



NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 2

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EVIDENCE

Witness 4: Natalie Kim Björklund Gordon

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[00:00:00]

Kyle Morgan

Good day, Ms. Bjorklund Gordon. Could you state your full name for the record and also spell your first and last names?

Natalie Kim Björklund Gordon

Natalie K. Björklund Gordon. N-A-T-A-L-I-E, K for Kim. Björklund B-J-Ö with an umlaut, R-K-L-U-N-D, Gordon, G-O-R-D-O-N.

Kyle Morgan

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

Natalie Kim Björklund Gordon

I do.

Kyle Morgan

I have a copy of your CV here. I understand that you have degrees in science, a PhD from the Department of Biochemistry and Medical Genetics from the University of Manitoba, is that right?

Natalie Kim Björklund Gordon

The biochemistry degree that I did was in microbiology and chemistry at University of Manitoba and my PhD was in the Department of Human Genetics.

Kyle Morgan

I understand that, would it be fair to say, you have an expertise in epidemiology as well as public health and biostatistical analysis?

Natalie Kim Björklund Gordon

Yes, my work involved about three-quarters of the same type of coursework that is done for those training in public health. There's a lot of overlap between human genetics and public health.

And I also did my education on a part-time basis because I had small children, so I took a lot of courses on a slower basis, and I accepted positions, contract positions and short-term and long-term administrative assistant positions, teaching, and additional private work for physicians as part of paying for my education. So I prepared grants in ethics, and I did statistical analysis for physicians. And I also tutored medical students, and as part of my PhD program, I taught medical students genetics and statistics.

Kyle Morgan

Great. So we have your CV. It's Exhibit WI-1 for the record. I don't know if the commissioners have seen it. If we can add that to the record. Oh, can you swear, Miss Björklund Gordon that the CV is a true copy?

Natalie Kim Björklund Gordon

Yes, I swear that that is a true copy of my CV.

Kyle Morgan

OK. Now I understand that you have prepared a slideshow [Exhibit WI-1b].

Natalie Kim Björklund Gordon

Yes. This is to keep me on track, and I'll try not to run over time. I consider this more a personal testimony so if at any point something I've said is not clear or you wish to interrupt to ask for clarification, please do so. This is a less formal presentation.

Kyle Morgan

Very good.

Natalie Kim Björklund Gordon

So can we have the, there we go. Okay

So this is about my concerns as an expert. And we've already gone over my qualifications. I would like to point out that I have 17 peer-reviewed publications. And I published one book in embryology. And I have a second book in preparation. So I'm semi-retired. I'm not part of the academic community anymore, but I am still working as a scientist and producing quality material that is considered part of the scientific literature.

So if you were to summarize what my work has always been about, this very complicated picture, which comes from my book, is a whole bunch of proteins and how they

interconnect with each other and how signals go from the top of the cells down into the nucleus of the cell and result in changes in gene expression.

This interacting biochemical complicated system is present in all the cells of our bodies and work that way. And all of us have genes for each of these proteins, and there are individual variants of the genes within the population that can make them more or less efficient. And that is the main reason why we need to do a lot of epidemiology and statistical analysis. Because studying any one of these proteins is an entire PhD project all by itself. So you can't do this in isolation. You have to be able to examine the literature and see what everyone else is doing and put all the pieces together.

So my awareness of the pandemic began in January of 2020. I was hearing news reports that were concerning to me. When I was in my final year as a biochemistry undergraduate, I did a project in virology.

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My mentor was working on the mRNA viruses. And so, I had a very intense interest in virology and in pandemics. And I almost considered that as a career choice. I ended up going into human genetics instead for other reasons. But I followed it very, very closely.

And by mid-February 2020, given the reports we were reading, my husband and I became concerned enough that we went into town and stocked up on large amounts of food, plastic sheeting, medical things for isolation, because we were really beginning to think that it was going to be a very serious pandemic.

At the end of February, my husband and I both became ill. And as it happened, we had a friend whose mother-in-law came to visit from China. Before she left China, she was visited by relatives from Wuhan. And the relatives from Wuhan had colds when they arrived. And she felt sick during her trip and initially put it down to jet lag. And eventually, a very nasty flu circulated in our community and my husband and I both became quite ill. I was sick for five days, basically bedridden. My husband was not as sick as that.

But I contacted public health thinking that, quite possibly, we had the Wuhan virus because by my understanding of contact tracing, we had a direct connection with symptomatic people to Wuhan where the pandemic was originating. But we were told we were not eligible for the PCR testing.

And I also found the PCR testing to be puzzling because I've done PCR myself. One of the labs I worked at, we had a full-time technician who did nothing but PCR. And that was his specialty. And he was noted for being able to get consistent, excellent results, which is something that's normally very hard to do. And I couldn't really understand how a PCR test could be being used as a diagnostic test. I figured maybe, well, I've been out of academia in the lab for five years, ten years, whatever it was at that point. And maybe they had some new technology that I wasn't familiar with.

But it was shocking to me that the airports were still open. People were still coming and going at this point. And there was no real contact tracing going on. I couldn't understand why this was happening. It didn't make any sense to me. It contradicted what I understood.

Shortly after we both recovered, my husband developed what we now know to be consistent with COVID toes. His toes looked blue and bruised. And he woke up at 3 o'clock in the morning, got up and collapsed on the floor, and it turned out that he'd had a right

lateral pontine stroke. And he ended up in the hospital. Fortunately, my dog woke me up, my wonderful dog, and we called an ambulance. He was taken in. And my husband's quite a bit older than me, so at the time, he was 78, which would have made him very high risk for this kind of complication from the virus. While we were in there, the staff were wonderful. I stayed with him most of the time that he was in there. It was very patient-centred. I was very happy with the care he got.

I mentioned to the doctors I thought that his stroke was related to the virus because I had been reading already about neurological effects from the virus. But the doctors kind of poo-pooed it. And they said, "It's not COVID. COVID isn't in Manitoba yet. And COVID is a lung disease, not a neurological disease." I didn't argue with them. It wouldn't have affected my husband's care.

The last Thursday that he was in hospital, I was very alarmed by what I was hearing about lockdowns, and I decided I needed to get my husband out of the hospital. And the staff was initially resistant. They wanted to send him off for rehab. They wanted to move him from Dauphin to Neepawa, where I had family to stay with, so he could have a longer recovery. I was becoming very, very frightened about him being locked up in the hospital. And I was beginning to hear stories about the spread of the virus in nursing homes. And I decided I was going to get him out of the hospital, no matter what.

And then the last Thursday, before he was released, which was right before when the lockdown started, I recall sitting in the room with him across from the nursing station and a bunch of men with suits and clipboards came in. And there was a lot of conversation and everything changed in the tone of the hospital. All the staff became frightened, rushed. And they went out of their way to help me get my husband out of the hospital. So an occupational therapist and physiotherapist came in and worked with me for a couple of hours. And the very next morning out we went, and I took him home.

And then the lockdowns happened. And that was an incredibly difficult period for me because my husband was recovering from a stroke, and I had no help of any kind from the government. I couldn't talk to the doctor.

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There was no physiotherapy. There was no occupational therapy.

Now, a right lateral pontine stroke, patients can make a complete recovery from that particular type of stroke in about six months, but only if they receive intensive therapy. And there was no way to do it.

Now, I spent over \$1,000 purchasing equipment to take him home. And then after we were home, in order to get him the therapy he needed, we spent another \$1,000 buying a specific designed computer game called "Fit Me" that would allow him to do the therapy at home.

