NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 1**

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EVIDENCE

Witness 7: Dr. Christopher Shaw
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Shawn Buckley
Welcome back to the National Citizens Inquiry as we continue on our first day of the Vancouver hearings. Our next guest is Dr. Chris Shaw. Dr. Shaw, can I ask you to state your full name for the record, spelling your first and last name.

Dr. Christopher Shaw
My name is Christopher Ariel Shaw, C-H-R-I-S-T-O-P-H-E-R, last name Shaw, S-H-A-W.

Shawn Buckley
Dr. Shaw do you swear to tell the truth. the whole truth, and nothing but the truth, so help you God?

Dr. Christopher Shaw
I do.

Shawn Buckley
Now, you have a PhD in neuroscience, and you're a full professor of ophthalmology at the Faculty of Medicine at University of British Columbia.

Dr. Christopher Shaw
Yes.

Shawn Buckley
And you have been 35 years as a faculty member at the UBC Faculty of Medicine.

Dr. Christopher Shaw
Yes, correct.

Shawn Buckley
And in addition to being a full professor, you have a number of cross-appointments of significance, one at the Department of Pathology.

Dr. Christopher Shaw
Yes.

Shawn Buckley
One in the Program of Neuroscience.

Dr. Christopher Shaw
Correct.

Shawn Buckley
And one in the Program of Experimental Medicine.

Dr. Christopher Shaw
Also correct.

Shawn Buckley
And you've held those appointments since January of 1988.

Dr. Christopher Shaw
The one in pathology came about in 2014. But the other three have been there since 1988.

Shawn Buckley
And you're going to explain in a minute about being on unpaid leave, but you are also now co-chair of the Scientific and Medical Advisory Board of the Canadian Covid Care Alliance.

Dr. Christopher Shaw
That's correct.

Shawn Buckley
And Commissioners, I'll advise you that Dr. Shaw's CV is entered as Exhibit VA-6. It is 45 pages in length, so I didn't give you copies, but that would be available for you to review and it will also be available for the public to review.

Now, Dr. Shaw, I had mentioned that you're on unpaid leave. Do you mind sharing the story with us of what happened?

Dr. Christopher Shaw
Not at all. In the summer of 2021, Bonnie Henry put down one of her edicts, I think in August or September 2021, requiring that all people in the Coastal Health and other health regions be fully vaccinated no matter what they did. Whether they were faculty, staff, janitors, drywall layers, people delivering packages, whatever it was, you had to be fully vaccinated. And that came out from UBC. UBC took that and basically said, it was in September 2021, they said, "Okay, well, here are the new guidelines. We expect everyone to declare their vaccine status."

And we had three options. Option one: "Yes, I'm fully vaccinated." Option two: "No, I'm not fully vaccinated, but I will be." Number three: "I have no intention to get vaccinated." Number four: "I'm not telling you." I chose the "I'm not telling you" option. My chairman at the time came back, he was an interim chairman, and said, "Well, you kind of have to disclose." And I said, "Well, kind of, I don't. It's personal medical information." And a few weeks later, he wrote to me and said, "Well, you know, we're coming up on a crunch here. We have to obey Bonnie Henry and moreover, Patricia Daly, who is the Vice President of Vancouver Coastal Health. We expect you to declare and then go get vaccinated if you want to keep your job." And since I didn't, and I explained to him the reasons I would not.

I said several reasons: One, "I don't think this is a legitimate health order." Number two, "I do not see patients. I'm not a medical doctor. I'm a PhD researcher. I'm in a building that has only one clinical site at the bottom floor, only one clinical laboratory. I don't go in that way. I don't have any connection with that laboratory. There's a back door I can use. My laboratory is on the third floor. I won't see patients. And I'm not going to. So that really is no danger. And I'm ready to go along with the weekly serology test. And I can move my laboratory up to UBC. Or you, my chairman, can move my laboratory up to UBC. And of course, we can do the various things that we need to do at UBC." And again, you'll hear from Professor Pelech tomorrow what he had to do at that time, which was essentially nothing. That wasn't good enough. My chairman said—

Shawn Buckley
Can I just interrupt because I also understand that you had had COVID.

Dr. Christopher Shaw
Yes.

Shawn Buckley
And that you developed natural immunity.

Dr. Christopher Shaw
Yes.

Shawn Buckley
And the reason I want to bring this up is, and we don't have to do it right away, but I want you to explain that there's actually a heightened risk for somebody who has natural immunity

Dr. Christopher Shaw
Absolutely.

Shawn Buckley
getting this vaccine.

Dr. Christopher Shaw
Yes. And that's true. Now, let me come to that.

So in December, my chairman said, "Well, okay, we've reached the deadline. You have to take the shots regardless or get an exemption." But as you probably realize from some of the hearings that the exemptions were almost impossible to get. And in my case, I went through the list of possible exemptions.

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I didn't qualify for any of them.

And I tried to explain to my chair that I had had COVID-19. I know that from tests from Steve Pelech's serology laboratory. And you'll hear about that tomorrow. I probably had COVID in the summer of 2020. I had very, very robust antibody levels to almost everything in his test. Some of them had faded, which allowed him to put a timeline on it and say, "Okay, this probably was around here."

I told that to my chair. He didn't care. He said, "It doesn't matter what you've had. You have to get the vaccines or we're going to put you on unpaid leave probably in December followed by termination." So December came and on December 10th, I was put on unpaid leave. He didn't care in the slightest that I might be at risk for some of the complications that have been noticed. Something called antibody dependent enhancement in which the antibodies generated by the natural immunity can be compromised by antibodies from the vaccination. So I didn't want to go that route. I told him that. I told him the reasons for that. I actually had a letter written by Lee Turner, who is an attorney out of Kelowna. He wrote a very long detailed letter to my chair that explained this in enormous detail. And I can provide to the committee that letter. My chair did not respond at all. Nothing. I don't know what he did with it, but nothing happened. On December 10th I was notified by the university, by my chairman, that I was put on unpaid leave, followed by termination at some future point.

So that's kind of where it went. And I should stress that I offered to teach on campus. I offered to move my laboratory. I offered to teach in any form they wanted. I offered to continue teaching by Zoom because we'd been teaching by Zoom at the beginning of the pandemic. And I said, "Well if that doesn't work, I can do administrative stuff. And I want to fulfill my obligation to the university and I want to keep working. I want to do some research that I think is very important."

And we just had received a very large grant from a private neuroscience group in the United States to study early phase markers for Lou Gehrig's disease. I don't know if you know about Lou Gehrig's disease, but it is an absolutely horrible neurological disorder for which there is no cure. And there are very few treatment options, which are not very effective for very long. So the need in the field of ALS research has been to come up with an

early way to detect ALS when it's first starting, so we actually have a therapeutic window in which one, in principle, could do something.

We were well into that study when I was terminated. I was not allowed into my laboratory. The consequence of that is my two technicians— I wasn't allowed to distribute the funds I had. My two technicians, I had a technician and a postdoctoral fellow, they basically had to be let go. And the money that was still in the grant for research was grabbed by somebody at UBC, either research services or my department, and used to pay off the deficits of another researcher.

