NATIONAL CITIZENS INQUIRY
TESTIMONY UPDATE

Ottawa
28 June 2023

DENIS RANCOURT, PHD

Interdisciplinary scientist...

- ➤ theoretical condensed-matter physics of magnetism
- ➤ Invar and non-magnetic steel
- ➤ meteoritics and planetary science
- ➤ synthetic chemistry of intercalation compounds
- ➤ measurement theory and technology ...
- ➤ statistical analysis, factor analysis, error propagation
- ➤ radiation balance physics (planetary warming)
- ➤ molecular science, molecular dynamics, reactions
- ➤ environmental biogeochemistry (bacteria & nanoparticles)
- ➤ geopolitics, social and political theory
- ➤ health and psychological stress
- ➤ mortality and disease
- ➤ theoretic epidemiology (2 articles peer-reviewed, with first author Dr. Joseph Hickey)

Denis Rancourt, PhD – NCI

When I review scientific articles, in particular, in relation to COVID-19, my personal knowledge and ability to evaluate the facts in the said scientific articles are grounded in my education, research, training and experience, as follows:

i. *Regarding environmental nanoparticles.* Viral respiratory diseases are transmitted by the smallest size-fraction of virion-laden aerosol particles, which are reactive environmental nanoparticles. Therefore, the chemical and physical stabilities and transport properties of these aerosol particles are the foundation of the dominant contagion mechanism through air. My extensive work on reactive environmental nanoparticles is internationally recognized, and includes: precipitation and growth, surface reactivity, agglomeration, surface charging, phase transformation, settling and sedimentation, and reactive dissolution. In addition, I have taught the relevant fluid dynamics (air is a compressible fluid), and gravitational settling at the university level, and I have done industrial-application research on the technology of filtration (face masks are filters).

ii. *Regarding molecular science, molecular dynamics, and surface complexation.* I am an expert in molecular structures, reactions, and dynamics, including molecular complexation to biotic and abiotic surfaces. These processes are the basis of viral attachment, antigen attachment, molecular replication, attachment to mask fibers, particle charging, loss and growth in aerosol particles, and all such phenomena involved in viral transmission and infection, and in protection measures. I taught quantum mechanics at the advanced university level for many years, which is the fundamental theory of atoms, molecules and substances; and in my published research I developed X-ray diffraction theory and methodology for characterizing small material particles.

iii. *Regarding statistical analysis methods.* Statistical analysis of scientific studies, including robust error propagation analysis and robust estimates of bias, sets the limit of what reliably can be inferred from any observational study, including randomized controlled trials in medicine, and including field measurements during epidemics. I am an expert in error analysis and statistical analysis of complex data, at the research level in many areas of science. Statistical analysis methods are the basis of medical research.

iv. *Regarding mathematical modelling.* Much of epidemiology is based on mathematical models of disease transmission and evolution in the population. I have research-level knowledge and experience with predictive and exploratory mathematical models and simulation methods. I have expert knowledge related to parameter uncertainties and parameter dependencies in such models. For example, my 2006 co-authored model of biogeochemical cycling of nutrients in lakes is highly cited (from my laboratory, lead researcher). I have recently made extensive simulations of epidemiological dynamics, using standard compartmental models and new models.

v. *Regarding measurement methods.* In science there are five main categories of measurement methods: (1) spectroscopy (including nuclear, electronic and vibrational spectroscopies), (2) imaging (including optical and electron microscopies, and resonance imaging), (3) diffraction (including X-ray and neutron diffractions, used to elaborate molecular, defect and magnetic structures), (4) transport measurements (including reaction rates, energy transfers, and conductivities), and (5) physical property measurements (including specific density, thermal capacities, stress response, material fatigue...). I have taught these measurement methods in an interdisciplinary graduate course that I developed and gave to graduate (M.Sc. and Ph.D.) students of physics, biology, chemistry, geology, and engineering for many years. I have made fundamental discoveries and advances in areas of spectroscopy, diffraction, magnetometry, and microscopy, which have been published in leading scientific journals and presented at international conferences. I know measurement science, the basis of all sciences, at the highest level.

Collaborators:
Denis Rancourt, PhD

- Marine Baudin, PhD (latest Canada analysis)
- Joseph Hickey, PhD (latest World analysis)
- Jérémie Mercier, PhD
- John Johnson, PhD
- Christian Linard, PhD

THE BILINGUAL FIRST INSTALMENT OF THIS TESTIMONY WAS:

- ➢ Quebec City : 11 May 2023 *(en français)*
- ➢ Ottawa : 17 May 2023 *(in English)*

NCI EXHIBITS:
nationalcitizensinquiry.ca → Hearings → Exhibits → Ottawa

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NATIONAL CITIZENS INQUIRY

COMMISSION D'ENQUÊTE NATIONALE CITOYENNE

BoE

BOOK OF EXHIBITS OF EXPERT WITNESS
DENIS RANCOURT, PHD

April 25, 2023

Denis Rancourt, PhD
https://denisrancourt.ca/

BoE

2022 (47 pages), https://correlation-canada.org/report-probable-causal-association-between-australias-new-regime-of-high-all-cause-mortality-and-its-covid-19-vaccine-rollout/ .	
(108) D.G. Rancourt. "Probable causal association between India's extraordinary April-July 2021 excess-mortality event and the vaccine rollout". Correlation Research in the Public Interest, *Correlation Brief Report*, 6 December 2022 (18 pages), https://correlation-canada.org/report-probable-causal-association-between-indias-extraordinary-april-july-2021-excess-mortality-event-and-the-vaccine-rollout/ .	167
(106) D.G. Rancourt, M. Baudin, J. Mercier. "Proof that Canada's COVID-19 mortality statistics are incorrect". Correlation Research in the Public Interest, Correlation Brief Report, 5 October 2022 (19 pages), https://correlation-canada.org/report-proof-that-canadas-covid-19-mortality-statistics-are-incorrect/ .	185
(104) J. Hickey, D.G. Rancourt. "Compartmental mixing models for vaccination-status-based segregation regarding viral respiratory diseases". *medRxiv*, 21 August 2022 (27 pages), https://doi.org/10.1101/2022.08.21.22279035 . Preprint.	204
(103) D.G. Rancourt, M. Baudin, J. Mercier. "COVID-Period Mass Vaccination Campaign and Public Health Disaster in the USA: From age/state-resolved all-cause mortality by time, age-resolved vaccine delivery by time, and socio-geo-economic data". *ResearchGate*, 2 August 2022 (167 pages), http://dx.doi.org/10.13140/RG.2.2.12688.28164 . (Read >50K times on RG) Alternative URL: https://correlation-canada.org/covid-period-mass-vaccination-campaign-and-public-health-disaster-in-the-usa/	215
(102) J.A. Johnson, D.G. Rancourt. "Evaluating the Effect of Lockdowns On All-Cause Mortality During the COVID Era: Lockdowns Did Not Save Lives". *ResearchGate*, 9 July 2022 (16 pages), http://dx.doi.org/10.13140/RG.2.2.34191.46242 . Preprint.	And published by Brownstone Institute (6 September 2022): https://brownstone.org/articles/lockdowns-did-not-save-lives/	383
(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), OCLA Report 2022-1 (ver. 1)	9 February 2022, https://ocla.ca/wp-content/uploads/2022/02/OCLA-Report-2022-1-v1.pdf	400
(99) D.G. Rancourt, M. Baudin, J. Mercier. "Nature of the COVID-era public health disaster in the USA, from all-cause mortality and socio-geo-economic and climatic data". *ResearchGate*, 25 October 2021 (171 pages), http://dx.doi.org/10.13140/RG.2.2.11570.32962 .	414
(98) D.G. Rancourt. "Do Face Masks Reduce COVID-19 Spread in Bangladesh? Are the Abaluck et al. Results Reliable?" *Global Research*, 20 September 2021 (23 pages),	586