My daughter had an undergraduate degree in kinesiology. And she worked with me looking at YouTube videos and so forth so that we could come up with a therapy program for him. And our nurse across the street, who was a very dear friend, violated the rules of the lockdown and came over and helped take his blood pressure, make sure he took his medication.

And during this period, I really wondered. I had resources, education, and funding to take care of my husband in this position. What was happening to all the other people who were

dealing with something like this in the middle of this lockdown? And everything about it felt just wrong, wrong, wrong. And it was initially going to be only 14 days to flatten the curve. That didn't make any sense because what was going to happen when the 14 days were up? How was it going to help? And then it became another week, and then another week, and another week. And the community that I live in is a very small community.

After we retired, we moved into Alonsa, Manitoba. There's about 73 people, if you count the dogs. And it was a very tight-knit community and a farm community. And all of the seniors were basically abandoned. Their families weren't allowed to come and visit them. They didn't know how to use computers. I helped some of them to set up computers so they could maintain contact with their family. But it was a nightmare to see people. They were depressed. They were angry. They were frightened. And they were so isolated. And this was a very tight-knit community, where families were always getting together and everybody looked out for the elders. And all of a sudden, all of that changed.

Kyle Morgan

Miss Björklund Gordon, can I just ask you one point here.

Natalie Kim Björklund Gordon

Sure.

Kyle Morgan

I understand you did have some expertise in virology, or you had studied that.

Natalie Kim Björklund Gordon

Yes.

Kyle Morgan

And I think regarding the COVID-19 respiratory disease you had some understanding of how that disease was spread.

Natalie Kim Björklund Gordon

Yes, that's correct. And I was very disappointed with the government because I had had some very peripheral involvement in setting up the standards for pandemic response that would occur from the SARS-1 virus outbreak. And it seemed like the pandemic response I expected to see from the government didn't happen.

They suddenly went off on a new tack that was completely different from everything I understood that was appropriate. The only country that I knew of that was following what I felt were, based on my training, appropriate pandemic responses at that time was Sweden.

Kyle Morgan

And why do you say that?

Natalie Kim Björklund Gordon

Because they weren't doing proper isolation and contact tracing and they were locking down healthy normal people instead of just the symptomatic. And it felt more like a punishment than a way to stop the virus. And the other thing about it was the intense fear that they were putting into everyone. By this point, it was fairly obvious from the data coming out that this was a nasty bug and it did kill people, but it wasn't really much nastier than the common flu. And you just don't terrorize an entire population with stories of people dropping dead because of a flu. And it didn't make any sense, it just it didn't make sense.

Kyle Morgan

Can I ask you: Do you think it's reasonable to try to tackle a respiratory virus using lockdown—

Natalie Kim Björklund Gordon

No.

Kyle Morgan

restrictions of that nature?

Natalie Kim Björklund Gordon

You cannot eradicate a respiratory virus. At that time, we were told that this was a virus that came out of an animal reservoir. If you have a virus in an animal reservoir that occasionally crosses over to humans, you're not going to be able to eliminate it, ever. It's just something you're going to have to live with. And yet they were approaching this response to this virus as if they could eradicate it in the human population. And that made no sense to me either. Of course, we now know it probably came out of the lab and maybe at that time, they knew it and that's why they did it. I don't know.

Kyle Morgan

Now, I think you said you were familiar with mRNA technology? Is that right?

Natalie Kim Björklund Gordon

Yes.

Kyle Morgan

What were your thoughts about that leading up to what we saw happen with the development of the vaccines?

Natalie Kim Björklund Gordon

I was puzzled by the use of the PCR as a diagnostic technique. I was also puzzled by— I heard that they were doing 44 cycles of PCR, and

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based on my understanding, that's far too high and you're going to get an enormous number of false positives.

At some point the CDC had also made two different standards for looking at different populations that were being affected by the virus. So they were using 44 cycles for the general population as a diagnostic tool, but in other situations they were using 17 cycles so that they could be very sure that they weren't getting a false positive.

So the way they used the PCR test guaranteed that huge numbers of people were going to be diagnosed as having COVID who didn't have COVID or who had flu or who had something unrelated. That was my opinion.

Kyle Morgan

So okay, regarding the development of the Pfizer vaccine, did you have any thoughts about how that was developed? Given you're familiar—yeah, go ahead with that.

Natalie Kim Björklund Gordon

If I carry on. I chose not to take the mRNA treatment for a very specific reason. The government was telling me things that didn't make any sense to me. For example, they were saying, the Government of Manitoba, I'm referring to now, that the vaccine would not stop transmission, but we all had to have it to stop the pandemic. And that was nonsensical to me.

They said the vaccine stays in your arm. So you're going to inject something into highly vascularized muscle in your arm with connections through the lymph system, but it's going to stay in your arm? And it's not going to stay in your arm.

They said that the mRNA could not be reverse transcribed into DNA because that's not the way cells work. Well, it's nonsense. Most of the time it's DNA, RNA, protein, but particularly when cells are rapidly dividing, you can get the mRNA back into the DNA. So I was concerned about how that was going to work. I was also concerned about the mRNA technology as a whole because we'd been hearing about mRNA technology and the great miracles that it was going to do for at least 15 years before. And to my perspective, it had not lived up to its initial promise.

We heard stories that were discussed in group seminars that there was a young man who had cystic fibrosis and they were going to use mRNA injections in an adenovirus in his particular situation as an experimental treatment to try to cure cystic fibrosis. And everything looked right. All of our knowledge and everything showed us that this would have been the right thing.

Now I was not personally involved in this. This is just reports I heard from other scientists who were involved. And this young man accepted the risk. He was informed that it was experimental. He took the drug and he was dead in 24 hours. And they had no idea why he died. And to me, the mRNA technology was a failed technology. And the reason it failed was not because the ideas were wrong, but because we don't understand enough about how cells work to be able to guarantee that the mRNA was going to work the way it worked. And that really bothered me.

And I also wondered, how do they control how much of this spike protein is going to be produced? And this spike is the infective portion of the virus and it's what binds to the

receptors. And if you recall my very complicated diagram, when you have something bind to a receptor up at the surface level, it's going to send massive numbers of biochemical signals all over the place. So why were they using the spike as the thing they were going to inject you with? And why were they using this strange new technology when we already have a whole vaccine technology that we have used successfully? It just didn't make any sense.

And I'm not an anti-vaxxer. As a medical person, I have been vaccinated far more than the average member of the general public. All my children were vaccinated. I had to attend autopsies, so I had extra vaccines that the general public aren't even offered. I had the Shingrix vax. I got the flu vax every year. I am not an anti-vaxxer. I just, everything about this bothered me.

And then I decided, well, maybe I'm crazy. Maybe the government knows what they're doing. So I decided to pull up the Pfizer EUA [Emergency Use Authorization] memorandum on the drug itself and have an actual look at their statistics. And I recall reading it and as I was reading it, I literally felt hairs in the back of my neck start rising. There were so many things that were wrong with this.

There were four cases of Bell's palsy in the case group that weren't in the control group. And Bell's palsy is a neurological condition.

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And you can't miss that because the person's whole face is like— So that indicated to me that this could mean that this virus was having neurological effects. And if you look at Table 2, page 18 of that, there were 311 cases and 60 placebos that were excluded for protocol deviations.

