NATIONAL CITIZENS INQUIRY

Red Deer, AB **Day 3**

April 28, 2023

EVIDENCE

Witness 7: Sierra Rotchford
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Wayne Lenhardt
Could you give us your full name and then spell it, and then I'll do an oath with you.

Sierra Rotchford
It's Sierra Rotchford, spelled S-I-E-R-R-A R-O-T-C-H-F-O-R-D.

Wayne Lenhardt
Do you promise that the evidence you give today will be the truth, the whole truth, and nothing but the truth?

Sierra Rotchford
I do promise that.

Wayne Lenhardt
You have been a paramedic for a number of years. Or is that the right term to use?

Sierra Rotchford
I've been a registered paramedic in Alberta for 10 years.

Wayne Lenhardt
Okay. Why don't you just lead us through what happened in your paramedic practice, if I can call it that, until you get to 2020 for us.

Sierra Rotchford
Sure. So it's pretty brief. Before 2020, I was registered in 2012 as a primary care paramedic in Alberta. I did start working on suburban-rural EMS [Emergency Medical Services] in areas surrounding Edmonton, so Stony Plain, Spruce Grove, Warburg, like all around. And then I ended up getting married, having babies, back-to-back to back. I don't recommend that. So I ended up working in between kids: doing remote clinics, drug and alcohol tester, some clinics around Edmonton in some big industrial areas. Then finally, I did return to ground ambulance in February of 2020.

Did you want me to continue from there?

Wayne Lenhardt
So you got a bit of a flavour for what was normal across the city of Edmonton. Correct?

Sierra Rotchford
That's right because suburban-rural, even if you do work in those surrounding areas outside of Edmonton, as soon as you bring a patient into a hospital like the Misericordia, you end up what's called, "being sucked into the vortex." And so the AI picks up that you're there and you get sent to a call in Edmonton. So I still did attend calls in Edmonton, previous to 2020.

Wayne Lenhardt
Okay. If I've got this right, I think you were off for a bit with some sort of an ailment. You went off about October of 2020, and then you came back in January of 2021.

Sierra Rotchford
That's right. So briefly, for 2020. I came back, was orientated to ground ambulance again in February. We weren't locked down yet. So I did see a bit of pre-pandemic call volume just in that single month before we were announced for lockdown. Calls were very normal, the usual stuff: some people experiencing homelessness, overdoses, maybe senior citizens who have some concerns about their health, calling an ambulance, that kind of thing.

I finished mentorship in the middle of the lockdown. So I actually saw very little high-acuity calls to prepare me to go back to work because there just wasn't any at the beginning of the lockdown.

So then, come April 2020, now we're into the normal swing of things. I'm off mentorship; I now work on a car with a single partner in the city centre of Edmonton. For the majority of 2020, if I sum it up without making it a long story: a lot of mental health calls; a lot of people calling with anxiety, thinking they'd contracted COVID or given COVID to someone; having those symptoms of anxiety, like tachycardia, pressure in the chest, those kinds of things. So we did those. We did quite a bit of overdoses, suicidal thoughts, some domestic abuse calls.

The only time I can really remember in 2020, between February and October, —there was quite a substantial rise in calls— Was the initial cool down after those first few weeks we were locked down, there was quite a rise in calls because what had happened is doctors stopped seeing their patients in person. So doctors were doing lung consultations with seniors over the phone while they're seated. Can't see if they were experiencing shortness

of breath if they were moving around exerting themselves, those kinds of things. Maybe someone was starting to have hypertension,

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put on blood pressure medication; maybe they were put on a beta blocker to control their heart rate with no follow-up. So we had this rise in calls where people who were put on new medications were suddenly experiencing medical crises, cardiac arrests, because of these new medications with no follow-ups. And that's the only rise that I can remember in that time that I attended.

And then, the duration of the rest of 2020 leading up to October, there was quite a few overdoses on the rise, as we know in the Alberta release statistics.

Then in October 2020, I ended up having emergency abdominal surgery. Then two weeks later, I contracted sepsis. And so yes, I was off. I ended up being hospitalized at the U of A [University of Alberta] for sepsis. I wasn't treated for 12 hours, despite being a health care provider and recognizing the signs of sepsis. I was tested for COVID in the hospital. I tested negative.

I had three different doctors come in over a 12-hour period and say, "Even though you've tested negative for COVID, that's probably what you have," despite having all of the symptoms of sepsis. I was sent home, called back later by a separate doctor once blood results had come in. They called me back and said, "You're going to die at home unless you come back."

So I ended up with a health condition, the effects of post-sepsis syndrome. After that, I was off work for the rest of 2020 and did return in January 2021.

Wayne Lenhardt
So was there anything different when you came back in 2021 than when you had left prior to the sepsis problem?

Sierra Rotchford
So the beginning of 2021, January to about March, coming close to April, there was more mental health calls than ever, more overdoses, especially narcotics-use overdoses. And then we were starting to see the beginning of a rise in MIs [Myocardial Infarctions], strokes, seizures, those kinds of things leading up to April 2021.

