Table of Contents

Merged PDF contents (file start pages):

2024 AGM Resolutions - Policy _ The Professional Institute of the Public Service of Canada.pdf 2
About - Who Can Tell Me The Truth_.pdf 3
Candidate for Vice-President (Part-Time) – Dmitry Gorodnichy _ The Professional Institute of 6
Candidate for Vice-President (Part-Time) – Dmitry Gorodnichy _ The Professional Institute of 7
Making Your Voice Heard at PIPSC! - About Me.pdf 9
Making Your Voice Heard at PIPSC! - Data Skewing by PHAC.pdf 11
Making Your Voice Heard at PIPSC! - Fear of Reprisal in Public Service-large.pdf 14
Making Your Voice Heard at PIPSC! - Fear of Reprisal in Public Service.pdf 18
Making Your Voice Heard at PIPSC! - Foreign Corporate Influence.pdf 21
Making Your Voice Heard at PIPSC! - PHAC_ Cases Following Vaccination.pdf 34
Making Your Voice Heard at PIPSC! - Pictures.pdf 36
Making Your Voice Heard at PIPSC! - Political Interference_ Historical Parallels.pdf 41
Making Your Voice Heard at PIPSC!.pdf 45
Political_Inteference_Gc_Data_Scientist_Letter_To_Pipsc_President_(draft_For_Discussion_With 49

P-23 - Use of Non-Divisive Imagery on PIPSC Public-Facing Websites (E)

Sponsored by Dmitry Gorodnichy (member) | Disposition: Referred to the Board of Directors

Whereas Through Spring and Summer 2024, PIPSC used the image of a person in mask on its website frontpage which can be perceived by certain PIPSC member demographics as promoting mask mandates and particular political messages, which are not welcomed by all members,

BE IT RESOLVED THAT PIPSC avoids using the images in its public communications that bring division among its members. This can be achieved by consulting members representing different (political, cultural, education) demographics.

RSC: No Comment

P-24 - Address High Fear of Reprisal Among Professionals Working on Policies Affecting All Canadians (E)

Sponsored by Dmitry Gorodnichy (member) | Disposition: Referred to the Board of Directors

Whereas PIPSC mandate is to provide the highest quality representation to members by "vigorously safeguarding and promoting professional standards"

Whereas PIPSC supports the largest number of professionals in Public Sector (over 70,000 members)

Whereas among all professionals that PIPSC supports there is a very small but very important group of professionals (estimated as less than 1000) who provide professional expert advice and recommendations for the medical products and policies that affect all Canadians (over 40 million people.

Whereas Canadians must be ensured that professionals who provide professional expert advice and recommendations for the medical products and policies that affect all Canadians work in

environment that is free of political and industry interference, which according to PSES results and PHAC reports may not be the case.

Whereas Public Service Employment Survey (PSES) 2018, 2020, 2022 results show that the fear of reprisal in the units in the PHAC Center for Emergency Preparedness and Health Canada Marketed Health Products that develop policies related to health and life security of all Canadians is one of the highest in Public Service.

Let it be resolved that PIPSC examines the problem of very high fear of reprisal not correlated with discrimination in areas of the public service that regulate health-related products and develop health-related policies, as urgently as logistically possible, and publish its findings. This can be achieved using available resources and committees (Professional Recognition and Qualifications Committee, Science Advisory Committee, Information Technology Services and Projects Committee) using the PSES results data and PIPSC membership data.

RSC: No Comment

Finance Comment: Pending

P-25 - Transparency and update related to PIPSC Statement supporting mandatory vaccinations (E)

Sponsored by Dmitry Gorodnichy (member) | Disposition: Referred to the Board of Directors

Be it resolved that PIPSC provides minutes and all other available documents that show who and how decided to make a Statement, which was published on October 15, 2021, supporting Mandatory Vaccination Policy, including all sources and references that were used in making the decision.

Be it further resolved that PIPSC issues a new position statement with respect to the COVID-19 vaccines that is factual, based on all available evidence related to safety, efficacy and necessity of COVID-19 vaccines as a COVID-19 infection prophylactic measure, taking into account that "evidence" obtained from the government sources may not be fully reliable as it could have been deliberately "fit" to predefined desired narrative.

RSC: No Comment

Short description:

Senior Data Scientist with two PhDs (Math & CompSci) and 25 years of working with the GC, including in manager's position and as lead researcher in biometric technology evaluation, developer of Open Canada Deaths Tracker App, is doing his part in sharing "inconvenient truths" with those, sharing occasionally his poetry and music. More: IVIM.ca

Disclaimer: Everything that is posted in this newsletter represents author's own opinion and experiences and in no way can be perceived as representing the views, opinions of any government, academic or industry organization. For the same reason and also to prevent finding my name on these pages by search engines, I'm not showing it in this newsletter anywhere, but show my initials (DG) only. You'll be able to find it by following the links.

Welcome to the "Who can tell me the truth ? (I+V+I=M)" newsletter

Have you ever asked yourself the following questions:

> - ***Who can tell me the truth - regarding the sudden deaths of young Canadians that started with COVID-19 vaccination?*** *(See pictures of many young Canadians who suddenly died following COVID-19 vaccination at www.Answers4Sean.ca)*
> - ***Who can tell me the truth - about the devastating effect of COVID mandates on many Canadian families?*** *(And, why Eastern European countries that have lowest vaccination rates, and Sweden - the only EU country that did not impose lockdowns - have the lowest number of excess deaths since 2022?)*
> - ***Who can tell me the truth - about the origin of COVID pandemic and everything else that followed?***

If you did, you will agree that the answers to these questions clearly cannot be obtained from those whose actions (or inaction) led to the tragic outcomes listed above. In fact, those organizations and individuals whose actions (or inaction) led to the tragic outcomes listed above would be exactly the ones most interested in hiding the truth from general public.

This is why I am doing my part and hope to inspire you to do yours to seek and defend the truth yourself.

Who am I?

I am Ukrainian-born Data Scientist with two PhDs (Math & CompSci), with extensive experience in data analysis of vendor products' performance (in the field of Biometrics and Automated Border Control - see my reports in links provided) and over twenty years of experience working with the Government of Canada. I am also the author of

several Open Canada Web Apps, notably Canada Vital Statistics (Deaths) Tracker, and multiple scientific innovations. Through this newsletter, my aim is to seek and defend the truth.

What sets this newsletter apart from many others on substack.com is the fact that its author is still working with GC. As such, he has to be very careful with what he writes to make sure that he does not violate his employer's Code of Value and Ethics, in particular, the clause quoted below:

5.2. Public Criticism of the CBSA and/or the Government of Canada:

- **We refrain from making public criticisms of the CBSA and/or the Government of Canada including posting critical comments on social media fora.**

This clause often leads Government employees to maintain silence regarding Government activities. It also contributes to the existence of a subculture and information bubble within the Government, where individuals may not perceive the world in the same way as those outside of it. While the people within this bubble are typically kind and friendly, their primary sources of news are often direct government communications and legacy mainstream media.

Therefore, based on the data evidence I have observed and drawing from my personal experiences growing up in the USSR, I have come to the realization that remaining silent is not an option. It is imperative that I speak out to assist both my country and my employer in safeguarding scientific integrity and the fundamental right of all Canadians to life security. Leveraging data analytics and the democratic foundations of our country, I endeavour to support governments in promoting transparency, accountability, and resilience against political and industry interference.

My vision

We reside in a remarkable country with strong foundations, sound policies, a robust legal system, and democratic processes that uphold our nation's glory and freedom. However, at times, we may struggle to leverage these resources effectively.

Too often, we often lack access to all the information necessary to make optimal decisions for ourselves and our nation due to external entities attempting to conceal it from us, and our own limitations in time and expertise to uncover it independently.

Yet, by fostering open communication and sharing our skills and visions with one another, we empower ourselves to spiritually growth and contribute to the betterment of our country.

My networks, sources, and readership

As a data scientist, I am connected with data scientists who built various data visualization Apps that scrutinize the "safe and effective" marketing slogan of the medical product that has been pushed on everyone by Big Pharma, notably with

developers of mortality.watch, pervaers.com, vaccines.shinyapps.io/abstractor, howbad.info, safetysignal.com, and others.

As an Ottawa (National Capital Region) resident, I got also connected with many local groups who came together during the hardest years of their life, kicked out of their jobs and normal life by mandates and hate campaigns launched against them by mainstream media. A large portion of my subscribers are from these groups. I personally know many of them and their life stories. Because of my parental and community involvements, I meet many neighbours, parents and professionals from local schools, clubs, health communities. Many of them are subscribers of my newsletters too.

As a concerned Canadian, I also got connected to many nation-wide initiatives aimed to defend the truth and restore transparency and accountability in the country, such as fppledge.ca, nationalcitizensinquiry.ca, mamabearsproject.com, bctownhalls2024.ca, freedomofinformationlibrary.com, answers4sean.ca, fismansfraud.ca, freedomrising.info, stand4thee.com, studentsagainstmandates.ca, canadaexitwho.org, and others.

As a one of the leading and most published government researchers, and instructor of data science seminars offered to all public servants, I am also well connected with my professional and my co-workers networks. Being Adjunct Professor at three Canadian universities, where I led several joined project and supervised many students, also as a graduate of University of Alberta in Edmonton, I have also many friends and colleagues in all those institutions.

Recently (April 2024), I was also elected to the Executive Board of the Professional Institute Public Service Canada (PIPSC). This gives me an opportunity to influence the priorities and activities of this one of the largest unions in Canada. You can read more about this election and and what I will try to achieve in my new role with the Union in the post below.



BREAKING: PIPSC NCR elected new Executives. The candidate running on "We must protect Scientific Integrity from Political Interference" electoral message is elected! It is me...

DG • APRIL 29, 2024

Read full story →

Finally, as a graduate of Kyiv lyceum in Ukraine and Moscow Institute of Physics and Technology in Russia, I keep close connections with my alma-mater, friends and relatives in both of these countries.

Why IVIM ?

IVIM is the name of the company that I founded with my wife back in 2007 to commercialize the ***Nouse "Nose as Mouse" technology*** which I have developed at the National Research Council of Canada. (You can learn more about this technology from the Nouse.ca website or simply by Googling "Nouse mouse"). The term **IVIM** was thus

About Us

Who We Are

What PIPSC Does For You

Contact Us

Governance of the Institute

Annual General Meetings

Bylaws

Policies

Board of Directors

Executive Committee

Committees of the Board

Advisory Council

Member Conduct Roster

Elections Information

Official Languages

National Young Professionals Committee

Office of the President

Our Purpose, Mandate, Values and Strategy

Legacy Foundation

Scholarship Program

Employment Opportunities

Institute Awards

Unionize with PIPSC

PIPSC members are here for you

Candidate for Vice-President (Part-Time) – Dmitry Gorodnichy

The views expressed in this biography are those of the candidate and do not necessarily represent the views or opinions of PIPSC.



Candidate for Vice-President (Part-Time)

Dmitry Gorodnichy

(Regular member)

Dmitry Gorodnichy, Ph.D., Ph.D.

Protect professionals and strive for value-added return on our union dues, through engagement and transparency!

I have the courage to stand up for you without discrimination, and have the initiative to suggest improvements with you that support all members.

From years before I was directly active with our Union, I supported fellow colleagues at the workplace. I was a key contributor to recommendations for improving the culture at CBSA, and supported the development of the CBSA Scientific Integrity Policy, creating a more open and safe environment there.

In more recent times, I started a data science community on GC-Collab aimed at assisting colleagues to learn new data visualization tools while leveraging data to improve the public service. I helped develop the PSES results and Canadian Vital Statistics tracking Web Apps, which provide insights into the challenges faced by PIPSC members. Fear of speaking up was one of the major concerns present among colleagues, especially in areas responsible for regulating products and developing policies.

Seeing firsthand “fitting evidence to desired political narratives” and working closely with colleagues from other departments seeking further support from our union has strengthened my resolve to support all members.

I am not here seeking the luxuries of office. In fact, when I expressed interest in attending my first NCR Council in spring 2024, I proposed to decline the hotel room that is provided to a delegate, as I live within a reasonable commute of that meeting venue.

Coming from a very different background (former Soviet Union), I would ensure that no minority community, whether visible or non-visible, will feel excluded from the discussion.

I understand you, I hear you, and I will be honoured to represent you.

Here I stand with you in seeking a part time role at our union’s BoD, while continuing to work among you at the workplace. I will strive to collaborate with the new BoD, and stand up for the following priorities:

1) Improve openness, transparency, and fiscal responsibility of the Union's operations,

2) Protect the work of our professionals from political and industrial interference, and

3) Support the most vulnerable union members, including those who are being discriminated against, and those who are experiencing fear of reprisal while upholding values and ethics.

For details on how to connect with me, and for me to better support you at the workplace, please see: www.gorodnichy.ca/dmitry

Original provided by the candidate

Copyright © The Professional Institute of the Public Service of Canada

Candidate for Vice-President (Part-Time) – Dmitry Gorodnichy

The views expressed in this biography are those of the candidate and do not necessarily represent the views or opinions of PIPSC.

2/11/26, 9:45 PM Candidate for Vice-President (Part-Time) – Dmitry Gorodnichy | The Professional Institute of the Public Service of Canada



Candidate for Vice-President (Part-Time)

Dmitry Gorodnichy

Dmitry Gorodnichy, Ph.D., Ph.D.

Protect professionals and strive for value-added return on our union dues, through engagement and transparency!

I have the courage to stand up for you without discrimination, and have the initiative to suggest improvements with you that support all members.

From years before I was directly active with our Union, I supported fellow colleagues at the workplace. I was a key contributor to recommendations for improving the culture at CBSA, and supported the development of the CBSA Scientific Integrity Policy, creating a more open and safe environment there.

In more recent times, I started a data science community on GC-Collab aimed at assisting colleagues to learn new data visualization tools while leveraging data to improve the public service. I helped develop the PSES results and Canadian Vital Statistics tracking Web Apps, which provide insights into the challenges faced by PIPSC members. Fear of speaking up was one of the major concerns present among colleagues, especially in areas responsible for regulating products and developing policies.

Seeing firsthand “fitting evidence to desired political narratives” and working closely with colleagues from other departments seeking further support from our union has strengthened my resolve to support all members.

I am not here seeking the luxuries of office. In fact, when I expressed interest in attending my first NCR Council in spring 2024, I proposed to decline the hotel room that is provided to a delegate, as I live within a reasonable commute of that meeting venue.

Coming from a very different background (former Soviet Union), I would ensure that no minority community, whether visible or non-visible, will feel excluded from the discussion.

I understand you, I hear you, and I will be honoured to represent you.

Here I stand with you in seeking a part time role at our union’s BoD, while continuing to work among you at the workplace. I will strive to collaborate with the new BoD, and stand up for the following priorities:

1) Improve openness, transparency, and fiscal responsibility of the Union's operations,

2) Protect the work of our professionals from political and industrial interference, and

3) Support the most vulnerable union members, including those who are being discriminated against, and those who are experiencing fear of reprisal while upholding values and ethics.

Original provided by the candidate

Report a problem on this page

Share

ServicePlus

Copyright © The Professional Institute of the Public Service of Canada

My Background and Track Record

2/11/26, 9:39 PM Making Your Voice Heard at PIPSC! - About Me

=  Making Your Voice Heard at PIPSC! Home Electoral Platform Action Track

I'm a Senior Research Data Scientist (Group: RES-SE-03) working with the Canadian Government since 2000. First, I worked at the National Research Council of Canada, where I was developing computer vision solutions for the Canadarm and Intelligent Vision Interfaces for users with disabilities. Since 2008, I've been working at the Canada Border Services Agency (first in the Science and Engineering Directorate and then in the Chief Data Office) as a Principal Investigator, acting Manager for 5 years (bilingual position), responsible for evaluating Biometric and Artificial Intelligence systems for border control applications, and providing data science support and training for colleagues within the public service

I hold M.Sc., with Distinction, in Applied Math from Moscow Institute of Physics and Technology, and two Ph.D. degrees - one in Mathematics (in the field of Pattern Recognition and Neural Networks) from the Institute of Cybernetics of Ukrainian Academy of Sciences in Kyiv and another in Computing Science (in the field of Computer Vision and Artificial Intelligence) from the University of Alberta.

For my contributions to science and community I received a number of Academic and Government awards , including "Cultural Diversity Leadership Award" from the University of Alberta, the "Outstanding Scientific Achievement Award" from the National Research Council of Canada, "Young Investigator Award" from the Canadian Image Processing and Pattern Recognition Society, and was named the "Leader of Tomorrow" by the Partnership Group for Science and Engineering of the Royal Academy of Sciences of Canada.

Involvement in community and Union matters:

From years before I was directly active with our Union, I supported fellow colleagues at the workplace. I was a key contributor to recommendations for improving the culture at the CBSA, and supported the development of the CBSA Scientific Integrity Policy, creating a more open and safe environment there.

In more recent times, I started a data science community on GC-Collab aimed at assisting colleagues to learn new data visualization tools while leveraging data to improve the public service. I developed the PSES results and Canadian Vital Statistics tracking Web Apps, which provided insights into the challenges faced by PIPSC members. Fear of speaking up was one of the major concerns present among colleagues, especially in areas responsible for regulating products and developing policies.

Seeing firsthand “fitting evidence to desired political narratives” and working closely with colleagues from other departments seeking further support from our union has strengthened my resolve to support all members.

Working with many colleagues from other departments allowed me to connect with many of them and strengthened my resolve to support them, leading to my decision to be more involved in the Union matters.

Following my contributions to improving the culture in my department and my efforts to help colleagues who faced workplace-related challenges in their departments, I was encouraged by my colleagues to get involved in PIPSC matters, and in April 2024 I won an election to one of the Executive positions for the National Capital Region (NCR) of the Union.

This was a big honour for me, and I have already made a number of recommendations to the NCR executive board and the national AGM to address the concerns I've heard from you.

What is even more significant is that being a part of the NCR Executive Board has further helped me to



elected as the Vice-President (Part-time) position within the Union.

I have just started. Much more is planned and can be achieved. I am going to this position to become your Voice - to help you help me to do what is the best for all of you, in the challenging times we now live in.

Sub-pages:

- Contact Me
- Pictures

You can also find more about my professional and cultural background on my personal site:

- www.gorodnichy.ca,
- science.gorodnichy.ca (archives)

This site does not represent an official position of the Professional Institute of the Public Service of Canada .
All expressed opinions are that of contributing authors , not of any institution, not legal or medical advice

2024-2025 (CC) Dmitry Gorodnichy
dmitry.gorodnichy.ca

Evidence of Politically Motivated *Data Skewing by PHAC*

UPDATE (October 2025):

Access to Information and Privacy (ATIP) Online Requests and Order Paper Questions (OPQs) have been prepared to seek for more information on how PHAC made decisions related to publishing its 'Cases Following Vaccination' data.

For more detail and updates on this development, please see FOI to PHAC: Cases Following Vaccination

Whit ers:

"Examples of Manipulating Evidence to Fit Political/Industry Interests. Case study: PHAC 'Cases Following Vaccination' Reports", Data Evidence for Discussion on GitHub, November 2022.