Now a properly conducted study, those two numbers should be identical. You shouldn't have five times as many people who are excluded for protocol deviations. That's just wrong. And that shows there's something seriously wrong with your study. And they didn't comment on that. And I recall thinking at the time, what was the protocol deviation? Did these people die? Because there was no explanation. And the demographics were wrong. They were doing this on younger people, not older people. They made this dismissive little paragraph about antibody-dependent enhancement and how it wasn't a problem.

Every time that there has been an attempt to have a coronavirus vaccine, it has created this problem of antibody-dependent enhancement. And that means that the second time and the third time that you get the infection, the antibodies interact with the binding protein and cause it to bind more readily. So you end up getting sicker, not better, from being exposed to the vaccine.

And all Pfizer had was this little statement that we did some non-laboratory experiments with no explanation as to what those was. And they had just ruled it out as a possibility.

And I was also disturbed because they were using relative risk, not absolute risk. They didn't actually say what they were using, but it was obvious from the way it was being phrased and what they were doing that they were using a relative risk, not absolute risk. And relative risk, if you pick your population carefully and you have a low infective rate in your population, you can make it look like you've got really, really good efficacy, but it's meaningless because so few people in either side got infected. And these were things that bothered me.

And I decided that the last thing that bothered me the most was they had this one person, a 36-year-old male who had no medical comorbidities and who developed what appeared to be full-blown COVID the next day after having his shot. And the symptoms began on day two and Pfizer attributed it to one of three things: a false negative COVID, an infection process, or an adverse vaccine reaction. To me, that said, their spike protein that they were injecting people with was giving people COVID.

And I noticed as well that in their report, more people in their control group than in their vaccine group were getting it. Now, it was not a statistically significant difference, 409 versus 287, but if I had been in charge, I would have immediately said we need a much bigger group and we need to rule out this as an adverse side effect. And based on that, I decided I was not getting the vax.

And then came the vaccine passports and those were absolutely repugnant to me because they violated everything that I believed was ethical. You just don't do that to people. You just don't say that you get this shot, or else.

I mean, I was banned from attending social events. I couldn't go play curling at the curling centre anymore. I suffered direct discrimination in health and dental care from people. I had a dental hygienist ask me why I wasn't vaccinated. And I was waiting for a referral to an allergist because I've had anaphylactic reactions. So I just said, "I'm still waiting for referral to an allergist." And she said to me, "Well, since this is an innocent and real reason for you not taking the vax, I'll go ahead and do this. But if you were just refusing the vax because you don't want to do this and you don't want to do your responsibility, I wouldn't clean your teeth." So that's the kind of discrimination that was going on.

My eight-year-old grandson, I went to visit him even though it was a violation of the lockdown rules, and he refused to hug me. And he started to run to me, and he stepped back, put his arms behind his back. And I said, "What's wrong? Don't you want to give grandma a hug?" And he says, "Grandma, I can't. My teacher says, if I hug you, you'll die because you're unvaccinated."

What they did to children was such a disgrace. And I found myself suffering depression and anxiety to the point where I even began having fleeting thoughts about killing myself. And at that point I decided, this is really bad. We can't continue down this path. And I went and I adopted this little kitten, and she kind of changed everything because she didn't care who was vaxxed and who wasn't. And I could cuddle her and I could hug her. And I took her to visit my grandson and he was playing with her. And by the end of the time that he was playing with her, he was hugging me again.

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So the kitten changed everything for us.

Then my daughter decided she had to get vaccinated because she needed to fly for her work. And if she didn't fly, she wouldn't have a job. And she took Moderna vax. I should state that I did not do much investigation into the Moderna vax. I looked mostly at Pfizer. My rationale was that they were both the same basic technology. So what I had learned about the Pfizer vax probably applied to Moderna.

And she had a very severe reaction, and it began eight hours after her shot. And by 12 hours afterward, she began to worry she was actually dying. She had many, many symptoms.

She called— When you went and got vaccinated in Manitoba, you got this information thing and there was a number you were supposed to call if you felt you were having an adverse reaction. And she called them, and she got someone on the other end. And this person said, “You can’t possibly be having a vaccine reaction because I have a list of the things that the vaccine does and that isn’t it. So you must have been exposed to COVID and been incubating COVID before you got the vax and you’re only getting your COVID symptoms now.” And they said, “Do not call an ambulance. Do not go to the hospital because you don’t want to risk the health care workers. Stay home, self-isolate for 14 days.”

I think that she would have died except for the fact that with us being allergic people, we had medications and things in the house so she could treat herself at home. And I wonder how many Canadians died at home because they followed that advice.

This led me to examine the 14-day rule. See, she was told that she didn’t have an adverse reaction, she had COVID. And all across Canada, it was 14 days, zero to 13 days. If you got sick, it wasn’t the vaccine. Twenty-one days in Saskatchewan and BC, I’ll have to point out. And I started trying to investigate this and I found this on the Alberta health page. I couldn’t find any good explanation for the 14-day rule anywhere else, but this was the best I could find.

This came off the Alberta Public Health Services page [Exhibit W1-1a]. And I’ll just go through this in a little more detail. I’ve been accused when I’ve brought this image up of lying and creating it myself. So for that purpose, here’s two links that prove— Joey Smalley was another independent investigator who found the same thing and posted about it. And that’s the link. When people began asking questions about this, Alberta Health Services took it off their website, but they forgot about the Wayback system. So I already had a copy. Joey was able to have a copy. I was able to go get a copy from Wayback.

And if you look at this particular blow-up of the upper left-hand corner of that, you can see that there is a huge surge in the people who got infected with COVID immediately after they got their shots.

And if you go a little further, you can see that a number of people ended up in the hospital after getting their shots during that 14-day period, particularly the older people, the 75, because this has been broken down by age group.

And if you look at who died, it really hit hard in the community 75-plus. So people were getting their shot. They were getting sick. They were ending up in the hospital and they were dying in the hospital, and they were being counted as COVID in the unvaccinated. And I think a lot of these were not COVID in the unvaccinated. I think that they were adverse vaccine reactions. I have to put a caveat in there. I wrote to Alberta Public Health and asked for more details over what period of time did this occur, how many people were involved, what percentage was it, and they never responded to any of my requests.

This really made me think that we shouldn’t be vaccinating the elderly. And I came across this particular paper where Norway investigated a series of deaths in what they called the fragile elderly population. These were 80-plus people who were in long-term nursing care, and they went in and vaccinated everybody and a whole large segment that they vaccinated died. So Norway began recommending not vaccinating fragile elderly people.

Now I tried to do my own little analysis, and this is excess deaths in Manitoba. The blue line represents what was expected and the orange line represents the published data that’s come out of Manitoba. Now these are not COVID deaths. These are excess deaths, the

number of deaths above that that would be expected. And I put in there the various points in time when certain parts of the mandate system came into effect. And my data is incomplete.

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I wrote to the Government of Manitoba and asked them for more data and they either completely ignored every request I made or one time, I got a phone call back saying that if I put in an access to information formal request in writing, they would provide the data in the anonymized form that would protect privacy, but it would take them two years to do it because they were very busy with COVID, and it would cost me \$10,000.

So basically, they made it impossible for a private citizen like me to look at their data. But you can see spikes in excess deaths that occurred as each of these mandates came in and people went streaming in and began getting shots. So when the youth sport mandate came in, there was a large spike in excess deaths. And again, I think without being able to say for sure that this indicates it was possibly all adverse vaccine reactions that were going on, but there were also things like lockdowns and stuff that were causing excess deaths.

Now this particular picture here is important because 28 days after the first jab and 28 days after the second jab are marked on here. And you can see there's a dip where nothing happens and then there's a little hump and then it kind of calms down. And then there's this great big spike.

