

Massive Covid-19 Data Manipulation Revealed: Highlights from the National Citizens Inquiry in Quebec City

by Dan Fournier, published Tuesday, May 16, 12:16 EDT on fournier.substack.com

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The [National Citizens Inquiry](#) (NCI) is a citizen-led inquiry into Canada’s COVID-19 response during the pandemic that is completely independent from government.


The NCI holds [hearings](#) across the country to collect testimony from expert witnesses and citizens who have been gravely affected by the strict measures imposed by governments and health authorities.

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From May 11 to May 13, several witnesses testified in Quebec City at the NCI, or the Commission d'Enquête Nationale Citoyenne (CeNC), as it is called in French.

The majority of the hearing's testimonies were held in French (with English interpreters), including some from expert witnesses from France. The full schedule of witnesses appears hereunder:




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Samedi 13 mai

Discour de début de journée

Jérémie Miller, **Avocat: Kosta**

Jérôme Sainton (Zoom)
Avocat: Chantale

Michel Chossudovsky
Avocat: Louis

Gloriane Blais
Annulé

Myriam Bohémier
Avocat: Kosta

13:30 - 13:45	Avocat: Kosta	Stéphane Hamel, Avocat: Chantale	
13:45 - 14:00			
14:00 - 14:15	Christian Linard Avocat: Sylvie	Annulé Serge Williams, Avocat: Samuel	Sylvie Leblanc, Avocat: Chantale
14:15 - 14:30			Vincent Cantin, Avocat: Louis
14:30 - 14:45		Barry Breger (Zoom) Avocat: Kosta	Luc Harvey, Avocat: Louis
14:45 - 15:00	Christian Perronne (zoom) Avocat: Louis		
15:00 - 15:15		Evelyne Therrien (zoom), Avocat: Chantale	Marc-André Paquette, Avocat: Samuel
15:15 - 15:30		Stéphane Blais Avocat: Louis	
15:30 - 15:45			Eloise Boies (Zoom), Avocat: Kosta
15:45 - 16:00	Denis Rancourt Avocat: Chantale		
16:00 - 16:15		René Lavigueur Avocat: Kosta	Jean Saint-Arnaud, Avocat: Chantale
16:15 - 16:30			
16:30 - 16:45	Josée Belleville - Avocat: Sylvie		
16:45 - 17:00	Caroline Foucault, Avocat: Kosta	Francois Amalega Avocat: Chantale	Patrick Provost, Avocat: Louis
17:00 - 17:15			
17:15 - 17:30	Christian Leray (Zoom), Avocat: Sylvie	Shawn Buckley	
17:30 - 17:45			
17:45 - 18:00	Discour de fin de journée	Discour de fin de journée	Discour de Fermeture: Robert Béliveau

This post will focus on the testimony of four witnesses in particular:

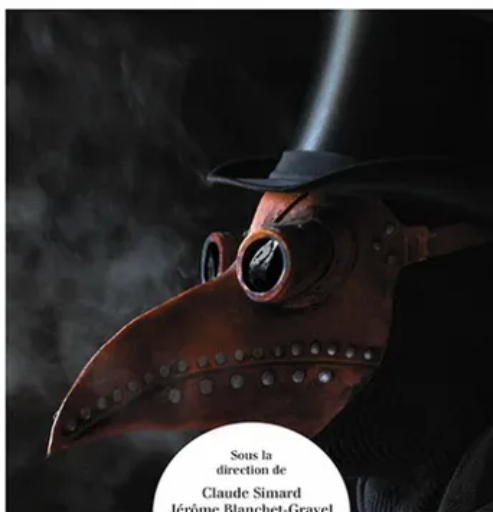
1. Christian Leray;
2. Professor and Researcher Denis Rancourt;
3. Professor and Researcher Patrick Provost; and
4. Lawyer Shawn Buckley

1. Testimony from Christian Leray from Réinfo Covid Québec



Screenshot of expert witness Christian Leray testifying via Zoom at the National Citizens Inquiry (NCI) on Thursday, May 11, 2023.

Christian Leray, originally from France, holds a Masters in Communications from the Université du Québec à Montréal (UQAM) where he directed a Press Analysis Laboratory from 2001 to 2009. Considered a media analyst or specialist, Leray was also a contributing author of the 2022 book [Crise sanitaire et régime sanitariste : Deux ans de Covid-19](#) (English: Health crisis and health regime: Two years of Covid-19).



**Crise sanitaire
et régime sanitariste**
Deux ans de Covid-19

Liber

Book cover of Crise sanitaire et régime sanitariste : Deux ans de Covid-19 (English: Health crisis and health regime: Two years of Covid-19). Image source: [Renaud-Bray](#) book retailer.

The main body of his work in the past few years has been focused on conducting several research projects, particularly on covid data in the province of Quebec.

From early on in the Covid-19 Pandemic, M. Leray led efforts at [Réinfo Covid Québec](#), a collective of professionals and citizens seeking to disseminate factual information related to health and social well-being.

In October of 2022, he helped to pen an [open letter](#) signed by multiple signatories – most of which are medical practitioners and researchers – addressed to [three health authorities](#) in the province of Quebec [raising numerous concerns](#) surrounding the mRNA injections for children and the lack of adequate information provided to parents regarding risks and consent.

For the most part, the letter has been [mostly ignored by the health authorities](#) which includes the [Collège des médecins du Québec](#) (Quebec college of physicians) – the principal association in the province that oversees the practice of medical doctors, the Institut national de santé publique du Québec (INSPQ), and the [Association des pédiatres du Québec](#) (Quebec association of pediatricians).

Since the onset of the pandemic, M. Leray has kept track of data surrounding vaccinations, adverse events and deaths related to the experimental Covid-19 vaccines administered on citizens in the province.

Late last year, he and his collective [exposed](#) how Quebec health authorities had not been entirely forthcoming about Covid-19-related statistics with regards to hospitalizations and deaths by vaccine status, as was the case in other provinces such as [Ontario](#).

During his [testimony from May 11, 2023](#) (watch from the 11:25:53 mark of the video, click [here for French](#) starting at 11:11:35), M. Leray revealed much of the same type of obfuscation by the health authorities.

Here are some of the highlights of his presentation, titled *Ce que montrent les propres données des autorités au Québec* (English: *What the authorities' own data show in Quebec*), including some slides that he has shared with this author.

Lack of transparency from the health authorities

“There’s a very big transparency problem in Quebec,” Leray commences, stating thereafter that he had starting compiling data about the pandemic early on.

According to early data, there was not a significant threat from the Covid-19 disease for the general population, but only towards older segments of the population with comorbidities. In other words, mostly elderly people with two or more pre-existing diseases or medical conditions at the same time who would develop Covid-19 were at risk.

An important body for public health in the province of Quebec is the [Institut national de santé publique du Québec](#), INSPQ for short, which describes its mission to

“support [Québec’s Minister of Health and Social Services](#) (click here for [English](#)), regional public health authorities, and health and social services institutions in carrying out their public health responsibilities, by offering our expertise and specialized laboratory and screening services.”

Put simply, the INSPQ is the go-to organization in the province on health research and expertise.

According to Leray, the INSPQ stopped tracking deaths based on comorbidities in May 2022 while 92% of the deceased had at least 2 comorbidities.

2.2 – Nombre de décès cumulatifs selon la présence d’une condition médicale préexistante par groupe d’âge

GROUPE D’ÂGE	0 CONDITION PRÉEXISTANTE		1 CONDITION PRÉEXISTANTE		2 CONDITIONS PRÉEXISTANTES OU PLUS	
	NOMBRE	%	NOMBRE	%	NOMBRE	%
Moins de 10 ans	n.d.	n.d.	n.d.	n.d.	n.d.	n.d.
10-19 ans	n.d.	n.d.	n.d.	n.d.	n.d.	n.d.
20-29 ans	n.d.	n.d.	n.d.	n.d.	8	66,7
30-39 ans	n.d.	n.d.	n.d.	n.d.	27	71,1
40-49 ans	20	23,3	16	18,6	50	58,1
50-59 ans	37	10,8	35	10,2	270	78,9
60-69 ans	69	6,6	92	8,8	882	84,6
70-79 ans	84	2,8	192	6,4	2 722	90,8
80-89 ans	93	1,6	260	4,5	5 362	93,8
90 ans et plus	86	1,9	188	4,1	4 299	94,0
Total de décès jumelés	401	2,7	787	5,3	13 622	92,0

n.d. Le nombre de décès et le pourcentage ne sont pas diffusés lorsque le nombre de décès est inférieur à 5 ou lorsqu’il est possible de les déduire.
Le nombre total de décès ne correspond pas toujours à la somme des décès dans les groupes d’âge à cause de valeurs

Slide titled ‘2.2 – Number of accumulated deaths according to the presence of a medical condition by age group’ (translated from French) from Christian Leray’s presentation at the National Citizens Inquiry (NCI), May 11, 2023.

The slide shows that only 2.7% of deaths occurred with patients without any comorbidities, compared to 92% for those with two or more comorbidities.

“The population really never had anything to worry about [regarding Covid-19],” stated Leray at the inquiry.

The provincial health authority, Santé Québec, stopped publishing case and hospitalization data by vaccination status in July 2022.

“The authority hides death data based on vaccination status,” Leray added.

His statement is in accordance to a previous [article](#) published by this author on the subject late last year.

The motivation? Leray contends that the government and health authorities purposely decided to simply remove the data since it no longer supported the narrative that the “vaccine worked,” i.e., was efficacious.

Even more importantly, Leray explains that they also **stopped publishing deaths by vaccination status**. “This is worse,” states Leray further adding “[the data] was *never* shared to the public,” and hence “has been hidden from the population.”

Next, Leray talks about the **all-cause mortality data by vaccination status**. Such data should have been published, contended Leray who also made an access-to-information request to obtain it. But, Santé Québec replied that such data “did not exist,” stating:

“...le ministère de la Santé et des Services sociaux ne peut vous transmettre les données des décès toute cause en fonction du statut vaccinal, puisque pour vous transmettre cette information cela nécessiterait de produire un document et d’effectuer notamment des travaux d’ extraction, de compilation et de comparaison de données”

English (Google-translated): “...the Ministry of Health and Social Services cannot send you data on deaths from any cause according to vaccination status, since to send you this information would require the production of a document and the carrying out of extraction, compilation and comparison of data”

Such a reply was “unimaginable” to the researcher. Such data exists in most countries, as was also stated by the other expert witness who testified on the same day as Leray, namely Pierre Chaillot.

Leray also says that even the authorities recognise a **ten percent increase in all-cause mortality** in the province.

“I can only come to the conclusion that they are hiding the truth from us,” declares Leray further contending that it is because it doesn’t fit the narrative of safe vaccines.

On the manipulation of data by the health authorities

“With everything that has been revealed to the public [by the health authorities] we can observe that **there is manipulation [occurring]**,” commences Leray when switching to this part of his presentation.

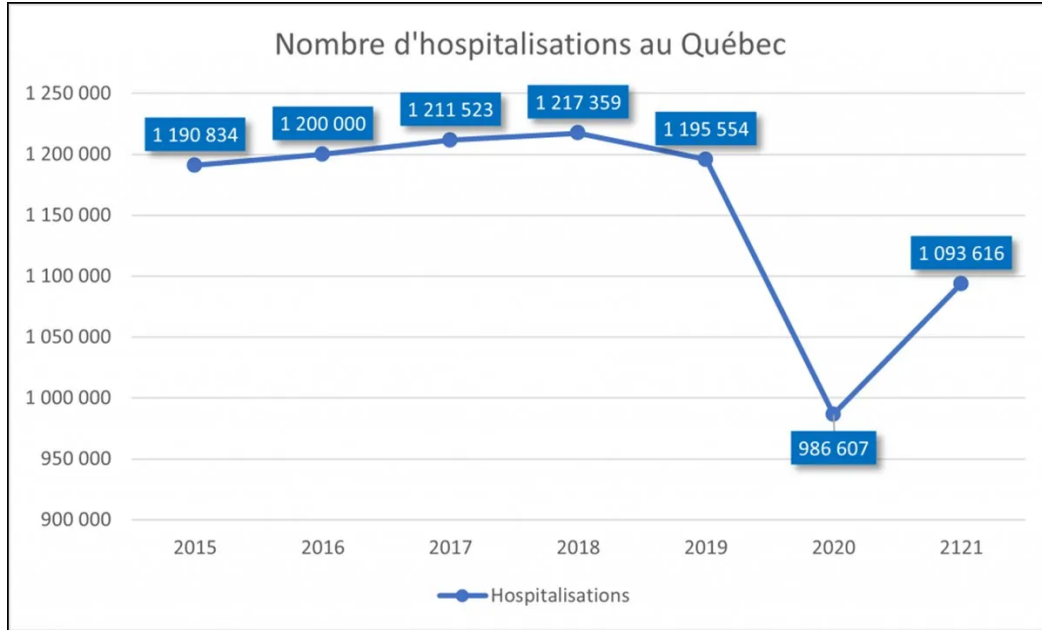
Many such instances could be cited, Leray adds such as **PCR tests**. Leray then discusses the cycle levels at which the PCR tests are performed. If they are at levels above 32, they are increasingly likely to produce false-positives for Covid-19.