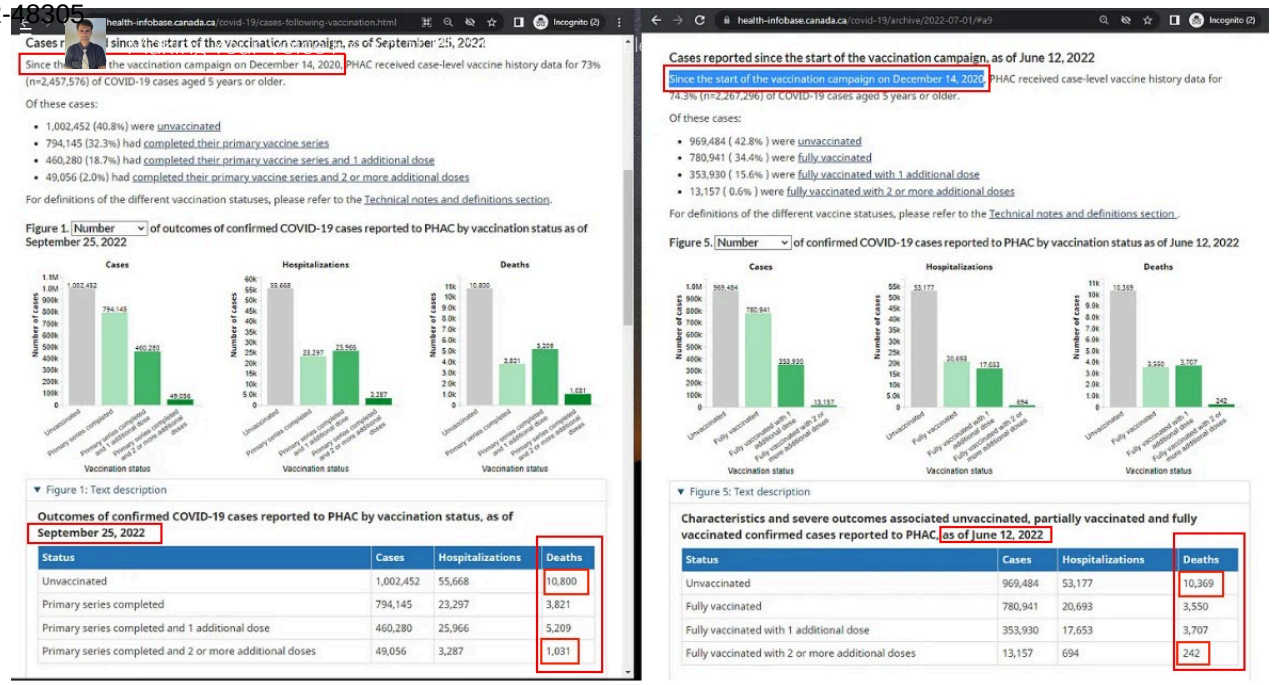
"Additional observations related to the 'Elephant in the Room' – from the Government of Canada COVID-19 daily epidemiology updates", White paper, 10 January 2022, originally appeared on Open-Canada GitHub.

Evidence of Politically Motivated Data-Skewing by PHAC: "Cases Following Vaccination" Reports Were Adjusted to Support a Political Narrative of Vaccine Effectiveness, When the Actual Unskewed Data Showed the Opposite

The figure below shows screenshots from two PHAC *"Cases following vaccination"* reports published 3.5 months apart:

- one published on 2022-07-01 (https://health-infobase.canada.ca/covid-19/archive/2022-07-01/index.html#a9, Updated: July 4, 2022, 8 am EST), and
- another published on 2022-10-21 (https://health-infobase.canada.ca/covid-19/archive/2022-10-21/cases-following-vaccination.html, Data extracted on October 14, 2022

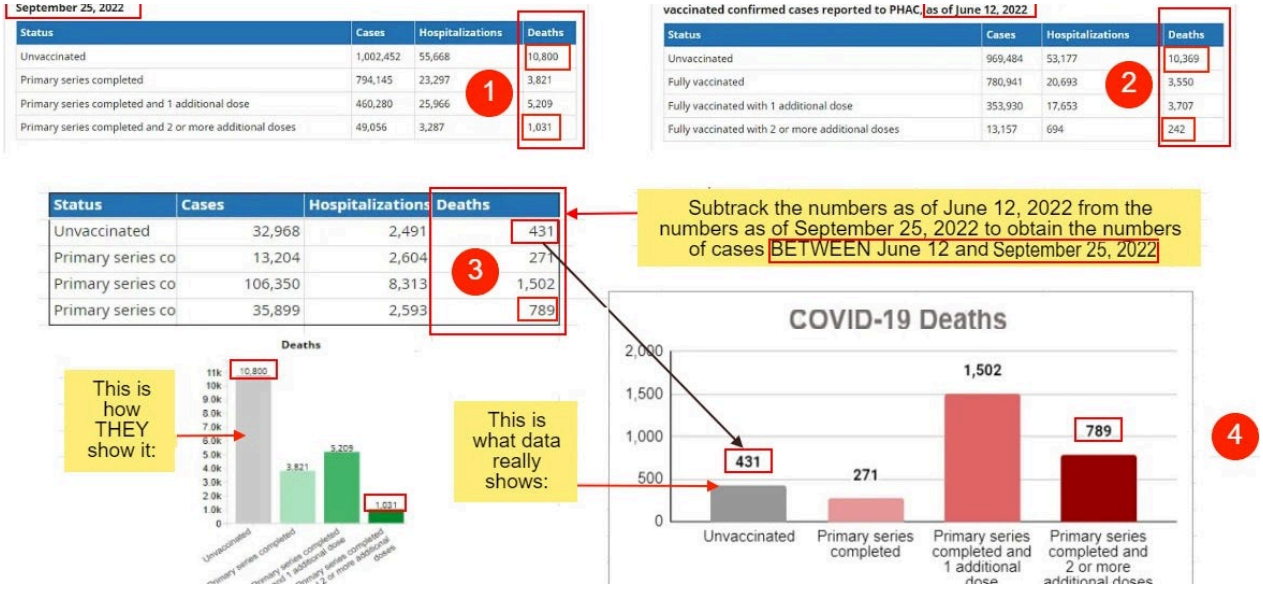
Data log: PHAC "Cases Following Vaccination" data log (googlesheet)



These reports compare the numbers of **COVID-19 cases, hospitalizations, and deaths** among **Canadians with different numbers of vaccine doses**: unvaccinated, those who completed the primary series, those with one additional dose, and those with two additional doses — as observed at the time of publication.

However, instead of publishing the data as **observed for a specific week**, PHAC published it by a**dding counts of cases that occurred *before* doses were administered,** which **artificially inflated** the number of cases among the unvaccinated. Doing this create the impression (illusion) that unvaccinated (or people with less numbers of doses) had considerably more COVID-19 cases - including COVID-19 deaths - compared to vaccinated (or people with larger numbers of doses), which was not the case.

When the data are shown without the artificially inflated number of cases among the unvaccinated - as shown in figure below, they show that in reality **there were more COVID-19 deaths among the four-dose vaccinated than among the unvaccinated,** even though the size of the unvaccinated population was larger than the size of the four-dose population during the considered time frame. This evidence was hidden from public and still is, as much other evidence that went against the official political narratives.



Such **skewing of data** can only be explained by the **efforts of the PHAC to provide the evidence for a predefined political narrative** that COVID-19 vaccines were effective - **regardless of whether the actual evidence supported that claim or not.**

Such **manufacturing of evidence to fit the desired narrative** represents a **serious breach of scientific integrity,** comparable in severity to falsifying measurement tests in civil engineering or altering results in control-group medical trials.

The fact that such a manipulation of data occurred — and remains unaddressed publicly — demonstrates two critical points:

1. Those who developed this reporting methodology *knew* that the data did not support the claimed vaccine effectiveness, which is why they had to employ special data manipulation techniques to skew them towards the desired narrative.

employ special data manipulation techniques to skew them towards the desired narrative

2. Th ces of public servants and Canadians who witnessed such **serious breach of scientific integrity,** were silenced via discipline mechanisms or of fear such

This is why one of the key pillar of my electoral platform is the protection of scientific integrity and the elimination of political interference within the public service.

This site does not represent an official position of the Professional Institute of the Public Service of Canada .
All expressed opinions are that of contributing authors , not of any institution, not legal or medical advice

2024-2025 (CC) Dmitry Gorodnichy
dmitry.gorodnichy.ca

Contact Me | Newsletter (Substack) | Volunteering Opportunities | Accountable Union AI | Français



Evidence of *Fear of Reprisal* within Public Service





Making Your Voice Heard at PIPSC! Home Electoral Platform Action Tracker Data Evidence Membe

Whit ers:

- "Analyzing and improving the CBSA performance using PSES data: Data Science Way", Submission to the Culture Division, October 2019
- "Where is the highest Fear of Reprisal and Why?", Data Evidence for Discussion, May 2021 (Updated: July 2024)

iTrack PSES Web App (developed by Dmitry Gorodnichy in 2019):

- on Open Canada GitHub portal
- on Shiny Apps portal
- Source code on GitHub

See also:

- Evidence of Political Interference in Public Heath Agency of Canada



Background

In 2019, in an effort to improve the culture in the Agency I work in, I built a Web App (called *iTrack PSES*) that compared Public Service Employee Survey (PSES) results on key questions across different divisions of the organization. One of those key questions was the Fear of Reprisal. With the help of this Web App, my colleagues and I were able to demonstrate to our upper management at the VP level which divisions required specific attention. These were the divisions where Confidence in Senior Management was the lowest (PSES 2018 Question 30) and where Fear of Reprisal (Question 36 in PSES 2018) was the highest. As a result, it was then possible to improve the situation in those divisions that required special attention. See White Paper "Analyzing and improving the CBSA performance using PSES data: Data Science Way" for the details.

Later, in 2020 when I've started the Government of Canada R4GC data science community of practice in GCCollab to assist colleagues in learning new data visualization tools, some of them confessed that they experienced similar problems. We then applied the same approach to find the divisions/units where Fear of Reprisal was high in other government departments, and why it was high there (in other words, what it correlated with and did not correlate with).

The outcome of this analysis is provided in the White Paper "Where is the highest Fear of Reprisal and Why?". The main two questions answered in this analysis are the following:

Question 1: Where in the Public Service is the Fear of Reprisal the Highest?

Question 2: Why is the Fear of Reprisal High there?

The answers to these questions are summarized below.

Question 1: Where in the Public Service is the Fear of Reprisal the Highest?

Making Your Voice Heard at PIPSC! Home Electoral Platform Action Tracker Data Evidence Membe

Answer: The highest fear of reprisal is found in units that provide scientific evaluation for government policies and industry products.

The images below show the results for "Fear of Reprisal" (Question 36 in PSES 2018) across the government. Units that have mandates in policy and vendor product evaluations report some of the highest levels of fear of reprisal in the public service. These are:

- PHAC - Health Security Infrastructure - Centre for Emergency Preparedness and Response
- PHAC - Infectious Disease Prevention
- Health Canada - Health Products and Foods - Marketed Health Products
- Health Canada - Health Products and Foods - Health and Non-prescription Products
- Health Canada - Regulatory Operation - Health Product Compliance
- ECCC - Industrial, Chemical Waste Directorate
- AAFC - Office of Audit and Evaluation
- Canadian Institute of Health Research - Research Knowledge Transfer Ethics

Question 2: Why is the Fear of Reprisal High in These Units?

Answer: This fear is *not* related to harassment and discrimination. It is related to something else.

Notably, the fear of reprisal in the specified units is not correlated with harassment and discrimination (Questions 48 - 61). This indicates that the fear arises from other reasons.

It is also noted that for the same agencies, the units *not* involved in policy and vendor product evaluations report much lower fear of reprisal. This further confirms that the primary source of fear in the affected units comes from the work they do, which—based on observations and firsthand accounts—is conducted under political and industry interference.

What else could the fear of reprisal be related to?

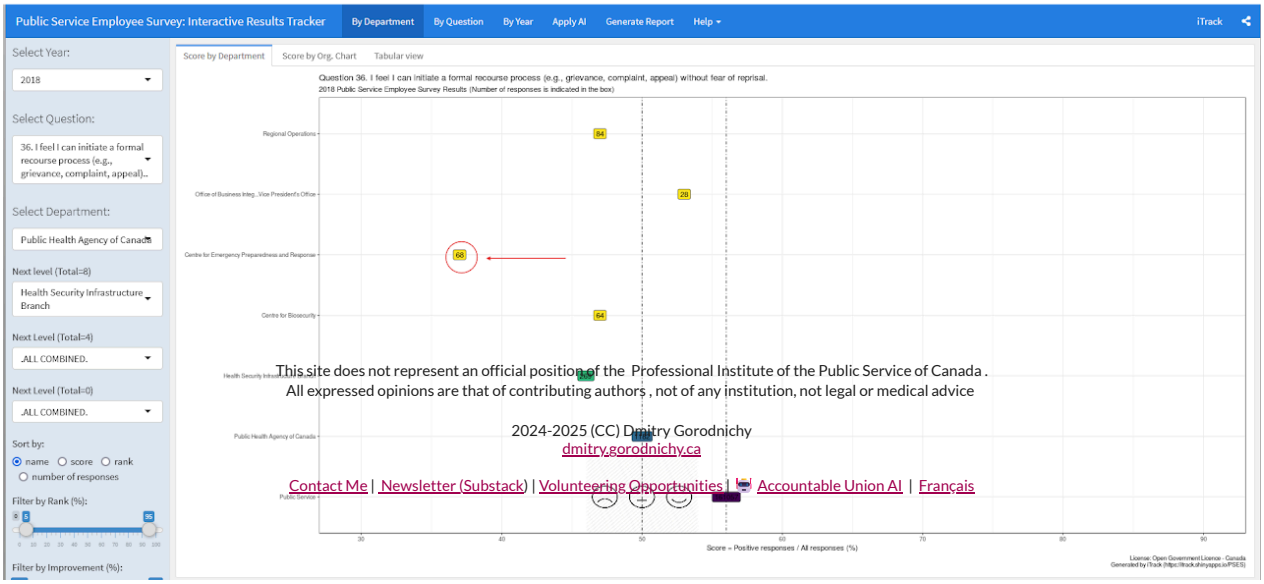
Answer: The fear of reprisal strongly correlates with the level of political and industry interference in the work performed by professionals in these units.

Making Your Voice Heard at PIPSC! Home Electoral Platform Action Tracker Data Evidence Member

Evidence: Highest Fear of Reprisal according to Public Service Employee Survey (PSES)

The screenshot below from the iTrack PSES Web App shows that the unit in **Public Health Agency of Canada (PHAC)** that experiences the highest level of Fear of Reprisal (lowest PSES score) is ...

- **Health Security Infrastructure - Centre for Emergency Preparedness and Response**



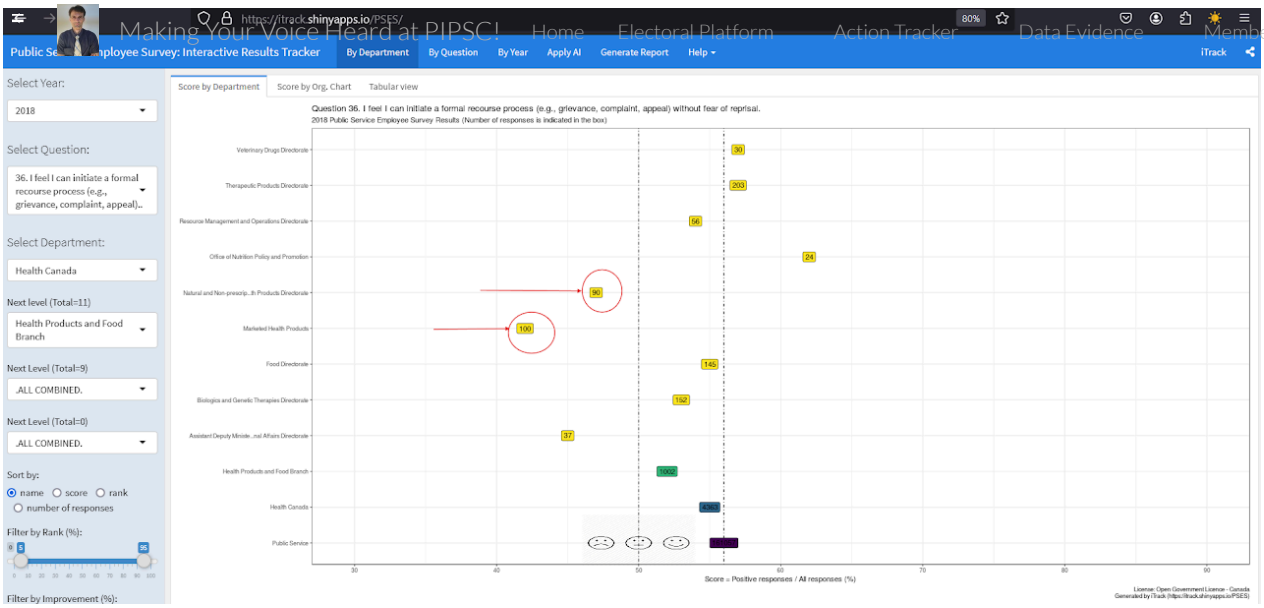
This site does not represent an official position of the Professional Institute of the Public Service of Canada .
All expressed opinions are that of contributing authors , not of any institution, not legal or medical advice

2024-2025 (CC) Dmitry Gorodnichy
dmitry.gorodnichy.ca

Contact Me | Newsletter (Substack) | Volunteering Opportunities | Accountable Union AI | Français

The screenshot below from the iTrack PSES Web App shows that units in **Health Canada** that experience the highest level of Fear of Reprisal (lowest PSES score) are ...

- **Health Canada - Health Products and Foods - Marketed Health Products**
- **Health Canada - Health Products and Foods - Health and Non-prescription Products**



Conclusion

The analysis presented here was conducted before the start of the pandemic and before all pandemic-related measures and policies were introduced by the government. Knowing that these measures and policies were approved exactly in the departments where the fear of reprisal is among the highest in the public service should be of major concern to all Canadians, particularly for the Union, which has the mandate to protect the professionals working in those departments. I believe this analysis provides the Union with an excellent opportunity to address the problem before it becomes worse.

Canadians rely on the unbiased, interference-free expert work of our professionals who develop policies for all Canadians. The Union must do everything possible to ensure this is the case. And if it is not the case, the Union should be very vocal about it so that all Canadians know about it too. This is why I sponsored a Resolution for 2024 PIPSC National AGM that will task the Union with addressing this critical problem. To learn more about the sponsored Resolution to the PIPSC website or visit my "2024 AGM Resolutions" page.



Evidence of *Fear of Reprisal* within Public Service



Whit ers:

- "Analyzing and improving the CBSA performance using PSES data: Data Science Way", Submission to the Culture Division, October 2019
- "Where is the highest Fear of Reprisal and Why?", Data Evidence for Discussion, May 2021 (Updated: July 2024)

iTrack PSES Web App (developed by Dmitry Gorodnichy in 2019):

- on Open Canada GitHub portal
- on Shiny Apps portal
- Source code on GitHub

See also:

- Evidence of Political Interference in Public Heath Agency of Canada

Background

In 2019, in an effort to improve the culture in the Agency I work in, I built a Web App (called *iTrack PSES*) that compared Public Service Employee Survey (PSES) results on key questions across different divisions of the organization. One of those key questions was the Fear of Reprisal. With the help of this Web App, my colleagues and I were able to demonstrate to our upper management at the VP level which divisions required specific attention. These were the divisions where Confidence in Senior Management was the lowest (PSES 2018 Question 30) and where Fear of Reprisal (Question 36 in PSES 2018) was the highest. As a result, it was then possible to improve the situation in those divisions that required special attention. See White Paper "Analyzing and improving the CBSA performance using PSES data: Data Science Way" for the details.

Later, in 2020 when I've started the Government of Canada R4GC data science community of practice in GCCollab to assist colleagues in learning new data visualization tools, some of them confessed that they experienced similar problems. We then applied the same approach to find the divisions/units where Fear of Reprisal was high in other government departments, and why it was high there (in other words, what it correlated with and did not correlate with).

