ALLISON INQUIRY

Listening to Canadian Covid-19 Vaccine Injured

08-11 September 2026

Ottawa, Canada

Expert testimony

Denis Rancourt, PhD

Cite as:

Rancourt, D. G. (2026, September 8). Denis G Rancourt expert-witness presentation slides to the Allison Inquiry - Pregnancy, infant, toddler and accelerated cancer excess mortalities. *Zenodo*. Allison Inquiry, Ottawa, Canada. https://doi.org/10.5281/zenodo.22676709

For background and research go to

the published reports at:

correlation-canada.org

- Start with the 13-May-2026 overview report:

"Eight pivotal facts about Covid-period excess mortality"

Eight pivotal facts about Covid-period excess mortality

Fact #1: The scale of excess all-cause mortality during the Covid period was 0.13 % of population per year. (30.9M, 2020-2022)

Fact #2: The Covid-period excess mortality was not caused by a spreading respiratory pathogen.

Fact #3: Most Covid-period excess mortality in young adults and the youth is not assigned to respiratory conditions (COVID-19).

Fact #4: Excess mortality during the Covid period was highly heterogeneous, tied to imposed measures and medical protocols in specific jurisdictions and locations and in specific population groups.

Fact #5: The COVID-19 vaccine has harmed and killed many people.

Fact #6: Sharp peaks in excess mortality were temporally associated with rapid vaccine and booster rollouts.

Fact #7: Vaccination-status-discerned mortality studies show no statistically significant mortality-averting benefit or mortality-causing liability from COVID-19 vaccines.

Fact #8: There is a large systematic sex disparity in Covid-period excess mortality from main assigned causes, including (nominally COVID-19) respiratory disease.

I describe **two types of harm**
detected in excess mortality data
having temporal associations to Covid-period events

I	II
Localized to individuals	Widespread to populations
Vaccine-associated harm	General harm
Each type of harm can be transient or persistent. The two are not independent from each other.	

PLAN

PART–I sections (vaccine harm)

1►COVID-19 vaccines injured and killed

2►Pregnant women and their infants died

3►Toddlers and preschoolers died

4►Cancer mortality anomalously increased

PART–II sections (general harm)

5►Canada's national mortality context

6►Factors correlated to excess mortality

7►Impact of broad Covid-period measures

8►Absence of viral-disease spread mortality

9►Conclusion about causes

SOURCES OF DATA

All national mortality and cause-of-death data is from official government open source databases.

USA: wonder.cdc.gov

Canada: statcan.gc.ca

PART I

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Vaccine-associated harm	General harm
Each type of harm can be transient or persistent. The two are not independent from each other.	

PART–I sections

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PART–I sections

1►COVID-19 vaccines injured and killed

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Section 1►

The COVID-19 vaccines injured and killed people, all ages

TYPES OF EVIDENCE:

- **Detailed autopsy studies (> 50 studies)**
- **Adverse effect monitoring (VAERS database) (39K deaths)**
- **Vaccine-induced pathologies (all systems)**
- **Skin and organ biopsies**
- **Universal curated collections of peer-reviewed scientific journal articles (> 4.6K studies)**
- **Secondary analysis of randomized clinical trial data**
- **Government vaccine injury compensation programs and awards**

Detailed autopsy studies (> 50 studies)

Choi et al. (2021): ●"Myocarditis-induced Sudden Death after BNT162b2 mRNA COVID-19 Vaccination in Korea: Case Report Focusing on Histopathological Findings"

Edler et al. (2021): ●"Deaths associated with newly launched SARS-CoV-2 vaccination (Comirnaty®)"

Schneider et al. (2021): ●"Postmortem investigation of fatalities following vaccination with COVID-19 vaccines"

Sessa et al. (2021): ●"Autopsy Findings and Causality Relationship between Death and COVID-19 Vaccination: A Systematic Review"

Gill et al. (2022): ●"Autopsy Histopathologic Cardiac Findings in 2 Adolescents Following the Second COVID-19 Vaccine Dose"

Mörz (2022): ●"Case Report: Multifocal Necrotizing Encephalitis and Myocarditis after BNT162b2 mRNA Vaccination against COVID-19"

Murata et al. (2022): ●"Four cases of cytokine storm after COVID-19 vaccination: Case report"

Etc. (> 50 studies in all)

Adverse effect monitoring (VAERS database)

> 1.6M AEs, 39K deaths, 75K permanent disabilities

FDA (23 Aug 2021) – Final **Letter Of Authorization**

F. Pfizer Inc. will report to Vaccine Adverse Event Reporting System (VAERS):

- Serious adverse events (irrespective of attribution to vaccination);
- Cases of Multisystem Inflammatory Syndrome in children and adults; and
- Cases of COVID-19 that result in hospitalization or death, that are reported to Pfizer Inc.

These reports should be submitted to VAERS as soon as possible but no later than 15 calendar days from initial receipt of the information by Pfizer Inc.

T. Vaccination providers administering the vaccine must report the following information associated with the administration of the vaccine of which they become aware to VAERS in accordance with the Fact Sheet for Healthcare Providers Administering Vaccine (Vaccination Providers):

- Vaccine administration errors whether or not associated with an adverse event
- Serious adverse events (irrespective of attribution to vaccination)
- Cases of Multisystem Inflammatory Syndrome in children and adults
- Cases of COVID-19 that result in hospitalization or death

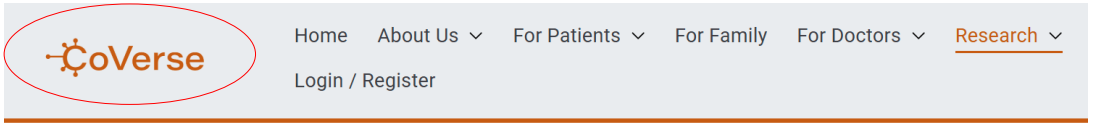
Complete and submit reports to VAERS online at https://vaers.hhs.gov/reportevent.html. The VAERS reports should include the

VAERS through 26 June 2026*	
1,677,227	AE Reports
39,182	Deaths
222,828	Hospitalizations
158,005	Urgent care
74,835	Permanently disabled
47,700	Severe allergic reaction
22,549	Heart attacks
5,222	Miscarriages

*Source: openvaers.com

Universal curated collections of peer-reviewed scientific journal articles

> 4.6K studies addressing serious side-effects

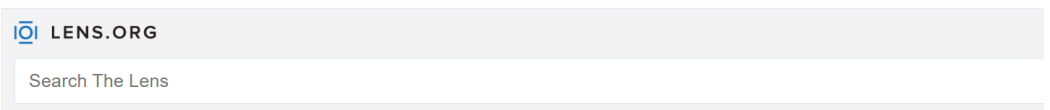


Science

There is an ever-expanding body of published science addressing serious side-effects of the COVID-19 vaccines.

COVERSE has made this research public via a curated collected at The Lens, an online platform that makes access to al the major open access scholarly and open data initiatives, including the global public resource of PubMed.

Use the search feature below to explore this collection, which currently numbers over 4,600 papers.



Universal curated collections of peer-reviewed scientific journal articles

> 4.5K science publications, latest update

REACT19

FOR PATIENTS FOR PROVIDERS DONATE

REACT19 has partnered with COVERSE to provide an ever growing list of peer reviewed publications related to COVID vaccine adverse events. There are now over 4,530 studies in this database. These studies include key areas of emerging evidence, including proposed biological mechanisms, immune responses, and
Together, they demonstrate that a growing body of scientific literature is investigating the potential causes, biomarkers, and clinical r
(PCVS).

Don't see a study here? Email us.

4,551 Science Publications

#11 Journal Article View Publication

SARS-CoV-2 Vaccination and Myocarditis in a Nordic Cohort Study of 23 Million Residents.

Authors: Øystein Karlstad; Petteri Hovi; Anders Husby; Tommi Härkänen; Randi Marie Selmer; Nicklas Pihlström; Jørgen Vinsløv Hansen; Hanna Nohynek; Nina Gunnes; Anders Sundström; Jan Wohlfahrt; Tuomo A Nieminen; Maria Grünewald; Hanne Løvdal Gulseth; Anders Hviid; Rickard Ljung

Source: JAMA cardiology

Keywords: Medicine; Coronavirus Disease 2019 (covid-19); Severe Acute Respiratory Syndrome Coronavirus 2 (sars-cov-2); Vaccination; 2019-20 Coronavirus Outbreak; Myocarditis; Cohort Study; Virology; Cohort; Environmental Health; Demography; Internal Medicine; Outbreak; Infectious Disease (medical Specialty); Disease; Sociology

Abstract: Open

Cited: 188

#8 Journal Article View Publication

COVID-19 vaccines and adverse events of special interest: A multinational Global Vaccine Data Network (GVDN) cohort study of 99 million vaccinated individuals.

Authors: K Faksova; D Walsh; Y Jiang; J Griffin; A Phillips; A Gentile; J C Kwong; K Macartney; M Naus; Z Grange; S Escolano; G Sepulveda; A Shetty; A Pillsbury; C Sullivan; Z Naveed; N Z Janjua; N Giglio; J Perälä; S Nasreen; H Gidding; Harris; J Buttery; S Black; A Hviid

Source: Vaccine

Keywords: Coronavirus Disease 2019 (covid-19); Virology; Severe Acute Adverse Effect; Outbreak; Infectious Disease (medical Specialty); Disease; Pa Covid-19; Observed Vs. Expected Analysis; Pharmacovigilance; Vaccine Safe

Abstract: Open

PMID: 38350768 **Published:** 2024-02-12

#3 Journal Article View Publication

Neurological Complications Following COVID-19 Vaccination.

Authors: Aparajita Chatterjee; Ambar Chakravarty

Source: Current neurology and neuroscience reports

Keywords: Medicine; Vaccination; Intensive Care Medicine; Headaches; Neurology; Disease; Pediatrics; Pandemic; Multiple Sclerosis; Acute Disseminated Encephalomyelitis; Adverse Effect; Transverse Myelitis; Eculizumab; Immunology; Coronavirus Disease 2019 (covid-19); Surgery; Pathology; Internal Medicine; Psychiatry; Infectious Disease (medical Specialty); Antibody; Complement System; Covid-19 Vaccination; Cortical Sinus Venous Thrombosis; Guillain–barré Syndrome; Multiple Sclerosis (ms); Neurological Complications; Transverse Myelitis (tm)

Abstract: Open

PMID: 36445631 **Published:** 2022-11-29 Cited: 21

PART–I sections

1►COVID-19 vaccines injured and killed

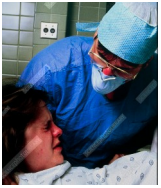
2►Pregnant women and their infants died

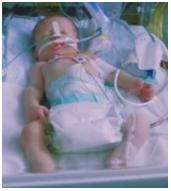
3►Toddlers and preschoolers died

4►Cancer mortality anomalously increased

Section 2►

COVID-19 vaccinated pregnant women and their infants died





Early on, several dedicated researchers sounded the alarm

COVID-19 Vaccines: The Impact on Pregnancy Outcomes and Menstrual Function

James A. Thorp, M.D.
Claire Rogers, M.S.P.A.S., P.A.-C
Michael P. Deskevich, Ph.D.
Stewart Tankersley, M.D.
Albert Benavides, B.S.
Megan D. Redshaw, J.D.
Peter A. McCullough, M.D., M.P.H.

ABSTRACT

This population-based retrospective cohort study assesses rates of adverse events (AE) after COVID-19 vaccines experienced by women of reproductive age, focusing on pregnancy and menstruation, using data collected by the Vaccine Adverse Events Reporting System (VAERS) database from Jan 1, 1998, to Jun 30, 2022.

