CORU

IN THE MATTER OF AN INQUIRY PURSUANT TO PART 6 OF THE HEALTH AND SOCIAL CARE PROFESSIONALS ACT 2005

RE: ANNA MARIE STACK RIVAS

HEARING BEFORE THE PROFESSIONAL CONDUCT COMMITTEE

HELD AT GEORGE'S COURT, GEORGE'S LANE, SMITHFIELD, DUBLIN 7

ON THURSDAY, 15TH JANUARY 2026 - DAY 2

2

Gwen Malone Stenography Services certify the following to be a verbatim transcript of their stenographic notes in the above-named action

GWEN MALONE STENOGRAPHY SERVICES

ATTENDANCES

COMMITTEE MEMBERS:	DR. SHANE McCARTHY - CHAIR MS. ISIBEAL McCOY MR. JOE O'SULLIVAN
LEGAL ASSESSOR:	MR. TOM HOGAN SC
FOR THE CEO:	MR. EOGHAN O'SULLIVAN BL
INSTRUCTED BY:	MS. HANNAH UNGER FIELDFISHER SOLICITORS
FOR THE REGISTRANT:	NOT IN ATTENDANCE NOR REPRESENTED

INDEX

THE HEARING RESUMED AS FOLLOWS ON THURSDAY, 15TH JANUARY 2026:

CHAIRPERSON: Good morning, all. [redacted], I remind you you remain sworn from yesterday.

[redacted]: Thank you.

CONTINUATION OF EXAMINATION OF [redacted] BY MR. O'SULLIVAN:

10:10

1 Q. MR. E. O'SULLIVAN: Thank you, Chair. [redacted], in relation to the last recording that the Committee heard yesterday, the audio recording of the podcast, when did you download that and where did you obtain it from?

A. So I went onto the website listennotes.com and I listened to it on the 8th December 2025. There is a download function on that website, so I downloaded the podcast, and then I added it to Fieldfisher's case management system, Practice Evolve.

2 Q. And the website address, the Listen Notes address in relation to this Plumley pod, did that come from a complaint made by [redacted]

A. It did.

3 Q. Now, in relation to the three videos that you have referred to that you accessed on the Rumble website, were you in a position to identify when those videos were uploaded to that website?

A. Yes, so I went onto the website yesterday, because the videos are all still available, and I hovered over the

-- underneath each video it says how many years ago the video was recorded and, if you hover over it with the mouse, it shows you the exact date that it was uploaded. So I have screenshots confirming the exact date of uploads for the three videos.

4 Q. Yes, and if I ask you to hand in those?

A. Yeah.

MR. E. O'SULLIVAN: And, Chair, I better deal with exhibits as we do that, just to make sure from a housekeeping perspective everything is in order.

CHAIRPERSON: Thank you very much.

MR. E. O'SULLIVAN: So, perhaps, Chair, if the Core Book could be Exhibit No. 1? Or do you not believe that needs to be an exhibit?

CHAIRPERSON: No, I'm -- the Core Book hasn't been agreed as to content?

MR. E. O'SULLIVAN: It hasn't, no.

MR. HOGAN: So let's perhaps just deal with the exhibits that you have proven. So maybe --

MR. E. O'SULLIVAN: Very good. The Book of Correspondence then; the affidavit, so-called --

CHAIRPERSON: Well, the Book of Correspondence is Exhibit A.

MR. E. O'SULLIVAN: Exhibit A, perfect. The affidavit, so-called, from Ms. Stack Rivas, Exhibit B, and the --

MR. HOGAN: Can I just ask you about that, Mr. O'Sullivan? Under the Act, the Committee can have regard to affidavits, and it's clearly -- it's not an affidavit, but it was intended to be an affidavit. I

take it you don't have any difficulty in the Committee having regard to it, effectively, on the basis that it's --

MR. E. O'SULLIVAN: No, it's not sworn, if that's goes to its weight. But of course you can have regard to it. 10:12

MR. HOGAN: Thank you.

CHAIRPERSON: In that case, we will assign it Exhibit B.

MR. E. O'SULLIVAN: Thank you. And then if these screenshots, I suggest if we bundle them together and make them Exhibit C? 10:12

MR. HOGAN: Do you want to deal with the videos, maybe, first, and then --

MR. E. O'SULLIVAN: The videos are in the Core Book, they are assigned a tab in the Core Book. 10:13

MR. HOGAN: Maybe just deal with them as individual --

MR. E. O'SULLIVAN: Exhibits?

MR. HOGAN: -- exhibits.

MR. E. O'SULLIVAN: Very good. 10:13

CHAIRPERSON: Perhaps if you want to take the video entitled "andys-conversations-part-2"?

MR. E. O'SULLIVAN: I wonder if I do them in order of the allegations --

CHAIRPERSON: If you wish. 10:13

MR. E. O'SULLIVAN: Yeah, perhaps that might be easier. So if I deal with the "limerick-city-rally-speeches" video --

CHAIRPERSON: Okay.

5 Q. MR. E. O'SULLIVAN: -- and if I make that Exhibit C. And perhaps then if I make [redacted] screenshot in relation to that Exhibit D so that they travel together, if you like, and then I can ask [redacted] to explain what that screenshot shows, Exhibit D? 10:14

A. Yes, so the bottom left-hand corner, you will see a clock icon and it says "3 years ago", and I hovered over the "3 years ago" and the date "February 12, 2022" appeared, which indicates the date that it was uploaded. 10:14

6 Q. Thank you. Then if the "andys-conversations" video could be Exhibit E? And then if I could ask [redacted] about the screenshot of the andys-conversations video, which I will make Exhibit F, what does that show us?

A. So, again, there is clock icon in the bottom left-hand corner. It says "3 years ago", and I hovered over the "3 years ago" and the date "July 24, 2022" appeared, which indicates to me the date that it was uploaded. 10:14

7 Q. And, again, we can see that, as with the previous screenshot, in a box under the "3 years ago"? 10:15

A. Yes.

8 Q. And then if the James P. Nestor and Anna Marie Stack Rivas "Liaising with the Council" video could be made Exhibit G, and the screenshot from [redacted], Exhibit H, and I'll just ask you the same question about that -- what does that show us? 10:15

A. So underneath the video, there's the clock icon, and it says "2 years ago". When I hovered over the "2 years ago", a box underneath appeared with the date "December

29, 2023" and that indicates to me the date that it was uploaded.

9 Q. Thank you. And I don't think it was possible to perform that same exercise for the listennotes.com podcast, but the date that that was uploaded is reflected on that website as well, is that right? 10:16

A. That's correct, and the date that it is listed is March 10, 2024.

CHAIRPERSON: And is it your intention, Mr. O'Sullivan, to have an exhibit on the video, the podcast video that you showed us? 10:16

MR. E. O'SULLIVAN: I'm going to have to make that an exhibit as well, yes. So that would be "I".

MR. HOGAN: Exhibit I.

10 Q. MR. E. O'SULLIVAN: Yeah. Now, there's just a couple of other things I want to ask you about, and there will be a number of other exhibits, Chair. I think Fieldfisher were instructed by the Registrar in relation to the original complaint made by [redacted] that was dealt with by a different Fitness to Practise Committee or Professional Conduct Committee, is that right? 10:16 10:17

A. That's correct.

11 Q. And I think from the Fieldfisher files, you have obtained the original complaint made by [redacted] and that was made on 10th February 2021. And that e-mail to CORU and the complaint form, you have available to provide to the Committee? 10:17

A. That's correct. Will I hand it in?

12 Q. Yes, please. So that will be Exhibit J.
MR. HOGAN: So [redacted] is proving this exhibit?
13 Q. MR. E. O'SULLIVAN: Yes. Yes, as a solicitor in the firm that acted for the Registrar in the case. And I think you, again from the file that Fieldfisher has in relation to that complaint, have a copy of the minute of the PPC that was made in relation to that complaint? 10:18
A. That's correct.
14 Q. That's dated 21st April 2021, is that right?
A. That's correct. 10:18
15 Q. And if you could provide that to the Committee, please, that's Exhibit K. And that reflects a referral forward of that complaint on 21st April 2021 to the PPC?
A. That's correct.
16 Q. And then, lastly, I think Fieldfisher made an application to the President of the High Court on the 1st July 2024 to confirm the sanction that was imposed arising from that Inquiry. That brought that process to an end. And you have a copy of the High Court order reflecting that application and the finalisation of that Inquiry process, and if you could provide that to the Committee as well, please? 10:19 10:19
A. I will do.
17 Q. That's Exhibit L. And, Chair, I will address that document in submissions. The significance of that, I will submit, is that is obviously the date on which the undertaking that had been provided to Council in 2021 in lieu of a section 60 application would have ceased to have been effective because that was an undertaking 10:20

-- that was an interim undertaking pending that process coming to an end.

MR. HOGAN: So just to be clear, Mr. O'Sullivan, the undertaking that was given in lieu of the section 60 continued until the 1st July 2024? 10:21

MR. E. O'SULLIVAN: Yes, it was an undertaking until the conclusion of that process. And, Chair, they are my questions for [redacted]. Obviously, the members of the Committee or Mr. Hogan may have questions for her as well. 10:21

[redacted] WAS THEN QUESTIONED BY THE LEGAL ASSESSOR, AS FOLLOWS:

18 Q. MR. HOGAN: Just, [redacted], obviously you have given evidence in relation to the number suggesting the number of times that the videos have been viewed? 10:21

A. Yes.

19 Q. That's simply on the basis of what's accompanying the video. Obviously, there is no evidence that anybody has actually viewed the videos? 10:22

A. Exactly, it's based on us looking at the play icon --

20 Q. Based on hits, if you like?

A. Yes.

21 Q. Or, indeed, that somebody might have viewed, for example, in relation to the protest some of the protest, but not the part in which it's suggested that Ms. Rivas is speaking? 10:22

A. That's correct.

22 Q. Were you involved in the first complaint?
A. I wasn't the solicitor with carriage of the file, but I was on the team.
23 Q. Is there anyone to confirm that actually the person who is seen in the video is Ms. Rivas? 10:22
MR. E. O'SULLIVAN: Well, I say it has been accepted in the response from Fórsa and the response from Hayes McGrath that that is so. There are photographs of Ms. Stack Rivas in her registration file as well which I can show for you -- 10:23
24 Q. MR. HOGAN: Very good. Well then, yeah, perhaps that's the way of dealing with it. And just to confirm, [redacted], in relation to the podcast, is there a number of hits on the podcast?
A. I can't tell from the website. There doesn't seem to be a similar "Play" button with number of views for the podcast. 10:23
25 Q. So there is no evidence that anybody has accessed it or listened to it?
A. I can't tell from the website page. 10:23
MR. HOGAN: Thank you, [redacted].
A. Thank you.
MR. E. O'SULLIVAN: Thank you. The next witness, Chair, is giving evidence remotely, and that is [redacted] who is a legal secretary from Fieldfisher who is going to prove one further video, which you will have to view as well. 10:23
MR. HOGAN: Certainly. Actually, maybe [redacted] could deal with this -- in relation to the conditions that

were attached to registration, were they complied with?
MR. E. O'SULLIVAN: I'm -- can I consider the answer I provide to that question?
MR. HOGAN: Yeah, sorry, I shouldn't have sprung that on you, maybe, Mr. O'Sullivan. 10:24
MR. E. O'SULLIVAN: No, I know the answer, but I'm just --
MR. HOGAN: Evidence was to be provided of the completion of the courses when requested.
MR. E. O'SULLIVAN: I am just conscious there is a separate ground of complaint -O- 10:24
MR. HOGAN: Yes, absolutely. Yes, absolutely.

[redacted], HAVING AFFIRMED, WAS DIRECTLY EXAMINED BY MR. O'SULLIVAN, AS FOLLOWS: 10:25

26 Q. MR. O'SULLIVAN: Good morning, Ms. De Souza. I hope you can hear me?
A. Yeah, I can.
27 Q. Hi. My name is Eoghan O'Sullivan. I have some questions for you in the first instance. You are a legal secretary with Fieldfisher. You've worked there since 2018 and you provide administrative support to solicitors on the Public and Regulatory Department team, is that right? 10:25
A. That's correct, yeah, that's correct.
28 Q. And I think on the 10th April 2025, you were asked by a solicitor on the team to download some video recordings, is that right?

A. Yeah, that's correct.

29 Q. And one of the videos you were asked to download was a Facebook video, is that right?

A. Yes, that's correct.

30 Q. And I wonder if that video could be played, and then I will just ask Ms. De Souza to confirm that that is a video she downloaded and when. And the transcript of this, Chair, begins at page 215 in the Core Book. 10:26

MR. HOGAN: So we will make that Exhibit M.

MR. O'SULLIVAN: Yes, thank you. 10:26

CHAIRPERSON: And do you wish to assign exhibit numbers to each of the other transcripts you introduced yesterday, perhaps, Mr. O'Sullivan?

MR. E. O'SULLIVAN: They are in the Core Book, so again I will be suggesting to you ultimately that the material in the Core Book will all have been proven. 10:26

MR. HOGAN: Well, there was evidence of the transcripts, so --

MR. E. O'SULLIVAN: Yes, there was.

MR. HOGAN: Maybe for each video, if the transcript was Exhibit, you know, if it's whatever -- if it's Video M, then it will be M1 just to be... 10:27

MR. E. O'SULLIVAN: Very good.

MR. HOGAN: Just so everyone knows what we're talking about. 10:27

(VIDEO PLAYED)

31 Q. MR. E. O'SULLIVAN: That can be stopped now. Thank

you. Ms. De Souza, can you still hear me?

A. Yes.

32 Q. We'll just have you brought back up on the screen, just bear with us for a moment. If the members of the Committee turn to page 156, please, I think, 10:44
Ms. De Souza, when you were asked to download this clip, did you have access to the complaint that had been made by [redacted] to CORU, the complainant, can you recall?

A. Yeah, yeah, I did. 10:45

33 Q. And the Committee have a screenshot attached to the second complaint made by [redacted] at page 156. It's a screenshot of a Facebook page. I think you are familiar with that screenshot, are you?

A. Yes, I am. 10:45

34 Q. And is that the link you used and the video you downloaded?

A. Correct.

35 Q. Yes. And we can see on that screenshot, if you have it, that under the video on the bottom right, below 10:45
"Protest Against Restrictions in Limerick July 31, 2021", we see on the bottom right there is a reference to 104 comments and 2.9K views, can you see that?

A. Yes, I can.

36 Q. Do you know when you went on to Facebook to download 10:45
the video what the number of comments were or what the number of views were?

A. No, I don't.

37 Q. And what date did you download the video from Facebook

on?

A. It was on April 13, 2025.

38 Q. And when you downloaded this video, what did you do with it?

A. I copied the link and then I pasted it on video downloader. Then with the downloaded video, I transferred it to my Google Drive. And then from my Google Drive, I transferred it to our case management database, Practice Evolve. 10:46

39 Q. And I think it's the case that this video no longer appears on Facebook as of today? 10:46

A. That's correct, I checked.

40 Q. Yes, thank you. They are my questions, Chair, thank you.

CHAIRPERSON: Thank you very much for your evidence, Ms. De Souza. The Committee have no questions for you. Mr. Hogan? 10:46

MR. HOGAN: No.

CHAIRPERSON: Thank you again.

MR. HOGAN: Will we make that screenshot Exhibit N, Mr. O'Sullivan? 10:46

MR. E. O'SULLIVAN: Yes, thank you.

MR. HOGAN: Could you just confirm, Mr. O'Sullivan, just the transcript of that video, that was one of the transcripts that was proven yesterday, was it, by the stenographer? 10:47

MR. E. O'SULLIVAN: Yes, yes, at page 205.

MR. HOGAN: All of the transcripts --

MR. E. O'SULLIVAN: -- have been proven.

MR. HOGAN: All of the videos and the podcasts were proven yesterday?
MR. E. O'SULLIVAN: Yes. And perhaps if you -- so, what I have written down here for each of the podcast -- sorry, for each of the video or podcast transcripts, the "Andys Conversations" video is Exhibit E, so that transcript is E1. 10:47
MR. HOGAN: Yeah.
MR. E. O'SULLIVAN: The James P. Nesbitt video, if I can call it that, is Exhibit G, so the transcript of that is G1. The podcast is Exhibit I, so the transcript of that is I1. The video from the Limerick City speeches is C, so the transcript of that is C1. And then the July 21 video we have just seen is M, so the transcript of that is M1. 10:47 10:48
CHAIRPERSON: Thank you.
MR. E. O'SULLIVAN: And the next witness, Chair, is [redacted] and you will find [redacted] statement beginning at page 505 of the Core Book.
CHAIRPERSON: Is [redacted] evidence likely to be long. I'm just conscious of the stenographer and having a break. 10:48
MR. E. O'SULLIVAN: I suspect her evidence will take about 30 to 45 minutes .
CHAIRPERSON: Are you okay? 10:48
STENOGRAPHER: Yes.
CHAIRPERSON: Well, in that case, we'll proceed. Thank you.
MR. E. O'SULLIVAN: Thank you.

