comments on that at this point.

Hila Russ-Woodland

Yeah. So on May 21, 2021 I received a letter from the Vancouver School Board, as did every parent in the school board, that from now, children 12 and up can get the COVID-19 vaccines without parental consent, and they will be available for them. And I was shocked reading this letter and I was wondering: Am I the only one? And I was talking to other colleagues of mine and friends of mine, and we were all of the opinion that children at the age of 12 cannot and should not consent to any medical procedure without parental consent. Their capacity of taking in information, process it, and have an ability to understand what the long-term effects of it is not yet developed.

Shawn Buckley

Right. And now is there pressure on kids to please teachers and principals and adult school personnel?

Hila Russ-Woodland

Absolutely.

Shawn Buckley

And how would that play into whether or not they're actually consenting? Like your first point is: A child age 12 isn't able to consent to a vaccine that truly is experimental and

understand that. But I'm wondering if you can also share unto us just kind of the dynamics with young children and adult figures at the school.

Hila Russ-Woodland

Yeah, well I think we can recall a very strong push and, almost I would say, propaganda to take this experimental so-called vaccine. And at school the peer pressure is very strong on top of what children were hearing from families, from the media, the mainstream media—phrases like, “Well, you better do this or else you're going to kill grandma or hurt auntie that is sick.”

I mean this is an unheard of way to speak to children into taking any medical procedure. This is completely inappropriate, I would say border with criminal. So there was a huge pressure in schools from the administration and also from children's peer pressure. So children didn't want to be— You know, we all have the need to feel belonging and part of the herd, part of the tribe. So if you started to question that, then you would be ostracized, you would get some negative remarks, and who knows what.

So many children just followed along and were afraid to say anything. Some of them were just innocent and didn't know what to say, or even thought that— Again, how could they have critical thinking at that age? What kind of research are they able to do to say “yes” or “no” to a vaccine without parental guidance.

Shawn Buckley

And without a frontal lobe.

Hila Russ-Woodland

So we have fully developed brains.

Shawn Buckley

And it's kind of the point I was trying to pull out. When you work with kids as long as you do, I mean, you do see that there's limitations to their reasoning process compared to adults. Am I right about that?

Hila Russ-Woodland

Absolutely. I mean, there's no way that a child can have the ability to really look into data and information and understand, let's say the content of a vaccine and the risk, how safe and effective it is. It's unreasonable to expect that from children.

Shawn Buckley

Right. Now this led you to be very concerned, and you've already shared with us that you were involved with other parents that were concerned. What happened then? So what were you led to do and participate in?

Hila Russ-Woodland

Yeah, so we've organized to—it was almost like a spontaneous reaction, a grassroots from bottom up. And we called on social media to parents that are concerned to meet together outside the Vancouver School Board. And it was an amazing response. And over 200 people showed up. Somebody came up with a mic and a speaker, and right there on the spot we had a protest and a discussion about people's personal experiences with vaccine injuries, children that were vaccine injured in their families, and people that shared their understanding of why children, when their risk was even declared by the Vancouver Coastal Health as 0.009 to be infected by this novel coronavirus, why would we want to push experimental vaccines on them?

Shawn Buckley

I'm just going to move us along. So did they listen? Was there any response to the parents? Basically, I think the message was: Children can't be consenting.

Hila Russ-Woodland

Correct.

Shawn Buckley

So was there any positive response?

Hila Russ-Woodland

No, they didn't respond to our phone calls trying to set up a meeting. In fact, their building doors were shut down and locked the whole time while any other public places were

opened up by then. They didn't allow the public to enter in. And when we were having the protest outside, we were calling to ask for a meeting.

And eventually, the day after I came in. As somebody was leaving, I sneaked in and was trying to set up a meeting. I went to the reception and they called us security on me. And then the security was threatening to call the police. And I said, "By all means. What, I haven't broken any law. I'm here because I'm a concerned parent and educator and I'd like to speak to someone from the Vancouver School Board. I need some answers for what they're offering to our children."

And eventually when the officer came, that was a brilliant thing, because he facilitated the dialogue between us and the Deputy Superintendent David Nelson, who eventually after about an hour agreed to meet with us, but only outside the building and didn't want to be on video. And our question to him was, "Are you going to roll out the COVID 19 vaccines within the schools?" And this outside-of-the-building conversation, it is on video but it's only me speaking. Although he's a public servant, I don't know why he would not want to be on video and share his opinion or position. That's a different story. And so he basically lied by saying, "No, we're not going to do that. We're not going to have clinics within schools."

Shawn Buckley

Sorry, it's just we've got to move along. So should we watch that portion of the video now?

Hila Russ-Woodland

I just want to say that because they didn't want to meet with us or talk to us on the phone, we actually decided to go through a formal procedure to be a delegate in one of their end of school year committee meeting. And that's where we stated our request and our plea to stop pushing the experimental vaccine.

Shawn Buckley

Which is what the video is about. I appreciate we're just showing about a minute and a half of your presentation. And then we'll watch that and then my question right after to you is: Did it make any difference? So let's watch the video now.

[video clip]

Hila Russ-Woodland

With respect to our children's lives, especially as pertained to their health, well-being and all medical procedures, we say “No”—no to experimental injections. We have researched and listened to doctors, scientists, and highly qualified experts from Canada and around the world, and we draw the line when it comes to our children's safety.

Our kids have already been violated over a year now by the COVID measures and protocols that have increased anxiety, disorders, depression, mental illnesses, and even suicide. Just let's take a moment to let this alone sink in.

With 99.9% of full recovery from COVID, and given that children are not transmitters of the virus, why are we rushing and pushing an injection which is not even FDA approved and haven't been tested on children long enough? We're already seeing negative consequences in children and youth that have received the vaccines, as many reports of adverse reactions from being sick, to death, are being shared by thousands of doctors around the world.

If Dr. Bonnie Henry looks at Israel as a model, we now know that they have suspended injecting children and youth. Since I only have five minutes, we will send you the worldwide reports from doctors and physicians on the injuries, harms, and death in a separate formal follow up email. So once again, I'm going to reiterate our request. By June 30, 2021, we'd like Suzanne Hoffman or anyone from the admin of the Vancouver School Board to send a letter—

Shawn Buckley

Basically you were making a demand that that policy stop.

Hila Russ-Woodland

Correct.

Shawn Buckley

And you were thinking that there shouldn't be vaccinations of children at all. But the huge objection was having minors as young as 12-years-old making the decision to vaccinate when they really can't consent, in your opinion. Am I right?

Hila Russ-Woodland

Correct. And also as parents, we have the right over our children's bodies.

Shawn Buckley

Or so we thought, right?

Hila Russ-Woodland

Correct.

Shawn Buckley

Because I expect you were surprised as everyone else by what was going on. Now Commissioners, that video is longer and we've entered it as Exhibit V-2013. And this witness will be relying on the entire video, so we're hoping that you'll watch the whole thing.

Now Hila, what should be done differently on that topic before we go on to the next topic? Because basically what's happened is in the province of British Columbia, the Vancouver School Board permitted children from age 12 and up to be making important medical decisions, and they didn't waver from that.

So going forward, what's the solution? I mean, if we have a bird flu— I watched Dr. McCullough last week, I think it was on USA Watchdog, basically saying they just did a rehearsal for a bird flu pandemic. And remember, they had done a rehearsal for a COVID pandemic. You know, are we going to be doing it again? So what's the answer? If they're going to do this again, what can parents do?

Hila Russ-Woodland

Well, I think there's a few measures that parents can take. Personally, my son was in his last year of high school in 2020 and I sent them a formal letter saying that any medical procedure has to come through me. I forgot the formal phrase but—and then if not, they will be liable to any consequences. So use the NOL, the Notice of Liabilities, and have administrators, principals, teachers be personally liable.

So I think when you go that route, it creates more of an opportunity for them to rethink and maybe challenge those orders, or whatever we would call them that comes from the Coastal

health or the school board, before they go ahead and just allow that to happen. So using notice of liabilities in person, sending letters, being very active. You know, one of the things that I've seen in the system is the separations of parents from their children. It has been premeditated and slowly rolled out. And COVID was the pinnacle of it, where the schools were closed to any visitors.

So I would call on parents, if you're leaving your children in the government-funded schools, watch it, be involved, volunteer, ask questions. Those are your children, the people there are working for you, and you are entitled to start a dialogue, to question a certain narrative. We live in Canada. I would like to think that we're still a free society to express concerns should they arise, especially with respect to the most vulnerable, our children.

Shawn Buckley

Can I just step in? Because I don't know if it was you or another witness that I was preparing, where basically pre-COVID parents were free to go and sit in the classroom, literally. Because the understanding is parents have rights. The teachers have care, but the parents are the ones in control. And I've heard that since COVID, basically parents aren't welcome in schools anymore. Are you aware of that?

Hila Russ-Woodland

Yeah, absolutely. I think they're trying to minimize parents involvement as a certain ideology and agenda is being pushed in the Canadian public schools.

Shawn Buckley

Okay. Because it seems to be a theme that's coming up is that the school system is deliberately alienating parents. And even this Infants Act in BC that allows the Vancouver School Board to get away with something like this policy you've discussed. So would you recommend that parents, right here, right now before there's a crisis, take control of the schools again and start attending? And if they're not allowed to, insist that they be able to attend so they don't lose the right to be present in school.

Hila Russ-Woodland

Absolutely. I think as parents, we need to take responsibility. And it's about, you know, we're very programmed to follow orders, to be good citizens, to do what we're told. But I think the four past years have shown us that we need to be more proactive, more vigilant, especially when it comes to our children. And take responsibility trusting ourselves,

trusting our conscience, trusting our faith, depends on what you believe in, and not allow any other external sources, even the school system, to dictate something that doesn't feel right.

Shawn Buckley

So trusting our gut.

Hila Russ-Woodland

Absolutely.

Shawn Buckley

So we need to move on to the next topic just because we don't have very much time at all. So the next topic is basically with sexualization in the school with, you know, story hour with transsexuals. And I'm just wondering if you can share with us very briefly what happened, and then I'm going to pull up some pictures and you can use the pictures to fill in the story.

Hila Russ-Woodland

So in tandem with enrolling the SOGI curriculum in schools, SOGI being Sexual Orientation and Gender Identity, there was apparently a trend of drag queen reading stories to children in Vancouver. It was in community centres and libraries. I have attended two of them. One of them was in the Kitsilano Neighbourhood House. That was on November 25, 2022. And there was another one in Coquitlam [City] Centre branch library.

The one in Vancouver in the Kitsilano Neighbourhood House was the first one that I was aware of in BC. I was completely shocked and terrified. I mean, you would see drag queens on videos, and by far I'm not an expert on nightclub scenes, but drag queens usually correlates with obscene language, vulgar behaviour, very sexual performance, a man dresses up as a woman, usually very grotesque. And when I hear about this coming to our neighbourhood, I'm thinking, why are drag queens telling stories to children? I mean, again, gut reaction: What's going on here?

Shawn Buckley

Well, and when I was interviewing you, when you phoned them, it was like, “Well, why don't you have old people telling stories? Why don't you have other groups telling stories?” You were actually quite inquisitive: Why drag queens? Because this was an event being pushed.

Hila Russ-Woodland

Absolutely. Well, you know that whoever is working or performing with children must go to criminal record check or go through some screening. And I'm sure that there are librarians and actors and performers that are suitable to work with children and read them stories. I'm not understanding why drag queens. So, yeah, we were concerned. We were concerned parents, and we asked to meet with the director of Kitsilano Neighbourhood House.

And it took a while, but they appeared to be open to meeting with us, and it was on the same day. So we showed up and we asked a few questions, and the answers were totally not satisfying: Who's funding this? What are the learning outcomes of that? We were kind of brushed away under the guise of, again: “Oh, it's all about inclusivity and diversity and celebrating people that are different.” Which on the surface sounds okay, but this is when you scratch the surface and dig deeper. To me, I see it as we're all here connecting the dots of a bigger agenda.

Shawn Buckley

And it's just, you've got me thinking. When we had had the pre-interview and you said, “Why not other groups?” I mean, these proceedings today are happening in Surrey, a large East Indian community. Has there ever been story hour with some leaders from the East Indian community maybe telling stories from their culture to help children understand their culture? Or we've had a large Muslim community, has there ever been—? And these are just examples coming to my mind. Are you ever aware of any other group basically being introduced for story hour? Because you can easily see, well, that would actually be pretty cool. It would help also bring inclusivity. I mean, if that's what we're talking about.

Hila Russ-Woodland

Well, they do that. There are programs like that, for sure and that—

Shawn Buckley

Story hour for kids with other—

Hila Russ-Woodland

Yeah.

Shawn Buckley

Other groups. Okay.

Hila Russ-Woodland

Yeah, in libraries. I mean, story time to children is something that is common. But never have I heard story time with drag queens. That's a red flag to me.

Shawn Buckley

Okay.

Hila Russ-Woodland

That's part of the whole agenda of sexualizing our children.

Shawn Buckley

Okay, so tell us about that, so why as an educator that would be a concern to you? Because we're actually talking little kids, aren't we?

Hila Russ-Woodland

Yeah, well children are very vulnerable. They're very malleable. They're like sponges. So I think one of the previous speakers was saying that we know a leader in Germany that says, give me the youth, and if I take over the education then you take over a nation. And so part of this agenda is to start with the children and create confusion, create uncertainty, and have a blurry line between sexes. So then you create a weaker society. When we don't know who we are, when we're not even clear with what is a woman, then we have a problem.

Shawn Buckley

Okay, so what did you do? So as an educator, you're concerned that this is not in the best interest of children. Because again I need you to get there quickly so we can get to the

photos and then you can kind of fill in what's going on. So what do you do and what happens?

Hila Russ-Woodland

Well, I try to raise awareness. I post things on social media. And in this case, I actually thought, I'm going to go upstairs and watch the show. You know, maybe there's something for me to learn there. And as I was going up the stairs, I was stopped. I guess somebody was hearing me talking to the director. And they were afraid because there was a protest outside and it was getting quite heated up, they were afraid that I would do something.

And I said, "Sorry, I live in this neighbourhood and this is a family event, and I'm an educator and a teacher and I'm just going to go and watch the show." And so I did. And she called the security on me. And just before the show started, and I'm just sitting peacefully watching, I wanted to, again, see what is this about, what's the content of this show. And I was telling them that as an educator who runs program for children and I bring children to the centre, I would like to know if it's safe enough for me to bring children to their programs. So it's pretty legitimate for me to be there even if I don't have children 3-10 years old—which that was their claim, it was for families with 3-10 year-old children.

So the security guys came over and they asked me to leave. And I kindly refused and I said, "I'm an educator, I'm a mother, I'm a teacher, and I'm here to sit and watch the show." And they were just standing behind me all the time, sort of blowing in my neck. And as soon as I reached for my phone, they came closer and asked me to leave, telling me that I can't use my phone, while other parents were taking photos and doing other things with their phone. And I was shocked but remained calm. I didn't want to disturb the event. And I said to them, "I'm sorry but nobody tells me what to do with my phone. It's my private cell phone and thank you very much but please keep away."

And 20 minutes passed, and then it was about to end and people were taking photographs. So I took my phone again to take a photograph and then they jumped at me and they said, "We're going to call the police." And two policemen came and they asked me to leave. They said, "Ma'am, we're going to ask [you] to go outside this event." And I said, "No, I'm sorry did I break any law?" And of course I didn't. So I stayed and I made a point to just stay calm, be their witness of what's going on, to report back to parents and families. And I slowly left when it was done.

And one of the policemen actually apologized later. And it was very intense. I was sitting there, almost cannot believe that two drag queens with obscene photos on their social media platforms, which we decided not to show here because of the harsh images, were

allowed to be there telling stories to children. Whereas me, a BC certified teacher, was asked to leave the event.

Shawn Buckley

But we'll just be clear, we don't want to show vivid photographs of people to protect the people in the photographs. So, just so that the public's clear, is it doesn't matter what anyone wants themselves to post, but we're going to protect you and not post here. We're going to treat everyone respectfully. But I'm just going to pull up some photographs.

Hila Russ-Woodland

Yeah, those photos are from the next drag queen storytelling.

Shawn Buckley

Oh the next. Okay, so let's then not pull them up and go to the next one. So there was another story. It's just we're so out of time that now we have to rush to those photographs.

Hila Russ-Woodland

Yeah, yeah, so we can go to the next one.

Shawn Buckley

So by the next one, you decided: let's try and have a protest.

Hila Russ-Woodland

So that was another protest outside the Coquitlam Central Library.

Shawn Buckley

Right, okay.

Hila Russ-Woodland

And that's another drag queen that apparently came with some kind of a, it was—

Shawn Buckley

And I've got to rush you through this because we're out of time. So, David, can you pull up that photograph? This is actually a poster, but in the top left is a reproduction of the Coquitlam Library poster promoting the event. Right? Where it says Drag Queen Story Time.

Hila Russ-Woodland

Yes, it was a whole show. It was a parade from downtown Vancouver on the Skytrain to the Coquitlam Library with all the people that I would call as LGBTQ supporters and members of Antifa, which I think were mentioned in some of the other speaker's presentations here. It was a big show. Outside this library were about 200 people protesting for drag queen storytelling. And when I arrived, one of my friends was actually pushed. There was some kind of a violent behaviour towards the people that came to protest against this event.

Shawn Buckley

Okay. Is it fair to say you felt intimidated by the counter protesters?

Hila Russ-Woodland

Yes.

Shawn Buckley

Okay, so let's pull up the slides. So the first slide is basically just a poster to basically get people to come and protest against. And the next photo is a photo basically of one of the drag queens at the story hour. Am I right about that?

Hila Russ-Woodland

Yes. So you can see how young the children are. I was not able to go inside, so I'm actually taking the photo from the window. So I'm not sure what was the story about or the content.

Shawn Buckley

So go to the next slide. So what's this a picture of?

Hila Russ-Woodland

So it draws a lot of media attention. So mainly mainstream media, but some of the alternative media. And you can be sure that most of what was reported in the mainstream media was about how wonderful the drag queen story time was.

Shawn Buckley

And but let's not speculate. So we're going to the next photo, and I'm sorry, we have to rush.

Hila Russ-Woodland

Yeah, so they had heavy security, probably anticipating—

Shawn Buckley

But we're now at the police photo. So what's this a photo of?

Hila Russ-Woodland

Yeah, so there was a lot of police presence because of the tension between the two groups outside.

Shawn Buckley

And you weren't allowed inside, into the story hour.

Hila Russ-Woodland

I was not able to go inside. It was blocked by the people that were there to defend the drag queen.

Shawn Buckley

Okay, so I just want to be clear. So you, as a member of the public and educator, want to go in and watch peacefully, but you're not allowed to?

Hila Russ-Woodland

It's not that I am not allowed, but it didn't feel safe to approach it.

Shawn Buckley

But that's the same thing, is that there's counter protesters between you and the door and you don't feel safe to go there.

Hila Russ-Woodland

Yes.

Shawn Buckley

Okay, what's this a picture of?