The proportional reporting ratio comparing AEs reported after COVID-19 vaccines with those reported after influenza vaccines is significantly increased (≥ 2.0) for COVID-19 vaccine for menstrual abnormality, miscarriage, fetal chromosomal abnormalities, fetal malformation, fetal cystic hygroma, fetal cardiac disorders, fetal cardiac arrest, fetal arrhythmias, fetal vascular malperfusion, fetal growth abnormalities, fetal abnormal surveillance, placental thrombosis, fetal death/stillbirth, low amniotic fluid, preeclampsia, premature delivery, preterm premature rupture of membrane, and premature baby death.

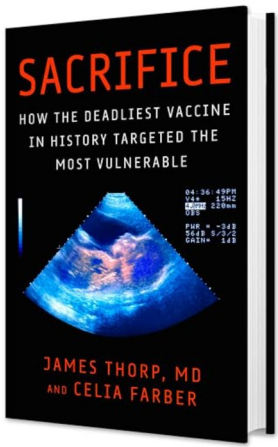
When normalized by time-available, doses-given, or number of persons vaccinated, all COVID-19 vaccine AEs far exceed the safety signal on all recognized thresholds.

These results necessitate a worldwide moratorium on the use of COVID-19 vaccines in pregnancy.

Introduction

Historically, a vaccine is subjected to an average of 10-12 years in clinical trials before it is authorized to be administered vaccines were chosen as the control group because the CDC first approved influenza vaccines for pregnant women in 1997.

> **"By early 2021, it was clear that not one pregnant woman should have ever been given a COVID-19 'vaccine.' Every mother in the US should be outraged, yet the silence is deafening due to medical censorship."**
> **—Dr. Steven J. Hatfill, medical advisor, 2020 Executive Office of the President**



TYPE OF EVIDENCE PRESENTED

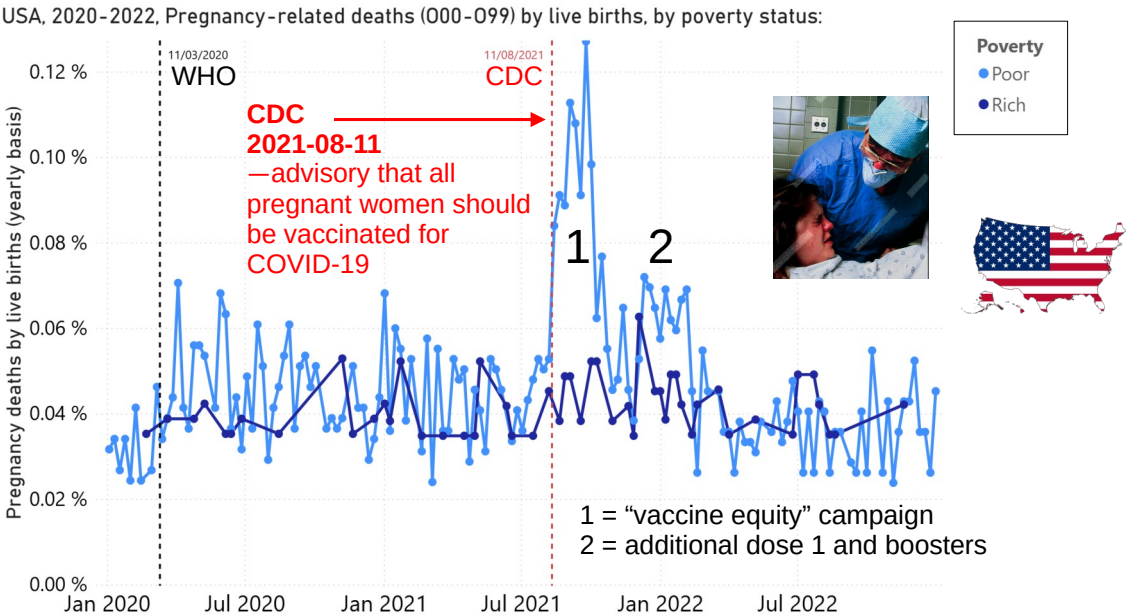
Temporal associations between:

- vaccination campaigns
- excess all-cause (age 0) mortality
- excess cause-specific mortality

We don't know the vaccination status for the individuals but we know the directives, practices, and rollouts.

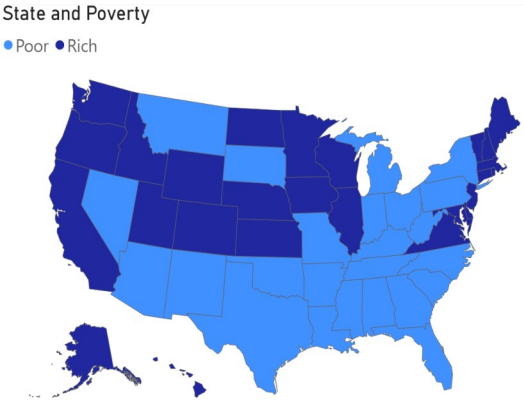
USA: pregnancy-related deaths (by week, per LB) accompanying COVID-19 vaccine rollouts, high vs low-poverty states

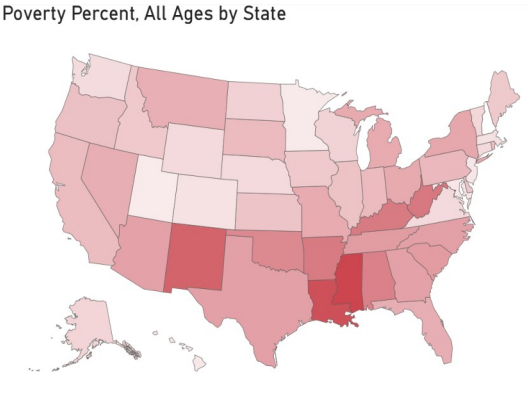
500 excess pregnancy-related deaths in the USA, 2021-2022



Definition of **poor** and **rich-status** states of the USA

7-20% population live in poverty by state (2019): **12% threshold**

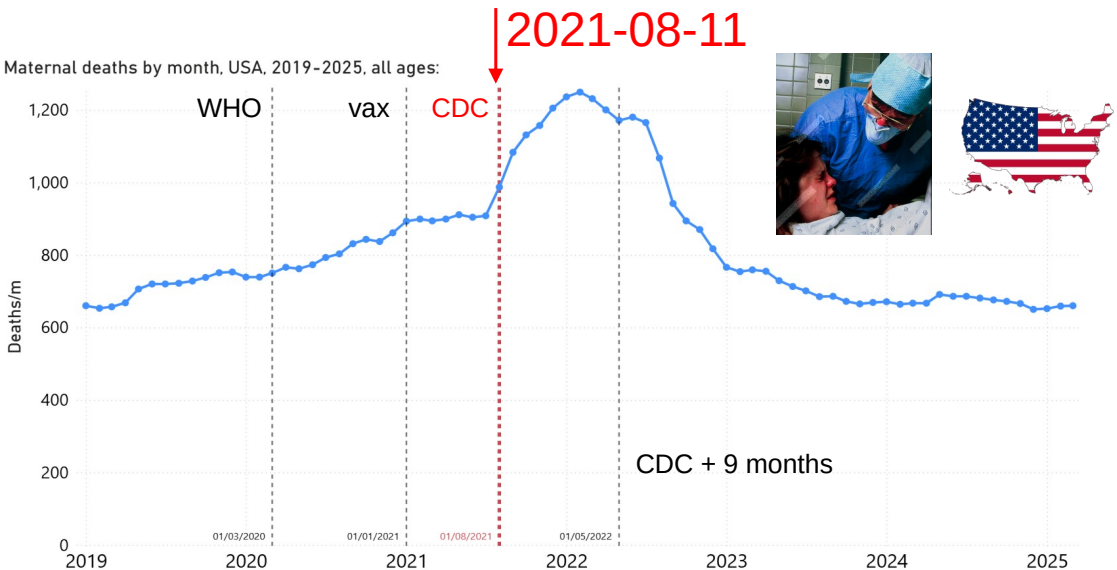




NOTE: Poverty % population stats are essentially the same in Canada.

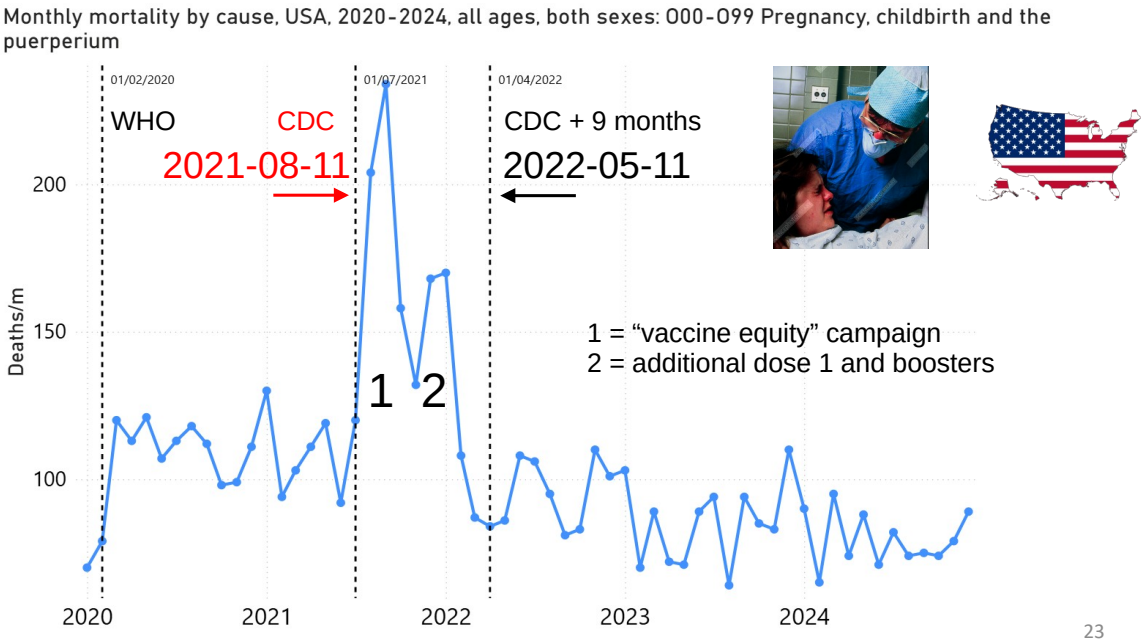
USA: “maternal deaths” (by month, 12-month-ending sums) after the August 2021 CDC directive to vaccinate pregnant women

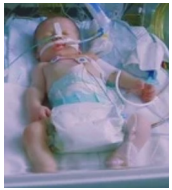
500 excess pregnancy-related deaths in the USA, 2021-2022