In September of 2021, Leray made an access-to-information request regarding the PCR tests which took three months to receive a reply. In their reply, they confirmed that cycles for Covid-19 PCR tests varied at levels ranging between 40 to 45 cycles.

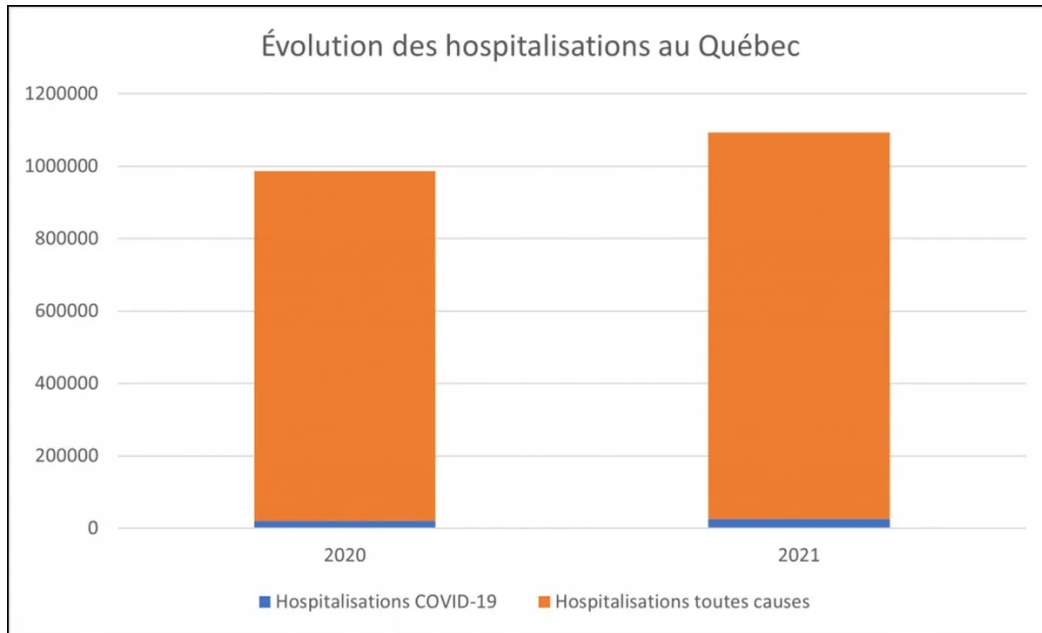
“That is likely the reason why we have so many asymptomatic patients,” contends Leray.

“Only 2.1 percent of hospitalisations were due to Covid-19,” Leray affirms in his testimony after stating that it was initially difficult to obtain the official numbers for Quebec from the health authorities. In other words, in 2020 only 2.1% of hospitalisations were for Covid-19.

Leray also states that this was not at all in accordance with the narrative that hospitals were overcrowded with Covid-19 cases at the time. In 2021, the figure was 2.3%.



Slide titled 'Number of Hospitalisations in Quebec' from Christian Leray's presentation at the National Citizens Inquiry (NCI), May 11, 2023.



Slide titled 'Evolution of Hospitalisations in Quebec'. Data in orange color indicates all-cause hospitalisations while those in blue indicate hospitalisations due to Covid-19. Source: Christian Leray's presentation at the National Citizens Inquiry (NCI), May 11, 2023.

A lot of the hype about overcrowded hospitals was used to create fear and panic in the population and acquiescing them into to the harsh sanitary measures, Leray observed.

As for other manipulations, one contention from Leray's presentation was about **whether or not those who had been vaccinated who tested positive were considered as vaccinated or non-vaccinated cases**, stating:

“Malgré de nombreuses demandes d'accès à l'information, on ne sait toujours pas si les personnes vaccinées depuis moins de 14 jours et positives à la covid sont classées vaccinées ou non vaccinées (car encore non protégées).

English: **Despite numerous requests for access to information, it is still not known whether people who have been vaccinated for less than 14 days and who are positive for covid are classified as vaccinated or not vaccinated (because they are still unprotected).**”

Leray then cites statistically significant case data from Ontario which shows that vaccinated individuals were symptomatic of Covid-19.

As he never received a response regarding the data from the health authorities, Leray further contends that if these cases (of those vaccinated for less than 14 days) are considered non-vaccinated, then they get added to the “non-vaccinated” group – thus obfuscating genuine numbers and hyping the “epidemic of the non-vaccinated,” which was a prevalent assertion in the mainstream media at the time.

Leray further cites an [article by Patrick Provost \(and himself\) in Libre Média](#) which backed the claim, adding that if this is the case, it is a “gigantic manipulation”

Leray briefly mentions other forms of data manipulation by the authorities which were [previously reported on by this author](#) and for which he published on the Réinfo Covid Québec website in the form of their [Dashboard for COVID-19 in Quebec](#) (Tableau de bord de la COVID-19 au Québec).

The dashboard also lists many articles analysing data regarding the real situation in Quebec, including the following ones:

- [La COVID-19 ou la faillite de la Santé publique](#) (COVID-19 or the bankruptcy of Public Health), April 19, 2023
- [La COVID-19 ou la faillite de la Santé publique \(2e partie\)](#) (COVID-19 or the bankruptcy of Public Health (2nd part)), April 21, 2023
- [La COVID-19 ou la faillite de la Santé publique \(3e partie\)](#) (COVID-19 or the bankruptcy of Public Health (3rd part)), April 22, 2023
- [La COVID-19 ou la faillite de la Santé publique \(4e partie\)](#) (COVID-19 or the bankruptcy of Public Health (4th part)), April 24, 2023
- [La COVID-19 ou la faillite de la Santé publique \(5e partie\)](#) (COVID-19 or the bankruptcy of Public Health (5th part)), April 24, 2023

The negative efficacy of the vaccines

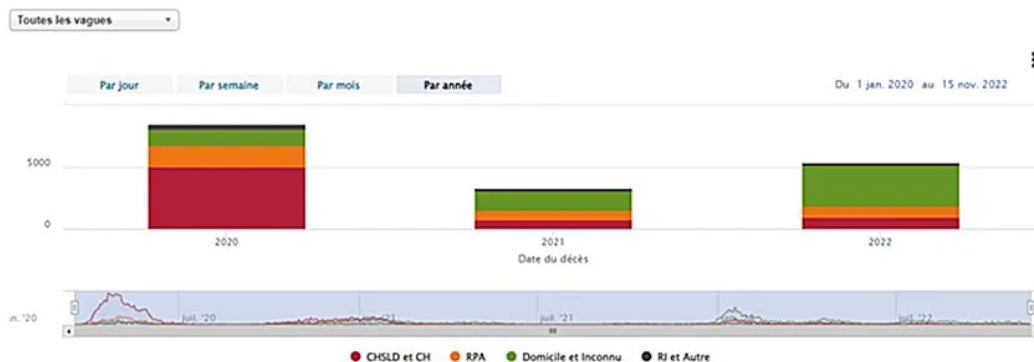
The final part of Christian Leray’s presentation at the NCI focused on how even the authorities’ own figures show a negative efficacy of the Covid-19 vaccines. His presentation slide highlighted the following:

- **More COVID-19 deaths in 2022 than in 2021 despite 85% vaccination coverage (INSPQ),**
French: Plus de morts de la COVID-19 en 2022 qu’en 2021 malgré une couverture vaccinale de 85% (INSPQ)
- **Cases and hospitalizations: negative efficacy of -18.8 percentage points for the 3rd dose,**
French: Cas et hospitalisations : efficacité négative de -18,8 points de pourcentage pour la 3e dose
- **Death: 95% of people who die of covid are vaccinated (while vaccination rate is 85%),**
French: Décès : 95% des personnes qui décèdent de la covid sont vaccinées (alors que taux de vaccination est de 85%)
- **An “unexplained” 10% rise in mortality... but no data for all-cause deaths,**
French: Une hausse « inexplicquée » de 10% de la mortalité... mais pas de données pour les morts toutes causes

The fact that despite a 85% vaccination rate [for the province], 95% of deaths were of people who were vaccinated stunned Leray. He showed the following chart and table from which data was compiled showing the deaths:

2.2 - Évolution du nombre de décès liés à la COVID-19 selon le milieu de vie et la date de décès - Ensemble du Québec

Le nombre de nouveaux décès quotidiens correspond au nombre de décès rapportés par la santé publique et non au nombre de décès survenus dans les 24 heures précédentes. Certains décès sont absents de la figure car l'information sur la date de décès est manquante. Le groupe CHSLD inclut les unités de soins de longue durée en centre hospitalier.



	TOTAL	0 À 4 ANS	INCONNU	NON-VACCINÉ	VACCINÉ 1 DOSE	VACCINÉ 2 DOSES	VACCINÉ 3 DOSES
0-9 ANS	69	40	16	9	1	3	0
10-19 ANS	26	0	1	5	2	15	3
20-29 ANS	76	0	1	23	3	24	25
30-39 ANS	89	0	3	17	2	33	34
40-49 ANS	46	0	1	6	1	10	28
50-59 ANS	117	0	3	17	4	24	69
60-69 ANS	212	0	4	22	4	29	153
70-79 ANS	422	0	2	23	2	47	348
80-89 ANS	474	0	2	28	3	50	391
90 ANS ET PLUS	203	0	0	28	1	11	163
TOTAL	1 734	40	33	178	23	246	1 214
% HOSPITALISATIONS COVID-19	1,1	0,0	0,0	0,1	0,0	0,2	0,8
% TOUTES HOSPITALISATIONS		2,3	1,9	10,3	1,3	14,2	70,0
% POPULATION		4,7	0,0	11,0	6,9	26,2	51,2
DIFFÉRENTIEL		-2,4	1,9	-0,7	-5,6	-12,0	18,8

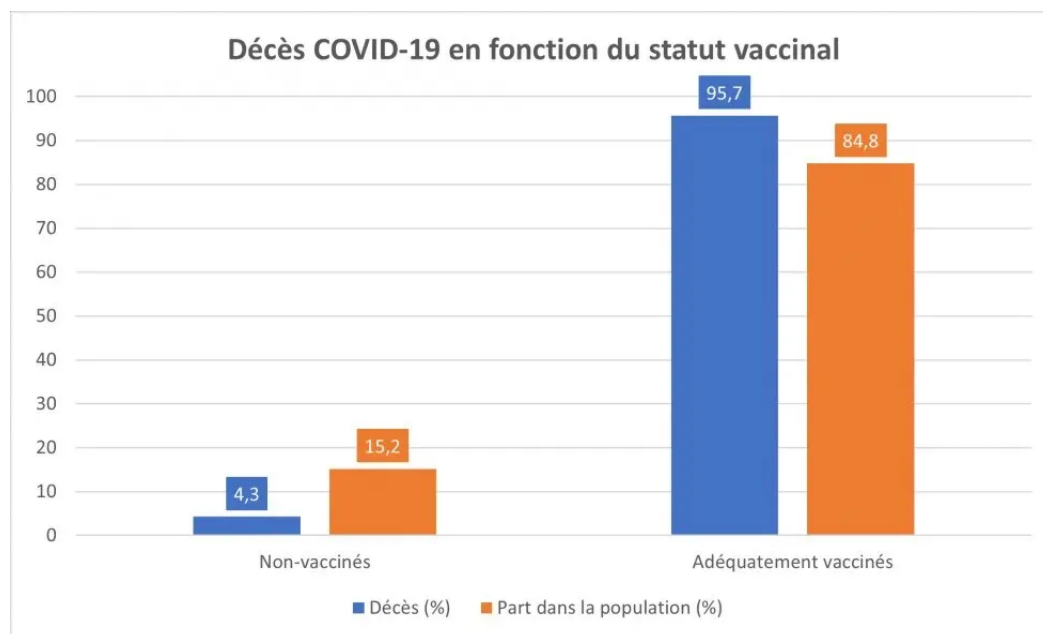
As indicated in the table above, Leray notes, **those who had received three vaccine doses represented 51.2% of the total population and accounted for 70% of all hospitalisations**, creating a differential of 18.8% which Leray notes that if the vaccines were supposedly efficacious, we would never see such a figure.