The outcome of this analysis is provided in the White Paper "Where is the highest Fear of Reprisal and Why?". The main two questions answered in this analysis are the following:

Question 1: Where in the Public Service is the Fear of Reprisal the Highest?

Question 2: Why is the Fear of Reprisal High there?

The answers to these questions are summarized below.

Question 1: Where in the Public Service is the Fear of Reprisal the Highest?

Answer: The highest fear of reprisal is found in units that provide scientific evaluation for government policies and industry products.

The images below show the results for "Fear of Reprisal" (Question 36 in PSES 2018) across the government. Units that have mandates in policy and vendor product evaluations report some of the highest levels of fear of reprisal in the public service. These are:

- PHAC - Health Security Infrastructure - Centre for Emergency Preparedness and Response
- PHAC - Infectious Disease Prevention
- Health Canada - Health Products and Foods - Marketed Health Products
- Health Canada - Health Products and Foods - Health and Non-prescription Products
- Health Canada - Regulatory Operation - Health Product Compliance
- ECCC - Industrial, Chemical Waste Directorate
- AAFC - Office of Audit and Evaluation
- Canadian Institute of Health Research - Research Knowledge Transfer Ethics

Question 2: Why is the Fear of Reprisal High in These Units?

Answer: This fear is *not* related to harassment and discrimination. It is related to something else.

Notably, the fear of reprisal in the specified units is not correlated with harassment and discrimination (Questions 48 - 61). This indicates that the fear arises from other reasons.

It is also noted that for the same agencies, the units *not* involved in policy and vendor product evaluations report much lower fear of reprisal. This further confirms that the primary source of fear in the affected units comes from the work they do, which—based on observations and firsthand accounts—is conducted under political and industry interference.

What else could the fear of reprisal be related to?

Answer: The fear of reprisal strongly correlates with the level of political and industry interference in the work performed by professionals in these units.

Evidence: Highest Fear of Reprisal according to Public Service Employee Survey (PSES)

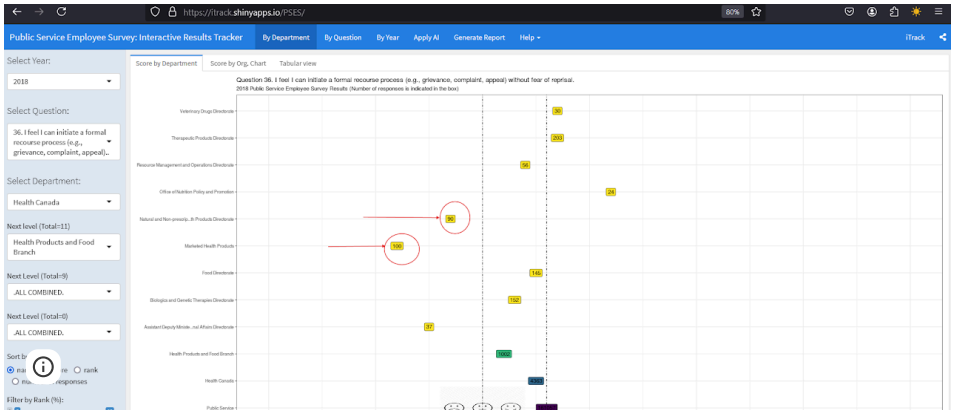
The screenshot below from the iTrack PSES Web App shows that the unit in **Public Health Agency of Canada (PHAC)** that experiences the highest level of Fear of Reprisal (lowest PSES score) is ...

- **Health Security Infrastructure - Centre for Emergency Preparedness and Response**



The screenshot below from the iTrack PSES Web App shows that units in **Health Canada** that experience the highest level of Fear of Reprisal (lowest PSES score) are ...

- **Health Canada - Health Products and Foods - Marketed Health Products**
- **Health Canada - Health Products and Foods - Health and Non-prescription Products**





Conclusion

The analysis presented here was conducted before the start of the pandemic and before all pandemic-related measures and policies were introduced by the government. Knowing that these measures and policies were approved exactly in the departments where the fear of reprisal is among the highest in the public service should be of major concern to all Canadians, particularly for the Union, which has the mandate to protect the professionals working in those departments. I believe this analysis provides the Union with an excellent opportunity to address the problem before it becomes worse.

Canadians rely on the unbiased, interference-free expert work of our professionals who develop policies for all Canadians. The Union must do everything possible to ensure this is the case. And if it is not the case, the Union should be very vocal about it so that all Canadians know about it too. This is why I sponsored a Resolution for 2024 PIPSC National AGM that will task the Union with addressing this critical problem. To learn more about the sponsored Resolution to the PIPSC website or visit my "2024 AGM Resolutions" page.

This site does not represent an official position of the Professional Institute of the Public Service of Canada .
All expressed opinions are that of contributing authors , not of any institution, not legal or medical advice

2024-2025 (CC) Dmitry Gorodnichy
dmitry.gorodnichy.ca

Contact Me | Newsletter (Substack) | Volunteering Opportunities | Accountable Union AI | Français



Evidence of Foreign and Corporate Influence on Canadian Health Policy

Undermining Canadian National Interests and Constitutional Rights

Disclaimer and Acknowledgment

The following list of evidence and summaries has been prepared with assistance from ChatGPT, which was used to help ensure factual accuracy and a non-partisan lexicon.

According to ChatGPT, *"All summaries are written to be truthful, based on verifiable public data, clear about uncertainties, and focused on raising legitimate concerns. They avoid making medically unproven causal claims (necessary for publication safety) while still conveying the inconvenient truths that must be communicated. They identify documented policy failures—such as vaccinating children despite extremely low risk and implementing broad lockdown mandates—and remain critical of institutional behaviour where warranted. This work emphasizes governance, messaging, transparency, and accountability, and is grounded in documented actions of the Canadian government. It aligns with the broader theme of institutional overreach, narrative control, and behavioural influence, while avoiding unsupported causal assertions."*



It bec[illegible]s the duty of the Unions to defend truth, scientific integrity, and the independence of Canadian public-health professionals from foreign corporate influence.

Fact #1: WHO is the agency driven by foreign corporate interests

Fact #2: PHAC functions as WHO's operational arm in Canada, established to channel WHO-driven, corporate-aligned agendas directly into Canadian health policy while bypassing internal consultation processes.

Fact #3: PHAC Actions Demonstrate Alignment With WHO-Driven, Corporate Pharmaceutical Agendas Rather Than Canadian Public Interests

- Fact 3.1 — Artificial Inflation of Unvaccinated Case Counts in "Cases Following Vaccination" Reports
- Fact 3.2 — Adoption of WHO's 2019 AEFI Framework Making Proof of Vaccine Harm Nearly Impossible for Canadians

Fact #4: U.S. Health Authorities Acknowledge Pharmaceutical and Political Influences Driving WHO Decisions

- 1. Statements by U.S. President - Executive Order withdrawing from the WHO
- 2. U.S. HHS / State Department – Official rejection of WHO IHR amendments
- 3. U.S. National Institutes of Health (NIH)
- 4. U.S. Food and Drug Adminstration (FDA)
- 5. U.S. FDA Center for Biologics Evaluation and Research (CBER)

Fact #5: Post-Pandemic Mortality Shows That WHO-Aligned Policies Did Not Deliver Expected Benefits

- 1. Sweden: A Case of Divergence from WHO Recommendations
- 2. Eastern Europe: Low Vaccination, Better Long-Term Outcomes
- 3. Countries with High Vaccination Rates Experienced Persistent Excess Mortality
- 4. The Global Data Undermine WHO's Authority on Pandemic Strategies

Fact #6 – Following WHO-Style COVID Policies Brought Massive Collateral Harms and Unresolved Long-Term Risks

- 1. Unprecedented transfer of wealth from citizens to corporations
- 2. Systematic violations of fundamental civil liberties
- 3. Long-term mortality patterns raise unresolved safety questions

Fact #7 – WHO Recommended Pediatric COVID Vaccination Despite Near-Zero Risk to Children, and Post-Vaccination Mortality Patterns Have Raised Serious Unresolved Concerns

- 1. Early global data showed extremely low COVID mortality in children
- 2. WHO still recommended widespread pediatric vaccination

3. Canada experienced a documented spike in excess mortality among young people in 2022
4. Individual tragedies highlight the need for honest investigation

5. Similar patterns were observed internationally

6. Countries that did NOT vaccinate children may have positioned themselves better for the long-term

Fact #8 – Heavy Investment in Narrative Management and Behavioural Science Replaced Independent Scientific Evaluation, Leading to Systematic Messaging Control Rather Than Transparent Evidence-Based Policy

1. Governments who follow WHO recommendations invest heavily in behavioural science

2. Behavioural scientists became more central than scientific evaluators in shaping public messaging

3. Narrative management became a substitute for open scientific debate

4. The more a country aligned tightly with WHO-style messaging, the more aggressively its institutions relied on behavioural techniques

5. The shift in institutional effort reflects a structural problem: reduced emphasis on independent evaluation, increased emphasis on managing public compliance

Fact #9 – Evidence of Stigmatization, Harassment, and Discrimination Against Canadians Who Questioned WHO-Aligned Narratives

1. The label "anti-vaxxer" functioned as a tool of stigma rather than a description

2. Mainstream media amplified hostility toward dissenters

3. Political messaging frequently characterized dissenting citizens as threats to the public good

4. Behavioural-science strategies within federal institutions contributed to this pattern

5. Evidence from within the union environment shows similar stigmatization

6. The cumulative effect: public hostility and institutional intolerance toward dissent

Article: Nine Facts Showing Evidence of Foreign and Corporate Influence—particularly from the World Health Organization (WHO) and its pharmaceutical-sector agenda—on Canadian health policy, undermining national interests and Canadians' constitutional rights and freedoms

This article was first published on substack.

Fact #1: WHO is the agency driven by foreign corporate interests

WHO's agenda is now heavily shaped by private and corporate-linked donors—especially the Gates Foundation, Gavi, and pharmaceutical-sector partners—because over 80% of its budget is earmarked funding tied to donor-specified priorities.

Proof:

1. WHO's largest funders are no longer countries

Over the past 15 years, WHO's budget has shifted dramatically. Most of its funding now comes from voluntary, earmarked contributions, not from member-state dues.

2. The single largest donor is the Bill & Melinda Gates Foundation

The Gates Foundation is consistently the top or second-largest contributor to WHO. Its contributions often exceed those of most G7 countries.

3. Major corporate-linked donors influence WHO via "specified" contributions

Large contributions come from:

- Gavi, the Vaccine Alliance (heavily funded by Gates Foundation + pharmaceutical partners)
- CEPI (Coalition for Epidemic Preparedness Innovations)
- UNITAID (funded partly by foundations and pharma-linked partnerships)
- Pharmaceutical companies, directly or through industry consortia, often fund WHO projects or research streams

These funds are typically earmarked—meaning **WHO must use them only for specific programs defined by the donor.**

4. Earmarked money gives donors agenda-setting power

Today, **over 80% of WHO's total budget is earmarked.** This means:

- Donors choose the priorities
- Donors shape program directions

- WHO has far less freedom to set its own agenda

5. Member-state assessed contributions now make up less than 20%

This undermines WHO's independence and increases reliance on:

- foundations
- corporate-aligned partnerships
- private donors
- pharmaceutical-sector stakeholders

6. This funding structure is widely acknowledged to influence WHO's policy direction

Multiple peer-reviewed papers (Lancet, BMJ) and governance audits note that:

- WHO increasingly reflects the priorities of the donors whose funds are tied to specific projects
- The shift toward private, corporate-linked funding has reshaped public-health agenda-setting
- Vaccine-related programs are among the most heavily donor-directed

Conclusion:

WHO-developed recommendations and policies are heavily shaped by foreign corporate contributions and donor-directed priorities.

No other international standard-setting body—many of which Canada is a member of, such as the **World Customs Organization (WCO)**, **International Organization for Standardization (ISO)**, and **NIST-led working groups**—allows private foundations, corporate-linked alliances, or pharmaceutical-sector partners to directly fund and influence the development of their standards. The WHO is the **only** such organization that allows this.

This is not conspiracy. It is documented governance reality.

Fact #2: PHAC functions as WHO's operational arm in Canada, established to channel WHO-driven, corporate-aligned agendas directly into Canadian health policy while bypassing internal consultation processes.

Proof:

1. PHAC's founding legislation assigns it the role of implementing international health obligations, including WHO directives

When PHAC was created in 2004 through federal Orders-in-Council, its foundational mandate (Public Health Agency of Canada Act, 2006) explicitly tasked it with:

- coordinating Canada's compliance with international health agreements, and
- serving as the primary national body for implementing international public health obligations.

This regulation includes WHO's International Health Regulations (IHR), which are binding on Canada. Under IHR, every member state must designate a National Focal Point.

Canada designated PHAC.

Source: Government of Canada, International Health Regulations (2005) – National Focal Point.

Implication:
PHAC was structurally created to receive and operationalize WHO guidance within Canada, not to generate independent frameworks first.

2. PHAC is formally listed as Canada's "National IHR Focal Point" for WHO

WHO's IHR framework requires National Focal Points to:

- maintain continuous communication with WHO
- transmit domestic surveillance data to WHO in prescribed formats
- receive WHO technical guidance and alerts
- coordinate national implementation of WHO recommendations

PHAC officially describes itself as:

"Canada's National IHR Focal Point for the World Health Organization."
(Source: Public Health Agency of Canada – IHR Implementation)

Implication:
By definition, a National Focal Point functions as the domestic operational node for WHO programs and frameworks.

3. WHO frameworks and classifications are integrated directly into PHAC processes across core program areas

Without requiring parliamentary approval or national stakeholder consultation, PHAC routinely integrates WHO frameworks into:

- vaccine safety surveillance
- infectious disease reporting
- pandemic preparedness protocols
- case definitions and classifications
- risk assessments and public communications

Examples include:

- WHO's case definitions and risk levels during pandemics
- WHO's public health emergency protocols
- WHO's surveillance requirements for new pathogens
- WHO-aligned AEFI terminology and reporting structures

These integrations occur administratively, not through formal domestic review.

Implication:
PHAC's frameworks, definitions, and reporting categories consistently mirror WHO's terminology and structure.

4. PHAC's adoption of WHO technical guidance occurs without mandatory public consultation in Canada

Under Canadian law, PHAC does not require public consultation, union consultation, or parliamentary committee review to adopt WHO:

- frameworks
- methodologies
- classification systems
- terminology
- surveillance standards

PHAC's internal governance structure allows these integrations to occur administratively, via Director-General or Branch-level decisions.

This is confirmed by:

- PHAC's internal governance documents
- Treasury Board Secretariat's directives on agency operations
- Parliamentary Library briefings on federal health governance

Implication:
WHO frameworks can be adopted in Canada without domestic consultation, enabling direct influence.

5. PHAC is structurally positioned within global health governance networks coordinated by WHO

PHAC participates in:

- WHO's Global Outbreak Alert and Response Network (GOARN)
- WHO's Strategic Advisory Group of Experts (SAGE) channels
- WHO's IHR Emergency Committee processes
- WHO-linked pandemic preparedness networks
- WHO's global vaccine safety surveillance programs

These networks influence:

- classifications of disease severity
- definitions of vaccine-related outcomes
- recommended public health measures
- communication strategies

Implication:

PHAC is embedded in WHO-led governance structures that shape national decision-making from the outside in.

6. Canada's federal health system relies on WHO-generated terminology and frameworks

Core Canadian public health documents explicitly acknowledge dependence on WHO sources:

- surveillance definitions
- mortality and morbidity classifications
- pandemic risk scoring methods
- outbreak notification criteria
- terminology for adverse events and vaccine safety signals

Federal and provincial health portals often refer directly to WHO-aligned standards.

Implication:
Canadian health policy vocabulary is imported from WHO, not developed independently.

Conclusion:

Based on PHAC's founding mandate, its legally defined role as Canada's National Focal Point for WHO, its routine administrative adoption of WHO frameworks, and its integration into WHO's global governance networks:

- PHAC functions as WHO's operational arm inside Canada.
- PHAC's structures were established to channel WHO-driven frameworks directly into Canadian health policy.
- These integrations occur without mandatory Canadian public, union, or parliamentary consultation.

This is not conspiracy. It is documented governance reality.



Fact 3: PHAC Actions Demonstrate Alignment With WHO-Driven, Corporate Pharmaceutical Agendas Rather Than Canadian Public Interests

Below are two recent, well-documented examples illustrating PHAC's alignment with pharmaceutical-sector interests at the expense of Canadians' own concerns and priorities.

Fact 3.1 — Artificial Inflation of Unvaccinated Case Counts in "Cases Following Vaccination" Reports

Summary:

In its "Cases Following Vaccination" reports published from August 2021 to September 2022, in the face of an absence of real post-marketing evidence supporting COVID-19 vaccine efficacy, PHAC artificially inflated the number of COVID-19 cases among the unvaccinated when comparing them to cases among the vaccinated within the same time period.

This manipulation served pharmaceutical interests by portraying higher vaccine effectiveness than was actually observed, and worked against Canadians' interests by misleading them and preventing them from making informed decisions based on accurate, unaltered data.

Read more:

- Data Skewing by PHAC and Political Interference pages
- PHAC 'Cases Following Vaccination' Reports Raise Red Flags: There Was NO Evidence That "Vaccinated" Were Less Infected, Less Hospitalized, or Died Less Frequently from COVID Than "Unvaccinated". Published on IVIM Substack.

Fact 3.2 — Adoption of WHO's 2019 AEFI Framework Making Proof of Vaccine Harm Nearly Impossible for Canadians

Summary:

In 2019, PHAC adopted the WHO-introduced AEFI (Adverse Event Following Immunization) framework, which modified terminology and raised the evidentiary bar so high that proving vaccine-related injury or death became virtually impossible.

The definition of "vaccine" was broadened to allow much less effective pharmaceutical products, and the terminology was quietly changed from "adverse reactions" to "adverse events," removing causality as a presumed link—unlike how this had been handled in the past—even when severe outcomes occurred immediately after vaccination with no other plausible cause.

These PHAC-adopted changes made it far harder for affected Canadians to obtain recognition, compensation, or legal recourse—again serving pharmaceutical interests rather than the rights and protections owed to Canadians.

Read more:



- W[illegible]ausality of Death Following Vaccination Can No Longer Be Proven: Understanding the WHO's 2019 AEFI Fr[illegible]work, Published on DG4VP Substack.

Conclusion:

These two examples alone demonstrate a consistent and systemic pattern:

- **PHAC's decision-making aligns with WHO-driven, pharma-aligned priorities rather than with Canadian public interests and constitutional rights.**
  When foundational health data are distorted and causality frameworks are rewritten to prevent recognition of harm, the consequences for Canadians are profound.



Fac 4. U.S. Health Authorities Acknowledge Pharmaceutical and Political Influences Driving WHO Decisions

1. Statements by U.S. President - Executive Order withdrawing from the WHO

On January 20, 2025, President Trump signed an Executive Order withdrawing the United States from the WHO and halting participation in the IHR amendment and pandemic-agreement negotiations. This was justified on grounds that WHO reforms threatened U.S. sovereignty and could pull domestic health policy under external influence, reinforcing the idea that **international health instruments are politically—and not just technically—driven.** The White House.

2. U.S. HHS / State Department – Official rejection of WHO IHR amendments

In a joint State Department–HHS statement announcing the U.S. rejection of the 2024 IHR amendments, Health Secretary Robert F. Kennedy Jr. stated:

"***The proposed amendments to the International Health Regulations open the door to the kind of narrative management, propaganda, and censorship that we saw during the COVID pandemic.***" Health and Human Services

3. U.S. National Institutes of Health (NIH)

Dr. Jay Bhattacharya, the co-author of the Great Barrington Declaration and now Director of the U.S. National Institutes of Health, has been one of the strongest critics of WHO-driven COVID-era public-health policy. He has repeatedly stated that **WHO-recommended lockdowns were a catastrophic public-health failure**, causing immense collateral harm with little demonstrable benefit.