Hila Russ-Woodland

Yeah. So part of the protest was overflowing to the road. The people that were for the event had huge speakers with super loud music and a lot of people wearing costumes and surrounding the area. And then the people that were protesting against were literally surrounded by them and pushed, and pushed away either into the parking lot or to the road. If you move on to—

Shawn Buckley

No, but I actually want to emphasize something you said because, and I've heard it before, is actually sound is used by the counter protesters. So those that are there to support this agenda play extremely loud music, have loud speakers, and basically it's like you're being assaulted with sound and you have no voice. Even if you have a loudspeaker, you're not going to be heard.

Hila Russ-Woodland

Exactly.

Shawn Buckley

So I think that's an important piece of your evidence, is that one of the tactics is actually to drown out any protest with overwhelming sound.

Hila Russ-Woodland

It is.

Shawn Buckley

Okay, so we can't get that from the picture, but this is loud.

Hila Russ-Woodland

Very loud.

Shawn Buckley

Okay, so what's happening here is this extreme sound at the time. And then so basically, also then the people that are there to protest against the event are literally pushed into the parking lot.

Hila Russ-Woodland

Yeah. Some of them are pushed to the parking lot. Some of them were pushed towards the road.

Shawn Buckley

Okay, this is just another one then, of the counter protesters. So they're occupying the space in front of the door. And you don't feel safe to try and go into the door.

Hila Russ-Woodland

Yeah, there were actually way more than this. So here we can see one of their tactics, fear tactics, is using trained people. I would say they're part of the Antifa, the anti-fascists. I don't know what they call themselves, protectors, or whatever. They all wear black, they wear balaclavas or masks, and they use umbrellas to intimidate and push people over. They're quite aggressive, and I would say there were a few tens and tens of them at that particular event.

Shawn Buckley

And there's a swastika on that gentleman's jacket.

Hila Russ-Woodland

Oh, oh well.

Shawn Buckley

And that's an intimidating symbol.

Hila Russ-Woodland

Yeah.

Shawn Buckley

And this is another one. And you say they use umbrellas to push people away. So this person is one of those persons with an umbrella, and they put the umbrella towards you to move you. So they're not actually touching you with their hands. They are hiding behind an umbrella.

And I'm looking at this and I find that quite intimidating. The person's got a full face mask, you couldn't tell who they are for love or money, and a hat. So you really just see their eyes and they're dressed in black. Did this person intimidate you?

Hila Russ-Woodland

Yeah, he was pushing me off the sidewalk to a very busy road right in front of a police car, and the policeman was just standing there.

Shawn Buckley

Oh, so he's physically moving you by pushing the umbrella at you?

Hila Russ-Woodland

Yeah.

Shawn Buckley

Okay, so that's it for the photos, just because we are short on time. So basically you experienced where you wanted to have a peaceful demonstration, but the other side shows

up, drowns you guys out with noise, they have people dressed in black and masked, and they basically push you guys out of the public space.

Hila Russ-Woodland

Yes.

Shawn Buckley

Okay, I've got no further questions. The commissioners may have some questions for you.

Commissioner Bohémier

My only question is regarding the police that was there. You said the guy was pushing you with his umbrella and the police officer was there, but did he act in any way? Did he intervene?

Hila Russ-Woodland

No.

Commissioner Bohémier

Thank you.

Commissioner Drysdale

I've got a couple of short questions. Hila, you have been dealing with children, teaching children for 15 years and teaching adults for 25. So would it be fair to say that you have a fairly good idea on how to communicate with children? In other words, do you have a fairly good idea of a 12-year-old's vocabulary?

Hila Russ-Woodland

Yes.

Commissioner Drysdale

Okay, so we're talking about that the BC government has said that 12-year-olds can make these medical decisions on their own, correct?

Hila Russ-Woodland

Yes.

Commissioner Drysdale

Does a 12 year-old know what a carcinogen testing means?

Hila Russ-Woodland

I doubt it.

Commissioner Drysdale

Does a 12-year-old know what genotoxicity is?

Hila Russ-Woodland

I don't think so.

Commissioner Drysdale

Okay, do you think a 12-year-old knows what a relative efficacy or absolute efficacy is and what the difference is between the two?

Hila Russ-Woodland

I don't think so.

Commissioner Drysdale

How about non-saline placebos?

Hila Russ-Woodland

I don't think they do.

Commissioner Drysdale

So how did the schools explain the risks and benefits of these shots to a 12-year-old when they don't understand what carcinogenicity testing is? In other words, these things may or may not cause cancer, and they weren't tested for it. And you say the child would not know what genotoxicity is. And so how would they describe to them that it was never tested to see if it would affect their genome for the next number of generations? How would it be possible for you or for the teachers or whoever was administering these shots to describe those concepts to a 12-year-old and have them understand it?

Hila Russ-Woodland

So a healthcare worker would do that, would administer the shots, and I don't think they have explained anything about those shots to the children. I have many reasons to believe that they are just administering the shots and giving the kids a donut or a candy or—you know, there was kind of a campaign to give them incentives to go and get the shot. But there was, to the best of my ability, no introduction to the children of what is in the shots, what are the risks, and so on and so forth. And as I believe, according to my experience and knowledge, children at that age don't have the capacity to understand in depth the risks of this type of medical procedure.

Commissioner Drysdale

Well, I think what you said though prior to that is a little more than that. They don't have the mechanical capacity or the vocabulary to understand these words. How do you describe to a 12-year-old what genotoxicity is? I'm asking. Let me ask another question. Sorry, because we are rushed for times. Could you describe to me what genotoxicity testing is?

Hila Russ-Woodland

Genotoxicity testing? Well, I don't know that I can properly.

Commissioner Drysdale

Well, that's interesting.

Hila Russ-Woodland

There you go.

Commissioner Drysdale

That's interesting, because then how would they describe it to a 12 year-old?

Hila Russ-Woodland

Yeah.

Commissioner Drysdale

My next question is: You know, we talked about this the other day, not you and I, but with different witnesses. And when you go into the grocery store, you're on camera. You're on camera here. When you go to your bank, you're on camera. You walk down the street, you're on camera. Why can't police officers have cameras? People have cameras on their dash cams. They have cameras in their bedrooms. They have cameras on their televisions. Why can't we have cameras in the classrooms? And perhaps as an educator, you think that's a really bad idea. But if we want to monitor what's going on, we don't want to disrupt the classroom, why can't we have cameras in classrooms to find out what's going on?

Hila Russ-Woodland

You know, that's an interesting question, and it can be a slippery slope, and it all depends on the level of trust that we want to have in the educators without the need to put cameras in the classrooms. I would want to trust my child's classroom teacher that they're there with the best intention for the children. So why not? Maybe we should. Maybe it's a good thing. I mean, it sounds horrifying to think that we may need to do that in the public system in order to ensure that our children are safe.

Commissioner Drysdale

From what you've described to me, I mean, they haven't demonstrated that they can be trusted. They haven't demonstrated that they want to allow you to see what's going on. So it would seem that that comes out of that. And I know I have to move on here. This might be a stupid question, and I haven't had—

Hila Russ-Woodland

There's no such a thing.

Commissioner Drysdale

Oh, yes, there is, trust me. Where are the drag kings? No, I'm serious.

Hila Russ-Woodland

I think I've stated that I'm not an expert in the nightclub scene, so.

Commissioner Drysdale

Well, no I'm not, neither am I. But every time I see this, it's always talking about inclusion and equity, whatever that means, and all these other things, but all I see is drag queens. How come there's no drag kings? How come there aren't women dressing up as men telling stories at storytime? I'm just wondering. There must be drag kings. Are they suppressed? They can't—

Hila Russ-Woodland

Not drag queens, but there have been cases where teachers were actually sharing with their students, with their young students, their sexual orientation in order to explain to them, you know, what does it mean to be a binary or a gay or whatever their gender identity was, which to me is completely not professional and unacceptable. So not quite the drag king, but teachers that were talking about their sexual orientation to their students.

Commissioner Drysdale

Thank you, Hila.

Hila Russ-Woodland

You're welcome.

Shawn Buckley

Hila, there being no further questions, on behalf of the National Citizens Inquiry, I sincerely thank you for coming and sharing with us today.

Hila Russ-Woodland

Thank you. It's my duty to be here and an honour.



NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 19, 2024

Day 3

EVIDENCE

Witness 9: Victoria Lightfoot

Full Day 3 Timestamp: 09:16:31–09:31:33

Source URL: <https://rumble.com/v5j9ez7-nci-vancouver-2024-hearings-day-3-october-19-2024.html>

Wayne Lenhardt

Our next witness is going to be Vicki Lightfoot, and I see her on the screen. Can you hear me, Vicki?

Victoria Lightfoot

Yes, I can hear you.

Wayne Lenhardt

I can hear you well, too. I believe you have a video. Did you give it to the EV guys? Perhaps you could just tell me briefly what happened here. You ended up— Oh, yes, thanks, Ken. I'll give you the job of reminding me. Could you give us your full name, Vicki, and then I'll do an oath with you.

Victoria Lightfoot

My name is Victoria Lightfoot. Just how it sounds. Victoria Lightfoot. Yeah, I'm in Summerland, British Columbia.

Wayne Lenhardt

Okay. Do you swear that the evidence that you give today will be the truth, the whole truth, and nothing but the truth, so help you God?

Victoria Lightfoot

Yes, I do.

Wayne Lenhardt

We're getting short on time, so I'm going to try to be brief here. You are a teacher, and when a lot of this stuff started to happen, you ended up doing some homeschooling, and you ended up setting up a facility for a number of parents. So what led you to advocate the homeschooling?

Victoria Lightfoot

Well I was in my last year of teaching for a school district in 2020 when COVID came up, and I didn't reapply for the position, so I retired. I was very concerned about the children. The masking was really concerning to me. And anyway, I just started speaking, started gathering, meeting my people sort of thing. And at one point, I guess in the fall of 2020, was when masks were mandated in the school. And then parents were calling me with these horror stories of their children who they were asking not to be masked. Children were told where they could play in the playing field. They were told where they could sit in the classroom, but they weren't masked. The schools were all organized: different times, no touching, six feet apart, all these types of rules. And I was just, "Oh, my goodness." I couldn't believe that was happening to our children. They were at no risk of getting COVID or spreading it.

So anyway, I started speaking out. And in the spring of 2021, I started meeting with principals, started advocating for some of the parents. Hila, the previous witness, really did go out and do that, but I was finding parents needed someone to go speak with them. So I spoke to principals, school trustees, superintendents, and I pleaded with them. I gave them the riot act to please think about what you're asking our children to do.

And I was really concerned about teachers, being a member of the BCTF [British Columbia Teacher's Federation], it is in our code of ethics not to take on another profession. We can't. It's actually right there, number one or two. And I felt teachers telling children to wear a mask or any other thing like that was a medical procedure, and we were violating our own ethics. So if you want to show that little video of me. I'm at a meeting with the

superintendent of my local school district, and there's some other parents with me. And it'll just show you what I did to all the administration and the school board trustees.

Wayne Lenhardt

Let's see if we can get our AV guys to tee that up.

[Video clip]

Victoria Lightfoot: It's not good for our children. I am emailing you some documents after this. And it will be on record that you have received these documents. We have well-documented harms of masking. I will be emailing those to you. We have documentation that masks don't work. I will be emailing to you that as well. We have evidence that children's mental health is at a crisis point. There's been 100% increase in hospitalized suicide attempts by our children. I'll also be emailing you the legality of teachers enforcing or even suggesting to children that they wear a mask.

More important, we suggest that you look at the legal ramifications of the harm your teachers and administrators may be causing to our children. Asking that they wear a mask, punishing any student that is not masked, creating fear in our schools, no touching, no social distance. We did not ask for this culture of fear in our schools, and we will not stop taking action until this is stopped.

Superintendent: Yeah.

Victoria Lightfoot: That's all I have to say.

Superintendent: Very good, Vicki. Thank you.

Wayne Lenhardt

And who was that group that you were talking to?

Victoria Lightfoot

They were parents. One was my neighbour and her daughter. And then another one was another parent. So like I say, I started going to rallies. I started speaking at rallies, speaking out for the children. And then I was getting a lot of parents contacting me. And so on October 1, 2021, Bonnie Henry brought back the mask mandates. And that's when— You

know, I've listened to all the beautiful testimony that you've had. And I think it's really easy to tell our parents, "Just get your kids out." But it wasn't easy for the parents. They were traumatized as well. Because you have to remember in September 2021, the Vax Pass came in. So the parents suddenly had their children at home. They could not go to a sports center. They could not go skating or swimming, so homeschooling was not going well for them. But they were determined to keep their kids at home.

And I thought, okay. So then I just started giving free tutoring, free math tutoring. I would go to people's homes. I would travel an hour away with the family and just be there one day a week and work with the kids. And I did it for no cost. And in probably January 2022, when I was working with one family, the demand was getting a little heavy for me with parents wanting me to come and help them with the homeschooling. So I said to these parents, "Why don't you guys just form a little co op and then I'll just go there and I'll get all your kids at one time in one place." And they did.

So September 2022, we had five families and seven kids which qualified us. We could register and enroll the kids with a school district that offered online education, but they said they wanted an on-site teacher. So I taught a little school two days a week. The parents gave me the mandate to cover literacy and numeracy because it wasn't working too well at home, the kids weren't listening to the parents.

So we found the basement of a church two days a week, Tuesdays and Thursdays. We started with the magic number seven, so I was going to be paid by a school district for one day a week, but I was working two days for the first little while. And by the end of September we had 17 children and a waiting list. And we've had a waiting list ever since. The demand is there. Parents want out. They want a better system for their kids.

And we now have a second group. We're all at max. There's waiting lists to get in and there's private companies that offer one day a week outdoor education. Many families are enrolled in that. So I just wanted to get that point across. I think that, yeah, we have it on testimony how terrible and the terrible things that are happening to us and our children. But I think we also have to look at what can we do.

It's really hard on parents to leave the system, and some of the parents I work with turned their world upside down. They left their work, they went part time to do this. But I really want to make the point that grandparents, everybody, let's help these parents get their kids out because many of them aren't thriving, aren't doing well.

Wayne Lenhardt

Right.

Victoria Lightfoot

Sorry, I rambled.

Wayne Lenhardt

No, that's fine. You were a licensed teacher at this point. Was it difficult to say to the school board, you know: we're out of here, we're going to homeschool, and here's what we're going to do? And did they have any requirements that they laid on you?

Victoria Lightfoot

No. At that time, it was really easy, and it's actually getting a little more difficult. The government is kind of catching on to this big movement of homeschooling. There's just a lot more that the parents have to prove now that they're homeschooling and what they're doing with their kids. In the last two years, that has come down. So two years ago, it wasn't difficult at all. It is a little bit now. The parents that I worked with are prepared to go government-free at some point if they have to.

Wayne Lenhardt

Okay.

Victoria Lightfoot

I'm hoping they don't have to, because the government actually at this time, you know, they pay for the teacher, they give a little stipend to the families. And that's the only reason they're with the government is for the little bit of money that they get, right?

Wayne Lenhardt

Okay. And is that little facility still in operation that you started?

Victoria Lightfoot

It's thriving. And it was hard to find teachers, but now we're finding some really good teachers. So I got to retire again, although I'm still working for a school district as a

substitute. Yeah, so I got to retire, but I did spend two years, I trained two moms. So it's an ideal setting for children. They're safe and they're happy. But more important, the parents know their kids are safe, and that was very important for these.

I want to say, too, that we are focusing on the children which we need to be, but the parents that are aware of what's going on, they were traumatized. Like that first year of our school, it took them a whole year to unwind of what they went through. You know, it was really, the parents were kept out. Many of the parents didn't even meet, didn't even know who their children's teachers were. They were really kept out, and they're still kept out of the school system.

And the parents, they didn't know how to be involved in their children's education. They really didn't. So I kind of had to train them. And now they've taken over. It's their school. You can see it. And actually, after two years, they're saying, you can go, Vicki. They're kind of pushing me out the door, which was great. That's what I wanted.

Wayne Lenhardt

Do you see any drawbacks of doing the home schooling as opposed to having them in the normal system?

Victoria Lightfoot

None. And in fact, many of the children you could see in their faces, they were not well after, what was it, a year-and-a-half and no touching, they didn't see their teacher's face. You know, I'm not an expert, but if any children were traumatized, they were traumatized. And there was one girl that came into the centre in September 2022, and she kind of scared me because she never smiled. And by the end of the year, every cell in her body was smiling and happy. And I witnessed that, I witnessed the kids be children again and run and play and be happy and touching and hugging—you know, just hugging. So there are absolutely no drawbacks. Just the opposite.

Wayne Lenhardt

Were they requiring the masks within the homeschooling setting? And maybe were they also requiring the distancing or anything while that was happening, or were you able to circumvent that?

Victoria Lightfoot

Well we were prepared for that. The parents had all signed letters, you know, saying, my child— We were all ready for the health department to come in and see us. I would say if the government ever tried, if the Ministry of Education ever tried this again, that these parents now will stand up and speak. Like, I don't think they'll even try. And the same thing with the gender identity curriculum. There's no way these parents are going to tolerate that anymore. I would love to sit back and watch someone try to do that with these parents.

So that is something really interesting that had to happen. The parents had to grow up. And I actually said that to them, "You guys have got to grow up, like, take charge. These are your children. You are responsible for their education. You can't just hand them over to this system, because look what you get. Like, really, look what you got. You got just a culture of fear, fear, fear and unhappy children as a result."

Wayne Lenhardt

This is all in Summerland, BC, correct?

Victoria Lightfoot

Yeah. And actually it's quite interesting because it is a small town. And so the word did circulate. And this is why I say if there were, you know, affordable alternatives, parents would leave, abandon that system just like that. Because I get calls all the time, and we don't even put people on a waiting list because there's no hope of getting there. It was just a matter of the right— You know, I was there, the right parent to work with, and it just caught on. The whole community is aware of it, a community of 12,000 people. It's spoken about. And a lot of parents really wish they could be part of it, too.

But it really takes a lot of energy and a lot of effort, and it doesn't just happen. And that's why I say we really need to support these sorts of things. I think we have the blueprint. These parents made a blueprint for leaving a system and starting something new. And I think all the systems—the medical or whatever—look at what the homeschoolers did. I mean, they left a system.

The government actually makes money from homeschoolers because we do it on a dime. Like, we hardly cost the government any money. And I think if they would just give the money to the parents, they would save billions of dollars because parents know how to properly balance budgets.

Wayne Lenhardt

Yeah, Alberta's had options as well ever since the '90s, I think, when Gary Marr was the Minister of Education. But I'm going to turn you over to the commissioners now and see if there's any questions. No question. Okay. We have your video, I'm assuming. We haven't played much of it. But given the lateness of the hour, I think what we'll do is we'll just make that an exhibit if anybody wants to pull your session up and just read it for themselves and have a look, and the video will be there. Good. Okay. Thank you so much. On behalf of the National Citizens Inquiry, thank you very much for giving a very informative testimony. Thank you.

Victoria Lightfoot

Well, it's my pleasure and my honour. Thank you very much for what you're doing, too. Thank you.





NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 19, 2024

Day 3

EVIDENCE

Witness 10: Dr. Stephen Malthouse

Full Day 3 Timestamp: 09:31:41–10:25:19

Source URL: <https://rumble.com/v5j9ez7-nci-vancouver-2024-hearings-day-3-october-19-2024.html>

Wayne Lenhardt

Our next witness is going to be Dr. Stephen Malthouse. So if you could give me your full name, Dr. Malthouse, I will do an oath for you to tell the truth after that.