USA: pregnancy-related deaths (by month) accompanying COVID-19 vaccine rollouts

500 excess pregnancy deaths in the USA, 2021-2022

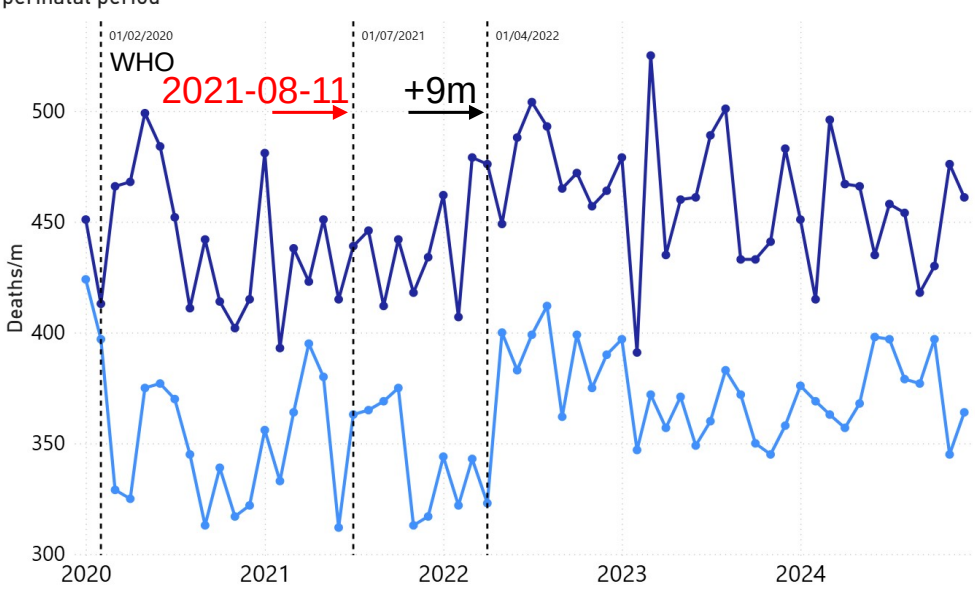




USA: associated infant deaths (by month, each sex), 9 months later

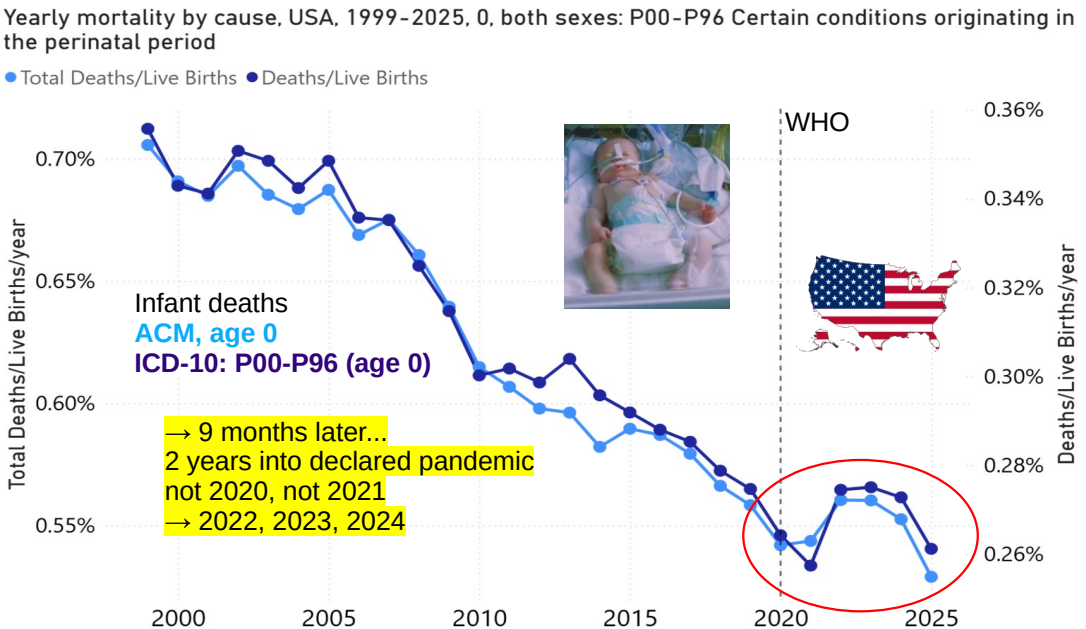
2K excess P00-P96 infant deaths, 2022-2024

Monthly mortality by cause, USA, 2020-2024, < 1, both sexes: P00-P96 Certain conditions originating in the perinatal period



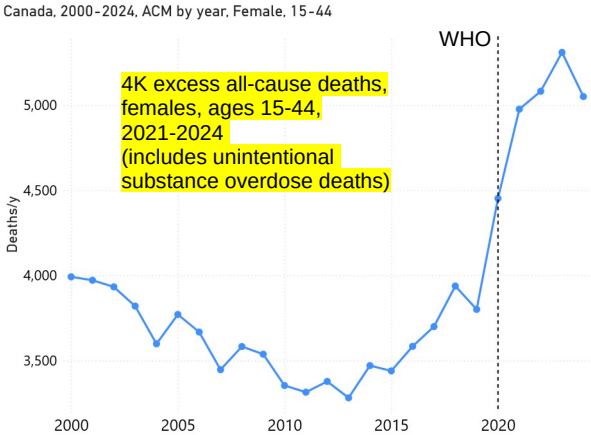
USA: infant deaths (by year, by LB) after COVID-19 vaccine rollouts to pregnant women, 9 months later

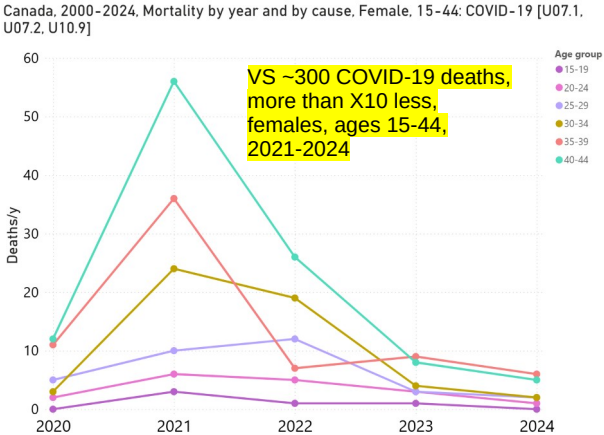
4K total excess infant deaths in the USA, 2022-2024



Canada: evidence for assaults causing death in child-bearing-age women, during the Covid period, ages 15-44 (not COVID-19)

4K (all) vs 300 (cv19) excess deaths, 2021-2024
Females, ages 15-44





Canada: National Advisory Committee on Immunization (NACI) recommendations to vaccinate pregnant women

2021-05-28

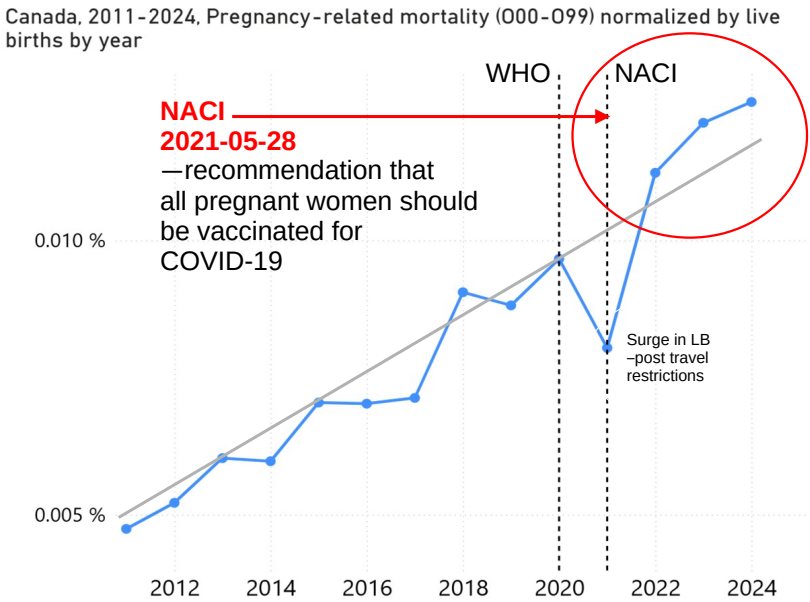
Dec 12, 2020	Jan 12, 2021	May 3, 2021	May 28, 2021
NACI: COVID-19 vaccine **should not** be given to pregnant individuals	**NACI:** A complete COVID-19 vaccine series **may be offered** to pregnant individuals	**NACI:** Preferentially recommends **mRNA COVID-19 vaccines** for pregnant individuals	**NACI:** A complete mRNA COVID-19 vaccine series **should be offered** to pregnant individuals

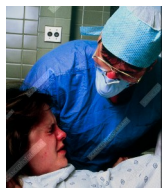
*Source: BC Centre for Disease Control

All in the absence of any clinical trial on pregnant women

Canada: pregnancy-related deaths (by year, per LB) after COVID-19 vaccine approvals

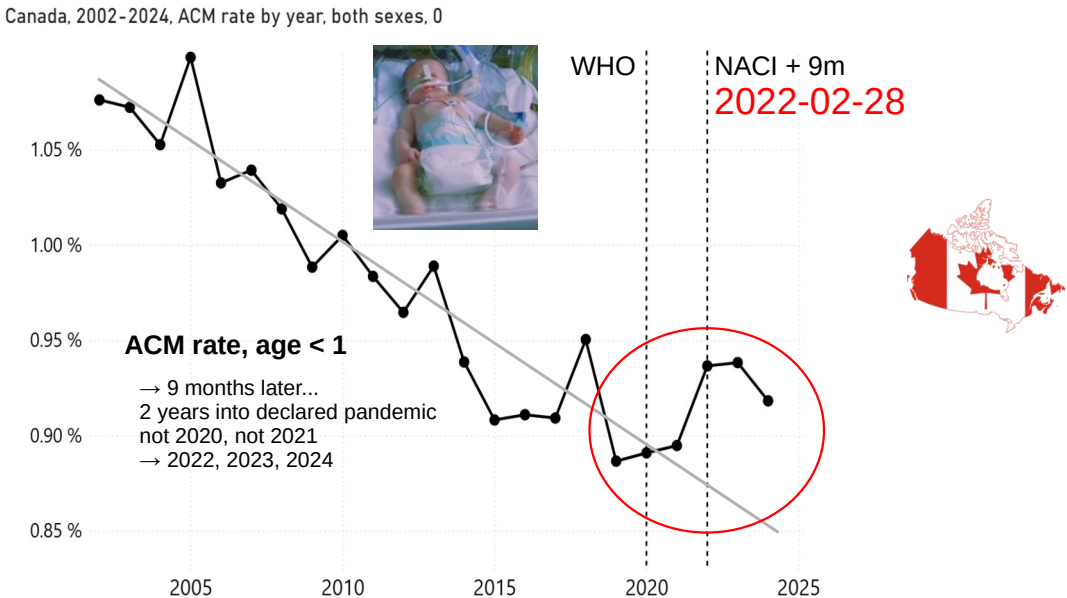
10 excess pregnancy-related deaths in Canada, 2022-2024





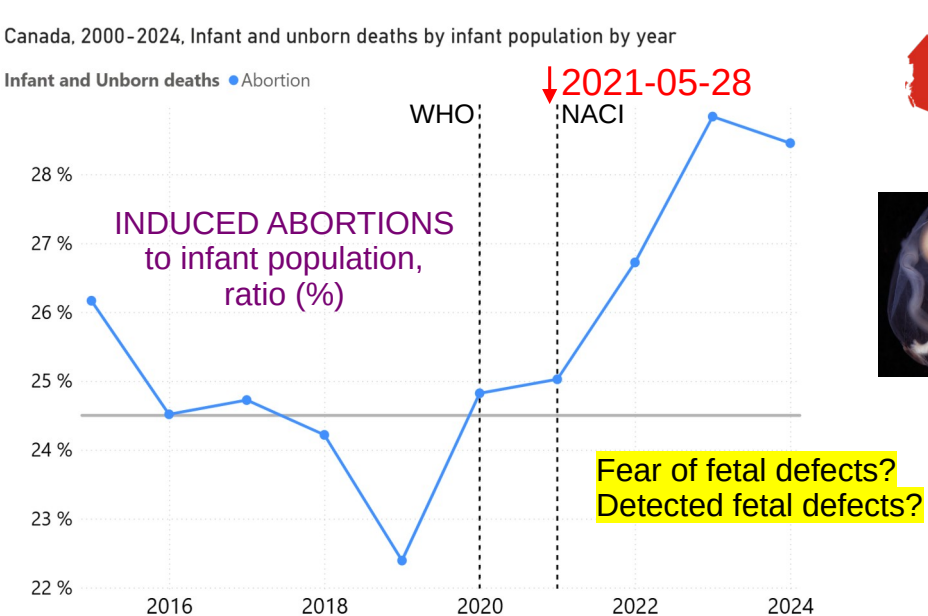
Canada: infant death rate (by year) age < 1