BoE

https://www.globalresearch.ca/do-face-masks-reduce-covid-19-spread-bangladesh-abaluck-et-al-results-reliable/5756323?pdf=5756323	
(97) D.G. Rancourt, M. Baudin, J. Mercier. "Analysis of all-cause mortality by week in Canada 2010-2021, by province, age and sex: There was no COVID-19 pandemic, and there is strong evidence of response-caused deaths in the most elderly and in young males". *ResearchGate*, 6 August 2021 (63 pages), http://dx.doi.org/10.13140/RG.2.2.14929.45921 .	609
(95) D.G. Rancourt. "Review of scientific reports of harms caused by face masks, up to February 2021". *ResearchGate*, 22 February 2021 (25 pages), DOI: 10.13140/RG.2.2.14294.37448. Archived here: https://archive.ph/0L5ji . Also published at sherbournesite.org.	673
(92) D.G. Rancourt, M. Baudin, J. Mercier. "Evaluation of the virulence of SARS-CoV-2 in France, from all-cause mortality 1946-2020". *ResearchGate*, 20 August 2020 (38 pages), http://dx.doi.org/10.13140/RG.2.2.16836.65920/1 .	698
(91) D.G. Rancourt. "Face masks, lies, damn lies, and public health officials: 'A growing body of evidence'". *ResearchGate*, 3 August 2020 (36 pages), http://dx.doi.org/10.13140/RG.2.2.25042.58569 .	738
(90) D.G. Rancourt. "All-cause mortality during COVID-19 — No plague and a likely signature of mass homicide by government response". *ResearchGate*, 2 June 2020 (26 pages), http://dx.doi.org/10.13140/RG.2.2.24350.77125 . (Read >200K times on RG)	774
(88) D.G. Rancourt. "Masks Don't Work - A review of science relevant to COVID-19 social policy". *ResearchGate*, 11 April 2020 (13 pages), DOI: 10.13140/RG.2.2.14320.40967/1. (Read >400 times on RG)	Archived here: https://archive.ph/RuA5z . Also published at: viXra.org, River Cities' Reader. Article debated at Digi-Debates "The Face Mask Debate", https://www.bitchute.com/video/6YNCrmPKM16e/ (First published on YouTube). This article has been cited in: Blaylock RL. "COVID UPDATE: What is the truth?". *Surgical Neurology International* 22-Apr-2022;13:167. https://doi.org/10.25259%2FSNI_150_2022	800
(87) D.G. Rancourt. "Geo-Economics and Geo-Politics Drive Successive Eras of Predatory Globalization and Social Engineering — Historical emergence of climate change, gender equity, and anti-racism as State doctrines". Ontario Civil Liberties Association, 2 April 2019 (78 pages), OCLA Report 2019-1	April 2019, https://ocla.ca/wp-content/uploads/2019/04/OCLA_Report_2019-1.pdf	814

≡ Menu

COVID

Also, my website, COVID section:

https://denisrancourt.ca/

→ More than 30 articles and reports related to COVID

Denis Rancourt, PhD – NCI

FIRST-INSTALMENT — CONCLUSION WAS:

➢ there was no pandemic causing excess mortality

➢ measures caused excess mortality

➢ COVID-19 vaccination caused excess mortality

➢ without the pandemic propaganda, "response" and coercion
   ...BAU**...** there would not have been *any* excess mortality

New 2000-word essay 22 June 2023:
"There Was No Pandemic"

Denis Rancourt, PhD – NCI

FIRST-INSTALMENT — MADE THESE POINTS:

➢ none of the post-second-world-war CDC-promoted viral respiratory disease pandemics

● 1957-58 "H2N2" ● 1968 "H3N2" ● 2009 "H1N1 again"

can be detected in the all-cause mortality of any country

➢ 1918 mortality event, recruited to be a textbook viral respiratory disease pandemic ("H1N1"), occurred prior to the inventions of antibiotics and the electron microscope, under horrific post-war public-sanitation and economic-stress conditions

● proven by histopathology of preserved lung tissue,
deaths caused by bacterial pneumonia

● did not kill 50+ year olds (!)

"pandemic response industry"

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FIRST-INSTALMENT:

➢ excess mortality often **refuses to cross national borders** and inter-state lines — the invisible virus **targets the poor and disabled** and carries a passport

➢ it **never kills until governments impose** socio-economic and care-structure transformations on vulnerable groups within the domestic population

➢ **vicious new "treatment" protocols** killed patients in hotspots that applied those protocols in the first months of the declared pandemic

➢ this was followed by **coercive measures**, which were **squarely contrary to individual health** — fear, panic, paranoia, induced psychological stress, social isolation, self-victimization, loss of work and volunteer activity, loss of social status, loss of employment, business bankruptcy, loss of usefulness, loss of caretakers, loss of venues and mobility, suppression of freedom of expression, etc.

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TODAY: TESTIMONY UPDATE (28 June 2023)

PART I: Latest all-cause mortality data on Canada
  age-groups
  vaccines
  provinces
  worldwide

PART II: Critique of a few recently published articles
  What we did and did not learn!

Denis Rancourt, PhD – NCI

Simulated all-cause mortality (ACM) by week, 2010-2022, for Canada, using the proposal of Ogden et al.

Theresa Tam and co.: 1M extra deaths scenario
vs
reality in Canada ...
(= actual all-cause mortality by week, 2010-2022)
(→ impossible coincidence)

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All-cause mortality by week — **Canada 2019-2023**
& weekly cumulative vaccine-dose administration

Denis Rancourt, PhD — NCI - CeNC
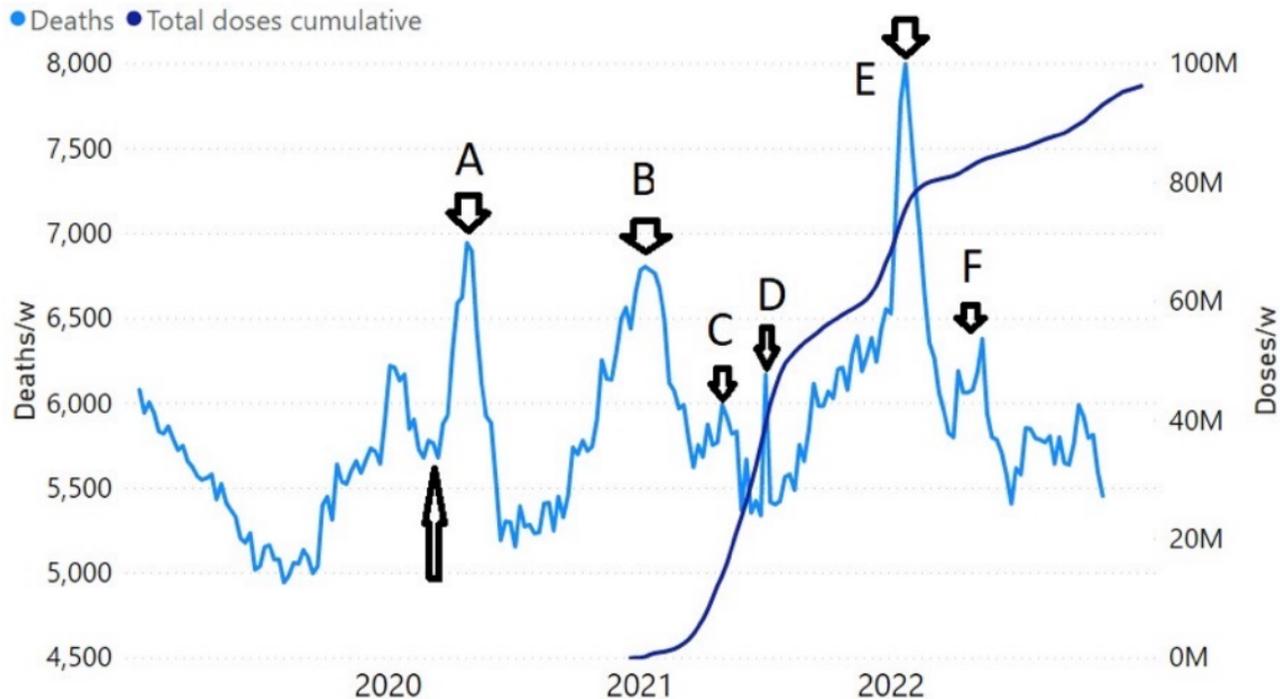
ACM/w, Canada, all ages, 2010-2023

All-cause mortality by week
Canada — all-ages
2010-2023
(Summer-trough baseline)
(WHO declaration: 11 March 2020)

CAN

Deaths/w

8K

7K

6K

5K

4K

2012   2014   2016   2018   2020   2022

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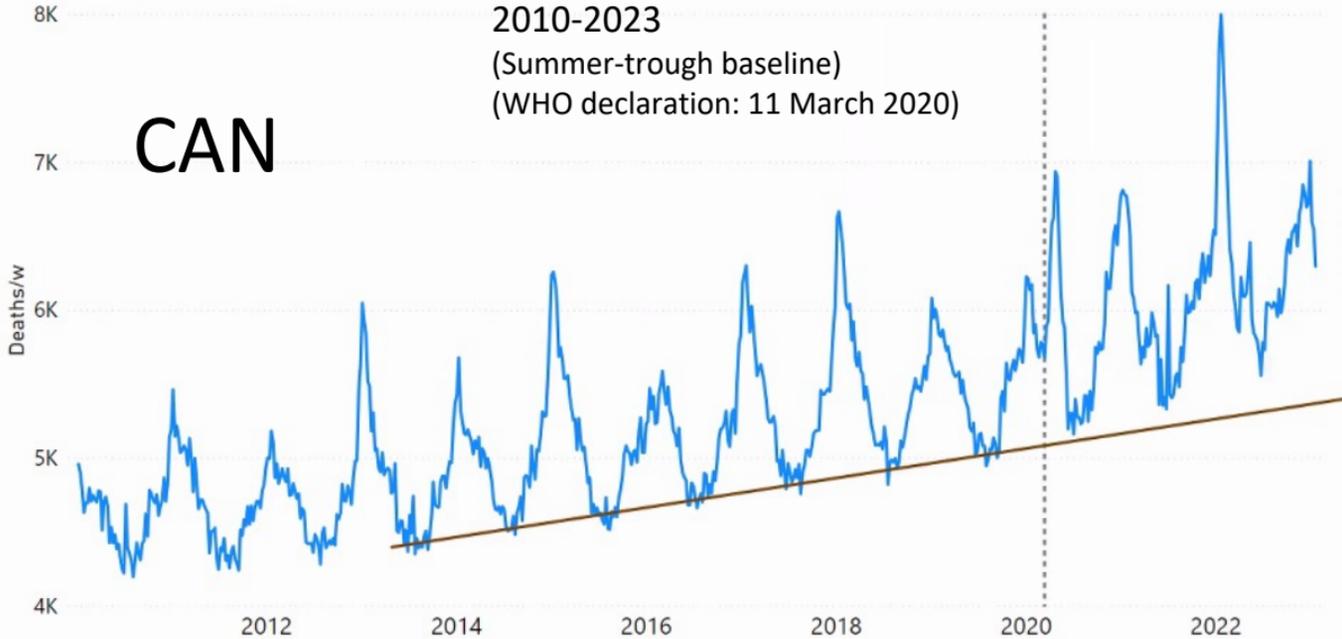
ACM/w, Canada, 85+, 2010-2023