[redacted] AFFIRMS

MR. HOGAN: Mr. O'Sullivan, is [redacted] the individual referred to by the Registrant in at least one of the videos? 10:50

MR. E. O'SULLIVAN: Yes.

MR. HOGAN: So --

MR. E. O'SULLIVAN: If we want to debate this, we might do it in [redacted] absence because she hasn't been asked to consider any of the videos. 10:50

MR. HOGAN: Well, very good.

CHAIRPERSON: If it is to be debated -- [redacted] would you mind stepping out of the room for a moment?

[redacted] Stepping out. Of course.

CHAIRPERSON: You remain sworn, but you might step out of the room. 10:50

[redacted] No problem.

([redacted] left the hearing room)

10:50

MR. E. O'SULLIVAN: Perhaps I might just explain what evidence [redacted] is going to be asked to give. She was retained by the Registrar to answer a number of questions in relation to specific issues that had arisen. Her background is in infectious diseases and, 10:51 to take you very quickly through the questions she was asked, she was asked to deal with the onset of the pandemic; what a pandemic means; the nature of the coronavirus and its arrival here; the distinction

between Covid-19 and the common cold; as I have said, the meaning of a pandemic, and the declaration of a pandemic made in relation to Covid; the types of illnesses and sickness caused by the coronavirus through 2020; to address issues in relation to whether there were people who were particularly vulnerable to serious illness or death if they contracted Covid; to address whether people died as a result of contracting Covid-19 and to give evidence in relation to data in connection with that; in relation to the calculation of data and the efficacy of the calculations concerning Covid deaths; to address the impact the pandemic had on hospital and ICU admissions between 2020 and 2022, and a number of other matters like that. She was not provided with any of the videos, any of the transcripts. She has not been asked to comment on anything that was said by Ms. Stack Rivas. The purpose of her evidence is to address the science that is there in relation to what coronavirus is, the onset of the pandemic, the declaration of the pandemic, and scientific matters such as that.

10:51

10:51

10:52

10:52

MR. HOGAN: I suppose the first thing that strikes me, Mr. O'Sullivan, is that the Registrant has specifically identified [redacted] as somebody with whom she disagrees. And so what do you say in relation to the requisite independence of [redacted] in terms of giving expert evidence in relation to these matters in circumstances where she has been identified by the Registrant as having a contrary view, if you like,

10:52

before we even get to who's right about these matters?
MR. E. O'SULLIVAN: Well, that doesn't affect her independence as all, in my submission. Firstly, [redacted] isn't aware of what has been said by Ms. Stack Rivas on the material within the videos. 10:53
Separate to that, if there is a disagreement, and it seems there is a disagreement between them, the Registrant has the opportunity to come to this Inquiry to cross-examine [redacted], to test her evidence, to put alternative propositions to her. She hasn't chosen 10:53
to do that. That is a matter for her. The fact that she disagrees with [redacted] in no way undermines [redacted] independence, and the fact that she has said things that are not terribly nice about [redacted] doesn't affect [redacted] independence 10:53
because [redacted] doesn't know about any of that. And, in any event, I would submit she can be asked, if you consider it appropriate, whether any views that Ms. Stack Rivas might have about her or her opinions have altered the approach she has taken and her 10:54
understanding of her duties to the Committee as an independent expert.
MR. HOGAN: The next thing that strikes me, Mr. O'Sullivan, is that this Committee can't decide whether the wearing of masks was either, you know, on 10:54
the one hand, as the Registrant suggests, bad for your health, or whether it protected you from contracting Covid or any of these matters. This Committee can't decide those matters as a matter of fact, and is this

witness not being put up to prove that what the Registrant has been saying in the various videos that have been shown, is that she is wrong about all of these things?

MR. E. O'SULLIVAN: Yes, but what she is being called to do is to -- 10:55

MR. HOGAN: But how can the Committee decide that?

MR. E. O'SULLIVAN: Because what she is being called to do is to give evidence in relation to what the science demonstrates, because the case that is being made is that Ms. Stack Rivas is expressing views as a person with a science degree, as a healthcare professional, that have no basis in the science and are inconsistent with the science. And that is admissible evidence and it is evidence that the Committee is entitled to have regard to in assessing whether Ms. Stack Rivas has been guilty of professional misconduct, because we are dealing with science. 10:55

MR. HOGAN: Yeah, but that would result in the Committee having to decide, one way or the other, as a matter of fact on any particular issue in dispute -- or any statement, controversial statement, for example, made by the Registrant, that they have to decide in each case that actually, as a matter of science, that she is wrong about those things. 10:55 10:56

MR. E. O'SULLIVAN: Whether what she said has a basis in science, is evidence-based, and can be sustained by science, yes.

MR. HOGAN: Well, then going back to the first point,

the very person that's going to give evidence against the Registrant in relation to what the science is, is somebody who she challenges. And how does that square with her independence as an expert before the Committee? 10:56

MR. E. O'SULLIVAN: But Ms. Stack Rivas would challenge any expert who comes to give evidence in relation to the science with whom she disagrees.

MR. HOGAN: Well, she could say, "Look, I disagree with what you're saying", but it goes -- it's more than -- 10:56

in this particular -- some of the videos she actually identifies -- in one, in particular, she identifies, I think it's the podcast, maybe --

MR. E. O'SULLIVAN: Yes, it is.

MR. HOGAN: -- she identifies [redacted] by name and 10:56

challenges her. So she's -- is she not by that fact dragged into the dispute, so to speak?

MR. E. O'SULLIVAN: No, because by that logic, there is no expert who can give evidence in this case, because Ms. Stack Rivas -- yes, she specifically names 10:57

[redacted], but she also directs criticism at the entirety of the medical establishment.

MR. HOGAN: Was [redacted] a member of NPHET?

MR. E. O'SULLIVAN: She was a member of the NIAC, not NPHET. But the criticism is so broad, it is levelled 10:57

at all of the establishment, if you like, the medical establishment, the political establishment. There is nobody who can be called to give evidence in relation to the science who Ms. Stack Rivas has not expressly or

implicitly accused of a whole host of different things, including being part of a hoax, a cover up, lies etc. And what I submit is you have to be satisfied that [redacted] is an expert in the area, and I'm going to ask her about her background, her qualifications and her experience. Of course, having heard her evidence, you have to be satisfied that she has addressed these issues objectively and independently, but you have to hear her evidence and form your own view in relation to that. And there is no basis to prevent her from giving evidence because Ms. Stack Rivas has said something about her on a video that she's not even aware of. 10:58 10:58

MR. HOGAN: But that video is the video -- or the podcast, as it happens, is the podcast for which she is alleged to have misconducted herself in saying what she said on it. 10:58

MR. E. O'SULLIVAN: Yes, but [redacted] is not being called to give evidence about the rightness or wrongness of what she said on that particular podcast about [redacted]. There is a separate expert, a physiotherapist, [redacted] who is giving misconduct evidence. 10:58

CHAIRPERSON: The Committee are going to rise and consider the matter themselves. You might inform [redacted] that we will be back to her shortly. 10:59

MR. E. O'SULLIVAN: If legal advice is going to be given, obviously --

CHAIRPERSON: It will be repeated, of course.

MR. E. O'SULLIVAN: Yeah.

CHAIRPERSON: Of course. It isn't our intention currently to take legal advice, but if it is given, we will repeat it here in front of you.

MR. E. O'SULLIVAN: Thank you.

10:59

THE HEARING ADJOURNED BRIEFLY AND RESUMED AS FOLLOWS:

MR. HOGAN: Thank you, Mr. O'Sullivan, could I just confirm a couple of things?

MR. E. O'SULLIVAN: Sure. 11:45

MR. HOGAN: Just, firstly, in relation to [redacted], I suppose, status as an expert, did [redacted] give evidence in the first Inquiry?

MR. E. O'SULLIVAN: Yes, she did, and it is -- it's in that context that the criticism is made of her by 11:45 Ms. Stack Rivas in the podcast, and I can refer you to that page, if you'd like.

MR. HOGAN: If might be helpful just to do that.

MR. E. O'SULLIVAN: So it's page 332 of the Core Book and, at page 332, Ms. Stack Rivas is discussing what is 11:45 described as the complaint or the case against her and you will see she says at the top of the page that:

"I was telling my views and some poor people might believe what I am saying and put themselves in danger and I would cause harm, so that's what it is about. But they never allowed me ask questions. I tried to get my legal team to ask questions because we had [redacted] now she's a very big lady. She's

retired now, but she was on NPHET, it was kind of the group that advised the government during Convid. She would be a Professor in Infectious disease, Paediatrics. She would be on all different boards. She kind of would be like a high ranker and she came as a witness against me and I wasn't allowed -- I had to get a witness on par with her to go against her, but they were discouraging it. Then during that time her report was very interesting, she lied so much in it, but then when she appeared she kind of contradicted herself on that. I couldn't ask her questions. It could have blown open everything if I had people who really were representing me. We could easily have had taken down these people, but again we are in a crown court."

Etc. So that's the criticism.

MR. HOGAN: And that's the context in which [redacted], I suppose, is referred to --

MR. E. O'SULLIVAN: Yes. 11:47

MR. HOGAN: -- by the Registrant. And could we just be clear, Mr. O'Sullivan, in relation to the purpose of [redacted] evidence? My understanding - and it would be good if we could get agreement on this for the Committee - my understanding is that [redacted] 11:47 evidence is being given to the Committee in order to provide the Committee with the scientific consensus around the pandemic and the roll out of vaccinations and so forth, and to juxtapose that scientific

consensus with the various matters or various things that the Registrant was saying in the various videos and podcasts and so forth?

MR. E. O'SULLIVAN: Precisely. And she provides some data and she includes some references to studies and things like that. But, absolutely, it is to demonstrate what the scientific consensus was in relation to a range of matters at the relevant time. 11:48

MR. HOGAN: Very good. Well, I think in those circumstances, Chair, my advice would be that it would be appropriate just to hear the evidence of [redacted]. 11:48

CHAIRPERSON: Any questions from any members of the Committee? No. In that case, we will proceed on that basis. Thank you, Mr. O'Sullivan. 11:48

MR. E. O'SULLIVAN: Thank you, Chair.

CHAIRPERSON: So if you can call [redacted], please.

MR. E. O'SULLIVAN: So, again, the statement is at page 505 for ease of reference. [SHORT PAUSE].

CHAIRPERSON: [redacted], you are already sworn. Thank you for returning. There was an issue that arose that the Committee had to discuss, but I apologise for the delay in you being called. 11:49

WITNESS: No problem. Can I just have some water?

MR. E. O'SULLIVAN: Absolutely. We can do that for you [redacted]. 11:49

WITNESS: Okay. Thank you.

[redacted], HAVING AFFIRMED, WAS DIRECTLY EXAMINED BY MR. O'SULLIVAN, AS FOLLOWS:

41 Q. MR. E. O'SULLIVAN: Good morning, Professor. As you know, I have some questions for you in the first instance. And when I have finished asking you questions, the members of the Committee and, indeed, the legal assessor may have some questions for you as well, if that's okay? 11:49

A. Okay. 11:49

42 Q. I think, Professor, you are a paediatrician and infectious diseases specialist and, prior to your retirement from practice, you were a consultant at Children's Health Ireland at Crumlin, and also Temple Street, where you headed the infectious diseases team, is that right? 11:50

A. That's correct.

43 Q. I think you also were the Chair and Interim Clinical Lead of the National Immunisation Advisory Committee from 2016 to 2023? 11:50

A. Correct.

44 Q. And would you mind briefly reminding us what that Committee does? We all became quite familiar with it, I think, during the pandemic but --

A. Yes, indeed -- it was probably little heard of before that. But it's a committee that has been in place since the 1990s and the purpose of the committee was to gather/assess information about vaccinations, authorised vaccinations and how they should be used or 11:50

advised for the Government in terms of how they should be used in the national immunisation policy.

45 Q. And I think NIAC, as it was known, is a different body to another body we all became very familiar with during the pandemic, which was NPHET. 11:51

A. Oh, yes. No, NIAC was an independent body. It consisted of a number of physicians and allied health professionals to review the evidence regarding vaccines. As I said, it was in existence long before the need for NPHET and really only came, I suppose, 11:51 into prominence. But it would be seen -- it was seen at that time and now it is statutorily, I think, the National Immunisation Technical Advisory Group for the country.

46 Q. Thank you. And I think you up to your retirement, you 11:51 had worked as a specialist in pediatric infectious diseases for over 30 years?

A. Yes, yes.

47 Q. You were retained by the Registrar and you were asked to address a series of questions, in effect, that you 11:51 were put to you --

A. Yeah.

48 Q. -- in relation to the pandemic and certain other related matters. And you were asked to set out, in effect, the consensus that existed in relation to the 11:52 science in relation to various issues addressed by those questions, is that a fair summary of what you were asked to do?

A. Yes.

49 Q. And you've prepared a statement for the Committee, which they have in the Core Book. And after the introduction, which I have just taken you through, which is your background, on page 2 of the statement, page 506 of the Core Book, you provide some data -- and I think we see that the statement is dated 15th January 2025 and, at the top of the second page, you provide certain data in relation to figures as they were on the 29th December 2024, and you have provided the source of that information. You see globally there had been, at that stage, 777,126,421 confirmed cases of Covid-19, including over 7 million deaths reported to the WHO. And in Ireland at that stage, there had been more than 1.75 million confirmed cases of Covid-19 and 9,914 deaths. And where did those figures come from? 11:52 11:52 11:53

A. Well, the global figures would come from the WHO because they maintain a dataset, and so those figures are from there. And they are also echoed by other, if you like, datasets, such as John Hopkins and Our World in Data. They all interdigitate. 11:53

The Irish figures come both -- looking both at what were our HPSC figures, but also as they are reported to WHO as well.

50 Q. I see. And you provide certain other data references at the top of the following page before you move on to address the questions you were asked. And we see at the top of the third page of your report, you say: 11:53

"As of 23 January 2023, globally a total of 13.64 billion COVID-19 vaccine doses have been administered, 13.12 million of which have been administered in Ireland."

And that's obviously information as of January of 2023. Presumably, the figures are far in excess of that at this stage?

A. The figures -- they were the figures as of January 2023 reported. Looking, because I did look at what are the updates, it was given as a range between 11 and 13.12 million. 11:54

51 Q. Yes, you then have certain bullet points where you address the safety and efficacy of vaccines. We might come back to that because I think you deal with that below in response to some of the questions. 11:54

A. Yes, yeah.

52 Q. So we see the first thing you were asked to consider was the nature of the coronavirus and its arrival here. And I don't think it is necessary to go through this on a line by line basis -- 11:54

A. Sure.

53 Q. -- if you are in a position to provide a summary of the information?

A. Yeah, basically, coronavirus - a strange, unusual infection - was first identified in about December 2019. It was identified as the coronavirus in January 2020. It was a little bit later, though -- there may have been some cases here at that time that were 11:54

unrecognised, or in the UK that were unrecognised. The first cases were identified a little later in that year, in February. In March was really when it entered Ireland, when, if you remember, there was a big rugby match. There was a lot of traffic from Italy, where it had already been recognised, and really that was kind of the start of coronavirus in Ireland, and it is still with us today. 11:55

54 Q. And we see you say that this virus that had been identified, SARS-CoV-2, is a member of the coronavirus family, and you identify a number of other members of that family. There's SARS-CoV-1 and Middle Eastern Respiratory Syndrome, and would you mind just giving the Committee -- 11:55

A. Yes, it's a wide family of viruses. They are a simple RNA virus. What that means, and it is relevant, is that they have a single genetic strand, which means that when they are turning over, there's less opportunity for correction so you get more variations in that along the way. 11:55 11:56

So a wide family of viruses. Some of them in the past, they feel, retrospectively, may have been responsible for some global epidemics hundreds of years ago as they came in. People got used to them. They became common cold viruses. So many of this family cause common colds -- no particular problem. A couple of them that have been recognised relatively newly have caused significant problems. SARS, the original SARS one, 11:56

people might remember that, again started in Asia, spread -- I think we only had one case here in Ireland, but, in Canada, there were a number of healthcare workers who died. And I suppose at the beginning of this epidemic, we thought it might follow the same course -- it was rather short-lived, it was more easily controlled, it carried a mortality of about 10%. 11:56

Then there was another one, the Middle Eastern respiratory virus. Still going on a little bit. It kind of spread around dromedaries and camels. All of these are kind of animal based that then move into humans. It has a much higher mortality, so fortunately hasn't proved as transmissible as some of the other ones. Its mortality is 37%, so it's really quite high. 11:57

And then this one hit the scene in 2019/2020. One of the characteristics was that it changed very quickly, very rapidly. There were several evolutions of the virus, minor changes, and was highly transmissible. Its mortality in a non-vaccinated population was about 3%. 11:57

55 Q. I see. And we see that you indicate at paragraph 6 of your report what the characterisation was in relation to the infection as it was moving through the population in terms of the nature of the symptoms people were getting and the severity of the illness, and would you mind giving the Committee a bit of information in relation to -- 11:57

A. Yeah, there was a very steep learning curve and it took a little bit of time to get some things right. But the actual -- so many people got infected so quickly that the actual what we'd call the natural history - I mean, there was no vaccine, there was no treatment - was identified quite early on. And it was seen that, for 80%, for the majority, it could be quite a mild infection. They get over it. 15% would have a more severe illness. A 5% would have critical illness to ICU. And that for every person who got infected, they would be in contact with maybe about three to four other people who would quickly acquire infection. At that time, it was considered that you need quite direct contact, that it was droplet spread -- so, literally, I kind of had to exude a droplet that would land somewhere and that you would pick it up. But, as things unfolded, what we found was that there was more airborne spread, that there were very small droplets that could circulate in the air and so that somebody here might have it, but somebody at the far end of the room could actually acquire it. 11:58 11:58 11:58 11:59

56 Q. You provide a number of dates as well. I think we see at paragraph 8 you say that by the 24th January 2020, cases of Covid-19 had been confirmed in Europe. Over the page, we see you say that on 30th January 2020, the WHO declared a public health emergency. And you then go on to deal with the first case in Ireland, and we see at paragraph 11 that the first case in Ireland was a case from Italy; the person returned to Ireland from 11:59

Italy on 17th February 2020. And the first case in the Republic of Ireland was on 29th February; again, it was a case of a person returning from Italy, is that right?