And what I think is going on is based again on what happened to my family. One of my family members ended up in the St. Boniface Cardiac Care Unit, 38-year-old female with young children. She developed pericarditis. Her pericarditis occurred more than 28 days after her last jab and therefore was considered unrelated to the COVID jab by the definitions that were being used by public health.

So her cardiologist told her, "Don't get another booster. I'm seeing this, I think it's the jab, but I can't give you an exemption if the government starts mandating boosters because I'm not allowed to. The only ones that are allowed to are certain specific very limited numbers of people." There was only one cardiologist in all of Manitoba who was allowed to give exemptions, and she wouldn't get it anyway because he never gave anybody exemptions. She's still having symptoms to this day.

And then my family got hit again. My son, my eldest son had a benign brain tumour that was about two centimetres. It was discovered when he was 16 and had head injury, and he had another head injury again and it was scanned again. These are familial in my son's father's family, some of his cousins and his father has an identical twin brother who had one of these. They are benign tumours. They don't go anywhere; they just sit there. And all of a sudden, his started growing.

So five months after he had his second Pfizer injection, his tumour had grown from two centimetres to 4.5 centimetres, and he had a seizure and he had to go in and have a craniotomy. They split his head open and cut a chunk of his brain out. He was diagnosed as having an anaplastic oligodendroglioma with an MRI signature of 1p/19q deletion, which is a specific type of brain tumour but only in the very centre portion of the tumour, the rest of the tumour— I've read a lot of pathology reports over the years. My son got copies of the pathology reports for me to read, and I've never seen ones like the ones they had with him. They sent his results off to four different pathologists around the world trying to interpret what was going on, and you could just read from what they were saying that this wasn't a

typical tumour; this wasn't what they were used to seeing and they didn't know why they were seeing it.

He's had seven MRIs since the surgery. They're clean, so far. He just had another one yesterday. We're hoping again that the cancer won't recur and that he'll be okay.

And being a mom that I am, I also went into the literature, and I found a whole lot of scientific support for the idea that the vaccine itself may be causing this to occur. There was a study from Poland that was done by exposing brain cancer cells and normal cells to the spike vaccine. And they noted a whole lot of biochemical changes and alterations that occurred after introducing the spike protein to these cells in an in vivo— But both in the laboratory putting it in cell culture and seeing what happened to their patients.

Then the vaccine passport came along. So six members of my family,

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five of whom did not want to get the vax, because they wanted to listen to their mom when their mom said, "This isn't safe, don't do it," but they felt that they were being coerced to do it or they would lose their job.

My middle son told me he did a mental calculation and if he refused the vaccine, he would lose his job, his family would lose their home, they would lose everything, but if he took the vax and he was okay, then they'd be fine. But if he took the vax and it killed him, he had a very good insurance policy at his work and he had disability, and so forth. So his family was better off with him taking the chance so that's why he took the vax.

Fortunately, so far, he hasn't shown any bad signs, but that was his rationale. In my family, my three children and their spouses, we had six members who— One refused the vax altogether. The rest, the other five had it, so we had two members affected seriously with health conditions that potentially are life-shortening and one that could have died in the first few hours after the vax.

So my son, he was in an artist's rendition because he's a health care aide. He does patient transport in the hospital, that's the son with the brain tumour. He was out of work for four months after his brain tumour before he could go back to work. And in the early parts of the pandemic, he was the big hero, but as soon as the vaccine passports came out, he was no longer the big hero. And that's an artist's rendition of him and one of his coworkers dressing up to go take care of COVID patients before the vaccine mandates turned the refusers and the anti-vaxxers into criminals.

So my conclusion from all this is that adverse vaccine reactions are very common. They're not rare, and they include this anaphylaxis septic shock in the first few hours afterward. There are vascular effects that appear in the months following the shot. There are potentially neurological and cancer effects, which require more research to understand. And one of the more frightening things to me that I have seen is that the vaccine, when it's injected, accumulates in the testes and the ovaries.

I am very concerned that we're going to find that a large portion of the people who got the vaccine are now infertile. And if that is the case, the way it's going to affect our population with the number of people in our population who have been vaccinated, it's going to make the one child policy in China look like a church picnic. I mean, imagine 70 per cent of Canadians got vaxxed and there isn't going to be any grandchildren or great grandchildren.

And I don't know if that's going to happen and I hope and pray that it is not going to happen, but we don't know, okay.

So I'd just like to very briefly touch on the differences between public health and human genetics. The two of them work hand in hand, but they have very different approaches. Public health is always top down. The officials in public health, the experts decide what is good for us, and they issue orders and then they try to get the public to follow through with them.

In the 20s and 30s, eugenicists within the public health movement decided that 70 per cent of the population of the USA was unfit to reproduce; that's in their literature. And I put this little note about William Randolph Hearst. He was a newspaper person at the time, and he somehow got a hold of their documentation where they were discussing this: "We need to find a way to sterilize 70 per cent of the population of the USA because they're unfit to reproduce." And he wrote this really scathing editorial about them. And they came back at him and said, "Oh, you misunderstood it. You took it out of context. This isn't really what we were planning on doing; this is just speculation." And they didn't use the word conspiracy theory, but that's basically what they said.

And these public health officials that were eugenicists—I'm not saying all public health officials were, I'm saying a portion of them who were eugenicists—they did things like found elected representatives that cooperated with them in trying to bring in laws. They found lawyers that agreed with them.

They had one particular case where both of the lawyers were actually working with the eugenicists trying to bring the law in. But one was pretending to be fighting against the involuntary sterilization of one particular woman, and they ran that course right through to the Supreme Court in the United States. And they eventually won in the Supreme Court to have the right for public health to involuntarily sterilize people that they deemed to be unfit to reproduce because they were morons or epileptics. And moron was a technical term at that time.

And that ended with Nazi Germany because of the reaction of horror to what happened during the Holocaust. And that was also the birth of human genetics.

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Now, human genetics is a bottom up. It's not a top down; it's bottom up. So the geneticist who is dealing with something, presents to the patient: "This is the problem; this is everything we know. Here are all of your options." You are never supposed to say or do anything to try to influence your patient to choose one option or another. And then, whatever choice your patient as an individual makes, you never, ever do anything except help them to achieve what their choice is based on their fully informed consent. You don't coerce them; you don't lie to them; you don't give them personal anecdotes about how you feel.

And these ethical standards, they were codified, beginning when the Nuremberg trials—Afterward, there have been other instances of places and times where disgusting things happen to individuals in the name of improving society, and each time the world has responded with these ethical standards. These are taught in schools. They're designed mainly to prevent abuse of individuals by us experts.

When I come in and say to you, I have a BSc in biochemistry and a PhD in human genetics and I think this is what you should do, I am exerting a great deal of influence on you because I as an expert have power over you. And so, these ethical standards are designed to protect people from abuse by experts.

So it is my opinion that the following of ethical standards were violated during the pandemic: There was no risk–benefit analysis. Everybody got the same treatment. There was violation of the principle of utilitarianism, where you use the minimum amount of treatment that you can to affect what you need to do.

Locking down children who are at very low risk of COVID and vaccinating them is a violation of the principle of utilitarianism, and so is locking down and closing a business or telling people they can't meet in a church.

We were subjected to psychological manipulation, and we now know the military was involved in that. And I'll give you a very specific example of one form of manipulation that I saw.