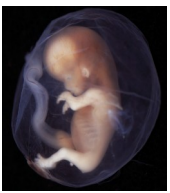
200 excess infant deaths in Canada, 2022-2024 (corresp.: 6 or 7 in Ottawa)



Canada: induced abortions reported by year

27K excess abortions in Canada, 2022-2024





PART–I sections

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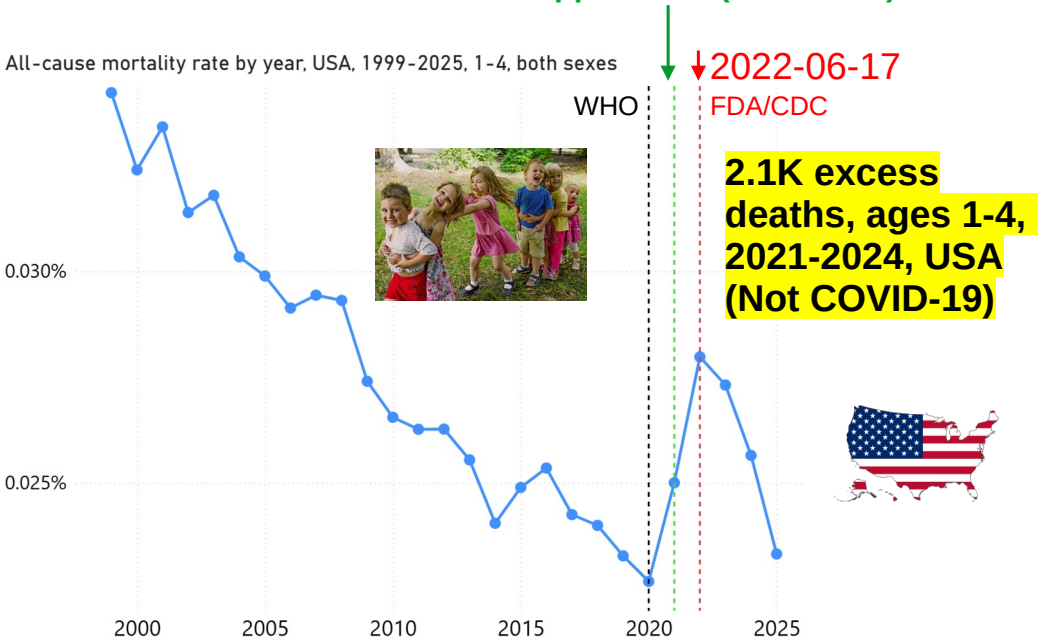
3►Toddlers and preschoolers died

4►Cancer mortality anomalously increased

Section 3►

Toddlers and preschoolers died, in temporal association with approvals of COVID-19 vaccines to ages > 6 m to 12 y

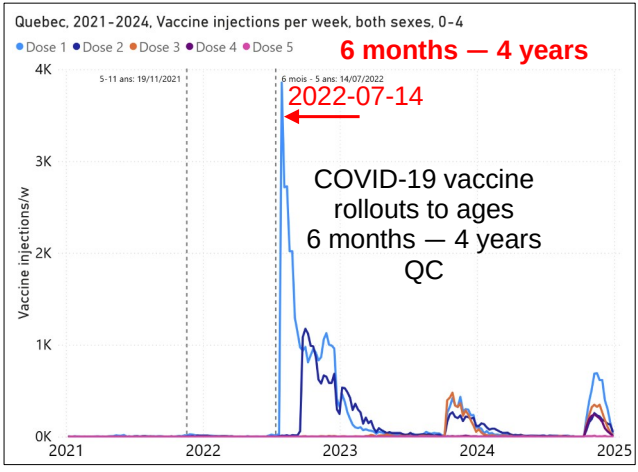
USA: toddler+ death rate (by year) accompanying
FDA COVID-19 vaccine approvals to 6m—4y on 2022-06-17
and earlier severe financial support cuts (2021-June)

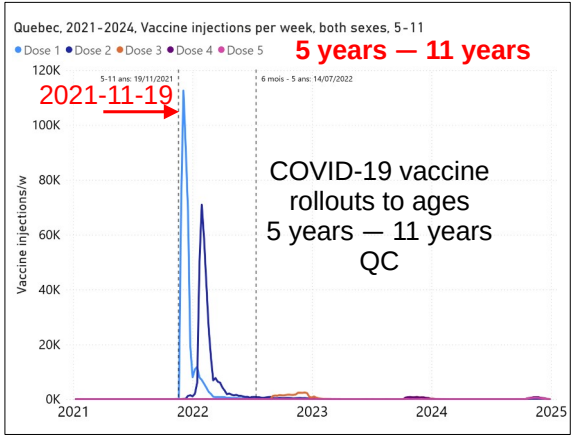


Canada (Quebec data): Health Canada approval dates and rollouts (by dose) of COVID-19 vaccines to toddlers+

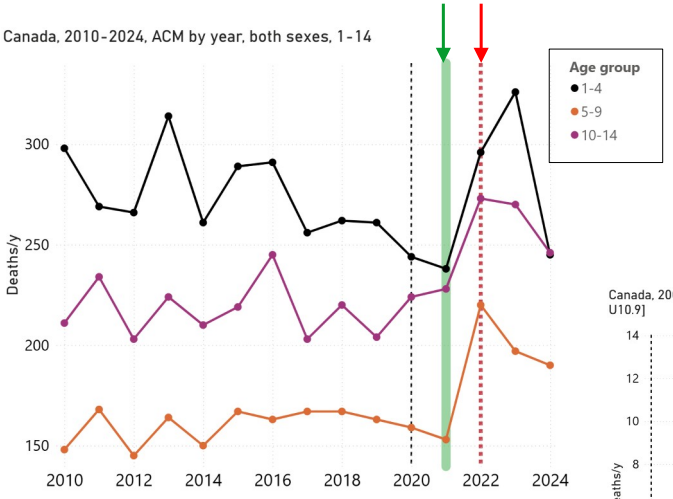
[left] 6 months — 5 years (2022-07-14) (Moderna)
[right] 5 years — 11 years (2021-11-19) (Pfizer)

Also: 6 years — 11 years (2022-03-17) (Moderna)

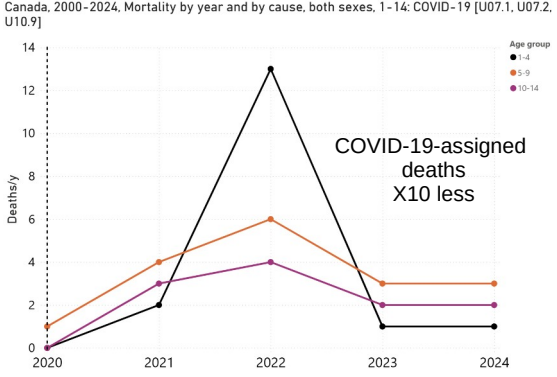




Canada: toddler+ deaths (by year) accompanying Health Canada COVID-19 vaccine approvals: late-2021 and 2022 and financial support cuts (late-2020 — early-2022)



Excess toddler+ deaths in Canada, 2022-2024
Ages 1-4: 130
Ages 5-9: 140
Ages 10-14: 140
Total ages 1-14: 410
(Surge in 2022, not COVID-19)



PART–I sections

1►COVID-19 vaccines injured and killed

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3►Toddlers and preschoolers died

4►Cancer mortality anomalously increased

Section 4►

Increased cancer mortality after COVID-19 vaccine rollouts, overall and in young people

There is an established body of scientific studies on a surge of

“hyperprogressive disease [cancer]” (HPD)

temporally associated with vastly increased use of immune-therapy drugs since approx. 2015 to present.

Approx. 300 articles with “HPD” in the title, to date, starting in 2017

Champiat et al. (2017): ●Hyperprogressive Disease Is a New Pattern of Progression in Cancer Patients Treated by Anti-PD-1/PD-L1.
Clin Cancer Res 15 April 2017; 23 (8): 1920–1928.

Champiat et al. (2018): ●Hyperprogressive disease: recognizing a novel pattern to improve patient management.
Nat Rev Clin Oncol 15, 748–762.

Liu et al. (2026): ●Reported drug spectrum and disproportionality signals for malignant neoplasm progression in FAERS: a real-world pharmacovigilance study.
Front. Pharmacol. 17:1814403.

Shin et al. (2023): ●Spending, Utilization, and Price Trends for Immune Checkpoint Inhibitors in US Medicaid Programs: An Empirical Analysis from 2011 to 2021.
Clin Drug Investig 43, 289–298.

Etc. (approx. 300 articles in all)

Clinicians are reporting “turbo cancers”
(increased incidence and high severity in young patients)
Scientific articles are now being published

Journal of INDEPENDENT MEDICINE

COVID-19 mRNA-Induced "Turbo Cancers"

Paul Marik[1], *Justus Hope*[2]

J Indep Med 2025 Vol. 1 No. 3, pp. 185-194

Abstract

The incidence of cancers has increased exponentially worldwide since the universal COVID-19 vaccination program began at the end of 2020. and available data to encourage scientific inquiry rather than premature dismissal. According to the Vaccine Event Reporting System (VAERS), the

TYPE OF EVIDENCE PRESENTED

- Temporal trends of excess cancer mortality
- (associated with) COVID-19 vaccine rollouts

We don’t know the vaccination status for the individuals
but we detect sudden temporal changes.

CANCER TYPE, AGE GROUP (EXCESS DEATHS) USA

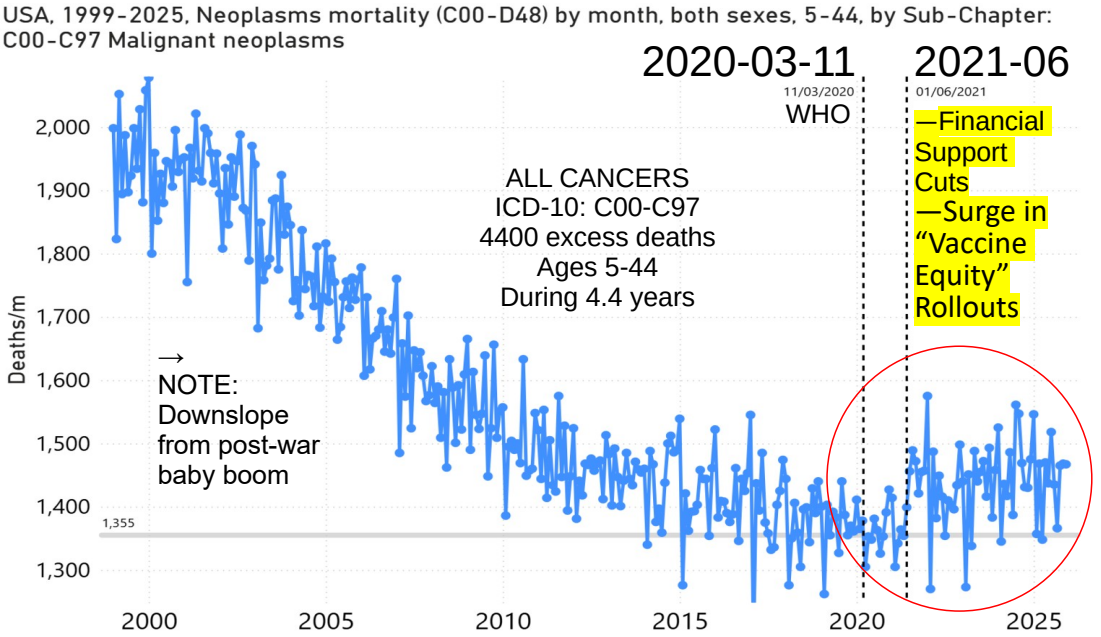
Examples from our analyses (some graphs below).