All-cause mortality by week
Canada — 85+ years
2010-2023
(Summer-trough baseline)
(WHO declaration: 11 March 2020)

CAN

Deaths/w

3 000

2 500

2 000

1 500

2012   2014   2016   2018   2020   2022

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ACM/w, Canada, 65-84, 2010-2023

All-cause mortality by week
Canada — 65-84 years
2010-2023
(Summer-trough baseline)
(WHO declaration: 11 March 2020)

CAN

Deaths/w

3 500

3 000

2 500

2 000

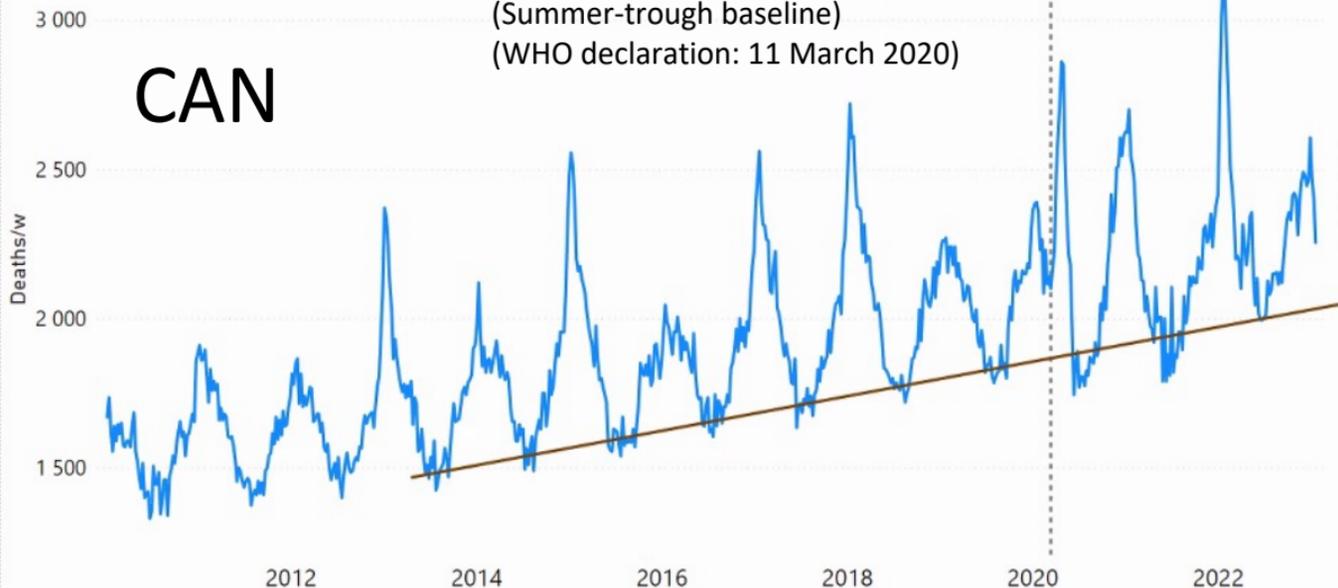2012   2014   2016   2018   2020   2022

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All-cause mortality by week
Canada — 45-64 years
2010-2023
(Summer-trough baseline)
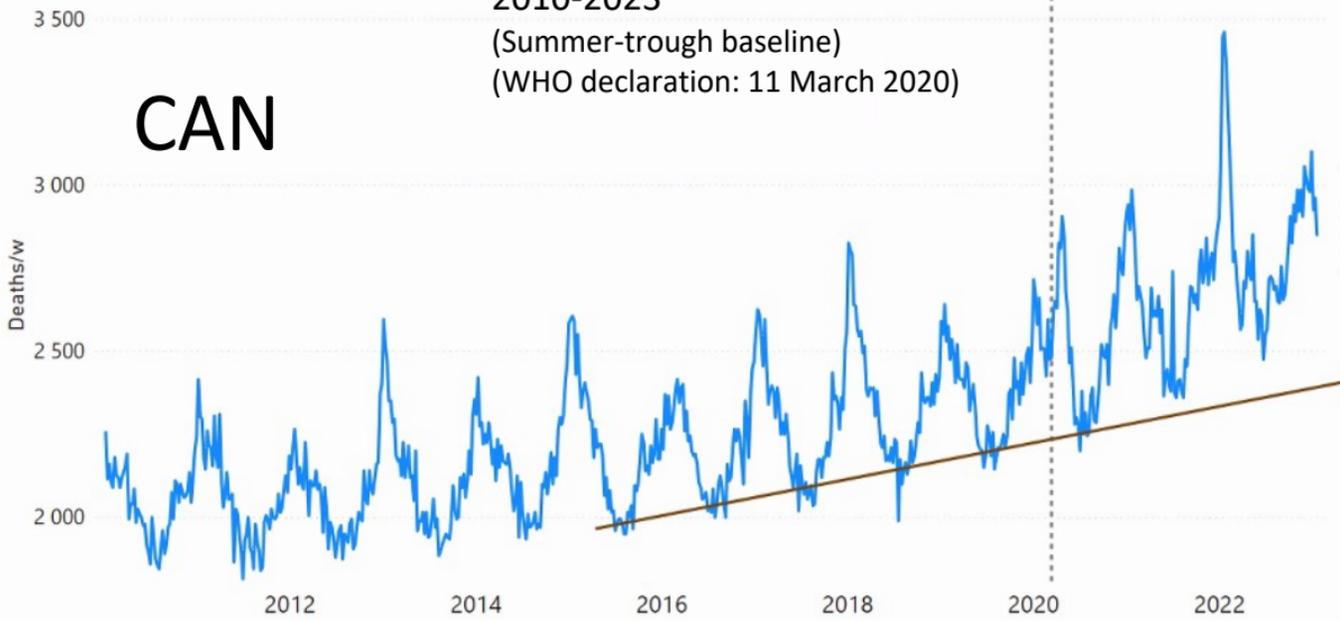(WHO declaration: 11 March 2020)

ACM/w, Canada, 45-64, 2010-2023

CAN

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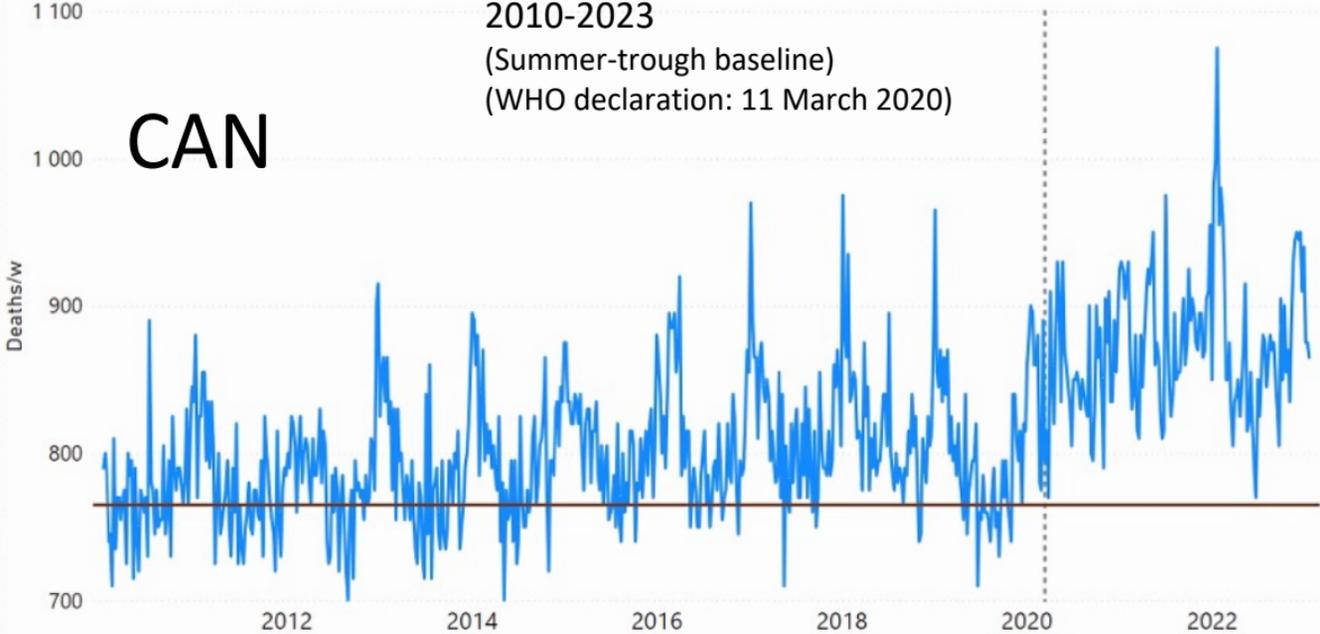
ACM/w, Canada, 0-44, 2010-2023

