



## NATIONAL CITIZENS INQUIRY

Truro, NS

Day 3

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### EVIDENCE

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**Witness 2: Dr. Matthew Tucker**

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[00:00:00]

**Ches Crosbie**

Sir, do you affirm to tell the truth, the whole truth, and nothing but the truth?

**Dr. Matthew Tucker**

Yes, sir.

**Alison Steeves**

Can you tell us your full name, where you're from, and your occupation?

**Dr. Matthew Tucker**

My name is Dr. Matthew Tucker. I'm a family and emergency medicine doctor in the Annapolis Valley in Nova Scotia.

**Alison Steeves**

Dr. Tucker, can you please give us a bit of a background with regard to your work experience?

**Dr. Matthew Tucker**

I was in the Canadian Armed Forces for 21 years, including almost 10 of those years as a doctor. During most of that time as a doctor, I also worked regular shifts at my local emergency departments in three different provinces.

**Alison Steeves**

So you were in the military for 20 years, 10 of which you worked as a doctor. Are you now working for the military?

**Dr. Matthew Tucker**

Yes. As a civilian physician.

**Alison Steeves**

As a civilian physician?

**Dr. Matthew Tucker**

Yes.

**Alison Steeves**

Have you recently also been working in an emergency room?

**Dr. Matthew Tucker**

I was, during most of the pandemic. I took a break beginning in 2021.

**Alison Steeves**

And please note, Dr. Tucker's CV is Exhibit TR-13.

What is it like working as a military physician?

**Dr. Matthew Tucker**

It's great. I hope it doesn't sound overly sentimental if I say, I love the men and women in the Canadian Armed Forces. I have a very high opinion of them.

Essentially, what we do, is we do family medicine, in a military clinic, on a military base. A little bit of what we call occupational medicine as well. It's very interesting.

**Alison Steeves**

Who exactly are your patients? Is it strictly military personnel or families as well?

**Dr. Matthew Tucker**

In Canada, it's strictly military personnel. That's quite a large question, actually. Probably beyond the scope of this "thing." In other militaries and other countries, the doctors do look after the families and I wish we did, but we don't.

**Alison Steeves**

Over the past couple years, have you noticed any concerning trends in your patients' cases?

**Dr. Matthew Tucker**

Well, I think so. I had a conversation, actually, two conversations. Two different people I asked this question, recently. You know, hallway kind of conversations, at the place where I work. And I said, "Is it just me, or is it all we do these days, mental health things? Is people's

mental health worse than ever?” And both of these people said, “It’s not just you.” They see the same thing.

So in my opinion, this is very subjective; I don’t have statistics at hand, but it’s my opinion that there’s been a mental health crisis, where I work, for the past couple of years.

**Alison Steeves**

You’ve seen an increase in the last couple of years compared to your prior nine or so years of experience?

**Dr. Matthew Tucker**

I think so.

**Alison Steeves**

How many doctors work in your clinic right now?

**Dr. Matthew Tucker**

Not that many. There’s doctors and nurse practitioners. So maybe six clinicians in total.

**Alison Steeves**

Do you regularly meet to discuss cases?

**Dr. Matthew Tucker**

Yes.

**Alison Steeves**

Do you notice a trend in the cases arising for them, as well?

**Dr. Matthew Tucker**

I think so. I mean, let’s be clear here. It’s not that mental health issues are “new” in the military; military life has always been stressful for people. But I think it’s been a significant theme in the past couple of years.

**Alison Steeves**

Do you have any theories as to why you and your colleagues at the military are seeing this increase in mental health issues?

**Dr. Matthew Tucker**

Well, I do think that a lot of it has to do with the stresses of the COVID restrictions over the past couple of years.

Can I tell you guys a story, a personal story? It’s a true story. When I was a brand-new doctor—this was on a military base in Ontario—my wife and I were shopping for our first

house. We settled on a house and our realtor turned to us and said to my wife, “This is a good choice. This is a good neighborhood for you because ‘I’m’ going to be away a lot.” I don’t know why I didn’t believe her, but at the end of four years, when we were leaving that place, I had been away from home for 11 months.

So these are the sorts of stresses that military people deal with. I think that every Canadian has had a lot of stress over the past couple of years. Most people report that they were affected by the COVID measures in some way. But I think that military people have particular stresses that affect them particularly. Like having to go away frequently. Like having to move around. And I think that the COVID restrictions were particularly hard during times like that. I think this was a trigger for a lot of anxiety and depression.

**Alison Steeves**

So the standard COVID measures that applied to everyone would have particular, unique sort of impacts on those who are used to travelling and being away from family, the way that the military would.

