



## NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 1

April 26, 2023

### EVIDENCE

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**Witness 4: Dr. Gregory Chan**

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[00:00:00]

**Shawn Buckley**

Welcome back to the National Citizens Inquiry as we continue with day one of our three days of hearings in Red Deer. I'm pleased to announce that our next witness is Dr. Greg Chan. Dr. Chan can you state your full name for the record, spelling your first and last name?

**Dr. Gregory Chan**

My name is Gregory Keen-Wai Chan. My first name is spelled G-R-E-G-O-R-Y and last name is Chan C-H-A-N.

**Shawn Buckley**

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

**Dr. Gregory Chan**

I do.

**Shawn Buckley**

Now, you are a family doctor in Ponoka and you have submitted a bunch of adverse reaction reports?

**Dr. Gregory Chan**

That is correct.

**Shawn Buckley**

And you've been practicing family medicine in Ponoka for 13 years?

**Dr. Gregory Chan**

Correct.

**Shawn Buckley**

And you also regularly work in the emergency department in Ponoka?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

Now, you've sent me a CV [Curriculum Vitae]. We're not going to look at it, but I'll just advise we've entered it as Exhibit RE-1F. Now, I wanted to ask— My understanding is that as a doctor, sometimes when you're prescribing a drug, you need to know that the drug is contraindicated for a pre-existing condition, is that correct?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

And basically, you know, we—meaning society—we learn that a drug is contraindicated for pre-existing conditions often by learning after it's on the market and adverse reports being filed?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

So it's very important to learn with a new drug if any pre-existing conditions are reacting to a drug.

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

Now, can you tell us about your experience with submitting adverse reaction reports?

**Dr. Gregory Chan**

Well, as the vaccine, or the injection, was being rolled out to the public— This is a new technology that hasn't been used in the general public, so I thought it would be important for physicians that are seeing patients in the emergency departments and family practice to be recording any adverse events that occur.

We only had a small amount of data from the product monograph, so I thought it would be important to ask patients whether they have had a vaccine or injection prior to their presentation to the emergency department or to my family practice. And, interestingly, it was difficult to actually get the information. You know, you go through your standard history and physical. You ask them if they've had anything new in the last three to four weeks, and the patient would say no, and you actually have to specifically ask whether they had the COVID injections or not. And then they would remember, yes, I had it within X number of days or weeks from the presentation in the emergency department or the clinic.

**Shawn Buckley**

So that's interesting, as you were expecting that they would volunteer that information, but it appears when you're doing the interview to see if they had actually been vaccinated, that it's not even in their point of consciousness to consider that their condition could be related to the vaccine?

**Dr. Gregory Chan**

That's correct. I would actually have to specifically ask about the COVID injections, and then I had to change my usual standard practice to incorporate that in my history taking.

**Shawn Buckley**

Right, the specific question; so you started asking people that were presenting at the emergency ward about their vaccination status and what followed after that?

**Dr. Gregory Chan**

Well, I actually had COVID in April 2021, so I was just coming back to work at that time. The emergency room was busy, but I started asking patients the question, whether they had an injection within four weeks of having presented with these new symptoms. And it was not clear on how to document or how to submit these adverse events in Alberta.

**Shawn Buckley**

And when you say it wasn't clear, what do you mean? Because, we're not doctors and my understanding is that doctors are actually under an obligation to submit adverse reaction reports in Alberta.

**Dr. Gregory Chan**

That's correct. With the rollout it wasn't clearly communicated how to submit adverse events. I initially thought that we were supposed to do it through the CAEFISS system [Canadian Adverse Events Following Immunization Surveillance System], through the Health Canada system. But when I was initially trying to submit the adverse events online, you'd click on the link and they would go back to another link and then it would return back to the link of the original page, and you would just go into this endless loop of trying to click

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to find out how to submit the information. So eventually I just printed the forms and then filled them out by hand but that was a cumbersome job to do.

**Shawn Buckley**

I just want to make sure that people understand what you're saying. So you're a medical doctor, you have a degree in medicine?

**Dr. Gregory Chan**

Yes.

**Shawn Buckley**

And you likely have either a degree or some years of university prior to getting into medicine?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

And so you're deliberately going to try and submit an adverse reaction report on these vaccines on the government site and basically, it's impossible. You aren't able to navigate the site so that you could fill in a form online and submit it online?

**Dr. Gregory Chan**

That's correct. It would take an inordinate amount of time to try and submit the information. And after clicking for 10 or 15 minutes and getting nowhere, I ended up printing a blank form and then filling it out by hand. But that's not feasible for a busy emergency department.

And you have to remember that this occurred in May, the vaccine had already rolled out since December of 2020, January 2021, so this is five months into the rollout, and at that point, the vaccine adverse event system was operating in this manner.

**Shawn Buckley**

Right, so and you've already indicated in your testimony this was a new technology. It hadn't been used on a wide scale in the human population before, and five months into using this technology you're reporting to us that basically, it was very difficult for doctors to report. And also, that doctors did not know how to report?

**Dr. Gregory Chan**

That's correct. Actually, through talking with my colleagues about looking for adverse events, one of my colleagues pointed me to the Alberta Adverse Event Following Immunization Program or AEFI for short. So that was an online form that was much easier to submit. So then my speed of entering adverse events increased after using this format.

**Shawn Buckley**

Okay, and my understanding is you ended up submitting 56 to the AEFI system?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

And can you tell us— So first of all, like these would be 56 separate individuals that you as a medical doctor formed the opinion, that they were having a reaction that was in response to a vaccination for COVID-19?