Wayne Lenhardt
I think during our previous discussion, you had said that there was a certain number of ambulances taken off the roads, I think in December of 2021?

Sierra Rotchford
Sure, I can finish the chronological order to end up there, if you'd like.

Wayne Lenhardt
Sure. Tell me that story.

Sierra Rotchford
So starting then, in April 2021 is when I started attending— I should be really clear about that, that I am just one ambulance out of between 40- 50 that is on the roads. So this is just my experience of the calls I personally attended. But we started going to many strokes in people my age demographic, the 30–40 range, as well as first-time seizures, in that same demographic. This is when the beginning of that first rollout of that category of age for AstraZeneca, Pfizer, and Moderna. I had taken people my age who were having a full stroke, full paralysis, drooling to the U of A. We were taking people with first-time, full tonic-clonic seizures to the U of A. I just spent a lot of time there with those types of acuity calls.

Wayne Lenhardt
Going back, you were a paramedic since 2012. So is this normal?

Sierra Rotchford
So in 2012, I maybe attended one single cardiac arrest in 2012, one deceased person in 2012. The rest are pretty normal-type calls: your various mental health; your various people who worry about their health, but maybe it's not an emergency, that kind of spread.

By the end of April 2021, we were now surged for calls. There is an EMS documentary that came out last year that won awards that was put on by CTV [CTV Television Network] News. They've quoted that we've had 30 per cent increased call volume since May 2021. On May 9th, after bringing in one of three seizures that day to the U of A, there was a very senior nurse at the U of A triage who asked me if we were asking if people had their shots recently.

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If they had had AstraZeneca we needed to be asking because they were seeing this huge rise in blood clot injuries. She said to me that the U of A was going to be asking the government to stop the AstraZeneca shots. The very next day, the government had pulled those shots.

In addition to working emergency cars, I also worked facility-to-facility transfers within Edmonton. At that time, I was able to take one documented vaccine injury from AstraZeneca from one facility to stroke rehab. It was for a patient who was approximately 50 years old: full left-side paralysis; no major comorbidities in history; had experienced a deep brain stroke, which only accounts for 5–7 per cent of all strokes. It's a stroke that happens in the brainstem.

There was a sheet that was attached to his file. We get a transfer sheet with all of the information plus a medical. It's called a MAR, Medical Administration Record. And then there was this sheet attached also to this patient that said, "Is this a vaccine injury? "And it was checked off, "Yes." It was tracking which vaccines this patient had been given. And this patient had received AstraZeneca. It was not mentioned in report with the nurses. But when we went to get our patient and put him on the stretcher, he was already asking us, before we even took him out of the room: "When can I get my next shot?" So this patient was documented. But was not told he was a vaccine injury. We transferred him to the next facility, and he was asking, when can they give him his next shot.

At that time, that facility—even though the news and the media was saying that you could mix your shots—when we got there, they were very hesitant. They wouldn't explain to him

why he couldn't have a shot or where they were going to get his shot—if it was going to be Pfizer or Moderna. It was just very clear, at that time, that some things were being tracked but also not being passed on to the patients who suffered effects from them.

So May 2021, now AstraZeneca is pulled. We're still having this massive rise in calls. By the beginning of July 2021, the news reported what our average calls in EMS at that time, over Alberta, were 1,000 calls per day.

By the beginning of July 2021, there was a day I was at the hospital, one of the major trauma hospitals in Edmonton, and we had never seen it before. There were paramedics there who said they'd never seen this in their twenty years. Basically, every trauma room was full. Every recess room was full. There were ambulances lined up down the ramp out of the hospital with patients so acute they were already on their stretchers lined up down the ramp. There were people being told right in front of us in ER that their loved ones were dying. These were not expected deaths at that time. When that happened in that first week of July, we were at 1,700 calls per day in Alberta. That's a 70 per cent increased call volume that the news reported at that time.

For the summer of July 2021— Let me just be clear: I didn't respond to a single deceased person in Edmonton in 2020. But I ended up attending four sudden unexpected deaths in Edmonton between June and August 2021. And I only worked 12 shifts. The range of age for these sudden deaths was 50–70 years old. These were people who died so suddenly they were sitting up watching TV across from a loved one who did not realize they'd passed away. They passed away walking out of their house to go to their car, not found till the next morning. One of them that I attended had just been discharged from a hospital in Edmonton, was told to eat his lunch. When they came back to make sure he was leaving, he had already passed away. And that patient was in his 50s.

On top of that, we ended up with the mandate. So I worked through the mandate in Edmonton, pursued a medical exemption. If you don't know what can happen to you after you have sepsis, you can end up with something called elevated CRP [C-reactive protein], something they test in your blood; it's an inflammation marker in the liver. But at a CRP level above 10, you can end up at risk of an arrhythmia for your heart.

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So I had been having these symptoms after having sepsis, pursued it with my doctor to get a medical exemption. I didn't think there would be a problem. My doctor refused to take blood tests to look at my CRP, refused to send me to a specialist. Just anything on my doctor's end to just prove that I might be healthy enough to take that shot.