“And these are the figures from Santé Québec,” he further emphasises.

Réinfo Covid Québec published the figures every week on their website in their [dashboard](#). The media and fact-checkers were all aware of these publications, Leray stated, adding that on occasion, some outfits such as Radio-Canada (the French equivalent of the CBC) [had called them out and had “debunked”](#) them on it. The group published a retort on December 2, 2021 on their website titled [Droit de réponse à l’émission Les Décrypteurs de Radio-Canada](#) (English: Right of response to the program Les Décrypteurs de Radio-Canada).

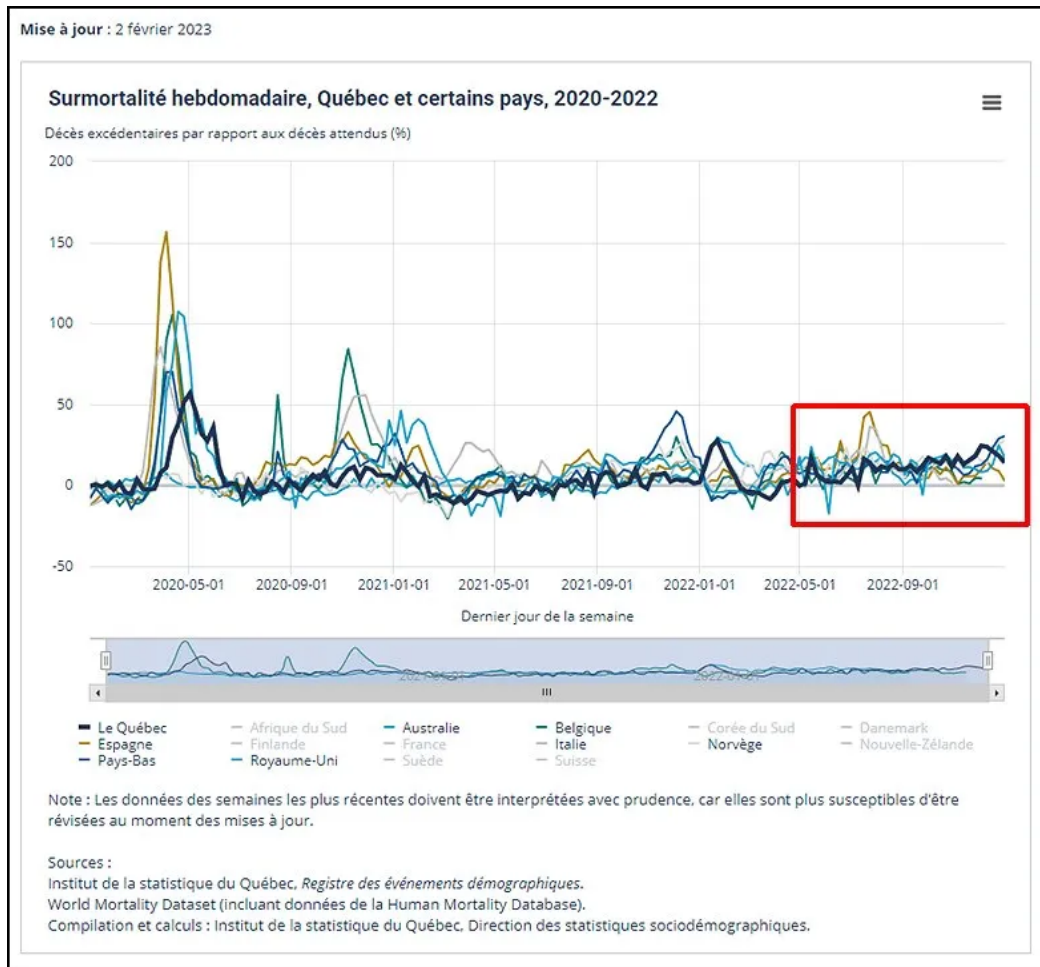
But Leray, further stated that had the data published on their website had been erroneous, it would not have taken too long for them to have published articles denouncing them. And that they have yet to disprove any data from the Réinfo Covid Québec website.

The data had become so “horrible” by 2022, that the authorities had to remove them. As was [previously reported](#), Leray showed the following graph to the NCI:



Covid-19 Deaths by function of vaccine status. The blue bars indicate death percentages while the orange ones indicate their percentage in the population. The pair of bars on the left indicate “non-vaccinated” while those on the right indicate “Adequately vaccinated.”

Leray then states that the statistical authority in Quebec, the [Institut de la Statistique du Québec](#), indicated a 10% increase in all-cause mortality rates, with 18% among youths, as per the following chart:



From mid-2022 (in red rectangle) there is an augmentation in mortality rates which is “not normal” compared to previous periods, states Leray.

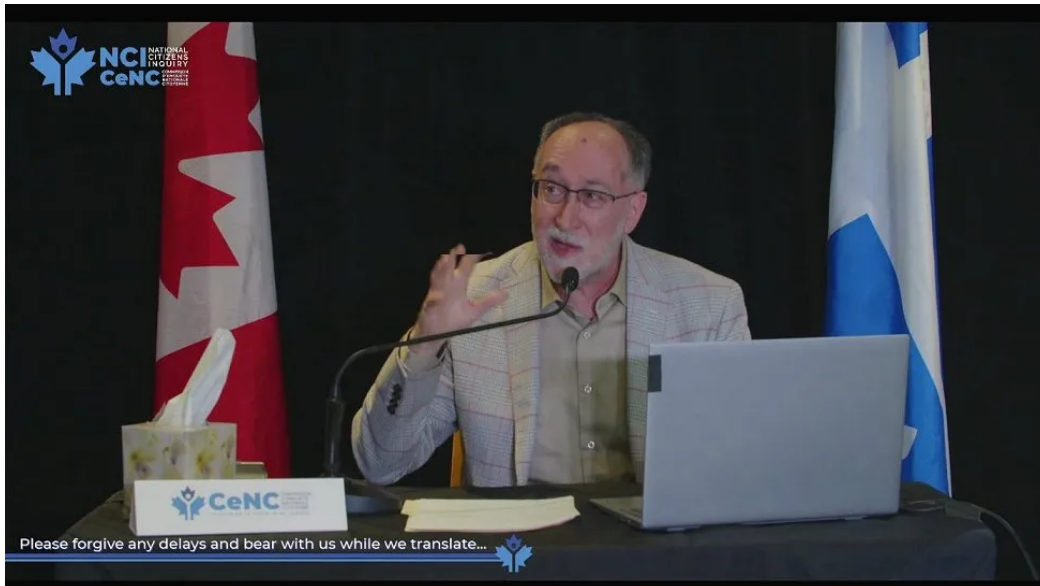
But when “we look at the previous chart (Covid-19 Deaths by function of vaccine status)”, the reason becomes quite clear, hypothesises Leray.

If Santé Québec were to be forthcoming with the actual figures, we could know for sure, asserts the researcher.

According to the officially available figures from the health authorities, the data nevertheless indicates the inefficacy of the Covid-19, Leray says, adding that they, to this day, still contend that they are “safe and effective.”

“And that is where we are today,” concludes Leray.

2. Testimony from Professor and Researcher Denis Rancourt



Screenshot of expert witness Denis Rancourt, PhD, testifying via Zoom at the National Citizens Inquiry (NCI) on Thursday, May 11, 2023.

[Denis Rancourt](#) is a research scientist and expert in statistical analysis and modeling, nanoparticles, molecular science, among other fields. He is also a [researcher and executive member](#) at the [Ontario Civil Liberties Association \(OCLA\)](#) which is an organisation that “vigorously advocates for authentic and unqualified freedom of expression of individuals, on all topics and in every form, in accordance with the right to free expression enshrined in the Canadian Charter of Rights and Freedoms,” and whose work “includes scientific research on topics that implicate civil liberties, including COVID-era government measures and their consequences.”

At the height of the Covid-19 Pandemic, Rancourt published a [\[Open\] Letter to the Unvaccinated](#) in August of 2021 which was hosted on the [OCLA website](#) (French version [here](#)).

Here are some extracts from the open letter which was also signed by seven other PhDs:

“Politicians and the media have taken a uniform view, scapegoating the unvaccinated for the troubles that have ensued after eighteen months of fearmongering and lockdowns. It’s time to set the record straight.

It is entirely reasonable and legitimate to say ‘no’ to insufficiently tested vaccines for which there is no reliable science. You have a right to assert guardianship of your body and to refuse medical treatments if you see fit. You are right to say ‘no’ to a violation of your dignity, your integrity and your bodily autonomy. It is your body, and you have the right to choose. You are right to fight for your children against their mass vaccination in school.

You are right to question whether free and informed consent is at all possible under present circumstances. Long-term effects are unknown. Transgenerational effects are unknown. Vaccine-induced deregulation of natural immunity is unknown. Potential harm is unknown as the adverse event reporting is delayed, incomplete and inconsistent between jurisdictions.

You are being targeted by mainstream media, government social engineering campaigns, unjust rules and policies, collaborating employers, and the social-media mob. You are being told that you are now the problem and that the world cannot get back to normal unless you get vaccinated. You are being viciously scapegoated by propaganda and pressured by others around you.

Do not be intimidated. You are showing resilience, integrity and grit. You are coming together in your communities, making plans to help one another and standing for scientific accountability and free speech, which are required for society to thrive. We are among many who stand with you.”

As per his [CV](#), Denis Rancourt has been a Natural Sciences and Engineering Research Council (NSERC) of Canada international post-doctoral candidate in prestigious research laboratories in both France and The Netherlands and a professor of physics at the University of Ottawa for 23 years, attaining the highest academic rank of tenured Full Professor. He supervised more than 80 junior research terms or degrees at all levels from post-doctoral fellow to graduate students to NSERC undergraduate researchers. Dr. Rancourt has been an invited plenary, keynote, or special session speaker at major scientific conferences 40 times. He has published over 100 research papers in leading peer-reviewed scientific journals, in the areas of physics, chemistry, geology, materials science, soil science, and environmental science. His articles have been [cited more than 5,000 times in peer-reviewed scientific journals](#).

As noted above, Rancourt has published over 100 [research papers](#) with more than [30 articles and reports focusing on Covid-19](#).

At the [National Citizens Inquiry \(NCI\)](#), called [La Commission d'enquête nationale citoyenne, or CeNC](#) in French, the bulk of Dr. Rancourt's testimony focused on excess-mortality rates surrounding Covid-19 and its vaccines.

The expert witness arrived well prepared and had even published a [894-page report](#) (Book of Exhibits) the month prior to support his testimony which he made available on his website [denisrancourt.ca](#).

Rancourt begins with his Conclusions after three years of Study

Early in his [presentation at the NCI](#) (starting at around the 9:59:00 mark, click [here for French](#)), Rancourt began by stating the results and conclusions of his findings about excess-mortality rates.

In a nutshell, the researcher asserted that had the government not intervened in the way that they did at the onset of the [Covid-19] pandemic, there would not have been excess-mortality, anywhere. “If we had done what we normally do, there would have been a usual seasonal mortality rate like we have seen for more than a hundred years,” Rancourt affirmed. “This is the conclusion I have reached after three years of detailed research on all-cause mortality statistics.”