A. Yeah.

57 Q. In terms of when the pandemic was declared, at paragraph 10 you say that the WHO declared the outbreak of a pandemic on the 11th March 2020. And I know it's a question that is raised later, but would you mind just telling the Committee what a pandemic is? 11:59

A. Okay, so everyone will be familiar we have infectious diseases that go around. We have sort of baseline levels that we expect in any community. If there is any sudden surge within a community, as indeed we are having at the moment with flu, you might consider that that was epidemic if it was unexpected. With flu, it's kind of we expect it, it's now seasonal, but if it was something new, we might have an epidemic. 12:00 12:00

When that epidemic crosses international boundaries, then it is considered a pandemic. So it is a sudden rise in -- often, in new, but it could be a pre-existing condition that might have changed a little bit. And then you would have epidemic locally, but pandemic when it crosses international boundaries. 12:00

58 Q. We see at paragraph 11 you, having identified when the first case was here and how transmissible the disease was, you say 25,000 cases were diagnosed between the 29th February and the 19th July 2020, and I take it they are figures in Ireland, is that right? 12:01

A. Yes, yeah.

59 Q. And the WHO declared that the global health emergency in relation to Covid had ended on the 5th May 2023, albeit, as you've said, Covid is still with us?

A. Yes, because now it has sort of changed from that pandemic form and it's become what we call endemic. So, we're not going to get rid of Covid. It is one of the indigent viruses that is going to circulate in the community. 12:01

60 Q. You were then asked to address the distinction between Covid-19 and a common cold. Would you mind doing that, please, in summary form for the Committee? 12:01

A. Well, there are some coronaviruses that can cause a common cold, and SARS-CoV-2 or coronavirus infection can actually now cause a common cold as well. So it follows the whole spectrum from asymptomatic infection right through to very severe or critical illness. But what's different about Covid disease, as such, is that, a common cold, you can feel miserable - your nose is stuffy, you're sneezing, you might be feeling off form for a couple of days - it is largely a respiratory infection, it is confined mainly to the upper respiratory tract. In some people with weak immune systems, you might have lower respiratory tract involvement as well. Most people get over it in a few days and there won't be long-term sequelae. And all of us go through many, many common colds over our lifetime. 12:02 12:02 12:02

The thing about Covid was quite different in that although the main portal of entry was respiratory, and the lungs were certainly a key target, it also affected other organ systems in the body. It also turned on inflammation in the body in a way that was uncontrolled and, in fact, accounted for many of the deaths that were related. It caused disorder of blood clotting systems, it affected kidney, it affected widespread organs. So it was very different to cold. It wasn't limited in that way. 12:03

And, also, as we learned as we progressed through, for some people - not for all, but for some people - there were long-term sequelae and some people are dealing with what has been called long Covid or post Covid. So a very different pattern of disease possible with Covid compared to common colds. 12:03

61 Q. Yes, thank you very much. And you --

CHAIRPERSON: Mr. O'Sullivan, may I ask you a question? And I'm sorry for interrupting your line of questioning, but I am conscious of the fact that, up until now, we seemed to have it on the screens mirroring the happenings here in the room, but that seems to have turned off since we rose on the last occasion. Is there a reason for that? 12:03 12:04

MR. E. O'SULLIVAN: I don't know. I suspect it may have been that [redacted] was the only witness who was giving evidence remotely, and obviously it was going to be necessary to have something up on the

screen for her to give evidence. Perhaps it's because there are no further remote witnesses that that has now been turned off.

MR. HOGAN: There is nobody joining the Inquiry remotely? 12:04

MR. E. O'SULLIVAN: No.

CHAIRPERSON: Okay. Thank you.

62 Q. MR. E. O'SULLIVAN: You describe in some detail what you've just summarised for the Committee between paragraphs 13 and 18 of your report and, in addition to 12:04 what you've already described in relation to the difference in terms of the symptoms and how the virus attacked the body, and long Covid, you say that the morbidity and mortality caused by SARS-CoV-2 was quite distinct from that associated with the common cold. 12:04 And you say that, unlike the common cold, there were over 7 million deaths associated with Covid-19 since it first appeared in 2019?

A. Yes.

63 Q. You have already addressed then the meaning of the 12:05 pandemic and the declaration of the pandemic made by the WHO, so I won't ask you to repeat that. And, again, you've touched upon this, but you were asked then to address, beginning at paragraph 21, the types of illnesses and sickness caused by the coronavirus 12:05 throughout 2020. And you have referred, obviously, to the inflammatory conditions that could arise. There were respiratory issues encountered, I think. And you have referred to the multiorgan dysfunction and blood

clotting that occurred, and there were clearly severe, life-threatening conditions developed as a consequence of contraction of Covid-19?

A. Yeah.

64 Q. You deal then with the issue of the mortality rates and the lack of understanding at the early stages of the pandemic of the mortality rates at paragraph 24. And, again, the types of disorders you reference there are the progressive pneumonia, the multi-organ failure, shock related to hyperinflammatory syndrome, clotting. Broadly speaking, how many people fell into that most severe category as a percentage? 12:05 12:06

A. It was about 5% of those overall who acquired Covid who would develop critical illness.

65 Q. I see. And, again, you are asked to deal with it later, but I think it probably makes sense to ask you now were there particular groups or cohorts of society that were more vulnerable than others? 12:06

A. Yeah, absolutely. Right from the beginning, it became evident very early on that there were key risk factors for development of severe disease. That wasn't to say that anybody -- you know, anybody could develop severe disease, but, overall, age was the predominant thing. Basically, your risk of severe disease went up decade by decade. Particularly once you hit over 50, 65, and 70/80, it just exponentially went up, and there are some graphs that kind of show that, and that was repeated everywhere. 12:06 12:06

Then the other key things were what we would call comorbidities or other conditions. Someone with a weakened immune system for whatever reason, either from treatment or from disease, they were at high risk. But also other things that one mightn't have thought of, particularly obesity, people living with obesity, that was a particular high risk and, you know, tragically, there were very many young people who ended up in ICUs in that category. So they were the main things. 12:07

And children were much less at risk, much more right across the board. That wasn't to say that children didn't get acute illness, and there were paediatric deaths from Covid -- thankfully, not too many in Ireland, but they did occur. Interestingly, children were more prone to develop the inflammatory reaction after Covid. That was called -- there were two different names for it, but it was a generalised body inflammation that would occur with high fevers, gut abnormalities. And, fortunately, most of them were able to be treated. 12:07 12:08

66 Q. And I think you refer to those conditions at paragraph 27. One, I think, was Paediatric Inflammatory Multisystem Syndrome temporally associated with SARS-CoV-2, and then Multisystem Inflammatory Syndrome in Children. 12:08

A. Basically, it was two different groups of people describing it on two different sides of the Atlantic and giving it two different names.

67 Q. I see.
A. The same thing.
68 Q. Under the heading "Whether there were people who were particularly vulnerable to serious illness or death", you set out some data subtending what you've said -- 12:08
A. Yeah, and the graph there really shows it. I mean, the older you were, the more at risk you were.
69 Q. Yes. And I think you have another table at the top of the following page again that deals with age groups and deaths per 100,000 of the population? 12:09
A. Yes.
70 Q. And no age group was immune to the risk of a Covid death, I think we can see there?
A. No. The first table is Irish data. The second table is from the US. 12:09
71 Q. Thank you. You say at paragraph 32 that as population immunity has increased due to vaccination, infection or a combination thereof, the risk of death has declined?
A. Yeah.
72 Q. Again, we'll all be familiar from living through the pandemic in relation to both the onset of and availability of the vaccination, but also the effects of recovery from a bout of Covid -- 12:09
A. From infection, yeah.
73 Q. And have the impacts of both vaccination and herd immunity - I think it was something that was discussed at one stage - have they been quite pronounced? 12:09
A. Absolutely. I mean, in the beginning, the virus arrived in a community that had absolutely no immunity

to it at all. Therefore, people were most at risk. Through vaccination, and ultimately through infection, one developed a level of protection. And, interestingly, the combination of vaccination and infection gave almost the most durable immunity. And the other thing we learned was that the immunity that we get from it is not totally durable over the longer term and we get -- our immunity is boosted either by vaccination or by recurrent exposure to the viruses. And this is probably what has happened with the other coronaviruses that have come in in the past, the ones that cause the common cold, is that originally there probably was an epidemic related to them, but then they're just circulating and people are picking them up every year and they're getting boosted and then, over time, we learn how to deal with them. But, yes, vaccination was key to reducing mortality-related and hospitalisation relating to it. And, together then, people who were vaccinated would get infected, but they would have a milder course, less likely to run into any problems or develop critical illness, and that would also boost their immunity and you would get what we refer to this hybrid immunity from both the virus and vaccine. 12:10 12:10 12:10 12:11 12:11

74 Q. And is Covid, at this stage, some five years post the onset of the pandemic, in the light of the immunity that has developed, is it still an illness that can result in severe symptoms and even death?

A. Yes, unfortunately it is. One of the things about

Covid, as I alluded to at the very beginning, because it is this sort of single-stranded one layer of genetic material, as it makes more of itself and turns over, it is what we would call error prone, and there are changes. And so, in this particular one, we have seen 12:12
lots of change. So the virus that came in originally is not the same as the virus that is circulating now. And we saw that in the different waves and, as it went through different waves, sometimes they had slightly different characteristics and some were more aggressive 12:12
-- because we had the original strain, then we had the Alpha strain, and then we had the Delta strain. The Delta was a particularly bad one, for example, with that inflammatory syndrome in children that we saw. We saw that much more after that than after what came 12:12
after, which was the Omicron strain. The Omicron, which is still predominantly circulating, with some minor changes, was much more transmissible, so we had a huge surge in numbers. And while the severity wasn't greater, because there was a bigger surge in number, 12:12
more people were ended up in hospital during that.

So we can't actually, you know, we can't say 100% that it couldn't happen again. But at the moment, this Omicron variant seems to be dominating, with minor 12:13
changes. It isn't getting -- it doesn't seem to be getting more aggressive. But there are people -- and there are people, even looking at the most up-to-date data -- just while I was waiting there, I was sort of

looking at what the recent sort of figures were just this year, and there are people still currently being admitted to hospital. Over 1,000 this season - that would be from about September to now - 19, I think, was into the ICU; 61 deaths, though, you know, from Covid. 12:13
Now, flu has been a big player this year, and much bigger than Covid or RSV, which are sort of the three big respiratory viruses. There have been 18,000 cases, with 4,000 hospital admissions, but, interestingly, only 41 deaths. 12:14

75 Q. From flu?

A. So from much bigger numbers of flu, we're actually seeing less deaths than we are with Covid. So you still can't sort of dismiss Covid entirely. The deaths are primarily occurring in people who are at high risk, 12:14
and some of those deaths may not necessarily be due to Covid. They may be people who are sick for other reasons who incidentally have Covid. You know, that gets to be teased out. They are still predominantly happening in the older age groups or in people who are 12:14
immunocompromised.

So, at the beginning of the epidemic, most people who were in ICUs who had a positive Covid test were in ICU because they had Covid. It was Covid that was putting 12:14
them there. By the end of the pandemic, and now, most people who are in ICU with Covid, they are in ICU triggered by another cause but they happen to have Covid as well, which might be a tipping point, but it

wasn't the reason they were there, and that's what has happened in the time course over the pandemic.

76 Q. And you address in greater detail both of those issues in the next two sections of your report. The next heading just above paragraph 33 is "Whether people died as a result of Covid-19", and you say in the early part there were deaths caused by Covid-19, and then as time passed, there were deaths where people had Covid-19 but they may have also had other contributory factors? 12:15

A. They may have had other things as well. But Covid would often be a tipping point for that, and that's still happening. 12:15

77 Q. And then over the next page - we are down to page 512 of the Core Book now - you were asked how the number of people with Covid-19, who died from Covid-19, was calculated and the efficacy of the calculations? 12:15

A. Yeah. Well, basically -- and, again, it varies over time in the sense that, in the beginning when everyone was being tested and all positive tests were reported, that's when data is probably most accurate, because, now, there's really people who are hospitalised, yes, may be tested for infection control reasons and others, but most people are not testing themselves if they get Covid. So, you know, in order to understand the data, you have to understand the context in which the data is sought. 12:16 12:16

But, basically, anyone at the time had to notify if there was a positive test of Covid, and so that

notification goes through. The HPSC would go through - they are the surveillance group and they would take it and enter it into a computerised database - and they would include what they considered confirmed cases, where there was a definite positive laboratory test, either a PCR, or, later on, an antigen test. And that's how those numbers were generated. 12:16

Now, that didn't always separate out those who happened to have a test and those who were sick because of Covid. In the CSO data, they would follow the WHO guidance as well in terms of determining deaths related to something and they would, if a death was due to something else, it was automatically excluded. So you will see a little bit of difference between HPSC figures and CSO figures in terms of if you're looking at number of deaths for any given year. 12:17 12:17

78 Q. Does that mean then that, if I can put it like this and correct me if I'm wrong, if there was an incidental finding of Covid that wasn't considered to be in any way causative or contributory to death, that would be excluded from -- - 12:17

A. CSO.

79 Q. -- CSO figures?

A. As causative death. 12:17

80 Q. As cause of death. You were then asked, and this is over the next page on page 513, to address the impact of the pandemic on hospital and ICU admissions in 2020 and up to 2022?

A. Yeah.

81 Q. And we see you have certain data there. If you wouldn't mind again just providing an overview for the Committee of what that impact was?

A. Well, I mean, the impact -- and it varied by hospital in the sense that, for example, in the paediatric hospitals, we weren't overwhelmed at all in the same way. And, in fact, in some ways it was quieter because there were a lot of other things that weren't happening at the time. 12:18

But in the adult hospitals, they really suffered the brunt of it and they were, quite frankly, inundated and, you know, the situations in the ICUs became very critical in terms of what the capacities of what the ICUs were. Other areas of hospitals, patients had to be put into and managed, who would normally have been an ICU candidate, so that -- you know, the resources were incredibly stretched and people were really worried as to whether we would be able to or the health system would be able to sustain the impact of Covid. And in those, particularly in the main waves of Covid, there was real concern as to what might happen. Fortunately, using accessory areas as well, and making some probably decisions that some people mightn't have gone to ICU, would be nursed outside of ICU, it was a very critical time in terms of the healthcare system. 12:18 12:19 12:19

82 Q. In relation to the data --

A. And the impact on the healthcare personnel was huge as

well, and we know that there deaths in healthcare personnel who were working in the ICUs.