His statements reinforce concerns about **narrative control, censorship, and political pressures inside public-health institutions—issues directly relevant to how WHO-developed policies, can distort national decision-making.**

4. U.S. Food and Drug Adminstration (FDA)

FDA Commissioner, Dr. Marty Makary testified to Congress on COVID-19 policy: "***Nothing speaks more to the intellectual dishonesty of public health officials than their complete dismissal of the data on natural immunity.***" Oversight Committee

On U.S. television he commented that: "**A lot of the speech that was censored during the COVID-19 pandemic ended up being absolutely correct…**".

As FDA chief, Makary has also publicly criticized WHO-developed COVID-19 vaccine guidance and the quality of underlying data, calling the main CDC advisory committee a "kangaroo court" and stressing the absence of reliable evidence for some recommendations.

5. U.S. FDA Center for Biologics Evaluation and Research (CBER)

The Director of FDA's Center for Biologics Evaluation and Research, Dr. Vinay Prasad, has repeatedly warned against pharmaceutical influence, censorship, and the erosion of scientific standards. Prasad has stated that the



public-health response during COVID-19 was ***deeply compromised by political pressure*** ***and that agencies routinely "suppressed legitimate scientific debate to protect preferred narratives."*** He criticized the handling of vaccine safety signals, arguing that ***"the job of regulators is to ask the hard questions, not to act as marketing departments for pharmaceutical companies."*** On the broader issue of speech and censorship, he cautioned that pandemic-era policies created an environment where "***dissenting views were branded misinformation, even when they were supported by data.***"

Conclusion:

The statements from top U.S. officials provide compelling evidence of **significant concerns regarding the influence of political and corporate pressures on public-health decision-making.** These concerns are not isolated; they reflect a broader **pattern of interference within major health institutions,** where decision-making is often **driven by corporate agendas rather than by public health interests and scientific evidence.**



Fact #5: Post-Pandemic Mortality Shows That WHO-Aligned Policies Did Not Deliver Expected Benefits

TL;DR — Fact #5

Post-pandemic mortality data show that adherence to WHO-style COVID policies did **not** lead to better long-term outcomes. Countries with the harshest restrictions and highest vaccination uptake—including Canada, the UK, Germany, and Australia—experienced **persistent excess mortality** into 2022–2023. Meanwhile, several countries that diverged from WHO guidance—such as Sweden on lockdowns and many Eastern European nations who have lowest vaccination rates—saw **faster normalization of all-cause mortality** and in some cases **better long-run outcomes** than high-compliance nations. These patterns undermine the assumption that WHO-aligned strategies were inherently superior and raise unresolved questions about the long-term impacts of those policies.

Proof:

Post-pandemic data present a more complex and inconvenient picture than WHO messaging suggested during 2020–2022. Countries that followed strict WHO-style measures and high vaccination rates did not consistently achieve better long-term mortality outcomes compared to nations that took alternative approaches.

1. Sweden: A Case of Divergence from WHO Recommendations

- **Sweden**, the only country that avoided strict lockdowns and maintained a more cautious, risk-based vaccination policy for children, rather than imposing universal mandates or aggressive booster campaigns, performed **better** than its neighboring countries with similar demographics, such as Norway and Denmark, who followed WHO's stringent measures.
- Its **long-term all-cause mortality** (2020–2023) was better than those of its neighbors, suggesting that policies in Sweden, particularly on lockdowns, may have been **less harmful in the long run**.

2. Eastern Europe: Low Vaccination, Better Long-Term Outcomes

- **Eastern European countries** with lower vaccination rates experienced **higher initial COVID mortality** but saw **much faster normalization** of all-cause mortality after 2021.
- Countries like **Bulgaria** and **Romania**, which had **some of the lowest vaccination rates** in Europe, saw **long-term mortality rates comparable to—or better than—countries with strict WHO-aligned vaccination and lockdown policies**.
- This suggests that **low vaccination, combined with less stringent restrictions, led to a healthier population in the long run** compared to those that strictly adhered to WHO guidelines.

3. Countries with High Vaccination Rates Experienced Persistent Excess Mortality

- **nada, the UK, Germany, and Australia**—countries with **high vaccination rates** and strict adherence to WHO-style restrictions—have seen **sustained excess mortality** into **2022 and 2023**.



- Th rsistent excess mortality is observed in **all-cause categories**, which cannot be attributed solely to C infections.
- In contrast, some Eastern European nations and **Sweden** saw **declines in non-COVID mortality** after 2021, resulting in **lower overall excess mortality** compared to high-compliance nations.

4. The Global Data Undermine WHO's Authority on Pandemic Strategies

- The patterns of **all-cause mortality** suggest that WHO-recommended strategies, while possibly effective in the short term for reducing COVID-specific deaths, **did not yield superior long-term health outcomes**.
- In fact, countries that rejected or moderated WHO recommendations—like **Sweden on lockdowns** and several **Eastern European nations on vaccination**—often ended up with **better overall mortality trajectories** than those strictly adhering to WHO directives.

Conclusion:

The evidence undermines WHO's claim that adherence to its directives guarantees superior public-health outcomes. Countries that diverged from WHO recommendations, such as **Sweden** (on lockdowns) and **Eastern European nations** (with low vaccination rates), experienced **better long-term mortality outcomes** than nations that fully implemented WHO's recommended strategies. This raises critical questions about the **long-term effectiveness** of WHO's policy framework and its suitability for shaping national health strategies.



Fact 6 – Following WHO-Style COVID Policies Brought Massive Collateral Harms and Unresolved Long-Term Risks

TL;DR — Fact 6:

Post-pandemic data show that strict WHO-style COVID policies—hard lockdowns, aggressive restrictions, and broad vaccination campaigns—did not deliver consistently better long-term outcomes. While some countries saw early reductions in COVID deaths, many high-compliance nations later experienced persistent excess mortality, severe economic damage, and deep violations of civil liberties. Meanwhile, countries that diverged from WHO guidance, such as Sweden and several Eastern European states, often fared as well or better in overall long-run mortality. The evidence points to significant collateral harms and unresolved long-term risks in countries that closely followed WHO-aligned strategies.

Post-pandemic data do more than challenge the health benefits of strict WHO-aligned strategies. They also expose three major systemic harms that fell disproportionately on countries that closely followed WHO-style prescriptions.

1. Unprecedented transfer of wealth from citizens to corporations

During the COVID period, multiple analysts (including Robert F. Kennedy Jr. and mainstream financial outlets) documented what has been called the largest upward transfer of wealth in modern history:

- Large multinational corporations, especially in tech, pharma, and logistics, saw record gains.
- Small businesses, independent workers, and a large part of the middle class absorbed most of the economic damage from lockdowns and restrictions.

Countries that implemented the strictest WHO-style measures—prolonged shutdowns, travel bans, and capacity limits—were also the ones in which local businesses were hardest hit, while global corporations supplying "essential" goods and services prospered.

2. Systematic violations of fundamental civil liberties

In many WHO-aligned countries, including Canada, implementation of "temporary emergency measures" led to deep intrusions into core civil liberties, such as:

- freedom of movement (within and outside the country),
- freedom of association (limits on gatherings, worship, and family visits),
- bodily autonomy (vaccine mandates and coercive employment policies),
- access to family and support networks (e.g., people prevented from visiting dying relatives or crossing provincial borders).

These policies were often justified as "following WHO guidance," even when they conflicted with constitutional traditions and Charter-level protections.

3. Long-term mortality patterns raise unresolved safety questions

Short-term data showed that high-vaccination countries could reduce COVID-labelled deaths in specific waves.



However, long-run all-cause mortality tells a more troubling story:

- Several high-compliance, high-vaccination countries now show persistent excess mortality into 2022–2023, long after the main infection waves.
- Some countries with lower vaccination rates and less stringent WHO-style measures had worse acute COVID waves but less persistent excess mortality afterward.

These patterns do not yet prove causality, but they do raise legitimate questions about:

- possible long-term adverse effects of mass vaccination campaigns and associated policies,
- delayed or indirect harms (missed care, psychological effects, economic stress, etc.) that may outweigh the short-term benefits claimed,
- the willingness of WHO and national authorities to openly investigate and acknowledge these inconvenient trends.

Conclusion:

Countries that followed WHO-style COVID prescriptions not only failed to secure clearly superior long-term health outcomes, but also experienced massive wealth transfers to global corporations, serious violations of fundamental rights, and lingering unexplained excess mortality that demands independent investigation—not public-relations management.



Fact 7 – WHO Recommended Pediatric COVID Vaccination Despite Near-Zero Risk to Children, and Post-Vaccination Mortality Patterns Have Raised Serious Unresolved Concerns

TL;DR — Fact 7:

Children faced near-zero risk from COVID-19, yet WHO recommended vaccinating them, and Canada followed suit. After the rollout, Canada and several other high-vaccination countries saw unexpected increases in excess mortality among young people—despite COVID itself having caused almost no deaths in this age group during the first year. Cases like 16-year-old Sean Hartman highlighted serious unanswered questions, but the WHO AEFI framework made establishing causality nearly impossible. Meanwhile, countries that did not vaccinate children broadly did not experience the same post-2021 mortality patterns, raising long-term concerns that may take years to fully understand.

One of the most troubling and least discussed issues of the pandemic is the decision by WHO and national authorities—including Canada—to recommend, promote, or mandate COVID-19 vaccination for children, despite clear early evidence that children faced near-zero mortality from the virus.

1. Early global data showed extremely low COVID mortality in children

From the first months of the pandemic, international datasets consistently showed:

- near-zero mortality in healthy children,
- extremely low hospitalization rates,
- and very mild clinical presentation compared to all other age groups.

Canada's own fatality data from 2020 confirm that COVID-related deaths among young Canadians were essentially zero during the first year.

This meant the risk–benefit equation for pediatric vaccination was fundamentally different from that of adults.

2. WHO still recommended widespread pediatric vaccination

Despite the overwhelmingly low risk to children, WHO ultimately recommended expanding vaccination to adolescents and younger age groups.

These recommendations influenced:

- school-based campaigns,
- provincial vaccination programs,
- employment and sports-league pressures,
- and public messaging directed at parents.

In practice, these recommendations created social coercion—including in Canada—where vaccination became a prerequisite for participation in sports, schooling activities, and travel.



3. Canada experienced a documented spike in excess mortality among young people in 2022

Statistics Canada's own excess-mortality tables show:

- a noticeable rise in excess deaths among young Canadians beginning in early 2022.

This period:

- does not correspond to severe COVID infection waves among youth,
- does correspond temporally with the mass rollout of vaccines to children, teens, and young adults.

These temporal patterns do not prove causation, but they raise urgent questions that authorities have not adequately addressed.

4. Individual tragedies highlight the need for honest investigation

Several sudden deaths of young, previously healthy Canadians occurred shortly after vaccination, including well-known cases such as 16-year-old hockey player Sean Hartman.

These families:

- sought answers,
- attempted to present medical evidence,
- and challenged the official conclusions.

Yet under the 2019 WHO AEFI causality framework—adopted by PHAC—almost none of these cases were classified as vaccine-related, because the evidentiary standard effectively blocks attribution even in cases of immediate onset and absence of alternative causes.

5. Similar patterns were observed internationally

The UK provides another example.
Data from 2020 showed:

- lower-than-expected child mortality during the pre-vaccine pandemic year.

Yet later in 2021–2022, after vaccination campaigns for children and teens began, the UK saw:

- an unexpected increase in mortality among younger age groups.

These observations again do not establish causation, but they indicate that something changed during the period when pediatric vaccination was rolled out.

6. Countries that did NOT vaccinate children may have positioned themselves better for the long-term

Several countries—several in Eastern Europe, along with others worldwide—either:

- limited pediatric vaccination,

- de[illegible] it, or
- did not actively push it.

While many of these countries had higher COVID mortality early (primarily in older adults), their young-population mortality did not experience the same post-2021 increase observed in several high-compliance Western countries.

This suggests that:

In the long run, countries that did not vaccinate children broadly may end up with a healthier young population, free from potential long-term adverse effects that cannot yet be ruled out.

Conclusion:

This issue will remain an unresolved—and politically sensitive—issue for years.

Given the:

- temporal correlations,
- documented excess mortality in young people post-2021,
- absence of COVID-related causes,
- and the extremely low original risk to children,

the decision to vaccinate children will likely remain one of the most consequential and controversial choices made during the pandemic.

Many countries now face:

- a broken trust relationship with parents,
- unanswered safety questions,
- and long-term monitoring needs that may reveal additional harms in the coming years.

And it is highly likely that WHO and national authorities will attempt to minimize or obscure these inconvenient trends, given the political and legal implications.

Fact 8 – Heavy Investment in Narrative Management and Behavioural Science Replaced Independent Scientific Evaluation, Leading to Systematic Messaging Control Rather Than Transparent Evidence-Based Policy

TL;DR — Fact 8:

During the pandemic, governments—including Canada—shifted significant resources away from independent scientific evaluation and toward behavioural science, messaging control, and narrative management. PHAC and the Privy Council Office expanded behavioural-insight programs aimed at increasing public compliance, shaping perceptions, and countering dissent, while open scientific debate diminished. This substitution of behavioural influence for transparent evidence review shows how policy relied more on persuasion than data, reinforcing external agendas while weakening accountability and informed consent.

A final and widely documented pattern across multiple Western countries—including Canada—is the shift in resources, institutional focus, and political attention from independent scientific evaluation to narrative management, behavioural messaging, and information control during the COVID period.

1. Governments who follow WHO recommendations invest heavily in behavioural science

Canada significantly expanded its use of applied behavioural science through:

- PHAC's Behavioural Science Directorate,
- the Privy Council Office (PCO) Impact and Innovation Unit,
- collaborations with behavioural-insight teams and academic groups.

These units were tasked with:

- increasing compliance with public-health directives,
- shaping communication strategies,
- designing behavioural nudges,
- managing public perception and messaging,
- and countering "misinformation" (often defined broadly).

This expansion is documented in federal reports, Treasury Board submissions, and public departmental planning documents.

2. Behavioural scientists became more central than scientific evaluators in shaping public messaging

P[illegible] records show that behavioural-insight teams were involved in:

- designing vaccine confidence campaigns

Making Your Voice Heard at PIPSC! Home Electoral Platform Action Tracker

- designing vaccine-confidence campaigns,
- shaping communications around mandates and restrictions,
- segmenting the population based on attitudes and "barriers,"
- advising on language, framing, and emotional appeals.

Meanwhile, independent evaluation of pharmaceutical products—traditionally conducted through robust clinical, pharmacovigilance, and epidemiological review—received comparatively less visibility and public emphasis during the same period.

This imbalance does not imply wrongdoing, but it does illustrate a shift in institutional priorities: from open scientific analysis to communication strategy and behaviour shaping.

3. Narrative management became a substitute for open scientific debate

The reliance on behavioural-messaging approaches coincided with:

This site does not represent an official position of the Professional Institute of the Public Service of Canada . All expressed opinions are that of contributing authors , not of any institution, not legal or medical advice

2014-2025 © Dmitry Gorodnichy
dmitry.gorodnichy.ca
Contact Me | Newsletter (Substack) | Volunteering Opportunities | Accountable Union AI | Français

- highly centralized federal messaging,
- limited public discussion of uncertainties and trade-offs,
- classification of dissenting scientific views as "misinformation,"
- reduced tolerance for debate on risks, mandates, or adverse events.

In practice, behavioural messaging served as a replacement for the broader evidence-driven deliberation normally expected in a democratic health-policy process.

This pattern is documented by:

- the Public Health Agency of Canada's communication strategies,
- PCO's Behavioural Insights reports,
- federal guidance on information management and "misinformation."

4. The more a country aligned tightly with WHO-style messaging, the more aggressively its institutions relied on behavioural techniques

Countries that adopted WHO-aligned messaging frameworks tended to implement:

- stronger centralization of information,
- more aggressive "nudge" and messaging interventions,
- stricter content moderation in social and digital spaces.

Canada's behavioural-science expansion aligns with this broader international pattern.

This does not prove motive—but it does confirm that narrative control and behavioural influence became institutional priorities.

5. The shift in institutional effort reflects a structural problem: reduced emphasis on independent evaluation, increased emphasis on managing public compliance

Making Your Voice Heard at PIPSC! Home Electoral Platform Action Tracker

The core issue is not the existence of behavioural science itself.
The issue is the imbalance:

- Less institutional energy devoted to independent, critical evaluation of pharmaceutical products and evidence,
- More energy devoted to shaping public behaviour, messaging, and perception.

This shift is documented, observable, and measurable in federal planning and spending priorities.

Conclusion

Even without drawing medical conclusions, the governance facts are clear:

When institutions invest more in behavioural influence and narrative control than in transparent scientific evaluation, public trust suffers, democratic accountability weakens, and external agendas—whether institutional or corporate—gain disproportionate power over national health policy.

This is the foundation of Fact #8:
behavioural messaging became a tool for policy enforcement rather than evidence clarification, reflecting an institutional structure that prioritized compliance over open scientific dialogue.

Fact 9 – Evidence of Stigmatization, Harassment, and Discrimination Against Canadians Who Questioned WHO-Aligned Narratives

TL;DR — Fact 9:

Canadians who questioned WHO-aligned pandemic policies were widely stigmatized and dismissed through labels like “anti-vaxxer,” which served to delegitimize legitimate concerns about rights, transparency, and mandates. Mainstream media, political messaging, and federally supported behavioural-science programs amplified this hostility, contributing to social division and suppressing open debate. This pattern extended into unions, where non-compliant members were often spoken of in demeaning terms rather than recognized as individuals standing up for fundamental rights.

Details:

A striking pattern across Canada during the pandemic was the systematic stigmatization of citizens who questioned or disagreed with policies aligned with WHO recommendations and federal messaging. Rather than being treated as individuals raising legitimate concerns about civil liberties, workplace safety, medical privacy, or due-process, many were pre-emptively labeled, marginalized, or dismissed.

1. The label “anti-vaxxer” functioned as a tool of stigma rather than a description

Across media, political discourse, and institutional communication, the term “anti-vaxxer” was frequently applied broadly to:

- citizens who questioned mandates,
- people seeking medical or religious accommodations,
- individuals hesitant to undergo a new medical intervention,
- or those requesting transparent evidence.

This label carried strong negative connotations and served to delegitimize these citizens before their concerns could even be heard.
Studies in Canada, the U.S., and Europe have documented this pattern of categorical labeling, showing how it contributed to polarization and social hostility.

Rather than encouraging dialogue, the label acted as a social filter:

If someone is labeled “anti-vaxxer,” their concerns become treated as unworthy of serious consideration.

This is one form of behavioural-messaging strategy—well documented in the literature on compliance psychology—where stigmatized categories reduce public empathy and silence dissent.

2. Mainstream media amplified hostility toward dissenters

Canadian media repeatedly used language that portrayed questioning citizens as:

- irresponsible,
- dangerous,
- misinformed,
- morally inferior,
- or socially harmful.

Editorials and televised commentary often framed dissent not as democratic disagreement but as a form of deviance—“anti-science,” “radical,” or “extremist.”

This shift is consistent with what communication scholars call “boundary-policing rhetoric”—narrative framing that reinforces institutional authority by portraying dissent as illegitimate.

Many of these narratives mirrored the behavioural-messaging frameworks adopted by public-health agencies influenced by WHO guidance.

