



## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 3

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### EVIDENCE

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**Witness 10: Dr. Mark Trozzi**

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[00:00:00]

**Shawn Buckley**

Welcome back to the National Citizens Inquiry. Our next witness is going to be Dr. Trozzi, who's joining us virtually. And Dr. Trozzi, thank you for joining us.

**Dr. Mark Trozzi**

Thanks for having me.

**Shawn Buckley**

I'd like to start by asking if you could state your full name for the record, spelling your first and last name.

**Dr. Mark Trozzi**

Sure, my full name is Mark Raymond Trozzi, M-A-R-K and T-R-O-Z-Z-I.

**Shawn Buckley**

And do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

**Dr. Mark Trozzi**

Yes, I do.

**Shawn Buckley**

Now, can you just briefly share for the commissioners your background? So just explain your credentials and who you are.

**Dr. Mark Trozzi**

Yes, certainly. So I'm a Canadian born and I've lived in Ontario my entire life. I graduated from University of Western Ontario Medical School in 1990. I've been practising predominantly emergency medicine since that time. I've also taught at several Ontario universities. I have a special interest in critical resuscitation and I've taught various forms of critical resuscitation and trauma medicine. That was my career up until the era of COVID.

I was, of course, a frontline emergency doctor when COVID was launched. And I continued working in the Emergency Department in multiple—including one which was designated as a specific COVID site. I continued that till the end of 2020. I maintained my oaths and my ethics throughout the entire time. I have never participated in nor promoted the injections and I continue to be very open and honest with my colleagues as well as my patients.

By the end of 2020, it became very obvious that the penetration of our medical system was so profound that I would have to actually do what I did, which is I resigned all my working positions, forfeited my income, sold our family home, and committed myself to what I would describe as continuing to be a real doctor, like I know others have. I have just committed myself to making sure that Canadians had access to the truth and to doing everything I can to help right what is wrong and return basic ethics, human rights, and the rule of law to Canada and other places around the world. That has been failing, in my opinion, since COVID began.

**Shawn Buckley**

Well, thank you. Now, my understanding is that you're here today to help explain to us your thoughts on the mRNA vaccines, that you've spent some time analyzing the Pfizer data and you have some thoughts on that. And I'm wondering if you can share with us your thoughts on the COVID-19— I'll call them "vaccines," but my understanding is you wouldn't necessarily call them that.

**Dr. Mark Trozzi**

No, I wouldn't. If I could share my screen, I've prepared a significant amount of material. And I want to go through it fairly quickly so that I can get everything in. And I'm going to start on some other issues before I lead up to putting the bulk of my time into the discussion of these injections. So if I may share my screen.

**Shawn Buckley**

It should be set up now so that you can share screen. We are seeing your screen now.

**Dr. Mark Trozzi**

Okay, great. So again, thanks for having me. I want to go a little bit into some of the foundational material. Because in my opinion— And I think just for the safety because we know that the truth-tellers are trolled and persecuted in the country, so everything I'm going to say is in my opinion— However, my opinion is very well-founded. I've been studying this for two years. I've become a steering committee of a global organization. I've worked with scientists and doctors from all continents. And I've been the lead now of a health and science committee, the World Council for Health, so I have done my homework.

So first of all, the question of pandemic. Because that's how this all started: we were told there was a pandemic. So what is a pandemic? I think that all of us, in our lay knowledge—

and this is a thing where I think we're all learning to use common sense again—I think we all know that a pandemic is supposed to mean a disease that spreads far and wide and kills a lot of people. Everyone catching a cold does not qualify, for instance, as a pandemic.

Now, we need to look a little bit at the organization, the World Health Organization, which is really the conduit of control that has been used by the perpetrators of the COVID crimes to impose this global agenda throughout the world. Which, no surprise, we see the same agenda in almost every country.

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Now, back in 2009, the WHO declared a swine flu H1N1 pandemic. One of the results of this was that there were massive pre-orders of new vaccines for swine flu across many countries, with governments accepting liability for the damages of course because there was a pandemic. However, when the pandemic officially ended in August of 2010, it had caused only 18,500 deaths globally. Now, if you look at the definition, this is the definition of “pandemic” and the WHO also recognized the real meaning of words up until 2010.

As you can see, for something to be a pandemic, it requires that it has heavy mortality with orders of magnitude more death than a bad seasonal influenza. A bad seasonal influenza involves about 250,000 deaths. So orders of magnitude—meaning generally orders of 10—would be 2.5 million. However, when they declared the end of that swine flu “pandemic,” there was only 18,500 deaths. So by no means did it qualify as a pandemic. At that time, the Parliamentary Assembly of the Council of Europe launched an investigation into the undue influence of Big Pharma and the WHO for falsifying a pandemic to create a lucrative vaccine market for their partners in Big Pharma.

The WHO's response to this was to change its definition. They did not change my definition. I recommend people don't accept people just changing the definition of words like “pandemic” or “vaccine.” But they changed the definition. They just eliminated the part where it required that it was highly fatal and took many lives. And this basically paved the way for a new lucrative power-grab enterprise like the COVID-19 pandemic. In addition, we saw modelling that millions of people were set to die, and Neil Ferguson was the main author they used for these models. Neil Ferguson was used previously to do a similar sort of thing, which was to create models that weren't true.

One moment, just switching slides.