83 Q. In terms of the figures that you have reproduced in your report, we see at paragraph 45 you say that of the over 100,000 confirmed Covid cases in 2020, over 6,000 patients with Covid were hospitalised -- 12:20

A. Yeah.

84 Q. 681 were admitted to ICU, and there were 2,003 deaths as of 2020, is that right?

A. Myocarditis-hmm. 12:20

85 Q. And breaking that down a little bit at paragraph 47, in the first wave, Wave 1, which is the 16th February to the 1st August of 2020, 436 individuals, with a median age of 60 but ranging from 17 to 90, with confirmed Covid-19, were admitted to ICU, and 88% of those had underlying conditions. 20%, I think you say, had no underlying conditions. 75% had primary viral pneumonia. 72 had acute respiratory disease. And you say the median length of ICU stay for those discharged alive was 14 days, and 21% died? 12:20 12:21

A. Yeah.

86 Q. And where are those figures taken from? I know you have included your references, but is that --

A. Basically, the HPSC. It's all HPSC data.

87 Q. You then deal with Wave 2 at paragraph 48, which is the 2nd August '20 to the 21st November '20. You say 170 individuals - median age 67, age range 19 to 87 - with confirmed Covid were admitted to ICU. 92% had underlying conditions. 65% of cases were discharged 12:21

alive. The median length of ICU stay was eight days. The range was 1 to 97 and 35% died?

A. Yeah.

88 Q. And we see the 2021 figures at paragraph 49. That year, there were 669,811 confirmed Covid cases notified, 16,154 hospitalisations, 1,658 ICU admissions. And then in 2022, there were 930,344 cases, 32,175 hospitalisations and 419 ICU admissions. So we can see in 2022, there were actually more cases, more hospitalisations, but fewer ICU admissions? 12:21 12:22

A. And that was the trend over the course of the pandemic as population immunity increased. Things improved.

89 Q. And you have further tables then at paragraph 50, which is, I think, confirmed cases resulting in hospitalisation and deaths in 2021? 12:22

A. Yeah.

90 Q. And we can see certain spikes during the relevant period?

A. Exactly, yes, yeah. And, you know -- but the other ways in terms of looking at this overall is people will have heard about excess mortality where the mortality in our population at all is more than we would expect. For example, it has just come out this year that our mortality in the last season, we have no excess mortality now, which is kind of what we expect, despite what's going on. But what we saw in Ireland during the pandemic, it actually did very well overall, but we had some periods of excess mortality and they all coincided - we had just a few periods - with those waves of 12:23 12:23

increased infection spikes from Covid. So, yeah -- and that got less as things went on.

91 Q. At page 516 then just above paragraph 53, you were asked -- and perhaps the language of the question leaves a little bit to be desired, but you were asked about "The received wisdom in relation to masks originally, the development of the science/thinking in relation to the usefulness of masks and the role played by masks ultimately." If I could slightly rephrase that and just ask you to address what the initial thinking was, and then what, ultimately, based upon the data, the scientific consensus was in relation to those issues? 12:23 12:24

A. So, basically, if you were to go to the start of the pandemic, I mean, everybody knew that people could wear masks in a hospital setting to protect themselves -- or both to protect a patient -- from you spreading the virus from the patient, but also to protect you as well. At the time of the beginning of the pandemic, there had been some work done on this in terms of flu generally, mainly, in terms of whether wearing masks in the community would be good for that or not, and the data on that was mixed, and the evidence bases were also quite flawed at the time. At the beginning of the pandemic as well, there were a lot of other factors, contextual factors entered into it. The drive to have hospitals safe and the amount of masks and PPE or personal protective equipment that was needed far exceeded anything that had been planned for and there 12:24 12:24 12:24

was real concern that people would run out, and there were settings where there wasn't enough to go around. And so, in that context, there was debate about what masks should be worn in public or not, by the public in the community or not. And it was also felt, oh, people won't be able to do it, they won't do it properly, they won't adhere to it, it's probably not worth it. 12:25

So, at the beginning, it wasn't really recommended and it wasn't felt that there was strong enough evidence for community-wearing of masks to be beneficial. And there was a concern that if you did that, there wouldn't be enough masks for the highest risk areas, which were in hospital. That changed over time. WHO first said, no, don't wear it. Within a few months, they said yes. But to cut a long story short, by the time we came to December, with analysis of evidence and looking at everything, it was recognised that, yes, there was a benefit to mask-wearing and within the community there was a benefit. By that stage, we had already stepped up through wearing it first on public transport, wearing it in hospitals, to then wearing it in retail and generally. 12:25 12:25 12:26

Since that time and ongoing, and even up to I think it was the end of 2024, there have been now multiple systematic reviews looking at the evidence that will conclude that masks are beneficial in preventing the transmission of respiratory infections. But of course 12:26

it depends on people wearing masks, wearing them appropriately, and having the right types of mask.

92 Q. And just to identify some of the relevant dates and the studies you've referred to, we see at paragraph 56 you say that on the 1st May 2020, NPHET recommended the use of face coverings as part of an infection prevention package. On 5th June 2020, based on the emerging evidence, the WHO had reviewed their position, which had been that masks were not part of the package -- 12:26

A. Yeah.

93 Q. "They recommended mask wearing by anyone in a health care facility, contacts of individuals with COVID-19, those aged 60 years and older and anyone with underlying conditions...".

At paragraph 58, you say:

"On 10 July 2020 the wearing of face coverings became mandatory on public transport those aged 13 years or over and this was later extended on 11 August 2020 to include many retail settings."

And then, as you say, on 1st December 2020, the WHO updated its position and, at that stage, the advice was that mask-wearing should form part of a comprehensive package at prevention, and that included masks being worn indoors and outdoors? 12:27

A. That's right. And there was also a follow-up HIQA report at that stage as well that concluded the benefit

of masks as well.

94 Q. And on the next page, page 517, you address some of the studies that have been done in relation to the benefit of mask-wearing, and I think the preponderance of the evidence would suggest that the view is that masks are of benefit if used properly? 12:28

A. Yes, absolutely.

95 Q. Do masks, based upon the scientific evidence, cause people to suffer illness or injury?

A. No, that also was brought up. Sometimes people have discomfort from masks. There can be an issue if people are wearing masks long-term all day, some people found they had increased acne related to it. So there were skin issues that needed to be addressed. 12:28

But in terms of some of the other points that were raised -- like, there was concerns did they interfere with respiration or build up CO2 or anything like that - no. And there has been continuing research in that area and there is no evidence that masks caused harm in that way. As I said, the one thing is that for some people there might be some skin irritation from wearing the mask for prolonged periods. 12:29

96 Q. And you address that at the top of page 518 just above paragraph 66. You were asked "Whether there are any scientific studies that you are aware of have supported the proposition that masks were dangerous", and you say no and you refer to a number of studies there were completed - one, I think, as early as August 2020 - 12:29

that all said that the view was that masks were not dangerous?

A. It should be said they were never recommended for children under two, no more than you want anything for... 12:29

97 Q. And you were then asked "Whether there are any scientific studies that you are aware of have supported the proposition that masks don't prevent one from getting viruses." And we see at paragraph 71, you say:

"The preponderance of scientific evidence favours mask wearing in the community to reduce spread of respiratory viruses."

Were there contrary views that were evidence-based that were peer-reviewed that were being produced? 12:30

A. There was some evidence that suggested -- I mean, there were some studies, I won't say it is evidence, that didn't reduce the risks of viral infection, but that was it. 12:30

98 Q. That was the height of it. Now, you were then asked, and this is at the bottom of page 518, to address the development of the vaccines, to consider what they were made of, and what types of vaccines were made available to the public and when they were made available? 12:30

A. Okay, so it was -- first of all, the vaccines that were developed, it was amazing that they were developed -- that they became available so rapidly. But having said that, that only happened because there had been a lot

of work done before in developing those types of vaccines, and then that they could be adapted for it. So, basically, there were a number of different vaccine types developed that targeted different stages in the viral life cycle. The two main groups that we were using here at that time in Ireland, one were what were called the viral vector vaccines where they had another inactivated virus that they were able to introduce part of the coronavirus - an antigen from the coronavirus - into that would then work. That was the AstraZeneca vaccine and the Johnson vaccine. 12:31 12:31

There were a traditional form of vaccine where you kind of took the virus and you kind of half killed the virus so it was inactivated. We weren't using them here at that time. They weren't ready. The other ones which was novel at the time was the development of the RNA viruses, where you were able to take an antigen from the virus and use that, and that was the Pfizer vaccine and the Moderna vaccine. And then a little bit later, there were what they called the protein subunit vaccines or the Nuvaxovid, which came online as well. 12:31 12:32

But the main ones that we had through this time period was we had -- the first one to become available to us was the Pfizer vaccine, which was in December 2020, because that was the roll out just around the Christmas time. And then it was a little bit later that the AstraZeneca virus became available. And the Pfizer and 12:32

the Moderna, they were the two - Pfizer is called Comirnaty, the Moderna was the Spikevax - they were the two RNA viruses -- or RNA vaccines, sorry, that became available pretty quickly one after the other. The Pfizer was the first one. And then the AstraZeneca was the viral vector vaccine, and that was followed by the development of the Johnson vaccine. So they were the main ones we had in that first year of vaccine development, and the Nuvaxovid became available a bit later. 12:33

99 Q. I think you've said that Pfizer became available in December 2020 and the others shortly thereafter?

A. Yeah.

100 Q. I think they were rolled out initially to healthcare workers, then the most vulnerable -- 12:33

A. Yeah, it started in December 2020 - it was just around the Christmas time - and that was just to healthcare workers. And then, in January, it started in the nursing homes.

101 Q. And then there was a graduated, we'll all remember, based on age and vulnerability? 12:33

A. Basically, there had been a prioritisation exercise carried out by NIAC which identified the groups who were most at risk of developing severe disease and, therefore, they were the groups that were first targeted. And it rolled out between -- essentially, between January and late spring, it rolled down first the high risk groups and the highest-aged categories, and then down the aged categories until generally. I 12:33

think it was probably May/June by the time younger people were offered the vaccines.

102 Q. At paragraph 78, you say:

"None of the COVID-19 vaccines affect or interact with our DNA. They do not include preservatives, antibiotics, other medicines or tissues such as aborted fetal cells, gelatin, animal materials, food proteins, metals or latex." 12:34

A. Yes, correct.

103 Q. That's quite specific. Have there been people suggesting to the contrary?

A. Well, yes, I mean, there were misinformed theories that felt that what was being done would somehow -- this RNA 12:34 would integrate with our genetic DNA and alter us, and there was absolutely no foundation for that whatsoever. In fact, the RNA, when it's taken up by the cell -- and the reason for it is it is given, it is taken up by the cells, the cell recognises it as foreign and starts to 12:35 develop an antibody response. But also it is then degraded very rapidly, so it doesn't hang around.

104 Q. You were then asked, and this begins at paragraph 80, about the efficacy, effectiveness and safety of the vaccines? 12:35

A. Yeah. It was absolutely amazing to go back and think back on those first studies that came out because, really, no one was really anticipating the benefit that would be seen as quickly as it was seen. So when the

first studies came out -- now, the first studies were relatively short-term, you know, kind of over a period of a couple of months or three or four months, and that was showing basically almost 100% protection against hospitalisation and critical illness. And if you recall in the first countries where it was rolled out generally, which was in Israel, the data that was coming back was simply astounding that it was so good. 12:36

So particularly with the RNA vaccines, the protective efficacy against death was essentially around 100%. Against hospitalisation was a little bit lower than that, kind of 80 to 90%. And against infection, someone acquiring, it was lower again. But the target was to keep people well, out of hospital, and not die. If someone got an infection and it was like a cold, that really wasn't as important, it was more about that. 12:36

The AstraZeneca and the viral vector vaccines had similarly good efficacy against death and hospitalisation, but a bit lower against hospitalisation and against illness as distinct from infection -- against symptomatic illness than had the others. But all of them were, you know, game changers at that time. 12:36 12:37

105 Q. Can I just ask you - you have referred to these early study - at what point approximately would there have been a comprehensive body of science demonstrating the

effectiveness of these vaccines?

A. Oh, actually very early on, yeah.

106 Q. I see.

A. Yeah.

107 Q. And if I could then ask you to -- 12:37

A. But it was over a time when they were in the follow-up studies that we began to see that the immunity could drop down a little bit over time. And that then was coupled -- because, if you think, we started vaccinating in December/January; it was rolling out and 12:37 there was an immediate improvement in those who were vaccinated in terms of the hospitalisations and that. But two things happened when it came to that summer in September. The initial people having been vaccinated, there was some waning of immunity there, but there was 12:38 also the change in the virus and we got the beginning of the next wave that was modified a little bit, which also impacted.

108 Q. I see. If I could move then, please, to safety, could I ask, in the first instance, the vaccines that became 12:38 available in late 2020 into 2021, had they gone through clinical trials and had --

A. Yes, they had.

109 Q. -- they been authorised by the various regulators?

A. Yeah, any of the vaccines that were used here were 12:38 EMA-authorised vaccines. They had been through extensive clinical trials and monitoring, both in clinical trials and also in post trial monitoring as well. And it was really because of all that monitoring

that side effects, when they occurred, were able -- and serious side effects, when and if they occurred, were able to be recognised quickly and identified, yes.

110 Q. And what types of side effects were found to be associated with these vaccines? 12:39

A. Okay, for the RNA vaccines -- all vaccines will have, you know, potential to have some side effects, and most of the side effects were the things that we would normally expect, which would be injection site reactions, redness, swelling or, you know, discomfort 12:39 in the arm, or sometimes some swelling of the glands around the area where the injection is given, and they would not be particularly concerning.

Okay, so for the RNA vaccines, the significant side 12:39 effect that was identified was the possibility of developing of myocarditis, which is inflammation of the heart muscle, which could happen -- it was rare. All of the serious side effects would go into the very care category, okay, but that was one that would occur. And 12:40 then that was quite rapidly characterised. It happened a little bit more with the Spikevax or the Moderna than with the Pfizer. It was more with the second dose, and it was more in young healthy males as distinct from younger children or older people. 12:40

111 Q. And you have described them as very rare. When compared to the types of side effect that one could encounter from things like over-the-counter painkillers or a commonly prescribed medicine, how would these have

matched up, if you like?

A. Well, in terms of the characterisation, very rare would mean something that would occur less than 1 in 10,000 doses. But the comparison at that time, and I can come back to here, is what was the risk of that versus the risk from someone getting Covid. And, basically, it would be 42 times, 40 to 42 times more likely to get myocarditis from Covid, because that was one of the things that Covid did, than you would from a vaccine dose. 12:41

The other things in terms of the myocarditis, although we would see something like that as being a serious side effect - and by serious, it might have ended up in a hospitalisation - in general, it was short-lived and was resolved quickly over a couple of days with supportive care only. And -- yeah, does that answer --

112 Q. Yes, thank you. And in terms of the information that was made available to people in relation to the side effects that could be encountered, was there an awareness of these side effects and were people made aware of them? 12:41

A. The myocarditis only became aware as it went into more general use because, as I say, it's very rare. If you've something that's very rare, you're not going to see it even in large clinical trials of 10,000 people because it mightn't happen in that. If it's a 1 in 40,000, you might miss it. So that's the importance of the post marketing surveillance that went on. And 12:42

there was great collaboration across Europe and, indeed, globally in terms of reporting of events so that you would pick up something that was so rare. And so it was in that, and the first reports came from Israel where they had rolled out the vaccine much more widely and particularly into young men, their military recruits, and that's why it was picked up so quickly from them. But, yes, right throughout, the HSE in their National Immunisation Office, they had full leaflets and information regarding the side effects that could be expected related to the vaccines. 12:42 12:43

That was -- that, and even to today, that really has come up as really being the only -- well, actually, no, the first problem that we encountered was, as it happened, and it was just kind of by chance, of those first few people who got one of the RNA vaccines, as it happened, one or two of them got a serious allergic reaction. And actually we paused things for a little while right at the beginning. It turned out it was no more common than with any over-the-counter medication or with penicillin or any of that and, in fact, it didn't turn out to be a problem subsequently at all. It was just bad luck in the very first roll-out of the vaccines. 12:43 12:43

113 Q. Is that why we all had to wait 30 minutes after we got our vaccine?

A. And that's why everyone had to wait, absolutely. And why we paused before going into the nursing homes

because we wanted to make sure that there was full medical attention available in case there was -- and it really was just, it was just one of those by chance, like winning the lottery, because anaphylaxis after the vaccines is as rare as with any other medication that you get. But, again, knowing that it can occur, it meant everything was ready in the event that somebody had it, so that's okay. So all of the vaccines, as all drugs, there is always the risk of a serious allergic reaction. 12:44

The myocarditis was -- now, that didn't come... The other big reaction that caused pause at the beginning, and I would have to look back over the days, was related to the AstraZeneca vaccine because -- again, because of the reporting system, there were reports of -- in this case, it was generally middle aged women, a couple from Norway and from Austria who developed severe clotting and thrombosis, and a couple of deaths related to the vaccine. And that actually put pause on our programme here for about a week while we worked out and recognised what it was and made sure that we knew how to manage it and how to look after it. 12:44 12:45

So that was the main side effect that was identified related to the AstraZeneca vaccine. Very rare. Very rare. And to -- it also occurred after the Johnson vaccine as well. Ultimately, when we had enough of other vaccines available, we stopped using those 12:45

vaccines. And, also, they weren't quite as effective as the RNA vaccines.