3. Political messaging frequently characterized dissenting citizens as threats to the public good

Several political leaders, both federal and provincial, adopted rhetoric that cast dissenting citizens as:

- obstacles to recovery,
- threats to others’ safety,
- morally suspect, or
- undeserving of full social participation.

This political framing had real social effects. It contributed to:

- family divisions,
- workplace hostility,
- reduced access to services,
- and increased public tolerance for punitive measures.

It also created a climate where asking reasonable questions became socially risky.

4. Behavioural-science strategies within federal institutions contributed to this pattern

As documented in federal behavioural-science reports, the government explicitly used techniques such as:

- norm-shaping (“good people vaccinate”),
- out-group framing (implying the unvaccinated were harmful),
- message segmentation based on predicted compliance,
- fear-based messaging,
- shame-based appeals,

- social-pressure nudges.

These methods are standard in behavioural influence programs but, when applied to a polarized context, they increase the likelihood of stigma, hostility, and moral judgment.

5. Evidence from within the union environment shows similar stigmatization

Based on first-hand experience as an NCR Union Executive, the pattern extended to internal union culture:

- Union staff and senior executives often referred to non-compliant members with demeaning, pathologizing language.
- Members were described as people "who refused to be vaccinated"—a phrasing that mirrors language used for addictions ("refusing treatment").
- Their principled decisions—rooted in bodily autonomy, medical privacy, freedom of religion, or concerns about legality—were not acknowledged.
- Instead of defending diverse members, the union narrative aligned closely with employer and federal messaging, effectively reinforcing the stigma.

Many members believed the employer's actions—including threats of indefinite income loss for failure to disclose medical information or undergo a medical procedure—were unreasonable, coercive, or potentially inconsistent with Charter-protected rights.

6. The cumulative effect: public hostility and institutional intolerance toward dissent

The evidence across media, political messaging, behavioural-science programs, and union culture shows a consistent pattern:

Citizens who questioned WHO-aligned policies were often met not with dialogue, but with stigma, moral condemnation, social exclusion, and sometimes severe economic consequences.

This environment:

- discouraged open scientific discussion,
- punished legitimate questions,
- suppressed alternative viewpoints,
- and made dissent socially and professionally dangerous.

Such a climate is incompatible with transparent public-health governance or democratic accountability.

2/11/26, 9:40 PM Making Your Voice Heard at PIPSC! - Foreign Corporate Influence


Making Your Voice Heard at PIPSC! Home Electoral Platform Action Tracker

ATIP & OPQ to PHAC: Cases Following Vaccination Reporting Methodology Approval

Making Your Voice Heard at PIPSC! Home Electoral Platform Action Tracker

Access to Information and Privacy (ATIP) Online Requests and Order Paper Questions (OPQs) are designed to place precise accountability questions—and their answers—on the public record.

The following ATIP Request OPQ has been prepared / submitted to investigate the reasons behind using the data skewing methodology used by PHAC in reporting its "Cases Following Vaccination" statistics.

For background, please see the following pages :

- Data Skewing by PHAC
- Fear of Reprisal in Public Service
- Political Interference - Historical Parallels
- Evidence of Foreign and Corporate Influence on Canadian Health Policy Undermining Canadian National Interests and Constitutional Rights
- Resolution for the PIPSC National AGM: P-24 - Address High Fear of Reprisal Among Professionals Working on Policies Affecting All Canadians (E)

Order Paper Question

Status: proposed

With regard to the Public Health Agency of Canada's "Cases Following Vaccination" reports published from August 2021 to September 2022,

a. **What was the rationale for, and through what decision-making process did PHAC decide to calculate and compare numbers of COVID-19 deaths by vaccination status using case counts beginning on the date of COVID-19 vaccine approval in Canada (December 2020), rather than (i) from the dates on which each corresponding dose level actually began to be administered, or (ii) using weekly death counts, as is done for Statistics Canada's Deaths by Age and Deaths by Cause statistics?**

b. What internal documentation, analyses, and external scientific or technical references were consulted to inform and justify the methodological choice described in (a)?

c. Within PHAC, which organizational unit(s) and official(s) or governing authority(ies) (i) proposed the methodology described in (a), (ii) reviewed it (including any internal methodological or ethics review), and (iii) formally approved it for use in the "Cases Following Vaccination" reports?

d. **In what way does the methodology described in (a) permit the observation and analysis of time-based (for example, weekly or seasonal) variations in COVID-19 deaths by vaccination status in relation to contemporaneous factors, including but not limited to seasonal changes and the dates on which additional vaccine doses (e.g. second, third, or booster doses) began to be administered?**

e. In developing and approving this methodology, did PHAC rely on, or explicitly reference, any guidance, standards, or methodologies issued by the World Health Organization or any other international public health body; if so, which specific documents or authorities were relied upon?



ATIP to PHAC: Who Developed Methodology for Reporting Cases Following Vaccination and Why - Submitted

Making Your Voice Heard at PIPSC! Home Electoral Platform Action Tracker

Status: Submitted. Our file: PHAC-A-2025-000101 / CMD
Below is the log of communications

DG: 16 Oct 2025 (ATIP submitted)

The ATIP request was submitted to PHAC to seek for more transparency related to how PHAC made decisions related to publishing its 'Cases Following Vaccination' data. The update on this action will be provided on here and in Action Tracker.





Making Your Voice Heard at PIPSC! Home Electoral Platform Action Tracker

Request Label: Comparing COVID Deaths among vaxed and non-vaxed using cases recorded BEFORE doses were administered

Timeframe: January 1, 2019 – January 31, 2023

Request: All internal and external communications, briefing notes, meeting minutes, policy documents, reports, and correspondence (including emails, memos, and attachments) held by the **Public Health Agency of Canada (PHAC)** that relate to the **methodology used for reporting COVID-19 cases, hospitalizations, and deaths by vaccination status** — specifically within the context of the *"Cases Following Vaccination"* reports published between 2021 and 2023.

This request includes, but is not limited to:

1. Communications and records **discussing or approving the decision** to report cumulative counts rather than weekly counts of cases, hospitalizations, or deaths.

2. Documents explaining or justifying the **inclusion of cases, hospitalizations, or deaths that occurred prior to vaccine administration** within "vaccinated" data categories.

3. Any **references, directives, or recommendations from the World Health Organization (WHO)**, or from any other international or domestic advisory body, cited as rationale or "best practices" for the adopted reporting method.

4. Internal analyses, data quality reviews, or risk assessments discussing the **impact of the chosen methodology** on data interpretation or public communication.



Pictures

Making Your Voice Heard at PIPSC! Home Electoral Platform Action Track

The p shows the candidates for the NCR Executive Board lining up to present themselves and their electoral platforms. Four of these candidates, including myself, were elected (April 2024).

You can read (and listen to) my two-minute presentation on my "Your Voice at PIPSC" Substack.

If you have any issues you want NCR Executives to discuss, please let me know!



Making Your Voice Heard at PIPSC | Home | Electoral Platform | Action Track

I have multiple national and international conferences and projects in my field of expertise -developing and evaluating biometric and computer vision systems. You can learn more about these though DRDC-funded projects and my Conference Proceeding pages (archived content).

I worked with many passionate professionals across many Government departments and Canadian academia. I know well how to work with diverse range of professionals and to get highly challenging problems addressed. I also know very well how science and technology, particularly AI, can be used for the benefit of our communities, but also against them (e.g., censoring inconvenient truth from public). All of this strengthens my confidence in my ability to advocate for all professionals within the Union to address the issues that matter most to them.

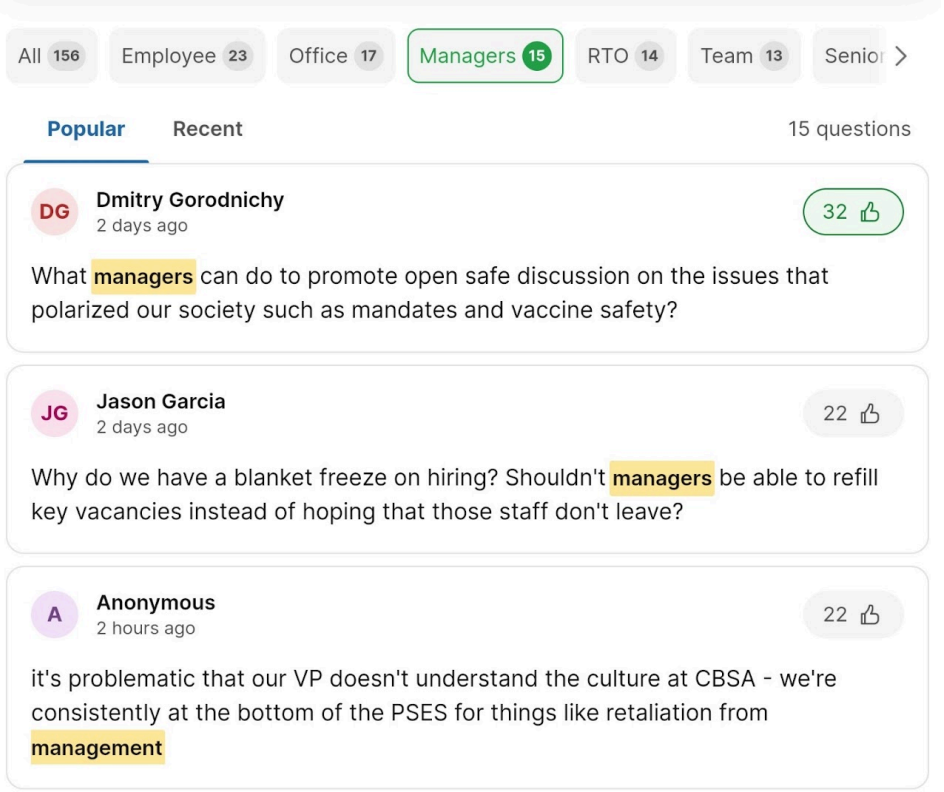
This photo shows a presentation for one of the projects I led at the CBSA.



Making Your Voice Heard at PIPSC | Home | Electoral Platform | Action Track

The screenshot shows the question that I asked at the town-hall with the upper CBSA management: *"What managers can do to promote open safe discussion on the issues that polarized our society such as mandates and vaccine safety"*. This question has become the most up-voted question in the "manager's section at this town-hall, which was attended by over three hundred branch employees (May 2024)

In my work I always strive to be a voice for those who are afraid to speak up, while offering constructive ideas on how to address the expressed concerns.



The p shows the lunch-time boot camp training with my CBSA colleagues in front of the Parliament, organ by the CBSA Engagement team. My t-shirt states "*Education not Indoctrination. Unity Not Division. Gratitude not Resentment*" (July 2024)

Making Your Voice Heard at PIPSC | Home | Electoral Platform | Action Track

If you have any topics that you want to discuss in safe and constructive manner, or if you want to organize a team-building event with your professional colleagues please let me know - I will see if the Union can help you organize or fund it!



The p shows the NRC lunch time soccer team in their PIPSC jerseys. These jerseys and other soccer equip for this social activity was acquired with support from PIPSC.

Making Your Voice Heard at PIPSC | Home | Electoral Platform | Action Track

If you have any team-building event or social activity, please let me know - I will see if the Union can help you organize or fund it!



My initiatives to encourage active lifestyles and engage colleagues through community outreach were highlighted in the Agency's newsletter.

As written in these newspaper highlights:

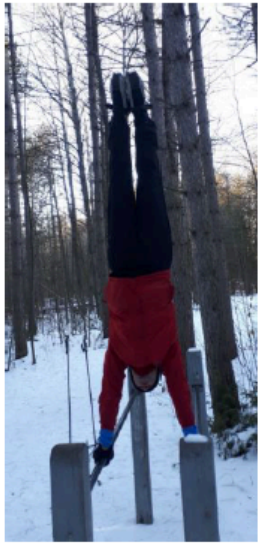
Whether you are looking for someone to do sports during lunch time or have any questions on AI or East-European politics, please let me know!

Making Your Voice Heard at PIPSC! Home Electoral Platform Action Track

CHECK OUT WHAT'S NEW

EMPLOYEE WELLNESS SPOTLIGHT

DMITRY GORODNICHY



Comme c'est beau!" – I would often exclaim stepping outside of my house (yes, I say it in French - I'm not francophone, but I like this beautiful language of Moliere and Edith Piaf). Blue skies, fresh air, trees dressed in snow like in a fairy tale! As a research scientist, I learnt that my scientific contributions and inventions, such as the recent ones on border wait time prediction and automated lie detection, happen when I am in such an enlightened state - in peace with the world and myself. I'm most grateful to my parents, who are no longer with me but whose way of living is guiding me since. Sports and music have become an integral part of my life, helping me to remain in a good emotional and physical state regardless of circumstances. In the past, I trained with the Ukrainian Olympic gymnastics team and try doing gymnastics daily. I also play and compose songs, performing at my children's schools and local festivals. But critically, it is helping others and the planet that makes me happy and motivated. So, whether you're looking for someone to do sports with during lunch breaks (e.g. soccer, jog or ski) or have any questions (e.g. on Artificial Intelligence or East-European geopolitics) please let me know!

DÉCOUVREZ LES NOUVEAUTÉS

PLEINS FEUX : LA CONDITION PHYSIQUE DES EMPLOYÉS

DMITRY GORODNICHY



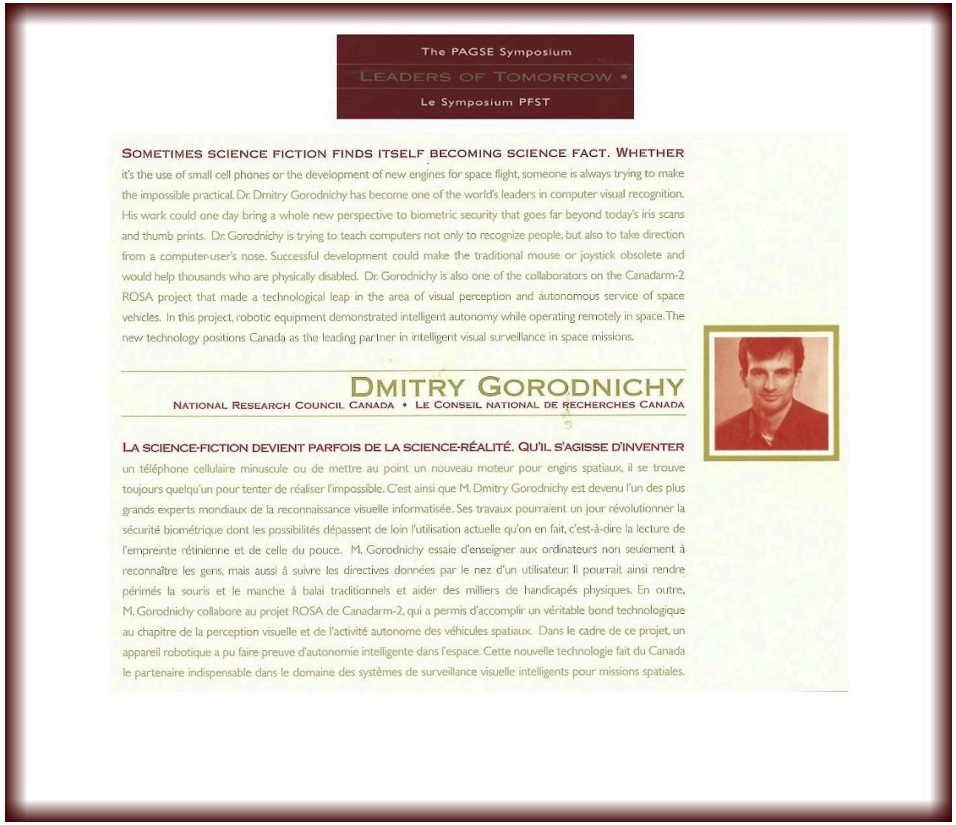
"Comme c'est beau!" Je m'exclame souvent en sortant de la maison (oui, je le dis en français - je ne suis pas francophone, mais j'aime beaucoup cette belle langue de Molière et d'Edith Piaf). Le ciel est bleu, l'air est pur, les arbres sont vêtus de neige comme dans un conte de fée! En tant que chercheur scientifique, j'ai appris que mes inventions et contributions scientifiques, telles que les récentes prévisions du temps d'attente à la frontière et la détection automatisée de mensonge, se produisent lorsque je suis dans un tel état d'esprit - en paix avec le monde et moi-même. Je suis très reconnaissant envers mes parents, qui ne sont plus avec moi, mais dont le mode de vie me guide encore aujourd'hui: Grace à eux, les sports et la musique sont devenus une partie intégrante de ma vie et m'aident à rester en bonne condition physique et émotionnelle, quelles que soient les circonstances. Auparavant, j'ai fait de la gymnastique avec l'équipe olympique ukrainienne et j'essaie de continuer à en faire quotidiennement. Je joue et je compose également des chansons, jouant dans les écoles de mes enfants et les festivals locaux. Cependant, c'est d'abord d'aider les autres et la planète qui me rend heureux et motivé. Alors, si vous êtes à la recherche de quelqu'un pour faire du sport pendant l'heure du diner (p.ex. football, jogging, ski de fond) ou si avez des questions sur l'intelligence artificielle ou la géopolitique de l'Europe de l'est, n'hésitez pas à me contacter!

PROTECTION • SERVICE • INTÉGRITÉ

For my contribution to science and scientific community, I was named "Leader of Tomorrow" by the Royal Academy of Sciences of Canada's Partnership Group for Science and awarded a number of prestigious awards.

Science has been a life-long passion of mine. However, it has become hard for me to see how politics gets in the way of doing good science for all Canadians. I want to change that.

For more visuals related to my professional work, visit my Science pages.



The PAGSE Symposium
LEADERS OF TOMORROW •
Le Symposium PFST

SOMETIMES SCIENCE FICTION FINDS ITSELF BECOMING SCIENCE FACT. WHETHER it's the use of small cell phones or the development of new engines for space flight, someone is always trying to make the impossible practical. Dr. Dmitry Gorodnichy has become one of the world's leaders in computer visual recognition. His work could one day bring a whole new perspective to biometric security that goes far beyond today's iris scans and thumb prints. Dr. Gorodnichy is trying to teach computers not only to recognize people, but also to take direction from a computer-user's nose. Successful development could make the traditional mouse or joystick obsolete and would help thousands who are physically disabled. Dr. Gorodnichy is also one of the collaborators on the Canadarm-2 ROSA project that made a technological leap in the area of visual perception and autonomous service of space vehicles. In this project, robotic equipment demonstrated intelligent autonomy while operating remotely in space. The new technology positions Canada as the leading partner in intelligent visual surveillance in space missions.

DMITRY GORODNICHY
NATIONAL RESEARCH COUNCIL CANADA • LE CONSEIL NATIONAL DE RECHERCHES CANADA

LA SCIENCE-FICTION DEVIENT PARFOIS DE LA SCIENCE-RÉALITÉ. QU'IL S'AGISSE D'INVENTER un téléphone cellulaire minuscule ou de mettre au point un nouveau moteur pour engins spatiaux, il se trouve toujours quelqu'un pour tenter de réaliser l'impossible. C'est ainsi que M. Dmitry Gorodnichy est devenu l'un des plus grands experts mondiaux de la reconnaissance visuelle informatisée. Ses travaux pourraient un jour révolutionner la sécurité biométrique dont les possibilités dépassent de loin l'utilisation actuelle qu'on en fait, c'est-à-dire la lecture de l'empreinte rétinienne et de celle du pouce. M. Gorodnichy essaie d'enseigner aux ordinateurs non seulement à reconnaître les gens, mais aussi à suivre les directives données par le nez d'un utilisateur. Il pourrait ainsi rendre périmés la souris et le manche à balai traditionnels et aider des milliers de handicapés physiques. En outre, M. Gorodnichy collabore au projet ROSA de Canadarm-2, qui a permis d'accomplir un véritable bond technologique au chapitre de la perception visuelle et de l'activité autonome des véhicules spatiaux. Dans le cadre de ce projet, un appareil robotique a pu faire preuve d'autonomie intelligente dans l'espace. Cette nouvelle technologie fait du Canada le partenaire indispensable dans le domaine des systèmes de surveillance visuelle intelligents pour missions spatiales.