**Dr. Gregory Chan**

That's correct. They have specific criteria on the AEFI website, so they have to have either a new symptom; it could be a pre-existing symptom, but it has to have changed either in intensity or frequency, and it has to occur within a certain time frame, within four weeks of receiving the injection.

**Shawn Buckley**

And actually, David, can you just pull up my screen and put it on. So Dr. Chan, I don't know how well you can see that screen, or I think it'll be on your computer in front of you, but you sent me a copy of the AHS [Alberta Health Services] website requirements. I believe this is what you're referring to, of what can be reported. So they're saying there it basically cannot be attributed to a pre-existing condition as basically the second one following immunization?

**Dr. Gregory Chan**

Correct. And then if you look further down, if they "require hospitalization or urgent medical attention," then that would qualify as an AEFI.

And I'll point your attention to the second last button where it says, "Has been previously identified, but has increased frequency." So I mean, you can see that there's already a contradiction in the statements, but I mean, you would think if a person had a rash and the rash got significantly worse after receiving this product, that that should count. So that's what I was going off of.

**Shawn Buckley**

Right, right, and it is interesting. I mean, when we had spoken earlier, I'd asked you that, I mean, basically the way we learn whether a drug is contraindicated for pre-existing conditions is by medical people reporting an adverse reaction to a pre-existing condition, but for the Alberta reporting form, they're basically excluding pre-existing conditions as a criteria. So what happened to these 56?

**Dr. Gregory Chan**

According to my statistics, about half of them were

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not acknowledged as far as an adverse— And I didn't receive any feedback. And half of them I received feedback on whether it was accepted or rejected as an adverse event.

**Shawn Buckley**

Okay, so half of 56 would be 28, So, in half of the of the 56 there was feedback, whether it was accepted or rejected or even, you know, whether the fate was unclear you had some correspondence or dealings with AHS?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

So what can you tell us about the half that you did have feedback on?

**Dr. Gregory Chan**

Of the half that I received feedback on, most were rejected.

**Shawn Buckley**

Okay, would I be correct in saying that six were accepted as adverse reactions of this 23?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

And that eight were rejected for various reasons such as there was a pre-existing condition or otherwise didn't meet criteria?

**Dr. Gregory Chan**

Correct.

**Shawn Buckley**

For nine of the 23 you have no idea what happened except that they did contact you so you know that there was some acknowledgment?

**Dr. Gregory Chan**

That's correct. They would send me feedback, but it wasn't clear whether the person should receive another dose or not.

**Shawn Buckley**

What do you mean?

**Dr. Gregory Chan**

They would just say that the submission was acknowledged, but there was no clear information as to whether the person should receive another dose. Often, they'd phone and

they'd want to speak to me when I'm busy seeing patients, so my medical office staff would take the message.

**Shawn Buckley**

So I just want to make it clear that I'm understanding what you're saying. So this group that receives these adverse reaction reports that you sent in, would be calling you on an adverse reaction report. So you're of the opinion that the vaccine caused an adverse reaction and they're calling you to, in some cases say, "Yes, but the patient should get a second dose?"

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

Do you have any idea how many times that happened?

**Dr. Gregory Chan**

Sixteen times they said that the patient should receive another dose of the COVID injection.

**Shawn Buckley**

And this would be in relation to the half, the 23, that they've had communications with you?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

So with 16 of these 23, so all of these you're of the professional medical opinion, as the patient's physician, that they've had an adverse reaction of enough of a severity that you felt the need to send in an adverse reaction report. And yet for 16 you're specifically getting called to be told that in somebody else's opinion they should be vaccinated again?

**Dr. Gregory Chan**

That's correct, even though it was accepted as an adverse event they were told to get another shot.

**Shawn Buckley**

What was your professional opinion about whether any of these 16 should get another shot?

**Dr. Gregory Chan**

Well, looking at the wide range of adverse events, as I said at the beginning, I was just trying to document what sort of adverse events would occur after receiving this new product, and this is post-marketing analysis in my opinion. We saw a wide range of adverse

events from rashes to diarrhea to chest pain, shortness of breath, even a stillbirth, so these events are wide and varied.

With some of the ones that they told the patient to get another shot, in my professional opinion, I felt that that was inappropriate. I'll give one example of a young man who was playing hockey, and he was playing to the point where he was doing skating tryouts. I'm not sure what the right term is for that, but he was he was competing at a professional level. He ended up having COVID, and he recovered from it to the point where he was going to compete again. He was told to get his shot, and once he had his shot, within 24 to 48 hours, was unconscious at home. He was brought to the hospital in an ambulance, and he was told that he shouldn't have another dose of the injection. Yet, curiously,

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the AEFI program told him that he should have another dose.

**Shawn Buckley**

My understanding is that this young boy had to see a cardiologist and is no longer able to play hockey?

**Dr. Gregory Chan**

That's correct. He stopped his hockey career and he's moved on to something else.

**Shawn Buckley**

And my understanding also is that basically he could not exercise for three months after the shot because he would get dizzy?

**Dr. Gregory Chan**

Well, yeah, he was visibly unwell. His physical reserve was very poor. He was pale. Anytime he tried to exert himself, he was short of breath, and he had chest pain. So I mean, clinically, that sounds like there's some adverse event or condition that he was having. He was a high-performance athlete previously, so I had to walk with this patient until he recovered to the point where he could do something.

**Shawn Buckley**

Right, and so you've got a patient, it sounds like you would be strongly of the opinion that the last thing that this young man should do would be taking another dose?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

And am I correct that whoever is phoning you has basically not seen this young boy to do a medical assessment before making the phone call that this person should be vaccinated?