- **All cancers, ages 5-24 (960 excess deaths 4y)**
- **All cancers, ages 25-44 (2900 excess deaths 4y)**
- **All cancers, ages 5-44 (4400 excess deaths 4.4y)**
- **Spec. long bone limb cancer, ages 5-24 (70 excess deaths 4y)**
- **Spec. leukemias, ages 5-24 (360 excess deaths 4y)**
- **Spec. (primary) multiple site cancer, ages 25-44 (240 excess deaths 5y)**
- **Spec. (primary) multiple site cancer, ages 75+ (1500 excess deaths 4y)**

ALSO: 15-44 ages = Respiratory (C30-C39), Oral (C00-C14), Digestive (C15-C26).

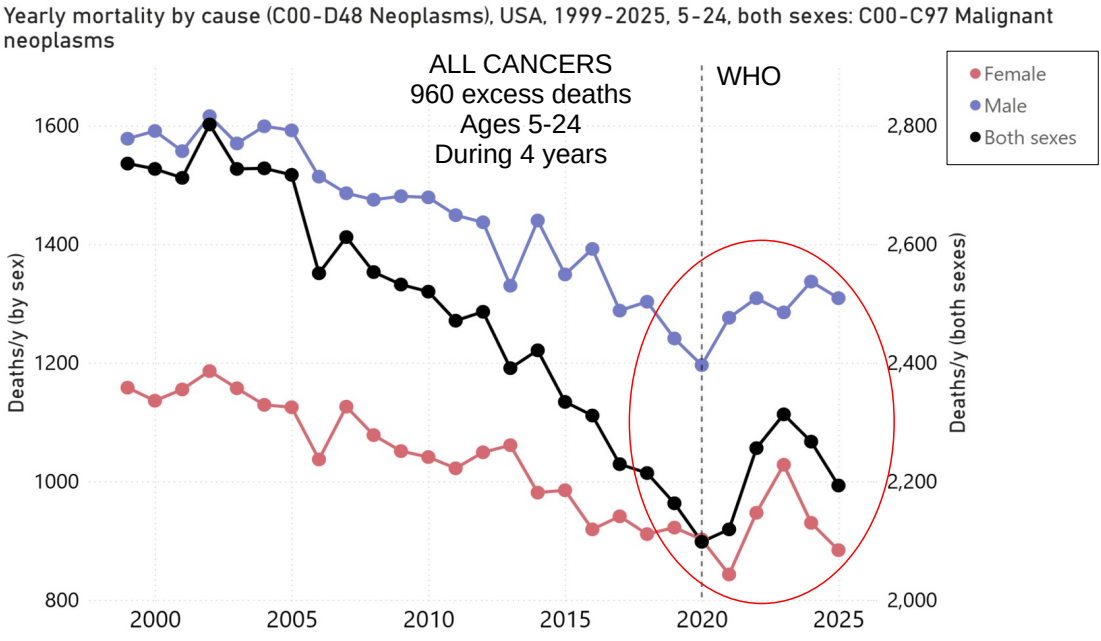
USA: all cancers by month, ages 5-44 (1999-2025)

4.4K excess cancer deaths in the USA, ages 5-44



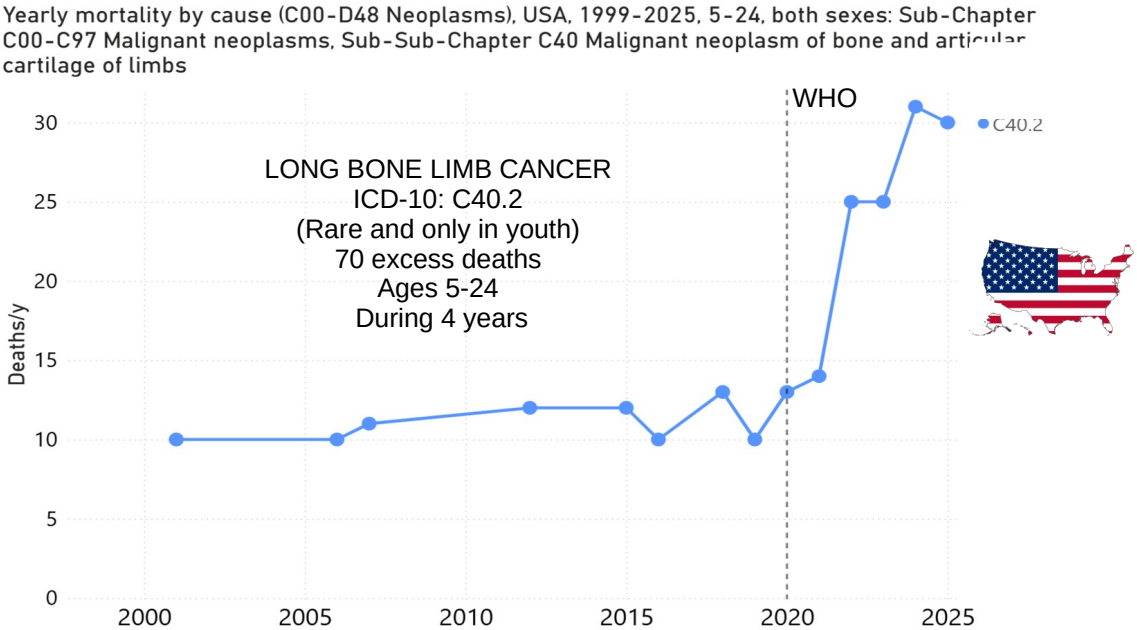
USA: all cancers by year, ages 5-24 (1999-2025)

960 excess cancer deaths in the USA, ages 5-24



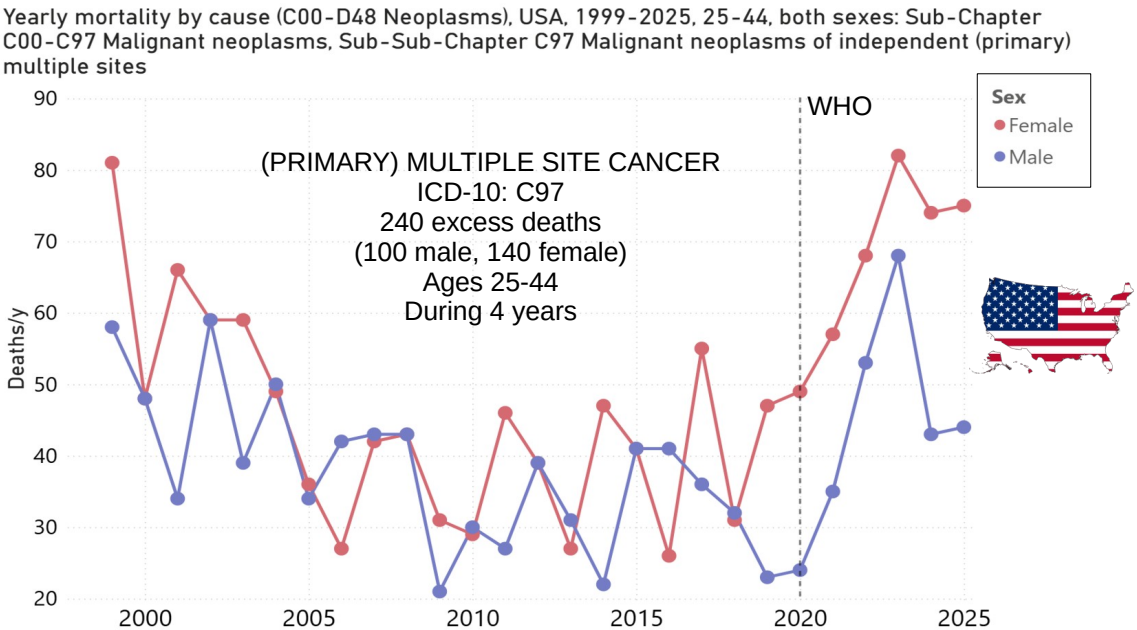
USA: deaths from long bone limb cancer by year, ages 5-24 (1999-2025)

70 excess LBL-cancer deaths in the USA, ages 5-24



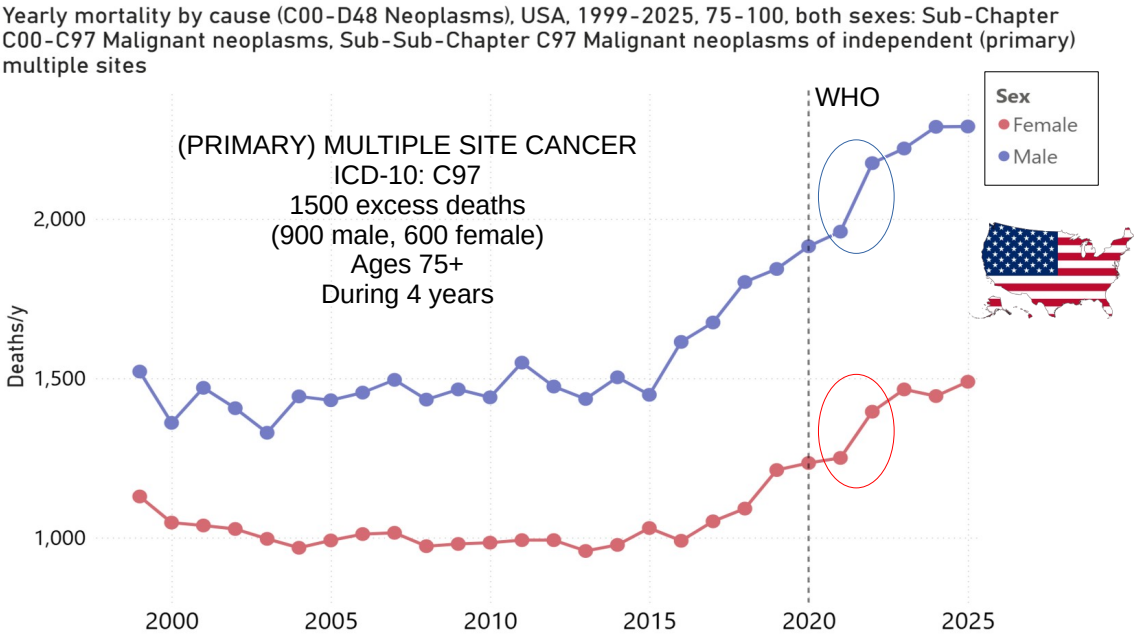
USA: deaths from (primary) multiple site cancer by year, ages 25-44 (1999-2025)

240 excess (P)MS-cancer deaths in the USA, ages 25-44



USA: deaths from (primary) multiple site cancer by year, ages 75+ (1999-2025)

1.5K excess (P)MS-cancer deaths in the USA, ages 75+



PART II

I	II
Localized to individuals	Widespread to populations
Vaccine-associated harm	General harm
Each type of harm can be transient or persistent. The two are not independent from each other.	