This site does not represent an official position of the Professional Institute of the Public Service of Canada .
All expressed opinions are that of contributing authors , not of any institution, not legal or medical advice

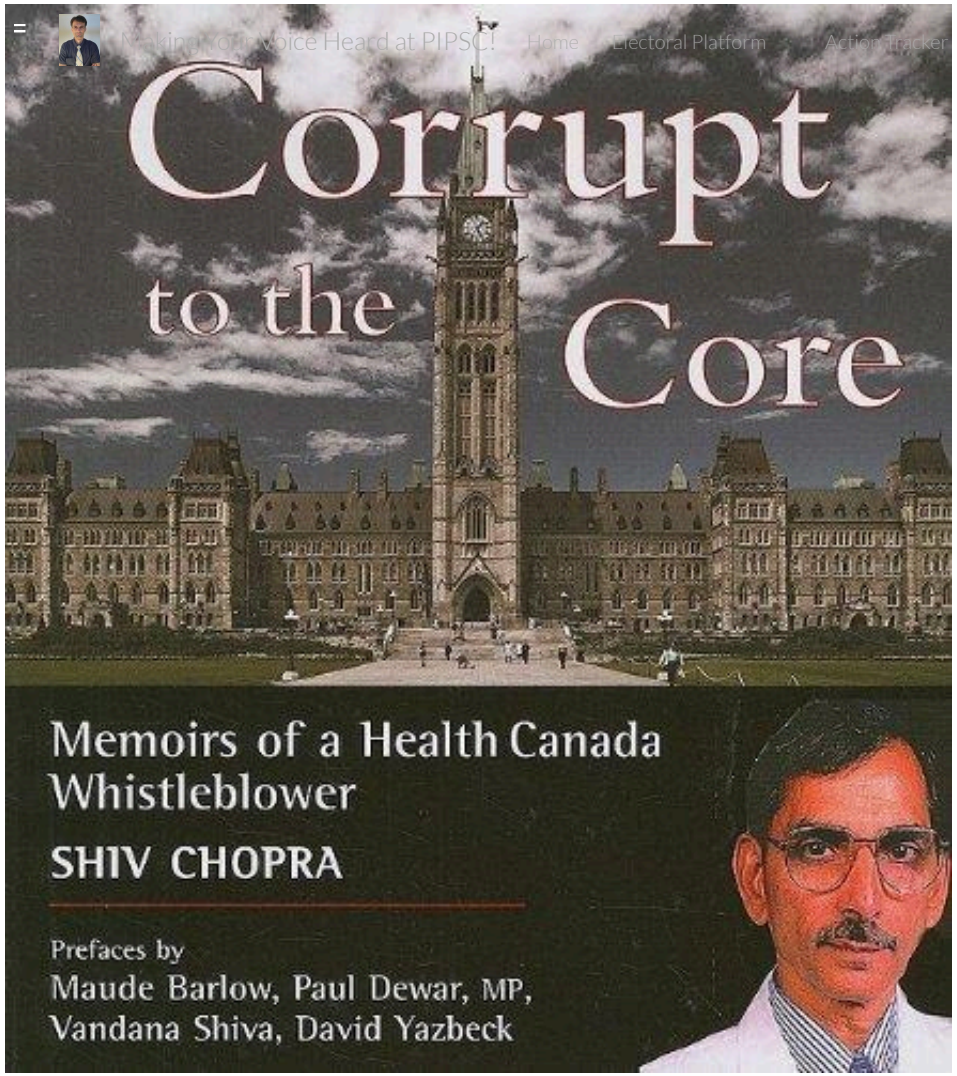
2024-2025 (CC) Dmitry Gorodnichy
dmitry.gorodnichy.ca

Contact Me | Newsletter (Substack) | Volunteering Opportunities | Accountable Union AI | Français

Political Interference within Public Service: Now vs. Then. Historical Parallels

2/11/26, 9:43 PM Making Your Voice Heard at PIPSC! - Political Interference: Historical Parallels

Making Your Voice Heard at PIPSC! Home Electoral Platform Action Tracker



White Paper:

"Examples of Manipulating Evidence to Fit Political/Industry Interests. Case study: PHAC 'Cases Following Vaccination' Reports", Data Evidence for Discussion on GitHub, November 2022.

Open Canada Death Tracker Web App (developed by Dmitry Gorodnichy in 2021):

- on Open Canada GitHub portal
- on Open Data Apps portal
- Source code on GitHub
- PHAC "Cases Following Vaccination" data log (googlesheet)

Political Interference: Now vs. Then

Political (aka Corporate) interference in the work of public servant professionals involved in food and drug regulation is not new and is well documented in Dr. Shiv Chopra's 2009 book "Corrupt to the Core". Dr. Chopra, who lost his job defending his professional recommendation against approving bovine growth hormones for Canadian milk, highlighted these problems years ago. Despite changes in government, the situation has not significantly improved. In fact, it has worsened, particularly during the pandemic, as many professionals, myself included, have witnessed firsthand.

What has changed since Dr. Chopra's account is the industry's increased ability to control public opinion, including within the governments and professional unions. This is achieved through industry-funded main stream media, gaslighting (discrediting) subject matter experts, and AI-powered censorship tools that are used by global news platforms and search engines (Google, Facebook, Microsoft, etc.).

The example below serves to illustrate this point. It was brought to my attention by my colleagues during the data science Lunch and Learn course that I was teaching on GCCollab in the Fall 2021 just when the Vaccination Mandates have been imposed on all Government employees under that premise that there is clear evidence that COVID-vaccines stop transmission and significantly reduce the risk of deaths and complications from COVID-19.

As seen below, PHAC-published data never showed "clear evidence" that COVID-vaccines stop transmission or significantly reduce the risk of deaths and complications from COVID-19, however it was published in such a way as to create the perception that they do. The data skewing techniques was used to fit the "evidence" to the desired political narrative. The professionals who observed such professional Integrity breach could not report it, because of Fear of Reprisal.

To learn more about this problem and the actions to address it, see Data Skewing by PHAC and ATIP to PHAC.

See also :

- Additional Data Evidence: Where is the highest Fear of Reprisal according to Public Service Employee Survey
- Electoral Platform: Fearless Advice: Harper Era vs. Trudeau Era
- Evidence of Foreign and Corporate Influence on Canadian Health Policy Undermining Canadian National Interests and Constitutional Rights

Additional References (Books):

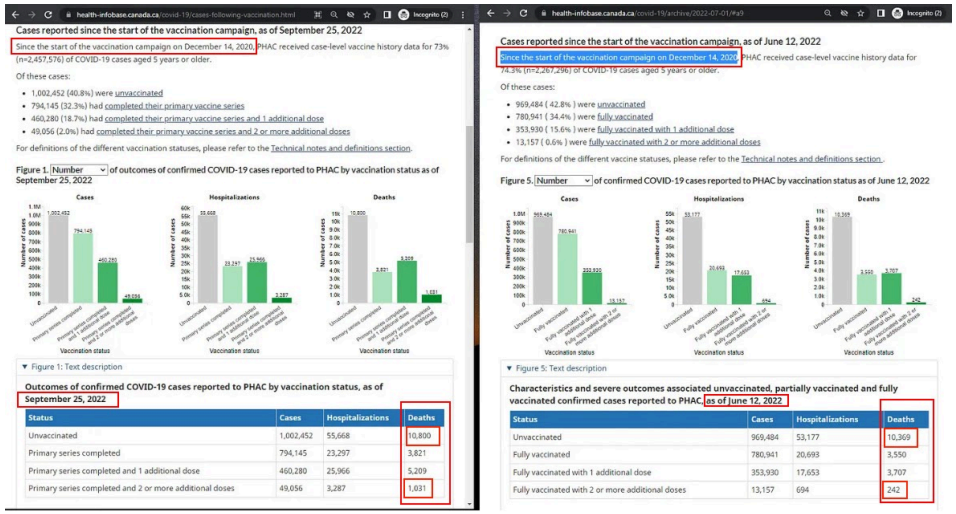
- Dr. Shiv Chopra, "Corrupt to the Core: Memoirs of a Health Canada Whistleblower" , 2009 - Available on Amazon. You can also borrom it from PIPSC library.
- Regina Watteel (Ph.D. Statistics) ,"Fisman Fraud: The Rise of Canadian Hate Science." 2023. Available on Amazon You can also borrow it from me. Highlights of the book: www.fismansfraud.ca



Evidence of Politically Motivated Data-Skewing by PHAC: "Cases Following Vaccination" Reports Were Adjusted to Support a Political Narrative of Vaccine Effectiveness, When the Actual Unskewed Data Showed the Opposite

The figure below shows screenshots from two PHAC *"Cases following vaccination"* reports published 3.5 months apart:

- one published on 2022-07-01 (https://health-infobase.canada.ca/covid-19/archive/2022-07-01/index.html#a9, Updated: July 4, 2022, 8 am EST), and
- another published on 2022-10-21 (https://health-infobase.canada.ca/covid-19/archive/2022-10-21/cases-following-vaccination.html, Data extracted on October 14, 2022



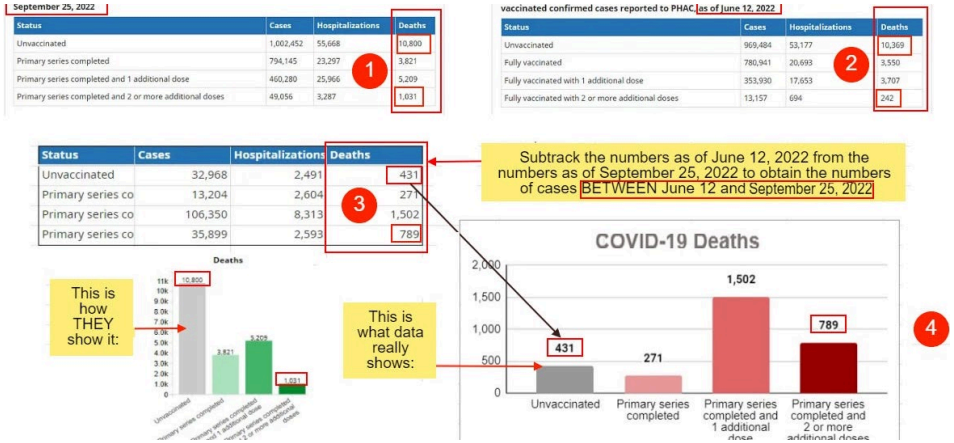
These reports compare the numbers of **COVID-19 cases, hospitalizations, and deaths** among **Canadians with different numbers of vaccine doses**: unvaccinated, those who completed the primary series, those with one additional dose, and those with two additional doses — as observed at the time of publication.

However, instead of publishing the data as **observed for a specific week**, PHAC published it by a**dding counts of cases that occurred *before* doses were administered,** which **artificially inflated** the number of cases among the unvaccinated. Doing this create the impression (illusion) that unvaccinated (or people with less numbers of doses) had considerably more COVID-19 cases - including COVID-19 deaths - compared to vaccinated (or people with larger numbers of doses), which was not the case.

When the data are shown without the artificially inflated number of cases among the unvaccinated - as shown in



figure below, they show that in reality **there were more COVID-19 deaths among the four-dose vaccinated than among the unvaccinated**, even though the size of the unvaccinated population was larger than the size of the four-dose population during the considered time frame. This evidence was hidden from public and still is, as much other evidence that went against the official political narratives.



Such **skewing of data** can only be explained by the **efforts of the PHAC to provide the evidence for a predefined political narrative** that COVID-19 vaccines were effective - **regardless of whether the actual evidence supported that claim or not.**

Such **manufacturing of evidence to fit the desired narrative** represents a **serious breach of scientific integrity,** comparable in severity to falsifying measurement tests in civil engineering or altering results in control-group medical trials.

The fact that such a manipulation of data occurred — and remains unaddressed publicly — demonstrates two critical points:

1. Those who developed this reporting methodology *knew* that the data did not support the claimed vaccine effectiveness, which is why they had to employ special data manipulation techniques to skew them towards the desired narrative
2. The voices of public servants and Canadians who witnessed such **serious breach of scientific integrity,** were silenced via discipline mechanisms or of fear such

This is why one of the key pillar of my electoral platform is the protection of scientific integrity and the elimination of political interference within the public service.



Conclusion

One of the most controversial policies implemented by the Government of Canada in recent years was the Mandatory Vaccination Policy. **Canadians were led to believe that this policy was based on evidence**. However, the reality—as shown here and witnessed by many professionals who must remain anonymous due to fear of reprisal—was quite the opposite: "**the evidence was based on the policy.**"

This misuse of public service professionals' work to support specific political narratives **is tragic for all Canadians.** Many assume that government policies are grounded in scientific evidence, when, in fact, the opposite has often been true—particularly in recent years—where **evidence has been manufactured to justify existing government policies.**

Union members who have witnessed such breaches of professional integrity **cannot speak out for fear of reprisal.** It is time for the union **to advocate on their behalf.** We need to introduce an **"immunity against political interference"** provision in the collective agreements of **all professionals involved in regulating health, food, and environmental products and policies**. This change is crucial to ensure that they can continue to provide **fearless professional advice**, which is **essential for the health and well-being of all Canadians!**

This site does not represent an official position of the Professional Institute of the Public Service of Canada .
All expressed opinions are that of contributing authors , not of any institution, not legal or medical advice

2024-2025 (CC) Dmitry Gorodnichy
dmitry.gorodnichy.ca

Contact Me | Newsletter (Substack) | Volunteering Opportunities | Accountable Union AI | Français



2/11/26, 9:44 PM Making Your Voice Heard at PIPSC!

= Making Your Voice Heard at PIPSC! Home Electoral Platform Action Tracker

Dmitry Gorodnichy

2024 Candidate for PIPSC Vice-President (Part-Time)

Thank you everyone who nominated me, voted for me, and supported me throughout the campaign!

I will continue seeking ways to address your concerns— as a regular union member, NCR Executive, data scientist, and concerned Canadian citizen. Please continue sharing Your Concerns and Stories with me, and subscribe to my Newsletter on Substack to stay updated.

For all official PIPSC national election information, please see PIPSC National Elections pages.
For Candidate's Biographical Sketch, please see Candidate for Vice-President (Part-Time) – Dmitry Gorodnichy .

⚖️ SHOW YOUR SUPPORT: ⚖️

The date for my hearing at the FPSLREB is now set — February 18–20, 2026.

This hearing is about the issues that I stand for — for all Professionals of the Public Service,
and the reason I decided to get involved with the Union: Fear of Reprisal and Political Pressures.

You can show your support, by attending it in person or remotely.
To learn more, go to www.IVIM.ca/hearing.

https://en.gorodnichy.ca/home 2/7

Source: PIPSC. Transcript and Details on Substack.

Dmitry Gorodnichy: PIPSC National Elections Town-hall. 1 OCT 2024

Transcript & Details on Substack.

Presentation from Dmitry Gorodnichy, Candidate for the NCR Executive Board, at PI...

2026/01/24: Date for my Hearing at PPSLREB announced. Invitation posted

2025/11/09: GPT: Accountable Union AI (Custom-built ChatGPT, alpha-release) is developed. Link added in Members Engagement. Try it out!

2025/10/16: ATIP submitted to PHAC related to data skewing in 'Cases Following Vaccination' reports. - Page added to Action Tracker to track their response.

2025/09/13: Vaccination Mandate Policy Grievance Update - Page added to Action Tracker

2025/06/15: "Self-Representation 101" - New series for public servants: How to navigate the grievance system without union support.

2025/03/05: Six resolutions submitted to NCR Council (page created)

2025/02/28: Open letter is sent to the PIPSC President (page created)

2025/01/14: Motions for NCR Executives (page created)

2025/01/12 Action Tracker page has been added to the Portal

2024/12/10: Letter to BoD - Investigating why PIPSC decided to NOT file file grievances for remotely working members" (Page created, Substack)

2024/11/09: PIPSC National Elections results (Substack)

2024/10/01: Virtual town-halls with Candidates - Highlights with Dmitry (page created)

2024/09/26: Resolutions authored by Dmitry for 2024 AGM (page created)

2024/08/30: Candidates' biographical sketches posted on PIPSC website

2024/08/02: Dmitry is nominated for PIPSC Vice-President (part-time) position - Stats & Platform published

2024/04/26: Dmitry wins NCR Executive elections (substack)

Where to go from here:

- Electoral Platform
  - No More Mandates!
- Data Evidence
  - Fear of Reprisal
  - Political Inteference
  - Foreign Corporate Influence
- Member Engagement
- Your Concerns
- Substack (Newsletter)
- About Me
- ⓘ ntact Me

Through Engagement and Transparency!

August 2, 2024

Dear Colleagues,

My name is **Dmitry Gorodnichy** (pronounced Dmit-ree Gorod-nee-chee). I am a bilingual **Senior Data Scientist** at CBSA (SE-RES-03) and I am running for the **Vice-President (Part-time)** position in the 2024 PIPSC National Election.

My Bio is posted on PIPSC website. You can also learn more about **my professional background** and **my path to being involved in the Union** matters in the About Me page.

In short, since joining the Government in 2000, **I have become quite successful in my field**— developing and evaluating biometric and computer vision technologies — leading national and international projects and teaching data science skills to my colleagues across the public service at the GCCollab. Now, however, **I have decided** to shift from my lifelong passions of science and research to Union matters **to become *Your Voice at PIPSC***.

I can no longer remain silent when the Union continues to disregard the voices of professionals whose **fearless, evidence-based advice**—especially in the times of **heightened political pressures and foreign corporate influence —is more important than ever** for all Canadians.

I have the courage to stand up for *all* members **without discrimination**.

I aim to represent *all of you* who have concerns about your **employment conditions** and **the support you receive from the Union**

I have the vision, **leadership experience**, and **data evidence** to achieve that.

Coming from a different background (Eastern Europe), **I would ensure that no minority community, whether visible or non-visible, will feel excluded** from the discussion. I understand you, I hear you, and **I will be honoured to represent you.**

Here I stand with you in seeking a part time role at our union's Board of Directors, **while continuing to work among you** at the workplace. I will strive to **collaborate** with the new Board of Directors, and **stand up** for the following priorities:

My top three priorities:

1. **Improve Openness, Transparency, and Fiscal Responsibility**:
   1. Implement a freeze on membership fees while improving transparency and accountability in Union operations, including on how senior non-elected officers are selected and how the decision to support the vaccination mandate was made, which resulted in denial of support for members who questioned the reasonableness of these mandates.

ⓘ
2. **Address Political and Industrial Interference in the Workplace**:

Service, according to the Public Service Employer Survey.

3. **Increase Support for the Most Vulnerable Union Members**:
    1. Prioritize support for members in contract and short-term positions, those who experience fear of reprisal, and those impacted by the pandemic and its related measures.

The full list of issues I plan to address are posted in my Electoral Platform. If you have any other concerns or ideas, please Contact Me directly.

Visit Member Engagement pages to explore Volunteering Opportunities and additional ways to express Your Concerns.

View Data Evidence pages for additional details on some of the challenges I want to address.

Subscribe to my Newsletter on Substack to stay updated.

Thank you.