[00:05:00]

**Dr. Matthew Tucker**

I think so.

**Alison Steeves**

And can you elaborate a bit on the type of symptoms that patients present with when they have these mental health issues?

**Dr. Matthew Tucker**

Yeah, thanks for asking that actually. I’m sort of passionate about that question because I think that a lot of people, non-medical people— I think they don’t know what the symptoms of depression are. Of course, the classic, the obvious symptom of depression is low mood. But there’s quite a number of other symptoms that go along with depression and anxiety.

Things like not sleeping, not eating, low energy, not doing anything for fun anymore, feeling bad about things that perhaps aren’t reasonable. And so, I’ve seen a lot of this lately. People afraid to go out in public, afraid to go to work because they’re anxious. I’ve seen a lot of it lately.

**Alison Steeves**

Have any of the patients you’ve seen commented on the link to, sort of, the COVID restrictions or the impact of the COVID measures?

**Dr. Matthew Tucker**

Yes. Certainly, I’ve heard that sort of mentioned in passing by patients a number of times. I heard it explicitly, recently, because I asked one of them. I said to him, I said, “hey”— I’ve seen this person, who I’ve gotten to know as a patient over the past year or so, a person with significant anxiety. I said to this person, “Hey, listen man, I just want to ask you

something. This might seem like a random weird question but can I just ask you? Do you think that you had trouble with the COVID restrictions?" And his face lit up and he said, "Yes, that's when all this started!" He said, "I was on a military base where I wasn't allowed to go anywhere. My family wasn't allowed to come visit me because of the travel restrictions. We had kids at home. We had no family support because my extended family is from out here, and we were on this base out here. We had an erratic sort of work schedule where it was ever evolving. That was very stressful."

So I think, definitely, yes. These sorts of things were very stressful on our people.

**Alison Steeves**

Were there aspects of the military, were there certain measures in the military or unique kind of features of the military that would create sort of impacts on military members? Sort of things that, in the way the military operates, they would have specific measures that wouldn't affect other Canadians?

**Dr. Matthew Tucker**

Well, I think I already mentioned those. The frequent travel. So imagine the stress not only on military members when they have to travel frequently. They have to self-isolate frequently before they travel anywhere. They're worried about their families who are stuck at home with no support because of travel restrictions.

**Alison Steeves**

With COVID measures reduced now, have you seen a decrease again in mental health issues?

**Dr. Matthew Tucker**

Well, I think that's a hard question to answer. I think on the one hand, yes. Many people are doing better now. Although I would say that I think many of those people are probably the people who would not have come to see me to begin with. I am still aware of a number of people, who I would say, the COVID measures, the COVID stresses were probably the straw that broke the camel's back for these people. And they have not really gotten better, even though the world may be returning to normal(ish).

**Alison Steeves**

Is it your observation with anxiety and depression that, even if it's caused by social determinants or external factors, that once it sort of takes hold, it can be hard to treat, even if those factors are—

**Dr. Matthew Tucker**

That can happen. Now frequently, it does get better. In medical parlance, we have this term called "social determinants of health." And if you ameliorate the social determinants of health, it is true that people frequently get better. But everybody is different and it can be hit or miss.

**Alison Steeves**

As someone who spent 20 years in the military, can you speak to how a rise in mental health issues, anxiety and depression among military personnel, could have an impact on day-to-day military operations?

**Dr. Matthew Tucker**

Well, I think that's a fairly self-evident no-brainer. If people are sick, they can't go to work. They can't perform their jobs. It's going to affect the ability to carry out a mission successfully.

[00:10:00]

And I'll tell you something. Part of the reason that I'm passionate about this, part of the reason I'm passionate about our people's health is that—it's not a secret when I tell you this—that the military has a personnel crisis right now. A lot of people are leaving. A lot of people have left. A lot of people are very sick. And I think it's a fairly self-evident no-brainer that that is a—I guess you could say it affects the security of the country if people are too sick to perform the mission.

**Alison Steeves**

So you are seeing people leave due to those reasons, the mental health issues?

**Dr. Matthew Tucker**

Yes. I think so.

**Alison Steeves**

Dr. Tucker, during the pandemic, up until late 2021, you were also working part-time at the local emergency room in Annapolis Valley, correct?

**Dr. Matthew Tucker**

Yes ma'am.

**Alison Steeves**

This was not associated with your military practice, correct?

**Dr. Matthew Tucker**

Correct.