**Dr. Gregory Chan**

With this particular case the person investigating from the AEFI team had got the details incorrect. They thought that this person was having problems with long COVID. But I specifically asked a detailed history to determine what was his exercise capacity from pre-COVID, after he had COVID and he was recovering. And then what his physical capabilities were after having the injection, and they seemed to get the details incorrect.

**Shawn Buckley**

Right, so did this young man get a second shot?

**Dr. Gregory Chan**

No.

**Shawn Buckley**

Now, you also told me one about a nurse that had numbness in her body. Can you share with us about her case?

**Dr. Gregory Chan**

Yes, this patient ended up having numbness to half of her body—from shortly after having the injection—it was very strange. Physically, there was not much to find, but she clearly stated that she had numbness to one half of her body after receiving the injection.

**Shawn Buckley**

And this persisted for months, am I correct about that?

**Dr. Gregory Chan**

That's correct. It persisted long enough that we could do investigations, and I referred her to see a neurologist and to have electromyographic studies done and eventually the symptoms faded.

**Shawn Buckley**

Right, but this is another one where you were phoned, and she was told to get a booster shot?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

And my understanding is you also had one with an officer who, within a week, developed chest pain. Can you share that story with us?

**Dr. Gregory Chan**

Yes, it's very similar to the first case where this person was in a high-performance job. He had to be physically fit, took the injection, and then had chest pain shortly afterwards. And, to this day, it has not resolved. And he had the injection in late 2021, due to employment requirements.

**Shawn Buckley**

So we're about a year and a half on and his chest pain and shortness of breath is continuing?

**Dr. Gregory Chan**

Correct.

**Shawn Buckley**

And my understanding is that the AEFI group has taken the position that he could not be injured by the vaccine because the symptoms have gone on for a year and a half?

**Dr. Gregory Chan**

That's correct. They said it does not meet the criteria for myocarditis; I'm just reading the notes that my staff wrote when they took the phone call. All cardio tests were normal. They were asking that I review the criteria on the AHS website. They were basically telling me I should read their instructions again.

**Shawn Buckley**

Right, and these are just examples out of the 23 for which you received some feedback. Do you have any idea at all what happened to the other half, the 23 for which you did not receive feedback?

**Dr. Gregory Chan**

I don't have any knowledge about what happened afterwards.

**Shawn Buckley**

Do you have any confidence that there is fair reporting

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of vaccine adverse reactions in the province of Alberta?

**Dr. Gregory Chan**

I have very low confidence that these are being documented appropriately. I even received a letter back from the AEFI program educating me that I had incorrectly submitted many submissions and that I needed to look at the criteria again to determine what is an appropriate AEFI.

**Shawn Buckley**

And just so you know, we've entered that as Exhibit RE-1E and the earlier thing that I pulled up from AEFI we entered as Exhibit RE-1A, and we've also entered your CV [Exhibit RE-1F] as an exhibit so those will be available for the Commissioners and the public to review. I'm wondering if you can tell us now, about a young man named Nathanael Spitzer?

**Dr. Gregory Chan**

Nathanael was a 14-year-old boy who— Maybe I'll just start with what happened in the news.

**Shawn Buckley**

Sure.

**Dr. Gregory Chan**

The medical officer of health had identified a 14-year-old boy as being the first child to pass away from COVID in Alberta.

This boy had terminal brain cancer and I was his family doctor. I was looking after him after he had his brain cancer; he had two surgeries for it and there was no more medical treatments that were available for him. I was doing home visits for this child, visiting the family, and it came to the point where the tumor had progressed to the point where he was very sick. He was vomiting and he was unable to be at home. He ended up losing consciousness and he had a seizure. The amount of pressure from this recurrent brain tumor had been to the point causing enough pressure that he lost use of half of his body, and he was blind, and he needed total care; so he had to be admitted to hospital.

**Shawn Buckley**

And just so that I can maybe emphasize some things for the commissioners is my understanding is he had undergone a couple of surgeries but the cancer persisted?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

And that the tumor kept growing, and so that it was actually sticking out of Nathanael's head?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

So and we were talking just about a very difficult and sad case of severe brain cancer?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

And when he is admitted to the hospital, he is not being admitted to the hospital for treatment, he is being admitted to the hospital for palliative care?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

So and palliative care is just basically keeping people comfortable until they die.

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

So he's entered the hospital, you're his doctor, he's there strictly for palliative care and what happens?

**Dr. Gregory Chan**

Well, when patients were admitted at that period during the pandemic, patients have to be tested for COVID before they enter the hospital, so he tested negative, even though he was vomiting and having some B symptoms of COVID. He required total care, so he needed someone to help him with his, you know, basic daily living activities. He was fed. He faded in the course of week to week, so it wasn't a quick thing. He was admitted August 25th and he ended up passing away on October 7th.

So each week he was weaker and required more assistance, and needed pain control. And in the last few days prior to his death he ended up having a fever, and then he had diarrhea, and he was tested and tested positive for COVID.

So when he passed away, I thought it would be important to clarify with the Medical Examiner's office to determine what the cause of death was. I'm fairly confident that it's from his terminal brain cancer that had recurred,

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and that would be the cause of death, but because he tested positive for COVID, I thought it would be important to verify with an external source whether I'm correct in filling out the death certificate.

**Shawn Buckley**

And, just for clarification, so the Medical Examiner's office in Calgary, these are pathologists. These are pathologists that do autopsies and their expertise is determining cause of death?

**Dr. Gregory Chan**

That's correct. The way the Medical Examiner office works is that there's a pathologist or pathologists that work in the office and they have medical investigators that take phone calls from outside the region and they also investigate local cases.