He further states: “The data shows that it couldn't have been a mortality that was due to a transmissible respiratory disease [such as Covid-19].”

“We can demonstrate that the mortality is not due to the transmission of a viral respiratory disease,” Rancourt emphasises as his first main point after saying that supporting data will be

forthcoming.

As for his second main point, “excess-mortality that we see...is directly associated with the measures that have been taken by the government.” He then notes that at the beginning of the pandemic (around March-April of 2020) there was a large uptick in deaths that can be shown as a consequence of hospital treatment protocols.

His other important conclusion is that the deployment of [Covid-19] vaccines directly and immediately caused excess mortality. “As soon as vaccines are deployed, there is quantifiable data which can be measured,” he stated before mentioning that his research group is one of the first to study it across different countries.

He then says he will show the risks which increase exponentially with age. “What it shows is that “it was absolutely not necessary to vaccinate the elderly; [in fact] it is the opposite of what we should do,” affirmed the researcher.

The following image shows the slide summarising Rancourt’s three conclusions:

NCI NATIONAL CITIZENS INQUIRY CANADA'S RESPONSE TO COVID-19

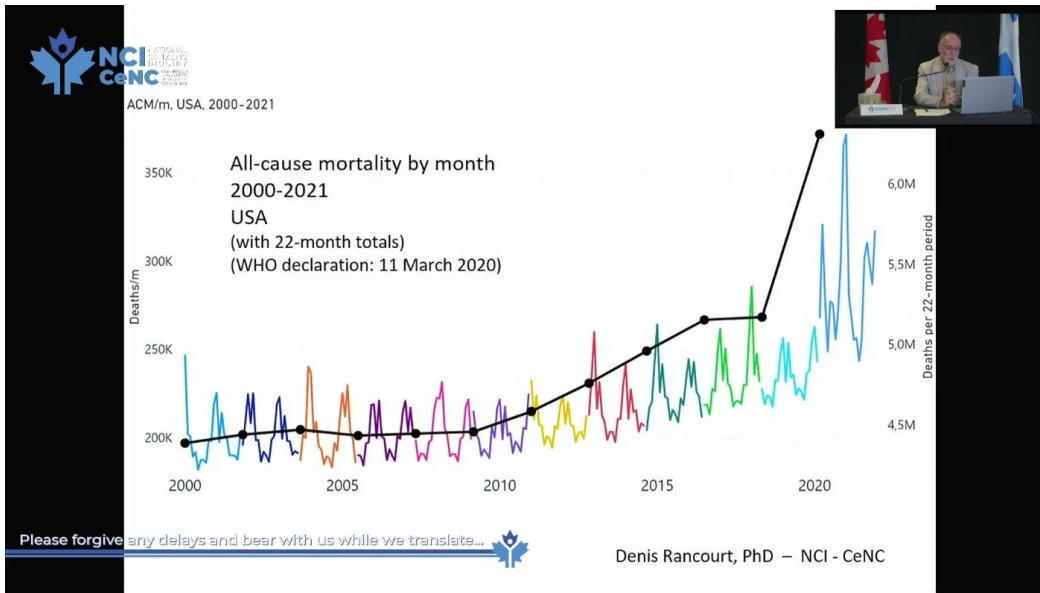
Study of all-cause mortality shows that:

- there was no pandemic causing excess mortality
- measures caused excess mortality
- COVID-19 vaccination caused excess mortality

Please forgive any delays and bear with us while we translate...

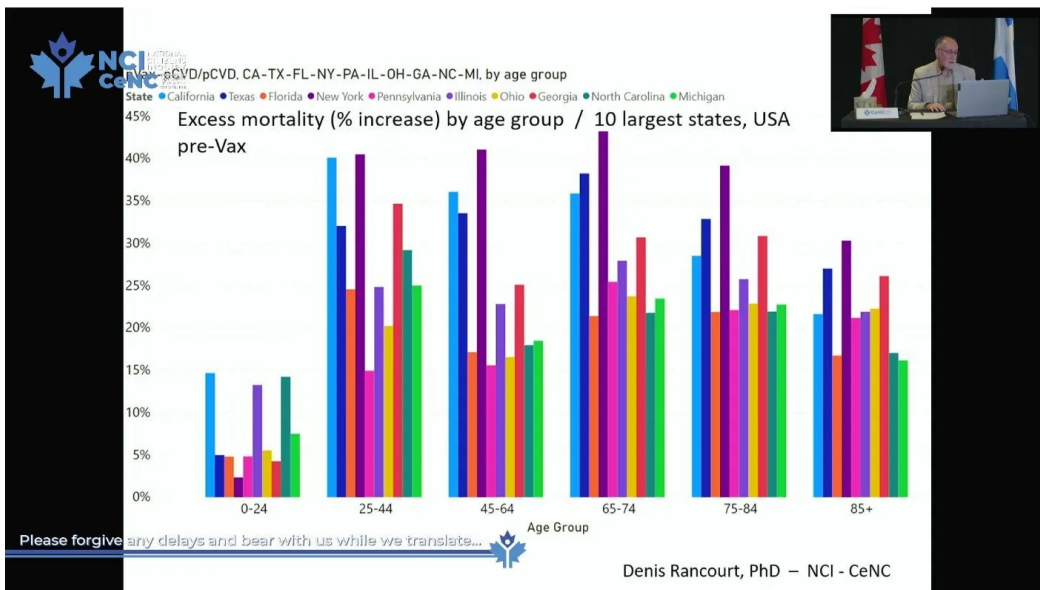
Excess Mortality & Vaccination

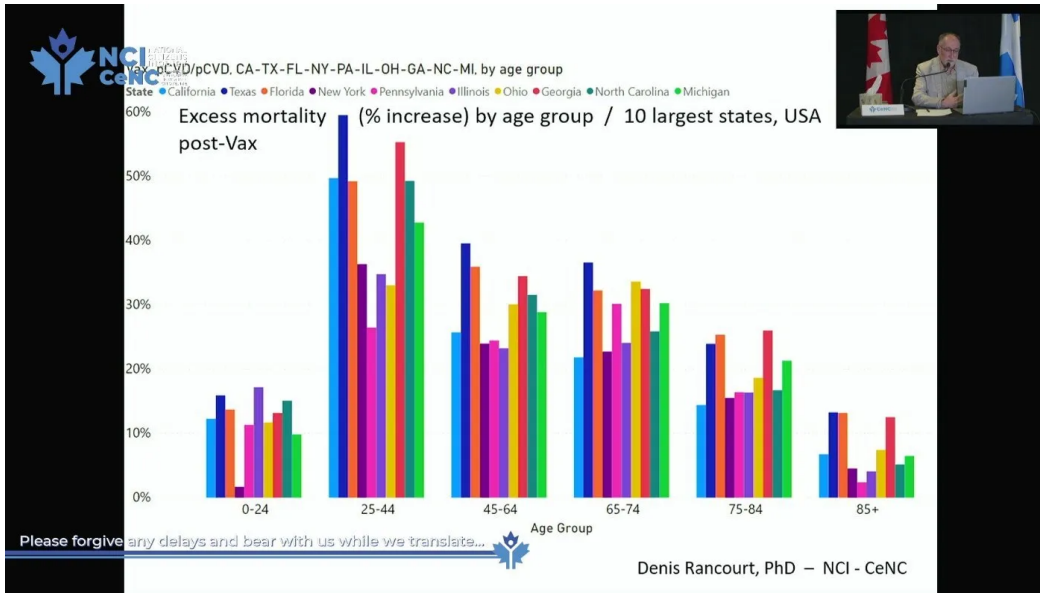
To provide a quantifiable overview of excess-mortality, Rancourt begins with a chart showing the spike in data representing deaths (mortality) for the **United States** as soon as the pandemic was declared:



Rancourt then asserts that there were approximately 1.3 million excess deaths in the United States during this period.

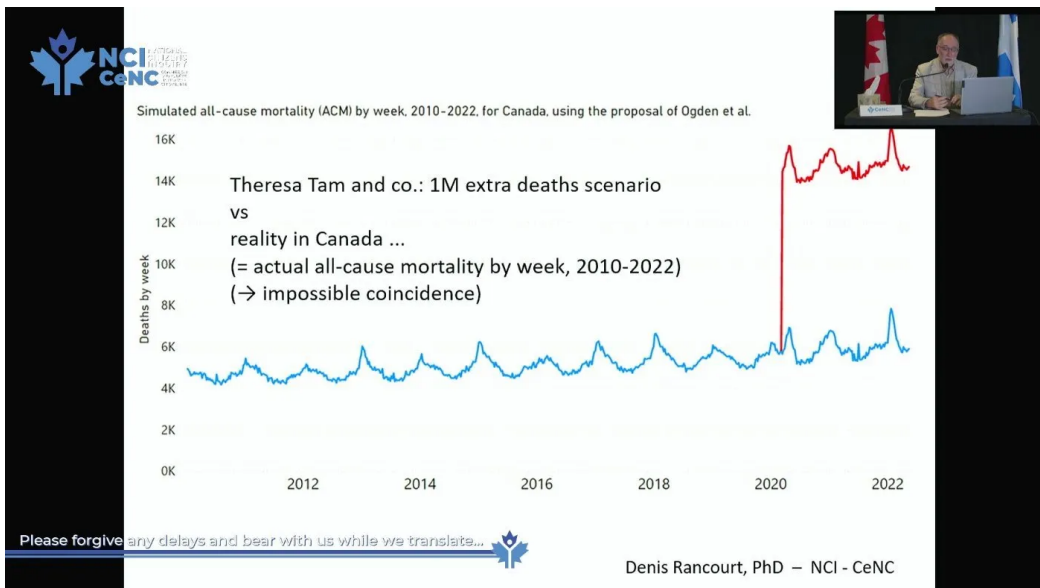
Later on, Rancourt shows two charts showing % increases in excess-mortality rates for the ten most populated states in United States by age group, pre-vaccination and post-vaccination:





Comparing the two charts above, we can notice that there is a significant increase – from roughly 40% to 60% – in excess deaths in the 25 to 44 age group.

Rancourt then shifts to figures for **Canada**, showing:



The blue line from the graph above shows weekly all-cause mortality from about 2010 until approximately 2023, indicating almost *no change* – even despite entry into the Covid-19 era, notes Rancourt.

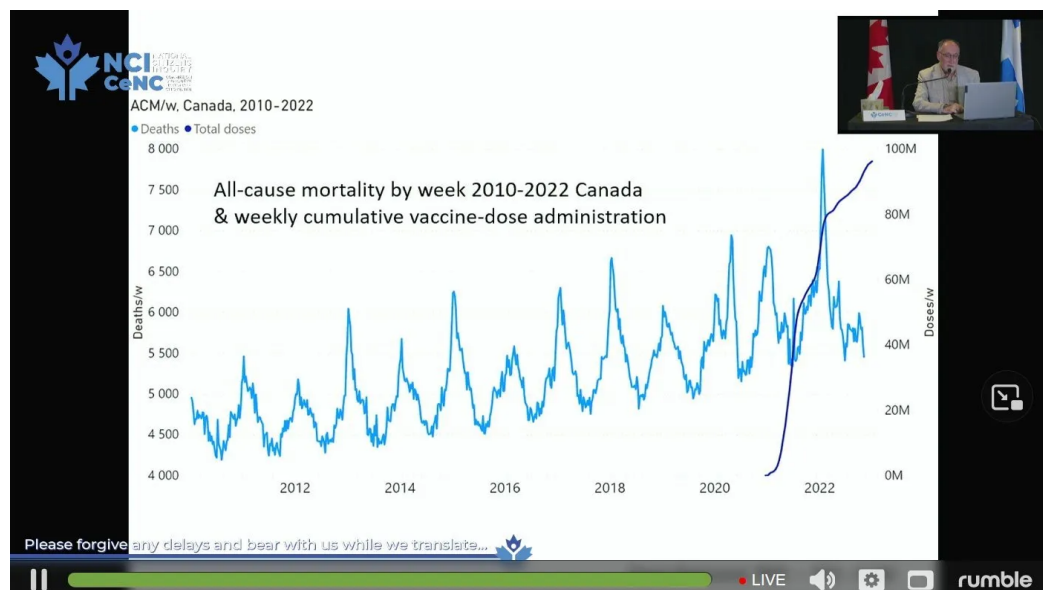
The red line represents what the Canadian government told us, and specifically what [Theresa Tam](#) (Canada’s top health official) had written in a scientific article according to Rancourt. He expands on this assertion by paraphrasing the approach of the federal government: “Had we not taken all these measures – masks, social distancing, lockdowns, and vaccines, we would have had approximately 1 million additional deaths in Canada.”