My daughter and I were having a conversation. It was during one of the breaks in between the lockdowns, and there were lots of conversations going on in the background; it was like a cocktail party. And during the course of our conversation, she said the word "ivermectin" and behind us, the room went absolutely silent, just silent.

And then there was a chorus—"horse paste, horse paste, horse paste, horse paste"—and then all the conversations went back. And that, to me, is an example that people were being literally brainwashed to think if they heard the word "ivermectin," they'd think horse paste. And if they could elicit that kind of reflexive response to a word like ivermectin, what other things were they doing to our heads? We don't even know how much they did. We don't even understand the depth and the length that they went to in their manipulation of us.

But our autonomy as individuals was totally violated. We were told where we were allowed to go, who we were allowed to meet, when we were allowed to meet, how often, and we were told you must take this injection in your body. So our autonomy was violated. Our confidentiality rights were violated.

When that passport came out and the community centre started asking, "show me your proof of your vaccine so you can come into the community centre," well, within 24 hours, everybody in my town knew who was vaxxed and who wasn't. And the pressure was on immediately on us un-vaxxed.

I had a neighbour say on Facebook that he hoped that I would drop dead in a hospital parking lot, not allowed to go in and get medical care and that I should be driven out of town because I had chosen not to be vaccinated.

I had people who I thought were my friends walk up to me, notice who I was, and turn around and walk away. They were either afraid of me or they didn't want to have anything to do with me because I was one of the evil un-vaxxed. And in a normal situation with medical choices, you don't know these things.

So they violated our confidentiality in order to go after us. And they used enticement and coercion and that is an absolute no-no. You can go back to the Nuremberg Code. You must never use enticement, which means things like offering a prize if you accept it, offering money. "Now, if you agree, we will let you go out to a restaurant to eat." That's an

enticement. And they used coercion—no jab, no job. Well, that’s about as big a coercion as you can get.

I also want to mention what I saw happening in the Indigenous community. Where I live,

[00:45:00]

the Ebb and Flow Reserve is to the north and the Sandy Bay Reserve is to the south. And there was particular targeting of the Indigenous community by so-called pandemic coordinators. Pandemic coordinators went into each reserve, and they set up clinics. The Indigenous community was given much earlier and much broader access to the vaccine. So it was typically— If you were 40 and up and you could go and get the vaccine, it would be 30 and up if you were Indigenous.

Much more vaccine was delivered to these clinics than they needed. So they always had a great big excess. So every time there was a big clinic, there would be excess vaccine and rather than have the vaccine go to waste, they would say to everybody who was there, “Call your relatives, call your auntie, call, call, call, call. And all the people in the community that you know, your friends and your relatives and things, they can all come in and get vaccinated even if they’re not Indigenous and even if they’re not yet eligible.” And so, in the community that I live in, at least half of my neighbours and friends are Treaty Status. If they’re not Treaty Status, they’re probably Métis. And if they’re not Indigenous or Métis, they probably are married to someone who’s Indigenous and Métis.

And by doing that, they were able to very rapidly get this vaccine out into the entire Indigenous community, far ahead of the rest of the population. And they did it by emphasizing special respect for your elders. And they made personal home visits to people who are hesitant.

Some of them came to me and asked me if I thought the vaccine was safe, and I gave them my reasons for thinking that it was not safe. And I always tried to be ethical and say, “You know, this is your choice. This is what I found. This is what the government’s saying. You make the decision.”

And some of my friends came back to me and said that the vaccine coordinator came to visit them in their home and brought the material with them, to give them the vaccine right on the spot. And told them that I was not the right kind of scientist to understand what was going on and that I was a dangerous anti-vaxxer spreading misinformation and they should not listen to me. And urging them right then and there in their homes to get the vax.

And to me, that violates, again, all kinds of ethical principles. You’re slandering and preventing opposite opinion. You’re putting pressure on people. When you go into somebody’s home and offer them basically, you know, “I’m here. Let’s do it now. Why are you listening—” This is coercion.

And I still don’t understand why the Indigenous community was so particularly targeted. But given the history of Canada and what they’ve done to the Indigenous community, I have to wonder, was it necessarily because they had the best interests of the Indigenous community? I don’t know.

So I have some specific recommendations that I would like to make that would help prevent this from happening again. Florida’s instituting laws like making it illegal to deny

elderly visitors. One of my friends, her mother had a stroke. She ended up in a nursing home. She says that her mother died of loneliness from being locked up for months.

There should be absolute laws that end the ability of public health to shut down businesses for precautionary purposes. I mean, if public health wants to go in and shut down a restaurant because it's full of cockroaches and the patrons are getting listeria, fine. That should go ahead and be allowed. But they should never again be allowed. That power has to be taken away from them. They've proven that they will abuse it.

And I'll also mention at this point that public health is very much a closed shop, and you don't get a job in the government and public health unless you have a mentor or you yourself have also worked in the WHO and the UN.

So the people in public health have a vested interest in what is going on at the level of the UN and the WHO, not just what is going on with the local community and Canadian traditions, laws, and that kind of thing. And we have to strip them of their power. They can never have this again.

We have to have protection for health care professionals and journalists who are acting in good conscience. I had doctors who privately asked me my opinion knowing my expertise. They listened carefully, they would not say anything, and they told me if they said anything, they would have their licences suspended. But they thanked me for speaking out. These people need to be protected. These professional associations should not have the right to take away a licence because somebody says something the government doesn't like.

The fact that I was denied the access to the raw data, that I needed to do an independent analysis is another thing. We have to remove the need for these access to information acts

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and the huge fees involved. The raw data should be made available to the public. You can anonymize it so you're not going to give away private information of any individual, but that anonymized raw data should be available immediately so that independent experts like me, like Joey Smalley, can pull that data out and look at it. And challenge the government whenever anything like that is going on.

And there should be independent experts that are added to all of these committees and these groups that make the decisions about the safety of the vaccine and whether or not we should go ahead and have these other things.

And there should be absolutely no more support for journalists for Big Pharma. One of the big problems with what we saw was the guy gets on CNN and he talks about how terrible the pandemic is, and on the bottom, it says sponsored by Pfizer. We don't let tobacco companies do that. We shouldn't let Big Pharma do that.

And there should be no removal of liability protections. Everyone who administers these vaccines from the person in the lab who is working to develop the original vaccine, right through to the public health nurse who is injecting it in the arm of the person should be liable, if it can be proven that they did something where they neglected someone or they did something that was unsafe. No liability protection. This vaccine would never have been distributed if every single person in the chain was liable.

There are no excuses. There were pandemic protocols that were set in place, and they had a long and successful history behind them. They were abandoned. The ethical protections of us as individuals were in place. They were all ignored.

Now, Dr. Bret Weinstein had a very interesting podcast, and he said a coup has taken place in western nations. And I think he's right.

Something happened in public health so that they just took over and they brought in rules and regulations, and they violated our rights and the government cooperated. And I don't know what happened and I don't know who the bad guys are. I have my suspicions, but public health is now an oxymoron.

And I'm going to close just with this picture of my family. This was one of the happiest days of my life. My middle son married his beautiful wife who has become a major part of our family. We're standing together. We're all cuddled up. We're smiling. We don't have masks on. It was a wonderful, wonderful event. And I would just like to remind everybody that we were robbed of this. Our weddings, our funerals, they were taken away from us without a good reason. My family is lucky. At least so far no one has died in my family from the vax. Lots of people have lost people to the vax.

We were robbed. And I don't know for sure who it is who is responsible for this robbery but in my opinion, it is a crime against humanity and should be treated as such.