Shawn Buckley
I just want to be clear here. So you actually were in the process of running a study to look into the causes of Lou Gehrig's disease for early detection, and that study, which assuming that it fail or succeed, it would add to the science for Lou Gehrig's disease. So that now is a casualty of this COVID policy.

Dr. Christopher Shaw
Absolutely. As were the technician and postdoctoral fellow. They were casualties as well because they all had to go find other employment.

Shawn Buckley
And the grant money, which would have been specifically given for the purpose of your study, has disappeared.

Dr. Christopher Shaw
Not all of it, but a considerable fraction of it, yes.

Shawn Buckley
Okay. And the reason for this was basically because of the public health authorities and then, Patricia Daly, following—

Dr. Christopher Shaw
The reason for it was my chair, at the time, did not feel he could go against Patricia Daly's order, which, of course, came from Bonnie Henry.

Shawn Buckley
You wanted me to play a video.

Dr. Christopher Shaw
Please.

Shawn Buckley
And then to comment on it.

Dr. Christopher Shaw
Oh, by the way, I shared this with my chairman, he didn't care.

Shawn Buckley
Okay, so David, can you cue the video that we had for Dr. Shaw?

[Exhibit VA-6a: a video clip was played with Dr. Patricia Daly explaining the use of vaccine passports. Below is a transcript of the audio content.]

[VIDEO] Podcaster interviewing Dr. Patricia Daly, Vice President, Public Health and Chief Medical Officer for Vancouver Coastal Health
Podcaster
We aren't allowing unvaccinated people into restaurants, but they are still allowed to visit patients in acute care. Is this true? If so, what are the risks?

Dr. Patricia Daly
Maybe I can answer this just briefly. The vaccine passport requires people to be vaccinated to do certain discretionary activities, such as go to restaurants, movies, gyms. Not because these places are high risk. We're not actually seeing COVID transmission in these settings. It's really to create incentive to improve our vaccination coverage. But we still allow people to continue with essential things,

[00:10:00]

like going to the grocery store, going to the pharmacy, going to visit relatives in acute care, going to access healthcare services. And by the way, when those people come to our acute care, they're going to be screened and they're going to be given a medical mask. And we're not seeing transmission from visitors. We've seen occasionally visitors to health care facilities have been a source of COVID, but they're actually lower risk than staff because they tend to only visit one person, have contact with their relatives, and then leave. Whereas health care workers who may have had COVID and been in the infectious stage, unknowingly might have had contact with many more people. So visitors are actually low risk to introduce virus into a facility. They're screened, they're putting on a mask, but, you know, and again, most of them are going to be vaccinated, but the vaccine passport is for non-essential opportunities, and it's really to create an incentive to get higher vaccination.

And it's really to create an incentive to get higher vaccination.

Shawn Buckley
Dr. Shaw, there will be people watching this online that are not familiar with British Columbia and who Patricia Daly is.

Dr. Christopher Shaw
Patricia Daly, at the time, was Vice President of Vancouver Coastal Health and her immediate supervisor, I suppose, would have been Bonnie Henry who is the Provincial Health Officer.

Shawn Buckley
Right, so Patricia Daly was one of the people for her region that was basically issuing this dictate

Dr. Christopher Shaw
Yes.

Shawn Buckley
that we needed vaccine passports. And for those that are watching in countries that don't understand vaccine passports, you had to have a government identification paper showing you had had two doses of an approved vaccine to access many services. And she's saying in this video when we all heard her that this really wasn't about health, it was an incentive for vaccination.

Dr. Christopher Shaw
That's correct.

Shawn Buckley
And what are your thoughts on that as a medical doctor?

Dr. Christopher Shaw
Well, I'm not a medical doctor. I should stress that I am a PhD researcher. But as a PhD researcher who is familiar with, for example, the Nuremberg Code, and I can explain why that would be true, this is a violation of the Code. Because as Dr. McLeod was saying earlier, one cannot incentivize informed consent. In other words, informed consent is freely given with no incentives, either negative or positive. And of course, at the time, we know that throughout British Columbia and elsewhere, they were incentivizing people to take the shots either with punishments, which it was in my case, or with, for example, in Downtown Eastside with Tim Hortons donuts and five bucks. In either direction, incentivizing the use of a product that has not been fully explained to people and where the dangers and/or the benefits have not been fully explained, I think, is a violation of that Code. And that was one of the things I had pointed out to my chair and again, that didn't matter.

I should mention that since then, I don't know if you want to get into that now, but I've since been— We have a new chair person, who said in principle that I can, I might come back to work. They will move my laboratory, that's all good. But now, the new Bonnie Henry directive that came out about two weeks ago probably makes that impossible. Because again, anyone who works in any health setting, and at the university, has to be fully vaccinated. So that's taken me probably out of that possibility of re-employment.

And again, I should stress that was 18 months of unemployment where I've been living off a pension. Just as a sidebar, I used to do marine search and rescue here in the province, here in Victoria. And about the same time, I was told that unless I would get fully vaccinated, I shouldn't do that either. Because we all know that people on burning boats that are full of kittens do not want to be saved by anybody who's not vaccinated. So I was put out of search and rescue at the time.

The third thing is I've been trying to seek employment ever since UBC put me on unpaid leave. And I trained— Again, I maybe haven't explained it very well in my background material, I'm a trained medic. I was an army medic, and then I was trained to EMR, emergency medical responder level, which is kind of the lowest rung of the primary care paramedic system. But you can still go around, you can be licensed, and I am licensed, you can go around and ride in ambulances and help people, but I can't do that now, either. So basically, all sources of income of things I can do have been cut off.

Shawn Buckley
Before we switch gears, and again it's just because some of the people that are watching internationally will not understand that in Canada and the Province of British Columbia in May of 2023, that actually, Bonnie Henry the Chief Public Health Officer is still mandating full vaccination for all health care workers and health care facilities.

Dr. Christopher Shaw
And a booster now. The booster was added to her most recent proclamation.

[00:15:00]

Shawn Buckley
Right, right, so two shots and a booster. I just had to add that because in some countries, the pandemic is long over and they're not facing anything like this, so they may not actually understand.

Dr. Christopher Shaw
No, they may not and, for example, I would imagine in Denmark where they're not giving COVID shots anymore, they probably don't understand why we're still playing this game. And why British Columbia of all the provinces is probably far and away the most extreme in continuing with these mandates and enforcements and coercions. I don't understand it. Let's get Bonnie in here and find out. But right now, it is a bit of a mystery why BC is almost alone in this extreme level of response.

Shawn Buckley
I didn't check, but I expect that we issued a summons to Bonnie Henry and that she has respectively declined to attend.

Dr. Christopher Shaw
I'm sure she did, yeah.

Shawn Buckley
So now you know a lot of doctors. You are working in the Faculty of Medicine. Can you tell us how doctors have been reacting throughout the COVID crisis, and where they are now because the narrative is changing.?