“It shows us the absurdity of what Theresa Tam was telling us,” remarks Rancourt.

“There’s *nothing* – not even a world war, a major earthquake – which could have given us such an absurd and colossal figure,” explains the researcher.

“This is what they wanted us to believe. As a researcher, this is completely absurd,” expounds Rancourt.

“In Canada, we can also compare this all-cause mortality with the deployment of the vaccines,” Rancourt explains while showing the following chart:




Explaining the chart (above), Rancourt states that we can observe a spike [in deaths] from the deployment of the first doses of the [Covid-19] vaccine[s]. And from the period in which the third doses are given, we can observe the largest peak (during winter of 2022).

“So, we really see the coincidences in Canada with the vaccination which affects mortality,” affirms Rancourt.

Examining how Covid-19 vaccines can cause deaths

The last major theme of Rancourt’s presentation focused on the toxicity of the Covid-19 vaccines and its “deadly reality,” as he puts it.

Rancourt then elaborates on several contributors as per the following slides:



Section 4: Can the COVID-19 vaccines cause death?

22. The answer is yes, beyond any reasonable doubt.
23. In fact, the vaccines are quite toxic, as far as pharmaceutical interventions go, reaching a rate of death for the most elderly patients of approximately 1 death per 100 doses administered (1 % death rate per dose). See ref. [111].
24. The conclusive evidence that the vaccines can cause death is from several sources, as explained in ref. [111] (at p. 2):

It is well established that the COVID-19 vaccines can cause death, as seen from:

- detailed autopsy studies (Choi et al., 2021; Schneider et al., 2021; Sessa et al., 2021; Gill et al., 2022; Mörz, 2022; Schwab et al., 2022; Suzuki et al., 2022; Tan et al., 2022; Yoshimura et al., 2022; Onishi et al., 2023);
- adverse effect monitoring (Hickey and Rancourt, 2022) [ref. (100)],
- a recent survey study (Skidmore, 2023),
- studies of vaccine-induced pathologies (e.g., Goldman et al., 2021; Kuvandik et al., 2021; Turri and Lefringhausen, 2022; Edmonds et al., 2023; Wong et al., 2023), and
- more than 1,250 peer-reviewed publications about COVID-19 vaccine adverse effects (React 19, 2022).

Choi et al. (2021): Sangsoo Choi, Sanghan Lee, Jeong-Wook Seo, Min-ju Kim, Yo Han Jeon, Ji Hyun Park, Jong Yoo Lee, Nam Seok Yoo. // Myocarditis-induced Sudden Death after BNT162b2 mRNA COVID-19 Vaccination in Korea: Case Report Focusing on Histopathological Findings. // *Journal of Korean Medical Science* 2021; 36(40):e286. DOI: <https://doi.org/10.3346/jkms.2021.36.e286>

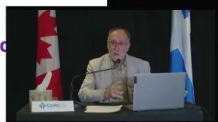
Schneider et al. (2021): Schneider, J., Sottmann, L., Greinacher, A. et al. // Postmortem investigation of fatalities following vaccination with COVID-19 vaccines. // *Int J Legal Med* 135, 2335–2345 (2021). <https://doi.org/10.1007/s00414-021-07208-9>

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The COVID-19 vaccines can cause death:

- autopsy studies
- adverse effect monitoring
- survey study
- induced pathologies
- >1,250 peer-reviewed studies of vaccine harm
- vaccine-dose fatality rate (vDFR) quantification



Denis Rancourt, PhD – NCI - CeNC



<https://www.frontiersin.org/articles/10.3389/fmed.2021.798095>

Kuvandik et al. (2021): And Kuvandik, Ecezar Örcan, Simay Serin, Hülya Sungurtekin. // Creutzfeldt-Jakob Disease After the COVID-19 Vaccination. // *Turk J Intensive Care*. DOI: 10.4274/tjic.galenos.2021.91885. <https://cms.galenos.com.tr/uploads/article-50671/TYB0-03.pdf>

Turri and Lefringhausen (2022): Conny Turri and Astrid Lefringhausen // COVID-19 vaccines – An Australian Review. // *Journal of Clinical & Experimental Immunology*. 7(3):491-508. <https://www.openaccessjournals.com/open-access-articles/covid-19-vaccines-an-australian-review.pdf>

Edmonds et al. (2023): Edmonds, R, Schölbom, L, Habben, S, Papanicolaou, M, Greinacher, A, Schuppert, T. // Vaccine-induced immune thrombotic thrombocytopenia (ITT) after SARS-CoV-2 vaccination: Two cases from Germany with unusual presentation. // *Clin Case Rep*. 2023; 00:e6883. doi:10.1002/ccr3.6883. <https://doi.org/10.1002/ccr3.6883>

Wong et al. (2023): Hai-Lee Wong, Ellen Tsaoakaki, Cindy Ke Zhou, Mao Hu, Deborah Thompson, Bradley Lukin, Rose Do, Laurie Feinberg, Benjamin Chhallaige, Riischa Demova, Patricia C. Boyd, Thomas McCarthy, Richard A. Forchier, Jeffrey A. Feldman, Joseph Sheehy, Steven A. Anderson. // Surveillance of COVID-19 vaccine safety among elderly persons aged 65 years and older. // *Vaccine*, Volume 41, Issue 2, 2023, Pages 512-519, 0928-0264/4102. <https://doi.org/10.1016/j.vaccine.2022.11.009>

React 19 (2022): React 19. // 1250+ COVID Vaccine Publications and Case Reports: Collection of peer reviewed case reports and studies citing adverse effects post COVID vaccination. // 9 July 2022. <https://react19.org/1250-covid-vaccine-reports/>, archived here: <https://archive.ubf4hpv.com/>

[100] J. Hickey, D.G. Rancourt. "Nature of the toxicity of the COVID-19 vaccines in the USA". Ontario Civil Liberties Association. 9 February 2022 (14 pages).
OCIA Report 2022-1 (ver. 1) 9 February 2022. <https://ocla.ca/wp-content/uploads/2022/02/OCIA-Report-2022-1-c1.pdf>

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Autopsy studies



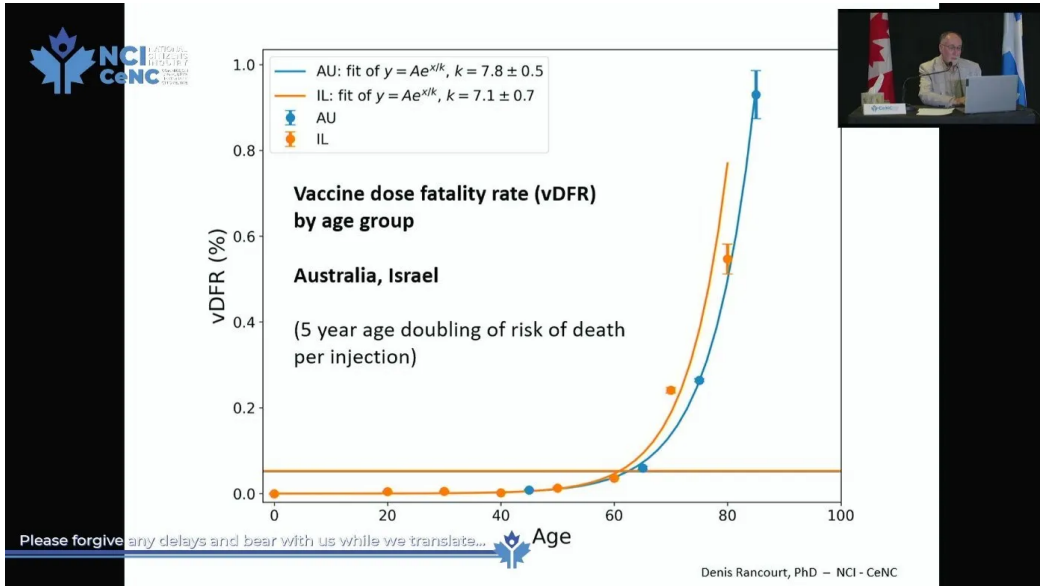
VAERS

These include autopsy studies, over 1,250 peer-reviewed studies of vaccine harm, the [Vaccine Adverse Events Reporting System \(VAERS\) database](#), among other sources. While he doesn't state these by name, it is quite likely that GlobalResearch.ca's article citing over 1,000 papers on the subject titled [COVID-19 Vaccines: Proof of Lethality. Over One Thousand Scientific Studies](#) would contain many of them.

Dr. Rancourt then continues with his testimony citing similar data for European countries, Australia, India, and some specific states in the U.S, among other scientific aspects.

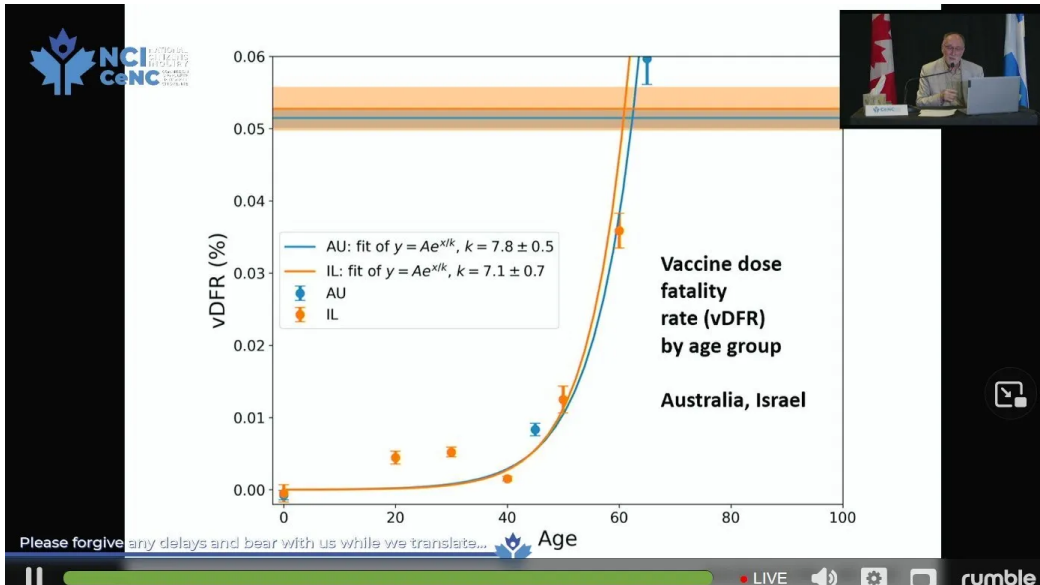
Rancourt then focuses on something called **Vaccine dose fatality rate (vDFR)** which demonstrates how death rates increase exponentially with age.