Stephen Malthouse

My name is Stephen Malthouse. S-T-E-P-H-E-N Malthouse, M-A-L-T-H-O-U-S-E

Wayne Lenhardt

Do you swear to tell the truth, the whole truth, and nothing but the truth in your testimony today?

Stephen Malthouse

I do.

Wayne Lenhardt

Thank you. I think all of the doctors that we had this time were a little tough to get a hold of. I do have the material that you gave me, so I think I'm going to ask you to do a real quick snapshot of your CV.

Stephen Malthouse

Sure, I'd be glad to do that.

Wayne Lenhardt

And a little overview of what you're going to talk about. And then I think, do you have a PowerPoint or something?

Stephen Malthouse

I do, yeah.

Wayne Lenhardt

Yes, and I guess our AV people have it too. So I'm going to turn over a quick snapshot of your CV a little bit on what you're going to do and then just launch right in.

Stephen Malthouse

Okay, thank you. Well, I'm a family doctor. I've been practicing medicine in British Columbia for 45 years. I graduated from the University of Western Ontario in 1978. And I've worked in family practice. I've worked in emergency departments, palliative care medicine, and I've done pediatric research overseas. I'm just like a regular GP for families. And I have done a few extra things in the area of integrative medicine, which is a special interest of mine. That integrative medicine is what used to be known as complementary medicine, holistic medicine, alternative medicine. But integrative medicine is more the seamless integration of both, let's say, alternative medicine and conventional medicine. So although I was a family doctor with regular traditional training and used conventional medicine, I also integrated homeopathy, orthomolecular medicine, nutrition, acupuncture, and other types of therapies.

So I did that for most of my career. And I was the founder of the Canadian Integrative Medicine Association, and I'm currently the past president of the Canada Health Alliance. So that's my CV. If we could have the— It's not quite as long and eloquent as some peoples' CVs, but I think that's because I'm just really a family doctor. I've worked in urban areas and I've worked in rural areas. And what I'd like to speak about today, the topic that I'm going to have is Questioning Childhood Vaccines, in which I'd like to present five critical papers. And if I could have the slides please, I'll start. There we go.

So as I mentioned, I've not got much of a CV here. I mean, it's longer if I talk about the places I've been and spoken, and I did live in Nepal for a couple of years. I did work in childhood disease, particularly diarrhea, which is the major killer of children around the world. But you know, when I came out of medical school, and this is kind of my story and the story of many doctors, we didn't know anything about vaccines. We thought they were safe and effective. And I think most medical students would agree that that is their perception of vaccination at the beginning.

Fifteen years later, I still thought that vaccines were safe and effective. And then I met my wife, who's a naturopath, and she started interesting me in other types of therapies. And so there were beginning to be these cracks in the facade, I think, of the narrative that vaccines were good for humans. But I also started seeing some other things too. I started seeing that there are alternatives, that we started having other therapies which could take place of vaccinations for protecting people, children particularly, and treating them if they came down with one of the diseases for which we had vaccinations.

I noticed that doctors were no longer giving vaccines here in Canada, that the public health had kind of taken that over. And nurses were now giving the shots so that doctors weren't aware of what was happening around them or even what happened after the shots were given. And also Tylenol came onto the scene during my earlier years, being given to children prophylactically to prevent fevers if they should have a reaction to the vaccine. So essentially vaccine reactions were being masked. And so I think doctors, we were pretty much in the dark.

But I became interested once I sort of started looking into homeopathy. I had some experiences. Linus Pauling came to Victoria and I got a chance to hear him talk about vitamin C, something we'd never heard of in medical school, or only a very tiny amount. I attended homeopathy classes. A woman named Viera Scheibner came from Australia and talked about her experiences with Sudden Infant Death Syndrome and the vaccination schedule. I met Andrew Wakefield, who had lost his license for speaking out about the MMR vaccine. And I met him at a conference down in the United States, and I found him to be quite a different person than I had been led to believe. I thought he was a man of great integrity. And so I started seeing this conflict in the way vaccines and people who were advocates for not vaccinating were being presented started putting cracks into the facade.

In 1996, after our return from living overseas in Nepal for a couple of years, Kathmandu, I wrote an article in *Island Parent* magazine which got me into some hot water with my College. I wrote an article saying that the flu shot, which was then being rolled out for children, was not safe to give to children because of lack of safety studies. And then the

College came after me and I had to defend myself, essentially, which worked out fine in the end. But of course, like most doctors who are having to go through the mill with their Colleges, it was a little difficult.

But the biggest thing that really started me thinking about vaccinations and going into a deep dive into the topic was in 1998, when we had our son. And at that time, it was important to make that big decision. Should I vaccinate or should I not vaccinate? And if I only give partial vaccinations, which one should I give and which one should I hold back? And then also vitamin K is another issue, which we'll talk about a little bit today in my presentation.

But these were all issues which really, it was now, you know, rubber on the road for me because I had to make a decision with my wife as to what we were going to do that was in the best interest of our son. And there's nothing like having a personal experience like that to make you start really looking more deeply. So I'm going to present five critical papers which would help you or any other parent or even my colleagues to decide: Are vaccinations for children really worthwhile, or are they harmful?

So let's have a look at number one. So I'm going to present these five papers. They're not all the papers that are out there, they're not all the books and so on, but they are papers which I think will help you to maybe turn your mind towards the truth of vaccination. So the first one here is actually a newspaper. You know, Pfizer was fined £84 million over an epilepsy drug, which they misrepresented. And we see this through the *New York Times*. Many times we've seen that these drug companies have been fined. This one for example was the biggest fine in history where Pfizer was ordered to pay \$2.3 billion to settle a false marketing fraud.

So what we have is a bunch of serial felons. And an industry plagued by decades of fraud, corruption, and criminality managed to quickly rebrand itself as a saviour of humanity during the COVID-19 crisis. And I think if anything came out of that COVID-19 crisis that was good, it was that people are starting to see that if these people were lying to us about the COVID-19 shots, is it possible that they were lying to us about all vaccinations, or some of the vaccinations that we previously thought were safe and effective—just like they told us the COVID-19 shot was.

And if we look at Pfizer, we can see they've got a long list of fines that they've had to pay for criminality, fraud, corruption. But not just Pfizer, there are many, many companies, pharmaceutical companies which have had to pay enormous fines just like Pfizer for fraudulent marketing and other criminal activity. And if we look at the people that were in the sample, the FDA, we have here several that have just passed right over from the FDA—

which is supposed to be protecting us and licensing vaccinations—moving over to different companies that make those same vaccines.

So there's Mark McClellan who went from FDA over to Johnson and Johnson. We have Scott Gottlieb who was actually quite a well-known pundit on television during the COVID-19 era. He went from the FDA over to Pfizer. And Stephen Hahn, another example of an executive working for one of the companies, in this case Moderna—sorry, FDA—who went over to work for Moderna. So you can see we have these people, it's a revolving door. And it really is the sort of thing where we start to wonder if they are really trustworthy.

So let's look at paper number two. This paper was already presented during these hearings by Dr. Paul Thomas, who was one of the authors of the paper and a co-author with James Lyons Wyler. And this paper is really one of those things that made me sit up and pay attention, and I hope it will for you too. This is a collection of cumulative office visits to Dr. Thomas's office. He was a pediatrician in Oregon. And it compared the vaccinated children or partially vaccinated children, because he had one of those unusual pediatric practices where many of the little patients were not actually fully vaccinated. But if we just put them into the vaccinated field, we can compare them to the unvaccinated, of which there were 561, and the vaccinated 2,763, mostly partially vaccinated. And he looked at the office visits over 10 years, and these are the sort of things that he found.

If you look here, you'll see the orange colour is the vaccinated child, or children, and the blue are the unvaccinated children. And so if we look at those, we'll see it's very dramatic how the divergence of the vaccinated and the unvaccinated occur very early after the shots are given. For example: in eye disorders, conjunctivitis; eczema; dermatitis; urticaria, which is itchy skin; anemia; asthma; allergic rhinitis; breathing issues; behavioural issues; ADHD; respiratory infection; otitis media; ear pain; other types of infections. So I think this is a very dramatic and graphic way of showing that the children that were unvaccinated compared to the children that were only even partially vaccinated, that those children were much healthier from the perspective of the number of office visits they made.

Let me bring you number three. This is also a fascinating study. You know, they tried to get a study comparing adults that have been unvaccinated, but there are not many in the United States available. But they were able to get some, and then they compared them to standard findings for people that had been fully vaccinated in the United States. They wanted to find out what happened as you were an adult. Well, this was a control group study. It occurred during between April 2019 and June 2020.

The subjects: These subjects were all entirely unvaccinated parties and all age groups. Now those are the people they sought because they already had the statistics for the vaccinated.

The total surveyed during this unvaccinated people was 1544. They got them from 48 different United States. So it's quite a diverse population they were sampling. And they found that the unvaccinated in total, that they could determine, was about 0.26% of the U.S. population—so quite a small per cent. So, difficult to find the people for this study, but they did it. So they compared these different groups.

Now they compared really three groups. They had groups that were unvaccinated but had been exposed to either a vitamin K shot at birth, or the mother during her pregnancy had been vaccinated. They compared that group, group one, to the unvaccinated who did not have exposure to vitamin K or any maternal shots given, and then the third one, the fully vaccinated cohort. And they used the national disease and death statistics. And you can see on this slide, the age of the population went from less than one year, all the way up to over 18 years of age.

And this is what they found. You'll see that the orange up the tall column on the left is adults with chronic conditions. And the first one, 60% of adults have chronic conditions in the United States. But if you look to the bottom just below that, you'll see that there's a 5.71%. Now, what is that? Well, there are two things there. Just going to go back. Yeah, there we go, 5.71%. Those are a combination of two things: people that have not had any vaccinations, no vitamin K and no maternal vaccinations during pregnancy; and then those actually unvaccinated after they were born, but the mother may have had a vaccination during pregnancy and vitamin K may have been given at birth, which is a common practice.

Now, if we look at that, that's 60% chronic conditions, but only 5.71% if we take the total of those other two groups. Forty-two per cent have two chronic conditions as adults, whereas the group to the right of that, 0.95%—that's only the vitamin K or the vaccinated during pregnancy group. The blue group, which is actually the completely unvaccinated—no vitamin K, no maternal vaccinations during pregnancy—zero[%]. If we look at five chronic conditions, it's very much the same. Twelve per cent of the population have five chronic conditions. But even those that had maternal vaccinations and vitamin K injections, including those that had nothing, it was 0%. I think that's pretty dramatic.

We look at chronic conditions here again—sorry, this is a repeat of it. I just wanted to outline the fact that vitamin K is playing a role here that we don't know what it is. There's also because vitamin K was bundled with maternal shots, we can't really separate them out in this slide itself. But it is important to think about: Does vitamin K actually cause an injury to children which is later manifested when they're adults? And I think Dr. Paul Thomas addressed this as well. He thought that vitamin K shots were not appropriate, and he actually thought that giving vitamin K orally might be the alternative that was more reasonable. Again, this is the group down here in blue that had no vaccination whatsoever.

So there are various different things here, and I'm just going to run through a couple of them. This is heart disease in adults. I think that's very important to look at, that 48% of adults in the United States have heart disease. And those children, or those adults, who were never vaccinated have a zero. Diabetes, 10%; non-vaccinated, zero. Cancer in adults, 6%; non-vaccinated, zero. Cancer in children, 0.35%, unvaccinated, zero.

You know, as a doctor, we often when people come into our office with a disease like heart disease or arthritic disease or chronic lung disease, our feeling was that they were getting old. And that would be the excuse we would give them. We would say, "You're just old, you know. That's what happens, you know, as the system kind of wears out." But we're seeing from this research that that's not actually the case, that vaccinations played a big role in the chronic disease of adults.

Chronic conditions in children: I think we heard earlier that over 50% of our children have chronic disease. Some of them, 6.6% of the vaccinated, have multiple chronic conditions. So there's a little bit of a difference here in these graphs; they say 27%. It could be due to the time of this, when it was done over their measurements of what they consider a chronic disease. But you can see, those children that were not vaccinated from the point of view of multiple chronic conditions, zero is the answer. And even with just one chronic condition, the number is extremely low.

Here are a few more. I'm not going to go through them in detail, but we have food allergies, developmental disabilities, epilepsy, strabismus, autism spectrum disorder, birth defects, sudden infant death syndrome, arthritis, chronic sinusitis, ear fluid in children, speech disorders in children, and learning disabilities in children. So I think that's a very impressive study. Between the two of those, we start to wonder: What are the benefits of vaccination already? If you're like me and you saw those two, you would really start to wonder and would desire to go further.

So let's take you to number four. I'm going to take you now to Africa, to Guinea-Bissau, where a study was done. A couple of studies were done there actually, because they went and introduced diphtheria, tetanus, and pertussis [DTP] thinking that they can improve the health of children. But actually Dr. Peter Abbey went back ten years later to look at this to assess the effects of that program. He actually found that it was not as they had expected. They looked at two different areas. They have a meta-analysis where they looked at many different studies.

But the first one, they looked at children that had been vaccinated and [if they were] more likely to die if they were unvaccinated or vaccinated in the first six months of life. And he

found that those children that had the diphtheria, tetanus, and pertussis vaccination between three and five months were 10x more likely to die in the first six months. Then he went and looked at the 6-month to 35-[month]-old area—children aged during that range—to see what the effects were of giving the diphtheria, pertussis, and tetanus vaccine during this program rolled out. And he found that their increase was also dramatic. And so they looked at a meta-analysis of three studies where they introduced this in both urban and rural areas in Guinea-Bissau. In total they found a two-fold increase higher mortality—that's death rate—in the DTP-vaccinated children.

But they feel this was probably an underestimation of what was really going on because they were really only vaccinating the healthy children. The unhealthy children, if they saw them—because it was a weight measurement time when they would do this vaccination—they found that if those children were underweight or they were not well, they were sickly, they would send them back to the village. So the only ones that they would vaccinate would be the ones that were the healthiest. So if you think about that, the healthy children are more likely to have a good reaction to the vaccine, not a negative reaction. So already this is kind of, I would say, an underestimation of the true effect.

But they have looked at other studies. And when they put them all together, when there's no selection bias such as that and there's good control of this frailty bias—you know, sending the children that were frail back to their villages and never giving them the shots—they found that DTP has been associated with a 4-5x higher mortality rate. And what I think is really important, particularly with regard to what we're seeing in COVID-19 with its effect on fertility, that the excess mortality was mostly in females.

So let me take you to number five. Now we have spoken a little bit about informed consent while we've been here today. And informed consent has a number of different important ingredients. There are actually a big long list of what goes into informed consent. But I would like to just tell you the five that I think are probably the most salient. One is we have to know the nature of the procedure. If I was to tell you I was going to give you some kind of a medical treatment, you would have to know the nature of the procedure. You would have to know the risks of the procedure, you would have to know the benefits of the procedure, you would have to know the alternatives to the procedure, and I'd have to determine that you understood everything I had told you.

So if I'm talking to a five-year-old child, I'm obviously going to have difficulty getting them to understand that I'm going to give them a vaccination which has positive and negative, and also what are the alternatives. So what is often left out of informed consent is the idea you have to tell people the alternatives. And you know, most doctors don't know anything about alternatives. So they may be stumped in the first three and maybe even the number

five, but they don't have any alternatives. They don't know anything else besides conventional treatment like shots, so the patient cannot really provide them with informed consent.

So now I'm going to take you to another part in the world. I'm going to take you to Cuba where they have huge rainfall, sometimes a bit like a monsoon, if anyone has ever been in a monsoon, and a paper that came out of this—which is the use of homeopathy called homeoprophylaxis. Now homeoprophylaxis is where you take the substance that actually can cause the disease and then you dilute it repeatedly, and at each dilution stage you shake it vigorously. It's called succussion. So dilution and succussion are the two ingredients that are necessary. And unlike regular homeopathy, where we might use a substance like sulphur or a plant or something like that, homeoprophylaxis actually will use sometimes the disease organism. And this is what they did in Cuba.

Leptospirosis Epidemic in 2007: this is the paper I'm going to talk to you about.

Leptospirosis is an organism. It looks like a spiral; that's where the spirosis component comes from. It looks like those—there's a few pictures there, like that. It's something which is related to water. If there's standing water, then this is most often where you will find this leptospirosis, the organism. And it's often when they have storms or hurricanes or a lot of rain that they'll have an increase in the incidence of this disease. And it can get into where they have rats and where they have other livestock. That's another issue as well. And it can also go through cuts of the skin in humans. Anyway, this is how it's passed around.

And it could be just a slight fever, that type of thing, but it can be more severe disease. In fact, they can have kidney failure, lung disease, bleeding in the lung, heart inflammation and arrhythmias, shock, liver failure, blood clotting, and also neurological complications where this organism may go into the body. So this is not a small issue in Cuba and in other developing countries.

So in 2007 they were anticipating an epidemic to come because they were having heavy rain, and they had 2.3 million people who were at high risk of getting leptospirosis. But they only had vaccines, like regular vaccines, available: 15,000. So they had a dilemma. And so what they thought what they would do is they would make a homeopathic remedy and they would give it to people. And they were going to measure, compare the area that they were going to cover—which was three districts with the homeoprophylaxis remedy—and they were going to compare that to the other regions of Cuba. But they were also going to compare it to the historical expectations of those regions in which they gave the homeopathic medicine. And so they compared three adjacent regions.

The homeopathic medicine was made by the same company that made the vaccination, called the Findlay Institute. And the way they did it is they went and they gave two doses of this homeopathic medicine, which would be just usually a little splash of the liquid in the mouth. That would be one dose. They gave two doses of 200C, for those of you that know homeopathy, of what was called NosoLEP at the start of the timing when they thought that the epidemic was going to begin. That was week 45, if you take week one as the first of the year in 2007. And they repeated those doses again two years later—the higher potency of 10M. For those that know homeopathy, you know what that means.

So perhaps we could show this little film.

[Film clip plays here.]

This is from the movie MAGICPILLS dot com [<https://watch.magicpillsmovie.com>]. You can go in and you can see the film there. But let me just tell you what the outcome of that was; it's pretty remarkable. I don't think that's what you would consider to be a modern laboratory. But homeopathy is just remarkable in that you can practically make it in your own home, and sometimes when you need to. But of course, there are just the same type of laboratories for homeopathies [as there] are for conventional medicine, the same level of sterility and equipment and so forth. But let me just show you what happened here.

So if we look at this chart here, you'll see the red line is the incidence of leptospirosis that they were anticipating. So the black line is what they'd already had up to the point, but where the red line is, is what they expected to continue. But they did give the homeopathic remedy at that point, so we have a couple lines here. The historical median—which is the lower line there, the dotted one—the black dots on that line, that's the cases in 2007 up to the point where they gave the remedy. And then they were forecasting that it would go where the red line went, which was up, up, up.

So if we look at the rest of Cuba, this is what they anticipated on the upper things. So again, you see the red line, what they anticipated, and the cases that really did occur are in the bottom picture. Let me see if I've outlined that there. So there's the red line. That shows what they were anticipating. And the bottom there is actually what really happened in the rest of Cuba where they did not give the homeopathic medicine. So you can see that what really happened in the bottom picture was very similar to what they expected to happen based on historic data.