Dr. Christopher Shaw
Well, a few researchers at the beginning, when those orders came down from Bonnie Henry, basically contacted me and asked what I was going to do. And I said, "Well, I'm not doing it. I'm going to not disclose. And if I'm forced out, then I'm forced out."

One researcher I know about, a junior researcher, had come up from the United States. She had acquired a very, very large grant. And she was basically facing the same sort of thing. What was she going to do if she couldn't work? And she basically said, "Well, I'm going to take all my grant money, and I'm going to take all my lab stuff, and I'm going to the States. I have another offer there. I'm not going to stay and put up with this kind of stuff."

Another one actually got her lab moved. Her chair was sympathetic, moved her up to UBC, where she had another laboratory. I have a colleague in ophthalmology, I won't mention his name, who believes the same things I do, knows everything about the COVID vaccine, as well as I do, he's an MD. And he decided not to fight for whatever variety of reasons. He got the shots, and he has continued to work.

But a lot of people have approached me, other faculty, other students, a number of students, nurses, saying, "What can I do?" And a lot of them are certainly desperate as you've probably heard over the course of these commission hearings. A lot of people are desperate. They've been forced out of their jobs or coerced into taking the vaccines and running the risk, a very serious risk in my view, from my perspective from my work on COVID Care Alliance, that they can be vaccine-injured by these particular vaccines and there will be long term consequences, which I'd like to touch upon a little later.

Shawn Buckley
Actually, later or now. I mean we're on that topic because you came here with some thoughts about a bunch of things that could have been done differently and perhaps should have been done differently. And it matters not what order we go in. It's interesting you were talking about people coming to you. And I have to say I would get a lot of calls from health care practitioners from British Columbia to my law office, asking, "What do we do?" And judging the legal climate at the time I said, "Just find something else to do, but you're sure going to be needed in three or four years as a health care practitioner."

Dr. Christopher Shaw
Well, Dr. Henry very proudly put out some stats. I think it was last summer when she talked about the physicians in the province who had done the right thing, in her view, and gotten injected with these experimental vaccines. So she said, "98 per cent of surgeons are fully vaccinated now"—that was before the boosters—and whatever percentage of all the other specialties in medicine and so many of the paramedic specialties.

And for me, that actually— And we didn't really touch upon it today, at least what I've heard; Dr. McCloud has mentioned in brief, some of the adverse effects that have been occurring. And I'm sure you've probably heard from Dr. Makis, so you know that there are quite a number of things that are happening.

If Dr. Henry's estimates of how many health professionals have taken the shots are correct, I think we're looking at a lot of sick health professionals. And if that's true, I don't know where we're going to find the people who are going to do the surgeries, who are going to do the anesthesia, who are going to do the OBGYN and the child and pediatrics and all those

kinds of medical services. Because I think we're going to actually lose a lot of them to the health profession as they become sick. And I think they will become sick.

Shawn Buckley
Okay, do you want to speak about that or do you want to move on to a different topic?

Dr. Christopher Shaw
Pretty much at your call, Mr. Buckley, whatever works for you. I could address the questions that were posed to all witnesses. The first one was, what could have been done to mitigate the impact of the pandemic on citizens? So let me just put a few of those out there, if that's possible.

[00:20:00]

Shawn Buckley
Sure.

Dr. Christopher Shaw
So one of them was, a more appropriate response would have been that of Sweden. Sweden was heavily castigated for what they were doing, but basically what they decided— The chief epidemiologist of the country is a guy named Dr. Anders Tegnell. And he basically said, "Look, let's cocoon the most vulnerable. Let's make sure they are as best protected as they can be. Let's try and keep them away from sick people. If there are vaccines when they come out, let's use those on those people first and let's let everyone else live their lives."

And I think the recent data that I've seen from Sweden, and I can again provide a reference, seems to suggest they have weathered the pandemic vastly better than we have, and most of Canada has, both in terms of the number of people who were ill and/or died. And also in terms of the impact on society, whether it was education, children's health, and psychology. Whether it was in terms of almost anything across the board, they have weathered the pandemic far better because they didn't subject their population to the same source of mandates and restrictions. So that would have been one thing.

Why didn't we do that? Because we didn't have a government at any level in Canada that was being rational. Media sources were being irrational and essentially making the public panic. And I think we've all seen that. The fear mongering by media and government was out of control to the extent that a lot of people were terrified. And they were so terrified that a lot of people did go out and get the vaccines voluntarily. And for those who did not, they had the punishments or the incentivization. And so again, we heard about the nurse who just spoke earlier; we'll hear about it and more this week, I'm sure. But again, those were the instances where both fear and coercion succeeded to get those numbers as high as they were.

Shawn Buckley
And I'll just ask you to perhaps consider that if the media with the help of the government is stoking fear that that is coercion of a type.

Dr. Christopher Shaw
Absolutely, it is coercion. And the other, the more rational approach to have taken to any pandemic— And I should mention at the outset that we have known about the potential for infectious disease pandemics for a long time. Certainly since 1919, but of course in history we know there are many other pandemics that have occurred. The fact that we knew these could happen, the fact that people have predicted them, means that Bonnie Henry, who's the Public Health Officer who has been there for quite a while, should have been more prepared for the possibility of a pandemic, especially when they began to see things coming out of Wuhan. She didn't. She waited till it was full blown and then she launched into, you know, essentially, "mandates and vaccines are going to be the only way out of the pandemic," and our prime minister said the same thing.

So those kinds of things didn't have to happen in that way. You could have approached the pandemic from simple measures for infection control, hand washing, masks, if they were appropriate. And masks were not appropriate, as we know, because surgical masks do not stop the virus. The manufactured hysteria, hysteria that drove a lot of the response, was really based on—I hate to use the terms, but it's very appropriate in this case—misinformation and actual disinformation. They told the public things that were simply not true. And Bonnie Henry was one of the leaders in that.

Shawn Buckley
So can you share some examples of things that we were told that simply were not true.

Dr. Christopher Shaw
That basically herd immunity was inferior to vaccine-induced immunity, and that's not true. As we heard from Dr. McCloud, that's not correct. And it's never been correct. So that was a perfect example.

The idea that the people who were vaccinated could neither transmit nor catch the disease, that was not true. If you remember our prime minister saying at one point, "I will not allow unvaccinated people to sit on a bus or an airplane next to vaccinated people." Well, actually, that was totally irrelevant because now we know, and we knew then, actually, that the people who were vaccinated could be just as easily spreading the disease.

The level of deception, and again, coercion—those were the two hallmarks of the government and media response—was basically to instill enough fear into the population to force them to take the vaccine.

Shawn Buckley
Do you know we've had the Vice President of Pfizer being examined under oath in Europe saying that they never tested on the issue of transmissibility, which means their data set provided to Health Canada could not have shown that it prevented transmission if they're not even testing for that. Would you agree with me that that Health Canada would have had to have known then?