Dmitry Gorodnichy, Ph.D. (CompSci), Ph.D.(Math)

This site does not represent an official position of the Professional Institute of the Public Service of Canada .
All expressed opinions are that of contributing authors , not of any institution, not legal or medical advice

2024-2025 (CC) Dmitry Gorodnichy
dmitry.gorodnichy.ca

July 12, 2024

Subject: Addressing Professional integrity crisis in Policy Departments, unreasonable Vaccination Mandate Policy

To: Eva Henshaw, Acting President, PIPSC
From: Dmitry Gorodnichy

Dear Eva Henshaw,

My name is Dmitry Gorodnichy. I am a senior data scientist (SE-RES-03) recently elected to the NCR Executive Board. You may remember me from the NRC Council as the member who inquired about the Union's actions regarding defending the integrity of professional work against political and industry interference, as well as the safety of those who try to defend it.

Your response confirmed your awareness of this issue and your efforts to raise concerns at the Canadian Labour Council, which was greatly appreciated. However, I believe there is much more that the Union can and should do. **This is why I am writing to you, speaking on behalf of hundreds, potentially thousands, of members for whom this issue has become the most vital one for their well-being and work conditions.** This issue surpasses in importance all other issues the Union has been tackling over the past few years, yet it has not been adequately addressed by the Union.

Over the past years, through my data projects and the network on GCCollab, where I've been teaching data analysis tools to GC colleagues, I have become aware of widespread professional Integrity breaches happening across the Government. **This concerning reality is particularly prevalent in departments with mandate in operations and policy development,** where "scientific evidence" is often cherry-picked to support particular political agendas or vendor products.

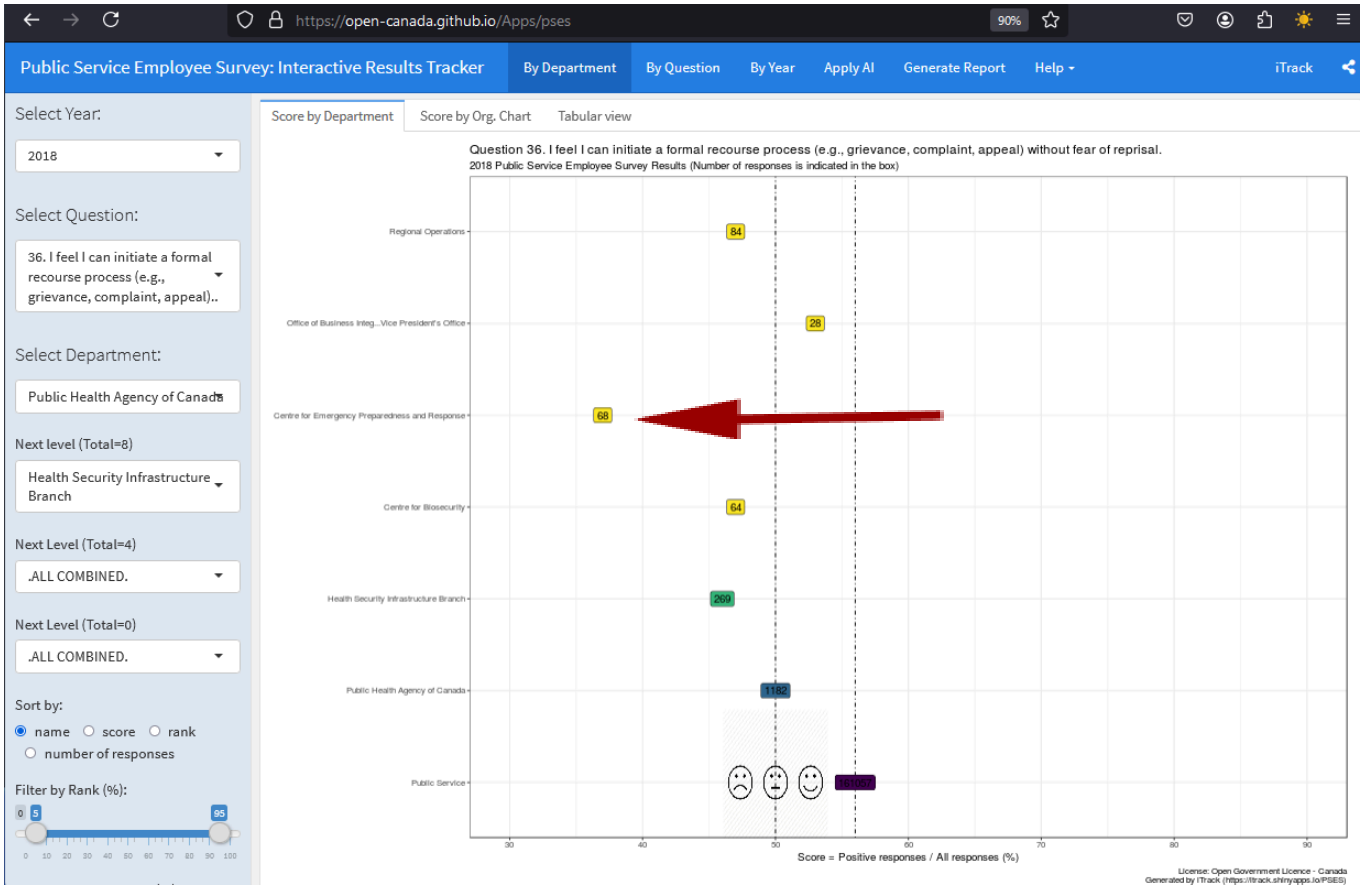
This is something that many of us at PIPSC, including myself, have experienced firsthand and about which none of us can do anything. **We can't defend the integrity of our work, and, even more concerning, we can't even complain about it due to the "fear of reprisal"** (being disciplined for violating the Code of Values and Ethics of Public Servants on grounds of lack of loyalty and insubordination).

Such a state of using the work of our professionals and "science" for the purpose of supporting specific predefined political narratives is truly **tragic for all Canadians,** who assume that Government policies are driven by scientific evidence, whereas, in fact, in many cases (especially over the past few years) this has been the opposite **- the "evidence" is driven by Government policies already made.** There are numerous testimonials and facts to prove this is the case.

The easiest way to see there is a problem is simply by looking at the PSES results for the "fear of reprisal" for agencies whose key mandate is policy development and product/policy evaluation, notably:

PHAC - Centre for Emergency Preparedness and Health Canada - Marketed Health Products. Image below shows the result for PHAC. See Appendix A for other departments and explanations.

PHAC - Centre for Emergency Preparedness



Note: The images shown in this letter are generated using the PSES Web App, which I built myself to address the concerns expressed by many of my colleagues. This App is made available at: https://open-canada.github.io/Apps/pses (mirror: https://itrack.shinyapps.io/PSES). It is truly unfortunate, yet explainable, that neither the Government of Canada nor the Union have built such an App, and that we, the volunteers from across the GC, had to build it ourselves to expose the serious problem ("The Elephant in the Room") that many of us experienced firsthand and that no one talks about.

Indeed, it seems that the Union is not as aware of the seriousness of the problem. Or, which would be perceived by members as even worse, the Union sided up with the Employer rather than the Members, on exactly the issues and policies where Members needed Union's support the most.

The most notorious policy developed by the above-mentioned agencies, where the "Fear of Reprisal" is the highest, is the Mandatory Vaccination Policy. On 15 October 2021, the Union published its position supporting this Policy, summarized by the quote below:

"As the union representing the scientists who approved the COVID-19 vaccines, we encourage members to get vaccinated as soon as possible to help slow the spread of COVID-19."

Hence, I like to ask the following questions:

- How has this decision (to support Mandatory Vaccination Policy) been made?
- Who in the Union made it ?
- Who was consulted in the process of making the decision?
- Did the Union reach out to professionals in PHAC and Health Canada who evaluated the vaccine / covid data, or did the Union simply used the vendor / politicians' statements in making the decision?

It can be easily demonstrated, by looking at the post-marketing data that has become available and published by PHAC from July 2021 (Epidemiological reports - "Cases following vaccination)" that the data did not support the Government statement that "vaccines offer significant protection for the Covid infection, hospitalization, or deaths". From the same report, it will become evident that PHAC published the "evidence" exactly in such a way as to "fit" it to the predefined narrative. See Appendix B for more details on this.

There were multiple other flags related to mandating these vaccines for everybody and how data has been manipulated by the Government to "prove" that these mandates were based on "scientific evidence", when in fact they were not.

The effect of these "data manipulation" practices that violated basic professional and responsible practices, were far reaching. Thousands of workers had to undergo a medical procedure which they did not want to do, many in conflict with their conscious beliefs, due to fear of losing income for their families. Thousands of others did lose their jobs for many months, many without hope of ever returning to work. Some others suffered side effects from the vaccines that they could have easily not taken.

Overall, this Policy, which is now increasingly found "unreasonable" by judges in court, as not being based on scientific or economic evidence, has broken families across the country, brought a culture of division, fear, and intolerance.

We now have an opportunity to do something about it.

Recommendations

1. **Transparency**: I request that this information (the Answers to Questions presented in this letter) is made public to all members, as a proof of transparency within the Union for its members. The Union should publish a statement on how the decision to support mandatory vaccination was made and who made it, including those who specifically prepared the text that was published on the Union website.

2. **Update Statement**: Update the statement on the website to reflect the full and latest evidence related to vaccines (e.g., there's no evidence it stops transmission) and the legal cases related to mandatory vaccination (e.g., PSAC win for Canada Post workers who worked remotely). The statement should highlight the range of negative consequences the policy created (including discrimination, fear, and lost trust).

3. **Member Feedback**: Conduct a “Mandatory Vaccination Policy: Impact on You” questionnaire to seek feedback from members on how many of them were “seriously, somewhat, or not at all affected” by the mandate, and how they find the Union’s actions with respect to this Policy: “Good, neutral, or bad”.

4. **Political Interference Survey**: Conduct a “Political interference at workplace: Impact on You” questionnaire to identify the Agencies (and units within the Agencies) where this problem is the largest. Publicize the results.

I would appreciate your prompt response to this letter, as the matters discussed here deeply affect the security and well-being not only of thousands of union professionals but millions of Canadians who entrust our professionals for unbiased free-from political and industry interference advise

It would be best if the Union’s response and next steps regarding the matters discussed in this letter are ready for further discussion at the forthcoming AGM in November.

Sincerely,

Dmitry Gorodnichy, Ph.D.
Senior Data Scientist, CBSA
R4GC (Data Science) Community Lead

Appendices:

Appendix A: “Fear of Reprisal” is the largest in Units/Divisions that provide “evidence” in support of Policies and Industry products (Data evidence)

Appendix B: Examples of Manipulating the “Evidence” to “Fit” it to the Political Agenda (Data evidence)

Appendix A: “Fear of Reprisal” is the largest in Units/Divisions that provide “evidence” in support of Policies and Industry products (Data evidence)

Data: Public Service Employee Survey datasets (2018)
Web App: https://open-canada.github.io/Apps/pses (mirror: https://itrack.shinyapps.io/PSES)
Source code: https://github.com/gorodnichy/iTrack-PSES-development
Developer: Dmitry Gorodnichy, GCCollab R4GC Community Lead

Images below show results for “Fear of Reprisal” (Question 36) across the Government. Divisions/units that have mandate in Policy and Vendor products evaluations have the highest level “Fear of Reprisal” (lowest positive ranking) in the Public Service.

Notably, this “Fear of reprisal” is not correlated with Harassment and Discrimination (Questions 48 - 61), indicating that it stems from something else—the fear of speaking up.

The divisions/units with the highest levels of “Fear of Reprisal” are listed below (sorted from worst first):

- PHAC - Health Security Infrastructure - Centre for Emergency Preparedness
- PHAC - Infectious Disease Prevention

- Health Canada - Health Products and Foods - Marketed Health Products
- Health Canada - Regulatory Operation - Health Product compliance

- CBSA - NHQ - Innovation Science and Technology [Multiple Divisions]

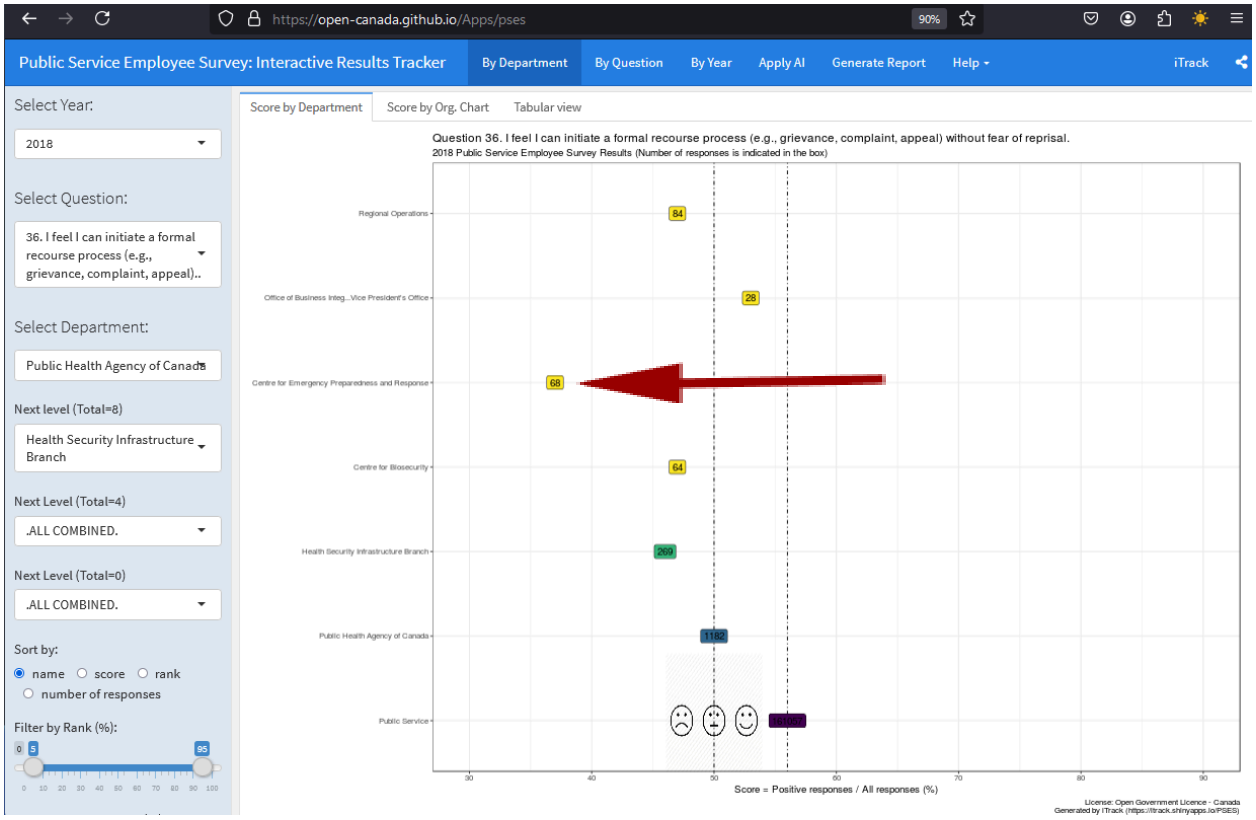
- ECCC - Industrial, Chemical Waste Directorate

- AAFC - Office of Audit and Evaluation

- Canadian Institute of Health Research - Research Knowledge Transfer Ethic

It can also be noted that for the same agencies, divisions/units that do not deal with policy and vendor products evaluations have much lower “Fear of Reprisal” (higher positive ranking). This further confirms that the primary source of fear, in those units where it is high, comes from speaking out against the malfeasance of the employer with respect to the work of professionals in those units.

PHAC - Centre for Emergency Preparedness



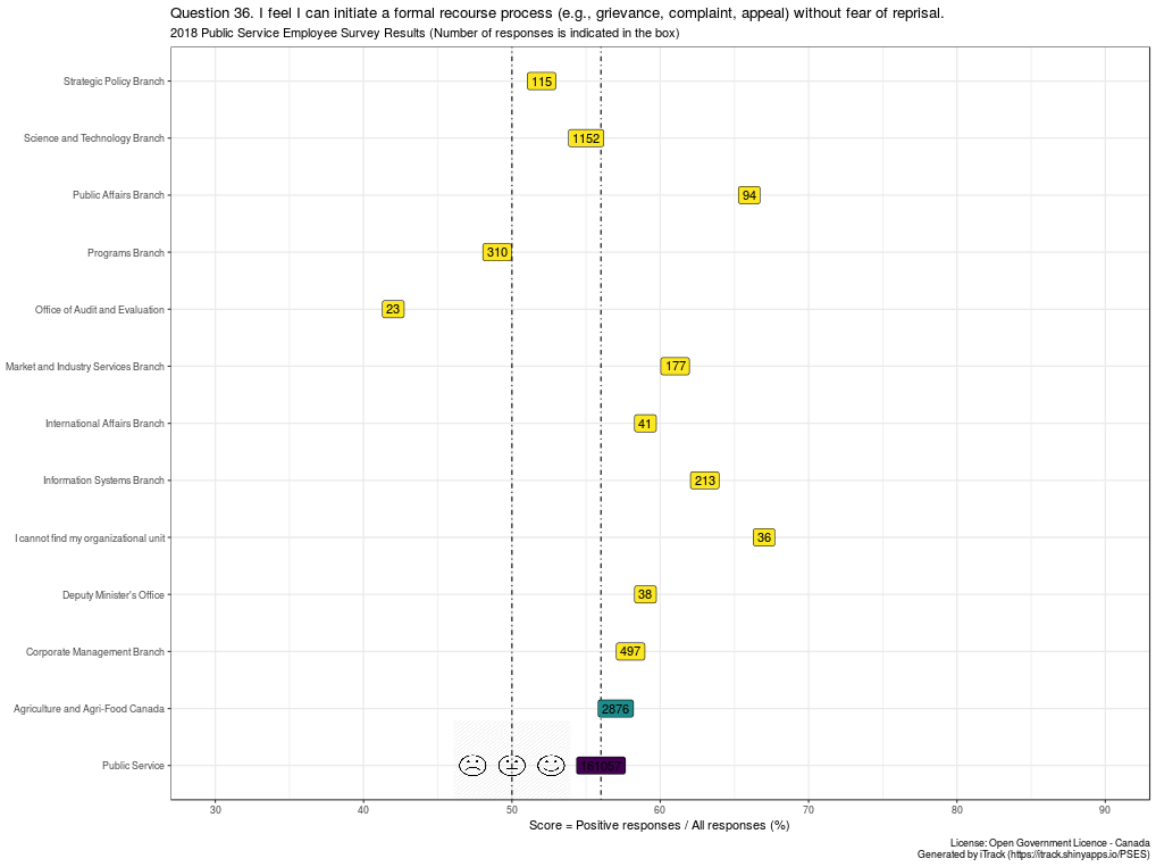
Health Canada - Marketed Health Products

DRAFT FOR DISCUSSION (WITH NCR EXECS)