**Shawn Buckley**

And so what ended up being the cause of death on the death certificate?

**Dr. Gregory Chan**

Well, I explained the events leading up to his death, and they, specifically, told me to not write COVID on the death certificate.

**Shawn Buckley**

Right, so basically the cause of death is complications from the type of brain cancer that he had?

**Dr. Gregory Chan**

That's correct; complications from his glioblastoma.

**Shawn Buckley**

Okay, that's the medical term for the brain cancer that he had?

**Dr. Gregory Chan**

Correct.

**Shawn Buckley**

And is it even remotely possible, remotely possible that he died from COVID?

**Dr. Gregory Chan**

In my opinion, no.

**Shawn Buckley**

Okay, so now when you talked about the Chief Medical Officer, just to fill in the blanks you're talking about Dr. Deena Hinshaw?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

And this was an announcement on October 12, 2021.

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

And she's holding a press conference; it's on the news all across Alberta.

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

And she's basically announcing, without using Nathanael's name, that a 14-year-old is the first child death by COVID in Alberta.

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

And your impression of the news story was that it was deliberately calculated to generate fear?

**Dr. Gregory Chan**

Well, it's quite curious as to why his death was announced. I know they were announcing deaths weekly, like I was following the news and listening to the reports, but it's curious that his death would have been announced, and I did not write COVID on the death certificate. I did not even mention COVID as part of the most responsible diagnosis on the discharge summary. So I followed the advice of the Medical Examiner's office to leave COVID out of the diagnosis. So then, lo and behold, within a week, his name and his case is announced on the news.

**Shawn Buckley**

As Alberta's first COVID death for a young person?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

And the death certificate did not mention COVID?

**Dr. Gregory Chan**

Correct.

**Shawn Buckley**

The discharge summary did not mention COVID?

**Dr. Gregory Chan**

Correct.

**Shawn Buckley**

You were not interviewed?

**Dr. Gregory Chan**

Correct.

**Shawn Buckley**

And the family was not interviewed by Ms. Hinshaw?

**Dr. Gregory Chan**

Correct.

**Shawn Buckley**

And when I said you weren't interviewed you weren't interviewed from anyone, let alone Dr. Hinshaw?

**Dr. Gregory Chan**

Correct.

**Shawn Buckley**

So how would you characterize then her news conference that Nathanael is the first case of a young person dying of COVID in Alberta?

**Dr. Gregory Chan**

Yeah, it's very curious as to how they got the information because the family were not interviewed, I was not interviewed, and none of the documentation points to COVID. So how did they find out that COVID was part of his medical care in his time in Ponoka?

**Shawn Buckley**

Right, okay, so your thoughts are: very curious?

**Dr. Gregory Chan**

Yeah, I mean it was upsetting. It was distressing that this information was somehow found out by the Chief Medical Officer of Alberta, that this information was used at the time when there was a Delta surge, and they were telling people to take the injections. And this was

just before they were going to release it for under 12-year-olds, so you know this type of information being released at that particular time, is very suspicious.

**Shawn Buckley**

And how did the family, how did Nathanael's family react to this?

**Dr. Gregory Chan**

Well, Nathanael's sister had posted on social media that he did not die from COVID.

[00:30:00]

**Shawn Buckley**

And did the family pressure eventually lead to any retraction from Dr. Hinshaw?

**Dr. Gregory Chan**

I believe Dr. Hinshaw had apologized for the hurt that she had caused, for announcing his death in this way; and that occurred too within days of the family putting out the truth on social media.

**Shawn Buckley**

Now, Dr. Chan, it's clear from the fact that you were apparently diligent in trying to report adverse reactions to the vaccine to AEFI. You did another investigation concerning the vaccine and that involved a stillborn child. Can you tell us about that investigation?

**Dr. Gregory Chan**

Well, I had a patient that was previously successful with having pregnancies. They had several children, and they had become pregnant in 2021. She had received both injections when she was pregnant, had a 20-week ultrasound that was normal. The anatomy was normal. All the usual tests and prenatal visits were unremarkable, and at approximately 24 or 25 weeks it was noted that there was no heartbeat at the prenatal visit. And an ultrasound confirmed that there was a stillbirth. The timing of the stillbirth was eight weeks approximately from the second dose.

**Shawn Buckley**

Now, this child was delivered at the hospital, and the hospital, at your direction I expect, retained a sample of the placenta?

**Dr. Gregory Chan**

Yes, this patient was already at a facility to do the ultrasound. So that facility had obstetrical services, I consulted the specialist and they helped the patient with the management and aftercare after having a stillbirth. I had spoken to the patient over the telephone asking her what she wanted to do next, whether she wanted to investigate any further whether there was a relationship between the injection and the stillbirth. She declined having the baby tested, but she agreed to having the placenta tested for the spike protein.

**Shawn Buckley**

And what happened after that?

**Dr. Gregory Chan**

Well, I made a request to the local lab and pathology department to have testing done on the placenta. That is a usual practice if there's a stillbirth, or if there's some unusual event that happens with the delivery that you can ask for the placenta to be tested. And there's general testing that can be done. They take the placenta; they do histopathology on, it they look at it under the microscope. That'd be a general term to describe that. So I asked specifically to test to see if there was the presence of the spike protein in the placenta, but after much communication back and forth and some unclarity as to what I was asking for, it turns out that it's not possible to do that testing in Alberta.

**Shawn Buckley**

So can I ask you, when is this happening? When did you send this placenta sample to the lab to be tested for spike protein?

**Dr. Gregory Chan**

It was somewhere around the end of September 2021.