The researcher was able to find quality data for **Australia** and **Israel** which he compiled and plotted on the following chart, as per his slide from his presentation:

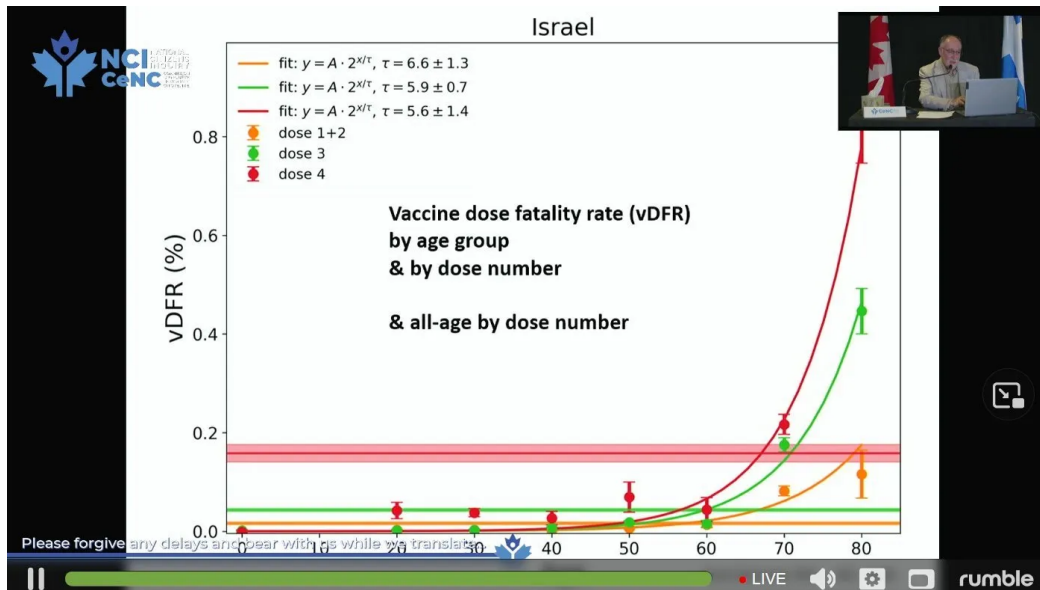


The chart represents **risk of mortality per injection** according to the age of subjects, or **vaccine dose fatality rate (in %)**. Rancourt explains that the risk of mortality reaches nearly 1% (for the eldest segment in Australia). It means that, explains Rancourt, 1 dose per 100 will kill the individual for this age which he finds enormous.

Rancourt notes deaths in **younger groups (ages 30 to 60)** from the injections occur at an even more pronounced rate:

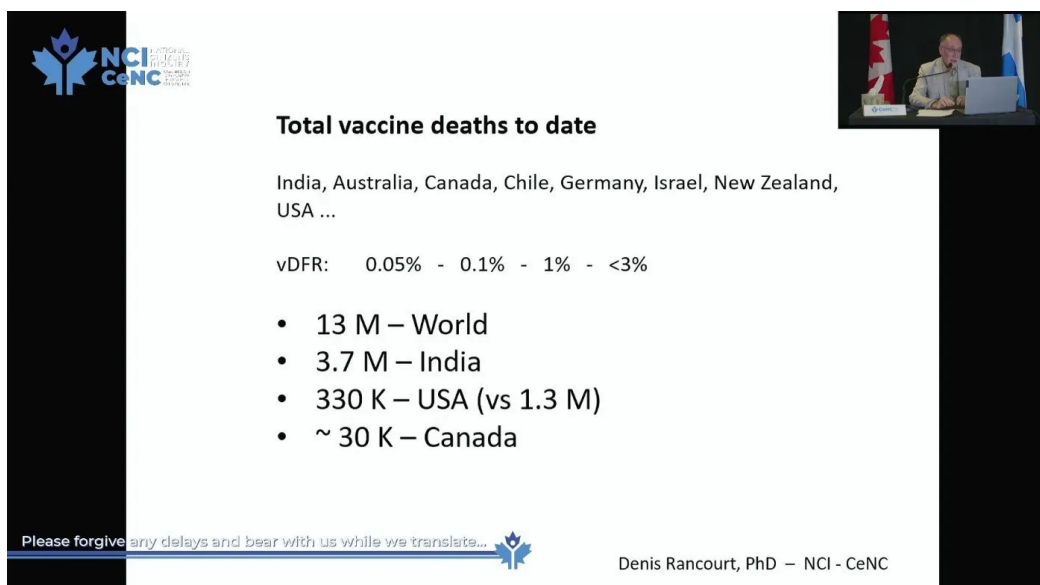


For Israel, Rancourt provides a chart which integrates **deaths by dose (dose 1+2, dose 3, dose 4)** of the Covid-19 vaccine:



“Doses 3 and 4 are particularly deadly,” notes Rancourt before emphasizing that it significantly increases with age.

Rancourt concludes the bulk of his presentation with the following slide which illustrates the *estimated* deaths attributable to the Covid-19 vaccines for the world, India, the U.S, and Canada.



He concludes that for Canada, the deaths are mostly for the vaccinated elderly group.

Finally, Rancourt adds that death rates caused by the injections are much higher than governments are willing to admit.

Dr. Rancourt’s accompanying [exhibits for his testimony at the NCI](#) can be viewed on his website, as is the case for his work on [Covid-19](#).

3. Professor and Researcher Patrick Provost

Similar to Dr. Rancourt, Patrick Provost holds a packed and impressive CV.

From information shown during his [presentation at the NCI](#) (*note: the post-live video is not yet uploaded, but a link will be added as soon as it becomes available*) in Quebec City on May 14, 2023, Provost included his university studies in biochemistry, followed by a PhD in biomedical science at the [Institut de cardiologie de Montréal](#) (Cardiology Institute at Montreal University), in addition to a post-doctorate in molecular biology at the [Karolinska Institute](#), a medical university located in Stockholm, Sweden.

Patrick Provost is also a [full Professor](#) and researcher in the Department of Microbiology, Infectiology and Immunology at the Faculty of Medicine for Laval University. As a researcher, Dr. Provost led a lab research team focused on RNA and lipid nanoparticles – components that figure in the Covid-19 vaccines.

To date, he has received no less than \$6 million in funding for his research work.

As per his CV, Provost has published 97 peer-reviewed articles across 45 scientific journals which were cited around 15,000 times.

He has also made 61 conference presentations in six countries. His research material has been developed, shared, and used in 180 research laboratories around the world.

Provost thus considers himself a worthy and legitimate spokesperson in the field.

His personal experience from receiving the first dose of the Pfizer/BioNTech vaccine.

As per his testimony and presentation at the NCI, Provost states that after receiving the first injection of the Pfizer/BioNTech vaccine, he suffered five adverse events which led him to question the intervention.

His own medical doctor refused to report his adverse events to the INSPQ, instead suggesting he go for the second dose of the vaccine.

“My doctor perhaps followed the directives of the Collège des médecins du Québec [the provincial College of Physicians], but he violated his code of ethics, his Hippocratic Oath, the Nuremberg Code, and broke our relationship of confidence,” stated Provost on the matter.

It’s at that point that he embarked on a personal journey to better understand mRNA vaccines that were supposedly “safe and effective”, and how the Covid-19 Pandemic was managed globally.

“The decision of the government to mass-vaccinate children aged 5 to 11 in the Fall of 2021 incited me to start speaking publicly,” the father of four stated.

Sanctions, grievances, and Arbitration

For his outspokenness, Provost’s world was turned upside-down, he shared with members of the panel at the inquiry.

“My career as a professor and researcher became seriously compromised,” Provost clarified.

Much of his turmoil was described in an [article](#) by this author in the section [Patrick Provost at odds with his employer and the CMO](#).

His employer, Laval University, imposed several sanctions and suspensions on Provost, with one stating that he:

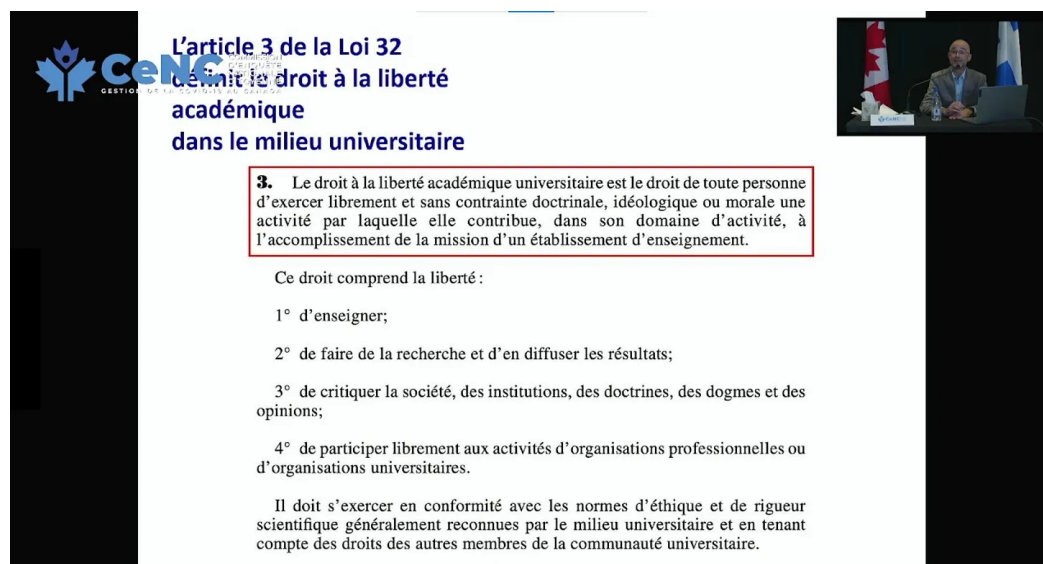
“lacked accountability ... towards the general public who has been exposed to studies that do not reflect all current scientific knowledge.” (Google translated to English)

French: « d’avoir manque de responsabilité ... envers le grand public qui a été exposé à des études ne reflétant pas l’ensemble des connaissances scientifiques actuelles. »

Professor Provost affirms that through its sanctions, his employer has violated his rights in relation to his liberty of conscience and academic expression.

The researcher cited the recently-enacted [Bill 32](#) in Quebec which supposedly assures academic freedom of expression in the university environment as well as the fight against self-censorship.

Articles 3 and 6 of the law specifically state the following (French slides followed by English translations with **emphasis added**):



L'article 3 de la Loi 32
Le droit à la liberté académique dans le milieu universitaire

3. Le droit à la liberté académique universitaire est le droit de toute personne d'exercer librement et sans contrainte doctrinale, idéologique ou morale une activité par laquelle elle contribue, dans son domaine d'activité, à l'accomplissement de la mission d'un établissement d'enseignement.

Ce droit comprend la liberté :

- 1° d'enseigner;
- 2° de faire de la recherche et d'en diffuser les résultats;
- 3° de critiquer la société, des institutions, des doctrines, des dogmes et des opinions;
- 4° de participer librement aux activités d'organisations professionnelles ou d'organisations universitaires.

Il doit s'exercer en conformité avec les normes d'éthique et de rigueur scientifique généralement reconnues par le milieu universitaire et en tenant compte des droits des autres membres de la communauté universitaire.

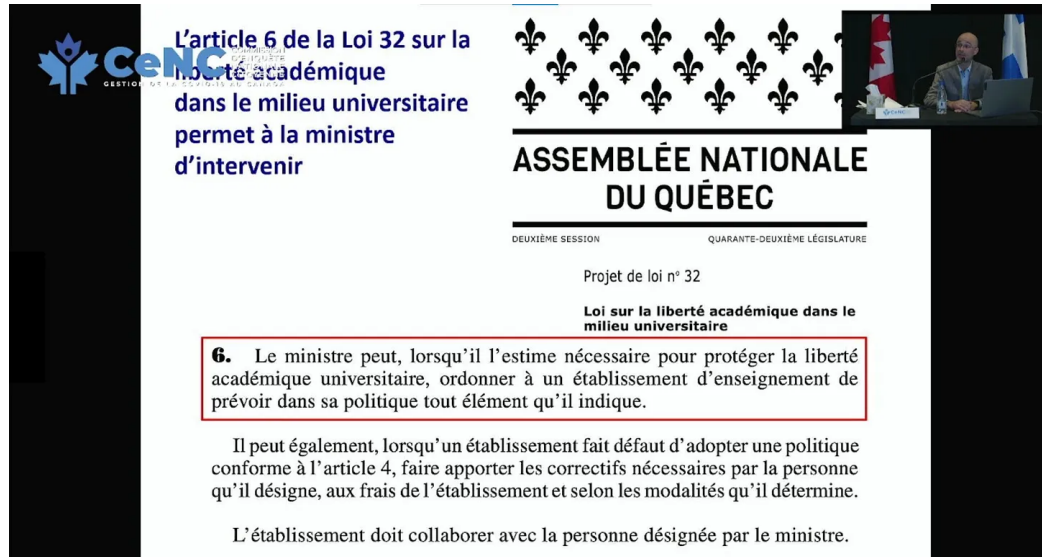
“English: **3. The right to university academic freedom is the right of everyone to exercise freely and without doctrinal, ideological or moral constraint, such as institutional censorship, an activity by which they contribute to the accomplishment of the mission of an institution of teaching.**

This right includes the freedom:

- (1) teaching and discussion;
- (2) research, creation and publication;
- (3) to express his opinion on society and on an institution, including the institution to which the person belongs, as well as on any doctrine, dogma or opinion;

(4) to participate freely in the activities of professional organizations or academic organizations.