And then that brings us to the issue of PCR and “cases.” Of course, millions of people were swabbed and told they had COVID, even though they felt fine. Now, I'm going to be very brief on this: the PCR test, or PCR procedure, involves taking a sample which may have—like many things would, including some scraps off the floor—a bit of genetic material in it. And that genetic material is multiplied in orders of two. So when you run one cycle of a PCR, if you had one fragment, you would end up with two; and if you run a second cycle you would end up with four, and then you would go to eight, and sixteen, and thirty-two, and sixty-four, one-hundred-twenty-eight, et cetera. Anyone who knows what that curve looks like, every time you do another cycle, you double the sample. And so it becomes actually quite ridiculous at some point.

Now, the PCR was never meant as a test. The inventor of the test himself stood up quite strongly back in 2020 in this regard. But even if it were to be used as an augmenting device for diagnosing or suspecting a particular condition—be that, for instance, a coronavirus infection—25 cycles is about the limit. Countries like Canada were using 40 to 45 cycles.

And what that means is— For instance, one of the African leaders took one of the swabs and swabbed a papaya, a goat, and a quail, all of which came back as having COVID. So when we were told that there were tons of cases, and when many people were sent home to destroy their businesses, well, Amazon and the like did very well. This was a deception, in my very strong opinion.

And that led to the concept of “asymptomatic spreaders.” That people were walking around and, though they felt completely fine, they could actually spread this deadly disease and kill you. And we were all convinced of that. But when you look at death statistics, Canada was like really the rest of the world. If you looked at total death, you saw that in 2020, the same amount of people was dying approximately that had always been dying. There’s no spike there in total deaths. And yet we were told many people were dying of COVID. And I would call that the “death diagnosis deception program.” What that meant was, let’s say someone died of a heart attack or advanced cancer or maybe even crashed a motorcycle in some cases, and their nose was swabbed in the course of events.

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And 45 cycles later: oh, my goodness, they had COVID. And there again, you had someone who died with COVID. So it wasn’t that we cured every other disease and that people only died of COVID. What happened was people dying from all sorts of causes were categorized as dying from COVID and that kept the agenda going.

Before we get to the injections, I want to touch on a few more things. The masks simply made no sense. First of all, the virus was much smaller than the pores in the mask and it would be like using chicken wire to catch sand. Secondly, having a moist, essentially cloth matter over your face as a facial barrier for long periods and rebreathing your own air and moisture, rebreathing your own microbes, is clearly something that should be suspected as not being good for us. We know, for instance, Chris Schaefer—one of the really good Canadians who stood up early, a mask expert—did tests. And it was very easy to see that people were ending up with lower oxygen levels and higher carbon dioxide levels, meaning that gas exchange in the body was compromised.

Dental disease was on the rise. In fact, the American Dental Association recognized that and made a statement of that when they first started seeing people again, when people were allowed to go back to them. Of course, this is what all of us in the Emergency Department had: these chronic facial rashes from wearing these facial barriers on a daily basis for long periods. And we must keep in mind the severe disruption of human social interaction, which I would say was an intentional thing because our facial expressions are a big part of how we communicate. For instance, looking at these people is a lot different when you can see their facial expression. And this was especially terrible for children.

That brings us to what I would more appropriately like to call “antisocial distancing” and “lockdowns.” Lockdowns is not a medical term. Lockdowns is a prison term. Antisocial distancing and lockdowns were very destructive socially. They were destructive economically. And they were terrible immunologically, both for individuals and in terms of herd immunity. This was clearly demonstrated when you look at a study in Wuhan that looked at more than 10 million people three months after they ended their brief lockdown. What they found, essentially, was there was almost zero COVID disease. In the 10 million or so people, there were 300 people that tested as positive for COVID on a nucleic acid screening program and there was zero indication that any of their contacts had contracted the disease from them.

In particular, children were at zero risk. Now, I'd love to go into this in some detail, but I'll show the heading of an article that's on my site that people can go to. There are many physiologic reasons that children had zero significant risk of serious disease or death. And in reality, they needed to encounter this infection for their own health, for the development of their own immune system—and not only for COVID, but for many things. And this is one of the reasons why we saw last year a 700 per cent increase in RSV [respiratory syncytial virus] hospitalizations of children in the countries that were heavily injected.

So when you look at the dynamics of herd immunity—which is, how it is that a cold goes around and then it's gone away and not everyone caught it?—the key really is you want healthy people to carry on with their lives. That includes children. Of course, they will contract the infection. They may show no symptoms or have a very mild disease. They develop immunity. And when enough of the healthy people are immune, the people who were at risk, whom you did protect—I wouldn't lock them up as we did to our grandparents—but that you do protect, they're then safe.

So really, the way for children to protect granny wasn't to stop hugging her. Their way to protect granny was to go out, play, continue their life, have a healthy immune system, help our society develop herd immunity, and then get on with things like you could see they clearly were able to do in Wuhan three months after the lockdowns had ended. And this is why my good friend Dr. Paul Alexander and myself published this back in 2021, "Why Children Should Be Free and Never COVID-Injected." And I'd recommend people interested in the subject to have a look at that. You can find that on my website, [drtrozzi.org](http://drtrozzi.org).

I want to skip through a few other quick things before we get to the injections themselves.

[00:15:00]

Suppression is, one of the reasons is we were all being herded towards these injections. And if you have a safe and effective treatment for a disease, it's really no longer a great emergency. And one of my friends, someone I had the honour of getting to know, Dr. Zev Zelenko was one of the first people in North America to be treating it. His use of hydroxychloroquine and zinc along with the azithromycin was by no means random. He was a smart man. He did his research. He did his homework. And you can find details on my website of why hydroxychloroquine and zinc work together to suppress the replicase enzyme that a coronavirus relies on in order to infect our cells and make us sick.