PART–II sections

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8►Absence of viral-disease spread mortality

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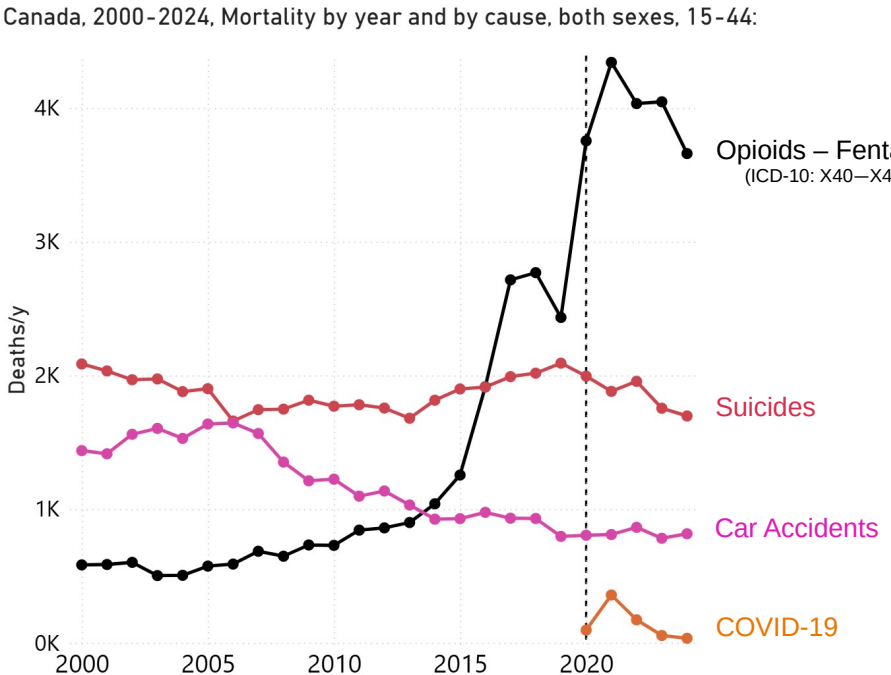
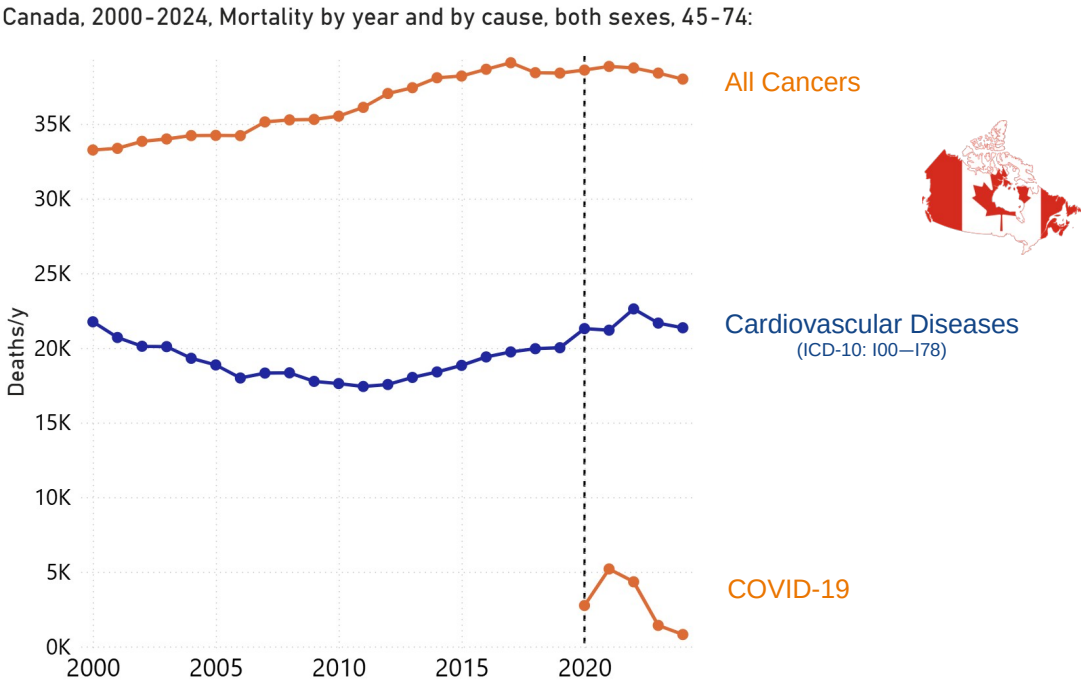
Section 5►

CANADA'S NATIONAL MORTALITY CONTEXT

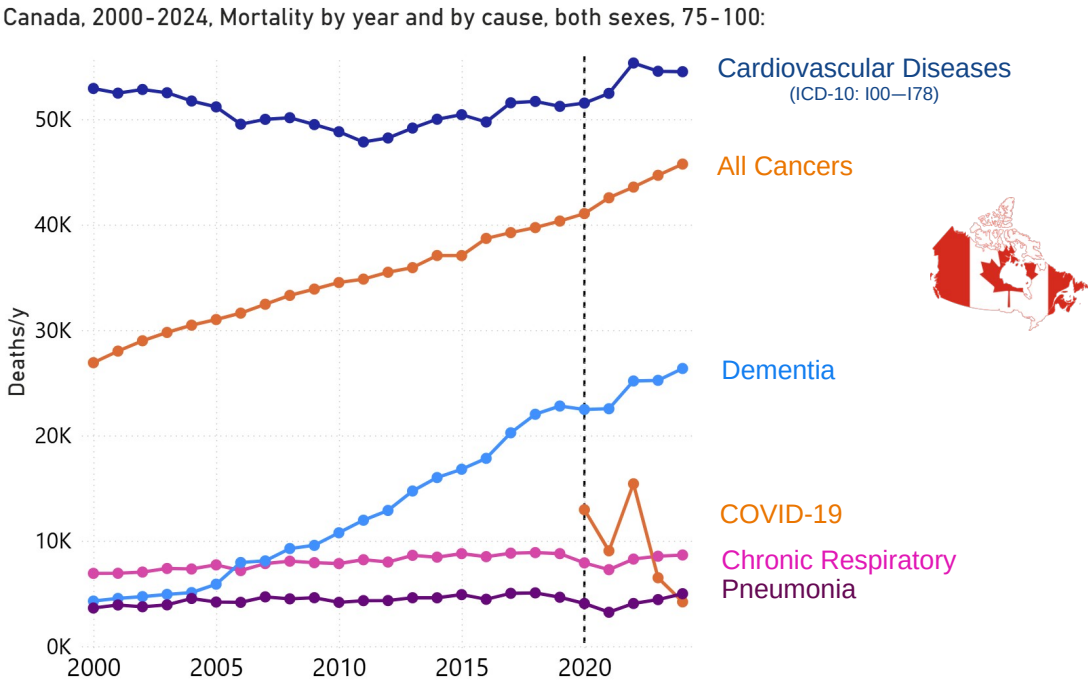
Canada: mortality by main cause, ages 15-44



Canada: mortality (by year) by main cause, ages 45-74



Canada: mortality (by year) by main cause, ages 75+



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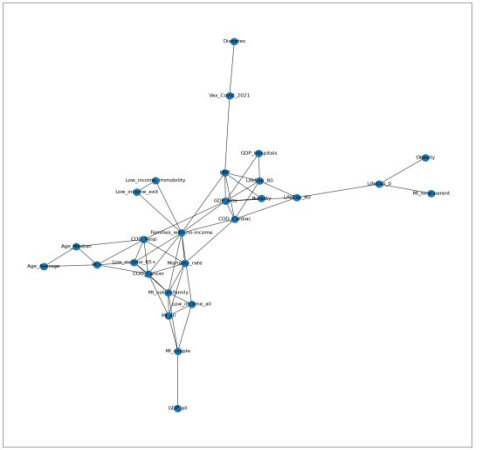
Section 6►

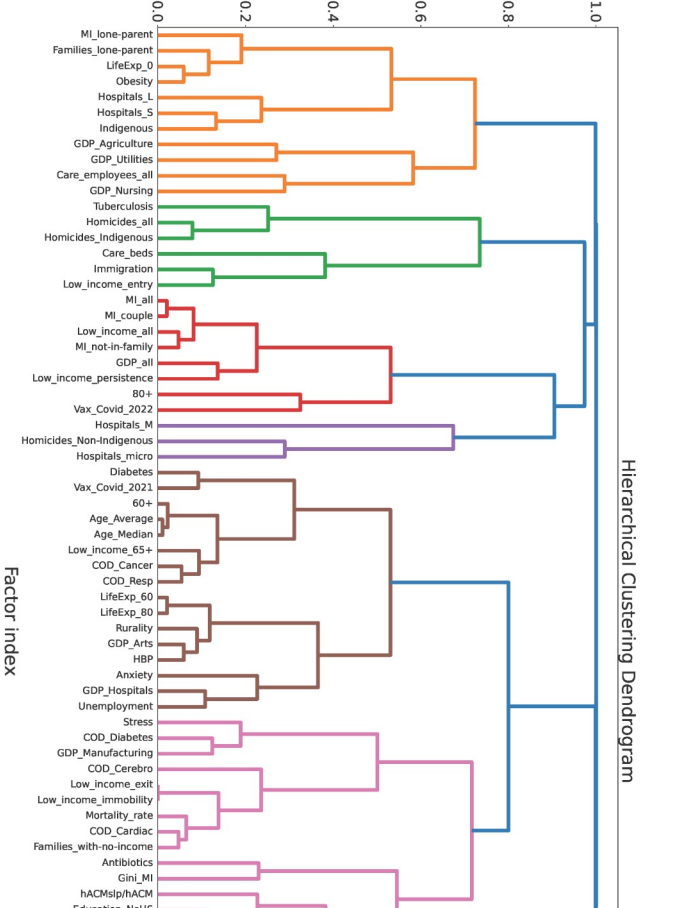
FACTORS CORRELATED TO EXCESS MORTALITY IN THE COVID PERIOD

Canada: We analysed >80 province-specific SOCIOECONOMIC FACTORS:

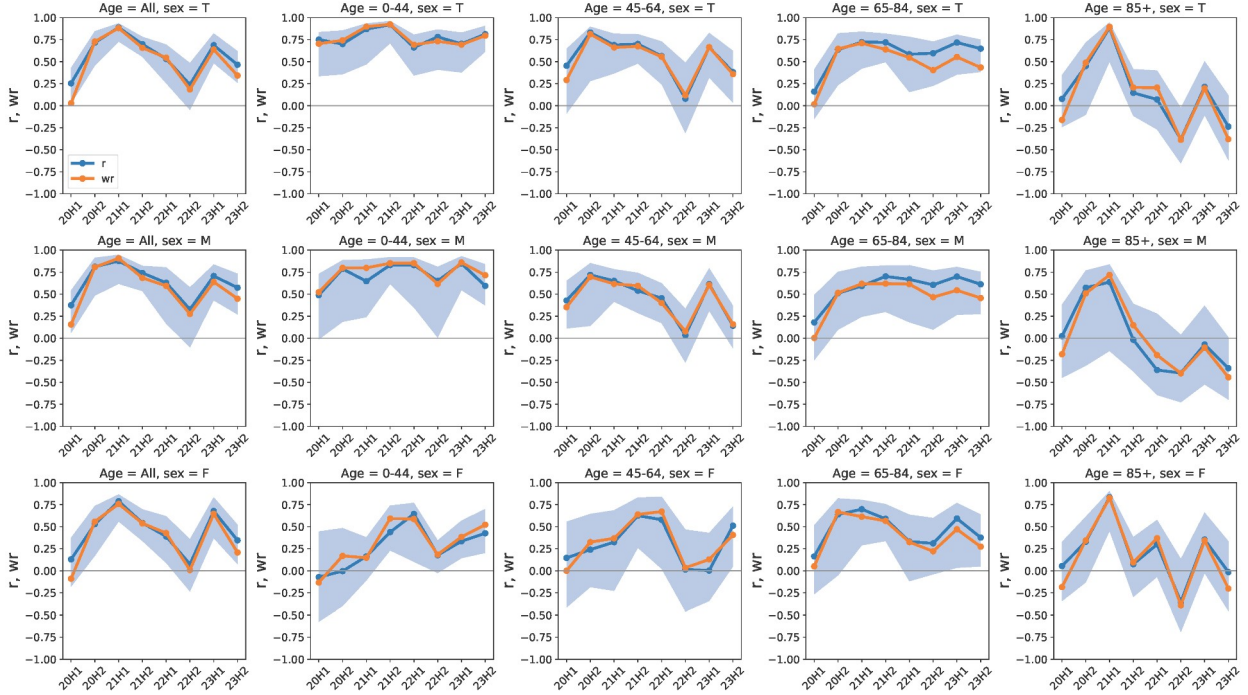
poverty, disability, age structure, obesity, stress, institutional characteristics, economic factors, family structure, etc.