The only other side effect that was identified as possibly related to the Johnson was the Guillain-Barré 12:45
syndrome. You can also get that after flu vaccine occasionally - very rarely - but that was really never at a level that was a significant issue.

So the myocarditis with the RNA vaccines was the one 12:46
thing that was kind of -- is a potential side effect and is well notified, and has later been identified, much later been identified as possibly related to the protein unit vaccine as well, but, in fact, we have had no cases related to it here. So it has been put as an 12:46
alert, you know, because the EMA always adds into the Product Information Sheet anything that -- if a signal is identified, because signals will be identified for a number of reasons -- it can be chance with everything else, but if a signal is identified where you think you 12:46
are seeing more of something related to a vaccine, that is investigated to see is it really due to the vaccine or is it a chance finding, is it due to something else at the same time. The Pharmacovigilance Committee of the EMA go through all of those and if there are any 12:47
updates, that is then notified and also incorporated into the Product Information Sheet.

114 Q. Thank you. You were asked at page 521 whether members of the public received a placebo rather than the

vaccine, and you said that that would have formed part of the clinical trials, but no members of the public were given a placebo instead of a vaccine?

A. No, a placebo would have been used in the initial clinical trials where patients would have recruited, would have had informed consent, and would have known exactly. In terms of the rollout of the vaccines, absolutely no placebos were ever used.

115 Q. You were then asked whether there's any science to suggest that Covid-19 vaccines damage one's immune system? 12:47

A. No, there hasn't been anything to suggest that.

116 Q. And you were then asked - this is at page 522 - whether there is any science to suggest that Covid vaccines caused sudden death, especially amongst those ages between 30 and 60? 12:48

A. Yeah, the only really side effect, as I say, with the RNA vaccines has been the development of myocarditis. And, overwhelmingly, people who have had myocarditis, as I say, it has been short-lived and they have recovered. There have been reported deaths due to myocarditis, some of which have been attributed to the vaccine, and some of which have been temporally associated or due to the vaccine. Myocarditis happens anyway. Myocarditis happens related to Covid, and so it is difficult to tease that out. But there may have been myocarditis deaths. It's extremely -- it is very hard to identify them due to the actual vaccine. 12:48 12:48

In terms of sudden death - sudden, unexplained death - no. There are deaths that have occurred after the vaccine, absolutely, most of which may have been temporally rather than causally associated.

117 Q. Yes. 12:49

A. And there have been deaths related to the clotting disorder. The UK did a review looking to see were there unexplained deaths, particularly in young people because that was the area where myocarditis might have been most at risk, and they did not find any evidence 12:49 of that.

118 Q. And you deal with that at page 523 where you were asked about sudden deaths or deaths caused amongst children and whether there were signs to suggest that Covid vaccines caused death amongst children. 12:50

A. Yeah.

119 Q. So before I move on to the question you were asked about the success of the vaccination programme, in terms of the medical and scientific consensus concerning the safety of these vaccines, is there a 12:50 scientific consensus in relation to how safe these vaccines are?

A. Absolutely. They are really considered very safe vaccines. There is really no disagreement on that in any medical quarter by WHO, FDA, EMA or the MHRA which 12:50 is the English body. They have been reviewed numerous, numerous times and all would consider that the benefits afforded by these vaccines far outweigh any potential risk associated.

120 Q. And has that consensus been in place for some time at this point?

A. Yeah.

121 Q. How shortly after the vaccine rollout would there have been a medical consensus that these vaccines were safe and as you say, that the benefit far outweighed the -- 12:51

A. Oh, the vaccines wouldn't have been rolled out unless they were considered to be safe from the beginning.

122 Q. I see.

A. I mean safety, I mean efficacy is one thing, the vaccines have to be effective but before a vaccine would be it has to be safe because there is a very high bar for vaccines more than anything else because vaccination is different to ev everything else because you are giving a vaccine to someone who is healthy primarily. That is different to giving a treatment to someone who is sick and the risk balance is there. So the vaccines are determined to be safe before and that's why there are such large trials done on the vaccines before they are authorised. They won't be authorised if they are not safe and then that is reviewed and there is ongoing safety data and that was being done, like, on a monthly basis right throughout the pandemic. 12:51 12:51 12:51

123 Q. You were then asked at 524 about the success or otherwise of the Covid vaccination programme and also separately the HPV vaccination programme. Perhaps if I just ask you first about the Covid-19 vaccination programme and you have largely dealt with this already. 12:52

A. Yeah.

124 Q. But again is there a medical and scientific consensus in relation to the success of that programme?

A. Absolutely. I mean the Covid vaccine programme is, has been, has been really definitively felt to have prevented many, many deaths in Europe I think, and I don't want to give wrong figures, but I think it was like 1.8 million deaths, but on all of the analysis -- 12:52

125 Q. You refer to a study, at paragraph 117 you refer to a study that referred to 1.6 million lives being saved. 12:52

A. Yes, yes that's right, that's it there and that was in the first part of that, and the hospitalisations averted and really it was because of the vaccine programme that our ICUs were not in the end absolutely overwhelmed. 12:53

126 Q. And then separately HPV, I don't want to ask you in depth about HPV but could you briefly tell the members of the Committee what the HPV vaccine does?

A. Yeah.

127 Q. And how successful that programme has been? 12:53

A. Human papilloma virus vaccines, the papilloma viruses are a wide, again, family of viruses and they are assigned different numbers and they cause things that we are all very familiar with. They cause warts on our hands, that kind of thing, but they cause genital warts 12:53 but they also, the virus, certain types of the virus are the trigger for development of a number of cancers. So they are cancer-causing viruses, certain, certain ones of that family. But they don't only cause

cervical cancer, they also now are responsible for over 50% of head and neck cancers, they are responsible penile cancers, vulva cancers and anal cancers. So they are cancer-causing viruses. The HPV vaccine was initially developed really with the goal in preventing the highest risk viral types in it that were primarily responsible for causing cervical cancer in women, and it was -- and it's a novel vaccine, it is kind of like a fake virus which is -- it mimics the viral structure but it is not an active virus. It has been incredibly successful. 12:54 12:54

Now, when you give the vaccine, if you are dealing with an infectious disease like Covid or like measles, where you know the virus's infection and the virus is circulating and you see the consequences of it within a couple of weeks, like if I am exposed to measles and I am vulnerable, I am going to be sick within two weeks, three weeks. So if they give me a vaccine and it prevents it, you're going to see the benefit two or three weeks later. But if you give the HPV vaccine and I am someone that's going to get cervical cancer from it, I am not going to get it for 20 to 30 years even though I've had the virus now. So you are not going to see the full benefit for a long time. 12:55 12:55 12:55

So with the HPV vaccine when it was initially rolled out, the first thing that was noted was the impact that it had on development of the genital warts. So they

disappeared. Then the next thing that was noticed was the impact that it had on the pre-cancer stage because that was the next thing along, but at this stage we know that it actually is preventing cervical cancer, absolutely definitively. 12:55

But the benefits of the HPV vaccine and now the vaccine initially was targeting two types, four types, now it targets nine types, but we also in that time have recognised that HPV isn't just as I say a cause of 12:56 cervical cancer but particularly and increasing numbers are the number of oropharyngeal cancers that are related to it and as well as the other cancers I have mentioned. So there has been a move to increase, widen the breadth of the population who can benefit from 12:56 these vaccines directly, not just to girls but also to boys and men as well. So HPV vaccine is an incredible success story actually.

128 Q. And you were then asked to address the efficacy of the PCR tests as a diagnostic tool at page 515 paragraph 12:56 124. Would you mind very briefly just addressing what they do and how they work?

A. Okay, I am not a lab scientist but basically PCR is a technique that was actually developed related to HIV originally. It was able to take very minute amounts of 12:57 a viral genetic material and amplify it such that it could be actually detected. It is, it's an incredible technology that allows us identify things even if they are very small, very, very, very minuscule amounts

available. It is very specific because it is taking something that's key identifiers. So in terms of the specificity of the test, if you get a positive PCR test for this, it is essentially 100% specific unless there has been contamination of the sample, but assuming that it's a sample.

Its sensitivity is a little bit less, it is probably 70, 80% -- 78% to 80% because it depends where in the course of the infection you get. Like, if you have just got the virus and you have only one copy of the virus in your system and you take a sample from somewhere else, the chances are you are not going to meet that copy. So you do have to have a certain threshold of whatever you are looking for available for it to meet. That's why the sensitivity, if I take it the day that I have been exposed, it is unlikely to be positive. If you come back and do it three days later, it will most likely be positive. But very, very specific and overall a very sensitive test to diagnose what the key thing is you are looking for. 12:57 12:58 12:58 12:58

129 Q. Thank you. At page 526 then, and we are almost finished, Chair, so if you are happy to sit for an extra few minutes beyond one, we will finish [redacted] evidence, you were asked whether you were aware of studies that had been undertaken examining the trust members of the public placed in healthcare professionals and the risks associated with the spread of misinformation. Are you aware of studies 12:58

in that context?

A. Yes, there have, there have been quite a number of studies done and they have consistently shown that as healthcare professionals, we really have responsibility, even in this era. I have been surprised in a way, I have expected it to go right down in more recent studies but in fact it still holds up that in terms of trusted advice, people -- related to medical conditions, people do look to doctors, healthcare providers ahead of Government or others on the thing. So we do hold a particular position in the community in responsibility and trust of the community that we have to be responsible for, yeah. 12:59

130 Q. You were asked then about the efficacy and safety of vaccines generally. I think you have already covered all of that. You were asked whether the flu vaccine works and you say the effectiveness of it can vary and it depends on a multitude of factors. 13:00

A. The search is still on to get better flu vaccines, everyone would recognise. Again, flu is a virus that changes. We would all be aware of that this year that as well that it can change quite rapidly. It can either have big changes that are called shifts or little changes that are called drifts, and depending on whether there is a drift or a shift, it mightn't be as well matched to a vaccine in any given season. So overall the efficacy of flu vaccine in preventing infection can vary from as low as maybe 20/30% up to 60/70%. In general if you look at efficacy against 13:00

serious infection and death, then it is going to be higher again because although it mightn't protect you from acquiring the infection, the chances are it is going to ameliorate the course of your infection.

131 Q. Thank you. And then you have at the end of your report the references and there are I think 68 footnotes that we see where you have identified the source material you have relied upon in your report. 13:01

A. Yeah.

132 Q. And I haven't obviously taken you through the report on a paragraph-by-paragraph basis but is there anything else in the report that you feel hasn't been addressed or is there anything you want to change about your report? 13:01

A. No, there really hasn't and I did look both last year when recontacted and again in recent times to see was there anything that had changed the substance of what I have told and there really isn't anything. I couldn't find any more alerts regarding anything. Vaccines have continued in use. Covid continues to be there. It is a threat but thankfully that seems to have rescinded for the general population. But people who are vulnerable and particularly the elderly still have be to careful with this virus, it still has the capacity to cause death. 13:01 13:02

MR. E. O'SULLIVAN: Thank you, Professor. They are my questions, Chair.

CHAIRPERSON: I suggest that before I enquire from the members of the Committee whether they have any

questions, we will rise for lunch, we will re-sit at 2 o'clock and there may be questions for you at that point.

MR. E. O'SULLIVAN: Thank you.

13:02

THE HEARING ADJOURNED FOR LUNCH

THE HEARING CONTINUED AFTER LUNCH AS FOLLOWS:

CHAIRPERSON: [redacted], thank you very much for waiting on. I have just enquired from my fellow Committee members as to whether they have any questions for you -- they don't. Nor do I have any questions for you. Mr. Hogan, do you have any questions? 14:00

MR. HOGAN: No.

CHAIRPERSON: Thank you very much for your evidence. You are free to leave. 14:01

[redacted]: Thank you.

MR. E. O'SULLIVAN: Thank you, Chair --

MR. HOGAN: I'm just thinking, Mr. O'Sullivan, should [redacted] report be an exhibit, Exhibit O?

MR. E. O'SULLIVAN: Yes. You don't need to worry about that, Professor, thank you! 14:01

[redacted]: Okay. Thank you.

MR. E. O'SULLIVAN: So my final witness, Chair, is my expert witness in relation to physiotherapy, and that is [redacted]. 14:01

[redacted] SWORN

MR. E. O'SULLIVAN: Would you like to wait until you have your iPad -- 14:03

CHAIRPERSON: Just give me one moment, there is a slight technological issue.

(SHORT PAUSE IN THE HEARING)

CHAIRPERSON: You don't, perhaps, have a written copy of the report? There seems to be a problem with my iPad.

WITNESS: Do you want to take -- I can use my laptop.

CHAIRPERSON: Yeah -- or if you've got the paper one for the Committee, that would be brilliant. 14:04

MS. MURESAN: Yeah, yeah, we are just looking for another iPad that should be charged.

CHAIRPERSON: Thank you.

14:05

(SHORT PAUSE IN THE HEARING)

MR. E. O'SULLIVAN: So, Chair, [redacted] has prepared two reports. The first in relation to complaint C366 is at tab 8A of the hard copy and it begins at page 478 of the soft copy. 14:06

CHAIRPERSON: Thank you. Thank you very much. Please proceed.

MR. E. O'SULLIVAN: Thank you, Chair.

14:06

[redacted], HAVING BEEN SWORN, WAS DIRECTLY EXAMINED BY MR. O'SULLIVAN, AS FOLLOWS:

133 Q. MR. E. O'SULIVAN: Good afternoon, [redacted]. I think you are a chartered physiotherapist and you were retained by Fieldfisher on behalf of the Registrar to provide an expert witness report setting out your opinion in relation to certain allegations levelled against Ms. Stack Rivas, is that right? 14:06

A. That's correct.

134 Q. And the Committee, beginning at page 487, has one of the two reports you prepared and we see, after the cover page, you begin by identifying in your report the documents you reviewed in preparation of the report. 14:06
And then, over the page, we have your CV and would you mind giving the members of the Committee a brief overview of your qualifications and professional experience, please?

A. So I have a physiotherapy degree from Trinity. I then 14:07
worked in the States for a short while. I did a master's in University College London specialising in musculoskeletal physiotherapy, and I have worked both in the public and private sector since then.

14:07

I have been involved in teaching both at an undergraduate and a postgraduate level all through my whole career. I have been involved with the Irish Society of Chartered Physiotherapists, culminating as the chair of their board, and then as the chairperson 14:07
of the Private Practitioners Group. And, at present, I am on the Executive Committee of the international private practice group, which is part of the World Physiotherapy body, which is the representative body for the profession throughout the world. 14:07

135 Q. Thank you very much.

A. And I run a practice.

136 Q. And you set out your education, your other memberships and research projects and so on in greater detail in

the report. Just before I move on to the body of the report, I see under "Education" you identify your primary degree as being a BSc (Hons) Physiotherapy -- is that a Bachelor of Science degree?

A. Yes. 14:08

137 Q. And are all physiotherapy degrees rooted in a science degree?

A. In Ireland, absolutely, yeah. And, yeah, I think that would be pretty worldwide, yeah, they are a basic science degree. 14:08

138 Q. The introduction section of your report then, which is at page 482 of the book, you identify in brief terms the instructions that were provided to you, namely, to consider two allegations levelled at Ms. Stack Rivas, one arising from an incident in February 2022, the 14:08 other July 2022, and you provide a backdrop of the Covid-19 pandemic as it was in 2022 and you reference how difficult and challenging a time it was for society and especially those in the healthcare system. Could I just ask you how the physiotherapy profession 14:09 specifically was affected, in your experience, by the pandemic?

A. Well, like all healthcare professions, in many different ways. And it depended, I suppose, too then on what part of the health system you worked in because 14:09 physiotherapy is just one of those healthcare professions that spans through most areas of medicine. So we work within everything ranging from musculoskeletal and sports, which is what I specialise

in, to working in ICU and in the respiratory wards dealing with respiratory diseases, and everything else in between -- rehab facilities, nursing homes and, basically, all spectrum of acute care within the acute hospitals.