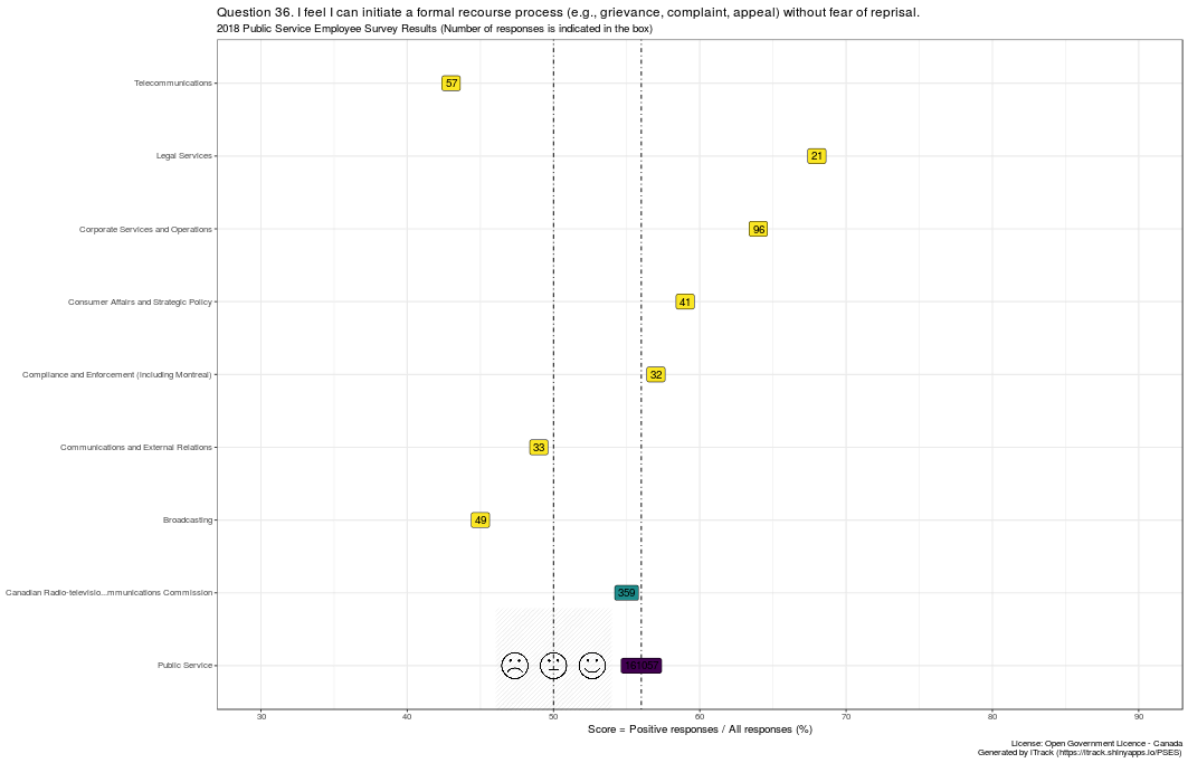
7



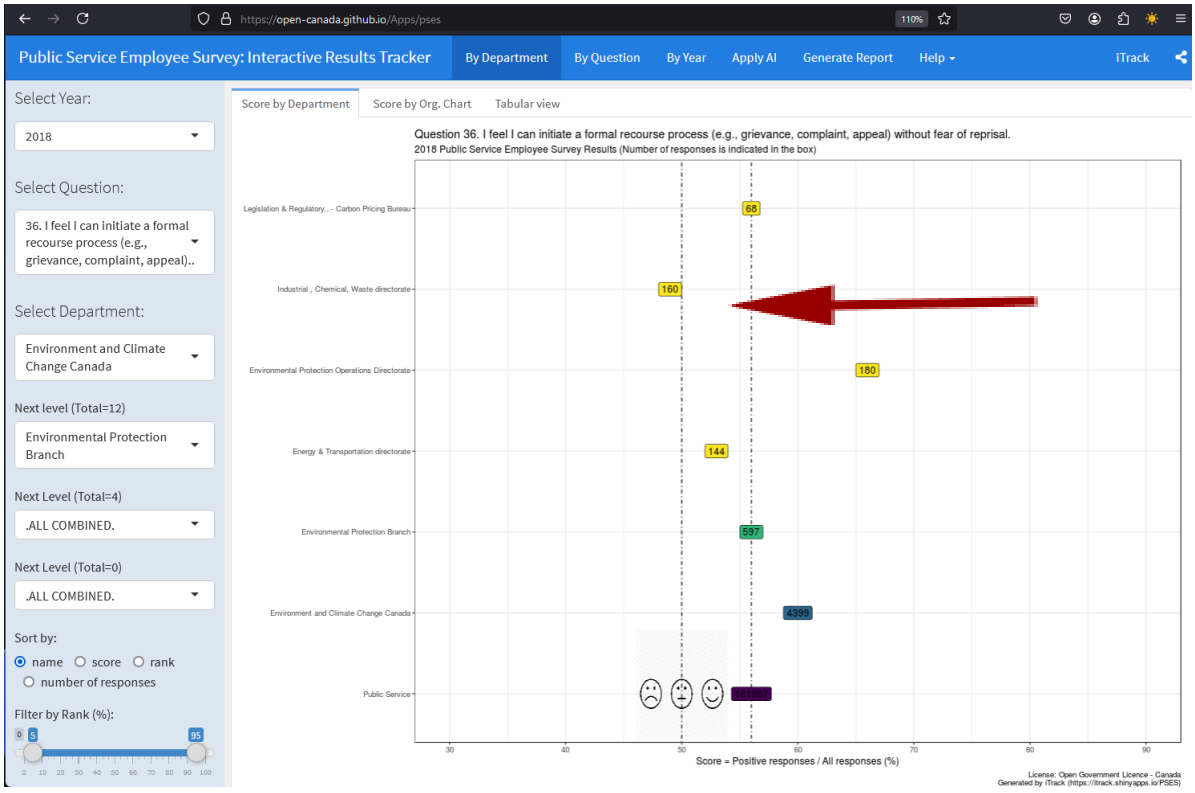
AAFC - Office of Audit and Evaluation



Canadian Radio-Television Communications - Telecommunications
Canadian Radio-Television Communications - Broadcasting



ECCC - Industrial, Chemical Waste Directorate



CBSA - NHQ - ISTB (multiple Divisions)



Appendix B: Examples of Manipulating the "Evidence" to "Fit" it to the Political Agenda

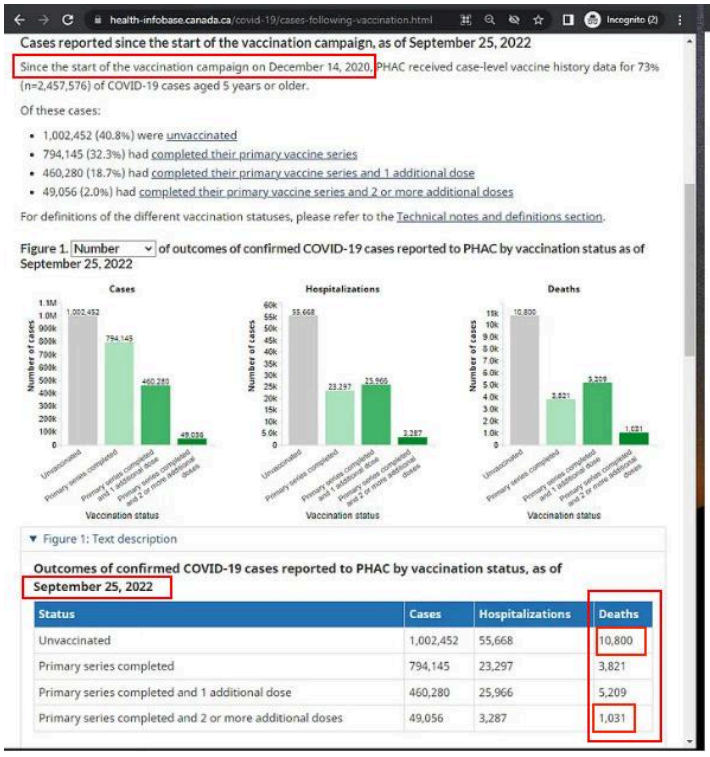
Simplest Example: PHAC 'Cases Following Vaccination' Reports (August 2021-Sept 2022)

Data sources:

- 'COVID-19 Daily Epidemiology Update', Public Health Agency of Canada - Cases following vaccination (Figure 5 & Table 2). After June 2022: https://health-infobase.canada.ca/covid-19/. From August 2021 to May 2022: https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html (Archived at: web.archive.org)

The images below provide a snippet of evidence from Summer 2022 to illustrate the "data manipulation" practices used by PHAC to "fit evidence to the narrative." The full data set, covering all weeks since August 2021 (when this data became available), can be accessed through the Canadian Vital Statistics Tracking Web App: https://open-canada.github.io/Apps/vitals (Mirror: https://o-canada.shinyapps.io/vitals/). This Web App is developed by the R4GC Community, which I lead on GCCollab.

The first image shows the numbers of cases reported in two PHAC reports (one report is from June 12, 2022 and another report is from Sept 25, 2022) for people with 2+ additional doses (last line in the table) versus unvaccinated people (first line in the table).



Cases reported since the start of the vaccination campaign, as of September 25, 2022

Since the start of the vaccination campaign on December 14, 2020, PHAC received case-level vaccine history data for 73% (n=2,457,576) of COVID-19 cases aged 5 years or older.

Of these cases:

- 1,002,452 (40.8%) were unvaccinated
- 794,145 (32.3%) had completed their primary vaccine series
- 460,280 (18.7%) had completed their primary vaccine series and 1 additional dose
- 49,056 (2.0%) had completed their primary vaccine series and 2 or more additional doses

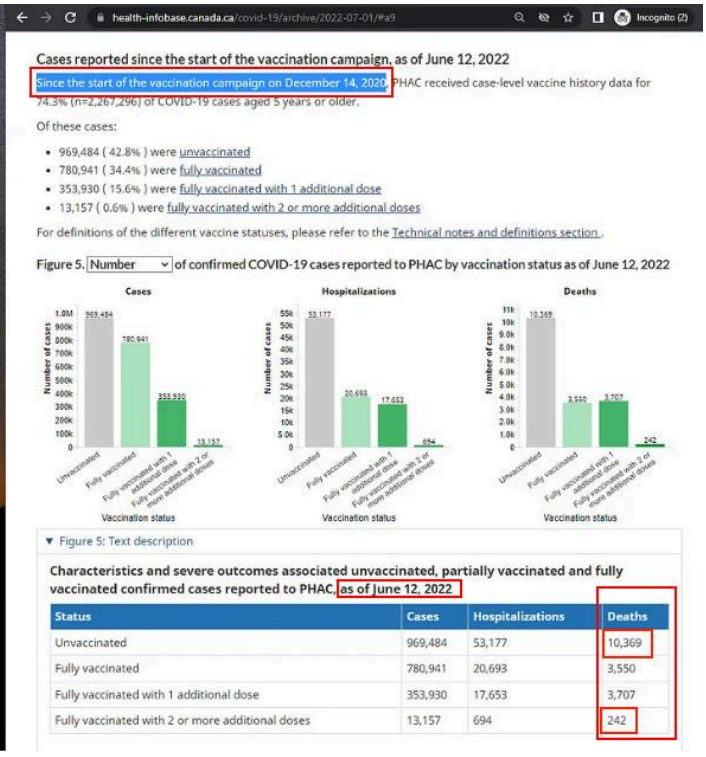
For definitions of the different vaccination statuses, please refer to the Technical notes and definitions section.

Figure 1. Number of outcomes of confirmed COVID-19 cases reported to PHAC by vaccination status as of September 25, 2022

Figure 1: Text description

Outcomes of confirmed COVID-19 cases reported to PHAC by vaccination status, as of September 25, 2022

Status	Cases	Hospitalizations	Deaths
Unvaccinated	1,002,452	55,668	10,800
Primary series completed	794,145	23,297	3,821
Primary series completed and 1 additional dose	460,280	25,966	5,209
Primary series completed and 2 or more additional doses	49,056	3,287	1,031



Cases reported since the start of the vaccination campaign, as of June 12, 2022

Since the start of the vaccination campaign on December 14, 2020, PHAC received case-level vaccine history data for 74.3% (n=2,267,296) of COVID-19 cases aged 5 years or older.

Of these cases:

- 969,484 (42.8%) were unvaccinated
- 780,941 (34.4%) were fully vaccinated
- 353,930 (15.6%) were fully vaccinated with 1 additional dose
- 13,157 (0.6%) were fully vaccinated with 2 or more additional doses

For definitions of the different vaccine statuses, please refer to the Technical notes and definitions section.

Figure 5. Number of confirmed COVID-19 cases reported to PHAC by vaccination status as of June 12, 2022

Figure 5: Text description

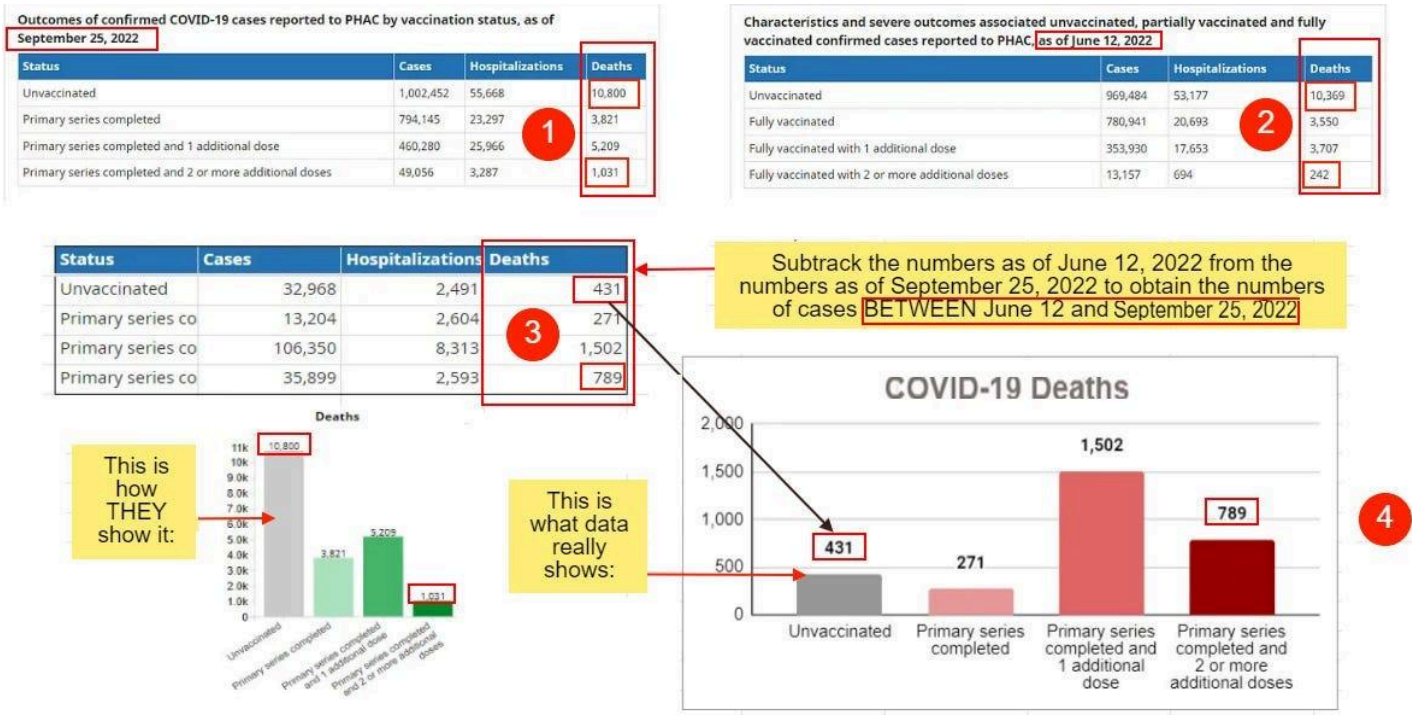
Characteristics and severe outcomes associated unvaccinated, partially vaccinated and fully vaccinated confirmed cases reported to PHAC, as of June 12, 2022

Status	Cases	Hospitalizations	Deaths
Unvaccinated	969,484	53,177	10,369
Fully vaccinated	780,941	20,693	3,550
Fully vaccinated with 1 additional dose	353,930	17,653	3,707
Fully vaccinated with 2 or more additional doses	13,157	694	242

By subtracting these numbers, as shown in the second image, we can see the number of cases between June 12 and September 25, 2022, for each population:

- Among people with 2+ additional doses, there were 1,031 - 242 = 789 deaths

- Among unvaccinated, there were 10,800 - 10,369 = 431 deaths



Observation: Data shows that between June 12 and Sept 25, 2022 there were many more "COVID Deaths" among people with 2+ additional doses than among unvaccinated people, which is contrary to what the PHAC report portrayed.

NOTE: During this time period, there were fewer people with 2+ additional doses than unvaccinated people. This means that the occurrence of COVID deaths in people with 2+ additional doses, compared to that among unvaccinated people, is even higher than what the numbers above show.

Key Question:

- Why did PHAC not publish the COVID deaths data by week (as it normally does for reporting all other deaths) but instead published cumulative data (totals since December 14, 2020)?

> The answer appears to be that the "evidence" was published to create the illusion that there were indeed "many more COVID deaths among unvaccinated people" than among those with multiple doses, when in fact the data showed the opposite. This was achieved by counting COVID cases before vaccine doses were administered. For example, 3rd and 4th doses started to be administered only from December 2021 and April 2022, whereas the COVID deaths are counted since December 14, 2020.

In other words, PHAC deliberately published the "evidence" to "fit" the official political narrative that "COVID vaccines offer significant reduction of risk of complications from COVID deaths," which is not true and would have been obvious to the reader if the data were reported on a weekly basis, as ethical and professional integrity principles demand.

Such malfeasance from a Government Agency, which Canadians trust for honest and objective advice, is further aggravated by the fact that PHAC professionals (and other GC professionals) who witnessed it could not report it due to “Fear of Reprisal.” Those who tried were disciplined or ignored.

This shows how widespread the culture of “using” science and evidence for political and industry gains is in the Government and how deep the fear of speaking up is in those units that have to deal with it.

I have experienced this first hand since 2015 and heard multiple similar testimonials from colleagues in PHAC, Health Canada, ECCC, and other Departments, who wanted to stay anonymous to avoid discipline.

Final Note:

Based on a single example presented above, it is understood that there were many more “evidence manipulation” practices performed across all Gov’t Departments in violation of scientific and ethical principles to “fit evidence” to the “approved narrative”.

I can prepare a separate report to list many of those that I have observed myself with guidance from other concerned GC colleagues. Some of these are also documented in this book:
"*Fisman Fraud: The Rise of Canadian Hate Science*." (Regina Watteel) (www.FismansFraud.ca)
Many others have also been documented by the National Citizens Inquiry.

Recommendations / Next Steps (SANDBOX)

Stream A: Expose Widespread Political Interference Crisis
Address / Expose the Largest ongoing problem within GC: “ELEPHANT IN THE ROOM (political suppression and manipulation of evidence)

- Step 1: START OPEN DISCUSSION within Union Executive Boards and Union Members ABOUT THE “ELEPHANT IN THE ROOM (political suppression of evidence) , using examples provided in this letter

- Step 2: QUESTIONNAIRES CAN BE DEVELOPED TO EXPLORE THE GRAVITY OF THE SITUATION (political suppression of evidence) IN IDENTIFIED PROBLEMATIC DEPARTMENTS.

- Step 3: Invitation to speak up / step up. Share Personal stories and testimonials

Stream B: Bring More Transparency
Bring transparency to all decision made by Union

- Step 1: Make answers to questions public - Publish a statement on how the decision (to Support Mandatory vaccination) was made and who made it. Including Who specifically prepared the text that was published on the Union website?

- Future statements should also be made transparent

Stream C: Address damages done by Mandatory Vaccination Failure
Expose Mandatory Vaccination Failure and Provide support psychological and legal) for those who were unreasonably suspended/terminated, and those those suffered from Adverse Reactions

- Step 1. THE UNION POSITION ON THE POLICY THAT IS NOT BASED ON SCIENTIFIC INTEGRITY MUST BE UPDATED BASED ON “FULL AND LATEST EVIDENCE”

- Step 2: Questionnaire on Gravity of Mandate effect on members

- Step 3: Invitation to speak up / step up. Share Personal stories and testimonials