So if we go back to what happened in the regions where they gave the homeopathic medicine, you'll see that that was the anticipated area, as I mentioned before. But if we see what really happened, it's this. So they gave two doses there where that arrow is pointing

down—those are the initial two doses. And then they started to see an immediate drop within a couple of weeks of the incidence, now the number of cases of leptospirosis.

So the results two weeks after start of treatment, it went from 38 cases per week to four cases per week. And that was with only 70% coverage. The reduction in the cases in treated regions was 84% over the following year. And the increases in cases in the untreated area was actually 21% greater. It went up. So they had a decrease in the areas where they had homeopathy—a homeoprophylaxis, and it went down. It actually went up in the other areas in Cuba.

Now this is no small thing, because we did talk about the burden of disease from this leptospirosis. But they did a study in Jamaica looking at the cost of treatment. And there they found that—this is in U.S. dollars—they found that if they treated them out in the rural area, it cost \$158. If they treated them in the city, it would be \$120. And if they were hospitalized, it would be US\$527 for treatment.

And if you think about the minimum wage of someone working in Jamaica—and many of them are working at minimum wage which is \$40 a week—you can see this is a very expensive, a great tax on the population themselves. And this is just a little picture of a homeopathic pharmacy in Cuba. In fact, they've used homeopathy in Cuba quite a bit. And the military in fact uses it there, but that's not really known to the rest of the world.

My question that I think we should all ponder is: How do we get from this in 1986, where we had three shots and some oral polio vaccine drops—how do we get from that to this, which is where we are in 2024? And these are shots, they're encircled, which are given now during pregnancy.

So we have flu shots, we have DTP shots, we have COVID shots, we have RSV, we have the option of having hepatitis shots at birth and again at one month. So I would just like to tell you what I think what's contributed to this from a doctor's perspective.

Number one is doctors have not received proper education. We've been indoctrinated with propaganda. We've been actually hypnotized and put into a trance. And doctors have something which I've noticed over the years, which may be in other professions, but is very strong in the medical profession—and that is not fitting in, not being part of the club or being accepted as being intelligent enough to be a good doctor. I think this is very strong. And so the fear of not fitting in has allowed doctors to accept a dogma which is not actually based on science.

And here's an example. This is the President of the Doctors of B.C. writing in their Journal saying that anti-vaxxers: it's pseudoscience, anti-science, and woo. And here's quoting him:

“Millions of lives around the globe have been saved to mass vaccination. Yet the anti-vaccine movement counters with tales of profits over people, conspiracies to control individual freedoms, and children afflicted by autism, autoimmune disease, and other injuries blamed on vaccination. These anti-vaccination campaigns have taken on political weight as a symbol of anti-establishment, resulting in outbreaks of mumps, measles, polio and other preventable and eradicable diseases.”

That's an ex-president of the Doctors of British Columbia, which is really the association, the union for doctors.

So what else? Anyone questioning vaccination dogma is censored and punished. I think we've definitely seen that in the COVID-19 era, but it was happening all the way along. The experts cannot be challenged, despite the fact that it's obvious what they're telling us is not true. Public health has taken over the job of vaccinating, so doctors are not really in the loop anymore. They're not seeing the outcomes. Training on how to combat vaccine hesitancy and convince patients that they are wrong has taken precedence. Informed consent and choice have pretty much disappeared.

Of course you can't give informed consent if you can't determine what the safety of a vaccine is. And we know that vaccines: There is no childhood vaccine has ever been tested against true placebo—not one. A true placebo would be saline. Not a single one has done that. So if you don't know what the risks are, there's no way you can have informed consent. It's impossible. Even if the benefits were obviously great, without knowing the harms and whether they were equally great or even greater, you cannot give informed consent as a patient.

Mature minor laws arbitrarily presuming understanding: In British Columbia we have the Infant Act. But here's an example from the same doctor where children, I think at this time he was in an article being quoted as being happy that a child came to him and he was able to catch them up on all the vaccines all at one time. But this article, it says: *'Completely preventable': doctor examines how to get anti-vaxxers on board amid measles outbreak*. This doctor said that he's even seeing kids asking to be vaccinated: *'Youth as young as 12 years old are also coming into contact with newer and better sources of information that lead them to decide that the decisions that their parents made for them were not, in the end, in their best interest,' Cadesky said.*

In BC, minors deemed capable can make decisions about their own health. And I think the questions that were asked by our commissioners regarding the ability of even adults to know what is going on during a medical procedure is limited. And it's impossible for children to know the pros and cons of vaccination, to know the alternatives of vaccination, and to even know if the vaccine is necessary. Parental authority has been removed. This is very obvious.

There's some like they're trying to drive a wedge between the parents and the child. Vaccinations in school gymnasiums, peer pressure, isolation, and bullying by authorities increases the uptake. And then removal liability, which means that the vaccine manufacturers are no longer responsible for the adverse events that are occurring from vaccination. So after seeing all this, I myself, I could only come to one possible conclusion: that all vaccination of children should be halted immediately.

But everybody nowadays must be their own expert, and so it's important not to take my conclusion, but to make your own conclusion. And I think this is true for all of us now. And we've learned this in the last four years, that you cannot trust the experts, and so you have to become your own expert. And there are plenty of books now that are available for this that you can go and read. They're easy reading and give you the information. They have good references—references to not what you consider outlying type of research, but things that are accepted in the mainstream journals. But if you're looking for one book, I would recommend this one, which has just been published by Vaccine Choice Canada. It's called, *A New Parent's Guide to Understanding Vaccination: Informing Choice Through Education*. I think this is an excellent book which I recommend to all parents. That's all I have to say. Thank you.

Wayne Lenhardt

Okay, at this point do the commissioners have any questions?

Dr. Stephan Larsson

Yeah, thank you very much, Dr. Malthouse. Are there any vaccines that you think meet an acceptable safe and efficacy level?

Stephen Malthouse

Are you speaking about just childhood vaccines or all vaccines?

Dr. Stephan Larsson

Let's talk about all vaccines.

Stephen Malthouse

That's difficult to say. When I looked at the shingles vaccine that came out most recently, Shingrix, I looked at the studies and I thought, you know, they have got a true placebo in the study. It was done in several different locations and it was a large patient population. But the trouble is that those studies are done by the vaccine companies themselves, those that make them, which makes them somewhat untrustworthy. Because we have seen that in these last years how we've been fooled by data which has been withheld or changed, you know, altered.

So the information that we get when a vaccine is rolled out, I don't think it's fully trustworthy. I think we need time to look at it and to have independent viewers look at it, more studies done than just maybe two despite having, you know, a placebo and a large group. So that's the only one that I thought for adults was worthwhile. I do not recommend the flu shot. And with regard to childhood vaccinations: No, there's not a single childhood vaccination that I would recommend.

Dr. Stephan Larsson

I was just asking out of interest, because when I was at medical school in the UK, my year of 180 people had to have smallpox vaccination because we were doing experiments with smallpox. And you probably didn't make the big news over here, but there was actually a smallpox outbreak in the medical school and none of the medical students developed smallpox. But two secretaries who weren't vaccinated died of smallpox. So I understand your reticence about enthusiasm for vaccines, but I think every vaccine needs to be looked at in its individual self and its individual value. And I think that probably there are some vaccines which are of value.

Stephen Malthouse

I agree with you that each vaccine should be looked at individually and you need to measure things. But if you haven't got the proper safety studies for a shot, smallpox might be a good example, then it's very hard to have that equation to know whether it's worthwhile or not. Of course, people do have stories of someone dying from it, and those are valid. Anecdotal evidence is valid. But you know, smallpox, it's run such a ragged course that we really don't even know what the substance is that's being used in smallpox vaccines these days. You know, originally it came from cowpox, but then it went into donkeys and

rabbits and all sorts of animals. And so we don't even know what's in the smallpox vaccine these days. So it's pretty hard to have an unknown substance that you're injecting into people.

But I agree, I think every vaccine should be looked at individually, we all have our personal experiences of what we've seen. I think smallpox and polio are the two that are often brought up as reasons that, you know, the vaccines have saved so many lives. But we really actually see, as Dr. Thomas said yesterday, that we owe a lot of that improvement in people's health to the toilet, flush toilets, and refrigerators, not the vaccines. And when we look at the graphs of vaccination, we see that the incidence of vaccines was plummeting before the shots were introduced. And in some cases, after the shots were introduced, for example in polio, there was a slight rise in the incidence of the disease, which seemed to imply that the vaccine itself was causing polio-like symptoms which may have been diagnosed as polio. But I think your point is well taken.

Myriam Bohémier

I have an observation. You said that when doctors finish their medical school, they don't know anything about vaccines, but we ask 12-year-olds to take decisions about vaccines with doctors that don't even know: What are vaccines? So they cannot explain to those kids their risks, benefits, alternatives. So, you know, I don't see how we can say that 12-year-olds could take those decisions if even the doctors don't even know nothing about the vaccines.

Stephen Malthouse

I agree with you. I don't think the doctors can answer any of those questions that are required for informed consent. The five that I placed there which as you mentioned are: Is it necessary? What are the benefits? What are the risks? What are the alternatives? And does the person sitting in front of me actually understand all those items?—not possible.

Patricia Robertson

Thank you for the information. And I love that diagram of how we've gone from eight to 78 shots. The majority of nurses don't know what's in these vaccinations. And nurses working in well-baby clinics are giving babies two months old: each leg, each arm, and a buttock. And those babies are ending up in the hospital with seizures, and they're told it's normal. It's not normal. So would you say it's the aluminum? Would you say they've got polyethylene glycol? Would you say it's mercury that's causing this? Why are we giving them that many at 2 months, 4 months, 6 months. And if you look at SIDS [sudden infant

death syndrome], you've got this spike at 2 months, spike at 4, spike at 6. Can you explain that?

Stephen Malthouse

I think you cannot explain that. And you don't really know what the ingredients— First of all not knowing exactly what shots you're talking about, it's really difficult to say what are the elements that could be causing that child to end up in the hospital. You know, children do develop fevers, it's true. But a fever is more a reaction. It's an attempt of the body to sort itself out. And so the fever is not the disease. It's just sort of a superficial reflection of a struggle going on underneath.

And, of course, that should perk you up. As doctors see a fever, they should say, "Well, something's going on here," right? It's a helpful pointer for infection and meningitis—who knows what? Inflammation. But when you cover it up with Tylenol, which is what the nurses have been doing— And Tylenol, I think we heard today that Tylenol itself has potential to be a toxic substance, particularly metabolites of Tylenol. There's a thought that the metabolite of Tylenol, which was created actually or in some way interacting with the vaccine, could be causing inflammation in some of the diseases that we're seeing after the shots.

But really, your question is one which cannot be answered. We don't know the ingredients. We don't know how the ingredients act with people. We are completely in the dark. And when you're in the dark, you should not proceed forward full speed because you're going to trip and go over a ledge.

Patricia Robertson

Agree.

Stephen Malthouse

And that is, I think, what we're doing. And there's no better example of that than the COVID-19 shots in children: was not needed, was not beneficial, was extremely dangerous, and the children could not understand what you were giving them—and there are alternatives. There were alternatives.

Patricia Robertson

Thank you.

Ken Drysdale

I just have a couple of small questions in your slide with regard to informed consent. Isn't there another part of that informed consent? In other words, if the practitioner has an inkling that the patient is accepting the treatment under coercion, aren't they supposed to refuse to give the treatment?

Stephen Malthouse

Yes, that is part of it. And there are other ones too, but those are the essential for five. So, yes, a coercion. What would be an example of that? Were you thinking of a specific example of coercion?

Ken Drysdale

I was thinking: You're going to lose your job unless you come in and get it. And the military was under those orders. The police were under those orders. Many, many industries were under those orders. It's hard for me to believe that the practitioners who were putting needles in the arms didn't know that many of these people were getting it because they were going to lose their jobs.

Stephen Malthouse

It's really hard to know. I don't think any of us—we've been asked this question many times—understand how doctors behaved like they did. I don't think we can, probably. It's very difficult to know. There were different factors for different doctors, I think. Some was financial, some was reputation. Some was keeping a job and being able to put, you know, food on the table for their kids. Some were afraid of being kicked out of the club, as I mentioned earlier. Some I think was just a state of hypnosis. By that I mean that doctors have been put into a trance by repetition of “safe and effective, safe and effective, safe and effective” to the point where they actually believe it. They have been hypnotized.

And I think that we've all had a lot of propaganda in the last years, and I think the combination of all those things explains most of it. I don't think the doctors did this intentionally to hurt people in general. I think that they sometimes justified that, but I don't think that was their primary reason for treating their patients that way. I think most doctors are good hearted, but I think they've been misled and they have been gaslit themselves, and to behaving the way they have. And I think it's a terrible shame.

Ken Drysdale

Well, it's not just a terrible shame for that, but that happened with our police. That happened with our judiciary. It happened with most of the professions. It didn't seem to happen with truckers. How do you think they were immune to that?

Stephen Malthouse

Well, truckers sit by themselves in a cab for long periods of time. So they probably weren't so influenced to the peer pressure that some of these other institutes were. Plus they probably, although they wanted to keep their job, they weren't so worried about how they were in the halls of the university in terms of their reputation. So I think when you come more down to earth in your jobs—you know, you're not so much in the ivory towers or at the universities—you're a bit more practical and you're less easily subdued by the other elements that play a role in convincing people on how they should act: extraneous things. So I think that the truckers were a different kettle of fish from most of the doctors in terms of their general makeup and their jobs.

But I think also they got pushed. They got pushed to the point where they were going to lose their livelihoods if they did follow the orders. And that's why they stood up. Whereas the doctors, it's the opposite. If they stand up, they will lose their jobs. So that's, I think, part of the reason that they decided to take the easy way out.

Ken Drysdale

One of the slides you showed was the article from—I think you said it, that the fellow that was quoted on it was the—

Stephen Malthouse

—past president of Doctors of British Columbia?

Ken Drysdale

Yes. And what he said was that by using these vaccines, there's a lot of these diseases that are easily eradicable, I think he said. How long have we had the polio vaccine?

Stephen Malthouse

Well, polio is actually disappeared very much in the world. And the most recent cases that I personally heard about are based on giving the oral polio. Where an uncle would come down from the mountains in some place like Cuba, for example, and change the diaper of a child that just had the oral polio and was being excreted in the stool, and then the uncle would get polio. But, you know, much of polio was a mistake in diagnosis. It was actually poisoning. And there's a lot that was a polio that was related to working around pesticides in apple orchards, things like that. There are lots of things going on which may have been mistaken for an infectious disease, i.e., polio.

Ken Drysdale

Well, how many diseases have been eradicated by vaccines for this fellow to have made this comment?

Stephen Malthouse

The smallpox.

Ken Drysdale

Smallpox, that's one?

Stephen Malthouse

Yeah, I think that's the only one we can say has been eradicated.

Ken Drysdale

Except in—where was that, Bermuda?

Dr. Stephan Larsson

Very few laboratories in the world, very few.

Stephen Malthouse

Yeah.

Ken Drysdale

Thank you, Doctor.

Stephen Malthouse

You're welcome.

Wayne Lenhardt

Are there any more questions from the commissioners? No. I have one final question, Doctor. I'm wondering whether you see any value in the kinds of requirements if you cross borders. So for example, when I went down to graduate school years ago, I think if I was just visiting for a week or two, it was fine. But to go down there for a year, I ended up having to take a smallpox vaccination back in roughly 1970, a bit of a time ago. But do you see any justification for that kind of thing? I think if you want to go to the States now, even as sort of a temporary visitor or on a work situation, I think they'll make you take half a dozen vaccines. Is there any justification for any of those then?

Stephen Malthouse

Well, you know, everything I think it should be taken on an individual, case-by-case basis. So I don't think I can answer your question too much because you're also including a lot of different vaccines now. But really, if I was crossing the border, would I take a vaccine? No, I would not. I would refuse to cross the border, probably—and because those vaccines are not safe and you're taking your life in your hands. Many people took the COVID-19 shot, thinking, “Well, now I can travel, I can go see my—,” and then they were wounded so badly by the shot that they were not able to go to work or go see their parents in some country, to fly on the plane, and so on. So I think that you've got to consider that these drugs, these shots, their safety has not been determined. And for that reason, you cannot fit that lack of that one element into an equation to know whether it's a good thing or bad thing. You're in the dark.

And so for that reason, personally, I think there are better ways to maintain your health than to take shots. And I think we showed that in the homeoprophylaxis study in Cuba. But there are many other ways that you can improve your health. And I think that the idea of creating a healthy terrain is very, very important. And I think the populace is also starting to realize that taking vitamin D in adequate doses, taking vitamin A if you have a measles outbreak, vitamin C, and good lifestyle, those things are actually—and nutrition. Dr. Perro was saying those things are actually more the cornerstone of health. And I think vaccinations can be relegated to the back shelf.

Wayne Lenhardt

Okay. On behalf of the National Citizens Inquiry, thank you so much for having given your testimony and your information.

Stephen Malthouse

Thank you very much.

Wayne Lenhardt

Thank you so much.



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NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 19, 2024

Day 3

EVIDENCE

Witness 11: Tamara Main

Full Day 3 Timestamp: 10:26:34–10:59:18

Source URL: <https://rumble.com/v5j9ez7-nci-vancouver-2024-hearings-day-3-october-19-2024.html>

Shawn Buckley

Commissioners, our next witness is Tamara Main. Tamara, can you state your full name for the record, spelling both your first and last name?

Tamara Main

Tamara Main. T-A-M-A-R-A M-A-I-N.

Shawn Buckley

Tamara, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Tamara Main

Yes.

Shawn Buckley

Now, you're a concerned parent on many levels, and I'm going to have you tell your story. But just so that the commissioners kind of know what to listen for, there's some themes.

And one of those are a lack of mental health services for a troubled teenager, the ability of social workers to basically really overrule psychologists and psychiatrists on their diagnoses and funnel children into transitioning genders and sexes, and basically grooming them.

Tamara Main

Yes. Correct.

Shawn Buckley

And then also the exclusion of parents from the process, of being kept out of the information loop and the privacy thing.

Tamara Main

The Privacy Act.

Shawn Buckley

So I'm going to lead you through a little of this. But I will let the commissioners know, you've provided some documentation, you know—so complaints to ombudsmans, emails back and forth and the like—that will help verify what you're saying. And those have been entered as Exhibit V-2011 in these proceedings. So what you provided, the commissioners will have available to them to kind of fill in and verify what you're saying. But you have a daughter named Nila, and she was born back on April 11, 2005. So now she would be 19 years of age.

Tamara Main

Correct.

Shawn Buckley

And back when she was age 9, just about three months shy of 10, you and her move from England, where you guys were living, where she was raised, back to B.C. where you were raised.

Tamara Main

Correct. We were relocating. Her father was supposed to come along with us at a later date.

Shawn Buckley

Right, basically two weeks later.

Tamara Main

Yes.

Shawn Buckley

But two weeks later, he doesn't get on the plane.

Tamara Main

Correct.

Shawn Buckley

And then he tells you he's not coming.

Tamara Main

Yes.

Shawn Buckley

So basically the marriage ended.

Tamara Main

Yes.

Shawn Buckley

So Nila, who had been just a perfectly fine child that was basically excelling in everything, experienced abandonment from her father.

Tamara Main

Yes. He also cut contact with her completely during this time.