►Correlations by age and by time...

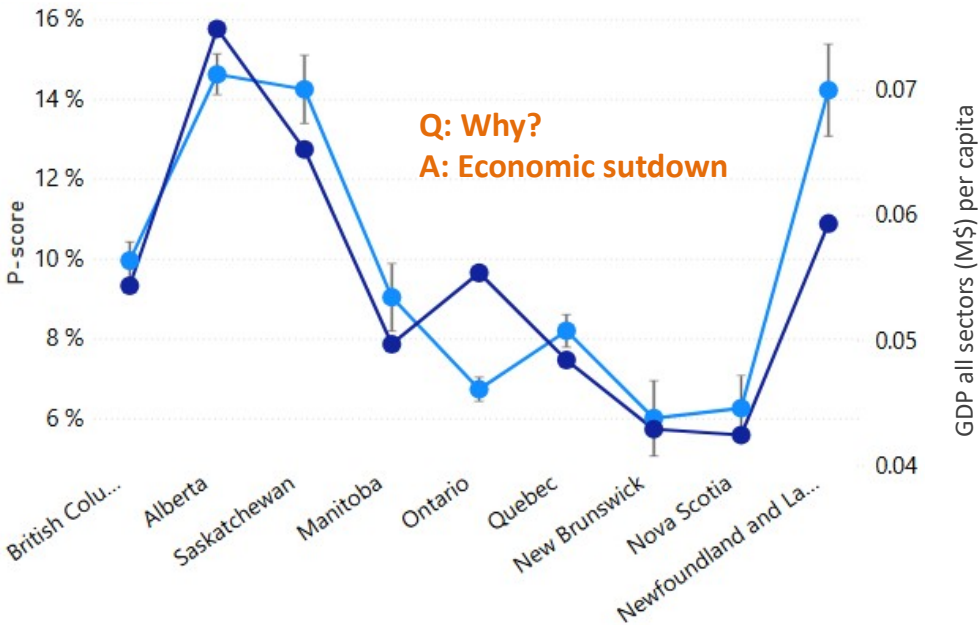




Correlation coefficients (raw, weighted, confidence intervals)
P-score & 2019 GDP all-sectors (by half-year, by age, by sex) (Canada)

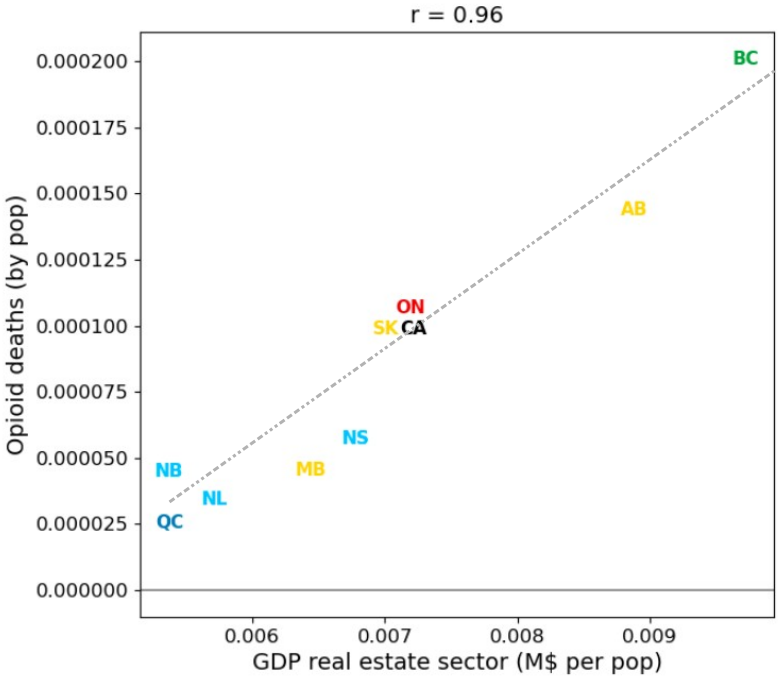


P-score (Covid period), all-ages
GDP all sectors (M$) per capita
by province (Canada)



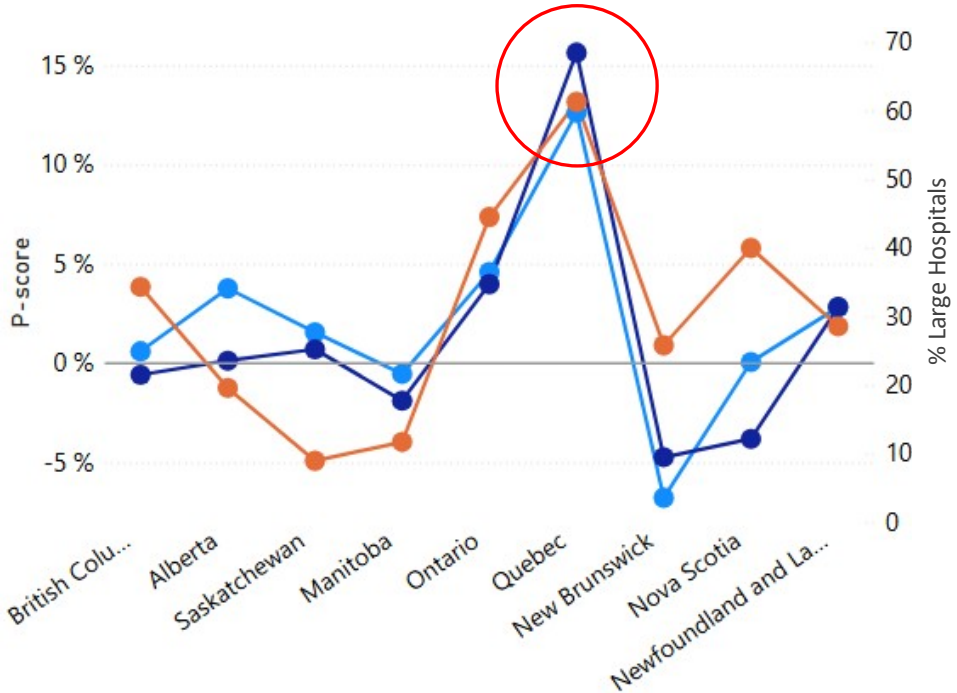
Opioid deaths vs GDP real estate

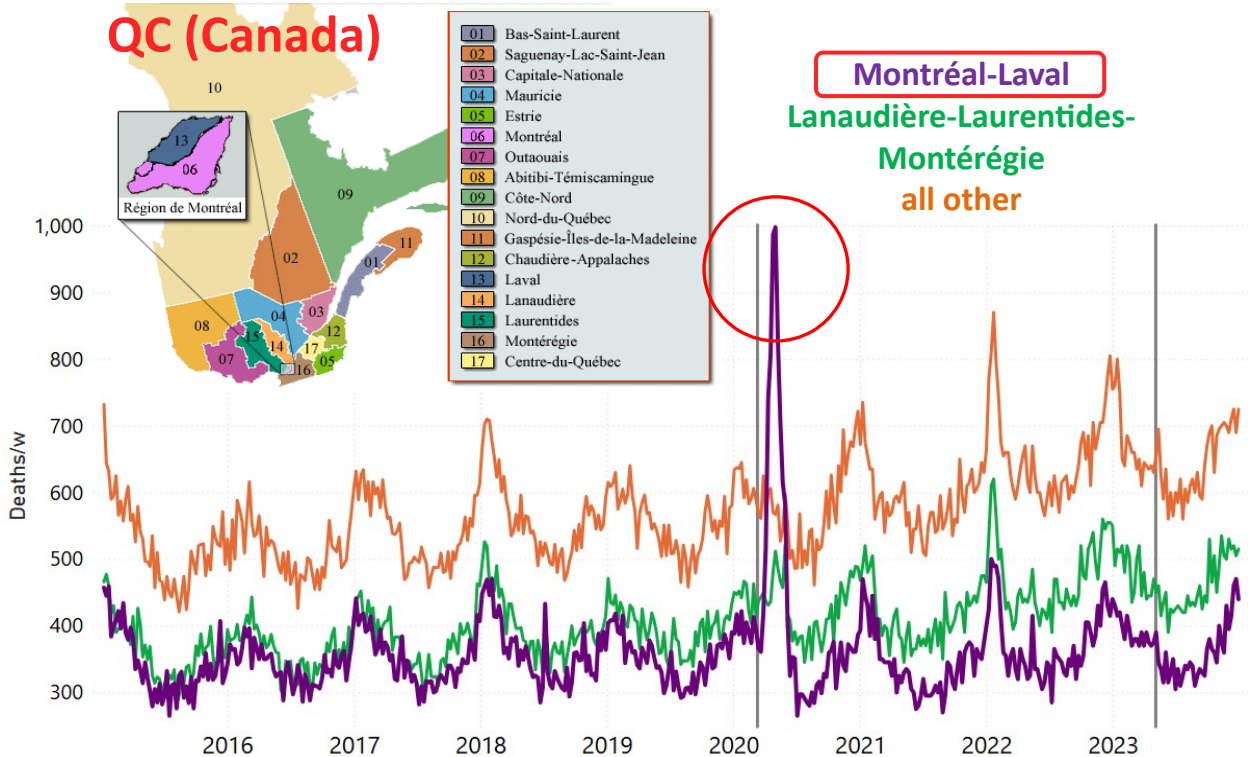
(both per capita, 2019, by province, Canada)



poor while living near the wealthy

P-score (2020-H1): **all-ages**, **age 85+**
% Large Hospitals
by province (Canada)




QC (Canada)
Région de Montréal
01 Bas-Saint-Laurent
02 Saguenay-Lac-Saint-Jean
03 Capitale-Nationale
04 Mauricie
05 Estrie
06 Montréal
07 Outaouais
08 Abitibi-Témiscamingue
09 Côte-Nord
10 Nord-du-Québec
11 Gaspésie-Îles-de-la-Madeleine
12 Chaudière-Appalaches
13 Laval
14 Lanaudière
15 Laurentides
16 Montérégie
17 Centre-du-Québec
Montréal-Laval
Lanaudière-Laurentides-
Montérégie
all other
Deaths/w
1,000
900
800
700
600
500
400
300
2016
2017
2018
2019
2020
2021
2022
2023