AHS at the time, even though they were saying apply for medical exemption, they had put out the criteria for exemption from that shot. And so their criteria was you either had to have a reaction from a past shot that was anaphylaxis or you had to have an active case of myocarditis. I was very lucky not to end up with atrial fibrillation, which is an irregular heartbeat, after having sepsis, and I was at risk of myocarditis just from having tachycardia often, after having sepsis. I had supervisors calling me from Edmonton EMS. I had my manager call me asking me to apply for a medical exemption, even though my company that I worked for had already set the criteria for what my doctor could exempt me for. They still wanted me to just fill out the paperwork saying I pursued a medical exemption.

Throughout the mandate time, I saw a lot of discrimination against patients; a lot of harassment, bullying against co-workers, not only in the hospitals but also on ground ambulance. I saw it from staff towards patients, at that time.

What happened was, as the mandate deadline kept getting pushed back, some other paramedics and I had this idea that it was really hard to fight the information about the shot because we're not researchers, we're not medical scientists. But we do like answering questions with what we see because that's all we are, boots on the ground, on an ambulance.

So we decided that we were going to show visual impact. So Kate King, Todd Semko, and I all gathered in Edmonton. We coordinated with Alberta Health Services workers across Alberta and got them to drop off shoes and signs at my house in Edmonton so that we could build this picture of what that impact is. Because our question was, does a mandate further exacerbate an already short [-staffed] medical system? And so we ended up gathering all of these shoes.

We ended up doing this presentation at the legislature grounds in Edmonton with the permission of a government official. And we answered this question. So we kept track of everything, but again it's really hard. We don't know how many nurses are on a ward; we don't know how many it takes to run certain parts of health care. But we did know how many people it takes to run an ambulance. Of course, it's two. But we had enough evidence there to show and enough numbers that we were missing between 35 and 40 ambulances a day in Alberta. And so just from that number, we were able to take that to the government, not to AHS, but to the government official who was very supportive of that mandate being brought down. And they were able to show AHS that it was affecting health care, that a mandate was detrimental to patient care.

Wayne Lenhardt
Just to take you back for a second. When was it that they took 40 ambulances off the road, which amounted to 1,600 personnel? Was that during, supposedly, when people were getting sick from COVID?

Sierra Rotchford
So the number of 40 ambulances being taken off the road, those staff were off for various reasons. Some had gone off on stress leave before the end of the mandate. And to give you an idea of how many of those might have gone off, our stress-leave rate at EMS was 30 per cent, and that went up to 45 per cent in a single month from September to October. Some of those people were able to get medical exemptions from their doctors, maybe they went off for other reasons. But that was a number that just showed over time. It wasn't all overnight at once. But it was significant by the end there, in December.

Wayne Lenhardt
And the significant upturn in your activity,

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when you were on, was after the blitz to get everybody vaccinated. Is that correct?

Sierra Rotchford
That's right. Yeah, the 70 per cent increase was just in that couple weeks of July [2021]. But that was four to six weeks after people had received their second shots. So that's where we saw the greatest rise.

Wayne Lenhardt
Okay. I think I'm going to stop there and ask the commissioners if they have any questions for you.

Commissioner Massie
Thank you very much for your testimony and lots of detail you're providing. I'm curious about the sepsis you suffered. It's very strange to come in the hospital and be turned back home because they were suspecting COVID with a PCR [Polymerase Chain Reaction] negative test. Sepsis can evolve very quickly. You could have passed away. When you came back to the hospital, what kind of treatment did you get? And did it work very rapidly, or did you take time to recover?

Sierra Rotchford
Oh no, it took time to recover. When I came back, they told me they didn't know how I was a GCS-15— which means fully cognitive, fully aware, can answer questions. Because I think my CRP level was 70 when I came back, which is when people start hallucinating. So immediately when I came back, I received IV [Intravenous] antibiotic treatment, anti-inflammatories. And then, I wasn't able to be hospitalized because they were saving space for COVID patients. So I ended up having to be an outpatient for over a week just for IV therapy at the U of A.

Commissioner Massie
Okay. My other question has to do with the medical exemption that you didn't manage to get. I have problems to understand why a doctor would not, given your medical condition, at least do a simple CRP test to see whether you would be at risk. What was the rationale that the doctor provided?

Sierra Rotchford
Not really much rationale, actually. The doctor said she had no concerns about my health at that time. That I wasn't going to meet criteria, anyways, for exemption. I was offered a medical exemption from a doctor that the government official, who gave us permission to use the legislature grounds, knew. But at that time, it was the only card I had where my co-workers would listen because for them, I had all this criteria that should meet an exemption, and I wanted to keep that bridge between my co-workers and I. There was opportunity for me to get one from a willing doctor, just not my own.

Commissioner Massie
Thank you.

Sierra Rotchford
You're welcome.

Wayne Lenhardt
Any other questions from the commissioners? Okay, I want to thank you very much for giving your testimony to us today. Thank you.

Sierra Rotchford
You're welcome.

[00:23:38]

Final Review and Approval: *Anna Cairns, August 30, 2023.*

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

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