Of course, as it would turn out—and we would learn in terms of the antiviral part of treating COVID—ivermectin was even better. It's very safe, it's cheap, and we had pre-existing laboratory evidence of its profound action against many messenger RNA category viruses, which includes coronaviruses. And the studies were very extensive and so many studies have been done since this time. And in addition to that, many clinicians around the world in countries where the government did not impose this violation of patients' rights and doctors' rights to do their job—I've spoken with many of them. And the description of how well ivermectin works early in the treatment of coronavirus and how people can just start feeling better quickly—I've experienced it myself—rather than spiraling downward, until eventually they're admitted to hospital and still denied proper treatment.

There were so many cases around the world. One classic one was in Uttar Pradesh, one of the regions in India. In Uttar Pradesh, when they liberated the use of ivermectin, the hospitals went from full to empty in about two days. As well, this was no secret. And we have many examples of government communications recognizing ivermectin as a great antiviral for coronavirus infections. This one in particular comes from Major Murphy of

DARPA [Defense Advanced Research Projects Agency]. You can see that he is recognizing how effective, in this case hydroxychloroquine, but it was the same with ivermectin. And people that want to look deep into that can look into the work of, for instance, Project Veritas, James O'Keefe, Dr. David Martin, and others.

So ivermectin was really a great drug. It is a great drug. It's very safe, it's very effective. It doesn't have a patent, it's an old drug, and I think that's one of the reasons that it has been suppressed. And that's generally been the case. And we've seen over the last few years the suppression of good science and the promotion of fraudulent science. And particularly, anything that promoted safe, effective, cheap treatment of COVID infection with multi-sequential drug therapies was suppressed.

Case in point: A large group of us—I was honoured to be one of the co-authors working with Dr. Peter McCullough—published a detailed paper on early treatment of COVID in children. We did this not so much because we thought children needed it, because really, they generally don't, but we were trying to provide a path for parents to know, "Hey, if your kid were to get really sick, we could help, or here's a medical treatment to help." And believe it or not, though Peter McCullough pre-COVID was the most published scientist in the history of his field, that paper was ultimately rejected with no explanation.

And meanwhile, we had such ridiculous papers as— One paper published in a major journal said that the cause of heart attacks in the people who had been injected with the so-called vaccines was because people that were against the vaccines may have been afraid, and that made their arteries spasm. So we've just seen a plethora of garbage science in what used to be considered legitimate scientific foundations.

So in the context of all this, people were deceived and coerced or in my opinion, forced—whether to keep their homes or thinking that they were doing the right thing—into these injections which were misrepresented as safe, effective vaccines. And as I will show you, all three of those words are a lie: They are not safe. They are not effective. And they are not vaccines, in my well-founded opinion.

Regarding coronavirus infections, here's some important pre-knowledge that we had. There's a phenomenon called "antibody-dependent enhancement." And when you look at prior study in attempts to make even actual coronavirus vaccines (not genetic injections being misrepresented but even efforts to make vaccines against coronaviruses): because of the coronavirus' ability to modify its spike protein and evolve at a fairly rapid pace, you end up with a situation where you look at many different animals were studied.

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And you could get to the point, phase 3, where you could test the animals' blood and say, "Oh excellent, they have produced antibodies to the virus." But when you went to phase 4 and you actually exposed them to the infection, what you found was a dramatically increased rate of death. In other words, the antibodies produced in response to vaccines against coronaviruses do not protect the person; they enhance the disease.

And another very important thing that we knew is a basic Golden Rule. This is a picture of Geert Vanden Bossche, PhD. And as he pointed out at the beginning, "What on earth are you doing? You never vaccinate your way out of a pandemic." And the reason this Golden Rule of vaccinology exists—even in the case where we didn't, in my opinion, have a true pandemic but even just an active infection—when you vaccinate into an active circulating

infection, what you do is drive the evolution of the virus. So you create many variants. And that is exactly what we have seen.

So what is a real vaccine? Let's talk about that. A vaccine involves taking the virus or pathogen that you're trying to vaccinate against. You generally weaken or fragment it and you inject a small amount, somewhere in the order of a hundred or a few hundred particles of that, into a person's muscle. And then that is carried to the local lymph nodes, where B-cells of the immune system produce antibodies and prepare the body. So in the future, were that to present again, they can produce the antibodies in a rapid fashion. Now, that's the science of it. How well it works is a bigger question. I think there's actually a lot of debate about pre-existing actual vaccines.

But what are these injections? And as I said, these are not vaccines. Now, again, just like the WHO changed their definition of "pandemic," the perpetrators of the COVID crimes against humanity think they have the authority to change the definitions of things. I think that's very dishonest, especially when you're in the middle of something.

So these injections—you could look at them—arise with genetic experiments. If you studied them enough and looked at the background enough, I think you would call them bioweapons. We know some of the ingredients because we could read the ingredients, for instance, on the authorization applications to the FDA, et cetera. But we've also come to learn that some of the ingredients they didn't just tell us because they say it's a trade secret. And they have a right to inject us with something that we don't even know all of what's in it. I personally think that is criminal.