**Shawn Buckley**

So we're in the middle of a global pandemic. We have rolled out a vaccine now nine months ago in Canada, which we are told has the body manufacture spike protein, and in September of 2021 it is not possible for a doctor in the province of Alberta to have a tissue sample analyzed for the presence of spike protein? Is that what you're telling us?

**Dr. Gregory Chan**

That's what I understand, yes. And I have a science background. I know that you can do histochemical testing for various proteins, and in my reading of papers up to this point, I mean I know that the spike protein can be tested for. They talk about it in published papers.

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So we're trying to see if there is a link between receiving the vaccine and what happened with this terrible event. The pathologists were wondering whether I was looking for the presence of COVID in the placenta when I was asking for the spike protein, and I had to clarify: "No, I'm not looking for COVID in the placenta, I'm looking for the expression of the spike protein."

And if you just look at how the vaccine is designed, it's asking your own cells to make the spike protein. They tell us it should just be located in the arm where you do the injection but other information that's come out, has shown that it can move away from the site of injection.

So eventually, with the back-and-forth it turned out that I would have to either ask the University of Alberta or the University of Calgary to partner with a researcher to do this as a research project. I have no experience in doing that.

The second option was to send this placenta to the United States, but that would have to be done out of pocket, you'd have to pay for it privately, so that was the option that we went with.

**Shawn Buckley**

And my understanding is the hospital ended up sending it to a lab that could not do that test in the United States?

**Dr. Gregory Chan**

Yes, and I should clarify that I wanted to be very clear as to what we were asking for. So I asked the patient to sign a consent form asking for testing the placenta for the presence of the spike protein, and it was sent to a university in the United States that tested for the nucleocapsid protein.

If we know the COVID virus there are various proteins on the outside surface, and obviously with the COVID injections they should express the spike protein. If you take the vaccine you'll only develop antibodies against the spike protein. The spike protein is the only thing that's being produced if you were to receive COVID injections.

However, if you see the real thing, if you saw COVID, then you'd have antibodies against the nucleocapsid protein. So the nucleocapsid protein is a natural protein that's found on COVID. I don't understand why this university would have tested for the nucleocapsid protein. It's not even part of the vaccine.

**Shawn Buckley**

So you tried to get this done at the hospital in September of 2021. It is now April of 2023. Have you succeeded yet in having this placenta tested for spike protein?

**Dr. Gregory Chan**

No, I haven't.

**Shawn Buckley**

You're still working on it though, am I correct?

**Dr. Gregory Chan**

Yes, I've been encouraged to find my own lab that can do this testing, so I'm waiting for another lab in the United States to get back to me.

**Shawn Buckley**

And that would be Dr. Cole's lab?

**Dr. Gregory Chan**

Yes, under the advice of other colleagues, they've suggested that I reach out to a pathologist that works in the United States. His name is Dr. Ryan Cole, so I'm waiting for direction from his clinic.

**Shawn Buckley**

So and again, I think it's very important for the people of Alberta to understand. So you're a medical doctor, you're trying to find out the cause of a stillbirth, and we're in a situation, as you've made it very clear, where the population is being vaccinated with a vaccine that makes the body manufacture a spike protein. And you, as a medical doctor, in basically a year and a half, have been unable to get a tissue sample analyzed for spike protein so that you could determine whether the vaccine was a cause or contributing cause to the stillbirth?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

I feel like asking if we're in a first world country or a third world country. Now, my understanding is that this mother who had— She was a mother of three, so she had a good history prior to her vaccination of delivering. My understanding is that since this stillbirth she has had two additional miscarriages?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

What are your thoughts about having this vaccine given to pregnant women?

[00:40:00]

**Dr. Gregory Chan**

I think it's a new product, and it's unclear what the effects are on pregnancy and on the baby. Prior to COVID, it's almost as if pregnant women are protected. You're not supposed to test things on pregnant women because of the effects on mom and on baby. So these products, we still have a very short history with them, and I would be very concerned about providing these to pregnant women.

**Shawn Buckley**

Okay, and just so that we understand, so pre-COVID-19 vaccines the practice was actually to protect pregnant women from new drugs, to protect both the mother and the baby. So they were treated with caution?

**Dr. Gregory Chan**

That is my understanding.

**Shawn Buckley**

But that policy changed dramatically. In fact, it was a 180-degree reversal for the COVID-19 vaccines where basically there was a push to get pregnant mothers vaccinated.

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

And is it also true that in the hospital system that doctors were being basically deliberately told that pregnant women were a higher risk for hospitalization and death from COVID than the general population?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

And you did research and basically this is not true in any meaningful way?

**Dr. Gregory Chan**

Yeah, that's correct. I mean, there is no usable data from Canada as to the risk of COVID to a pregnant woman or to her baby or compared to a woman who's not pregnant, compared to pre-COVID. There is no data available.

**Shawn Buckley**

And is it fair to say that the U.S. data does not support what you were told?

**Dr. Gregory Chan**

The U.S. data, and that's the best— When the COVID injections are being rolled out— I have a prenatal practice, so I'm trying to determine how do I counsel patients on what to do with these injections. They're being told that they must get it because they're at higher risk, and I wanted to give them real numbers to determine what is the actual risk of COVID to themselves and to their babies.

So the only place to get information easily was to look at the CDC and the United States data, and looking at the data, the risk of maternal mortality, that's the pregnant mom dying from COVID, was 0.11 per cent.

**Shawn Buckley**

Which is a very low risk?

**Dr. Gregory Chan**

That's correct, and comparing to pre-COVID numbers of maternal mortality, like from 2017, that risk is about 0.017 percent.