Shawn Buckley

Okay. And then and then divorce proceedings start. So Nila, almost at age 10, experiences father abandonment and all ties cut.

Tamara Main

Yes.

Shawn Buckley

Okay, now, how did that affect her? And first of all, describe her before and then kind of describe what happened after that.

Tamara Main

She was a very easygoing child. She made friends everywhere she went. We were in the UK at different schools. She had no problems at schools, or any issues at all. As soon as we came back after her father didn't show up, she went into a mental breakdown. And things got worse and worse over time. I tried to get her help on my own: private counseling, different types of services. Nothing was really helping. I informed our GP of her issues and what had happened. Her behaviour was getting worse and worse. I was called into school. She was writing some very disturbing things.

Shawn Buckley

And just while you're there, David, can you throw up what I have on my computer screen? And I appreciate the quality is not great. This is from her journal.

Tamara Main

Yes.

Shawn Buckley

And so when you say you're finding troubling things, so her journal, basically she wrote here on this page: *Death is inevitable*, and then just kept repeating, *die, die, die, die, die*.

Tamara Main

And this was just one of them. There was—

Shawn Buckley

I get that. So this is just an example. But when you're saying she's writing, you're finding disturbing things. So she writes: *Stop procrastinating. Do it, do it, do it, do it. Leave your mortal flesh behind. Suicide, suicide, suicide.*

Tamara Main

She was also writing about murder. Killing.

Shawn Buckley

Right. Well, let me just finish on this one. That's part of the exhibits for the commissioners, but, you know: *Come to hell. Come home, come home, come home*. Now, this is dark stuff.

Tamara Main

Yes.

Shawn Buckley

So you're reading this stuff and going, my gosh, I've got a suicidal daughter.

Tamara Main

Yeah.

Shawn Buckley

And her behaviours are showing extreme depression and, literally, mental illness. She's having a breakdown.

Tamara Main

Yeah. Mental illness, definitely.

Shawn Buckley

Okay, so you're trying to get her mental health services.

Tamara Main

Yes.

Shawn Buckley

You're calling your doctor, Dr. Sue, like, regularly.

Tamara Main

Three times a week I'm emailing her saying, "She needs help. She needs to see a psychiatrist regularly." And so she put in a referral to Children's Hospital for a psychiatrist. My daughter was refused that referral. I think I submitted that to—

Shawn Buckley

Okay, so your daughter is clearly having behavioral problems. The school's aware of it and letting you know. You're aware of it. You're finding, really, things like this journal page, which is just a fraction, tip of the iceberg, which is clearly signaling a suicide risk, and you cannot get a referral to a psychiatrist.

Tamara Main

No, I can't.

Shawn Buckley

Okay. And this is included. There are some visits to the hospital because you're so worried, and she's interviewed by psychiatrists.

Tamara Main

Yes.

Shawn Buckley

But you're excluded from that.

Tamara Main

Correct.

Shawn Buckley

Can you share about that?

Tamara Main

We took her to Children's Hospital. Myself and her grandfather were put into a separate room. They had the private conversation with my daughter. We weren't privy to anything. She was sent home with therapy for journaling. This is a child who's, like, threatening to kill herself.

Shawn Buckley

And who's, like, 12 at the time?

Tamara Main

Yeah, probably around 12.

Shawn Buckley

Or 12, 13 at the most.

Tamara Main

Yeah.

Shawn Buckley

So we're not talking— You know your daughter well. You wouldn't have thought that she would be in a position to be making health decisions on her own at that age.

Tamara Main

No, definitely not. Especially when she's having mental health issues. You know, she's not thinking clearly, she's erratic behaviour, you know.

Shawn Buckley

Okay, so you keep trying to get her psychiatric services and counseling services. What happens?

Tamara Main

We were referred to— There's like, I was told that children don't get to see a regular psychiatrist in Canada. They've got the START program [Support Treatment and Recovery Together], this program, that program. It's very confusing and she basically got no help. And then, you know, I think it was October 2021, she threatened to kill herself again.

Shawn Buckley

Can I back up? Just because I have the advantage I told you can't have notes, but I've got notes. My understanding is in May of 2019, she ends up at Surrey Memorial Hospital.

Tamara Main

Yes.

Shawn Buckley

Now, she's too young to get the diagnosis, but the psychiatrists are saying, "This looks like a borderline personality disorder. If she was older, we'd give her that diagnosis."

Tamara Main

Correct.

Shawn Buckley

But this is the type of thing we're dealing with. Now this becomes important because psychiatrists are saying she's going one direction, which would mandate a certain type of care.

Tamara Main

Right.

Shawn Buckley

A social worker with the Ministry points her in a completely different direction.

Tamara Main

Yes. That was not until 2022.

Shawn Buckley

Right. It's just I didn't want us to skip that. Okay, so fast forward then, she's in the hospital again.

Tamara Main

Yes.

Shawn Buckley

And tell us about that.

Tamara Main

Well, 2021, she was admitted to Surrey Memorial Hospital for threatening to kill herself. Again, I was told she's got abandonment issues from her father that will take her years to get over if she's doing DBT therapy [dialectical behaviour therapy]. And they basically just sent her home from the hospital with no counseling. I started messaging the intake for some of the Ministry for getting her counseling. And, I kept saying, "If she doesn't get counseling, she's going to end up back in the hospital again."

Shawn Buckley

Okay. And so just we're painting the picture. I mean, you're taking her to the hospital because she's suicidal, and so now you're reaching out. And when you say the Ministry, you mean what is called then the Ministry of Child and Family Development.

Tamara Main

Correct.

Shawn Buckley

Okay, so basically Child Services. So now you're reaching out to them for help.

Tamara Main

Yes.

Shawn Buckley

You probably regret that today.

Tamara Main

Yes, I do actually regret that. You know, until the second hospitalization, I was reaching out to them, like, every week. I called the manager in White Rock to say, "You know, she will do it again, something needs to be done." He promised us a Zoom meeting, a plan set up. I asked about other facilities, such as Maples, for her mental health, and he ghosted me. He didn't call me back after he said we'd set up this meeting. And this went on until she was taken again to Surrey Memorial Hospital for threatening to kill herself again.

Shawn Buckley

Now, this is January of 2022.

Tamara Main

Yes.

Shawn Buckley

And she is, again this is by psychiatrist, so now she's diagnosed with basically borderline, and this is the personality disorder. So this is twice now. So they're seeing: Okay, just wait, this is a borderline personality disorder, which is a psychiatric diagnosis.

Tamara Main

She wouldn't give the diagnosis.

Shawn Buckley

But still, because too young.

Tamara Main

Yes.

Shawn Buckley

But my point is, this would be a different psychiatrist, different year, making the same finding.

Tamara Main

Correct.

Shawn Buckley

So we've got some confirmation of diagnosis, except you don't give somebody that young that diagnosis.

Tamara Main

Right.

Shawn Buckley

Okay. And then also post-traumatic stress disorder.

Tamara Main

From the trauma, from the situation with her father. And she said it would take her years to get over that trauma with DBT therapy.

Shawn Buckley

Okay. So now she's released from the hospital again. You're pestering the ministry to give her some resources, and unfortunately, they do.

Tamara Main

Well, yeah. Well before she was released, we actually, myself and my parents, sat down with the psychiatrist to have a meeting. About what, like, they weren't helping my daughter. And so they arranged for a counselor to come in from the Ministry who sat in on the meeting. I thought she understood what the psychiatrist said about my daughter and what she needed, but that really wasn't the case. She started counseling my daughter, and I don't believe she was doing DBT therapy. Instead, she was sort of pushed along into this gender ideology, and she started harassing me to test my daughter for autism.

My daughter doesn't have autism. She had no traits of autism growing up. I know exactly when the behaviour started, but this counselor kept pushing and pushing and pushing me. And I said, "No, I'm not testing her for autism." And then I had concerns because she was only 17 and she was finishing up high school and wanted to go to the University of Saskatchewan.

Shawn Buckley

So, but let's stop about that. When you say she wanted to go, the Ministry of Children and Family Development counselor wanted her to leave the province, and the place picked was Saskatoon. And I'll ask if you can answer in "yes," just because there'll be a transcript, and when you go, "Mm-hmm," we actually don't know if you're agreeing or disagreeing.

Tamara Main

Right.

Shawn Buckley

So, because you understand with this gender ideology that one of the strategies is to distance the child from the parent.

Tamara Main

Yes.

Shawn Buckley

So I just want to put this in context. The problem with Nina is she is so depressed, borderline personality, post-traumatic stress disorder, according to the last psychiatrist that looked at her. She is suicidal.

Tamara Main

Yes.

Shawn Buckley

You are her caregiver.

Tamara Main

Yes.

Shawn Buckley

And this social worker—not psychiatrist, social worker, right?—

Tamara Main

Yes.

Shawn Buckley

—is recommending that she leave home and leave the province.

Tamara Main

Yes. She told me that I should let her go. That most kids sort of grow out of this and grow up.

Shawn Buckley

Okay. You see the problem now?

Tamara Main

Yeah.

Shawn Buckley

Okay. Because now your belief would be that: No, no, this was part of a kind of a transitioning plan from female to male that you wouldn't agree with.

Tamara Main

Yeah, a hundred per cent. And the counselor knew I didn't agree with that.

Shawn Buckley

Right, right.

Tamara Main

Because those were not her issues. Her issues were not dealt with: her mental health. It all sort of progressed into this gender ideology, when that's not really the problem.

Shawn Buckley

Right. Okay, so what happens next? You understand that this is now part of the equation that this Ministry social worker, not psychiatrist or psychologist, is basically telling Nina about gender transition and autism identification, and autism. Now you have experience with autism?

Tamara Main

Yeah, my son is ADHD, so I have experience with testing of autism and all that.

Shawn Buckley

How old is your son?

Tamara Main

He's six.

Shawn Buckley

And at the time in 2022, he'd be four.

Tamara Main

Yes.

Shawn Buckley

So when the social worker is telling you she might be on the spectrum, it's not like you're a newbie at this.

Tamara Main

Correct.

Shawn Buckley

Okay, so carry on.

Tamara Main

So, yeah, so she started counseling her. It was 2022. She convinced me to let her go to the University of Saskatchewan in August of '22.

Shawn Buckley

Now, Nina is young for this, but she had actually excelled in school and was a grade ahead, right?

Tamara Main

Yeah. She skipped a grade, well, when she was in the UK going to school there.

Shawn Buckley

Right. So we're talking about a high-functioning child prior to the trauma of her father abandoning her.

Tamara Main

Yeah. She was also in the IB program, so she completed that even with all the mental health problems.

Shawn Buckley

Can you explain to the commissioners what that is?

Tamara Main

The International Baccalaureate program. That's a recognized sort of worldwide diploma that, you know, they usually get first choice of certain universities and stuff like that. So sort of like an accelerated—

Shawn Buckley

Okay, so we're talking about a gifted child.

Tamara Main

Yeah.

Shawn Buckley

Okay. So she ends up relocating to Saskatoon.

Tamara Main

Yes, against my better— I thought it was a terrible idea. I thought that she should stay here and get her mental health in order before she goes away because she was also a year younger than many of the kids.

Shawn Buckley

She's 17.

Tamara Main

Yes.

Shawn Buckley

Suicidal.

Tamara Main

Yes.

Shawn Buckley

You know, two psychiatrists are suggesting she's got borderline personality disorder and is suffering from post-traumatic stress disorder.

Tamara Main

Yes.

Shawn Buckley

Okay. But the Ministry worker makes all the arrangements for her to go to the University of Saskatchewan.

Tamara Main

Yes, well she sort of pressured me, like the autism thing. She was pushing me, saying that she'll probably grow out of it. She'll grow up when she's on her own.

Shawn Buckley

Right. Now your belief, now, is that Nina and her were basically talking about Nina transitioning to be a man.

Tamara Main

I believe that, yes.

Shawn Buckley

Right. And you understand with that ideology, that includes basically excluding the parent from interfering.

Tamara Main

That is the first thing the counselor did, is present her with the form, sign the form, your family doesn't have to know anything that's going on.

Shawn Buckley

And you were kept out of the loop of what was going on.

Tamara Main

Yes.

Shawn Buckley

So just for context, then: You have a suicidal 17-year-old that appears to be suffering from borderline personality disorder and post-traumatic stress disorder, who's needing to be taken to the hospital because she's so suicidal, who now you as her parent, who she was living with, you're not told anything?

Tamara Main

Yeah, I'm not allowed to know anything.

Shawn Buckley

And do you feel that was in Nina's best interests?

Tamara Main

No, absolutely not.

Shawn Buckley

And as a parent, how do you feel about that?

Tamara Main

My hands are tied. I cannot help my child. I cannot do anything. I've been treated like I'm a criminal for asking for information about my daughter, for trying to get her help. And I haven't done anything wrong, you know, I want the best for my child. I think there's a gross overreach by the government and the Ministry.

Shawn Buckley

So now this is in BC. Now when she goes to Saskatchewan, she's a legal minor. She's 17.

Tamara Main

According to Saskatchewan, yes. I was told they consider age 15 and 16 an adult in Saskatchewan.

Shawn Buckley

Well, but she can't vote, she can't drink. I mean, an adult for what purposes? Because where I'm going is, you were still kept out of the loop and no one would share any information.

Tamara Main

I was told this by the police when I called to do wellness checks. I was told to stop harassing my 17-year-old daughter. I was told this by the university, that if you're a student there, then they consider you an adult and they're not going to tell me anything about anything. I was told that by the vice-provost of the University of Saskatchewan. I contacted higher education in Saskatchewan, and he told me the University of Saskatchewan is a corporation and they can do as they say fit, even if you're a paying parent. It doesn't matter.

Shawn Buckley

Right. So here you have your suicidal daughter moving at age 17 to another province, and basically no institution, no part of government in that province will share any information with you.

Tamara Main

None. I reached out to everyone out there.

Shawn Buckley

Now you learn though that not long after her moving there, literally within two months she is hospitalized for a drug overdose.

Tamara Main

Yes. Off university grounds.

Shawn Buckley

And the only way you know that is you get the ambulance bill.

Tamara Main

Yes, I did.

Shawn Buckley

But nobody will share any information with you. So you're expected to pay the bill—

Tamara Main

Yes.

Shawn Buckley

—but nobody will share any information. And you must be emotionally going ballistic, because your daughter basically just about died from a drug overdose.

Tamara Main

Yes. And no one will tell me anything. The university did not think it was a big deal. You know, it was just sort of brushed under the rug. What happens if she would have died? Who would have been responsible for this minor who at university with a drug overdose? You

know, and this is a child who, you know, she wasn't very social during high school and is not familiar being around that sort of party atmosphere that might be at university, so.

Shawn Buckley

And she basically stops contact with you?

Tamara Main

Yes, she stopped contact with our entire family, not just me.

Shawn Buckley

Now she did come home for Christmas that first year.

Tamara Main

Yes. That first year she came home and had a breakdown. She was failing all of her classes—this is a kid who's never failed any classes.

Shawn Buckley

Now what do you mean a breakdown? Please describe that.

Tamara Main

A breakdown. She locked herself in the bathroom for two hours having, I would call, like a two-year-old tantrum in the bathroom with the lights off.

Shawn Buckley

With the lights off?

Tamara Main

Yeah, with the lights off, refusing to speak to anyone, refusing to come down downstairs, just locked herself in the bathroom.

Shawn Buckley

I can't imagine as a parent what I would be going through. So my 17-year-old suicidal daughter, she stopped having contact with me. I know that she's been in the hospital with a drug overdose, and now she's come home and she's having a breakdown.

Tamara Main

This was the day before she was going back to university for the January term. So, we took her back to the airport after the breakdown, which I think that we shouldn't have done.

Shawn Buckley

Right, well that hindsight's pretty clear, isn't it?

Tamara Main

Yeah.

Shawn Buckley

So do you hear from her ever again?

Tamara Main

So basically from then on, no. We believe she's dropped out of university, that she's working a minimum wage job at a paint store. My cousin called the paint store and said that she's got man's voice, deeper than her husband's voice.

Shawn Buckley

Right. So as of January of 2023, when you drove her to the airport, she has had zero contact with you.

Tamara Main

Correct.

Shawn Buckley

And so you're just kind of having to rely on other sources. Can you tell us, is she in contact with the friends she had?

Tamara Main

She didn't have any friends. She went through high school during COVID, locked up antisocial in her room, scrolling all this doom and gloom. Instagram accounts, like the stuff that you showed, those types of accounts, really dark accounts online.

Shawn Buckley

It's just in your notes to me, you wrote: "June 2023, Nila attempts to reach out to peers who rebuff her contact," calling her behaviour destructive.

Tamara Main

I think at that point she may have still been messaging my cousin.

Shawn Buckley

Okay.

Tamara Main

And she was trying to make friends, I guess. And the friends at, university didn't want to be friends with her because of her erratic behaviour. And she shared that with my cousin. My cousin tried to reach out to this kid to see what had happened, and he didn't want to talk about it. So I don't know what she was doing. But, you know, other teenagers were questioning her behaviour at university.

Shawn Buckley

At least that's what you were getting told through your cousin.

Tamara Main

Yes.

Shawn Buckley

How did you find out that she was working at Cloverdale Paint?

Tamara Main

Well, she was working at Cloverdale Paint here in B.C. before she went to— Like, she got the job before she got there.

Shawn Buckley

Okay, so having lost contact, then you had a family member contact Cloverdale Paint to see if she's working there?

Tamara Main

Yes, to see if she was still there, because we were paying for her to be in the dorm at the university. Well she didn't want to be in the dorm, so I guess she just left. So we don't know if she's attending, if she just quit and is working at the paint store.

Shawn Buckley

Right. And so who is it that contacted the paint store for you?

Tamara Main

It was, well, my cousin and also a friend of a friend who lives in Saskatoon went into the paint store to see if she was working in there.

Shawn Buckley

Right. And the key word now is “she,” right?

Tamara Main

Yeah.

Shawn Buckley

Okay. So basically as I understand it, she is now a “he” named Finch—

Tamara Main

Yes, that's what she's calling herself.

Shawn Buckley

—and has a voice that's quite a deep man's voice.

Tamara Main

Correct.

Shawn Buckley

Which would signify testosterone for prolonged periods.

Tamara Main

Yeah, I would say probably close to when she left. I didn't witness her taking any drugs when she was home at Christmas, but she must have been given these drugs fairly soon after she got to university. And it's pretty horrifying to me that some doctor that doesn't know her history is just handing this out like candy. I can't even get a hormone blood test, but my 17-year-old daughter is getting cross-sex hormones?

Shawn Buckley

Right. And nobody would even talk to you?

Tamara Main

No, no one. No one over there would talk to me.

Shawn Buckley

Right. So today is October 19, 2024, and you have not heard from your daughter since you dropped her off at the airport in January of 2023.

Tamara Main

Correct.

Shawn Buckley

So there's been complete alienation.

Tamara Main

Mm-hmm. And that's what these trans activists do. They tell them if your parents don't agree or whatever, go no contact. It's part of their agenda.

Shawn Buckley

How are you managing this?

Tamara Main

Well, I don't really. The only thing I can do is talk about this because I have no control. You know, I have no parental rights. There's nothing I can do. I'm just like, you know, have to sit and watch my daughter ruin the rest of her life. I have, you know, my six-year-old son asked when his sister is coming home. What do I tell him? My mother cries every night about my daughter. You know, this doesn't affect just— It's not just the child, it's like ripped my whole family apart.