Thank you.

Kyle Morgan

Thank you, Ms. Björklund Gordon. I just had one question. I'll try to keep it brief because I'm sure the commissioners might have some questions. Just about the data from Alberta that you had brought up on the slides.

Natalie Kim Björklund Gordon

Right.

Kyle Morgan

From my understanding, the data that's presented here occurred right when the so-called Delta wave occurred.

Natalie Kim Björklund Gordon

Yes, my daughter had her vax in August, late August, I think it was, and that was when the reaction came, and I began looking and trying to dig this up and finding it. It was on the Alberta website for about a year. You had to scroll way down to find it. And then, when Joey Smalley put his first analysis up and people began asking questions, then it vanished.

Oh, and there's another thing that vanished. Just yesterday, I noticed when I was doing my presentation, I was hoping to be able to refresh my memory on the Medical Association of Canada's [sic] [Canadian Medical Association] ethical standards. In 2018, they were updated, and I read that with great interest. And I went back and looked so I could refresh my memory and make sure I was remembering correctly. And they have also removed their ethical standards from their website.

Kyle Morgan

Okay, what I was getting at there with the data was that there was a notable increase in the cases that were being reported of COVID in the Delta wave,

Natalie Kim Björklund Gordon

Yes.

Kyle Morgan

and that appears to have coincided with when the vaccines were rolled out.

Natalie Kim Björklund Gordon

Yes, I'm not sure because I don't have access to the data,

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but it seems to me that Delta was generally acknowledged to be far, far worse than the previous one. I wonder if all or some portion of that Delta was, in fact, adverse vaccine reactions, not the virus. I don't have any way to tell, but I think that that is something that really needs to be investigated.

Kyle Morgan

I think those are all the questions I had. I'll turn it over to the commissioners.

Commissioner DiGregorio

Thank you so much for sharing your testimony with us today. I just was hoping you could help me understand a little bit better about this 14-day rule that you described in the Alberta data.

Natalie Kim Björklund Gordon

The explanation of the rule that I have heard from public health is that when you have the vaccine, you don't actually begin producing protective antibodies at a high enough quantity to be considered immune to the virus. And so, for that 14-day period, you are considered to be an unvaccinated person for the purposes of public health. So the zero to 14-day rule means that if someone gets sick and ends up in the hospital, and they have a COVID test, which could be a false positive, they will be counted by public health as being unvaccinated, not vaccinated.

Commissioner DiGregorio

So just to make sure I'm really clear. So when the health authorities were reporting COVID cases in unvaccinated people, it included people who had been vaccinated

Natalie Kim Björklund Gordon

Yes.

Commissioner DiGregorio

in the prior 13 days.

Natalie Kim Björklund Gordon

Yes, that's correct. And in fact, there's a statistician epidemiologist in England who challenged the U.K. data on the basis of that. The U.K. has a commission that's responsible for overseeing and double-checking when a government agency releases data. And he complained to this agency. I'm trying to remember, there's a Canadian group that oversees the government and puts reports out regularly when the government is doing something naughty. In the U.K. they have one specifically for statistics and he complained to them about this, and they examined the zero to 14-day rule and decided that this was causing the data for the U.K. to be totally muddled and useless. And the U.K. health services were ordered to go back and fix it.

And after they went back and fixed it and the data came out, it showed very clearly that the more vaccinated you were, the more likely you were to get COVID or the more likely you were to have a severe reaction to COVID. And I think that probably if it were not for that 14-day rule, zero to 21 days for BC and Alberta, the Canadian data would show the same thing, but that's my opinion, and I don't know.

Commissioner DiGregorio

Thank you.

Natalie Kim Björklund Gordon

Yes.

Commissioner Drysdale

Thank you very much. I have a couple of questions because I've heard quite a bit of testimony about various things that you mentioned. The first thing that I wanted to ask about and be clear in my own mind about is the PCR testing. And I believe you said that you were surprised that that would be used for a diagnostic tool.

Natalie Kim Björklund Gordon

Yeah.

Commissioner Drysdale

Now, you also talked about cycles, and I just want to confirm, one of the previous testimonies was from Dr. Braden. And I asked her this question about cycles and essentially, she explained it to me that if you go from 17 to 44, or sorry, let's make the numbers easy. If you go from 20 cycles to 40 cycles, that's not just a doubling of the material, it's a logarithmic.

Natalie Kim Björklund Gordon

Right.

Commissioner Drysdale

So that if I had one particle when I started, and I went through 44 cycles, I would theoretically have two times 10 to the 44. In other words, two with 44-zeros-behind-it particles after 44 cycles is that correct?

Natalie Kim Björklund Gordon

Yes, that's correct because the DNA is double-stranded. It is opened up in part of the cycle and then each of the double strands gets another strand built on it, and then it's cooled so that the two double strands form. And then it's cycled by heat again, and those two open up and become four, and then four becomes eight, and then eight becomes— And it is an exponential increase. And that's one of the reasons why the more you cycle, the more dangerous it is,

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because the PCR is not perfect. There are always a certain number of errors that are incorporated, and you can very rapidly end up with a false result because of the errors that not only get incorporated but get magnified with each round of the cycle.

Commissioner Drysdale

I've heard the PCR test referred to as a genetic photocopier. Is that somewhat—

Natalie Kim Björklund Gordon

Yeah. More than a photocopier. I kind of think of it as if your fax machine gets stuck and it keeps sending you the same thing over, and over, and over again. That's kind of what the PCR is.

Commissioner Drysdale

Now, I also heard another testimony— Hopefully I get this terminology right, now. I would like you to explain to me because when I heard previous testimony, I wasn't sure I got it right. You used the term reverse transcription of RNA to DNA.

Natalie Kim Björklund Gordon

Right. Yes.

Commissioner Drysdale

Can you explain that in lay terms for me and why is that such a concern?

Natalie Kim Björklund Gordon

Okay, the normal course, the way it usually works in the cell, is you start out with the DNA, and the DNA is transcribed into messenger RNA. The messenger RNA is then moved outside the nucleus of the cell into the main body of the cell. And when it's out there, it's then used as a code to create a protein. So you have this one-way trip up through the system.

Reverse transcription refers to mRNA that is in the cell body itself that then ends up being pushed back into the nucleus and then incorporated into the DNA, and then the normal repair mechanisms— And there are several different ways it can happen. But the normal response of the cell when hitting this piece of mRNA that's in the wrong place, and isn't properly marked, is to copy it and stick it into the DNA.

And the reason that that is potentially such a problem is, like, if you had this happen in the cells of your testes or your ovaries, you could introduce a mutation that would go down into subsequent generations. And that's the most dangerous thing you can do because you can change the genome of your offspring.

And it can also go into other cells, like, for example, liver cells is where this has been demonstrated to happen from the mRNA. And cells that are rapidly dividing, like in a developing embryo. Every time the cell divides, the nuclear membrane dissolves away to allow the cell division to take place, and during that part of the cell cycle, the cell is vulnerable to accidentally incorporating the mRNA that's present into the DNA.

So under normal conditions of cell division, all of that protein production is first stopped, and then the nucleus is dissolved, and then the DNA is divided. And then the nucleus reforms, and only after the nucleus reforms, the cell continues that process of making proteins.