What these injections are, are essentially two different main forms of Trojan horses. And by saying "Trojan horse," I mean something that can get into human cells but deliver a payload. In this case, the payload is artificial coronavirus genetic material. So when you look at the two different forms—of course Pfizer and Moderna, which most people have been injected with—what you see is something like this: these are tiny little pegylated nanoparticles. So "peg" means polyethylene glycol, that's those little curly tails you see all around it. And then you see that outer kind of orange membrane with its inward tail, those are lipid particles. And then within it is a payload of a patented messenger RNA, which has been modified in a variety of ways that make it hyper persistent and hyper toxic, creating a hypertoxic version of the SARS-CoV-2 spike protein as it was in the original man-made virus that we know as SARS-CoV-2.

Now, AstraZeneca and Johnson & Johnson, these guys took a slightly different approach. They also delivered genetic payload into human cells, but they used a virus to deliver it. They used a modified monkey adenovirus. And in it they put a payload of DNA, which is very unusual. Because what happens in this case is the DNA hijacks the cellular machinery, which our cells use to make our messenger RNA, and makes messenger RNA, which then uses our cellular mechanisms to produce—instead of the parts of our cell that they should produce—this hypertoxic version of the SARS-CoV-2 spike protein. And that's that thing you see in all the pictures of the SARS virus with the spikes sticking out. And that's a toxin, and it's also how the virus adheres to human cells to gain entry and begin an infective process.

So when you look at this, you can understand why I laid down my income, my home, and I refused to take a role in the COVID crimes against humanity. And I chose, as have many others, rather to fight against it. And you can see why this was the first thing I published in January 2021: "This is Not a Vaccine."

[00:25:00]

**Shawn Buckley**

Dr. Trozzi, can I just interject for a second? You were also going to later on speak about what you called basically a cover-up in Canada. We've got a limited amount of time today, so I'm just alerting you to focus.

**Dr. Mark Trozzi**

Okay, sure. I prepared for 40 minutes and we're getting through pretty quick. That's why I'm speeding through. How much time do I have left?

**Shawn Buckley**

Well, we're a little flexible, but we're showing about 15 minutes and 11 seconds.

**Dr. Mark Trozzi**

So far, or left?

**Shawn Buckley**

But we can go beyond that.

**Dr. Mark Trozzi**

I'm pretty quick. Thanks for making me aware.

Okay. So why did we know this wouldn't work? As I said, antibody-dependent enhancement: attempts to vaccinate against coronaviruses results in antibodies that help the virus, not the person. And as I mentioned earlier, antibody-mediated selection. That's the process where doing something stupid like this results in the injection victims being a place where coronavirus variants evolve. And that's what we've seen. And those variants are particularly dangerous to the injection victims.

There's more reasons we knew this would be harmful. The first is that the spike protein is a poison. That's not a secret. That was well-known, there's studies that go back. Just exposing a hamster to a little inhaled bit of spike protein will give them lung disease. And I mentioned ACE2 receptors: that's where the virus adheres. And when the spike protein is produced through cells throughout the body—and by the way, when I say throughout the body, I mean very much throughout the body—we were deceived and told they thought it would just stay in the arm and the local lymph nodes. That's a complete lie. And the reason that is my opinion is that pegylated nanoparticles, by design, are meant to penetrate all tissue. They've been used experimentally in the past for treatments for brain cancer and things like that, to deliver chemotherapeutic drugs.

So they used the delivery system that penetrates everything. By everything, I mean the blood-brain barrier, I mean the placental barrier, I mean the ovarian and testicular barrier, I mean into the unborn child, and even into the unborn child's brain. And after the spike protein has poisoned the tissue—whether by being produced there or travelling there in the blood stream and adhering to many tissues that have a lot of ACE2 receptors, like the hearts of young people, et cetera—then the immune system attacks it.

So now a person's immune system spends a lot of its energy attacking their own tissue. And that's what we see when we look at autopsies from around the world, where they're done. And by the way, in Canada, no one is doing proper autopsies, which involve immune-fluorescence-staining for spike protein, which reveals the harm.

Now, there's so much we could go into. I've made long documentaries on this but just quickly, there are other pathophysiologic pathways. Here's a few of them. Prion diseases: That's how these spike proteins can result in misfolding of proteins and lead to degenerative diseases similar to mad cow disease or Jakob-Creutzfeldt, so a long, slow neurologic deterioration.

We also knew there were specific reproductive proteins that resembled the spike so that the antibody that was generated against the spike could be generated against reproductive tissue. And this is probably one of the reasons we see such dramatic fall in fertility nine months after the injections rolled out and so many abortions, although there are other reasons.

Reverse transcriptase is a very serious concern. The body has a capacity—and we now know from studies on human cells that this happens—that some of this messenger RNA can actually be transcribed backwards into DNA and incorporated in the human genome, which makes us concerned about how hard it's going to be to get this out of some people, particularly for whom this is a predominant factor.

And then we have vaccine-induced AIDS: vaccine-induced acquired immunodeficiency syndrome. This is not HIV AIDS—that's caused by the HIV virus. This is caused by these injections. So very quickly, I want to explain this. In response to the massive production of spike protein by the cells of the victim throughout their entire body, the immune system produces massive quantities of adaptive antibodies against it as it existed in the original virus. These antibodies fail to prevent COVID and rather enhance infection. They place evolutionary stress on the virus, so that the variants evolve that are literally dangerous for the people, and they cause this quasi-autoimmune attack that I described. This mass production of bad antibodies and the quasi-autoimmune disease diverts so much energy of the immune system from being available to do other things that it's supposed to do. And that weakens the immune system for fighting all kinds of infections and cancer.