**Shawn Buckley**

Right. So on an absolute risk basis, you just had no concerns as a physician about your pregnant women patients dying of COVID?

**Dr. Gregory Chan**

Well, the way I would counsel my patients is that I would say, “Well, these are the numbers.” I had actually had some numbers then to show patients and I’d say “Well, here are the numbers and you decide for yourself. I’m not going to tell you to get it or not to get it but here are some numbers that you can work with.” And the patients had to decide themselves. I mean, there are some non-material things you’d give for advice. “We don’t know what the long-term effects are of receiving these injections for you or for your baby but these are the risks of dying from COVID in your particular situation, then you’ll have to decide.” That’s the route I took in advising my patients.

**Shawn Buckley**

Right, so you weren’t trying to encourage or discourage, you just had to do your own research to actually be able to give these patients some semblance of informed consent.

**Dr. Gregory Chan**

That’s correct. I mean, they’re walking into my office asking me for my opinion. If my opinion was just telling them to go get the shots, then that’s really not an opinion. That’s me telling them what to do. And, you know, patients really have to look at the information and decide for themselves. I’m not here to tell them what to do. I have to present them with information and they need to decide for themselves.

**Shawn Buckley**

Right. Dr. Chan, I have no further questions for you, but the commissioners likely will.

**Commissioner DiGregorio**

Thank you, Dr. Chan, for coming today and giving us your testimony. Hopefully you can help me understand a little bit about the fact that there are two reporting systems, CAEFISS and AEFI.

[00:45:00]

Is that two parallel adverse event reporting systems?

**Dr. Gregory Chan**

That is my understanding.

**Commissioner DiGregorio**

Okay, and so CAEFISS is a federal government reporting system and AEFI is the one for the province of Alberta, is that right?

**Dr. Gregory Chan**

That’s correct.

**Commissioner DiGregorio**

Okay, and do you know if other provinces have something similar to AEFI [Adverse Events Following Immunization]? Is this parallel system running across the country, or is that unique to Alberta?

**Dr. Gregory Chan**

My understanding is that each province has their own reporting system and my understanding is that these adverse events are supposed to be uploaded into the CAEFISS system. That was my impression when I was submitting these documents.

**Commissioner DiGregorio**

Okay, so the AEFI, you believe that that information then feeds into CAEFISS?

**Dr. Gregory Chan**

That was my understanding.

**Commissioner DiGregorio**

That's your understanding. Okay, but they have separate portals or entry points at which you would make a report? Is that right?

**Dr. Gregory Chan**

Yes, they are separate, so CAEFISS has their own system of entering information, and the AEFI program in Alberta has their own system of entering information.

**Commissioner DiGregorio**

On the screenshot that we showed earlier, sorry, I'm pointing at the screen, it's not there anymore, but it was the one you showed for the purpose of showing what were the criteria for meeting the AEFI. But I noticed a little bit of text up at the top that was kind of cut off that said, yeah, there it is now. Right up at the top there that says, the Public Health Act mandates that any healthcare practitioner who becomes aware of an adverse event following immunization must report the event to the AHS provincial AEFI team. So is that a mandate that you were aware of as part of your practice?

**Dr. Gregory Chan**

I was not aware of that until the COVID injections came out. Adverse events from immunizations were not very frequent prior to 2020, so I became aware of this AEFI program and then, reading that, I learned of this in 2021 that it was mandatory for me to submit these. So that also encouraged me to look and submit because it's our duty to do so.

**Commissioner DiGregorio**

Okay, so is it fair to say then that as part of your training to become a medical doctor, you were not made aware of that mandate?

**Dr. Gregory Chan**

I was not made aware of that mandate.

**Commissioner DiGregorio**

Okay, thank you. When it came to making an adverse event report did you need to form an opinion on there being causation between the vaccine and the adverse event or was it more just if there's an adverse event following injection that you would report it? Do you have any understanding of that?

**Dr. Gregory Chan**

I believe my role was to link whether there's any chronology between a vaccine and an event, and if there is then I'm to detail what those symptoms were that were new and to properly document that, and then submit that. So I'm not to make causation; I think causation would be very difficult to do, but I can at least say that there's a chronology. This person that didn't have these symptoms prior to the injection, they had the injection, and then now they have these new symptoms; so if those two fit then then I'm to submit and document as much information as I can.

**Commissioner DiGregorio**

Okay, and so when you make the report, I think you just said you don't have to put an opinion on causation in it, and it goes up for review with, I assume, somebody at Alberta Health, and there's a review there, and they form an opinion on causation, and they either accept or reject it as an adverse event?

**Dr. Gregory Chan**

That's what I believe.

**Commissioner DiGregorio**

Okay, and do you know what the process is that they go through when evaluating your report?

**Dr. Gregory Chan**

No.

**Commissioner DiGregorio**

No, you just get the call at the end of it.

**Dr. Gregory Chan**

No, and based on the letter that I received back from the AEFI program there appears to be a second set of criteria that they use to determine whether something is an adverse event or not. So I'm following the criteria on the website and I'm submitting the information as I see it, and then they have a separate set of criteria to say that that is an adverse event or it isn't, and I don't know what that criteria is; they just determine and I don't know how they determine that.

**Commissioner DiGregorio**

Do you know if they reach out to the patient personally or is it solely based on the report?

**Dr. Gregory Chan**

They reach out by phone call, so usually my patients are contacted.

**Commissioner DiGregorio**

Okay. And are you aware of the numbers of reports that are made, maybe the overall numbers, the accepted numbers? Are those published anywhere? Is that public information?