All-cause mortality by week
Canada — 0-44 years
2010-2023
(Summer-trough baseline)
(WHO declaration: 11 March 2020)

CAN

Deaths/w

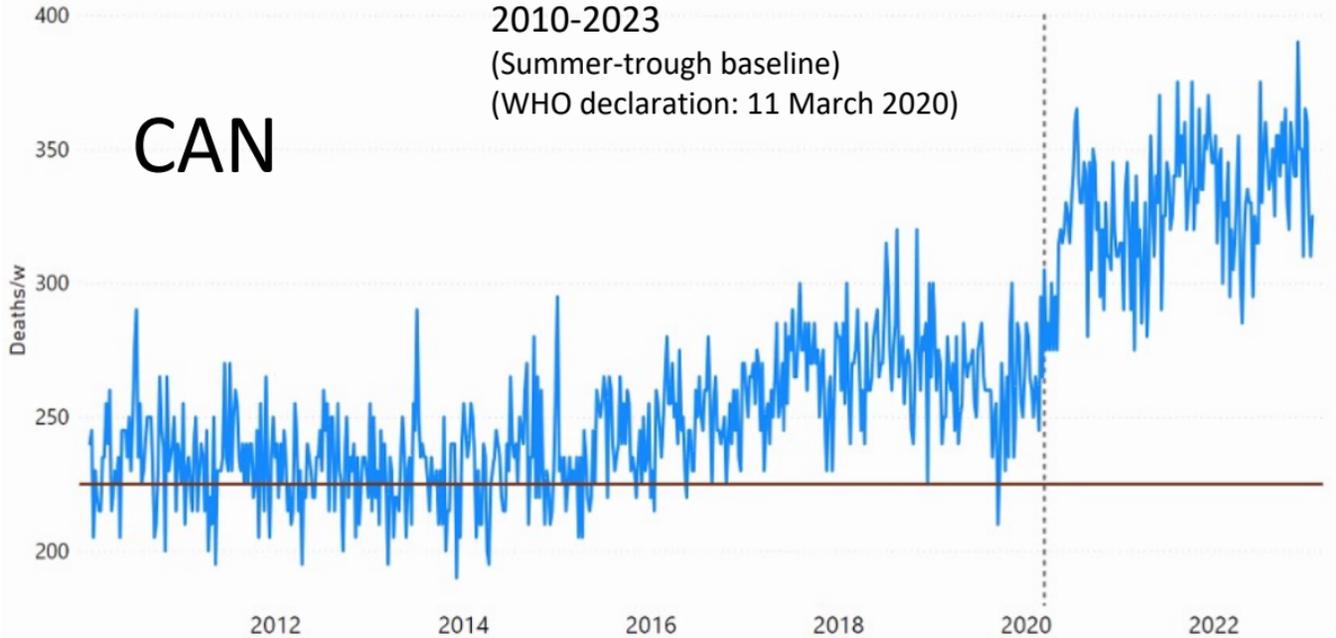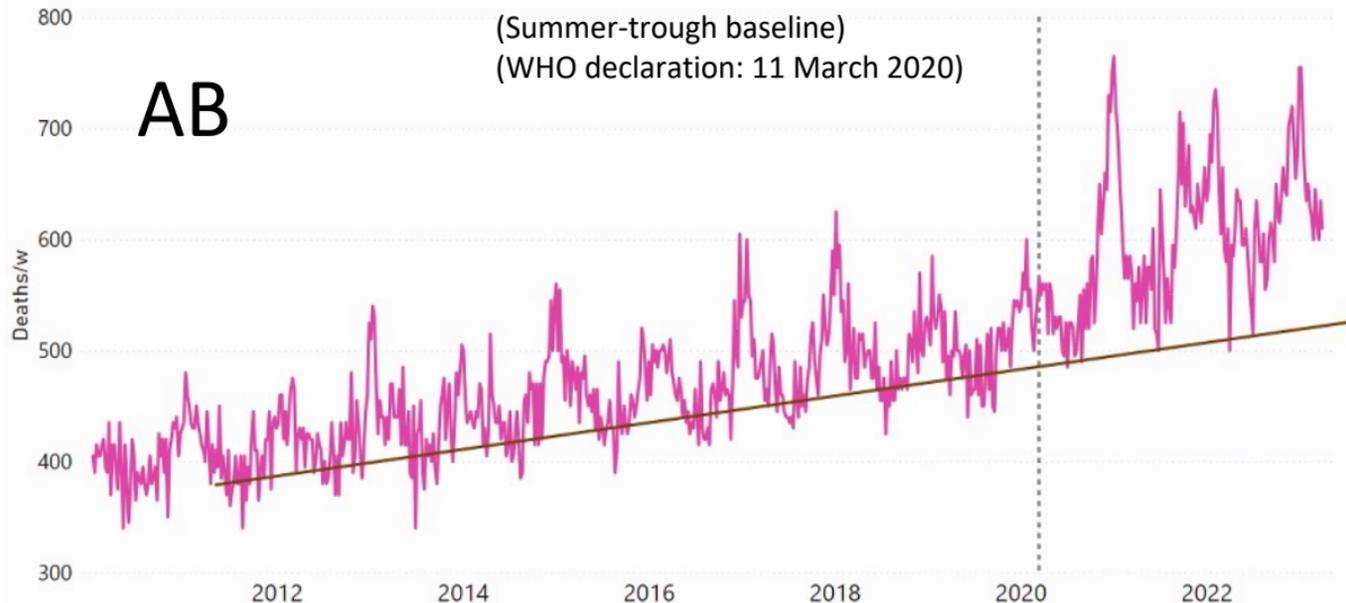Denis Rancourt, PhD – NCI

All-cause mortality by week
Alberta (Canada) — all-ages
2010-2023
(Summer-trough baseline)
(WHO declaration: 11 March 2020)

ACM/w, Alberta, all ages, 2010-2023
Province ● Alberta

AB

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All-cause mortality by week
Vaccine doses rollouts
Alberta (Canada) — all-ages
2018-2023

ACM/w, Alberta, 2016-2022
● Deaths ● Total doses cumul

AB

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All-cause mortality by week
Alberta (Canada) — 0-44 years
2010-2023
(Summer-trough baseline)
(WHO declaration: 11 March 2020)

Denis Rancourt, PhD – NCI
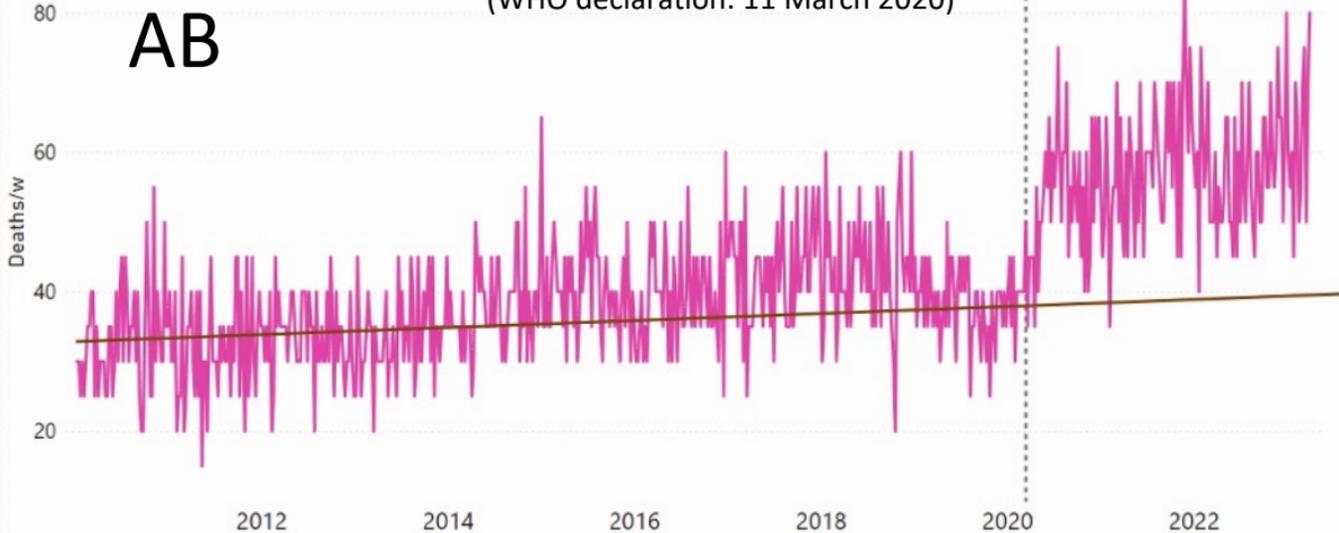
All-cause mortality by week
Ontario & Quebec (Canada) — 0-44 years
2010-2023