139 Q. Yes. You then, beginning at page 483, consider the allegations. And, for the Committee, these are the allegations in what I have been calling the first Notice of Inquiry. What we might do is, [redacted], if you don't mind, provide an overview of your logic and rationale and then deal with the individual sub-allegations individually.

This allegation, as you know, is an allegation in relation to a series of statements that were made allegedly by Ms. Stack Rivas on 5th February 2022 at a public event where she identified herself as a healthcare worker and made various comments in relation to the Covid-19 pandemic, Covid vaccines, vaccines more broadly, and other public health issues. And after the various sub-allegations are recited on page 484, we see you say "Opinion as to Professional Misconduct: Yes", and you identify various provisions of the Code that you have relied on. And, again, before we deal with the specifics of allegations at a higher level, could I ask you just to take the Committee through why you considered these particular provisions of the Code to be engaged in the context of these allegations?

A. Okay, well, I suppose first when I thought about this

whole case in the context of CORU, the way I understand is CORU is there for protection of the public and to uphold standards in the profession, both clinical and ethical standards within the profession. So with that in frame of mind, then obviously the Code of Conduct is a set of rules, the way I would see it, trying to reflect those principles. And when I looked through the rules of professional conduct, I identified that, basically, Section 3, being mainly (b), (c) and (d), where basically it says that you need to conduct yourself in a manner that enhances public confidence in you and the profession, that you need to respect the roles and expertise of other medical colleagues, and that you must behave in a way that doesn't call into question your suitability to work as a health or social care professional, I felt that they were really the tenet of this case -- so where, if there were any rules broken, that they were the rules that would be most applicable. 14:11 14:11 14:12

And then in reflecting on the rule of No. 4 in relation to social media, I was just considering the fact that because these public rallies or statements were being videoed, and I assumed that the Registrant knew that they were being videoed, that therefore then, in today's day and age, that it is likely that they were going to make it online, basically, and therefore I felt that it would be remiss of me if I didn't consider them within the rules around social media, basically. 14:12 14:12

140 Q. I see.
A. So that was my thinking.
141 Q. Very good. Thank you very much. And before you deal with the sub-allegations in the report, you have the heading "Reasons" and you discuss the allegation in its totality in the first instance. And again at a high level before we get into the minutiae of the individual sub-allegations, why did you form the view that Ms. Stack Rivas was guilty of professional misconduct, if it is proven that she said the types of things that are captured by this allegation? 14:13
A. Well, I just felt that the things that were said in public really were not at all in line with the scientific evidence at the time. They weren't in line with how we were operating within the healthcare system. We were operating under the premise of the transmission of the virus being airborne; that we needed to wear masks in order to protect people; in that it was highly contagious, and therefore we needed to be really vigilant. I mean, the provisions that we brought into our practice and that my staff had to go through in order to keep patients safe, I mean there was a huge amount of work and expense and extra time and stress involved in it. And we were all making such a great effort to try and comply with these rules because they were scientifically based and they were supported by not only the medical and scientific community within Ireland, but across the world and by the WHO. So I felt that for somebody to -- that it 14:13 14:13 14:14 14:14

seemed very disingenuous that somebody who was working within this environment that we were all working in and trying so hard to protect our patients, that then they were out on the streets telling people not to comply with these rules and that in some way the system was trying to harm people, I just felt that that really brought the profession into disrepute. And it, quite frankly, was dangerous because, I mean, on a day-to-day basis, a big part of what we, as physiotherapists, do is we advise people, we educate them. Like, our primary role, really, is as educators across a whole broad spectrum of various different things. So we want people to heed us, we want people to listen to us, we want to be credible. So I felt that, you know, that some of this stuff was so far out there and so incredible that it really brought into question, you know, (a) the reputation of the profession, as I say, but also that if, you know, we want people to heed us, then if we're going out saying these things, it's likely that people are going to heed what we are saying. And then if that affects their behaviour and leads them into a vulnerable situation or their loved ones or their elderly relatives into a vulnerable situation, then that's really against the whole tenet of what the ethics of my profession is about. 14:14 14:15 14:15 14:15 14:16

142 Q. And you have mentioned there that obviously these statements that are attributed to Ms. Stack Rivas, they weren't made while she was at work, they were made outside of the work context, if you like. Was that

relevant or significant, in your view, when it came to assessing whether this was professional misconduct or were there factors that you had regard to in deciding that it was professional misconduct?

A. Well, as I explained that I think that, you know, we expect people to heed us, then by saying them out in the public, that leaves, you know, a vulnerability to society. So, therefore, I do think it is important. And also, as I say, there's a little bit of disingenuous that it doesn't quite, you know, bode well that, on one hand, we're operating within a system and obeying rules, and then we're going out and telling people that they're all rubbish. It just, you know, there's no continuity to that, or ethical continuity to it. 14:16 14:16 14:17

143 Q. And, as you know, in this allegation it is not alleged that Ms. Stack Rivas specifically identified herself as a physiotherapist, but she did describe herself and identify herself as a healthcare worker. Is there a significant distinction, in your view, between specifically identifying yourself as a physiotherapist in making these type of remarks, as distinct from identifying yourself as a healthcare worker? 14:17

A. I don't know, I suppose I have to see it in the context of being a physiotherapist, but I can't really speak to the weight of, you know, how the public feel about whether you say you're a physiotherapist or a healthcare worker, to be honest. 14:17

144 Q. And then what you look at thereafter are the individual

sub-allegations, and just to put each one in context, what I'll do is I'll just read the comments that were made and then ask you about each one, if that's okay.

So the first sub-allegation, 1(a), is: 14:18

"In respect of your CORU registration and the wearing of masks stated: "Hi everybody I'm delighted to speak although I'll probably be struck off after this. I want to talk about informed consent which is very lacking right now in our health system and it actually disgusts me... I worked in the healthcare system for over 20 years. I used to be a healthcare assistant... I've spoken a few times and my registration board don't like what I'm saying. I have always followed the guidelines within my work which I love with passion. I have never outstepped or broken any rules within them but still my Registration board don't like what I say in my private life... Also, in my profession we always go by evidence-based science. I have been dismayed for the last two years but not one bit of evidence, science, is being followed in my profession nor in the medical system. They've all been censored whether it be about the masks which are harmful, they don't do anything to stop viruses or anything else. They used be used in a sterile and now they are being told that everyone even out on the streets have to wear it. There's no science. The science out there tells you it's more harmful than good" or words to that effect."

So in relation to that series of statements at 1(a), what was your opinion specifically in relation to that?

A. Well, I think my thinking was, as I said earlier, it is a science degree that we have. It is a science-backed profession and everything I do is informed by the evidence, by the research. I would be irresponsible and, you know, incompetent as a physiotherapist if I wasn't working within that evidence-based system. So for a physiotherapist to come out in public and say that we are not operating within that system, I just felt there is no grounding for that claim and there is no grounding for -- there was no explanation as to why the Registrant thought that we weren't, you know, abiding to evidence-based science and I just felt that it really was dangerous to kind of put a public opinion out there or express an opinion to the public that the whole medical system was not adhering to science. 14:19 14:19 14:20

145 Q. And in relation to the different provisions of the Code - you have referred to it at page 484:

"3.1 b You must conduct yourself in a manner that enhances public confidence in you and the profession.

3.1 c Respect the roles and expertise of other health and social care professionals and work in partnership with them.

3.2 d. You must not behave in a way that would call into question your suitability to work as a health or

social care professional."

Were some or all of those engaged in relation to this particular sub-allegation, in your view?

A. All of them, all (b), (c) and (d). 14:21

146 Q. I see. And in relation to 4, the use of social media, again, if I understand you correctly, you have relied on this because you say that the speech was videoed, it would seem likely to you that there would be a knowledge that it would be shared online, and that's 14:21 the basis upon which you have relied on Principle 4, is that right?

A. Yes.

147 Q. And in terms of 4.1(a) and (b), and 4.3(b), were any of those engaged in relation to the allegation I have just 14:21 read out?

A. I think all of them are relevant. So both (a), (b) and 4.3(b).

148 Q. Is that based upon the broader considerations you have already referred to? 14:21

A. Yes.

149 Q. Then (b) - Allegation (b), that is:

"In respect of Covid-19 vaccines stated: "I don't like calling a vaccine, it's a bloody genetic therapy. So people don't realise that their DNA and RNA are being interfered with.""

Could I ask you for your opinion in relation to that

sub-allegation in isolation, please?

A. Again, I just, as I state in my report, I felt it was just irresponsible to say something like that and just because there is no scientific basis to support that statement. 14:22

150 Q. And then again in relation to the various different provisions of the Code, if we begin with Section 3 and maintaining high standards of personal conduct, again 3.1(b), 3.1(c) and 3.2(d), are some or all of them engaged in relation to this allegation? 14:22

A. I think all of them are.

151 Q. And --

A. And again in relation to the social media.

152 Q. And, I mean, you have touched on this, but what's the essence of the concern here that leads you to consider 14:22 that this amounts to professional misconduct?

A. Because I think if people were to heed this advice, they would be less likely to take the vaccine and, you know, at this stage it was obvious that the vaccines were working and it was a collective response around 14:23 the world in order to get life back on track and fight the virus, so I just felt that it was dangerous to be encouraging people not to take the vaccines, as a healthcare profession.

153 Q. And then allegation (c) is: 14:23

"In respect of flu vaccines stated: "They're bribing you into taking the flu shot and this experimental vaccine. They're also bullying and intimidating the

people who decide for our body our choice, that we do not want to take any vaccine that is not, that is in experimental stage. It has to stop. It has to stop"."

Again specifically in relation to that sub-allegation, can I ask what your opinion is in relation to professional misconduct? 14:23

A. Well, again I felt that it was just again a public slur on, you know, the whole medical fight against basically, you know, infection and that it was just irresponsible again as a physiotherapist to be coming out and saying these things in public. 14:24

154 Q. And again in relation to the various different provisions of the Code we have looked at already, at 3 and at 4, are some or all of them engaged in relation to this sub-allegation? 14:24

A. Again, I would consider all of them, both 3 and 4, because, again, they undermine the public confidence in the profession, they bring the profession into disrepute, and they are not respecting the roles and expertise of our fellow colleagues. 14:24

155 Q. And sub-allegation (d):

"Stated: "Our family have been lied to and abused over the last two years and some have unfortunately been maimed or died from being part of this experiment but yet the leader of NEPHET, an unelected, jumped up bureaucrat is continuing to lie to the people with a smile on his face. We need to stop. We keep resisting

and fighting for complete accountability and justice for those who succumb to the lies and intimidation. I plead with medical professionals, healthcare professionals and medical staff to start speaking up now before it's too late. We all have a duty of care, a moral obligation to do so"."

A. Well, again, as I say in my report, I felt that, basically, this was implying that NPHET were conducting some kind of immoral experiment on the people of Ireland and I just felt that that was a really inappropriate thing for a physiotherapist to say in public. And, therefore, as I say, it would apply to all parts of the Code that I have already listed at the beginning -- so 3.1(b) and (c), 3.2(d), 4.1(a) and (b), 4.3(b). 14:25 14:25

156 Q. If I can ask you then globally in relation to that allegation, as you well know for a finding of professional misconduct to be made, a breach of the Code has to be serious, it has to reach a threshold of seriousness. What is it about the breaches here, if the Committee are satisfied that there have been breaches, that reaches a threshold of seriousness, in your view? 14:25

A. Well, I think it is the fact that the behaviour of the physiotherapist may lead to people behaving in a way that puts them into danger or puts them more likely to develop a serious illness or for some of their relatives to develop serious illness. 14:26

157 Q. And, lastly, in relation to Allegation 1, it is a

feature of Allegation 1 that it's alleged that at the time that these comments were made on the 5th February 2022, a similar complaint had already been referred forward against Ms. Stack Rivas -- and so, in effect, there had been a complaint made to CORU already arising from similar comments. Is that significant, in your view?

A. I think it is because I would imagine that she would have had some time to reflect on her behaviour and was still pretty much adamant that she wanted to behave in this way.

158 Q. Allegation 2 then you deal with at page 486, and that relates to a statement alleged to have been made on 24th July 2022 and comments made at a public event where she identified herself as a healthcare worker and made various comments. And I will just begin with 2(a):

"In respect of Covid-19 vaccines stated: "Because the truth is coming out now. Like what really is upsetting me the last three years is especially since this 'so called vaccine', this gene therapy shot that they've been giving people, they haven't given proper informed consent"."

And you, on the next page, we see, identify the same provisions of the Code to those we have already looked at in relation to Allegation 1. But if I could just ask you specifically about that sub-allegation, what

what your view is in relation to what is said there?

A. Well, I had the vaccine, like everybody else, and I felt that I would step through a proper informed consent each time. And I think informed consent has become such a basic tenet of our whole community, 14:28
medical community, physiotherapy community within recent years -- like, it forms a basis tenet of how we practise every half hour from day-to-day. So I just felt it was disingenuous to say that there wasn't -- that we hadn't given informed consent and, therefore, I 14:28
felt that this again was irresponsible to say as a physiotherapist. And therefore, leading on from that, I felt it broke the rules of the Code 3.1(b), (c) and (d). And then, again, because it was said publicly in relation to social media, in 4.1. 14:28

159 Q. There is a reference in (a) as well to a so-called vaccine, this gene therapy shot. Did you have a view in relation to that?

A. Well, as we've heard from [redacted] and as we all know if we can appraise the science, which we what 14:29
we're supposed to be able to do as physiotherapists -- we're trained to appraise the science, we're trained to be able to identify good from bad science, as such, and what proper evidence-based medicine is, and that's the basic, basic standard of our degree. So I think that, 14:29
worryingly, shows an inability maybe to be able to discern good from bad science and what proper evidence-based medicine is, and that is worrying.

160 Q. (b) then is quite long, but:

"In respect of Covid-19 vaccines stated: "The trials don't finish until 2023 and many people, all people who took this vaccine took it in good faith because they believed in their doctors or their medical practitioners who were giving them this and now a lot of people are, there's been huge mortality since the roll out. Nothing during this pandemic, nothing during the height of the covid situation it's been since the roll out and that's what's really made me so sad Because I had family members take it and it's only if they had got the real thing and not the placebo. It's only time will tell like you know the damage it's going to do and already it has done because we're seeing an awful lot of sudden deaths especially between 30s and to in their 50s. Sudden deaths just died unexpectedly, never really sick in their life, very healthy people, two in the GAA I can think of, high profile players that played for Tyrone and Kilkenny and no one is asking questions. And Roy Butler the soccer player. Ya and many more that we don't even know of, you know that are young people with myocarditis, pericarditis all these are being diagnosed in young people. Young people shouldn't get this, it's, it's crazy and their prognosis is very poor and some of them can't even return back to sport and look at all the soccer players and athletes all over the world that have succumb to this gene therapy and also that can't go back to play their loved, their beloved sport. These are fit healthy people. They're ruined for life and it either takes

you, kills you or it it'll actually damage your immune system as the years go on and now they're pushing booster after booster"."

So in relation to that series of comments, what's your view? 14:31

A. Well, I felt there were two issues with this statement. The first piece I feel is rambling because, if we look at it in the context of other statements that were made, it was that the virus wasn't harmful and didn't really exist and it was nothing to be worried about. But there is a bit of an admission, I feel, in this that there maybe is something to worry out, and possibly I kind of felt that maybe there were members of her family who got sick, but then she was saying that the reason why they were sick was because they hadn't gotten the proper vaccine. So I felt that that was really confusing because that's what I read from that. So, on the one hand, I am reading things that where the vaccines aren't effective and are just gene therapy, and then she's saying, "Oh, well, they're not working now because you're only giving half the people the real vaccine." So I felt that that was really worrying and rambling from a healthcare professional, number one. 14:31 14:31 14:32 14:32

Number two, the second thing is, like, as a physiotherapist, we are first line practitioners on the pitch with athletes and we know that sudden death,

unfortunately, and cardiac events are not entirely uncommon in the sporting world, and to suddenly start ascribing that people are having sudden adult death syndrome or cardiac events on the pitch to a vaccine when they've been there all along and there's no increase, there's no evidence of any increase in the occurrence of these events, again I felt was just rambling and unsubstantiated and dangerous again, quite frankly, because we are the people who are there on the pitch dealing with these events when they happen. 14:32

161 Q. And again in relation to the principles of the Code you have identified at 3 and 4, are they engaged in relation to this sub-allegation, in your view?