It must be exercised in accordance with the standards of ethics and scientific rigor generally recognized by the university community and taking into account the rights of other members of the university community.”



L'article 6 de la Loi 32 sur la liberté académique dans le milieu universitaire permet à la ministre d'intervenir

ASSEMBLÉE NATIONALE DU QUÉBEC
DEUXIÈME SESSION QUARANTE-DEUXIÈME LÉGISLATURE

Projet de loi n° 32
Loi sur la liberté académique dans le milieu universitaire

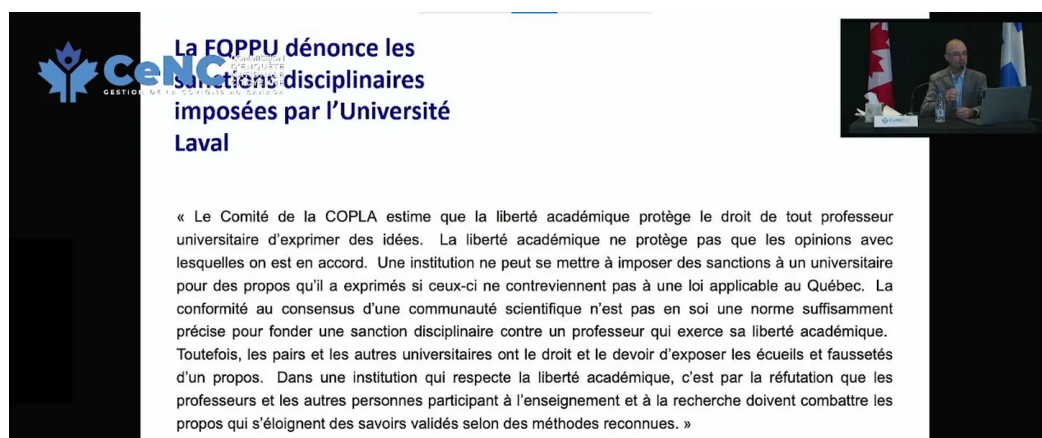
6. Le ministre peut, lorsqu'il l'estime nécessaire pour protéger la liberté académique universitaire, ordonner à un établissement d'enseignement de prévoir dans sa politique tout élément qu'il indique.

Il peut également, lorsqu'un établissement fait défaut d'adopter une politique conforme à l'article 4, faire apporter les correctifs nécessaires par la personne qu'il désigne, aux frais de l'établissement et selon les modalités qu'il détermine.

L'établissement doit collaborer avec la personne désignée par le ministre.

“English (rough translation): **6. The Minister may, when he considers it necessary to protect academic freedom, order an educational establishment to provide in its policy all elements which indicate it.**” Note: Let the reader be aware that in the text of the [law](#), this clause appears in *Article 7*, unlike Article 6 as per Provost's slide above.

Provost further notes that the provincial university teachers association, the Federation Quebecoise des professeurs et professeurs d'université ([FQPPU](#)) denounced the action of Laval University for suspending Professor Provost and another, despite the new law being adopted by the Parliament in Quebec. The FQPPU stated the following (also Google translated from the original French):



La FQPPU dénonce les sanctions disciplinaires imposées par l'Université Laval

« Le Comité de la COPLA estime que la liberté académique protège le droit de tout professeur universitaire d'exprimer des idées. La liberté académique ne protège pas que les opinions avec lesquelles on est en accord. Une institution ne peut se mettre à imposer des sanctions à un universitaire pour des propos qu'il a exprimés si ceux-ci ne contreviennent pas à une loi applicable au Québec. La conformité au consensus d'une communauté scientifique n'est pas en soi une norme suffisamment précise pour fonder une sanction disciplinaire contre un professeur qui exerce sa liberté académique. Toutefois, les pairs et les autres universitaires ont le droit et le devoir d'exposer les écueils et faussetés d'un propos. Dans une institution qui respecte la liberté académique, c'est par la réfutation que les professeurs et les autres personnes participant à l'enseignement et à la recherche doivent combattre les propos qui s'éloignent des savoirs validés selon des méthodes reconnues. »

English: “The COPLA committee believes that academic freedom protects the right of every university professor to express ideas. Academic freedom does not only protect opinions with

which one agrees. An institution cannot begin to impose sanctions on an academic for comments he has made if these do not contravene a sufficiently precise standard to found a disciplinary sanction against a professor who exercises his academic freedom. However, peers and other academics have the right and the duty to expose the pitfalls and falsehoods of a statement. In an institution that respects academic freedom, it is by refutation that professors and other people involved in teaching and research must fight statements that depart from valid knowledge according to recognized methods.”

Yet, Provost rightfully contends that he was never given such an opportunity, but was rather shunned and reprimanded by his university.

Moreover, he criticises them for the following:

L'Énoncé institutionnelle sur la protection et la valorisation de la liberté d'expression à l'Université Laval (février 2021) – Extraits

L'université a un rôle essentiel à jouer dans le développement de la pensée critique des individus. Dans ce cadre, tout sujet peut être abordé et devant ceux qui sont controversés, l'établissement évite la censure et favorise la prise de parole. [...]

En tant qu'établissement d'enseignement et de recherche et en tant que communauté, l'Université Laval s'engage donc à protéger la libre circulation des idées, même celles qui sont controversées, dans le respect des lois, des conventions collectives et des règlements en vigueur, et à offrir un environnement propice aux échanges, aux débats et au dialogue.

L'Université Laval

- ne respecte pas la Loi 32
- ne respecte pas la convention collective signée avec le Syndicat des professeur.e.s de l'Université Laval (SPUL)
- ne favorise pas la prise de parole et la libre circulation des idées
- ne favorise pas les échanges, les débats et le dialogue
- ne favorise pas le développement de l'esprit critique des individus
- n'exerce plus sa mission d'intérêt public

Témoignage à la CeNC – Patrick Provost 19

The text highlighted in red from the above slide is translated hereunder:

Laval University

- Does not respect Law 32
- Does not respect its collective agreement signed with the Professors union (SPUL)
- Does not favor free speech and a free circulation of ideas
- Does not favor exchanges, debates and dialogue
- Does not favor the development peoples' critical thinking
- No longer exercises its mission to serve public interest

Provost follows up by denouncing the press and journalists in Quebec whom he notes have deviated from their own stated code of ethics, citing several examples.

As [previously reported](#), Provost also outlines several instances of **conflicts of interests** which exist between his employer and private interests.

He questions why the media and press are acting in such a manner, positing that they are largely financed by the government who wishes only to control its messaging to the general public, particularly with regards to the adherence of the pandemic measures including vaccination.

“They [the media] favor private interests rather than those of the public,” as concludes the final point of Provost’s presentation slide on the matter.

Outside of his professional duties and talks, the outspoken professor is also quite active on social media via his [Facebook page](#). Last year, he shared two personal quotes which he expressed as follows.



English: “**Truth emerges through the confrontation of ideas; the truth that cannot be confronted is not.**”



English: “**Consensus achieved by silencing all criticism is not consensus, it is propaganda.**”

Reflections & Recommendations

In the final part of his presentation, Professor Patrick Provost offers some personal observations, or reflections, as well as some recommendations to panel members of the National Citizens Inquiry (NCI).

Here are some of his personal **reflections** (roughly translated from French):

- Those who express criticism [about Covid-19 measures and vaccination] are attacked, denigrated, vilified, discredited and humiliated on the public square, rather than being listened to and considered.
- Differences of opinion are now brought to justice.
- Public debate is prohibited rather than encouraged.
- Political certitudes have usurped scientific doubt.

- Who will protect health and well-being of the population if whistleblowers are neither protected nor listened to?
- If we can no longer debate nor express ourselves in our own universities, where will we be able to?

Provost is adamant on the last point, for if it gets lost, we are in real trouble, he contends.

The Academic further offers his interpretations on the loss of academic freedom and the situation in general. “Those in positions of power in this world impose their will and their agendas exercising their influence on our governments, our institutions, and our media,” he expresses in one of his slides.

“The level of capture and corruption of our institutions is so that it shakes the foundations of society and our democratic way of life.”

His **recommendations** to the inquiry include, but are not limited to the following (translated):

- Defend academic freedom and ensure immunity to professors who speak publicly.
- Submit the contents of Covid-19 vaccine vials which have been administered to billions of people to independent university scientists who are not beholden to conflicts of interests and outside influence.
- Protect whistleblowers.
- Allow the defense of public interests by means of public debate.

Provost strongly conveys his desire for the latter recommendation enumerated above.

He also maintains that the pertinence of the National Citizens Inquiry is a great endeavour even though it is a publicly-led one and is astounded that the mainstream media is not covering it which he deems a complete mystery.

“As citizens, we should know what’s going on,” Provost explains, further expanding “what it tells me is that the mainstream media is not interested in the truth.”

And even though recent events surrounding Covid-19 and the vaccines in particular have vindicated his stances, he nevertheless finds it odious that he has been and continues to be censored.

4. Lawyer Shawn Buckley

Mr. Buckley, has been practicing lawyer since 1995 primarily focusing in the food and drug area. He has extensive experience in the food & drug regulatory environment as well as in constitutional law.

His presentation at the National Citizens Inquiry on Day Two in Quebec City was titled [The Political Approval of the Covid Vaccine: A Constitutional Lawyer's Perspective](#).

It must be first noted that Shawn Patrick Buckley is the principal legal Counsel for the National Citizens Inquiry (NCI) – a point he made clear at the start of his testimony to extend the caveat of a possible bias as a witness.

“The approval of the Covid vaccines became a *political issue*, not a health issue,” stated Buckley in his opening remarks.

He explains that in the usual approval procedure, a risk-benefit profile is generated which is a minimum requirement for drug approval in Canada. Moreover, it must be established that the drug is both *safe* and *effective*.

Then, a cost-benefit analysis is conducted to determine whether the benefits outweigh the risks.

Buckley contends that this was incongruent with the notion that the Trudeau government wanted all Canadians to be vaccinated.

He then explains that due to the exceptional circumstances under which the Covid-19 vaccines were approved in Canada, the normal objective requirements were compromised.

Instead, the drug, in this case the Covid-19 vaccines, could be approved under an *Interim order* which has less restrictive requirements. But still, Health Canada must nonetheless authorise it only if certain conditions are met, including some safety requirements, as per Buckley’s slide on the issue:

Arrêt D'urgence	Interim Order Test
<p>c) le ministre dispose de <u>preuves suffisantes pour soutenir la conclusion</u>² selon laquelle les avantages associés à la drogue l'emportent sur les risques associés à cette dernière, compte tenu des incertitudes à l'égard de ces avantages et de ces risques et de la nécessité de combler le besoin urgent en matière de santé publique relatif à la COVID-19.</p> <p><small>2 Voir la note destinée au lecteur francophone.</small></p>	<p>c) the Minister has sufficient evidence to support the conclusion that the benefits associated with the drug outweigh the risks, having regard to the uncertainties relating to the benefits and risks and the necessity of addressing the urgent public health need related to COVID-19.</p>

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The wording is important, Buckley notes. If the interim order’s test had said “the Minister [Health Canada] has sufficient evidence to **conclude**” (rather than the current form: “the Minister has sufficient evidence to **support the conclusion**”) then the test would have remained *objective*.

But given the wording, Buckley contends that the usual test of the safety and effectiveness of the drug became a *subjective* one since all Health Canada had to do was support the conclusion of the drug submitted for approval – in this case Buckley refers to the Pfizer-BioNTech vaccine.

Buckley also observes that the word *safety* doesn’t even appear in the text (as per the slide above) and the same can be said about *efficacy*.

Put simply, the interim test does not require proof that the benefits outweigh risks.