(WHO declaration: 11 March 2020)

Denis Rancourt, PhD – NCI
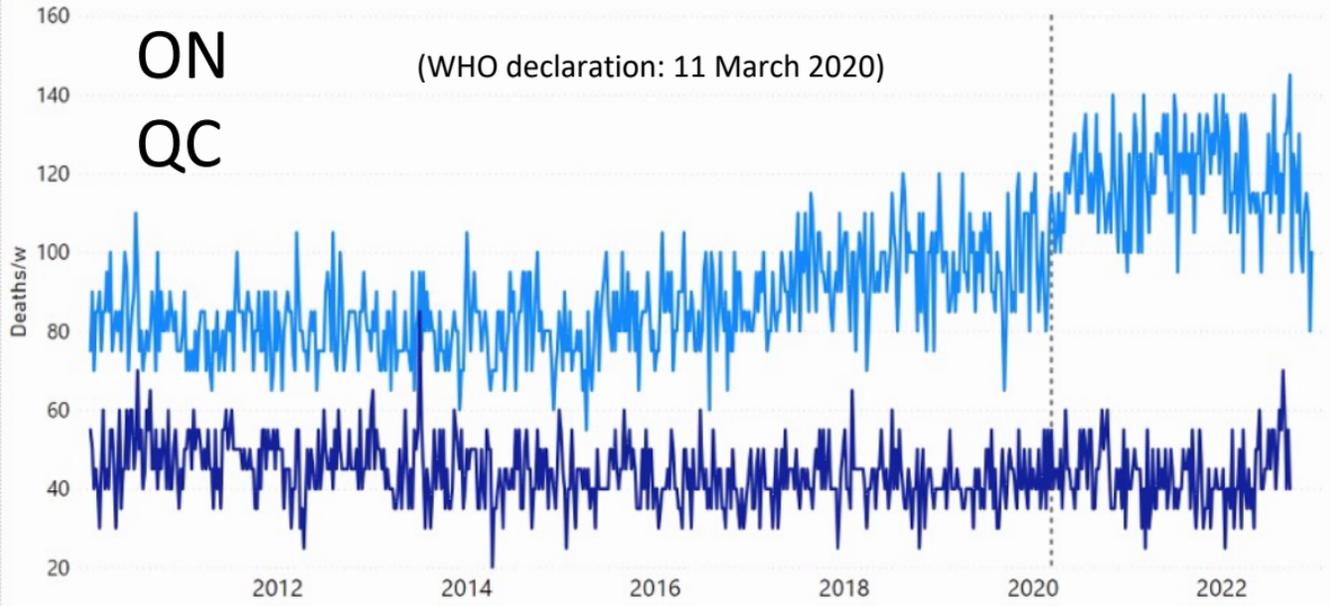
All-cause mortality by week
Ontario & Quebec (Canada) — all-ages
2010-2023

(WHO declaration: 11 March 2020)

Denis Rancourt, PhD – NCI
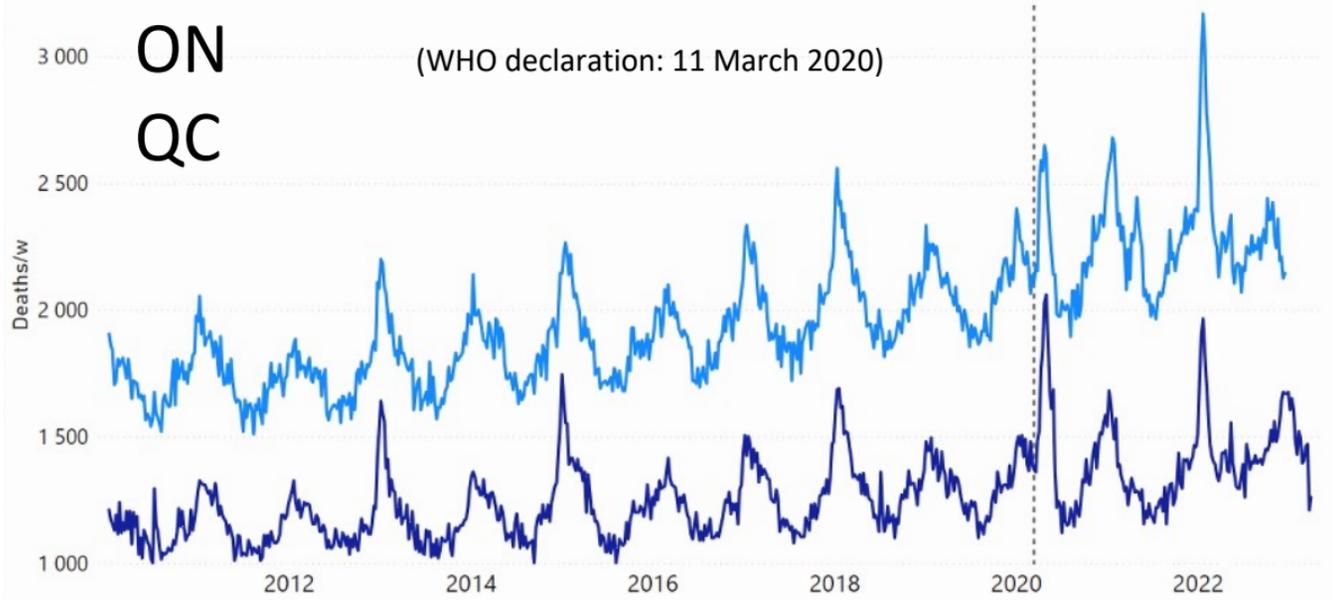
ACM/w, New Brunswick, all ages, 2010-2023
Province ● New Brunswick

All-cause mortality by week
New Brunswick (Canada) — all-ages
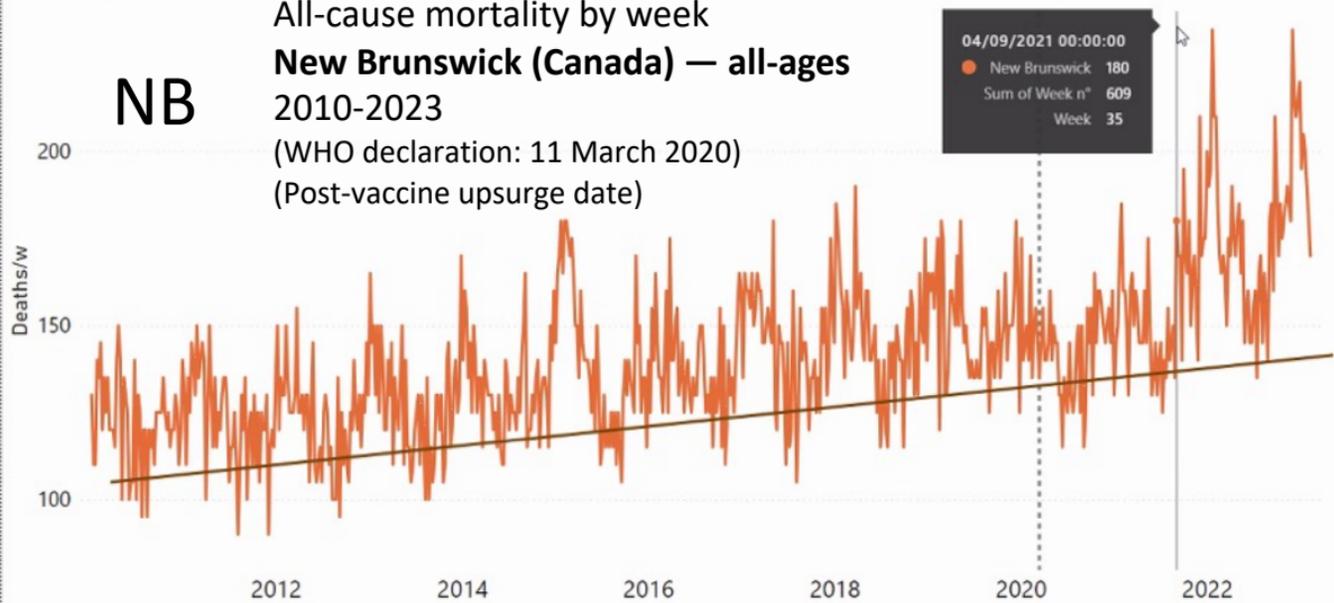2010-2023
(WHO declaration: 11 March 2020)
(Post-vaccine upsurge date)

NB

04/09/2021 00:00:00
● New Brunswick 180
Sum of Week n° 609
Week 35

Deaths/w

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ACM/w, New Brunswick, 65+, 2010-2023