A. Yes.

162 Q. And are any of them to be excluded or do you think they all apply? 14:33

A. No, I think they all apply. Again, my thinking was that, again, it's conducting yourself in a manner that enhances public confidence in the profession, it's respecting the roles and expertise of other colleagues, and basically just not behaving in a way that calls into question your suitability to work, which was what I was alluding to, you know, with the rambling, and there seems to be such a lack of understanding or acknowledgment of the science and the basic tenets that the rest of us all agree on, basically. 14:33 14:33

163 Q. Allegation (c) then:

"In respect of Covid-19 vaccines responded "oh

absolutely" or words to that effect when the interviewer stated that RTE and/or the government were accessories to murder."

What is your view in relation to that? 14:34

A. I don't know. Like, just it seems to me -- you know, my own personal opinion is I think we're very lucky to live in Ireland. We live probably in one of the most democratic countries in the world nowadays, so I just don't see where that's coming from. Again I just see 14:34 it's a little bit irresponsible and rambling.

164 Q. And is it professional misconduct to say that, in your view?

A. Well, I think in the context of everything else, yes, because the whole thing is building up a picture that 14:34 there's some kind of, you know, other powers at be in the country working against people and that the health system are colluding within that to, you know, give people the wrong advice. And, therefore, I do think in that essence, as a healthcare professional, in the 14:34 broader context it is.

165 Q. And just so the Committee are understanding, do I understand you to say, viewed in isolation, perhaps that might not amount to professional misconduct, but when you are viewing it in the broader context of the 14:35 interview and other things that were said, you think it does, is that correct?

A. Yes.

166 Q. And in relation to the provisions of the Code again

that arise, are there any of the provisions you have referred to previously that don't apply in relation to this comment, in your view?

A. No, I think they all apply in relation to Rule 3 and Rule 4. 14:35

167 Q. I see. And is there any difference in terms of your rationale to that you've expressed previously in relation to how these principles are engaged when discussing public health matters like this.

A. No. 14:35

168 Q. (d) then:

"In respect of Covid-19 vaccines stated: "People are easily manipulated and a lot people really do love their media and believe what these corrupt politicians and scientists are saying"."

A. Again, I just feel that's really disingenuous and irresponsible as a part of a scientific healthcare profession to come out and say in public that, you 14:36 know, all the politicians and scientists are corrupt, or that some of them are even and that, you know, we're trying to basically manipulate or that there's some larger force trying to manipulate the population. I feel that if you say that as a healthcare professional, 14:36 it does lend somewhat some more gravitas to what you're saying. Especially if you're are seen to work within the system, it's, you know, implying that you're trying to blow the lid on something terrible happening, but I

don't have any evidence of that and I don't think most people in the room do, so I don't think it's substantiated.

169 Q. And that particular comment, does that amount to professional misconduct, making that comment when identifying yourself as a healthcare worker, in your view? 14:36

A. I do, and especially taken in relation to everything else that's said in the statement.

170 Q. Then (e): 14:37

"In respect of Covid-19 and mask wearing stated: "The corona virus is the common cold so people are going to be fear mongered in again they're going to bring the masks back which are since the 80s there's studies up until 2022 that are saying they're null and void. They do nothing, they actually cause more damage to your health. They effect every part of your body. You're, you're, you're not getting oxygen into your lungs if you're wearing a mask"."

A. Okay. So, again, firstly, with this, I see it in response to the bigger picture of everything that's said on that statement for all the reasons that I have outlined already, but also I think to say that you are not getting oxygen into your lungs when you're wearing a mask, there is no actual evidence to support this. So again it's just not based on the available science we have to us at present. 14:37

171 Q. And does it amount to professional misconduct on its own or are you taking it in the context of the entire discussion?

A. Well, I think this statement of saying you're not getting oxygen into your lungs when you're wearing a mask again directly relates to our profession and the fact that our profession -- we are trained in respiratory medicine and work within respiratory medicine, both, as I alluded to earlier, within the ICU and within respiratory wards. So a physiotherapist would have, you know, a good knowledge of the respiratory system and how it works and how it works in relation to masks and various other things. But, generally, it is again in the wider context of the whole statement, basically. 14:38

172 Q. And in relation to the provisions of the Code at 3 and at 4, are any of the ones you've referred to previously inapplicable in the context of this statement?

A. I think so, yes.

173 Q. The same principles apply, is that -- 14:38

A. Yeah.

174 Q. And is your logic any different in relation to what you have said previously about previous sub-allegations and the concerns that arise, or is it the same?

A. No, I think, in general, again it's just disingenuous information. 14:38

175 Q. And then in relation to Allegation 2 in its totality then and your opinion that it amounts to professional misconduct, why do you think the comments captured by

this allegation reach a threshold of seriousness?

A. Because again I think that it could influence people's behaviour, and that behaviour could put their lives at risk or the greater community's lives at risk.

176 Q. You then have a conclusion to your report at page 490 and you identify two particular considerations that influenced your view. So you have that I think -- I don't have internal pagination but it is the last page of your report -- 14:39

A. Yes. 14:39

177 Q. -- and you identify two things. The first is that in the relevant period, February to July 2022, the pandemic was, as you describe it, in full flow. There was increasing scientific knowledge about the virus and evidence to support social distancing, mask-wearing, 14:40 vaccines. And, secondly, you refer to the fact that Ms. Stack Rivas was already under investigation, calling her judgement into question, and nevertheless proceeded to make these comments. And you say declaring herself as a healthcare worker had the 14:40 potential to lend gravitas to what she was saying?

A. Yes, I just felt it was undermining of the whole medical system and the physiotherapy profession.

178 Q. You go on to say that you had in a previous context, in another context, considered comments made by people 14:40 much earlier on in the pandemic when, perhaps, there was less knowledge in relation to the science, and you say that you, in other contexts, comments made at an earlier point, you had felt didn't amount to

professional misconduct?

A. Because I felt that you could argue that the science was still being worked out and the disease was still trying to be understood and how we were going to deal with the disease was still being worked out. But I felt that by this time, you know, it had been well established. It had been proven that these methods were working, and it was the expected norm within the wider worldwide health community that this is how we were going to fight the virus. So there were no grey areas any more, I felt, around how we could deal with the virus. So, therefore, I felt that, you know, a big part of, like, being a scientist or being a healthcare professional is all about reflection. It's all about reflecting -- you know, every day when I see a patient, I reflect on what worked and maybe what didn't work in trying to get that treatment better, and that's a core tenet of how we behave as healthcare professionals. It's a core tenet about our profession is that we constantly reassess because we treat -- the way we treat people as science. So, basically, I will do a particular procedure on a patient or I will give them an exercise and then I immediately apply a test to see if that worked, to see if I have been successful or not. So I apply basic science every ten minutes of the day. So I felt that that is the core base of our profession. So if -- we may have had, you know, one may have had doubts in the beginning and one may have questioned the science, but now we need to be able, as

14:41 14:41 14:41 14:42 14:42

healthcare professionals, I felt, to reflect, and reflect the new evidence that was given to us and therefore alter our behaviour based on that, because that's what we do all the time. Sometimes we are applying treatments and realise they don't work and we change our behaviour. And, you know, if I were still, for example, treating patients as physiotherapists treat patients in the 80s now in the 2000s, because we have much a better knowledge and the science and the research has shown us other ways, I could be here in front of CORU for clinical mis-judgement in not adapting my behaviour according to the science as it evolves. So, therefore, I felt that all of these statements and behavioural patterns were more serious because they continued on and didn't cease to... 14:42 14:43 14:43

179 Q. Thank you. You prepared a second report, which the Committee have --

CHAIRPERSON: Mr. O'Sullivan, is there a date on the first report?

MR. E. O'SULLIVAN: There's not. There's not, Chair. I can try to get a date -- 14:43

A. Sorry, there wasn't a date on it because it wasn't actually a final report. I mean, it was a report submitted, but the second report is an amendment, so that's why the second report has a date on it, it was the final report. 14:43

180 Q. MR. E. O'SULLIVAN: And the second report, which is 24th January 2025, begins at page 492 and this relates to the allegations in what I have called Notice of

Inquiry No. 2. And again you identify the material provided to you. You set out your CV. You again provide an introduction in relation to the fact that the pandemic was in full throw in 31st July 2021 when these comments are alleged to have been made. And then 14:44
at page 498, we have the allegations. And, again, because they share certain common features with what you have already discussed, I am not going to ask you broadly about this allegation until the end. I will just go through the sub-allegations. 14:44

So, again, it's an allegation that relates to a time when a similar complaint had already been referred forward, or certainly had been made, and there is an alleged identification of herself as a healthcare 14:44
worker. And then at (a), the first comment referred to is:

"a) Stated: "I work in healthcare, I have been ridiculed in my own parish for speaking out about the truth. I've also been disciplined by my work for what I have been saying, for counteracting what they have been pushing for the last 18 months. Now I could have risked, now I am risking my job and my livelihood or words to that effect."

So just in relation to that sub-allegation on its own, what is your view in relation to that?

A. Well, I feel by saying that, that the person is trying

to again put more gravitas to the information that they are trying to relay. So information, you know, around that masks are harmful, that vaccines are harmful, that we shouldn't be complying with the rules and regulations, that is giving an impression that the person is trying to be silenced and that could lead people to believe them or invest in what they're saying more. But it also very much plays into that idea that there is some wider conspiracy that, you know, certain parts of the establishment are trying to control or harm the general population, and I just felt for somebody who was working within the healthcare system, where there is no evidence of that happening, I felt was disingenuous and just, again, a little bit not quite sane. 14:45 14:46 14:46

181 Q. (b) then is a comment in respect of Covid-19:

"In respect of Covid-19 stated: "I am reaching out to my fellow limerick men and women, the beautiful people of Limerick that have been conned by this absolute scam and it's going on all over the world. People are being, the media are censoring the truth. RTE, Virgin Media, all of them are censoring the truth. We are only getting one narrative and the other side is not getting a chance to talk and anyone that actually speaks out whether you're a doctor, a professor or a scientist are being totally vilified in the press and being absolutely, their livelihoods are being taken away or they are trying to take their livelihoods away from

them. And we have to know, we have to reach those people who just watch the mainstream media every day, that it's been a lie. If we had a real pandemic you would see our graveyards full"."

So, again, What is your view in relation to that statement?

A. Well, again, I think at this stage it had been, it was obvious to, you know, people that there was a pandemic. There was plenty of scientific evidence and statistics to back it up, as outlined in [redacted] report. So again I just felt it was irresponsible to claim that there was no pandemic. 14:47

182 Q. (c) then is:

"In respect of the Covid-19 pandemic stated: "Explain how they pulled the corona virus, you know all the legal, all those unlawful, unconstitutional laws into power in 2020 in a matter of days despite the Act being several hundred or thousands of pages long. They have this planned for a long time"."

A. Well, again, I just feel that that is a conspiracy theory and it's just unethical to be purporting those in public while you're identifying yourself as a healthcare worker. 14:48

183 Q.

"In respect of PCR tests and Covid-19 stated: "They just happened to test them and it came up positive and

mind you this test that they have been using is called a PCR test and the man who found it Carols Mullice stated very clearly that was never to be used for, as a diagnostic. And they continued all over the world to use this test. Also the HSE has admitted that at 40/45 cycles they are warming these tests at and guess what that means 100% false positives. So this is how they are pulling the cases out of their ass"."

A. Well, again, as [redacted] alluded to in her report, that the PCR test is the gold standard. It was one of the cornerstones of fighting the virus and I just felt again, as a healthcare professional, implying that they didn't work and encouraging people not to use them or not to pay attention to them I felt was putting the wider community at risk -- and those people themselves, individuals at risk too. 14:48 14:49

184 Q. "e) In respect of Covid-19 stated: "Explain why they find autopsies of anyone dying from or with covid and I will say 'with' because no one died from Covid." 14:49

A. Well, that's just untrue and it's irresponsible, I felt, as a healthcare professional, to say that in public and identify yourself as a healthcare worker at the same time. 14:49

185 Q. "f) In respect of Covid-19 stated: "Explain also how millions of protesters across the globe aren't getting

sick with Covid and I will give you an example. I have been up at every at almost every protest. I've been around a wonderful amazing loving people and I've never been sick. And they're talking that it's highly contagious. It's all BS"."

A. Well, again, you know, the science and evidence and the greater wider medical community agreed that Covid was highly contagious. So I just felt again it was irresponsible to, at a public rally, as a healthcare worker say it wasn't. 14:50

186 Q. "g) In respect of wearing masks and Covid-19 stated: "Explain how the people who are wearing masks and following the rules are the only one catching Covid and that's a fact. Because they've been so brainwashed that if they have a little cold or hay fever, they automatically think they have covid and they run then and get a fake test"."

14:50

A. Well, again, I felt the issue there was saying that the tests were fake. So again it was calling the tests into disrepute and therefore possibly influencing people's behaviour around tests because they're being told that they're fake and they don't work. 14:50

187 Q. "h) In respect of vaccines stated "Vaccines in general cause, maim and damage and kill kids. And they're causing chronic illnesses in our children today"."

A. I felt this was particularly difficult because the Registrant works as a paediatric physiotherapist. So, as a pediatric physiotherapist, to say that vaccines are harming and maiming children is just a bit ridiculous, to be honest, and just, again, I find it very disingenuous and not in line with the ethics of the profession. 14:51

188 Q. And, finally, (i):

"Stated: "Explain why the hospitals were emptier than normal during the height of a pandemic. They were never overwhelmed. But right now in all the hospitals they're inundated in the emergency department from not people with covid but people with adverse reactions from these experimental shots"."

A. Well, again for the same reasons as I have alluded to before, it's just not true.

189 Q. And we see over the page you say "Opinion as to Professional Misconduct: Yes" and you identify Principle 3.1(b), 3.2(d) and 4.1(a) and (b) and 4.3(b). So just looking at Principle 3 first -- and I will just ask you about these sub-allegations in their totality because you've already identified individual criticisms -- why do you think making these comments at this public rally,if the Committee are satisfied that that is what occurred, Ms. Stack Rivas was guilty of professional misconduct in relation to principles 3.1 (b) and 3.2(d)? 14:52 14:52

A. Again, just to go back to -- so 3.1(b) states, and I just want to make sure I quote this right -- sorry, I have lost my page. So 3.1(b) states that you must conduct yourself in a manner that enhances public confidence in the profession. I think in declaring so many wild conspiracy theories that are not in line with the scientific evidence does not conduct yourself in a manner that enhances public confidence in the profession. 14:52

And in relation to 3.2(d), you are behaving in a way that would call into question your suitability to work as a healthcare professional, and this is around, as I alluded to earlier, being able to assess medical evidence and being able to actually discern what is good science and what is bad science, and therefore I feel that it was just irresponsible behaviour and could lead people to make poor decisions, which could leave them vulnerable to disease, and therefore I felt that it broke Rule 3.2. 14:53 14:53

190 Q. Then Rule 4 in relation to social media, what is your opinion in relation to that, 4.1(a) and (b), and 4.3(b)?

A. Again, my thinking around that was that these were publicly held rallies that were being videoed and, therefore, in consideration, if the Committee considered that that is part of social media or becomes part of social media, then I have to consider it in the context of that rule, and therefore I feel that it does 14:53

break (a), (b) and 4.3(b). It's a serious infringement of those rules.

191 Q. And again in your conclusion, as with the previous report at 503, you identify those two key elements that arise, in your view, in relation to this allegation as well. Firstly, in July 2021, the pandemic was in full flow and there was increasing scientific knowledge about the virus and the ways of dealing with it and the fact that there was already an investigation underway against Ms. Stack Rivas, calling into question the appropriateness of her speaking in this way publicly when identifying herself as a healthcare worker? 14:54 14:54

A. Yes.

MR. E. O'SULLIVAN: They are my questions, thank you very much, [redacted]. Chair -- 14:55

[redacted] WAS QUESTIONED BY THE LEGAL ASSESSOR AS FOLLOWS:

192 Q. MR. HOGAN: Sorry, [redacted], could I just clarify in the conclusion to your first report at page 490, you refer to compiling an expert opinion -- is that in relation to the earlier complaint against Ms. Stack Rivas? 14:55

A. Sorry, I'm just... So, in conclusion, sorry, can you repeat that question? 14:55

193 Q. Yeah, do you have the conclusion page? It's page 490.

A. Yeah, I think it's different in my book, I think that's the problem. Oh, hang on -- no, sorry, sorry, I have

it, yeah.