**Alison Steeves**

At that time, and of course you weren't there as long into the pandemic, so it's hard to compare, but did you also see a trend in rising anxiety and depression?

**Dr. Matthew Tucker**

I think so. When people come to the emergency department with mental health issues, it typically presents a little bit differently than it does at a family medicine or primary care clinic.

I find that typically, what will happen is, you'll pick up a chart and the triage notes will say that the person is there for something like "situational crisis" or "mental health crisis." So what will happen is, you'll go see them and you talk to them, and it becomes clear that they're suffering from anxiety or depression, stress from whatever is going on in their life.

So during the COVID period, yes, I do think there was a certain amount of that. I do remember seeing several patients at the emergency department who I'd go see, and the triage notes said they were there for situational crisis or mental health crisis or whatever. And I'd go see them. And it became clear, that these people were just— They couldn't make it work anymore because, maybe the measures were affecting their job, there was financial concerns. Maybe their families weren't able to come visit them to help with their little kids or whatever. This was in the general public, and of course, the emergency department serves the general public.

Although, I will tell you something else, going back to the question about the military families. In case you don't know this, every community hospital that's close to a military base looks after military families all the time. And the reason for that is because these people move around all the time, so they don't have doctors, and so they go to their local hospital all the time. And I'm going to tell you something else. Military spouses basically deserve a medal for what they deal with, okay? You know, there's military medals; I think there should be a spousal medal for what they have to deal with. They put up with so much when their spouses are away.

Imagine this. Can you imagine this? Imagine you're a military spouse, okay? And you get uprooted from the place where you're from. Your spouse is stationed at a military base that's far away from where you're from. So you have to move to this place, where you don't know anybody and you've never been. And it's 2,000 kilometres, several provinces away from your extended family. And you don't know anybody. So you depend upon things like activities— You know, clubs, peer networks, your kids' school, churches, whatever. And then imagine that all these things are shut down, and you have nobody. You have nothing. And because of inter-provincial travel restrictions, your extended family is not able to come and look after you. So I would also see those people at the hospital, a couple times.

**Alison Steeves**

And you would see the mental health impact in some of those patients?

**Dr. Matthew Tucker**

Yeah, yeah.

**Alison Steeves**

Going back to the beginning of the pandemic, working in an emergency room, can you tell us a bit about what that was like, circa February 2020?

**Dr. Matthew Tucker**

A very interesting question because we did a— Everybody knew that this COVID thing was coming. And at the beginning, doctors, I think, didn't really know what it was. Didn't know what to expect. Didn't know what kind of symptoms to expect. And so, at my hospital, what they did was, they decided to organize some practice sessions. Which is always a good idea. They organized some practice sessions on how to deal with a respiratory emergency. So I went down to the hospital a couple of times. We did a couple of practice sessions about how to deal with a respiratory emergency, where we'd have a mock patient.

[00:15:00]

And I would participate in the team. And there would be your nursing team. And we did a practice scenario or two, okay? And we felt great about it. We thought, this is great. We're all practised up. We've got our skills all practised up. We can save people's lives if they come in. It's great. And you know what happened? Nothing. The patients never showed up.

So I'm going to say this. And people, especially people in other parts of the country or other parts of the world, they may have trouble believing this or they may think I'm misspeaking: I'm not misspeaking when I say, I worked regularly in the emergency department, once or twice a week, throughout 2020, throughout 2021. And I never met a single COVID patient until January of 2022.

**Alison Steeves**

So no flood of COVID patients?

**Dr. Matthew Tucker**

No. And the only reason I met them then in January of 2022, was because at Christmas time in 2021, the military people were finally allowed to go home for Christmas and so they came back with it.

**Alison Steeves**

Dr. Tucker, why did you feel that you wanted to come and speak here today at the National Citizens Inquiry?

**Dr. Matthew Tucker**

Well, I was asked if I would. And I thought to myself, I feel like there are a number of stories from Canadians that haven't been heard or are not being heard. Still not being heard. I think that everybody deserves to have a voice in the national conversation. And I thought that maybe I could shed some light on some voices that haven't been heard—just with the view towards improving our healthcare system and improving the lives of the people that I care about.

**Alison Steeves**

Thank you very much. I'll turn it over to the Commission if you have any questions.

**Commissioner Massie**

Thank you very much for your testimony. My first question would have to do with the condition of the family, around the military.

**Dr. Matthew Tucker**

Yes.

**Commissioner Massie**

How extensive could be the isolation, based on assignment, when they move from one location to the other? In other words, do they have the time to build a social network or are they moved constantly so they have to rebuild it all the time?