Province ● New Brunswick

NB

All-cause mortality by week
New Brunswick (Canada) — 65+ years
2010-2023
(WHO declaration: 11 March 2020)
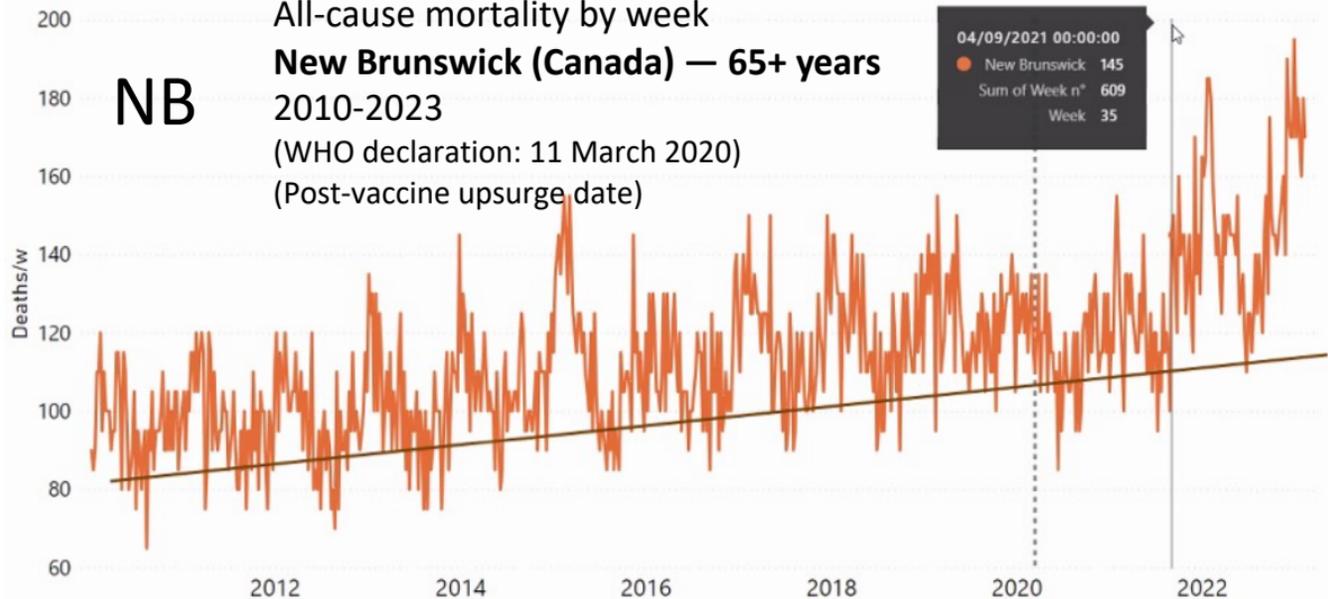(Post-vaccine upsurge date)

04/09/2021 00:00:00
● New Brunswick 145
Sum of Week n° 609
Week 35

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All-cause mortality by week
Vaccine doses rollouts
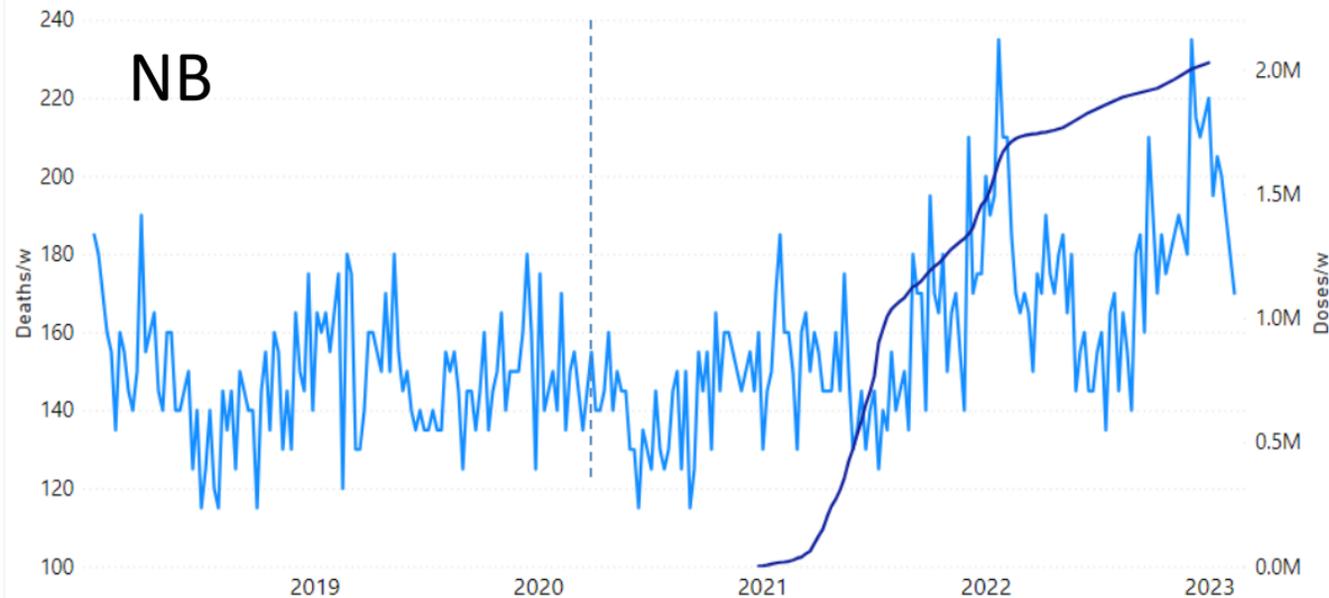**New Brunswick (Canada) — all-ages**
2018-2023

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All-cause mortality by week
Vaccine doses rollouts
Nova Scotia (Canada) — all-ages
2018-2023

ACM/w, Nova Scotia, 2016-2022

● Deaths ● Total doses cumul

NS
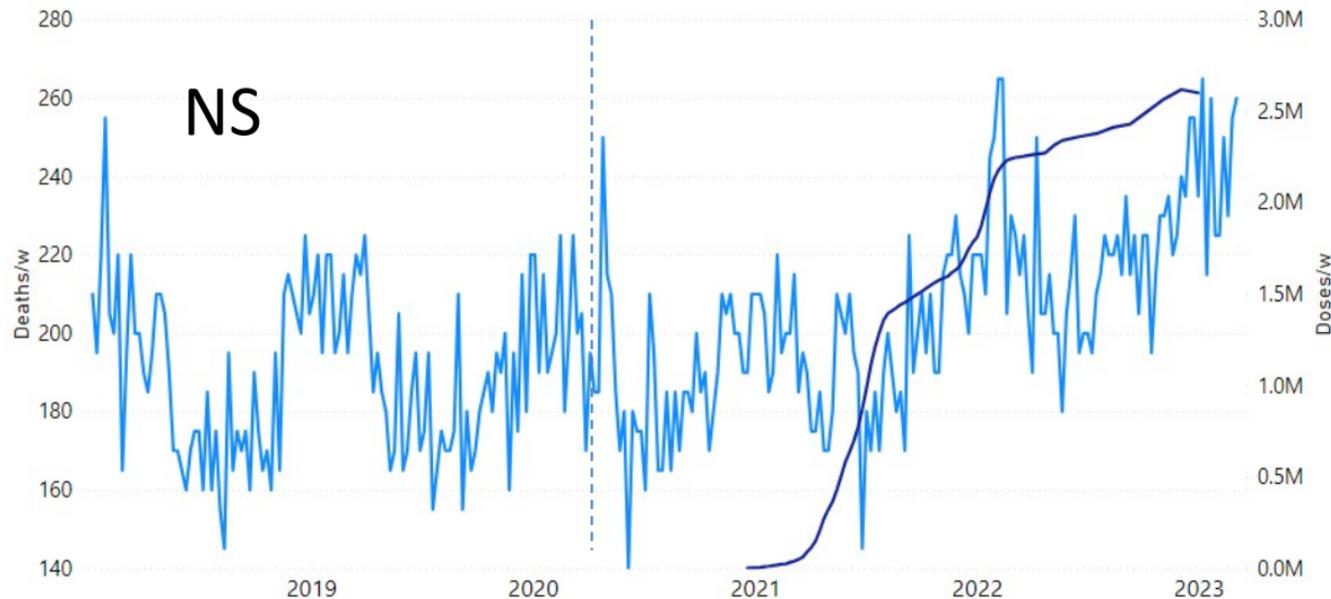
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Next: quantify vaccine-associated mortality

"vaccine-dose fatality rate" — vDFR

Canada, whole population

Denis Rancourt, PhD – NCI

All-cause mortality by week — **Canada 2016-2023**
& weekly vaccine-dose administration