Dr. Christopher Shaw
Yes, I would.

Shawn Buckley
So really then you're speaking about the core messaging that was used by the government to basically totally infringe upon our lives.

[00:25:00]

So we were forced to stay in our homes waiting for a vaccine that would get us out of this by preventing us from catching COVID and preventing us from transmitting it. And that was a core message.

Dr. Christopher Shaw
That's right.

Shawn Buckley
And the issue of natural immunity— Because by the time the vaccine came around, we had been in the pandemic for a full year, if not longer, with data that we're finding now. And that is for a disease that's highly contagious. Can you estimate of what levels of natural immunity would have been in the Canadian population by the time the vaccine came out?

Dr. Christopher Shaw
By that time? I think Dr. Pelech will address that tomorrow. But his numbers, I suggest, are probably, at that point, something like 80 per cent of the population of BC had been exposed to the virus.

Shawn Buckley
Okay, so—

Dr. Christopher Shaw
The numbers may vary a little bit, but basically by that time, most people had been exposed to COVID-19, at least the original Wuhan version, and therefore, should have had natural immunity and should have been, therefore, largely immune.

Shawn Buckley
Right, and my understanding is that the vaccine was for the original Wuhan version when it came out in early 2021.

Dr. Christopher Shaw
That's correct.

Shawn Buckley
So I just want to be clear. Basically, if the BC numbers applied to all of Canada— So we're making that assumption, but one would wonder why that wouldn't be the case. There was 80 per cent natural immunity by the time the vaccine rolled out. Am I correct that would basically totally negate the need to vaccinate to get herd immunity anyway?

Dr. Christopher Shaw
Yes, based on the original statements by Teresa Tam and Bonnie Henry, you should have been at herd immunity already. So the need for vaccines on top of that as an emergency measure were, in my view, unjustified.

Shawn Buckley
Right. But even more importantly is, as you mentioned, that if you have natural immunity, which most of British Columbians did, that there's actually a danger then of getting vaccinated. So actually, on a cost–benefit analysis, the public health authority should have been saying, "We better test for natural immunity because there's a danger." Is that right?

Dr. Christopher Shaw
That is correct, in my view.

Shawn Buckley
Okay, and then basically, we're being locked down until enough are vaccinated so that we stopped spreading it. And that whole thing was a lie.

Dr. Christopher Shaw
And that whole thing, at the least, was misinformation. And of course, now we know that with the endless boosters— And I heard of someone today who's had five, at least it was in Quebec. But I'm sure that'll come here.

Every time you take a booster, you're giving yourself a trillion more spike protein. And the spike protein, whether it comes from the natural infection or from the vaccine, is one of the most pathological entities in the whole disease. And so, if you are giving repeated doses of spike protein through the mRNA injections, you're going to have people who are more chronically ill. And that seems to be what's emerging. And I think that was part of Dr. McLeod's presentation. I think you'll see something like that from Professor Pelech.

So you're actually not only damaging your ability to fight off COVID, as we've seen, because it was not the pandemic of the unvaccinated, certainly not in the last year. It was really the pandemic of the vaccinated who were catching COVID and going to hospitals and going to the ICU in greater numbers—to the extent that they were vastly outnumbering the people who were unvaccinated. So every time they do that, they get more of these spike proteins and the adverse effects increase. So you have now, potentially, a population of very chronically ill people who will always have damaged immune systems.

Shawn Buckley
And I'll just ask you to kind of slow it down a bit and give us an explanation. Because some people watching you might not understand that the spike protein is actually the part of the virus that causes damage in our bodies.

Dr. Christopher Shaw
Correct.

Shawn Buckley
I'm wondering if you can explain that and then after you explain that, kind of in a slower way, explain this issue of— How many do you get when you get your first shot, your second shot, your boosters? Why continuing to get more shots is a problem?

Dr. Christopher Shaw
Continuing to get more shots— And again I think as Dr. McLeod mentioned, all vaccines have to some extent, almost all have what's called secondary vaccine failure. In other words, the ability to stimulate immune response declines over time. Antibody levels, T cell levels, tend to go down, even for something as relatively effective as an mRNA vaccine. And we're not even talking about harms right now.

I remember one of my first interactions with Bonnie Henry back in 2019 when she was trying to instill a measles mandate,

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based on fairly flaky premises.

And I remember asking her about that at the time because I was writing an article on the subject of the measles mandates. And she said, "Well, listen, measles vaccines, once you've had them, they're for life." And I said, "No, actually they're not. I mean they may be for a long time, but they're not for life, neither for antibodies nor T cells." And she just said, "No, it's impossible. That can't be possibly true." So she was even then pushing an agenda. I'm sorry, I've lost the thread of the rest of your question.

Shawn Buckley
Right, well, I was basically wanting you to explain that the spike protein is the dangerous part, that it's contained in the vaccine.

Dr. Christopher Shaw
It is.

Shawn Buckley
And then why additional shots are more and more problematic. Cause you started touching on that.

Dr. Christopher Shaw
Thank you for that.

So spike protein, as we know, binds to the ACE2 receptor and it gains ingress into the cell through that method. And in the case of a natural infection, that's what it'll do.

The mRNA does the same thing. It's got the mRNA. The lipid nanoparticles allow it to get into the cell. Lipids are a very good way to get things into cells. And we've used them before in a different context because it will actually cross different membrane barriers, including blood-brain barrier. So it can be a very effective way to get stuff in the brain.

So when I first saw this, I began to get concerned that what happens if you get this into your brain? And now we know from the very few biodistribution studies that have been done that both the spike protein and the mRNA go everywhere. There's no protected zone in your body that I know of. So if you're going to get a shot, the trillions of spike proteins will find their way, that your body is manufacturing, pretty much everywhere.

The mRNA shows up even in the brain in the animal studies. And there was an animal study that came out in 2012 by a sub company out of Moderna that actually clearly showed that. And they didn't pay attention to it, and apparently the regulators didn't either. And they didn't follow up. So until recently, there have been very few biodistribution studies. And you mentioned some anatomy pathology from Germany that highlights the fact that this stuff is getting in the brain. So if you want to know what it will do in the brain, I have a lot of speculation about that, but none of it's good. And none of it's good in the sense that I think it's going to do you any benefit, it's only going to do you harm.

Shawn Buckley
Right. But before we get there, I was still just wanting people to understand that the spike protein is toxic to the body.

Dr. Christopher Shaw
Spike protein is toxic. Yes.

Shawn Buckley
Anywhere it goes, it causes damage.

Dr. Christopher Shaw
Yes, yes.

Shawn Buckley
And the vaccines basically teach your body to make spike protein.

Dr. Christopher Shaw
That's true. So the mRNA that goes into the cells serves as the platform on which it binds to ribosomes and it causes the ribosome to make a lot of spike protein, which now decorates the surface of the cell. The idea is that your immune cells will see this, recognize it, and go, "Aha, let's now deal with it by making T cells, memory cells, antibodies," and that will then control it. Problem is they wander around.