[00:30:00]

In particular, certain T-cells called CD4 cells, their levels plummet post-injection. And these are essential to preventing and fighting cancer. And that's why we see the massive rise in cancer. That's why we see people who may have been 10 years in remission suddenly come back with cancer. And it's severe and very hard to fight and people are often dead quite quickly. We've got a new term in this area called "turbo cancers," and I've spoke with surgeons from around the world who've described some very bizarre tumors that they've never seen before, including breast tumors in young women and all sorts of things.

So These misrepresented injections increase the risk of COVID disease. They enhance COVID infection. They drive the evolution of endless variants. They disrupt immune function leading to cancers and all sorts of other infections. They poison tissues with spike protein. And they trigger a quasi-autoimmune disease process which causes a plethora of different death and disease presentations, from heart attacks to blood clots, myocarditis in young people, abortions, infertility, organ failures, and much more. And unfortunately, even for an emergency doctor looking at the science back in 2020, this was really predictable.

And that is why, in June 2021, I published this detailed analysis of the dangers we're facing. At that point the injections in the U.S. data had already been associated with more death than the previous 13 years of all vaccines for all diseases, all combined, and all years combined.

### **Shawn Buckley**

Dr. Trozzi, if I can get you to move on to the cover-up issue. Because we're particularly interested in in that.

### **Dr. Mark Trozzi**

Sure. Okay. And we're really at that point. Pfizer's three-month clinical trial results were available at the end of February 2021. And they showed a high death rate. They showed massive abortions in pregnant women. Canadian COVID Care Alliance did a great job analyzing this. So all officials in this country—especially people running medical regulators, health boards—had a responsibility to know that. And you would think, like 1976, that they would have. When 12 people died of heart attacks in the U.S., that '76 swine flu vaccine was immediately halted.

The U.S. data shows 45,000 deaths so far, and we know it's much higher than that. And yet we're still being told, "safe and effective vaccines." And there's that VAERS data showing just a massive spike: like, more death from these vaccines, multiples more deaths than with all vaccines for all diseases for 30 years. And you see the same in other countries, Canada is no exception. Here's Germany. As soon as they roll out the injections, deaths double two to three times and remain like that.

So what about Canada and its organized cover-up? There's elements to this organized cover-up. One of them is defining people as quote "unvaccinated" until two weeks after their second shot. So think about that. We know that COVID infection spikes in the first week after injection. We know that one of the high times for bad vaccine adverse events is very shortly following the injections, although people continue to get sick and die well past the year, based on German autopsies. So when someone goes into hospital in Canada and they said, "Oh, what's your vaccine status"? If they said, "Yeah, I had my second shot 10 days ago," they were marked off as unvaccinated. And that skewed the statistics.

Also what was shocking was, yes, in Canada, in theory, we have an adverse event reporting system for vaccines. But it's been completely suppressed. And on that note, I'm bringing it to the example of really one of the finest physicians in our country, Dr. Patrick Phillips, who just stayed on the job and did everything right—everything right. Including, when people came in a few days after one of these injections, he attempted to file an adverse event report. What happened? His reports were rejected, universally. Patients were sometimes called by the public health officer and told, "No, you didn't have an adverse event. That doctor was wrong." And the College of Physicians and Surgeons [of Ontario], who are deeply embedded in this crime: they launched an investigation for every single time that Dr. Phillips reported an adverse event.

So you can imagine: the result of that and other things is that ethical doctors have been excluded from health care in Canada, and the doctors are—

**Shawn Buckley**

Dr. Trozzi, can I just slow you down, because you're really hitting some important things. I just want to make sure that everyone understands. Your first point is: somebody could get their first shot. And how much time, typically, between the first and second shot?

**Dr. Mark Trozzi**

Several months.

**Shawn Buckley**

Okay, so somebody could get their first shot. And you're telling us that that there's a window after a shot where they could get COVID but that's going to be counted as unvaccinated until a full 14 days after their second shot.

**Dr. Mark Trozzi**

Yes, that's my understanding.

[00:35:00]

**Shawn Buckley**

Okay. And we actually had Dr. Phillips attend at the Truro hearings and share with what he's seen. It's just interesting that he's a Maritime doctor and you are familiar with him as an Ontario doctor. Did that story kind of resonate widely among medical circles?

**Dr. Mark Trozzi**

Yes. And one of the things that people need to understand about Dr. Phillips is Dr. Phillips is very scientifically astute as well as ethically astute. And so doctors around the country who were on the ball were following his work and were learning from him. So you know, him being the main sort of whipping boy for the College of Physician and Surgeons in Ontario is a very perverse thing. He's actually an excellent doctor. And a lot of us admire him and he's admired around the world too.

**Shawn Buckley**

But it served as an example to other doctors that they would be punished if they submitted adverse reaction reports.

**Dr. Mark Trozzi**

Yes. And so no one reports it who's still in the system. Anyone who has too much ethical backbone to go along with that is no longer in the system. They've been suspended, licensed revoked, investigated. There's lots of us like this. It's got to be a thousand-plus across the country. It's not a normal situation.

**Shawn Buckley**

But isn't it the law that doctors are supposed to submit adverse reaction reports concerning vaccines?

**Dr. Mark Trozzi**

Yes. The crimes involved in what's going on are extensive. And the College of Physicians and Surgeons in Ontario and other places are guilty of multiple crimes, and not the least is of violating even their own rules.

**Shawn Buckley**

Okay. And I'm sorry for interrupting. I'll let you continue. It was just that those were such valuable points you were making, I just wanted to emphasize them.

**Dr. Mark Trozzi**

Oh, I appreciate it. Thanks so much.

So there you have a little bit about why nobody reports adverse events. And Canada can generate some statistics that there haven't been much deaths associated with these injections.