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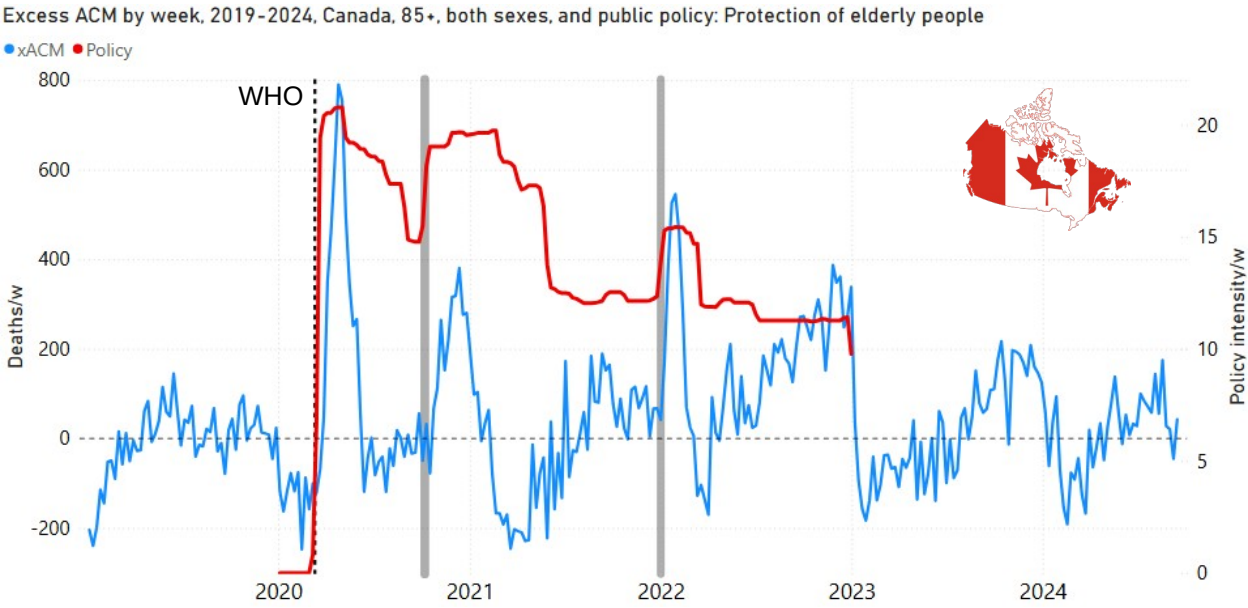
Section 7►

IMPACT OF BROAD COVID-PERIOD MEASURES

xACM/w, age 85+ and intensity of protection of elderly people

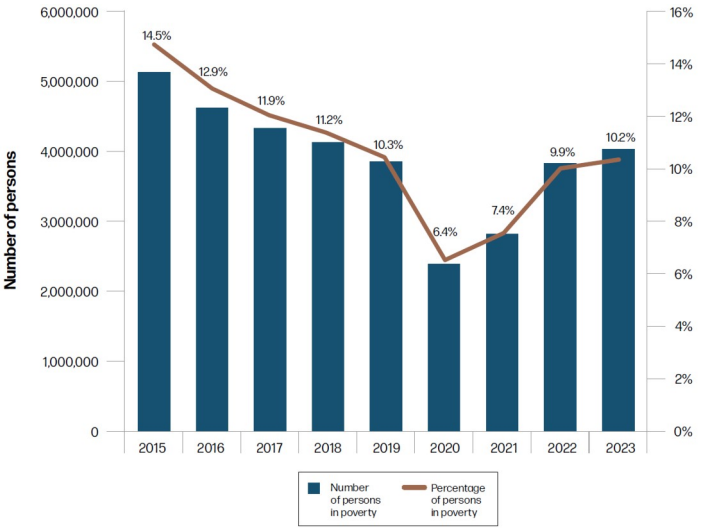


"Focussed Protection" → Peak and large dry tinder effect

P-score/w, all ages and significant financial assistance programs

Loss of financial assistance x2

Numbers living in poverty (NACP, 2025)



Source: Statistics Canada, Canadian Income Survey, Table 11-10-0135-01 Low-income statistics by age, sex and economic family type.

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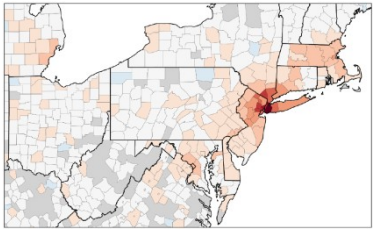
ABSENCE OF VIRAL-DISEASE SPREAD CAUSING EXCESS MORTALITY



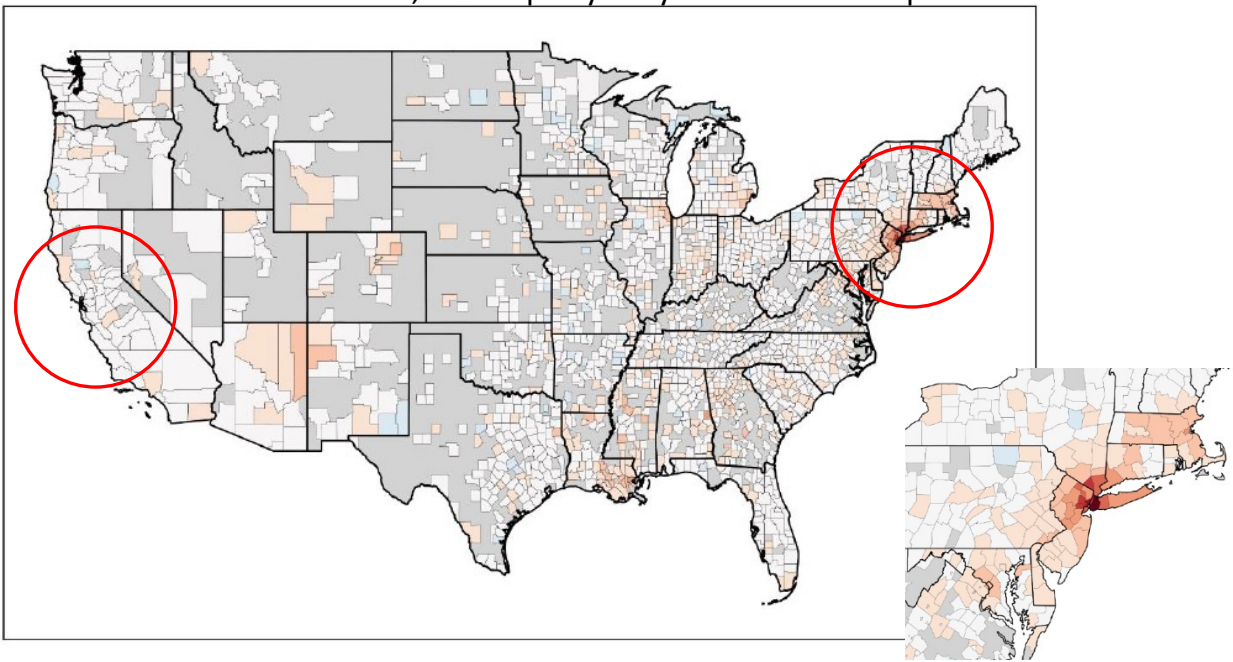
GEOTEMPORAL: PROOF THAT THERE WAS NO VIRAL DISEASE SPREAD CAUSING DEATH

Hickey, Rancourt, Linard (2025)
"Constraints from geotemporal evolution of all-cause mortality on the hypothesis of disease spread during Covid"
– correlation-canada.org – hal.science/hal-05123573/

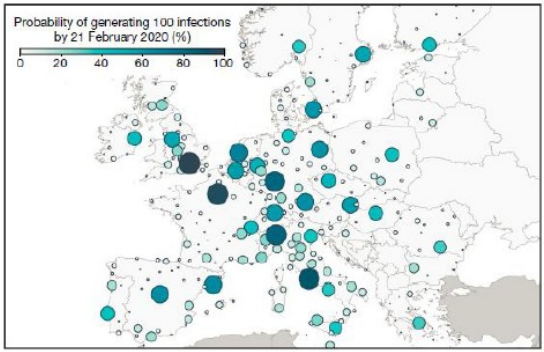
THERE WAS NO VIRAL RESPIRATORY DISEASE SPREAD CAUSING EXCESS MORTALITY

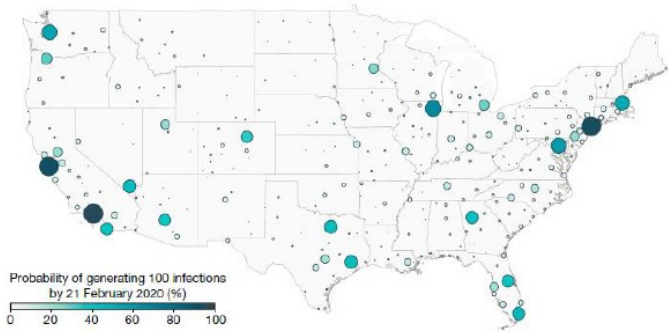
- Geostatic time evolution, not geotemporal
- Impenetrable borders despite large continued traffic
- Virtually nothing prior to WHO declaring a pandemic (2020-03-11)
- Synchronicity of hotspots across continents
- Unprecedented mid-summer mortality peaks, in each hemisphere
- Milan vs Rome
- NYC vs Los Angeles / San Francisco

USA East & West coasts, with equally busy international airports



Hickey et al. (2025) "Constraints from geotemporal evolution of all-cause mortality on the hypothesis of disease spread during Covid"





The empirical mortality data is incompatible with state-of-the-art theoretical calculations (here, Davis et al., 2021) of global contagion spread during Covid: re. Milan/Rome and East/West USA

Hickey et al. (2025) "Constraints from geotemporal evolution of all-cause mortality on the hypothesis of disease spread during Covid"

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CONCLUSION ABOUT CAUSES

→ Assaults caused injury and death during the Covid period

Government assaults:

economic deprivation (loss of employment), fear propaganda, mandates, measures, public-health responses, and medical assaults.

Medical assaults (largescale and repeated):

testing, diagnostic bias, imposed facial masking, confinement, isolation, denial of appropriate treatment, mechanical ventilation, sedation, experimental and improper treatments, and vaccination.

COVID-19 mRNA VACCINATION

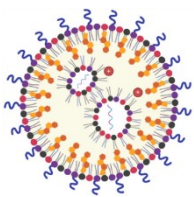
Vaccination is the only measure that involved repeatedly injecting the bodies of all residents — including the sick, elderly, infants, toddlers, preschoolers and pregnant women (in any gestation period) — with a known cytotoxic substance (cationic lipids) in a highly dispersive carrier format (lipid nanoparticles).

- **Cationic lipids are cytotoxic, especially as bio-distributed nanoparticles, irrespective of the cargo.**

Brimacombe, CA et al. (2025) "Rational design of lipid nanoparticles for enabling gene therapies", *Molecular Therapy Methods & Clinical Development.* (review)

"**The fundamental limitation is toxicity. There are no permanently positively charged bilayer forming lipids in nature.** Positively charged lipid molecules can combine with the negatively charged lipids found in biological membranes to form non-bilayer structures that **disrupt membranes**(47) **resulting in cytotoxicity**(104) and immune activation(105) (activation of complement and coagulation pathways as well as cytokine stimulation(104,106)). This results in rapid clearance by the RES system, inflammation, and other side effects such as thrombosis,(107) lymphopenia, hepatic necrosis, and an overactive innate immune response.(108,109,110)"

The manufacturers do not use an "adjuvant".



CONCLUSION

History will record that the Covid period was in-effect a massive and unnecessary multi-faceted assault against people, exploiting fear and causing harm, injury and death, especially in the most vulnerable.

All governments under USA hegemony and media influence cooperated or imitated. Canada was no exception.

The vaccines are toxic and caused many deaths and injuries, in plain sight of robust national mortality statistics.

Science can never prove causality but institutional capture and discipline can always minimize and invalidate screaming safety signals and personal hardship.

I thank scientific collaborators:

Marine Baudin, PhD

Joseph Hickey, PhD

Jérémie Mercier, PhD

And scientists at D4CE for a critical review of a version of the presentation.

END OF THE PRESENTATION.