**Dr. Matthew Tucker**

That's a very good question. I could answer it at length; there's multiple components to that question. The short answer is, it depends, okay? Sometimes people stay in the same area, at the same military base for 10, 15 years. That's more common than it used to be; it's more common on certain bases. Sometimes, people move around every two or three years. So it all depends.

And I will tell you this though, based on my experience, this is my experience in being fluent with this culture. People usually say, as a general rule, that in the military, when you get stationed, it takes sort of a year just to get your feet under you with understanding what the amenities are in the local area. It probably takes two or three years to really start building relationships with other people to the point where you feel comfortable there. And so absolutely, that can be very difficult on families. And in particular, a lot of our military bases are located in smaller rural areas that might be even harder for people.

And so going back to the COVID stuff: If stuff is shut down, a lot of these military families, and I said spouses before, but it's also the kids. It's also the kids. It's very hard on them.

**Commissioner Massie**

I have another question with respect to the mental health issue. I know it's kind of difficult to define because it could have many different components. I know that you're not, in theory, in contact with families or the kids and so on. But have you noticed, or have you heard of, special conditions affecting the kids also of the military? Because of the isolation and travel restrictions was there something— And all of the other conditions that the kids were subjected to because of the lockdowns?

**Dr. Matthew Tucker**

Yes, yes. I think I said that when I was talking about seeing these families at the emergency department, I think I said spouses, but it's kids too. Kids will typically present in a different way. It may say behavioural issues, but that can encompass a variety of things.

[00:20:00]

You know, whether it's childhood anxiety, depression, ADHD that's not been properly diagnosed.

**Commissioner Massie**

I'm going to ask a sort of broad question. Knowing what you know now, from the experience of what happened over the past three years, what would you recommend we should have done differently with respect to managing this whole health crisis? I know it's a broad question, but—

**Dr. Matthew Tucker**

It's a broad question. I'm not sure it's my place to answer that question. I sort of felt like I came here to tell you what I've seen. I'm not sure it's my place to— I don't have all the information to answer the question. But I think my best answer to that, maybe, would be— I think the biggest recommendation that I would have made would have been to say, I would have liked to have seen everybody listened to.

**Commissioner Massie**

Thank you.

**Commissioner Kaikkonen**

Good morning. I would just like to, kind of, further the comment that you made about— You alluded to the military personnel being in somewhat of a crisis in terms of, I guess, recruitment and retention, possibly?

**Dr. Matthew Tucker**

Yes, yes.

**Commissioner Kaikkonen**

So we know across the country, there's been a lot of connections with, you know— People are stepping back, this quiet quitting. And as a doctor, who would be seeing all of this and wondering as well.

From my perspective, I'd like to know, is there a way to counter the quiet quitting, this stepping back from working, being part of the community, volunteering? Do you have any kind of tidbits that would help people to step out from their homes and not be so fearful? Just from your perspective as a doctor.

**Dr. Matthew Tucker**

Can you elaborate on the question a little bit, like how to counter—

**Commissioner Kaikkonen**

We have this quiet quitting movement. There's a lot of employers who can't find employees. There's a lot of charities now who don't have volunteers. And it seems to be increasing; they call it the "quiet quitting movement." And it seems to be increasing in not just pockets of the country that had very tight restrictions, but it's spreading across the country. Even to those provinces that didn't have as quite—the restrictions were less than, maybe, the Atlantic region.

And I'm just wondering if you have any counsel, from a physician's perspective, of how we can counter that movement. And say that, "You have a place, you have a purpose in this world. You have a place that's important." The social fabric is dependent on people being participants.

Is there some way that you can add to that conversation that might actually encourage people who may be watching from online or in here? That they could say, "You know, I have been moving outside of the social fabric. Is there a way that I can participate, that I should be participating?" And maybe encourage those people who are listening. Particularly online because all of you did show up. But, you know, just to try to encourage people to move forward and maybe counter what seems to be happening and may increase and, actually, seriously disintegrate our social fabric. Thank you.

**Dr. Matthew Tucker**

Okay, I think that's a big question. I think you already answered some of it yourself. I think the very short answer to a very big question would be, you have to find a way to re-engage people with society. I think there would have to be a re-emergence of social cohesion, shared values, shared purpose. I suppose that efforts that would help, you know, build communities and bring people together would be the start to that.

**Commissioner Kaikkonen**

Thank you.

**Commissioner Drysdale**

I have a number of questions myself, and there's two questions from the audience.

**Dr. Matthew Tucker**

Yes, sir.