**Dr. Gregory Chan**

Are you referring to COVID; the COVID injections?

[00:50:00]

**Commissioner DiGregorio**

For the adverse events that are reported following an injection, yes.

**Dr. Gregory Chan**

That was, and I believe that still is, reported on the Alberta COVID webpage, that they talk about the number of adverse events.

**Commissioner DiGregorio**

But that would be the number that they've approved as adverse events?

**Dr. Gregory Chan**

I believe that they're the numbers after this second process.

**Commissioner DiGregorio**

Okay. Thank you. Those are my questions.

**Commissioner Massie**

Thank you very much, Dr. Chen. I had a question about the time at post-injection that is considered to be reasonable for assessing adverse events. I noticed that in other jurisdictions this time could be a little bit different. Are you aware of the medical or scientific basis to establish this four-week cut-off in Alberta?

**Dr. Gregory Chan**

I'm not aware of any scientific basis for that. I believe that's just the number that we're told fits the criteria. I think that there could be adverse events that occur later, but the four-week criteria, I believe, is just an arbitrary number.

**Commissioner Massie**

Could it be because with other types of vaccine in the past, this was a general observation? Are you aware of the reporting of adverse events for other types of vaccine?

**Dr. Gregory Chan**

That, I am not aware of. I think four weeks is probably a generous timeframe to say there is a chronological association between the treatment and then an adverse event, but that's all I know. I'm not sure of the history behind the timeframe.

**Commissioner Massie**

So given that with these new technologies, we now realize based on a number of studies that the spike protein can actually be found in tissues for—there are studies saying two months, there are other studies like almost a year. Would it be reasonable to expect that the expression or the presence of spike protein in different tissue could actually trigger adverse events way past these four weeks, in your opinion?

**Dr. Gregory Chan**

I believe it's possible and we won't know unless we look.

**Commissioner Massie**

I'm a little puzzled with this difficulty you've been through in terms of getting, I would say, a relatively simple histological assay for spike protein within the medical system in Alberta.

Is it something that you've experienced in the past for other types of assays, or although it's a new protein, histology is a pretty routine test that can normally be done in any medical system. Are you aware of that issue because of all kinds of, I don't know, administration, or other reason that happened in your experience of having difficulty to do a simple routine test like that?

**Dr. Gregory Chan**

I have not had difficulty previously. Previously, you would just phone and ask for a special test and then it would happen after the request was made. But you'd often have to phone and ask, but it wouldn't be difficult, it would be done.

**Commissioner Massie**

Thank you.

**Commissioner Kaikkonen**

I'm just following up to get some clarity on a question and a response that you made. In terms of pre-existing conditions, they're excluded on the AEFI form, and then the health authorities follow up with the patients with a phone call. I'm just wondering, do you believe that they're actually reviewing the patient's personal health files as well, in terms of collecting data and information for making their determination?

**Dr. Gregory Chan**

I believe so. In Alberta we have Alberta Netcare. So a lot of information can be found like tests, diagnostic imaging, the dates of when the vaccines occurred, or the injections were given. That information can be found on Netcare, so I believe that they are looking through chart information: if they presented to a hospital, if they had tests done. So I believe that they were accessing other information.

**Commissioner Kaikkonen**

So then my follow-up would be: Do you know if there are any protections for personal health care information in Alberta?

[00:55:00]

**Dr. Gregory Chan**

I believe on the AEFI document they do state that they will be looking through the chart and looking through additional information and that it would be part of the process. But I'm not sure about the security of that. It does say that they do follow the Health Information Act as far as collecting that information.

**Commissioner Kaikkonen**

Thank you.

**Commissioner Drysdale**

With regard to the form that you put up from Alberta Health, did I understand it correctly that if you were trying to evaluate an adverse event that you had to preclude the ones where there was a pre-existing condition as being an adverse event?

**Dr. Gregory Chan**

Yes, well partially. If you look at the form it says if it was a pre-existing condition it doesn't count, but then if you look on the form it says that if the condition has increased in frequency then it counts.

**Commissioner Drysdale**

I mean the reason I ask that is— Wasn't the vast majority of people who died from COVID, didn't they have pre-existing conditions?

**Dr. Gregory Chan**

That's correct.

**Commissioner Drysdale**

So a pre-existing condition with COVID equalled a death by COVID but a pre-existing condition with an adverse reaction from vaccine were maybe or maybe not counted because of the pre-existing condition?

**Dr. Gregory Chan**

That's correct. You're saying that they blame the pre-existing condition for an adverse event, but when they had a pre-existing thing like obesity or high blood pressure then they died of COVID? That's an interesting link.

**Commissioner Drysdale**

Well, I understood that I think it was 75 or 80 per cent of all deaths by COVID-19 had at least three or more pre-existing conditions.

**Dr. Gregory Chan**

That is my understanding as well.

**Commissioner Drysdale**

I also noticed when you were talking about the injections that often you said vaccine and then you corrected yourself and called it something else. Could you tell me why you did that?

**Dr. Gregory Chan**

So in my medical training I understand a vaccine to either be: a dead virus or infectious agent, or it's broken up parts of the infectious agent, or it's an attenuated version of that infectious agent. So that's a traditional vaccine. A traditional vaccine you get a standard dose of that antigen, so whatever that is, and it's deposited in your body, and then you develop a reaction to it.

This is not like that, so this is delivering messenger RNA to your body, and then the amount of spike protein that's being produced is not known. How long it's produced for is not known. So this does not fit the traditional definition of a vaccine.

A vaccine is giving you some protein or fingerprint of the infectious agent, and then you develop an immune response to it. This is a completely different delivery system, so it doesn't fit the traditional definition of vaccine.