Shawn Buckley

Yeah. And I think you're making an interesting point. So your mother, Nina's grandmother, like you're not kidding. I mean, she's in tears over this still.

Tamara Main

Yes. Yeah.

Shawn Buckley

And I imagine you're in tears over this still.

Tamara Main

I just, I cannot believe that this has happened or is happening and that no one will help. No one will help.

Shawn Buckley

And her brother is grieving the loss.

Tamara Main

Well he asks about her all the time, and I don't know what to tell him. I just tell him that she's at the big school and he's taking that. But eventually I'm going to have to say more.

Shawn Buckley

Right. So Nina would have been 17. I mean, she had been living with you.

Tamara Main

Yes.

Shawn Buckley

You knew her intimately. You knew her mental condition, which how would you describe that in relation to her being in a good position to be making decisions that literally could be rendering her sterile for the rest of her life and/or worse. Because you don't know if she's done the surgeries or any of that, right?

Tamara Main

No, I don't know.

Shawn Buckley

So would you have felt that she was in a position to be making those types of decisions?

Tamara Main

No. I mean, the two visits to Surrey Memorial Hospital, she was sectioned by the psychiatrist. She was held against.

Shawn Buckley

So “sectioned” means in such a poor mental state that you are involuntarily committed to the psych ward and cannot leave.

Tamara Main

Yes. Twice. So she should be given male hormones? I mean—

Shawn Buckley

Are you okay?

Tamara Main

Yeah.

Shawn Buckley

Okay, so I'm going to stop asking you questions, and I appreciate this is difficult. And I'll ask the commissioners if they have any questions for you.

Myriam Bohémier

Good evening.

Tamara Main

Hi.

Myriam Bohémier

I'd like to know, how old was your daughter when her father abandoned her?

Tamara Main

She was 10 years old.

Myriam Bohémier

And she didn't have any contact with him since she was 10 years old?

Tamara Main

Correct.

Myriam Bohémier

And I didn't understand when you talked about she was sectioned, what does it mean?

Tamara Main

She was, she was held involuntary by the psychiatrist. So she, the doctor made the decision for her that you cannot leave, because her mental health was so poor.

Myriam Bohémier

At the hospital?

Tamara Main

Yes.

Myriam Bohémier

Because she was suicidal.

Tamara Main

Yes.

Myriam Bohémier

And Child Protection Services were not involved?

Tamara Main

No.

Myriam Bohémier

Okay. Thank you.

Shawn Buckley

[Tamara], it looks like those are the questions of the counsellors, so.

Tamara Main

Thank you.

Shawn Buckley

Or commissioners, I'm sorry. We were talking about counselling and I said counsellors. So those are the questions of the commissioners. I appreciate that this takes a lot of bravery to come and share your story. And so, on behalf of the National Citizens Inquiry, I sincerely thank you for coming and for sharing your story.

Tamara Main

Well, thank you for listening to my story.

Shawn Buckley

Thank you.

NCI | CeNC



NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 3

October 19, 2024

EVIDENCE

Witness 12: Emily Duggan

Full Day 3 Timestamp: 10:59:44–11:31:49

Source URL: <https://rumble.com/v5j9ez7-nci-vancouver-2024-hearings-day-3-october-19-2024.html>

Wayne Lenhardt

Okay, our next witness is Emily Duggan. Emily, can you hear me?

Emily Duggan

Yes, I can.

Wayne Lenhardt

Okay. I can hear you. I understand that you've sent some exhibits in, and the EV People here have them ready to go. So if you want them pulled up, just let us know.

Emily Duggan

Okay. Thank you.

Wayne Lenhardt

Okay, you need to give me your name, and then I will give you an oath to tell the truth. So give us your name and spell it, please.

Emily Duggan

My name is Emily Duggan. E-M-I-L-Y D-U-G-G-A-N.

Wayne Lenhardt

And do you promise to tell the truth, the whole truth, and nothing but the truth in your testimony today?

Emily Duggan

Yes, sir, I do.

Wayne Lenhardt

Thank you. You live in Krestova, B.C. Am I correct?

Emily Duggan

Yes, sir.

Wayne Lenhardt

And you have had all kinds of problems with some of the usual transitioning SOGI 123, et cetera, et cetera. So when did this happen? Did you have a child in school?

Emily Duggan

I have a child in school right now, but she's not been a victim of gender ideology.

Wayne Lenhardt

Okay. So tell me the origin of this and tell me what you've gone through. And I'll stop you if I need any more details.

Emily Duggan

I am a parental rights advocate and a mother of two Canadian children. I have dedicated my spare time to sharing with the public what SOGI 123 is. SOGI stands for Sexual Orientation Gender Ideology. It is—sorry?

Wayne Lenhardt

Yeah. I'm just nodding agreement.

Emily Duggan

Okay. It is a resource guide, and policy can be written based on it in the B.C. public education system. It's based off of gender ideology and sexual preferences. And, yeah, as I said, I've dedicated my spare time to sharing with the public things that have happened in schools across British Columbia in different districts, to try to share awareness about it. Because when I learned about it, I understood that not very many people knew that it existed. And I felt like our public education, things that happen in our public education should be public information.

Wayne Lenhardt

So when did you start this and tell me how things developed?

Emily Duggan

I began speaking out publicly about SOGI 123 in the fall of 2022. I created a Rumble channel. And I created a few series on my Rumble channel starting, I believe, with my series called *A Conversation with Emily*, where I did a few public speaking speeches about gender ideology and SOGI. And then I started a series called *Story Time with Emily*, where I would read some of the resources, some of the books classified as resources available to our children in public education. And then I created a series called *On School Grounds* where I would share situations that have happened in our public school with the public.

Wayne Lenhardt

Okay. And what were your experiences in doing all of this? You did not have a child in the school, though. You just became an advocate because you're interested in what was going on. Is that fair?

Emily Duggan

No, that's incorrect. I did have a child in the public education system. She started public school for grade one, and we were not informed what SOGI 123 was. We had no idea what it was. I actually discovered what SOGI 123 was when I ran for school board trustee. I learned

about SOGI 123 halfway through the election. Yeah, and I've had a lot of pushback from trans activists for speaking out about it.

Wayne Lenhardt

Okay. What was your feedback from the local people that you were running for as trustee? Were they positive, negative, or both?

Emily Duggan

Both.

Wayne Lenhardt

Okay.

Emily Duggan

I was called all sorts of names: bigot, transphobic, homophobic, hateful, harmful, hurtful during my first election. I've run twice now. I ran in a by-election this past April as well.

Wayne Lenhardt

Were you successful?

Emily Duggan

No, sir, I was not.

Wayne Lenhardt

Okay. Have you ever been harassed or had your safety threatened or anything like that? Tell me about that if you have.

Emily Duggan

Yes, sir, I have. I have received hate mail from as far as New York City. I have received what I would consider to be death threats over social media. I have been told to kill myself. I have been spat on in the grocery store and called words that I don't think I'm allowed to say here tonight—in front of my children. I've had people come to my house and scream at me

through my fence while videotaping me and my children in our yard. I've had people— I live half an hour outside of two towns, in the middle of both of them. So it takes half an hour to get to the community that I live in from town. And people have in the past come out to my rural community, and they walked their dogs past my property and throw their dog feces over my fence. I think that's the majority of things that have happened to me.

Wayne Lenhardt

Have you gotten any positive reinforcement from people, or was it all negative?

Emily Duggan

No, sir, it's not all been negative. I have, in fact, received positive feedback. I have been told not to stop, that people who own businesses across the country—a lot in our community and our province of British Columbia—have told me, “Please don't stop talking. I can't out of fear of having my business targeted. So we're relying on you to continue speaking for us.” I have had people deliver homemade pies to my home, and chickens, and bear jerky as thank you for my efforts. And I was asked to testify here tonight, which is an honour.

Wayne Lenhardt

Okay. Is this still going on? When did you start again? I think you told me, about 2022?

Emily Duggan

Yes, sir, in the fall of 2022, in the last regular trustee election. In British Columbia, trustee elections happen every four years. So I ran in 2022, and this last one in April was a by-election.

Wayne Lenhardt

Okay, has the feedback gotten better, worse, or the same in the last two years?

Emily Duggan

It has intensified on both fronts in the last two years. So, the disdain for me has intensified, but so has the support.

Wayne Lenhardt

And you have a child in the system. What grade is he or she in? Just curious.

Emily Duggan

Grade 4.

Wayne Lenhardt

Grade 4. Is there any problems in that regard with your specific child? Is it getting better or worse? The same?

Emily Duggan

I am aware that there are certain families in the school who would prefer that their children don't play with mine based off of the activism that I do. However, we've done a very good job so far of managing that in a way that doesn't affect our child.

Wayne Lenhardt

You have had some contact with the RCMP on occasion. Can you tell me about that?

Emily Duggan

Yes, sir. I was told by an RCMP officer in Trail, British Columbia, that my dumb movement was not welcome in his town and not to come back.

Wayne Lenhardt

You say in the material that I have here that at some point somebody tried to charge you with assault.

Emily Duggan

Yes, sir.

Wayne Lenhardt

And there's no evidence for that. Could you tell me about that?

Emily Duggan

Yes, sir. That happened while I was running for school board trustee in the first election and I had gone down to the superintendent's office to have a conversation with her. Not about SOGI or gender ideology, about another issue actually that my child's elementary school had been going on three or four plus years at the time with no clean drinking water. And I was upset about that. So I had headed down to the trustee office to discuss with the superintendent if—

Okay, so on top of that, the day that I went down there I had heard that the administration had a budget set aside to pay for catered lunches for the administration staff. And at the same time, our high school's hot lunch program had been cut. And so I was upset that our administration was providing meals for the administration staff while allowing a high school to go without a hot lunch program.

And the superintendent's receptionist, when I asked to speak with the superintendent about it, she laughed at me and told me that I would have to wait for three weeks. And so I just said “No” and started to walk towards the superintendent's office. And the receptionist jumped out of her chair and started screaming at me and grabbed me and started to push me backwards. And I managed to remove her hands from my body and step around her. She continued screaming at me. It was quite the scene. And then they phoned the RCMP and claimed that I had assaulted her. There was no cameras in the office, so there was no evidence to support her statements or mine. So we were entered into a peace bond.

Wayne Lenhardt

So is the situation still kind of rocky at the moment, or has it subsided a bit or what?

Emily Duggan

That peace bond has since expired with absolutely no complications. And that situation has been finalized.

Wayne Lenhardt

Okay, I think I'll ask the commissioners if they have anything they want to explore here.

Commissioner Larrison

Have your children in school been exposed to any elements of the SOGI program?

Emily Duggan

No. So in British Columbia, teachers have full autonomy over the resources that they use in their classroom. You cannot force a teacher to use SOGI 123 resources, and so not all teachers are teaching it. And we have been very fortunate to have teachers who have not been using SOGI resources. SOGI 123 policy, however, is unavoidable. It has to be enforced by every employee of the school. And so far we have not run into any situations where that has caused any issues for our family.

Commissioner Larrison

Thank you.

Wayne Lenhardt

I gather you have some exhibits that you've sent in to the EV people here. Is there anything there that you would like to specifically talk about or address?

Emily Duggan

Yeah, I'm just wondering if it's okay if I talk about them if they didn't pertain directly to me.

Wayne Lenhardt

Sure.

Emily Duggan

Yeah, I would like to share them then, please, sir.

Wayne Lenhardt

Okay. Is there an exhibit that you need?

Emily Duggan

Yeah, I see one up, the poster for Ally Day.

Wayne Lenhardt

There we go.

Emily Duggan

I'm happy to start with that one. Thank you, sir. So what you can see right now is a poster that was presented, or displayed sorry, in School District 33 of British Columbia in Chilliwack, BC. in a Chilliwack Middle school. So the poster is advertising Ally Day and above that you can see like a word bubble that's pretty emphasized. And the sentence inside of that word bubble is, "Do you like candy?"

So what this poster is an example of is it is an example of child luring. So parents for generations have warned their children about this very question. This is a question that has traditionally been used by child predators to get children to go with them. And now somehow in our B.C. education system, we have come to a place where educators are using predatory tactics to engage children in participating in celebrations of alternative sexualities. And as a parent of British Columbia, that is incredibly concerning to me.

And what is more concerning is that this is all done without parental input, and for the most part, knowledge. It was just by fluke that a parent happened to be walking through the hallways and noticed it and sent a picture to me, so I was able to make it public. But that's a big issue for myself and many other parents, not just of British Columbia, but of Canada. It's very concerning. And it's supported by our Ministry of Education, our resource programs like SOGI 123. And it's celebrated by the gender ideology, basically.

Wayne Lenhardt

Have you tried to do anything about it? And by the way, I think we've had a couple of other witnesses refer to this type of thing as luring or grooming, or that type of thing.

Emily Duggan

Yes, sir, that's exactly what it is.

Wayne Lenhardt

Have you tried to take any action about this type of thing?

Emily Duggan

Oh, yes, sir. Parents in that school I am aware of, but I won't name, did contact the school administration, and I believe even perhaps the board of trustees, or superintendent, to discuss it. And the action that the school administration took was—the feeling that was given was it was more important to protect the teacher that was promoting the event rather than support the parents or students through their take on it being luring and inappropriate.

Wayne Lenhardt

Is there anything else in your exhibits that you wanted to address at this point? And I'll come back to the commissioners in case they have questions on any of this.

Emily Duggan

Yes, sir. There's another piece of evidence that I would like to share if possible. Okay, so this is a close up, a smaller close up. I think there was another piece of evidence that I had as well. This makes it easier to see. Yeah, so this was a student—thank you, thank you, sorry—this was a student information sheet that was handed out to a grade nine class by a teacher in Nelson, British Columbia, School District 8 in the 2023/2022 school year. And the first four questions are very concerning. They refer to pronouns. I'm sorry, my screen's really small, so I can't read the exact words and I don't know it by heart. But it's along the lines of: What are your pronouns? Can I share your preferred pronouns with your home adults? If not, which pronouns may I use?

And what this piece of evidence that I've provided is an example of, is that there are some educators— So this is a SOGI 123 resource that teachers in BC can use, and it's an example that the teachers who are using this resource are willing to lie to parents or guardians for students, as well as to other staff and students, creating a wedge and separating children from their caring and supporting families. And I would just like to point out that we know that children become unsafe and unsuccessful when they're separated from their caring and supporting families. So that's concerning as a parent as well.

Wayne Lenhardt

Is there anything else you want to discuss relating to any of your other exhibits at this point?

Emily Duggan

Not relating to my exhibits, but I do have other points that I would like to make that are concerning to me as a parent.

Wayne Lenhardt

Okay, go ahead. And when you're done, I'll see if there's any questions.

Emily Duggan

So SOGI 123, again, is Sexual Orientation and Gender Identity. And as I previously stated, it's a resource guide that teachers may pull resources from and use in the classroom if they so choose. Policy, as I previously stated, is unavoidable for teachers, support staff, any employee of the school. They must enforce the policy. And there is certain policy written by SOGI 123 that makes statements like: The student may participate when it comes to sports. There's policy that states: The student may participate on the team that they identify with. And this is concerning because what it allows is for males to compete in female leagues and females to compete in male leagues.

Now, males competing in female leagues is incredibly concerning because there are biological differences between males and females. And we know this because of the tried, tested, and true science of biology. A few examples of our biological differences would be males have larger muscle mass, stronger upper body strength, and larger lung capacity. This creates an unfair advantage for males competing against females. But more concerning than that is that it creates a higher risk of safety issues for the females in the leagues.

On top of all of that is males competing in female sports deters females from aspiring for athletic greatness. It steals female positions in female leagues. It takes away opportunity for titles and scholarships. And when young girls recognize that and see that, it tarnishes their dreams of maybe one day becoming a professional athlete. Because they recognize that it's not as easy to achieve when you're up against somebody who's just physically more capable than you.

Another part of SOGI 123 policy that is implemented throughout British Columbia in many districts is the student may use the washroom or change room that they identify with. This is a concerning issue for parents, including myself, for a few reasons. And those reasons are: There are biological differences between males and females, and there are biological experiences that are different between males and females.

One of those big differences is that females menstruate and males don't. And we should be able to experience that natural body function without fear of curious gazes from males who could never relate or understand what that experience is like. That's a right of passage for young girls and it's something that should be kept sacred. And we deserve to have a safe space that it is private for us to experience that in.

Also, allowing males into female bathrooms and change rooms, it puts females at a higher risk of sexual assault from predatory males that are opportunists and will take advantage of the privacy that those safe spaces provide. Twenty years ago, it would be unacceptable for a male to walk into a female bathroom or a change room. Today it is being encouraged, promoted, and celebrated. And that really allows males to do as they wish when it comes to our spaces. And as a mother, that makes me fear for the safety of my daughters. Lots of females will tell you that they have, at some point of their life, used these private spaces as a safe haven. And that has now been taken from us, because a predatory male is allowed to use them too.

Yeah, I think I've touched— Oh yeah, may I make one more point, I'm sorry?

Wayne Lenhardt

Go ahead.

Emily Duggan

This is nerve wracking. So I would like to talk about some of the resources available under SOGI 123. Resources like very sexually explicit books. Sexually explicit books that talk about oral sex, masturbation, pornography, hand jobs, sexual positions, and sexual preferences. There are many reasons why this is problematic. These books can be made available in the library at the school, but they can also be kept inside the classroom.

So there's a few issues with this, public school libraries have a catalog of what books they have, so parents, technically they can look it up to find out if these books are in their school's public library; however, there is no catalog for individual classrooms. So it's harder to find that information out if it's in the classroom.

The reason that these topics and these things are concerning to teach children is because some of these sexual acts in these books are being described in a glorified sort of way. Sentences like: *It feels good when—* or *Your partner might like it when you—* dot dot dot. This is concerning because when you describe something to a child and you make it sound fun and exciting, or you describe it in a way that makes it sound like it will feel good, the

child is going to want to give it a try. And who better than to experiment with than their best buddy? And it raises the question, do we really want 6, 7, 8-year-olds performing oral sex on each other? I don't. And I'm pretty sure that's a very common answer for most people. So that's one issue.

Another issue is teachers and support staff are not trained to have these conversations with our children at school. Not to mention, it's highly inappropriate. Ben Eaton of School District 8 in 2023, he is the Director of Instruction for the entire district. And he confirmed for me in a conversation that teachers do not need to be certified to use SOGI 123 resources, or to have these conversations with our children about sexual acts or gender identity issues.

So we have uncertified adults attempting to guide our children through very serious topics. But more concerning than either of those two points is that when we teach our children about oral sex, pornography, masturbation, we're removing the red flags that would otherwise alert us to the fact that a child is being sexually abused. When these acts become common knowledge to children, how are we supposed to be able to identify a child that is being abused?

On top of that, when we are teaching our children about things like blowjobs and hand jobs and sexual positions, essentially all of the groundwork has been done allowing pedophiles to step in and do as they wish with our children because our public education has normalized these things, has presented it to children as fun and exciting. And so a lot of the work has been done, making it a field day, open season on our children to be victimized by child predators. And that's a huge issue. I think that those are— Am I allowed to look at my notes to see if I hit all my points?