**Commissioner Drysdale**

But first, before I start that, I want to thank you for your service: 20 years of service to our country. So you were with the Canadian Armed Forces for 20 years.

**Dr. Matthew Tucker**

Yes, sir.

[00:25:00]

**Commissioner Drysdale**

Would you say that the Canadian Armed Forces is effective at evaluating risk and solutions to unusual problems?

**Dr. Matthew Tucker**

In general, yes. I mean, listen— To a certain extent, that's not my place to comment on.

**Commissioner Drysdale**

No, but—

**Dr. Matthew Tucker**

I mean, the people that make these assessments, they would rely on a variety of metrics that I don't have access to. But I think in general, yes, that's part of what they do.

**Commissioner Drysdale**

That's part of what they do.

You also mentioned that in 2020, when the pandemic was first announced, there was uncertainty in, at least in your medical community, about what it entailed and what it might mean. And you did some tests, some practice runs, to see how you might handle that.

**Dr. Matthew Tucker**

That's right.

**Commissioner Drysdale**

How far into the pandemic was it before you or your colleagues began to understand that COVID was affected by the age? In other words, the risk to an 85-year-old might be less than the risk to a 19-year-old?

**Dr. Matthew Tucker**

How long did it take to realize that? I would say, I mean, I don't remember for sure. A lot of stuff has happened in the past couple of years.

**Commissioner Drysdale**

Sure.

**Dr. Matthew Tucker**

But I would say, you know, probably later in 2020, that started to dawn on us. But I mean, it was hard for us to realize that where I worked because we didn't see any of it.

**Commissioner Drysdale**

Right, right. But even where you were and you didn't see anything, I guess, with what you were hearing in the press and what you were talking to your colleagues about, they were starting to understand that it was related or it was vastly related to age, or it was riskier.

**Dr. Matthew Tucker**

Yeah. I would say sort of later in 2020 that that started to become clear.

**Commissioner Drysdale**

When did the Canadian Armed Forces require or mandate vaccines for members?

**Dr. Matthew Tucker**

In the fall of 2021.

**Commissioner Drysdale**

So in the fall of 2021, how many 85-year-old members are there in the Canadian Armed Forces, that you are aware of?

**Dr. Matthew Tucker**

So listen, they keep increasing the age where you're allowed to stay, but it's not to 85 yet.

**Commissioner Drysdale**

Being an organization, that's part of their task, and they do it very well, in my opinion, is to assess risk, understand unusual situations, and respond in an appropriate way. And if the information seemed to be available in 2020, and they didn't have members who were in that age group, do you have any idea why they would have mandated the unknown vaccine?

**Dr. Matthew Tucker**

I can't answer that question. That's way beyond my pay grade.

**Commissioner Drysdale**

Okay. I have two questions that were submitted by the audience. The first one is, and this might be a difficult one too. Knowing that we understand— This is a commentary following the witness that was on prior to you, Dr. Braden.

**Dr. Matthew Tucker**

Okay.

**Commissioner Drysdale**

"Knowing that we understand the spike protein that does cross the blood-brain barrier, is it possible, or should we be wondering, if this may also be contributing to the increased incidence of anxiety and depression?"

**Dr. Matthew Tucker**

I mean, my short answer to that is, maybe. Like any number of things, I think it requires more study.

**Commissioner Drysdale**

Okay. The last question is, "With regard to military members, who for either medical or religious reasons requested an exemption from the vaccine mandate," and I guess weren't provided with one, "how would that have contributed to their increased stress levels?"

**Dr. Matthew Tucker**

Well, it increased it. I mean, if you want to know, I certainly saw that sort of thing.

**Commissioner Drysdale**

Yes. Well, thank you very much.

**Dr. Matthew Tucker**

Okay. Can I just say one more thing? Are we done? Okay, can I say one more thing? I feel very strongly about this. I know the inquiry heard yesterday from some people who have been through some things that have led them to have had bad experiences with the medical system.

Can I just say, for the record, to those people, or to anybody else who may benefit from hearing this: That I don't think it's ever appropriate, in any medical context, for anybody to be belittled or laughed at or made fun of or dehumanized for their personal medical choices. Or for their anxieties and concerns about what's going on with them.

[00:30:00]

That's never appropriate. Everybody always deserves to be treated professionally and empathetically. And to those people who have had that experience, I just want to say I'm sorry to hear that you had to deal with that and I would never treat you that way.

That's it.

**Alison Steeves**

Thank you, Dr. Tucker.

[00:30:32]

***Final Review and Approval:*** Jodi Bruhn, August 3, 2023.

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

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