Shawn Buckley
So—

Dr. Christopher Shaw
And when you have an infection, a viral infection and/or a vaccine-induced spike protein, you're killing that cell. That's just what's happening. That cell is dying. If you do that on the brain, you're going to have a bigger problem. Then if you do it and if it goes to your liver or

your left toe, it's just going to be that much more dramatic. We don't replace a lot of neurons in the brain over the span of a lifetime.

Shawn Buckley
Okay well let's go there. So the vaccine puts mRNA in our bodies which gets our cells making these spike proteins

Dr. Christopher Shaw
Yes.

Shawn Buckley
that are released from the cells, and they bind with other cells.

Dr. Christopher Shaw
The spike proteins combine with those cells.

Shawn Buckley
Right. And now if this happens in the brain then— So a cell has a spike protein in it, a brain cell. What happens to that brain cell once the immune system recognizes it?

Dr. Christopher Shaw
The immune system once it recognizes that there is a pathogen and/or a damaged cell either a microglial or a vascular cell or a neuron— And you know much of the literature, so far, has been on vascular cells and the spike protein is causing a kind of lesion in the vascular cells, which they do. What's going to happen is your innate immune system in your brain, which is largely composed of microglial cell that are derived from other glial cells in the periphery, are now going to attack that cell. Yeah, it's just no question that's going to happen. And when they attack that cell, they are going to destroy it. When they destroy it, not only have you lost a neuron that you're not going to replace, but you've also got a release of more spike protein, which was, of course, in the neurons that you just killed.

And, of course, if the mRNA has generated a lot of that throughout the brain, you're going to have neurological lesions in those regions of the brain where it's gone. So when you look at the brain fog in people who have the disease, probably spike protein. When you look at the brain fog in people who have the shots,

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especially repeated shots, that's almost certainly spike protein that has migrated into the brain either through the mRNA or through the blood-brain barrier and is now breaking things. And the consequences of that, again, when you look at the number of people who have the shots and are experiencing neural consequences, you're going to have a problem.

Keep in mind that neurological diseases do not usually occur overnight. They are, especially when you're looking at things that I study, like Lou Gehrig's disease, Parkinson's, Alzheimer's disease, these take a long time to manifest. So you can't expect that you're going to see massive neural damage to the point where you're expressing a neurological

disease like ALS in a week. You know, it's not going to happen. But it will happen if you have enough damage to the nervous system, either the brain or the spinal cord. You will start to get those sorts of damages that will begin to resemble neurological disease.

My main concern, the thing that keeps me up at night, is what happens when that's happened to a lot of people? What do we do when we have a neurologically compromised population, whatever percentage that may be? Just think of Alzheimer's for what it is or ALS in the classical forms. When you have one of those diseases, not only is that person going to be sick for the rest of their lives—and these are progressive diseases, they get worse—but someone in the family, unless they have a lot of insurance money, someone in the family is coming out of the workforce to take care of them until they die. Now you've lost two people out of the workforce.

So this is not trivial, not to mention— So when we look at all the people that are not showing up for the ferries, all the people who are not showing up in their clinical rotations, all the people who are not showing up for police work, all the people who are actually not showing up at UBC. They are, in many cases, I suspect, damaged by the vaccines, whether these are all neural or myocarditis or the whole range of other things that we've been learning about. I think we have a chronically ill population now, if it's 80 per cent of the population, a certain fraction of that is going to have neural consequences. And I don't think we can realistically deny that that's possibly going to happen. And when it does, I think we have a huge societal problem that actually terrifies me.

Shawn Buckley
Okay, so you just said that you know 80 per cent of the population is basically sick.

Dr. Christopher Shaw
Well, if Theresa Tam's and Bonnie Henry's numbers are correct, yes, that's my opinion. They may not have expressed full dysfunction, but insofar as they've had spike protein and mRNA go into their brain, they have damaged brains.

Shawn Buckley
Right, and I just want to make sure that people understand. I mean, you're speaking about lesions in the brain. Other researchers have actually done brain slides and shown— When you say lesion, it's basically

Dr. Christopher Shaw
Dead cells.

Shawn Buckley
dead cells. So like parts of the brain that are dead.

Dr. Christopher Shaw
Parts of the brain are dead. And that's essentially what's happening in the major neurological diseases. Parts of the brain are dead. So for example, in Lou Gehrig's disease, you begin to show the symptoms of the disease, which is the lack of motor control, after you've lost about two-thirds of the motor neurons in different parts of your spinal cord.

Until then, you're compensating. The nervous system is very, very good at compensating for a long time. And then you hit a threshold. And then all of a sudden, it starts to go downhill very rapidly.

And so these diseases, once they start, it's what we call a cascading failure. And when you look at, for example, Lou Gehrig's disease, both in animal models and in the actual disease, people kind of keep at some sort of—it's a declining level of functionality. And then all of a sudden, it just drops off.

And the basis of the research I was trying to do with ALS was to find at that point when it's still kind of above the threshold for a neural function, get in there and be able to do something therapeutically useful before it totally crashes. And unfortunately, we don't know when that is. So again, when they took away the money and the research ability for that project, it took away the capacity to actually find an early phase place to begin treating ALS victims and the same would apply to Alzheimer's and Parkinson's.

We don't know where anybody is who's had the shots. The longer they've been, the more boosters they have, more neurologically compromised they are, I suspect.

Shawn Buckley
Okay, I'm wondering if I'm interpreting what you're saying correctly. Are you basically inferring, you are definitely saying, "Every time you get the shot, you could be doing more damage."

Dr. Christopher Shaw
Yes.

Shawn Buckley
Including damage to your brain.

Dr. Christopher Shaw
Yes. In so far as the stuff gets into the brain. And we know that blood-brain barrier gets more compromised as you get older. So older people have, and people with head injuries and people who've had any kind of head trauma, have leakier blood-brain barriers.

Shawn Buckley
And we also know that the lipid nanoparticles that surround the mRNA in the shots are actually specifically designed to cross the blood-brain barrier.

Dr. Christopher Shaw
Well, they're supposed to cross any cellular barrier,

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and that's why they did it. Because when they were first coming up with the mRNA concept, originally what they were going to do is they were going to have two needles. One was going to inject the actual mRNA, and the second one was going to pass a current. And that

current would do something called electroporation. It would basically make membrane holes so the stuff could slide on in, the membrane was supposed to close. And I think they realized that no one was going to tolerate two needles at once. So then I think the companies at UBC that we know about, Arcturus and Arbutus, basically started to play with— Well they've been playing with the lipid nanoparticle technology for a while. And then they realized, well this is not the way to do it. We'll just use the lipid carriers that already exist in most cell membranes, and we'll get the stuff in that way. Which from that perspective was a clever idea.

Shawn Buckley
Before we get into too much detail, because I just wanted you to [agree] these lipid nanoparticles. So the vaccine basically is designed so that we're going to get this mRNA or we know it goes into the brain amongst other places. So for any given shot on any given person, we can't say where it's going to go. You use the term biodistribution. But you seem to be implying that people may not be manifesting brain injury now, but you are worried going forward that that's going to start to manifest and become apparent. Did I understand what you were saying?