So the other issue with reverse transcription, and I think this may play a role in causing cancer, is if you have an insertion occur in the wrong part of a gene, you can turn a good gene into a bad gene or you can turn a gene that prevents cancer from functioning. You can cause breaks in the DNA. And if you look at what causes cancer, it's cells that are expressing inappropriate proteins at the wrong time and in the wrong place, and the cells are doing things that are wrong. And when you randomly start inserting bits of DNA into the wrong place, you can cause very serious problems.

So this reverse transcription is potentially quite dangerous. There are viruses that do it deliberately and they have specific enzymes for doing that, but it can happen for other reasons, not just for that reason.

That was one of the reasons I did not understand why they went with an mRNA virus. Why not just take the virus and inactivate it and grind it up and throw little bits in? That's the way we've always done viruses. That works very well, and it is relatively low risk, so why did they do this other thing?

Commissioner Drysdale

So essentially, if I can put it into terms I think I understand: The DNA is like the blueprints for just about everything in your body.

Natalie Kim Björklund Gordon

Right.

Commissioner Drysdale

And this reverse transcription is potentially or has the potential for changing that blueprint or that recipe or that plan. And with that potential change in that recipe or plan, the cells that are being built may be corrupted or they might be something else.

Natalie Kim Björklund Gordon

Yes. That's a very good way to think of it.

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Normally, our bodies are very good at picking up if one of these things are going on. And the cells will either stop dividing and sit there or they will release signals that indicate that something's gone wrong. And the immune system will come in and destroy that cell or they will begin affecting the cells next to them and those cells being affected will put out distress signals to the immune system to come and clean it up. But sometimes that doesn't happen.

And one of the more frightening aspects of the COVID vaccine is that there appears to be immune suppression. So you get a situation where viruses that were inactive become active. The immune system is not scouting properly, and you have this mRNA ending up in the cells and causing all kinds of problems and the immune system is not responding appropriately.

I've heard tales from pathologists who of course would never say so publicly, but they talk about turbo cancer. And that's a cancer that appears and spreads very rapidly far more and not in a characteristic fashion. And again, I don't know if that's true. I don't have access to the data, but I can understand how a turbo cancer could happen.

Commissioner Drysdale

There are some other terms that are almost ubiquitous, or in other words, they're being talked about all the time. We had a witness yesterday who mentioned it, and I want to make sure that I understand this properly.

Am I right in saying that when the government was telling us that we were going to get 97 per cent efficacy, that they were talking about something called relative efficacy versus absolute efficacy?

Natalie Kim Björklund Gordon

Right.

Commissioner Drysdale

Okay. And from other testimony when I've asked this question, it appears to me that if someone gives you a relative efficacy number, it gives you no idea of what your overall risk to that thing is. And I think, someone compared it to two cars speeding down the highway at 300 kilometres an hour. The relative speed is zero, and their absolute speed is 300 kilometres an hour. So if I was to tell you the relative speed, you'd have no idea whether they were driving safely or not.

Natalie Kim Björklund Gordon

That's correct, but I like to explain it differently. Imagine you have two groups of people, one hundred in one group and one hundred in the other. And one group is your case group, and one group is your control group. And if, just by random chance, three people get sick and two of them happen to be in your case group and one happens to be in your control group, you have a very high relative risk [RR] occurring in your case group because twice

as many people got sick in your case group as in your control group. So you can say that's a very high relative risk.

If you want to talk about absolute risk [AR], you'd have to expose all two hundred people to the virus and see then what your data would be. Now, if you do your relative risk and you know 75 per cent of the population has been exposed in both groups, your relative risk is going to be very similar to your absolute risk.

But in a case like where Pfizer— I mean, they did some of their analyses while we were all under pandemic control conditions. And they did not specify what the infection rate was in the populations that they were looking at. And so, there's absolutely no way to know if this 95 per cent or 97 per cent or whatever it was, was a real value that had any real meaning.

And normally, except if you're dealing with Big Pharma, you will be quoted an absolute risk or you will be quoted a relative risk and they will put that after 97 per cent, RR or AR, and they'll specify what it is that you've got. And they didn't do that. Big Pharma generally doesn't.

Commissioner Drysdale

So if I understand your example where you talked about a hundred people in one group and a hundred people in the next and you got so many sick in one and so many sick in the other— If I was to increase that sample size to 10 million in each group, and I still had your number, I think it was three sick in one and six sick in the other, my relative efficacy in the 10 million sample is the same as the relative efficacy in the 100 sample. But of course, the absolute efficacy has changed significantly because in the first one I had 100 people in the group and one got sick, 100 people in the other group and two got sick, so relative efficacy of 50 per cent.

But if I increase it to 10 million people in each of the groups and have one, again, that's sick in one group and two sick in the other group, it's still a relative efficacy of the same number.

[01:10:00]

Natalie Kim Björklund Gordon

Yeah.

Commissioner Drysdale

And in your opinion, did the general public understand that difference?

Natalie Kim Björklund Gordon

My experience has been that many physicians don't understand that difference. So I would not expect the general public to understand that difference.

Commissioner Drysdale

Okay. You did talk about informed consent.

Natalie Kim Björklund Gordon

Yes.

Commissioner Drysdale

Based on what we just talked about, did folks who were told that it had a 97 per cent or 98 per cent efficacy, were they able to form informed consent on that basis?

Natalie Kim Björklund Gordon

It's my opinion that they were lied to.

Commissioner Drysdale

Let me ask you another question: Did they do testing? You looked at the Pfizer results or the Pfizer testing that was submitted to Health Canada.

Natalie Kim Björklund Gordon

Yes.

Commissioner Drysdale

Did they do testing on pregnant women?

Natalie Kim Björklund Gordon

No.

Commissioner Drysdale

Did they do testing on children?

Natalie Kim Björklund Gordon

As far as I know, no.

Commissioner Drysdale

Did they inject pregnant women in Manitoba with the vaccines?

Natalie Kim Björklund Gordon

Yes, they in fact they made it so mandatory that a friend of mine who refused to take the vax was told by her doctor that he would not attend her delivery. And she and her husband made a decision that they would deliver the baby at home. It was her fourth. It was an uncomplicated pregnancy.

But the labour started four weeks before her due date, so they became concerned that they might be dealing with the premie, and they decided she should deliver in the hospital. And when she arrived in the ambulance bay in labour, no one from the obstetrics and gynecology department at that hospital where she was at would come downstairs and treat her because they said she was un-vaxxed and they didn't want anything to do with her. So

she sat in the ambulance bay for 30 minutes and finally delivered having a paramedic attend her, while her husband sat outside in the parking lot trying to follow on a cell phone.

The pressure on pregnant women was extreme and totally unethical. They were told they must have this vaccine, “or I will not attend your delivery. You must have this vaccine or else your husband won’t be able to be with you when the baby’s born.”

Commissioner Drysdale

I think I heard you say that there was no fertility testing on this vaccine?

Natalie Kim Björklund Gordon

As far as I know, no one has looked at the fertility in this vaccine. But they did know, well before the vaccine was even released to the public, that the vaccine was accumulating in the ovaries and testes on rat tests that they did in Japan.

As far as I know, there’s been no testing done to see if fertility’s been affected. I have heard anecdotal reports from people in the in vitro community that they’re seeing an increase in infertility in women who previously had successful pregnancies. But that’s anecdotal. And again, I have no way of knowing if that is actually factual or not.

Commissioner Drysdale

Prior to the release of the vaccine, and based on your review of the information, was there any carcinogenicity testing? In other words, did they do any testing to see if this may or may not cause cancer?