Now, Alberta really became famous for this one. This province, of course, keeps statistics of death. People die, that's part of life. And in 2021, the number one cause of death in Alberta, according to the Ministry—which I can't blame on anyone, particularly in the current administration of the government—was “ill-defined and unknown cause.” Now, if you look in the books of Alberta, that popped up as a new, strange, minor cause of death in, I believe, 2019.

So suddenly, the number one cause of death in Alberta is, “uh, we don't know.” And that's when the injections are rolled out? And this got attention of comedians around the world as well. I came to realize that we were living in the age of the Sudden-Invented-Syndrome syndrome, where anything but the shots is the cause of death.

**Shawn Buckley**

And can I just ask: Did you say that what became the leading cause of death in Alberta didn't even have that classification until 2019?

**Dr. Mark Trozzi**

Yes. In 2019 it showed up as the cause of death of a few hundred. And then, by 2021, the new leading cause of death is mystery disease.

**Shawn Buckley**

So the leading cause of death in 2021, it was a new category basically invented in 2019?

**Dr. Mark Trozzi**

Yeah.

**Shawn Buckley**

Okay. Thank you.

**Dr. Mark Trozzi**

“Ill-defined and unknown.”

**Shawn Buckley**

That’s quite interesting.

**Dr. Mark Trozzi**

Yeah. So I’m getting really near the end of everything. But in addition to covering up the death and harms from the COVID injections—which at this point, I mean, it’s very hard for us to calculate how many exactly, but definitely I think we’re into millions of dead around the world. Twenty million is a pretty reasonable estimate, I don’t have time to go into how that calculation and estimate was made. And more than 2 billion adverse events on the planet so far. Those are good guesses, calculations.

But what else is interesting is covering up the fact that, as I said, you’re more likely to get sick with COVID if you’ve had these injections. And this is data from February to May of 2022. And if you look on the left, there is your case rate for people who’ve had none of the injections: two and a half times higher case rate for people who’ve had two injections and more than three times the case rate for people who’ve been boosted as well.

Now, again, what should the natural response to that have been? An emergency call for the halt of these injections. Instead, Canada stopped reporting vaccination status along with the statistics. So when they saw this going on they said, “No, no. No more reporting for vaccination status. We’ll just report the cases.” Now that is extremely perverse, because what that could mean is that these cases could be used to deceive more people into going and getting the injections.

[00:40:00]

And not realizing that you’re way more likely to get sick with COVID if you’ve had the injections.

So if I could take another minute and a half, I’d just like to make a few somewhat closing statements.

**Shawn Buckley**

Yeah, please go ahead.

**Dr. Mark Trozzi**

So mistakes were not made. This was all by design. Question that, as you should. I refer you to a few things.

First of all, revelations that come from thousands of pages of Pfizer’s submission to the FDA [Food and Drug Administration] for Emergency Use Authorization. Though they were approved in 108 days, Pfizer stood against a FOIA request and did not want to release those in total for 75 years. Now luckily that didn’t happen. And there’s an excellent organization called Daily Clout, spelt “daily” and then C-L-O-U-T, dot I-O. There’s thousands of volunteers analyzing this mountain of documents, which are very deceptive, but do reveal a lot of what I’m saying.

Also, people should look at the work of the global intellectual property expert and researcher, Dr. David Martin. And he's exposed nearly, for instance, 100 patents on SARS-CoV-2 products that were produced over more than a decade prior to the launch of the COVID agenda; as well as revelations by James O'Keefe, Project Veritas, Karen Kingston, and others regarding communication and contracts within the DOD [United States Department of Defense], the NIH [National Institutes of Health], Anthony Fauci, Bill Gates, Eco Health, World Economic Forum, the notorious WHO director Tedros. And interestingly, you'll find that two Canadian names that come up an awful lot are Justin Trudeau and Chrystia Freeland. For that again, I refer you to those other sources.

Last thing I want to mention is the imminent crisis we face right now. The World Health Organization functions as a conduit for WEF, Bill Gates, Pharma. And the details of how that works: People are welcome to come to my site and spend some time on it but the WHO functions to manipulate and harm us on their behalf. And I cannot emphasize enough the need to defund, exit, investigate, and prosecute the WHO.

They currently have two fast-developing programs which will super-enhance their economic and political power. These are the International Health Regulations Amendment and the Pandemic Preparedness Treaty. So if anyone thinks the last three years have been awful— That's what they did with the preparation I showed, like redefining "pandemic." If they pass these amendments then they put themselves in a position to do far worse to us.

So that's everything I have to present today. I'm grateful for the opportunity and I'm completely open to questions.

### **Shawn Buckley**

Great. I'll ask the commissioners if they have any questions. And they do have questions.

### **Commissioner Massie**

Thank you very much, Dr. Trozzi, for your excellent presentation. There's a lot of information there. But I would like to ask you: in your best estimate—you've done a lot of research—how many doctors and scientists in Canada would be in agreement with what you're proposing, to ban these vaccines moving forward?

### **Dr. Mark Trozzi**

Well, when I think of my colleagues in medicine in Canada, I can divide them into a few groups. I think a lot of doctors were brainwashed. And people have to remember: even smart sheep are sheep. There are quite a few of us who did our own study—you probably are familiar and have probably heard from quite a few of them—and who made it an active role to stand against this and to make the sacrifices against them. You have doctors that quietly tried to work under the radar and eventually left their work. You have thousands who left their hospitals when they were eventually mandated to take the injections. So I am certain that there are thousands of doctors that would agree with me.