And I know that the definition of vaccine has changed in the last three years, where the original definition was what I described, and the new definition is anything that generates an immune response. I'm paraphrasing, obviously.

**Commissioner Drysdale**

I also thought I noticed something else in your testimony. You talked about something that you called long COVID, and we heard from previous testimony that the real name for this was spike protein disease, I believe it was.

I'm just wondering why spike protein disease, which more effectively or more articulately says what the problem is, why the name would have been changed to long COVID disease when, to my mind, that's a little mis—and maybe perhaps I'm wrong with this—is that misleading? Do you want to talk a little bit about that?

**Dr. Gregory Chan**

Yeah, and I'm not well versed in long COVID and how they define it. I mean, before COVID, you would see, occasionally, patients that had some serious illness:

[01:00:00]

whether it's from a virus or other infectious agent, and they would have persistent fatigue for a long time. I mean, the most common one that I would encounter as a family doctor is Epstein-Barr virus. So a person who has infectious mononucleosis, they could have fatigue that would last for months. That's not always the case, but that has been observed. So I mean, this long COVID business, I'm not sure how they characterize that.

**Commissioner Drysdale**

And I'm curious about the process by which the screeners, if I can call them that, the people at AHS who would look at your reports of adverse reactions, considering your testimony that this was a new technology not used on humans before, how would they determine what an acceptable adverse reaction was or was not when they had no experience in the population with this particular injection?

**Dr. Gregory Chan**

That was my point with trying to submit all this data, is because we don't know what the effects are from these injections. We don't know if it's going to be mild like a rash or if a person's going to have chest pain and myocarditis or if they're going to have a stroke. We don't know. We just don't know.

The only way to know is to gather all the information and see what adverse events actually fit chronologically with taking these injections and then seeing which ones are more common. If you see that there are common side effects, then you can properly advise people going forward.

Let's say, for example, myocarditis is a common side effect, then you'd see a large number of myocarditis reports, and then you can say, well, then that's something we should be telling people now. Lo and behold, that is what happened through COVID. Before you couldn't get an exemption except for having anaphylaxis to the first shot. Now they've changed their tune saying that if you had myocarditis, well, now that qualifies as an exemption. They've recognized that that's something that's being observed.

Look at the Scandinavian countries in 2021. They observed this because they were paying attention to it. Another way to say this is that the adverse event program is a way to pay attention to what the side effects are from a new product. If we automatically throw out a whole bunch of adverse events because they didn't fit the criteria, how do we know what's actually happening, and we don't.

**Commissioner Drysdale**

Okay, I have two other shorter questions: With regard to the 14-year-old that was your patient and was admitted to hospital. I think I remember your testimony being that when he was admitted to the hospital, he was checked for COVID and it was negative, but some weeks later, after having been in the hospital all this time, he tested positive. Given my assumption that medical staff were wearing PPE [Personal Protective Equipment]—their

prescribed PPE—how did he contract COVID in the hospital when he was in this protected environment?

**Dr. Gregory Chan**

That's a very good question. I mean, he was in the palliative care room, which is in the far corner of our hospital. He never left the room. He was in the bed the whole time. We didn't have to use PPE to give him day-to-day care before he had COVID, so we were just going in and providing usual care. But most of the staff was vaccinated, and none of his family was symptomatic. I wasn't symptomatic. None of the nurses were symptomatic or sent off due to illness. So it's very curious how he had actually picked it up.

**Commissioner Drysdale**

Prior to 2019, was it common for doctors to make diagnoses of patients without ever having seen the patient? Was that ethical?

**Dr. Gregory Chan**

No.

**Commissioner Drysdale**

But if I understand properly, the people who were screening your reports of adverse reactions and then giving a recommendation that a patient take another injection, is that not diagnosing a patient without seeing the patient?

**Dr. Gregory Chan**

That's correct.

**Commissioner Drysdale**

Thank you

**Commissioner Massie**

I have a few additional short questions. The first one is in relation to the line that says that normally you are expected, as a doctor, to report an adverse event. So you seem to have been doing it quite thoroughly in your practice. What about your other colleagues? Do you know whether your colleagues were as thorough

[01:05:00]

in terms of reporting adverse events, in your hospital or in people that you know in the practice?

**Dr. Gregory Chan**

I believe some of my colleagues were submitting them, but we never had a discussion as far as how many they were submitting compared to what I was seeing.

**Commissioner Massie**

So my follow-up question on that is, what was the incentive from the system to the medical doctor to actually be proactive in reporting these adverse events?

**Dr. Gregory Chan**

There was no incentive to submitting these. There was no financial compensation. It takes time to submit these and to submit them properly. So it actually required an investment of time from the physician to submit these adverse events.

**Commissioner Massie**

Based on what we've heard from other witnesses and what you've presented here, it seems that to do a diligent reporting of adverse events seems to be an important element, especially when a new technology like the mRNA [Messenger Ribonucleic Acid] vaccines are being deployed on a large scale. What would you recommend from the health authority to do differently in order to improve the process?

**Dr. Gregory Chan**

My recommendation would be that an adverse event program would be set up before that product is rolled out so that those who would see people in the front, in hospital settings or in clinics, those who are providing the injections or vaccines or medical product, that they would be aware that there is a process and it is legally binding, that they must report information to the health authorities if there's an adverse event. It should be a program that's running very well, even before the product is released.

**Commissioner Massie**

Thank you.

**Shawn Buckley**

There being no further questions, Dr. Chan, on behalf of the National Citizens Inquiry, we sincerely thank you for your testimony.

[01:07:43]

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