Natalie Kim Björklund Gordon

No. And one of the things they did is they cut the testing short after two months and declared that it was safe. And cancer takes years to develop. Normally, even turbo cancer takes months to develop. They cut it off at two months. There’s absolutely no way that they could have done any kind of, had any ideas about testing. They did some rat work, I think, but rats are very different physiologically from humans and just because you get a result in rats, it doesn’t mean that that applies to humans.

And I don’t know. I’m not familiar. I could be wrong because I haven’t seen everything. There’s been a lot of literature. I read somewhere that at one point there was 700 publications a day coming out on this topic. So speaking from what I personally have seen and bearing in mind that there is stuff that I have not seen, I am not aware of any testing that was done on fertility or cancer.

Commissioner Drysdale

We had a previous witness describe to us the initial testing or the testing that was submitted to Health Canada for the Pfizer vaccine. And what that witness described to us was that they had a control group or a placebo group, and they had a second group. And after the close of two months, they took the placebo group and injected them with the vaccine thereby eliminating the placebo group after two months of testing.

Natalie Kim Björklund Gordon

Yes, I understand that's correct.

Commissioner Drysdale

Is that common practice?

Natalie Kim Björklund Gordon

It's common practice for Big Pharma-type people to do stuff like that. It would not be appropriate practice as I understand it. And I don't know how the regulators let that go. As far as I can tell, and I wasn't in the room when this was done, Health Canada did no independent testing of their own. They simply accepted what was being done in the United States as gospel.

[01:15:00]

Commissioner Drysdale

Did I hear you right in the beginning when you were talking about your credentials that you had taught or tutored medical students on medical ethics?

Natalie Kim Björklund Gordon

Yes, in the work I was in, the medical students broken up into small groups for tutorials of about 12 or 15 students. And one of us would each take one of those groups and we would be presenting them with a specific case. And it often included an ethical component that they had to discuss with us. And then they had to understand all of the aspects, medically speaking, as far as how this gene worked and so forth. But they also had to understand the treatment proposals and how those would impact and what kind of ways that they could provide informed consent and treatment.

We do practise the form of ethics in Canada right now, and I'm not talking about MAID. I'm talking about if you have a woman who has a baby, who has a specific defect of some sort, she can go and talk to her doctor and under normal circumstances that I saw when I was involved in human genetics and when I attended clinics, women would be given all the information that we had. There's a 70 per cent probability of this or a 20 per cent probability of that. And then the women would make a choice as to whether to terminate the pregnancy or not.

And some of us, myself included, are very much against termination of pregnancy, but we remained absolutely silent about what our personal opinion was. And sometimes a woman would say, "I'm going to have the baby anyway." And we might think she was crazy, but we never said anything against her, and we would support her through that.

And one of the most valuable lessons that I learned watching that was, you know sometimes a mother would come in and say, "There's something wrong with this baby, I can feel it." And every test we had would show there was nothing wrong with the baby, but she would go on and give birth and there would be something wrong, something desperately wrong.

And other times we would say there's this or that problem with the baby and she would say, "Nope, this baby's fine." And she would go through with the pregnancy anyway. The baby would be born and the baby would be fine.

And to me that illustrates why informed consent is so important because we as experts, we don't always know everything. And sometimes the gut intuition of some farm wife with a Grade 10 education is better than what we experts think.

Anyway, that's why informed consent is so important. You give them all the information and they make the decision as to what the right thing is to do. And that was what was missing during the pandemic.

Commissioner Drysdale

My last question has to do with your family. And I believe you reported out of the six, four had adverse reactions?

Natalie Kim Björklund Gordon

Yes, four had adverse reactions.

Commissioner Drysdale

Were any of those four adverse reactions reported to and included in the CAEFISS [Canadian Adverse Events Following Immunization Surveillance System] system in Canada?

Natalie Kim Björklund Gordon

No, my son's tumour has been dismissed by the neurologist in his care as being irrelevant and not in any way related to the vax.

The family member who developed pericarditis, it was more than 28 days. So it's considered unrelated. My daughter's situation was recorded as COVID in the unvaccinated. One of my relatives had long COVID and repeat multiple COVID infections and in her case, it's been attributed to the virus not the vaccine.

Commissioner Drysdale

Were those decisions to attribute it to the virus done at the upper level of that system or were they triaged by the doctor that you were dealing with or the nurse?

Natalie Kim Björklund Gordon

It was always done by the doctor or the nurse. Part of the problem is that there's tremendous pressure on members of the medical community to not notice these adverse reactions. Doctors who report too many get in trouble. And they don't want to see it. And the other thing is I've talked about the brainwashing and the reflexive reaction out of the medical community.

I think that the medical community has been more heavily brainwashed and targeted and hit with this stuff than the general public. And they don't want to see it. And if you take the

case of the pericarditis in my family, the doctor involved acknowledged that it was probably the vaccine, but there was no way he was going to speak up about it.

Commissioner Drysdale

Thank you very much.

Kyle Morgan

Ms. Björklund Gordon, I just was hoping to adopt your slideshow as an exhibit [Exhibit WI-1b]

[01:20:00]

Natalie Kim Björklund Gordon

Of course.

Kyle Morgan

You swear to the contents of that slideshow? You created those?

Natalie Kim Björklund Gordon

Yes.

Kyle Morgan

They're true to the best of your knowledge?

Natalie Kim Björklund Gordon

They're true to the best of my knowledge, yes.

Kyle Morgan

So help you God?

Natalie Kim Björklund Gordon

So help me God.

Kyle Morgan

I will hand it over to Shawn.

Shawn Buckley

It's unusual for me to step in and ask some questions, but I was just hoping to clarify a couple of things that you'd said. One of the commissioners had asked you about, had the reactions in your own family been reported to CAEFISS and I think you said, "No, with the pericarditis, it was 28 days after." Do you mean after the vaccination?

Natalie Kim Björklund Gordon

It was 28 days after her second jab, and therefore, was classified as unrelated.

Shawn Buckley

Okay, so she would be considered unvaccinated for 14 days after the second jab.

Natalie Kim Björklund Gordon

Well, no, she'd be considered un-vaxxed for 14 days after her first jab. Then between the first jab and the second jab, she would be considered partially vaccinated.

Shawn Buckley

Okay. So my understanding is, in Alberta, people were considered unvaccinated until 14 days after their second jab. Was it different in Manitoba? Since using Alberta statistics and I live in Alberta, so I think in Alberta, they were considering a person unvaccinated until 14 days after their second shot. Would you know?

Natalie Kim Björklund Gordon

I don't know what the Alberta standard was. I know that in Manitoba for a long time they had a classification of partially vaccinated and later, partially vaccinated got rolled into unvaccinated in some jurisdictions. I don't know if Manitoba did that, but the category of partially vaccinated vanished. So you had only vaccinated and unvaccinated, and I don't know where that middle group of partially vaccinated went.

Shawn Buckley

Ok. So in Alberta, you are not sure.

Natalie Kim Björklund Gordon

No, I'm not sure.

Shawn Buckley

What I was wondering is, if it's true that in Alberta, you weren't vaccinated until 14 days after your second vaccination, you'd have a group of people that just had one shot, and whether they had any reaction at any time that would be a vaccine injury after that, they would still be un-vaxxed.

Natalie Kim Björklund Gordon

That would be the case if you're rolling partially vaccinated in with un-vaxxed, yes.

Shawn Buckley

Right. Okay. Thank you very much. And on behalf of the National Citizens Inquiry, we thank you so much for your testimony today.

[01:23:00]

Final Review and Approval: Margaret Phillips, August 10, 2023.

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

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