Denis Rancourt, PhD — NCI
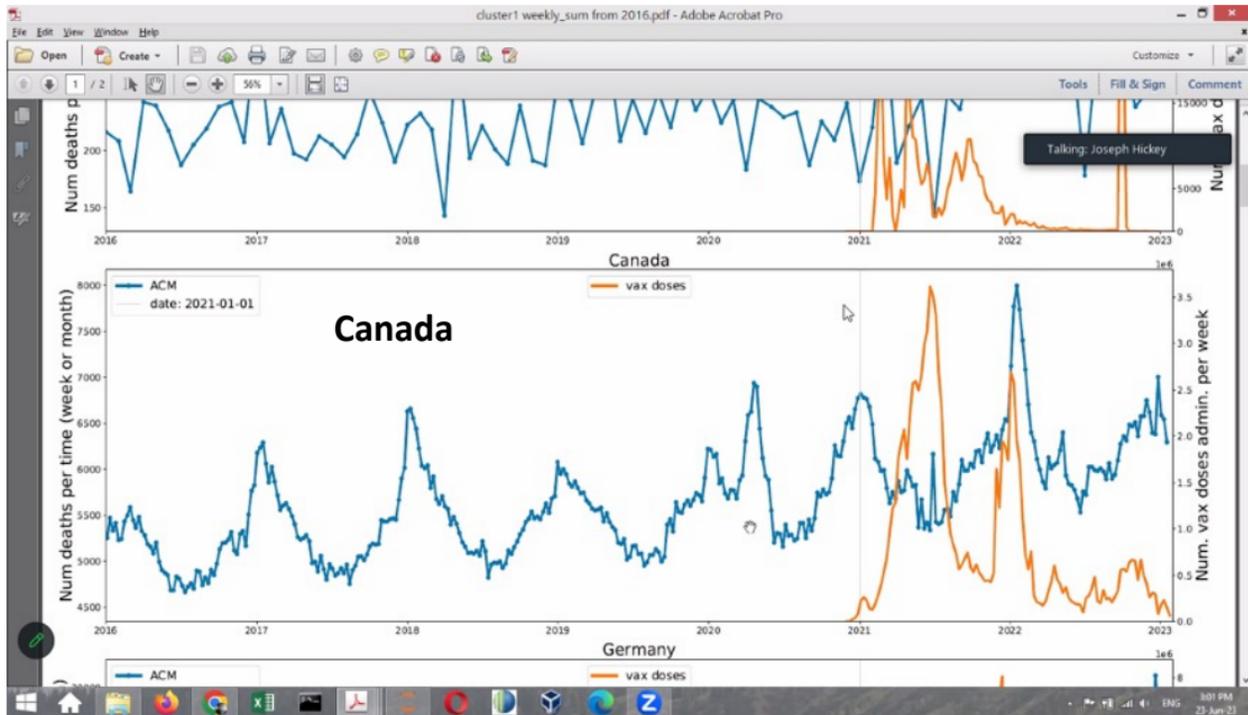
All-cause mortality by week, Canada, all-ages, 2018-2023

Vaccination period for calculation:
Week-52, 2020 (21 Dec 2020) through week-40, 2022 (3 Oct 2022)
90,338,953 doses administered

ACM/w, Canada, 2010-2023
● Mortality ● Doses cumulative

CAN

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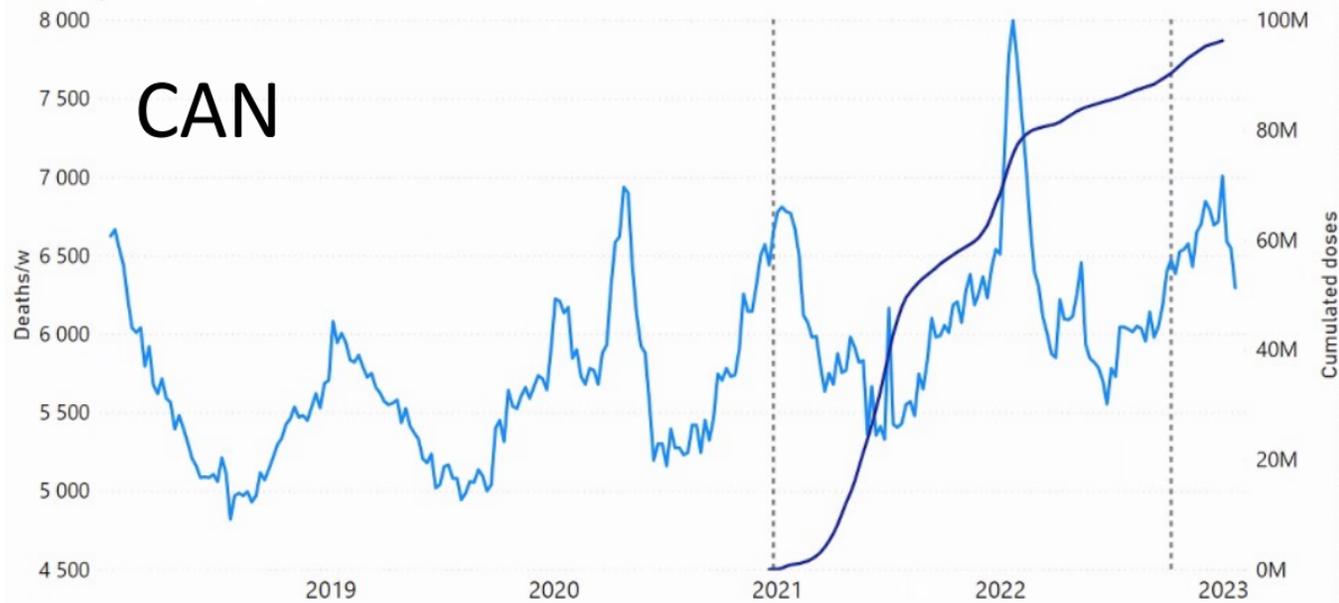
CAN

All-cause mortality by week
Canada — all-ages
2010-2023
(Vaccination-period integration)

ACM/w, Canada, 2010-2023
● Mortality ● Ap_Vax_94w ● Trendline (6 pts) ● Trendline (5 pts)

Greater mortality than during Covid prior to vaccination

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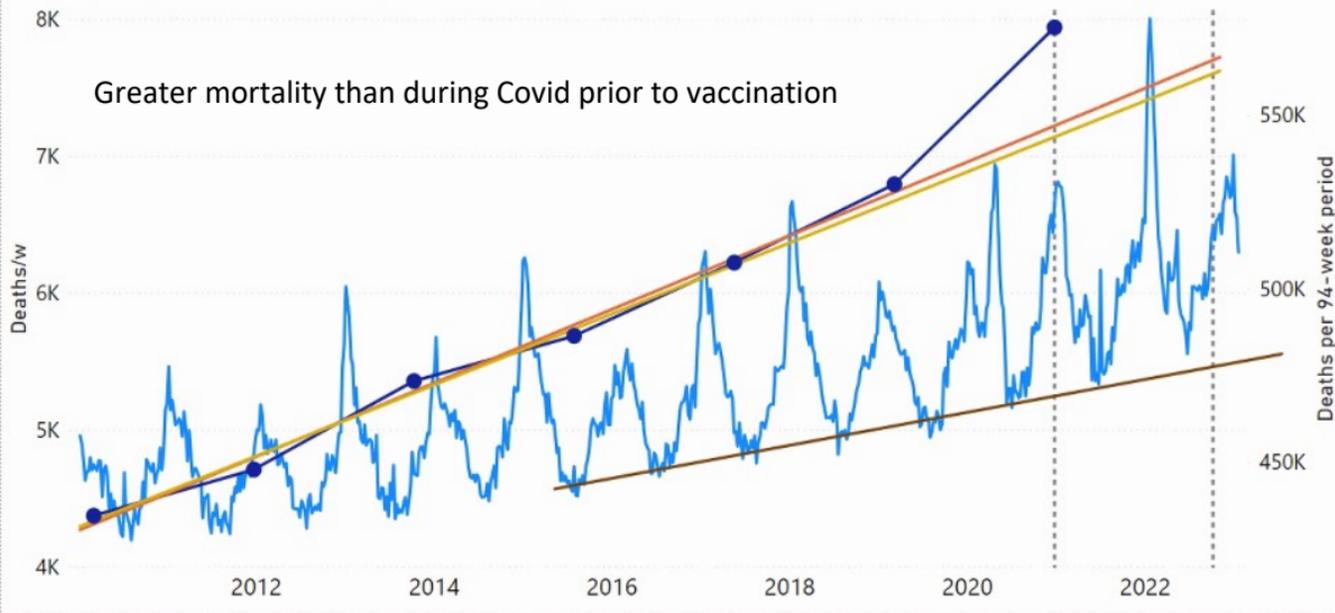
VACCINE DEATHS IN CANADA
Week-52, 2020 (21 Dec 2020)
through week-40, 2022 (3 Oct 2022)
90,338,953 doses administered

6-pts trend: 28,000 deaths
5-pts trend: 31,000 deaths

Vaccine-dose fatality rate (vDFR) = 0.03 %
(~ 1 death per 3000 injections, all-population average)

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Excess all-cause mortality **2020** — World map

Excess mortality / popn * 10⁴ for 2020
(baseline: lin. fit 2015-2019)