Wayne Lenhardt

I think that covers most of your material. Let me ask the commissioners if they want to pursue anything here. Any questions on that? I think the answer is no. But on behalf of National Citizens Inquiry, let me thank you for a very thoughtful and knowledgeable presentation. Thank you so much.

Emily Duggan

Thank you for the opportunity.



NATIONAL CITIZENS INQUIRY

Vancouver, BC

October 19, 2024

Day 3

EVIDENCE

Witness 13: Carmell Pelly

Full Day 3 Timestamp: 11:32:15–12:29:08

Source URL: <https://rumble.com/v5j9ez7-nci-vancouver-2024-hearings-day-3-october-19-2024.html>

Shawn Buckley

Our next and final witness for these Vancouver hearings into the question of whether children are safe in Canada is Carmell Pelly. Carmell, can you hear me?

Carmell Pelly

I can, yes.

Shawn Buckley

So I'll start by asking you to state your full name for the record, spelling your first and spelling your last name.

Carmell Pelly

So, Carmell Pelly. C-A-R-M-E-L-L P-E-L-L-Y.

Shawn Buckley

And Carmell, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Carmell Pelly

I do.

Shawn Buckley

Commissioners, I do have to advise you that this witness and Commissioner Robertson know each other. And I learned during the interview that actually Commissioner Robertson is partially involved in the story in a positive way, but just disclosing that that has come out. So we at the National Citizens Inquiry let everyone know things like that. Carmell, we're going to walk you through your story, but as I understand it, first of all, can you tell us how old you are?

Carmell Pelly

I'm 44.

Shawn Buckley

And it's only recently that you've been willing to speak about your story?

Carmell Pelly

Yes.

Shawn Buckley

And can you tell us what happened that brought you to where you're willing to share your life story?

Carmell Pelly

I think I've spent the last 20 years just healing, and I was asked to share my story at a convention, I think it was in last April. And I just felt that by sharing my story, it would be able to help a lot of women, young girls that maybe were like myself, that went through similar situations, and it could be helpful. I also feel safe now as well.

Shawn Buckley

And that's pretty important, isn't it? Now, just to introduce you a little bit is you are a wife, you're a mother, you're an entrepreneur, you're an author. You're a business person. You

basically have a counseling service, you're a life coach dealing with both addiction and sexual abuse and trauma. And actually, even just within the last week, you've been referred to help a child who had been sex trafficked by her mother.

Carmell Pelly

Yes.

Shawn Buckley

So now you come to that position of trust where you would be counseling a child who was sex trafficked, you come to that position with having experience yourself in that.

Carmell Pelly

Yes.

Shawn Buckley

So my understanding is that the first time that you were abused sexually, you were around age 6 or 7.

Carmell Pelly

Yes.

Shawn Buckley

And we don't want any details, but can you just share with us the gravity of what occurred and how that affected you?

Carmell Pelly

So at that time, there was a lot of partying that would go on in my house, and a man came into my bedroom one night. Go ahead.

Shawn Buckley

Yeah. And again, we don't need details, but you were sexually abused that night. And I'm just asking what effect that had on you.

Carmell Pelly

I lost trust, and I also stopped living in my body.

Shawn Buckley

Okay, and what do you mean by that?

Carmell Pelly

I just mean that, well at the time, I didn't understand that it was anxiety that I went into fight or flight. So I did not feel safe in my home no longer, and I did not trust anybody. So I would just find ways to numb myself.

Shawn Buckley

Right, so basically not be present. So when you're saying you're no longer comfortable in your body, you would not want to be in the present anymore.

Carmell Pelly

Yes.

Shawn Buckley

And so that led to substance abuse.

Carmell Pelly

It did.

Shawn Buckley

Okay. At a very early age, am I right about that?

Carmell Pelly

Yes.

Shawn Buckley

Can you share with us about that?

Carmell Pelly

So there were a lot of parties at our house, and there was always alcohol in our house. And I mean, I think in the '80s it was cute to take a picture of your child with alcohol and give them sips. And very shortly after that, I'd had a drink and I liked the way it made me feel. I liked that I did not have to feel like I was in my body any longer. So from that point on, I would continue to steal alcohol when it was just too much.

Shawn Buckley

And when was the next time that you were sexually abused?

Carmell Pelly

So probably around the age 12-13, I was invited to go to a party that— So my parents had just gotten divorced and we moved into town. Up until that point, we had lived in the country, and so we moved into town and I was invited to a party that wasn't far from our house. And so I went, and I thought that it was odd that I was the only girl there, but—

Shawn Buckley

And I'll just back up. Who invited you to this party? How did you end up being at a party where you're the only girl present?

Carmell Pelly

So they were all school friends, and not just school friends, but people I'd met on the streets in the town where I lived.

Shawn Buckley

Okay, and when you say on the streets, you mean people that weren't going to your school because they were older?

Carmell Pelly

Yes.

Shawn Buckley

Okay, so you would be, what, age 12 at the time?

Carmell Pelly

Twelve, thirteen. And one of the boys who was 19 or 20 at that time, I had started to kind of date. And so I guess he was the one who invited me to the party. But it was a small town where I grew up in and so I knew everybody that was there. But when I arrived and as the time went on I realized, like, there was no other girls there.

Shawn Buckley

Okay. And again, we don't need any details, but you were sexually abused at that party.

Carmell Pelly

I was, yes.

Shawn Buckley

And how did that affect you?

Carmell Pelly

I mean, I was already broken. And at that point, I think— It's hard to describe. It took me into a place of that, now that I'm of sound mind I can see that it was almost like I just maybe was in a state of psychosis. I just didn't know what was real or what was not real anymore. I lived in a state of panic from then on, and I really didn't trust anyone. And it was very confusing because I didn't understand what had happened to me. And it also kind of reminded me of what had happened years before when I was a little girl. So it was like a new trauma.

Shawn Buckley

And as I understand matters. So you're sexually abused when you're six or seven, and family life was not good in your household. Can you describe for us basically what it looked like within your family? And then I'll ask, well, what did it look like to an outsider?

Carmell Pelly

Sure. So there was a lot of fighting in our family between parents, a lot of dysfunction, a lot of alcohol. And I guess that sums it up. It was just quite dysfunctional.

Shawn Buckley

Okay. And am I correct that you would often run away because of it being so dysfunctional?

Carmell Pelly

I did not run away until I was 13 or 14.

Shawn Buckley

Okay.

Carmell Pelly

That was after the divorce of my parents.

Shawn Buckley

Okay, so this is after the party. So you run away for the first time after this party where you were the only female present?

Carmell Pelly

Yes.

Shawn Buckley

Okay. So why did you run away from home?

Carmell Pelly

Well, nobody would believe me, what I was sharing. And I was always blamed for my actions. So again, I didn't feel like there was anyone who I could trust, and I didn't feel safe. And so when I would run away from home, it was with older men and a few girls that I had

met on the streets. And they lived close to where I was now living, and I just felt like I could trust them. They were kind to me, they were nice.

Shawn Buckley

And I'm just going to back up. One of the things you said was, "No one would listen to what you were saying." Can you give us an understanding of what you mean by that?

Carmell Pelly

So when it happened the first time as a little girl, I didn't understand quite what had gone on. And the next morning, I had woken up and I was reprimanded for my bed being wet, and I was blamed for this. And so I immediately thought that it was my fault and I had done something wrong, and I had maybe invited this in. And so again, fast forward to when it happened again around age 12-13, I immediately thought it was something I did. It was just a pattern that had been developed very early on.

Shawn Buckley

Okay. Were you trying to share that with any of the adults around you?

Carmell Pelly

I did, and I was told not to share.

Shawn Buckley

Okay, so you tried to share it with your mother?

Carmell Pelly

I don't remember, probably.

Shawn Buckley

But you do remember you tried to share it with some adults, and you're basically told not to talk about it.

Carmell Pelly

Well something that had happened is I had been taken to a psychologist because my behaviour was—really, I was very closed off, I wouldn't talk. And when I was home, I would stay in my room. So I was taken to a psychologist, and when I told the psychologist what had happened, it was a family friend, the psychologist was a family friend. And I was—sorry, it's hard to talk about—but I was physically and verbally told not to ever share that stuff again.

Shawn Buckley

Okay. And I just want to be really clear because this is an important part of your story. You're basically 13 years old at the time. Am I correct?

Carmell Pelly

Yes.

Shawn Buckley

You have just been sexually abused for the second time in your life.

Carmell Pelly

Yes.

Shawn Buckley

Involving multiple men.

Carmell Pelly

Yeah.

Shawn Buckley

And your family sends you to a psychologist who is a family friend.

Carmell Pelly

Well, it was a small town where I grew up, so everybody knew everybody.

Shawn Buckley

So the psychologist knows the people involved.

Carmell Pelly

Yes.

Shawn Buckley

And you are told by the psychologist, don't talk about this.

Carmell Pelly

No, I was told by my mother, afterwards. She was embarrassed that I would share those things. And I was told I was a liar.

Shawn Buckley

By your mother?

Carmell Pelly

Yes.

Shawn Buckley

Okay. So you've just gone through this second experience. You're living with your mother who's telling you not to talk about it and is actually calling you a liar. So that is one of the factors that leads you to run away.

Carmell Pelly

Yes.

Shawn Buckley

Okay. So you told us you ran away and it ended up you moved in with some older men, and there were also a couple of girls involved. Can you tell us about that experience?

Carmell Pelly

So I was taken to Edmonton by a couple of the men that lived in the town. What I know now is that they used to go to the city quite often. That's where they would get drugs and do whatever else they were doing. And so they took me to an apartment. And when I arrived, I don't remember a lot that went on, but the police did come one time to that apartment, but they had snuck me through a different door and put me in the apartment next to it. And so when the police left, we then cut my hair off and dyed it black. And so that was kind of my introduction to—

Shawn Buckley

Okay, so I just want to make sure I'm clear. So in the town you lived in, when you ran away, you went to stay with some older men. And these older men, one of them took you to Edmonton to stay with strangers who were also older men.

Carmell Pelly

Yes.

Shawn Buckley

And so these older men, the police actually come looking and they move you into a different apartment. And then after the police leave, your hair is cut short and it's dyed black in an effort to hide your identity.

Carmell Pelly

Yes.

Shawn Buckley

Okay. What happens after that?

Carmell Pelly

I don't remember how long I was there, but I do remember that we would never eat. I was just given drugs and cigarettes to smoke and alcohol to drink. And we'd go to these different houses, and in those houses were girls. My very first house that I went to, there was a girl

that was tied to a bed, a young girl. And I was kind of made to feel like, well, at least you're not her. But I was kind of in a space where, again, living in fight or flight for so long and not having any trust in anyone, I would just do as they say. And so I was never touched at that point. But I saw a lot of really awful things, like being introduced almost to the lifestyle which I know now is being trafficked.

Shawn Buckley

Right. So it was part of the grooming process to normalize you to young girls having sex with older men.

Carmell Pelly

Yes, and these young girls as well, they would encourage me to—they would—the first young girl that I encountered, they let her come in the kitchen and they gave us a bottle of alcohol and said, “Now you have a friend, get to know her.” So, yeah.

Shawn Buckley

Right. So you're actually hardly being fed, but you are being given drugs and alcohol and cigarettes.

Carmell Pelly

Yes.

Shawn Buckley

And basically, you're being placed in situations where you're witnessing a lot of sexual activity between young girls your age and older men.

Carmell Pelly

Mm-hmm. And it was around that time the man who had brought me from Bonnyville, or from the small town where I lived to Edmonton, he had me start calling him “Dad.” And I don't really understand that, but it was kind of like, “I'm gonna protect you, I'm your father, so nobody can touch [you] unless they go through me. So I started calling him Dad at that time.

Shawn Buckley

Okay. And what happens after that?

Carmell Pelly

So I don't know how long I was away or gone, but the police did find me and bring me home.

Shawn Buckley

Okay. And are you still 13 at the time?

Carmell Pelly

Maybe 14? I'm not sure.

Shawn Buckley

Okay. Had you been pregnant by then?

Carmell Pelly

Yes.

Shawn Buckley

And what happened?

Carmell Pelly

I was taken for an abortion.

Shawn Buckley

You were taken for an abortion.

Carmell Pelly

Yes, And I was told that I must agree to this and tell them that I want this.

Shawn Buckley

And you're how old, 13?

Carmell Pelly

I was 13. So this was before I ran away.

Shawn Buckley

Okay. And so who told you you had to do this?

Carmell Pelly

A parent.

Shawn Buckley

Okay, and how did that affect you?

Carmell Pelly

It was an awful experience. I do remember trying to get off the table and screaming. And then I don't remember anything after that. And then that's when I did get home, I was sent back to the city to figure skate, and I was billeted to a family and I was told not to tell anybody. And it was a really weird time because when I got there—sorry, I don't want to go into too much detail—but, like, I had just had the abortion. It was maybe weeks after.

Shawn Buckley

Right. And so you get billeted with the family because you're in figure skating. Despite all that's going on, you're actually a competitive figure skater.

Carmell Pelly

Yes.

Shawn Buckley

And you had actually had a lot of coaching in figure skating.

Carmell Pelly

I did. And that was the one place where I always felt safe was at the arena and with coaches. But I still didn't feel safe enough to share with them anything that had been going on.

Shawn Buckley

Okay, so you're billeted with a family involved in figure skating, and it's just weeks after you were literally forced to have an abortion. That's the correct term, isn't it?

Carmell Pelly

It is, yeah.

Shawn Buckley

And there's a young baby there.

Carmell Pelly

Yeah, there was a newborn baby and a two-year-old.

Shawn Buckley

Okay. And that was emotionally difficult for you to handle?

Carmell Pelly

It was. It makes me actually really sad to think about it even still, because I was extremely attached to the baby.

Shawn Buckley

Right. So what happened?

Carmell Pelly

So I eventually told one of the coaches what had happened. I just, it was very difficult to train with my body going through what it was going through. I was still in a lot of pain, and I just told one of the coaches. And I was so naive, I was very naive through all of this. And I

just assumed because she wasn't one of my coaches, that she would not say anything. But she did, which a responsible adult should, right?

Shawn Buckley

Right. Okay, so what happened then as a response of your disclosure to this coach?

Carmell Pelly

So I was sent home right away.

Shawn Buckley

Okay, so back to your mother.

Carmell Pelly

Yes.

Shawn Buckley

Okay, so what happens now? And maybe I'll just segue. So, but to the outside world, how did your family look, especially before your mother and father divorced?

Carmell Pelly

Well, and even after the divorce, I mean, we always had money, we always were well-taken care of. My family was well-respected in the community where I grew up. And I was just considered the problem child that was causing a lot of problems.

Shawn Buckley

Right. So, you know, nice house, nice car, respected in the community.

Carmell Pelly

Yes.

Shawn Buckley

Okay, so you're sent home. What happens after that?

Carmell Pelly

So I was sent home. And again, I don't have a lot of memory of that time, but I immersed myself back into figure skating. I started skating as much as I could, because now I understand why, is that was the place where I felt safe, and that's where I felt a little bit of happiness.

But I started dating a guy that, again, was older than me, and he convinced me to move in with him. So I moved in with him when I was 15, but then was brought home again because I was not 16 yet. And then as soon as I turned 16, I moved in with him because I legally could.

Shawn Buckley

Right. And he's at least 20.

Carmell Pelly

Yes.

Shawn Buckley

You don't recall his exact age now, but you had been acclimatized to older men.

Carmell Pelly

Yes. And he was physically abusive. He was a drug addict. So it was the same cycle that I was kind of used to.

Shawn Buckley

Okay, and then you become pregnant.

Carmell Pelly

Yes.

Shawn Buckley

And you give birth to your son Austin.

Carmell Pelly

Yes.

Shawn Buckley

What happened after Austin's birth?

Carmell Pelly

So after Austin's birth, his father was always off partying and sleeping with other girls, and he physically harmed me. And so my family decided they would send me to Calgary where there was a family member there who wanted to adopt Austin.

And yeah, so I ended up in Calgary. And shortly I started going back to school and I started skating again, finishing up my exams so I would have a career, so I would teach. And I was living in low-income housing and on welfare at the time.

Shawn Buckley

Right. And then there's a car accident.

Carmell Pelly

Yes.

Carmell Pelly

So I'd finally gotten my life back on track. I was doing all right. And we were in a car accident, and my son at the time—so I was 19 years old when we were in the accident—my son at the time was seriously injured. He was actually declared dead at the site. And then the helicopter picked him up and they resuscitated him several times. And then we spent many months in the hospital. He was on life support for quite a while in a coma.

And so the team that worked with him had prepared me for him to pass many times. When they took him off the life support, they said that he would not survive, and he did. And then again, they said that he probably would never wake up out of the coma, and he did. And so,

yeah, I think it was about four months or so later, I brought him home. But at that time it was encouraged that I give him up for adoption to a family that would be able to care for his needs.

Shawn Buckley

Right. Now you didn't like that idea? What did you do?

Carmell Pelly

So I started looking for a way to make money, because welfare at that time, I think, was \$400 a month I would get. And I was in low-income housing in a pretty dangerous part of downtown Calgary. And the people that lived in the building were questionable. You know, I never felt safe there, so I thought the money would solve all of my problems. And I found an ad in a newspaper that said, Bikini Waitress, Make 500 Bucks a Night. And so I answered the ad.

Shawn Buckley

Okay. And so this is an agency that would hire girls for two reasons as I understand it. It both—you know, bikini waitress is a topless waitress, am I right about that?

Carmell Pelly

Yes.

Shawn Buckley

And then also would provide girls for strip clubs.

Carmell Pelly

Yes.

Shawn Buckley

Okay. So you end up your first job for them was going to a private party. Am I right?

Carmell Pelly

Yes.

Shawn Buckley

And what happened?

Carmell Pelly

So I arrived at a party. It was all what looked like, well, like respectable men. But I was given GHB in my drink and drugged.

Shawn Buckley

So just so that the commissioners are aware, GHB is referred to on the street as the date-rape drug.

Carmell Pelly

Yes.

Shawn Buckley

Because it basically, first of all, you don't know it's in your drink, and then you have no memory and you wake up Lord knows where, doing what.

Carmell Pelly

Mm-hmm.

Shawn Buckley

So can you tell us: So you're at this party, and then what's the next thing you remember?

Carmell Pelly

So when I woke up, I was in a different room. I was not where the party was being hosted, and I had an old man on top of me.

Shawn Buckley

Okay, so you're basically in a bed and an old man was sexually assaulting you.

Carmell Pelly

I was on the floor. I was not even in a bed. So I quickly started talking my way out of this situation, saying that I needed to go pay the agent and that I would come back. And it took me a while, but I ended up talking him out of, to letting me leave. And so I left, and I went and met the agent to pay him. And when I told him what happened, he laughed at me and just said, "Oh, did you like it?"

Shawn Buckley

Right. Now do you go to the police?

Carmell Pelly

No.

Shawn Buckley

Why not?

Carmell Pelly

I had been conditioned to not tell people about these things that happen. And I felt a lot of shame. I was too embarrassed to share. And I can see now when I look back, it had put me back in that—like it just put me back in that state of trauma. And so I was very panicky again, and I would not tell anybody.

Shawn Buckley

Okay, but you kept doing the job.

Carmell Pelly

I did.

Shawn Buckley

And why is that?

Carmell Pelly

Because I needed money.