Dr. Christopher Shaw
That is correct. I'm concerned that it will become apparent in many more people than it has so far. And again, like the progressive nature of neurological diseases, such as the age-dependent ones, ALS, Parkinson's, Alzheimer's, it will become progressively worse.

Shawn Buckley
Okay, so we have a trend where a lot of people don't show up at work. We have, I believe, an increase in accidents happening. And we have person after person describing brain fog. Could all of those things be connected to brain damage caused by these COVID injections?

Dr. Christopher Shaw
I think so.

Shawn Buckley
And not only do you think so, but you're personally worried about Canada going forward because of the number of shots that people get.

Dr. Christopher Shaw
Yes, I'm worried about the consequences overall for society from the perspective that we will have, I think, an awful lot of neurologically invalided people in the course of the next few years, and I think we already have some. We just again, as you suggest, we don't know that they were all injured yet because they haven't fully expressed the disease, and again neurological diseases do not express overnight, as a rule.

Shawn Buckley
I wanted to ask you your thoughts on vaccinating children with these COVID-19 shots.

Dr. Christopher Shaw
Okay. I'm trying not to swear here. It's a poor idea. It's a poor idea for a number of perspectives. Number one is children do not routinely get sick at all or very sick with COVID-19. It has to do with the number of ACE receptors they display. And if it seems—

Shawn Buckley
Can I just slow you down. Because again people need to understand. So an ACE receptor is a type of receptor on a cell that a respiratory virus, like coronavirus, will attach to. And the reality is children actually don't develop these until they're older.

Dr. Christopher Shaw
That's correct, so the ACE2 receptor. Yeah.

Shawn Buckley
Yeah, so young children are basically, just by the way we grow, they're naturally immune without even being exposed to the disease.

Dr. Christopher Shaw
Yes, pretty much. Yeah.

Shawn Buckley
Okay. So I just wanted to make sure that the people watching you understood.

Dr. Christopher Shaw
Injecting children, strikes me again—without knowing whether or not they have the potential to get sick from the virus or get very sick from the virus—giving it to them, strikes me again as part of an agenda because there's really no need to do it. They are not likely to become severely ill. Again, you could make a case where some children may need to get some sort of vaccine under some circumstances. And if one had made the case that children are extremely vulnerable, leaving aside all the marketing and hysteria and the side effects in the general population, I think it would have been a hard case to make. But one could possibly make that case the children were as much at risk as 80-year-olds, and that's simply not true. It is definitely not true.

Shawn Buckley
Right, so they're at low risk.

Dr. Christopher Shaw
They're at low risk of getting it, they're at low risk of being severely compromised. And the only children that I know of who actually died in Canada, they had fairly serious comorbid and all other conditions that were contributing to their overall health status. Yes.

Shawn Buckley
Right, yeah, if a child's dying of other things and happens to test positive for COVID, it doesn't mean they died of COVID, is what you're saying.

Dr. Christopher Shaw
Precisely.

Shawn Buckley
Okay, when you were speaking earlier

[00:45:00]

about the fact that the vaccine basically gets our bodies making spike protein and the spike protein is the dangerous part— I wonder what your thoughts are because they could have created mRNA that would make a non-lethal part of the virus for our immune system to recognize. What are your thoughts of them actually choosing the part of the virus that causes the damage?

Dr. Christopher Shaw
Okay, the problem with that is, you're assuming that the only part of the virus you need to detect is the spike protein. And one thing that Dr. Pelech's work will touch upon, I suspect, is the numerous antigenic sites on the spike protein that you probably should really be looking at. So if you only test the spike protein, then you are going to be, I think, misled into thinking that that's all you need to do. And all you have to do now is run your PCR to look for a spike protein product or mRNA product. And I don't think that's correct.

I think that that's a very one-sided view of how viruses infect cells. I think as Dr. Byron Bridle said the other day, Bonnie Henry's understanding of immunology and vaccinology, let alone epidemiology, seems to be fairly rudimentary. And her last document was one that would have not, at least three years ago, survived a master's thesis defence. It's simply incorrect in almost everything it says. And not believing that natural immunity exists or is as effective as vaccine-induced immunity is kind of a fundamental flaw in understanding both vaccinology and immunology, as far as I know.

Shawn Buckley
Thank you. When we were speaking earlier, pre you taking the stand, you had spoken to me a little bit about the Eastside and kind of raised a question about that. Basically, why were people that, let's say they lived in a refugee camp or something like that, why didn't COVID basically sweep through? And you were going to use the Eastside of Vancouver.

Dr. Christopher Shaw
As a medic, I've been in Syria and Iraq and there are a lot of refugee camps there and refugee camps that are full of hungry, sick people with lots of different diseases. Downtown Eastside has the highest level of HIV, hep C, a huge range of infectious diseases. People are poor. They're malnourished. There are high levels of drug addiction in the area. People are quite sick. There are a lot of very sick people.

So the concern—and I think it was not an unwarranted concern at the very beginning when we knew very little—is that these people with comorbid conditions were going to be especially vulnerable and therefore there was an urgent need to get them all vaccinated. And they tried to incentivize it with donuts and cheques. But most of the people in the Downtown Eastside, I suspect, were not vaccinated. And to the best of my knowledge, there was no wave of deaths in the Downtown Eastside.

From fentanyl, yes. From other drugs, yes, but not from the disease. Same happened in Northeast Syria, where I've served as a medic, because they were also concerned. They have large refugee camps, full of people, again, malnourished, living in tents. One would have expected, and they did there. The Kurdish Red Crescent Society was terrified without the vaccines that the camps would be just devastated. The people would just all die. And it didn't happen. They never got the vaccines because no one would give them to them. And so they went through the whole pandemic with no vaccines, and there was no massive loss of life in the refugee camps.

So the idea that this was going to be—which should instruct us to what happened in the population at large—the possibility that this was going to kill everybody was never, never really realistic. And on top of which, it certainly wasn't true in the population that wasn't suffering those comorbid conditions: so in other words, the general population of western countries, in particular in Canada. So it was simply that fear was never realized because it was an unrealistic fear. The idea that this was such a deadly disease that it would kill everyone it touched, it was simply not correct.

Shawn Buckley
Right. So ironically, people like Syrian refugees living in a refugee camp going forward might have better health outcomes than Canadians.

Dr. Christopher Shaw
Almost certainly. Almost certainly. And you know, one of the things that we speculate about with the Downtown Eastside and with the refugee camps, these people are often chronically ill with other respiratory diseases. And they're living in tents in the winter in Syria. It's pretty hot there in the summer, but it's pretty wet in the winter. The people there, they all have some COVID virus. And the speculation has been that the other COVID viruses,

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in those cases where people are chronically ill with some kind of COVID, provide some sort of cross-protection against COVID-19. And I think that's a pretty reasonable hypothesis.