Unfortunately, a lot of doctors in our country need to realize what's at stake. And they need to realize that protecting your career— I valued my career too. I valued my income, I valued my home, I had a good life. But when you look at where this goes, when you look at the agenda and recognize what it's part of—Agenda 2030, et cetera—everyone will lose everything in terms of freedom, human rights, and property.

I think a lot of doctors who— I've heard this story so often: people go to the doctor and say, "Hey, what do you think about the injections?" And the kind of honest ones say, "Ah, I can't talk about it. I can't tell you." Which is, of course, a violation of Hippocratic Oath, which is to use your own judgment.

[00:45:00]

So the violations of Hippocratic Oath have been massive.

Knowing what doctors really think is a little bit tricky because doctors have been given the carrot and the stick. If you went along with this, you made a lot of money. There were great billing codes, these injections paid phenomenally. And if you stood against it, you basically kissed your income and your old-style career goodbye. So that's the best I can give you to share insights in that. But I mean, for instance, the Canada COVID Care Alliance has over 600 doctor members. So there's thousands of us for sure.

**Commissioner Massie**

And worldwide, would you say that the number of doctors and scientists that would support a ban for the vaccine is much larger proportionally than what we find in Canada? In other words, do we have movement outside Canada that seems to be more active in that space?

**Dr. Mark Trozzi**

Oh, yes. For instance, there's petitions. One I'm involved in, 17,000 PhDs and MDs signed that. A group of us are being invited to speak to the European Parliament. This wave is cresting big time.

But unfortunately, the perpetrators are very well-embedded in government. Governments, for me, have pretty much lost their legitimacy for continuing with this because the science is very clear. You know, there's a reason Paul Alexander and others including myself have invited—on multiple occasions—these ministers of health to sit down and have a public debate with us. They will not show up. There is no debate. There's just an agenda that they're pushing. And I really think there needs to be arrests made on this.

**Commissioner Massie**

Thank you.

**Shawn Buckley**

There are some more questions, Dr. Trozzi. And then when the commissioners are done, I've got a question for you too.

**Dr. Mark Trozzi**

Thank you.

**Commissioner DiGregorio**

Thank you, Dr. Trozzi, for giving us your testimony today. I just have a few clarification questions on some of the information you presented. I believe just one of the last few slides

you showed us was data from the Canada Health website in February of 2022. Showing, I think, a number of cases broken out by vax status with three classifications—one being unvaccinated, the second one being two shots, and the third one being three shots.

**Dr. Mark Trozzi**

Yes.

**Commissioner DiGregorio**

And I'm just wondering whether those numbers—were those absolute numbers of cases by vax status or were those by thousand people?

**Dr. Mark Trozzi**

Those were case rates. It was the rate of infection per number in the group. So it really did reflect the relationship between your risk and the injections.

**Commissioner DiGregorio**

So it's not just the case that the lower number for unvaccinated is because there are a lower number of unvaccinated people, it's averaged out by thousand.

**Dr. Mark Trozzi**

Yeah, it was per thousand. It was a rate.

**Commissioner DiGregorio**

Thank you.

And then the other question I had had to do with— I've heard this before from others and yourself, about this definition of unvaccinated people as being people who are two weeks post their second injection. And I'm just wondering where that came from?

**Dr. Mark Trozzi**

For me, the source was checking with multiple nurses involved in triaging patients. So that became standard triaging procedure as I understand it, when people came into hospital. So people go into hospital, they see a triage nurse, she takes some notes and fills some things. One of the things she fills out is vaccinated versus unvaccinated. And people who were less than two weeks from their second injection were quote "unvaccinated." And so at least in some of the databases, counted as such.

**Commissioner DiGregorio**

Sorry, maybe I wasn't clear enough in the way I asked the question. And I'm sure that's entirely on me. Where would this definition have come from? Like, who has come up with this notion that that is what is "unvaccinated," that it's two weeks past the second shot?

**Dr. Mark Trozzi**

Well, that program was carried out in most Western injected nations. So I don't have the exact answer. I think that ultimately you would find that probably came from the WHO, but I can't confirm that at this point. But that practice has been reported in many countries from other scientists and doctors I've been working with.

**Commissioner DiGregorio**

Okay, thank you.

**Dr. Mark Trozzi**

Pleasure.

**Shawn Buckley**

There's further questions.

**Commissioner Kaikkonen**

I have a question. I'm just wondering, for the parents who are outside watching this or online, just wondering if you have any suggestions or counter-recommendations that you could give to them.

[00:50:00]

For preventing or countering the potential respiratory repercussions from masking? Maybe that didn't make sense, my brain's not working yet. But anyway, just: Do you have any recommendations that would possibly help parents?

**Dr. Mark Trozzi**

Yes. I'm not sure if you're asking specifically with regard to the masks. As you can see, my thoughts are that there's no significant advantage to having a piece of cloth burying your face all the time. It makes no sense. So a) I wouldn't mask my children, I consider it child abuse. In terms of keeping kids healthy? Well first of all I would avoid letting them be injected with any of this stuff whatsoever. It should be pulled from the market.

And then in general, keeping a healthy immune system. A healthy immune system is built. And it's funny, you know? If we had a legitimate health care institution at the beginning of this, this is the sort of advice we would have got, which is to stay physically active; to get lots of fresh air; to get exposure to sunshine or take vitamin D; to eat a healthy diet which involves lots of produce, organic produce, fruits, vegetables.