Shawn Buckley

Right. So at the time, Austin is still in the hospital, isn't he?

Carmell Pelly

The first job, yes he was. And then when I brought him home, I would have a sitter and I'd be able to go. And so that was a big part of it as well, is that I could be at home and care for his needs. Because he had daily therapy and I needed to be there, and I didn't know how to live on \$400 a month. So I'd gotten a sitter, and I thought, okay, I can go out several times a week, get enough money to get us into a nicer home, and that was just the plan I made, I guess.

Shawn Buckley

Right. So it was financial necessity.

Carmell Pelly

Yes.

Shawn Buckley

Okay. And so how did that go? Am I right that a lot of parties you wouldn't be drugged. But it wasn't uncommon for you to be drugged?

Carmell Pelly

No. And I quickly would notice it, the behaviour and other girls if it was happening. And I also stopped drinking anything but my own water bottle when I'd be at these parties.

Shawn Buckley

Right. Okay. So you learned to avoid it. But am I correct that it happened roughly five times?

Carmell Pelly

Yes.

Shawn Buckley

And the story would be the same as the first time. You basically wake up and somebody has taken advantage of you sexually.

Carmell Pelly

Yes.

Shawn Buckley

And you never go to the police?

Carmell Pelly

No.

Shawn Buckley

And eventually you start working the clubs?

Carmell Pelly

Yes, I thought it would be safer.

Shawn Buckley

Okay, can you tell us about that?

Carmell Pelly

So I started working in the clubs, again because I thought it would be safer. I also liked the environment. I mean, it was fun, right? I was 19 years old. It was exciting. And quickly I started to recognize a lot of patterns and a lot of things that were going on. So my thought

was to date the owner or someone high up so that I would be well-taken care of and protected. And so that's exactly what I did.

Shawn Buckley

And I just want to slow things down because the commissioners aren't going to understand some of the subtle meaning in what you said. So when you say you started to kind of see what's going on, that is girls that don't have a protector are not safe, to put it mildly.

Carmell Pelly

They're not safe. Everybody is on drugs. Everybody drinks heavy, whether you know that they're on drugs or not. Some hide it really well, but everybody was. And when you step outside the building, I mean, you don't know who's out there, who's watching you, who's waiting for you. It's a very dangerous situation, and nobody is going to take care of you. I mean, the owners are there to make money off of you, and so they don't care what happens to you.

Shawn Buckley

Right. So you figured out, well, if you're dating somebody, I think you used the term "high up in the organization" because there's a hierarchy in that world. There are gangs in the whole thing. Am I correct?

Carmell Pelly

Yes.

Shawn Buckley

Okay. So you're now in the criminal underworld and you realize that to stay safe, you've got to attach yourself to somebody who exercises power.

Carmell Pelly

Yes, and you also are paid better if you attached yourself to someone with power.

Shawn Buckley

Okay, so you basically start dating one of the persons that ran a club.

Carmell Pelly

Yes.

Shawn Buckley

Okay, and how did that go?

Carmell Pelly

So it was just the same cycle, the same physical, emotional abuse. I would like to say sexual abuse, but I mean, I was dating the person, so I can't really claim that. It was just a very—it's like being in the relationship with a narcissist. You're just a pawn.

Shawn Buckley

Okay, but I just want to make sure about the language you're using, because you basically were implying that you would be forced to have sex that you didn't want to have. But you said you were defining it so it wouldn't be sexual abuse because you're in a relationship. Am I right about that? It involved sex that you didn't want to have?

Carmell Pelly

No, I did not want to have sex with them, or with him. I dated a few. But I think at that point in my life, I didn't want to have sex ever. But I would do what I had to do to get by.

Shawn Buckley

Okay. And then there was a lot of drug use at the time too, am I right?

Carmell Pelly

Yes.

Shawn Buckley

And what was that life like? I mean, you had said at the very beginning it was exciting. How are you finding it at this point?

Carmell Pelly

So, I mean, it was exciting for a very short period of time. And then I would use drugs again to numb myself. We would be made to work from noon, start at noon and work till sometimes 3:30 in the morning. And this would go on for days and months. I worked like that for years.

Shawn Buckley

And—oh, sorry.

Carmell Pelly

So an example. So if you were one minute late, it would be like a hundred dollar fine. If you're two minutes late, like, and it would just go up from there. And if you didn't show up, you'd lose your whole paycheque. So it was a very controlling environment.

Shawn Buckley

And am I correct, and just based on earlier conversations with you, that it was quite an abusive environment?

Carmell Pelly

Yes.

Shawn Buckley

Okay. So you're using a large amount of drugs at the time, and then also he was encouraging you to start selling drugs.

Carmell Pelly

Yes.

Shawn Buckley

So tell us about that and tell us what happened.

Carmell Pelly

So the drugs that were being sold are highly addictive at that point. It was cocaine. And so I would bring the whatever to sell the drugs, and I would end up doing almost all of it myself and then paying him out of my money so that he wouldn't know. But he caught on to what I was doing. And people talk, like, there's cameras everywhere. Even if I thought I was being sneaky about it, I mean, I was being watched, so I didn't get away with it. And so he would start to give me meth as a way to punish me.

Shawn Buckley

Without telling you.

Carmell Pelly

Yeah.

Shawn Buckley

So he's spiking the cocaine with methamphetamine.

Carmell Pelly

Yeah.

Shawn Buckley

And what was that experience like?

Carmell Pelly

It was really scary. I mean, I have no idea how I'm still alive. I OD'd several times. One of the first times I couldn't sleep, I think, for a week. And every time I would fall asleep, I would feel like I was burning down in the house. It put me in a state of psychosis. I even actually cut all my hair off and dyed it black again at that time.

Shawn Buckley

Now they also had you do physical alterations to your body?

Carmell Pelly

Yes.

Shawn Buckley

What tells you—?

Carmell Pelly

I was willing, though. I was willing.

Shawn Buckley

Okay, so basically they had you do two breast jobs to make you a more valuable commodity in the club.

Carmell Pelly

Yes.

Shawn Buckley

But those caused problems.

Carmell Pelly

Yeah. So the very first time, they were too big because I was told to get as big as I could. But I was, you know, maybe 100 pounds. I was a very tiny girl and they were too big. So what ended up happening is the scar tissue very quickly grew around the implant and broke it. So then I would have to go again to get them put in again. And then this actually happened again where one of them broke.

Shawn Buckley

Okay.

Carmell Pelly

It actually took a couple years before the last set broke.

Shawn Buckley

Right. Okay. And eventually you decide to leave that life.

Carmell Pelly

Yes.

Carmell Pelly

So it was just chaos, and I just wanted a better life for my son. I thought at first I was doing well because I had had a nice home. I'd hired a full-time nanny who was also a nurse and she would live in our home. And she was taking care of him and even taking care of me a lot of the times. And I just realized that either I'm going to die or I need to get out. And so I made a plan and I left in the middle of the night. And I made a plan to meet a friend that was eight hours away and we got on a bus and left.

Shawn Buckley

Okay. And is it for safety reasons that you had to basically leave in the middle of the night and go eight hours away?

Carmell Pelly

Yes, I wanted to just disappear.

Shawn Buckley

Right, so that you wouldn't be forced to return back to the clubs.

Carmell Pelly

I don't know if you— Yeah, I guess in the long—yes, yes.

Shawn Buckley

Okay. I'm just trying to get, because it was you that said you packed up in the middle of the night and went eight hours away. So where I'm extrapolating from that is because otherwise you felt that you'd be taken back into the club.

Carmell Pelly

Well, I would go back into the club several times after that.

Shawn Buckley

Oh, no, I understand that. But your intention was to get away and not do that.

Carmell Pelly

Yes, yes. I was desperate, 100%. And I wanted to just try and start over. And I also needed to be away from all of those people that were in those circles.

Shawn Buckley

Okay. So you end up in Edmonton.

Carmell Pelly

I did.

Shawn Buckley

Okay. And how did life go there?

Carmell Pelly

So it was very lonely at first, but I was able to get my son into a preschool. I started going back to school, but I didn't know how to live normal and I had not had any therapy at that point. I was still detoxing from years of drugs in my system. I didn't know how to ask for help. I was very good at acting like I was fine and so people never questioned it.

And so again, I was in that place where I didn't know how to provide for us. I mean, I guess it was a form of school assistance I was living on, but I had been living such a different lifestyle for so long, and I just didn't know how. I was very uncomfortable. So I decided that

I would go back again at night times to the club scene. And so I went to get a security clearance for that, because you need a security clearance to be able to work in those clubs.

Shawn Buckley

Right. So you end up going to the police station to get a security clearance. What happened?

Carmell Pelly

So sorry, we're both laughing because we know why. So I walked into the security clearance and I was waiting to get called up. And when they called me up, they actually took me into a private room and started interrogating me. And apparently there had been a warrant out for my arrest. And what I didn't understand at the time, because again I was so naive, was that the police had been watching me for years, had been watching the people I was dating, the clubs. And I was driving their cars, so they would watch our cars. They knew where I lived, and all of a sudden I had disappeared. So they had a warrant out for my arrest because I disappeared. And I didn't understand it at the time, but I just kept saying, "I don't know why I'm here." And eventually they did let me go.

Shawn Buckley

Right. But just so we're clear, they issued a warrant for your arrest because they thought you were dead, but if you weren't dead and never resurfaced, they wanted to know you weren't dead.

Carmell Pelly

I think that's what it was, yes.

Shawn Buckley

Right. They weren't suggesting you had done anything illegal?

Carmell Pelly

No, I was running in the wrong crowd.

Shawn Buckley

Right. But now, something happened while you were at the police station. Can you tell us about that?

Carmell Pelly

Yeah. So I was in another waiting area, being ready to be released, and a man started talking to me and just kind of chatting. And anyway, by the end of it, he gave me his phone number and he said, "When you're ready to change your life, call this number and I will send a woman to help you." But I just threw that number somewhere in my car and forgot about it.

Shawn Buckley

Right. And just to flesh that out a little bit: So he starts a conversation with you and you're pretending to be somebody you're not, like somebody who doesn't have problems. Am I right?

Carmell Pelly

Yes.

Shawn Buckley

Because you just, you would put on an act, but he sees that you're addicted to drugs.

Carmell Pelly

Yes.

Shawn Buckley

And he gives you his number and he's making it clear: When you're ready, you give me a call, and I'll have some female come and help you.

Carmell Pelly

Yeah.

Shawn Buckley

Okay. And you just throw that number in the back of your car. You have no intention of ever phoning that person.

Carmell Pelly

Exactly, yes

Shawn Buckley

But something happened so you did phone him. Can you tell us how that came about?

Carmell Pelly

Yeah. So I was out working one night, and I was trying to work and stay sober. At that point, I would just try to go to work and not do the drugs. But one night I did use the drugs, and the lady that was babysitting my son, I had to tell her that I couldn't pick him up, that I was unable to, that I was on drugs.

And so she immediately kind of went into action and started looking up detoxes and looking up, you know, where do we send myself for treatment? And also, am I fit to be able to be caring for this child that has so many needs? And that's when I remembered the phone number. And so I went and dug through my car and ended up finding that card. And I called the card, and as promised, a lady came and she picked me up and took me to my very first 12-step meeting.

Shawn Buckley

Right. Cocaine Anonymous.

Carmell Pelly

Yes.

Shawn Buckley

Okay. And then so what happened after that?

Carmell Pelly

Yeah, so I started, and I mean, these meetings were held in churches. I had never really—I mean, I had maybe been to a Catholic church a few times when I was a child, but I had no idea of who God was—a God. There was nothing. I'd never even heard of this.

And so I kind of thought the rooms were crazy as well as the people in them were questionable, even though I really belonged in there, but I felt they were. And so I wasn't really working the program at that point, and I would continue to work in clubs, and I relapsed. And after being sober—

Shawn Buckley

And relapse means you used drugs again?

Carmell Pelly

I did, yes. And so this relapse, I think it's because I'd had a period of time where I had not used any drugs, and this relapse was just very dark. There was a lot of shame. I felt kind of crazy. I was scared, filled with fear. And so I called this lady and said, "I'm ready to surrender. I'm ready to work the program. This is what I've done. I'm afraid I'm going to lose my son. I'm afraid I'm going to die because of how I feel." And so she took me through step one, surrender, and then she took me through—

Shawn Buckley

I'm going to have to slow you down because you're talking about a program as if the commissioners know what you're talking about. So a 12-step program. What's the first step?

Carmell Pelly

To surrender.

Shawn Buckley

Is that the first step or the third step? What's the first step?

Carmell Pelly

Sorry. To acknowledge that I have a problem.

Shawn Buckley

Right. That you have no control over the drugs.

Carmell Pelly

Yes.

Shawn Buckley

And what's the second step?

Carmell Pelly

To believe in a power greater than ourselves and that that power would restore us to sanity.

Shawn Buckley

Right, if you do the third step. And what's the third step?

Carmell Pelly

So it's we pray and we ask God to restore us.

Shawn Buckley

Okay. And am I right the date is December 15, 2005?

Carmell Pelly

It'll be 20 years this December 15th, so I think.

Shawn Buckley

So it's 2004.

Carmell Pelly

Yes.

Shawn Buckley

Okay, so what do you pray on December 15, 2004?

Carmell Pelly

I prayed the serenity prayer. And so my sponsor took me through the serenity prayer, and when I got off the phone, she had told me to get on my knees and just pray and ask God to help restore me, to calm the panic, all of that. Like, when you're coming off drugs, it feels like your skin is crawling and your mind is racing, and you're in a constant state of panic. And so I got on my knees and I prayed. I just prayed. And for the very first time in my life, I felt stillness.

Shawn Buckley

That's quite a profound statement. You've said for the first time in your life, you felt stillness. Because you described when you were five or six, the first time you were sexually assaulted, that you were put in a fight and flight mode, that you didn't want to be in your body anymore.

Carmell Pelly

Yeah.

Shawn Buckley

Basically didn't want to be present. But now on December 15, 2004, you've just prayed to God and you're feeling a stillness. Can you share a little more about what you're experiencing?

Carmell Pelly

Well, I know today that it is peace that I felt. And so I felt calm. And I don't ever remember feeling calm in my life up till that point.

Shawn Buckley

And you have not used drugs since that day.

Carmell Pelly

Yes.

Shawn Buckley

And your life has changed quite significantly since that time. So you've been married to your husband Chris. Now this month, you'll celebrate your 18th anniversary.

Carmell Pelly

Yes.

Shawn Buckley

Your husband— Oh no, go ahead.

Carmell Pelly

Oh sorry. My husband Chris, actually, I'd met him right before my very first sobriety birthday, and he was actually at my first year sobriety.

Shawn Buckley

And Chris adopted Austin who is now aged 26.

Carmell Pelly

Yes.

Shawn Buckley

And how is Austin doing?

Carmell Pelly

Austin is amazing. He actually was in the off-campus program at the University of Alberta. So he did a degree in kinesiology. But the off campus program, they specialize the program to his needs so that he can participate. So it was like a participation degree he was given.

He's been hired by the junior Oilers team. He works for the two teams. And yeah, he's thriving. I mean, he works in the outreach in our church as well. And he actually attends lots

of— I no longer attend 12-step meetings. I haven't for a while. Not that I'm saying anyone should stop, but my son attends them and supports people in those rooms.

Shawn Buckley

Right, okay. And then you've had another son, Asher, who is nine.

Carmell Pelly

Yes.

Shawn Buckley

And so you've just slowly built a life where you're doing well, and now you are a life coach to help other women with both sobriety issues and sexual abuse issues.

Carmell Pelly

Yes.

Shawn Buckley

And as we started your testimony, you indicated that just within the last week, a girl who had been sex trafficked by her own mother has been referred to you for you to help.

Carmell Pelly

Yes.

Shawn Buckley

How does it feel to be in the position you're in now?

Carmell Pelly

I'm humbled. I mean, when I look back, there's not a reason that I should still be alive. And I'm grateful. I live in a state of gratitude. I have more than I could have ever imagined. I'm very grounded, which is amazing.

But going back to your question about the girl, it's very interesting because I've been speaking to her daily, and she even yesterday had the police come and she had them tell her her story. And as I'm speaking to her, she's in that obsessive loop, fight or flight. And so I know how whereas most people have walked away and won't help her, or they say—she actually was told that she's unhelpable, but I understand where she's at. And I can see, again, I'm saying the psychosis. I can see that those rushing thoughts and the state of panic she lives in, and so I know how to help her.

Shawn Buckley

That's a powerful position of trust. Would I be correct in saying, because this started with a prayer back on December 15, 2004, that that journey has been a significant part of getting you where you are today?

Carmell Pelly

Oh, yes. In my life, God is number one. I don't do anything. When I open my eyes, the first thing I do is thank Him for today and ask Him to be a part of every part of my life. My husband is also a believer, and that's how we are building our family.

Shawn Buckley

Now, you are suffering some health consequences because of the lifestyle you had. Can you just share that with us, and then I'll turn you over to the commissioners for questions.

Carmell Pelly

Sure. So almost four years ago, I was diagnosed with multiple sclerosis.

Shawn Buckley

And do you think that that has a connection to either the drugs or the drugs and the lifestyle that you had found yourself in?

Carmell Pelly

A hundred per cent. I think that—well, it's not that I think, actually the conference I spoke at, there was a doctor who went on stage before, and they have research now that proves that children who have experienced certain types of trauma, they have boxes for them all.

And someone who's had two or more by the time they turn 40 generally develop an autoimmune disorder, cancer, or some kind of other health diagnosis.

So I can see all along the way what kind of happened. I'd lived in fight or flight for so long that it took me a good 15 years of therapy and walking with God and learning how to live again. And I mean, having such a compassionate husband who was so supportive along this entire journey, I mean, I feel like that's a miracle in itself as well. And when my body finally settled and I was doing really well, that's when I got sick. And it does make sense to me now.

Shawn Buckley

Right. Okay. And just before I give you over the commissioners, I'll just clarify what we had indicated before. So it's just when you were in figure skating, Commissioner Robertson had a daughter who was also in figure skating, and so you just know her through the figure skating world.

Carmell Pelly

Yes.

Shawn Buckley

Okay. Thank you. I have no further questions for you. I'll turn you over to the commissioners.

Commissioner Bohémier

Good evening, Carmell. Thanks for sharing your story. I understand that your journey made you who you are now. But if you had anything you would like to change in your life, would you do it? And what would it be?

Carmell Pelly

Well, I know what the proper answer is, but truthfully I wish back in childhood I had someone that I could have trusted, and maybe I wouldn't have had to suffer so much.

Commissioner Bohémier

So to be believed by an adult?

Carmell Pelly

I think believed, but also not just walked away from afterwards. Someone who had been there and supported me along the way. Because I think a lot of times what would happen is that my story was so intense, I think that's the right word to use, that it would scare people. So they would be compassionate, but they would never stay.

Commissioner Bohémier

Thank you.

Commissioner Robertson

I'll just say I'm very proud of you, Carmell. I'm so proud. Thank you for sharing this story, because there's going to be so many people out there that will see this. I'm so proud. Big hugs.

Carmell Pelly

Thank you. That scares me.

Commissioner Robertson

Don't be scared. You've got God on your side.

Carmell Pelly

Thank you.

Shawn Buckley

Carmell, there being no further questions, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing your story with us today.

Carmell Pelly

Thank you for having me.



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