Shawn Buckley
I'm about to turn you over to the commissioners for questions. Is there some point that we didn't go across that you were wanting to share with us before I do that?

Dr. Christopher Shaw
Yes, there were a couple. I think this comes back to kind of your second— What can we do differently in the future? I think we need to ask some questions about what happened.

So for example, do you remember that officially with COVID-19 vaccines, we needed cold storage? I know UBC went around and asked all the laboratories on campus, do you have a minus 80 freezer? Because that's how you had to store it. What happened to that? That turned out not to be correct. Because they were assuming that both the mRNA construct itself, not to mention the lipids, would break apart very quickly if they weren't under cold storage. Well, that's not true. The biodistribution studies that have been done demonstrated that's not true.

What happened to influenza? In 2021, where was influenza? Did it go away? Well, apparently it did. Or were they conflating it with COVID? And I don't know the answer to that question. But clearly, influenza in the Province of British Columbia, I think it normally kills a couple thousand people a year according to the official public health officer. In 2021, I think the numbers were numbers you could count on your fingers in one hand.

Shawn Buckley
Okay, and this is an important point, I think, for people to understand, and again, for the international community. So in Canada, we have what we call a flu season every winter, which is really just a low vitamin D season because being northern hemisphere, we don't get enough sun. And so we get the influenza sweep through our population. And you're saying in British Columbia, annually, there will be several thousand deaths caused by influenza or what we just colloquially call the flu.

Dr. Christopher Shaw
Correct.

Shawn Buckley
But in 2021 or 2020,

Dr. Christopher Shaw
And 2021.

Shawn Buckley
and 2021, we have just a handful, instead of thousands. And you're saying well, obviously those were counted as COVID deaths or COVID illnesses. I've heard—

Dr. Christopher Shaw
I don't know that they were, but again you have to wonder where all those other thousands of cases went. The official explanation was, "Well, there was more masking so the virus, the influenza virus couldn't get you." Well, okay, but they could still get COVID, which doesn't make a huge amount of sense. We can talk about the size of these particles, but it doesn't matter. A surgical mask is not going to stop either of them. As an explanation, it sort of fails. There's never been an explanation from Bonnie Henry or any other public health officer where influenza went that actually made sense.

Shawn Buckley
Okay. And in fact, you know, you just talked about masks and virus in relation to particle size. I saw a funny little picture and I just want to ask if it's true. So basically, there's the caption, a person wearing a mask, "I'm going to stop a virus with a mask." And then at the bottom half, there's a chain link fence. And it says, "I'm going to keep mosquitoes out with a chain link fence."

Dr. Christopher Shaw
Pretty much, yeah.

Shawn Buckley
So the viral particles are so small that the idea that the masks that we would wear, stopping us breathing them in or out, is really just science fiction.

Dr. Christopher Shaw
It is science fiction. And not only will the masks not do it, but also they're not even fitted properly. I've seen people walk around with masks under their nose, or kind of down, down over there. And in any case, I'm sure you've seen the demonstrations where people take a lung full of smoke and then they put on the mask and they blow out, and it comes out every place. Well, that's a surgical mask.

A surgical mask is not intended to stop viruses. It is not. It's intended to stop bacteria. You want to keep your surgical field clean, and if you're doing cell culture, you want to keep the inside of your cell culture chamber clean. You don't want to put your bacteria into it, and you don't want any messy, sloppy stuff coming out of the patient or the cell culture chamber to get on you. But they're not there to stop viruses. They're just not. There are masks that will, but those are not the ones in common use.

Shawn Buckley
Right, okay, and then is there another topic you wanted to touch on before we—

Dr. Christopher Shaw
So we talked about the refugee camps, we talked about that.

Biodistribution studies, we have not done them. We have really not done very good biodistribution. There's that German study that you mentioned. There was that study by the offshoot of Moderna that actually did a pretty good job of looking at— And it's a pretty much unknown study, but they did it and they found the mRNA everywhere. The mRNA will lead to spike protein, and so you have spike protein in brain and testes and liver and kidney and all that kind of stuff.

What's the other thing? Where was the government's— Where did they invest money into looking at alternative treatments?

[00:55:00]

Ivermectin and hydroxychloroquine, which have an enormously good track record, unless you misuse them. Was there any study on that? No. None of that, that I could tell. Yeah, I

think those are primarily the key points. What else did I want to mention? No, I think we've covered it, Mr. Buckley. I think we're good.

Shawn Buckley
Yeah, well and usually the commissioners bring out some pretty interesting points also. So I'll turn it over to the commissioners if they have any questions for you. And they do have questions.

Commissioner Massie
Thank you very much Professor Shaw. I'd like to focus my question on the neuropathology issue that has not been covered in many of our previous witnesses. Based on your experience what would be the hallmark of neuropathy induced by spike?

Dr. Christopher Shaw
I'm sorry, can you re-state that?

Commissioner Massie
How would we recognize that a neuropathology is developing based on the location of spike in the brain? Do you have any idea?

Dr. Christopher Shaw
Sure. I mean, spike proteins can be labelled. We could do tracer experiments, see where it goes. You could, of course, just do histology because there are antibodies for spike proteins, so some very good ones. I mean, Steve Pelech has them as well. You could do a detailed serology study of whole body. That would take some, you know, it's doable. It would be some work, but it's doable.

You'd basically go in there and you'd section and do thin sections of any organ in question and you would look for the antibody presence, and those are seen. And I think, again, the pathology reports that Mr. Buckley is talking to suggest, and they show, spike protein in various blood vessels, they show it in organs like brain, they show it in lung and in various tissues. So we would have done a comprehensive study on that. And we didn't, and we haven't done that since.

And as far as I know, the government has not funded any study to actually look at bio-distribution. Because that would suggest that if it's someplace other than just in your deltoid muscle, that it could be doing things you don't want it to do. So I think there's no incentive for them pushing an agenda to actually go and look at the possibility that it could be doing brain damage or kidney damage. And look how they've tried to discount myocarditis, which we know is very real.

So again, that would be something that you would have thought a government that really wanted to know the answer so you could design more rational therapeutics— If it only goes to your lungs, what are you going to do? If it's going to your brain, what are you going to do? If it goes to other body parts, what are you going to do? And they didn't do that, they've never done that. And they don't fund research to do that as far as I can tell.

Commissioner Massie
So the concern about the people that have received the vaccine, they might actually be very worried what's going to happen down the line.

Dr. Christopher Shaw
I am very worried.

Commissioner Massie
So until we develop these analyses, it's hard to propose any remedy because we just don't know exactly what's going to happen.

Dr. Christopher Shaw
It's very much impossible. There are various things that are being proposed. You could try and find a way to dismantle spike protein wherever it is. Various botanical and other compounds have been suggested. Would they work? We don't know.

You could try and target certain areas for more protection. You could say, "Well, if we're worried about brain, maybe we need to increase our antioxidant levels, maybe we need to do various other things." We don't know.