It is deceptive language, observes Buckley, adding that they specifically include *risks* and *benefits* in the wording, **even though** these are not requirements. In other words, there is no risk-benefit profile for the drug.

Furthermore, the text of the interim test states “**having regard** to the uncertainties...and the **necessity of addressing** the urgent public health need related to COVID-19,” which Buckley contends is more of a *political* interpretive nature.

As such, Buckley concludes that this is a totally subjective test since it does not require proof (of safety and efficacy).

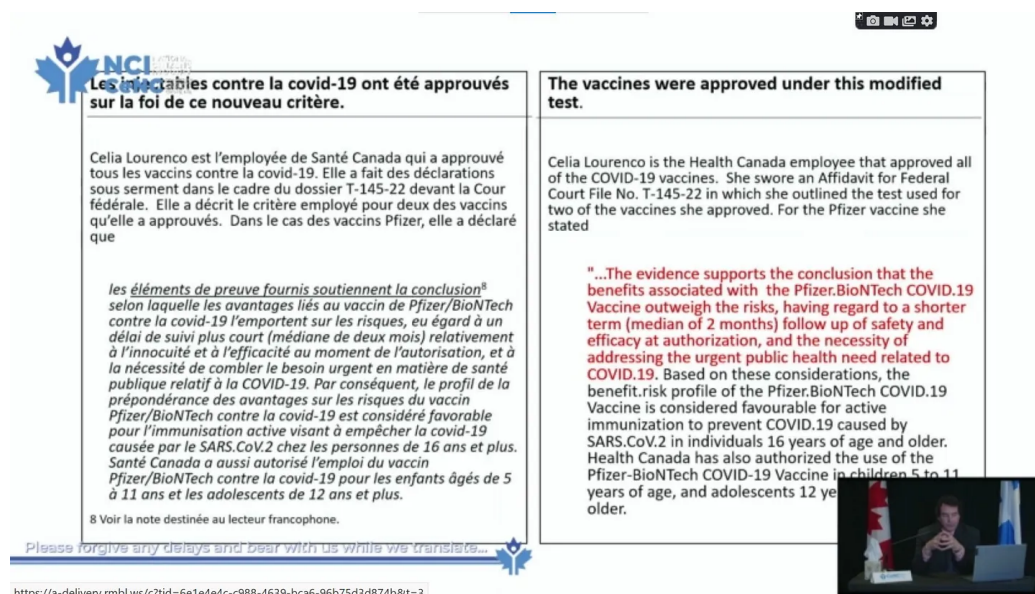
“Any drug lawyer looking at this would say this has nothing to do with health,” Buckley affirms.

Covid-19 Vaccines get approved

The Covid-19 vaccines were approved under the modified test (interim order).

Buckley notes that it was [Celia Lourenco](#) from Health Canada [who approved](#) all of the Covid-19 vaccines.

Buckley explains that it was under the aforementioned interim test that she approved the Pfizer-BioNTech vaccine as per her sworn affidavit which he highlighted in the following slide from his presentation:



He notes that the same text was used but just slightly modified to include the name of the drug and the term (median of 2 months) of follow up on any safety or efficacy at authorization.

“That is a shamelessly small period of time – a period of two months to assess safety and efficacy,” notes the drug lawyer.

“Her affidavit is the smoking gun which tells the world clearly that Health Canada approved the Covid-19 vaccines using the interim order test,” expounds Buckley.

Buckley then notes that under the interim order, the approved drugs were only granted authorization for use for a one-year period. Yet, when it came time to renew them, the *same* (*interim test*) was used [likely because it was still deemed under emergency use] in lieu of the standard or usual more objective test for regular drug approval.

He thus remains in the camp that the approvals for the Covid-19 vaccines remains a political issue rather than a health issue.

Who is Celia Lourenco?

As it is principally [Dr. Celia Lourenco](#) who worked as Director of Health for Health Canada and is its current [Acting Associate Assistant Deputy Minister](#) who approved the Covid-19 vaccines, it is worthwhile to examine her known stances on the circumstances under which they were authorised and for which related mandates they affected Canadians.

As per an article from Together In Truth titled [Top Canadian Health Official Says in Court That Millions of Uninformed Canadians Are in Vax Experiment](#), Lourenco did not recommend that the Covid-19 vaccine be a requirement for travel as became the case under the Trudeau government.

Her court testimony (about a case involving travel mandates) did, however, state additional circumstances under which the vaccines were approved and that their associated risks were not communicated to Canadians.

Constitutional lawyer [Keith Wilson](#) cross-examined Dr. Celia Lourenco who was the Director General for Health Canada at the time in court in which she stated that the vaccination approval process changed for the Covid vaccines. Until Covid, all vaccines were approved following animal trials and two human trial phases. But for the Covid vaccine, the human trials were skipped, notes the [article](#).

Also as per the article, Dr. Lourenco confirmed under oath that the **human trial is going on right now as data is being compiled with the general population and Canadians were not told of the risks**, Wilson said. “That was a big one for us to get her to confirm that **this is a huge experiment that’s going on**,” Wilson further added.

In a September, 2022 [interview with David Freiheit](#) (watch from the 19:00 mark) Wilson confirmed that the final phase that is usually required for approval of vaccines was not completed, but was rather occurring in *real time* on the Canadian population. He also stated that she specifically admitted it. Wilson added that the [court affidavits – all 14,000 pages](#) – were made available for all to verify or fact-check.

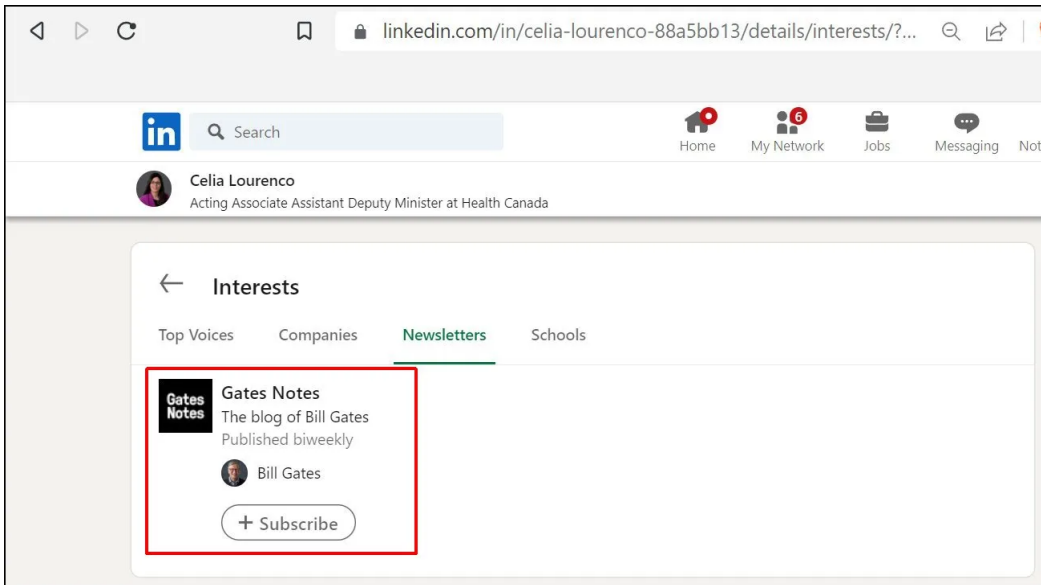
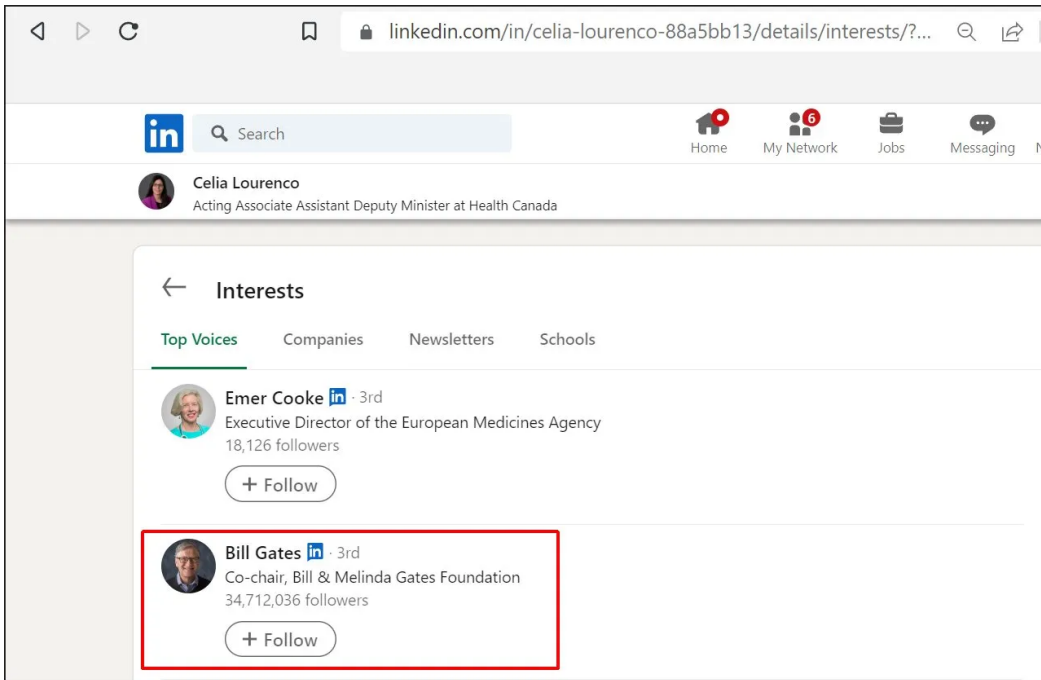
When asked by Freiheit, better known as [Viva Frei](#), about whether pharmaceutical companies providing the Covid-19 vaccines sought immunization from prosecution about the experimental Covid-19 vaccines, Wilson stated that federal government lawyers dodged the issue. As such, this appears to substantiate Buckley’s assertions in that their approval was more politically-driven than about public health.

Stunningly, Keith Wilson mentioned that when he was questioning Dr. Lourenco and asked whether she, the Director General of Health Canada, was familiar with the NIH (the [National Institutes of Health](#) in the United States), she replied “no.”

Upon inspection of Dr. Celia Lourenco's [LinkedIn profile page](#) (archived [here](#)), we can observe that she has worked for Health Canada for 21 years and served as Interim Senior Executive Director from July 2017 until May 2022 with the following description:

“Work with the Director General in setting the vision and direction of the Directorate, including the regulatory operations associated with the review and regulatory authorization of prescription pharmaceuticals and medical devices. Respond to ministerial priorities related to access and appropriate use of drugs and medical devices by implementing innovative approaches, leveraging and collaborating with national and international partners.”

What is notable, however, is that she includes **Bill Gates** (from the Bill & Melinda Gates Foundation) as well as “**Gates Notes**” (his blog) in the **Interests** section of her profile.



It is no secret that Bill Gates and his foundation are very strong advocates of vaccination. As such, this can indicate a possible leaning or bias in favor of having approved the vaccines which Bill Gates heavily advocated and promoted at the time.

Some would argue that the same could be said about Prime Minister Justin Trudeau's who [heavily incentivised](#) Canadians to get vaccinated despite possible risks associated with the experimental Covid-19 vaccines.



Photo of Canadian Prime Minister Justin Trudeau with Bill Gates from September, 2016. Image source: [Huffington Post Québec](#).

If you haven't seen my 6-part series titled [The Covid-19 – Holocaust Comparison](#), be sure to check out its [Summary & Conclusion \(Part 6\)](#) as well as the free 188-page eBook which contains the entire series in one document (click the image hereunder to view/download):

The Covid-19 – Holocaust Comparison

A Review of the docuseries *Never Again is Now Global*

By Dan Fournier



eBook edition

May 9, 2023

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Thanks so much for this Dan. It will take me some time to get caught up on all the good stuff presented by the NCI. That Book of Exhibits of Rancourt's is one hell of a compilation of data.

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Ken 19 hr ago

'tis too late, that turd already whored the country's sovereignty to WEF; after the control of the internet coming next the CBDC i.e., the absolute enslavement of the hoi polloi...

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