And then in the case of children—and I'd really love people to look at that—I presented, "Why Children Should Be Free and Never COVID Injected." And also, I've written articles and videos on the immune system and talked about what's called "original antigenic sin." So children need to be exposed to microbes. But microbes are evolving and humans are evolving, and we evolve together. When a child interacts with their environment—sticking dirt in their mouth and kissing the other kids and all the stuff they do—that actually allows their immune system to initialize itself at the point in history where it exists and to become compatible with the existing microbes. And then following that, the immune system, as we grow, can do a pretty good job of keeping up. As the microbes evolve, we evolve.

So removing kids from the environment, removing kids from each other, doing this sort of state-mandated, germophobic behavior is very dangerous. I think most of us are aware of the old stories where the kid whose mom bleached all the counters and wouldn't let him touch anything and washed his hands four hundred times a day, that was the kid with all kinds of allergies and all kinds of sicknesses, whereas the kids that rolled around the dirt were healthy. And that's just the way the immune system works. I mean, we live in a world swarming with microbes. And we're meant to and we need to do that in a natural way.

**Commissioner Kaikkonen**

Thank you.

**Shawn Buckley**

Dr. Trozzi, I had one final question for you. My understanding is that the vaccination uptake now in Canada has dropped significantly. And so we wouldn't anticipate seeing adverse reactions that follow quickly from vaccination.

Going forward, what do you think the prognosis is for Canada and Canadians that have been vaccinated? Would you anticipate that they would be getting better or worse? Or is it just unknown at this time because of the nature of the vaccines?

**Dr. Mark Trozzi**

Well, that's a good question. So there's a few caveats to that.

We've looked at variations in adverse event rates with different lots and different injections. And you know, this is a clinical trial: we're excluded from a lot of the knowledge. So some people, we believe, got a shot of saline; some people didn't get injected with the stuff. We've also learned that one of the things that causes certain lots to have much higher adverse events and death is the quality of manufacturing. If those little pegylated—those little polyethylene glycol chains around the sphere—if they're very equal in size, that stabilizes the nanoparticle. It makes the nanoparticle more effective at delivering its payload. And therefore, the higher quality injection you get, the worse off you are.

As well, these injections were delicate and had to be handled properly: I mean, stirring, temperature, all these things. And if you got lucky yours wasn't handled well. And instead of getting a full-functioning—as I would I think appropriately called bioweapon—injection, you might have got just some sludge that had fallen apart. So those are some of the perks that can happen.

When you get beyond that, when you look at, for instance Dr. Arne Burkhardt, Dr. Ryan Cole and others, the few pathologists in the world doing the right thing. Unfortunately, for instance in Dr. Burkhardt's case, more than a year ago he had 15 families come to him and say, "Listen, we have had a family member die. They were healthy before. We think the injection killed them, but we had an autopsy done by the government, the public health autopsy, and it said there was no relationship."

[00:55:00]

Now, those autopsies did not include immunofluorescence staining for spike protein. So you know, if you don't look for something, you won't see it. Dr. Burkhardt took those 15 cases as an initial case. His team analyzed their tissue and what they found was that there

was clear evidence that cause of death, in 14 out of the 15, was the injections. And that included people that died as much as a year after the injections. So for instance, when you look at the prion disease, that's a very slow-developing thing.

Now, the other thing though on people's side is: the scientists and doctors who stood against this, while we may not have the resources that we had before—we're no longer running the university labs; we're no longer running the hospitals for the time being—but we're working very hard on developing solutions. So for instance if one goes to the FLCCC, you can look at their protocols and advice for detoxifying from the spike protein and the injections. At the World Council for Health, we've also generated a spike protein detox guide.

Those guides are working very well. Interestingly, two of the most important things you can do: one is intermittent fasting. That increases the rate of what's called autophagy, or getting rid of bad old cell debris. The sooner we can get these poison cells out of the body, the better off we are. Ivermectin, the same drug that works for treating COVID infections, also has sequestered this poisonous spike protein, which makes it less likely to interact with our tissue. Ivermectin also stands quite high on the list. But there's a lot of things that could be done. There's more that is being looked into. I've been talking with an excellent Dr. Goodnow using a nutrient called plasmalogens and I know others are working on this.

So I would recommend to people, if you've had the injection, think about getting one of those protocols rather than waiting until you have a problem. The other thing that we're working on—we have it now available in a couple of countries in Europe but we will try to get it available elsewhere—is a simple test. For instance, a urine test where you can test your urine and see if you're producing spike protein and see how much of that spike protein you're producing.

The doctors who stood against this: we're still in the game. How bad it's going to be is partly going to depend on how successful we are and how much people take advantage of that. And as well, the sooner that we see the system turned into something legitimate again and we see— Rather than agenda-promoters running the College of Physicians and Surgeons, in my opinion, in a very criminal fashion, I'd like to see someone like Patrick Phillips or Dr. Kilian or Dr. Luchkiw, or any of the doctors who sit up and do the right thing. These are the ones who should be running our healthcare. And then we'll do a very good job of treating the injuries from these injections.

### **Shawn Buckley**

Thank you. I think those are all the questions we have for you, Dr. Trozzi. On behalf of the National Citizens Inquiry, we thank you. We're very grateful for you taking the time and sharing your insights with us.

### **Dr. Mark Trozzi**

Well, thank you very much for doing this. I feel that this is the first sign of legitimate government in a long time in Canada, is the people coming together for the people. So I'm really grateful that you're doing this, to all of you. And I hope it continues to go well. We'll continue to support it.

### **Shawn Buckley**

Thank you.

[00:58:35]

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