So in the absence of that knowledge, you cannot design any specific therapeutics. You could do maybe generic ones. Let's control antioxidants. Let's do something about mitochondrial function. Those are the kinds of things you could probably do. But you know, again, with a lot of drugs, they don't get into brain. And if you have brain issues and you're trying to put a drug into brain, it's really, really hard. And you could try, I guess you could put lipid particles on it and maybe do it that way. Or you could do what's called a prodrug. But otherwise, when you have brain damage, you're trying to get something into fix that or stop the process, it's pretty hard to do. But again, you don't know.

Commissioner Massie
So one of the things with neurological diseases, as you mentioned, they take time to develop

Dr. Christopher Shaw
Yes.

Commissioner Massie
before you can actually see that.

Dr. Christopher Shaw
Yes. Decades maybe.

Commissioner Massie
Yeah. So it's going to be hard to predict exactly what would be—

Dr. Christopher Shaw
Absolutely.

Commissioner Massie
But based on other diseases that are either induced by viruses or the type of toxin in the environment, what would be a good estimate in terms of lag time for the onset of serious disease?

Dr. Christopher Shaw
I guess it depends how you define serious. If you define serious as the earlier discussion, if you have to go into an ER because of something that's happening, if you have to seek specialized medical services, if you have a life-threatening event, those would be some of the things you would see.

[01:00:00]

And I would expect you would probably see them in the course of a couple of years because in neurological diseases, again, the traditional ones that I've mentioned can take decades, but we don't really know.

But I've also heard of cases of Lou Gehrig's disease. And there was a case, one of the diseases I studied, and it's in my CV, is a disease on Guam called ALS-PDC. And that's a disease that mimics the features of Parkinson's, Lou Gehrig's, and Alzheimer's. And you would get people as young as 19 with ALS-PDC, which is very unusual. You don't really see the presentation of Alzheimer's until people in their 60s, 70s. All ALS is a little bit younger. Parkinson's is somewhere in between. So you would see that probably in the course of— If it follows the timeframe of something like ALS-PDC, you'd be seeing something in a couple of years. And I think we are here. I think the brain fog people, if they don't miraculously recover, I think they're going to go on to a more acute neurological disease state, in my view.

Commissioner Massie
So one of the things that people have been trying to develop to really reduce transmission is this so-called nasal formulation in order to get the virus or the antigen in the right place.

Dr. Christopher Shaw
And you know where it's going when you do it nasal, right.

Commissioner Massie
Yeah, but as you do that, I mean, don't you risk, also, the possibility that they can actually get to the brain through the—

Dr. Christopher Shaw
Absolutely. That's exactly what it'll do. When you put a molecule like that, that has the capacity to pass the blood-brain barrier into your nasal sinuses, it's going right into your

olfactory bulb. It goes from your olfactory bulb to your piriform cortex, now you're in the brain. So yes, you've got the particles in your brain.

Commissioner Massie
So the fact that in natural infection, people do get some sort of issue.

Dr. Christopher Shaw
Yep, it can do.

Commissioner Massie
Do you think it's because the spike protein is expressed on the surface of the virus and the spike would have some ability to cross the blood-brain barrier? Or is it something else going on?

Dr. Christopher Shaw
Okay, I think I think there are two things happening. I think number one, the lipid nanoparticle is a big piece of what gets it into your brain or into any cell.

I think the second thing is, I think the damage done by the spike protein may be doing damage to your blood-brain barrier, which of course also happens as the course of aging. But when you do it to your blood-brain barrier, you've now made it leakier: So things, larger molecules of various kinds are going to get in. Larger proteins that should never get in, are going to get in, and something like an mRNA or a spike protein would probably find it fairly easy to get in if your blood-brain barrier is compromised.

We don't know if it is, no one's looked. But it is certainly something we know that happens, and we suspect it has a large part of what causes kind of the final stages of Alzheimer's, you're just letting a lot of crap in because your blood-brain barrier is definitely compromised.

Commissioner Massie
So for kids, for example, where the blood-brain barrier is in better condition, you would hope or you would think that the likelihood that spike or the mRNA liposome would get there is lower than for older people.

Dr. Christopher Shaw
I think it's more likely that it will get there, however your blood-brain barrier is compromised, either through your age in either direction or through other head damage over your lifetime. You know, for example, one of the strongest coincident factors that's possibly involved in Alzheimer's is head damage, head trauma. In other words, if you've had a concussion before, the incidence of people with concussions with Alzheimer's disease is vastly higher than people without. So that's one of the risk factors, one of the severe risk factors.

So yes, I would assume that if you have any way that stuff is going to get into your brain, it's going to do harm. Again, children don't have the ACE2 or don't have it in the same extent. So I think they're somewhat buffered from the fact that they have a leakier blood brain

barrier. But for elderly patients who do not have a robust blood brain barrier, I think a lot of that stuff is going to go straight in there.

Commissioner Massie
Thank you very much.

Commissioner Kaikkonen
Thank you, Dr. Shaw. I've been looking at the movement "quiet quitting" for some time now and wondering what has happened to all the people who are not showing up for work and volunteering. So I thank you for your testimony, but I also thank you for offering a very good insight into what is happening in this country.

[01:05:00]

It's very insightful.

Dr. Christopher Shaw
Thank you.

Commissioner Kaikkonen
But my questions go differently. Does BC have privacy legislation that prevents government agencies from sharing personal health information with other publicly funded institutions, and vice versa?

Dr. Christopher Shaw
It doesn't anymore with C-36. It's not C-36, but Bill 36—the government can take your private information from your physician, and we have no idea what they're going to do with it. They can presumably share it with anyone they want to, other health ministries, other agencies, maybe corporations. I don't think under these circumstances, your private health information is private any longer.

Commissioner Kaikkonen
And did UBC at any point rewrite your employment contract?

Dr. Christopher Shaw
Have I what? Sorry I didn't hear that.

Commissioner Kaikkonen
Oh, sorry. Did UBC, the University of British Columbia, at any point rewrite your employment contract?

Dr. Christopher Shaw
No.

Commissioner Kaikkonen
And going further, if BC Health authorities already have access to your personal health records, then why does UBC as your employer, and most particularly your chair, believe they are entitled as well to your personal health records? And if you disclose to UBC, would the university then send the same personal health information to BC Health who already has it? I know it's a rhetorical question.

Dr. Christopher Shaw
Well, it's a good question. You know, I don't know what, I guess you'd have to ask them. So it's a kind of limbo. I don't know where my health information is because I don't think there's anything to stop them from disclosing it.

Commissioner Kaikkonen
And my final question is, do you know if UBC, as an institution that's publicly funded, is provided with extra funding from government for strong-arming citizens into submission?

Dr. Christopher Shaw
I don't know, but if you told me it was true, I wouldn't be surprised.

Commissioner Kaikkonen
Thank you very much, I appreciate that.

Shawn Buckley
So there being no further questions Dr. Shaw on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying today.

Dr. Christopher Shaw
Thank you and thank you for having me here today.

[01:07:40]

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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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