2020
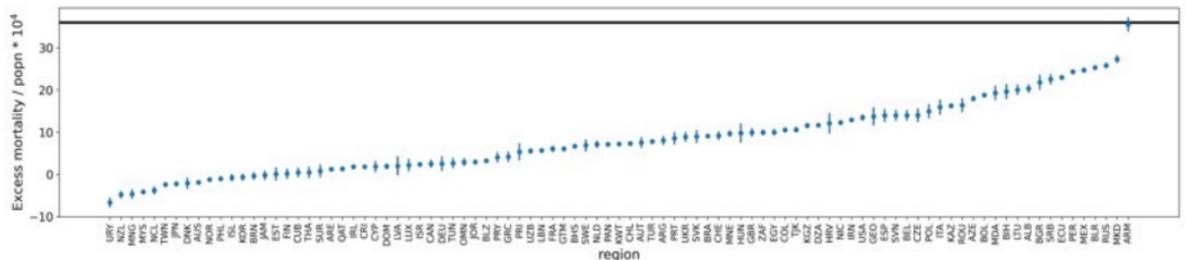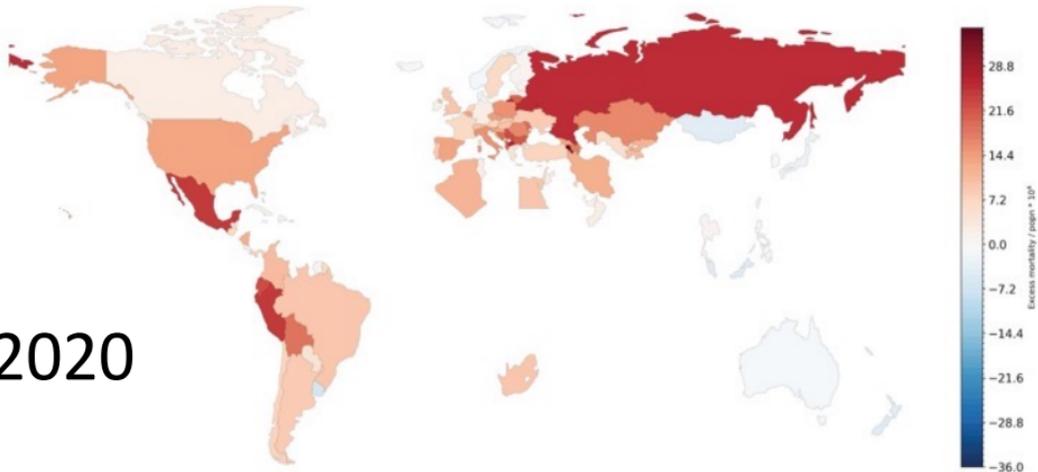
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Excess all-cause mortality **2021** — World map

Excess mortality / popn * 10^4 for 2021
(baseline: lin. fit 2015-2019)

2021
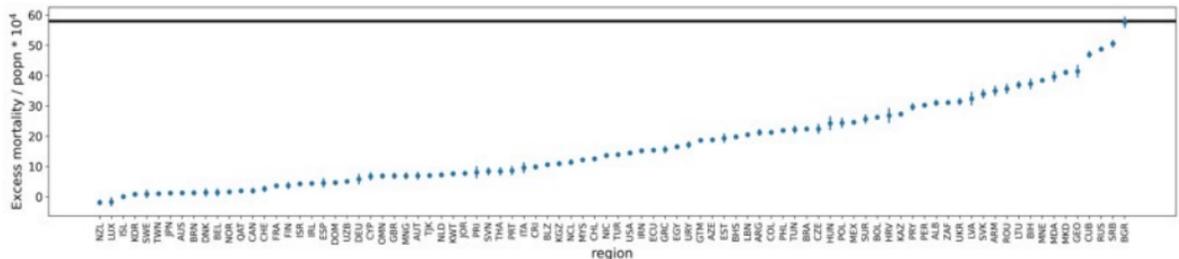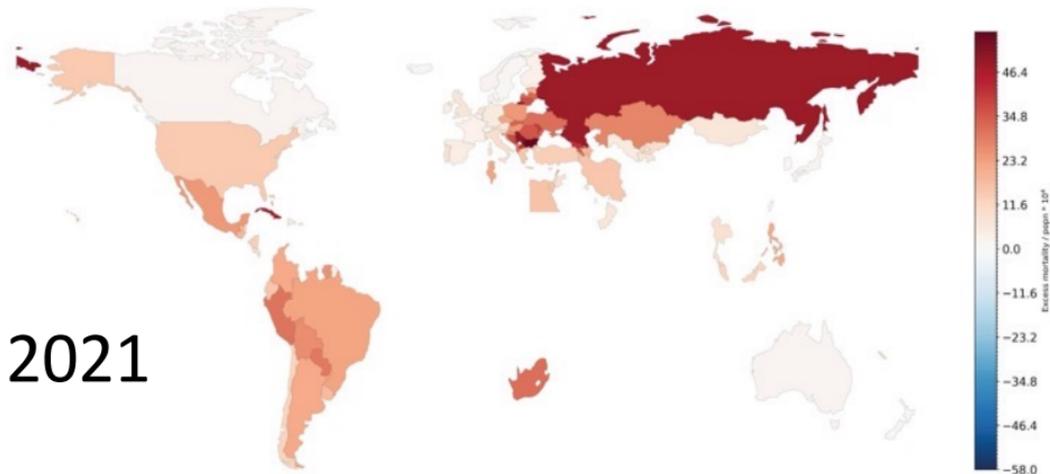
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Excess all-cause mortality **2022** — World map

Excess mortality / popn * 10⁴ for 2022
(baseline: lin. fit 2015-2019)

2022
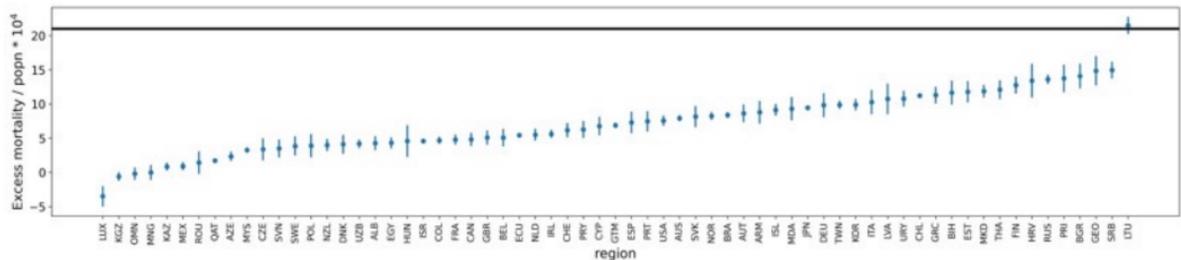
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CONCLUSION — VACCINE DEATHS

World:	13M	vDFR = 0.1%
India:	3.7M	vDFR = 1%
USA:	>330K (1.3M all excess)	vDFR > 0.05%
Canada:	28K-31K	vDFR = 0.03%

➢ vDFR exponential with age, doubling every 5 years of age

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PART II

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TESTIMONY UPDATE

PART II: Critical review of a few recently published articles
What we did and did not learn!

❖ **DID LOCKDOWNS WORK? The verdict on Covid restrictions**
Institute of Economic Affairs - IEA Perspectives 1
By Jonas **Herby**, Lars Jonung, and Steve H. Hanke
June 2023 (222 pages)

❖ **How did the Covid pandemic response harm society?**
A global evaluation and state of knowledge review (2020-21)
By Kevin **Bardosh**
Pre-print version: May 14, 2023 (119 pages)

Denis Rancourt, PhD – NCI

What did we learn?

Short answer:

Nothing that governments and scientists should have learned was learned, or even questioned.

- The disproved paradigm of spreading pandemic-causing viral respiratory diseases is completely intact

- There is no admission of even the possibility that excess mortality was exclusively due to measures and vaccines

- The dominant factors determining public health are hidden from view — individual and societal susceptibility to disease versus spectrum of pervasive potential pathogens (ISS vs PPP)

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DID LOCKDOWNS WORK? The verdict on Covid restrictions
Institute of Economic Affairs - IEA Perspectives 1
By Jonas Herby, Lars Jonung, and Steve H. Hanke
June 2023 (222 pages)

➢ Meta-analysis of 22 studies
➢ Using a "lockdown stringency index"
➢ No time-series analyses
➢ No field (or forensic) studies whatsoever

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How did the Covid pandemic response harm society?
A global evaluation and state of knowledge review (2020-21)
By Kevin Bardosh
Pre-print version: May 14, 2023 (119 pages)

➤ … analysis synthesizes 600 publications with a focus on meta-analyses, systematic reviews, global reports and multi-country studies.

➤ This cumulative academic research shows that the collateral damage of the pandemic response was substantial, wide-ranging and will leave behind a legacy of harm for hundreds of millions of people in the years ahead.

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➢ Many original predictions are broadly supported by the research data including: a rise in non-Covid excess mortality, mental health deterioration, child abuse and domestic violence, widening global inequality, food insecurity, lost educational opportunities, unhealthy lifestyle behaviours, social polarization, soaring debt, democratic backsliding and declining human rights.

➢ Societal harms should challenge the dominant mental model of the pandemic response: **it is likely that many Covid policies caused more harm than benefit**, although further research is needed to address knowledge gaps and explore policy trade-offs, especially at a country-level.

➢ Planning and response for future global health emergencies must integrate a wider range of expertise to account for and mitigate societal harms associated with government intervention.

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➢ In addition to natural events (heat waves, earthquakes, extended large-scale droughts), events that cause excess mortality are large assaults against domestic populations, affecting vulnerable residents, such as:

- sudden devastating economic deterioration (the Great Depression, the dust bowl, the dissolution of the Soviet Union)
- war (including social-class restructuring)
- imperial or economic occupation and exploitation (including large-scale exploitative land use)
- the now well-documented measures and destruction applied during the COVID period

➢ There is no empirical evidence that excess mortality can be caused by sudden appearances of new pathogens.

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