194 Q. It's the very last page of your report?

A. Yeah, yeah.

195 Q. And so you observe that the public declarations were made at a time when Ms. Stack Rivas was already under investigation for similar behaviour earlier in the pandemic. Obviously, these allegations relate to a period in mid 2022, isn't that right? 14:56

A. Yes.

196 Q. And you then go on to say: 14:56

"Last year, I compiled an expert opinion on similar incidents that happened earlier in the pandemic. I deemed that a lot of those individual allegations were not a serious breach of the code as I felt that the beginning of the pandemic was a scary and uncertain time for people. The epidemiology of the disease was being established, so I gave the benefit of doubt, that during this time, one might be emotionally traumatised and that some of the science was being established and verified. However in 2021-2022, despite the emergence of solid scientific fact and the establishment of a path forward, Ms. Stack Rivas seemed to become more emboldened in declaring her opinions in public, even though she was under review by CORU for this behaviour and millions of lives had been lost to the pandemic..."

-- and so forth. Sorry, is that expert opinion that you're talking about, is that in relation to Ms. Stack

Rivas?

A. Yes.

197 Q. Yeah, that's the first complaint, is it?

A. Yes. So it's as I explained earlier in that, you know, a core tenet of how we behave is to be able to reassess emerging scientific evidence and change our behaviours and our thinking around the best possible evidence that we have at the time. 14:57

198 Q. And I am just wondering then in relation to the second report, because that relates to the period of July 2021 -- I think the complaint had been made against her at the beginning of 2021, so I am just wondering should, in relation to the allegations contained in the second report and I suppose the time at which those allegations relate to in July of 2021, would you agree that it is still early days in terms of the scientific understanding and there was certainly probably -- 14:58 14:58

A. I think by July 2021, though, that patterns had established. You know, it was very clear how we were going to deal with the infection and I think that's reflected in [redacted] evidence as well, that by, you know, mid 2021, you know, there was much more evidence had emerged and much more understanding of the virus and how we were actually going to try and fight it. 14:58 14:59

199 Q. I think you'd agree that nobody -- certainly the Committee hasn't heard any evidence from any witness or any suggestion made that save for these public declarations, that the Registrant isn't anything other

than a competent physiotherapist. There is no suggestion that she --

A. Absolutely. That doesn't come into play here.

200 Q. Yeah.

A. It's -- 14:59

201 Q. Would you agree that it's more her position in general as a healthcare worker that you are critical of?

A. Well, that, but I do think that there is another tenet that has to be considered in that, again, as I explained, we need to be able to appraise science and 14:59 be able to tell, you know, what is good science and what is bad science and -- because that's science, you know, there are lots of research papers that say things that, you know, aren't rigorous and we have to ignore because they have -- they are flawed in some way within 15:00 the scientific process, and we have to be able to discern that.

202 Q. Well, I suppose if you took the first set of allegations, she described herself as a healthcare worker but doesn't actually, doesn't disclose that she 15:00 is a physiotherapist, the first set of allegations in your first report?

A. Yes, yeah, yeah.

203 Q. So does it follow that your criticisms of her are in terms of making those declarations -- 15:00

A. As a healthcare worker.

204 Q. -- as a healthcare worker --

A. Yes, yes --

205 Q. -- rather than a physiotherapist?

A. But I have to see it through the prism of the fact that she is a physiotherapist and therefore should be able to appraise the science. So there are two tenets.

206 Q. But in terms of anybody having heard those statements and perhaps having being persuaded not to take a vaccine or to, I suppose, to agree with those or to be affected by those statements one way or the other, would you agree that that doesn't reflect on the physiotherapy profession? It might reflect on the healthcare in general. 15:01

A. Well, the fact that she is a physiotherapist means it does reflect on the therapy profession.

207 Q. But she didn't identify herself as a physiotherapist. So only those that knew that she was a physiotherapist might come to that conclusion? 15:01

A. Yes.

208 Q. And in terms of -- I take it you will accept that the causation of harm obviously is something that you have to take into consideration in deciding whether any particular act or omission meets a threshold of seriousness? 15:02

A. Yes.

209 Q. But obviously there's no evidence of any person having actually taken on board what the Registrant has said at any stage and then had an adverse consequence as a result of it? 15:02

A. Well, that's exactly it. We don't know, do we?

210 Q. So is it confined then to the risk that people might have listened to her and --

A. Absolutely, but it's also within the frame -- I'm looking within the frame of the ethics of the profession. You know, the basic moral, medical, ethical code is "Do no harm" -- Hippocrates, I think it is, the Hippocratic oath. So, therefore, you know, in my mind, a physiotherapist or any healthcare profession should not be engaging in any behaviour that might cause people harm, or give them any advice that might cause harm. 15:02

211 Q. Well, in fairness, [redacted], that's not an allegation that's part of this Inquiry, is it, that she encouraged people to do something that would cause them harm? 15:02

A. Well, I think she did because she implied that -- she told them they shouldn't take masks, they shouldn't take the vaccines, that the vaccines were going to maim and harm their children. I think there is a lot of harm within all of that advice, and I have to look at that in essence of whether that breaks the rules and, if I look at it in the context of the professional misconduct rules... 15:03

212 Q. Yeah, well -- and this isn't a reflection on you, or anyone else for that matter, but I suppose the particular provisions of the Code, the allegations don't, I suppose, they don't fit neatly into the provisions of the Code, would you agree with me there? 15:04

A. I think they -- I don't quite get what you're saying. I think they do.

213 Q. Okay. Well, you must conduct yourself in a manner that enhances public confidence. That seems to create a

positive obligation on a physiotherapist to enhance public confidence in the practitioner and the profession?

A. Yes.

214 Q. Yes -- rather than do something which might damage public confidence or cause harm? 15:04

A. But I think that's encased within that. So I think if you give advice to people that is contrary to the scientific evidence and the greater scientific and medical community, then you are not enhancing public confidence in that profession. 15:04

215 Q. And obviously respecting roles and expertise of other health and social care professionals, that's other -- again that goes back to the suggestion that, actually, that the real criticism of the Registrant is that she said these things because they were going against mainstream healthcare, the consensus in the wider healthcare -- 15:05

A. Yeah, at the time of a pandemic, at the time when people -- 15:05

216 Q. Yeah, as opposed to as a physiotherapist?

A. Well, yes, but I think that's particularly about the behaviour of physiotherapists in that respecting the roles of their colleagues. And there are several instances where she is denigrating, you know, all healthcare professionals and the medical community and saying that they're being lied to or, you know, it is implied that they are part of some greater collusion that is trying to harm people. So that's the context 15:05

in which I see that. It's not respecting the roles and the of your colleagues if you are saying those things in public about them.

217 Q. Going back to the issue of harm, obviously I think you have been here during the course of the Inquiry and you have heard the evidence in relation to, not the actual, but perhaps the potential audience for this material and it appears to be relatively small -- I suppose we have seen on the videos the number of people who are present at the rallies and we have seen the potential number of hits, if you like, that might have resulted in people watching the videos or listening to the podcast -- well, would you agree it is a relatively small number of people in the overall population who might have been at risk of taking on board the Registrant's views? 15:06 15:06 15:06

MR. E. O'SULLIVAN: I'm sorry, I'm objecting to that question. That's calling for speculation. There is no -- you cannot know what anybody who heard this or saw this would have said to other people based upon what they heard. There is a risk, and it is has been put no higher than a risk by the witness. She is not suggesting there's an identifiable or actual harm outcome. There's a risk, and you can't start speculating in relation to the number of people who might have become aware of this. 15:07 15:07

MR. HOGAN: Well, let's look at that. You could go on national television and you could say these things, or you could go on a rather obscure -- or have a video of

a poorly attended protest put up on an obscure website with 186 hits, and I think the witness can offer a view as to the risk of harm of that disinformation spreading and that it's a low risk.

MR. E. O'SULLIVAN: Well, I don't think she can because you could go on national TV and you could be cross-examined by a very able journalist who could undermine you completely and there would be no risk that people would listen to you, or you could speak to one or two people who would take on board what you've said and act accordingly. 15:07 15:08

MR. HOGAN: Well, I suppose the Committee can make of it what they will.

A. To be honest, my thinking around that was not the size of the audience, it was about the content of what was said and how it was said and does that breach the rules, because that's the question I am being asked. I wasn't -- you know, that, as you say, is the Committee's decision, it's not for me. The question I was being asked was does this behaviour break the rules. 15:08 15:08

218 Q. MR. HOGAN: Yes, but you had to consider whether or not this was a serious breach of the rules in order to constitute misconduct and one of the things that you were expected to consider was whether any harm was caused as a result of this conduct, and I am suggesting to you that you should have considered what the risk of harm was and what the extent of that risk was and -- 15:08

A. Oh, I did, I did consider the harm, as I alluded to

earlier, that, you know, that it was likely to influence people's behaviour. How many people's behaviour, I can't say.

MR. HOGAN: Yes. Thank you, [redacted].

CHAIRPERSON: Mr. O'Sullivan, have you any questions arising? 15:09

MR. O'SULLIVAN: Nothing arising, Chair, no, thank you.

CHAIRPERSON: Thank you very much.

[redacted]: Thanks.

MR. E. O'SULLIVAN: Chair, that's the Registrar's evidence and, if you are happy for me to do so, I can proceed to close the Registrar's case. You may want to take a break, I know we've been sitting since 2 o'clock. I think it will probably take me in or around 30 minutes to close the case, I think, in or around that. 15:09

CHAIRPERSON: Well, we will rise for ten minutes.

MR. E. O'SULLIVAN: Thank you.

THE HEARING ADJOURNED BRIEFLY AND RESUMED AS FOLLOWS: 15:10

CHAIRPERSON: Mr. O'Sullivan, if you are in a position to make your closing submissions, we would be happy to receive them.

15:35

CLOSING STATEMENT BY MR. O'SULLIVAN:

MR. E. O'SULLIVAN: Thank you very much, Chair. What I propose to do is to begin by very briefly addressing

you in relation to your role, and I know you are very familiar with what your role is, so I won't dwell on that. Then I will touch upon the burden of proof and the standard of proof, and then I am going to move on to the allegations. And after I have dealt with the allegations factually, I will move on to the issue of professional misconduct and, in that context, I will address a number of issues, including the issue of freedom of expression and the issue raised by Ms. Stack Rivas in one, if not more, of her responses to the effect that this occurred outside the workplace and therefore is not a matter for CORU. 15:35 15:36

In relation to your role, as you well know, what you have to do is you have to consider the allegations in each Notice of Inquiry, and here you have three. The first is at page 3 of the soft copy of the Core Book, the second begins at page 11 of that document, and the third begins at page 17. And, as you know, what you have to do is you have to, in the first instance, consider the allegations and decide whether they have been proven as a matter of fact. And if, having looked at what is alleged, you decide that any one or more of the allegations or sub-allegations hasn't been proven as a matter of fact, then you don't need to consider that allegation any further. That is the end of that. But where you are satisfied that an allegation has been proven as a matter of fact, you then have to move on to consider whether the conduct complained of constitutes 15:36 15:36

professional misconduct.

And the burden of proof is on the Registrar to prove both the facts and also that the facts, if proven, amount to professional misconduct, and the standard of 15:37
proof that applies, again as you well know, is the criminal standard, that is beyond reasonable doubt. now, that doesn't mean that the Registrar has to prove the allegations to a level of mathematical certainty. It doesn't mean they have to be proven beyond any 15:37
shadow of a doubt. But it does mean that if, when you critically analyse the evidence, if you have a doubt based in reason, then you should give the benefit of that doubt to Ms. Stack Rivas. It doesn't mean that you contrive a doubt, it doesn't mean that you 15:37
manufacturer a doubt. You should only and will only have a reasonable doubt where it is a doubt based in reason, based in the evidence, or on the absence of evidence that you feel you would have required.

15:38

What I propose to do, Chair, and I hope it is of assistance, is to consider now each of the allegations factually speaking and I want to isolate what appear to me to be the most relevant aspects of the allegations and then point you to where in the Core Book and in 15:38
exhibits you find the evidence that I say proves those facts. And I hope in doing that, I will make it easier for you when you retire to direct yourself to the evidence that I am certainly relying on.

So, the first Core Book you have beginning at page 3 -- sorry, the first notice you have, as I've said, beginning at page 3 of the Core Book and that is the allegation that begins: 15:38

"That you, while registered as a Physiotherapist with the Physiotherapists Registration Board..."

-- and it goes on in the first instance to deal with an allegation on the 5th February 2022. So the first thing that has to be established factually is that Ms. Stack Rivas was registered as of the 5th February 2022, and you heard from Mr. Ovington, who gave evidence yesterday, to say that she had been registered since 2018 and she remained on the Register. 15:39 15:39

So, in my submission, it has been established that as of 5 February 2022, and indeed all of the other periods captured by the allegations, she was registered and that's based on Mr. Ovington's evidence. 15:39

Allegation 1 is then, as I have said, that:

"1. On or around 5 February 2022, at a time when a similar complaint had already been referred forward by the PPC against you, at an unidentified location spoke at a public event, where you identified yourself as a healthcare worker..."

-- and made a number of comments. So, just to break that down, you will see it is alleged that as of 5 February 2022, that was a time when a similar complaint had already been referred forward by the PPC against you. You have the first complaint made by [redacted] which is Exhibit J. That's dated 10th February 2021 and you will have seen and when you retire and you consider it, that the issues raised are ignoring public health guidelines, advising people to stop wearing masks etc., and it is a similar complaint very clearly in terms of the substance of the issues raised to this one. And you have the minute of the meeting of the PPC in relation to that complaint, which is Exhibit K, and you see that that was referred forward by the PPC on the 21st April 2021. So the evidence establishes, I suggest, that that was a complaint that was similar in nature to the one referred to at page 3, and that the comments in question from made post 21 April 2021, that being the date of the PPC referral forward. 15:40 15:40 15:40 15:41

And in terms of the date on which the comments were made, you will see that the phrase "on or around 5 February 2022" is used, so the Registrar is not hanging her hat on these comments having been made specifically on 5th February 2022, but rather that they were made at or around that time. There's a bit of room for movement in terms of the specific date, that's why that formula of words is used, but that period of time is 15:41

the relevant period of time.

And you have Exhibit C, which is the screenshot of this particular video -- it's "limerick-city-rally-speeches" and you see that the person who uploaded it at the very bottom of that page says: 15:41

"A video report of the protest in Limerick on February 5 2022 in which we present some important speeches."

15:42

And, as you know, when the cursor was put over the icon that referred to "3 years ago", that demonstrated that the video was uploaded on the 12th February 2022.

And in addition to that - significantly, I suggest - you have the response to the first complaint from Fórsa on behalf of Ms. Stack Rivas at page 68 of the Core Book in which they say: 15:42

"Without prejudice to the ongoing hearing, we say that in the videos presented by [redacted] dating to February 2022 and July 2022, Ms Stack Rivas is simply exercising her constitutional right, as enshrined in the Irish Constitution, to freely express her convictions and opinion."

So that is an acknowledgment, I say, of the public comments the subject of this allegation having been made in February 2022 as is reflected on the face of

face of the screenshot, as is reflected on the date the material was uploaded, and you can be satisfied, therefore, that these comments were made at or around that particular time.

15:43

Then in terms of the substance of what is said, this allegation refers, as I have mentioned, to Ms. Stack Rivas having identified herself as a healthcare worker and you have the transcript of this particular series of statements by Ms. Stack Rivas commencing at page 119. And at page 120, lines 20 to 27, she says: 15:43

"First and foremost I'm a proud woman of Éire. I'm also here as a wife, a sister, a daughter, an aunt, a Colleague and a friend. I worked in the healthcare system for over 20 years. I used to be a healthcare assistant, I worked my way up and I graduated in 2010 From the Masonic college of Trinity College, Dublin. I am not going to stay silent. I have spoken a few times and my registration board don't like what I'm saying. I've always followed the guidelines within my work, which I love with passion."

And she goes on. So, in my submission, she very clearly identifies herself as someone with considerable 15:44 experience, working in healthcare, who is a member of a registered profession because she refers to her Registration Board and it is very clear that she identifies herself as a healthcare worker.

Then what I want to do, Chair, is to refer you to the pages of the transcript that reflect the words in the sub-allegations. And I know you are going to read all of these transcript, but I will just highlight where the relevant excerpts are to be found, and again I hope that's useful for you when you retire. 15:44

So Allegation 1(a) is -- comments that begin "Hi everybody I'm delighted to speak" and run through to "The science out there tells you it's more harmful than good" and you will find those at pages 120 and 121 of the Core Book. 15:45

And then (b) is words: 15:45

"I don't like calling a vaccine, it's a bloody genetic therapy. So people don't realise that their DNA and RNA are being interfered with."

And you will find that at page 124, and that's lines 2 to 4.

(c), 1(c):

"In respect of flu vaccines stated: "They're bribing you into taking the flu shot and this experimental vaccine. They're also bullying and intimidating the people who decide for our body our choice, that we do

not want to take any vaccine that is not, that is in experimental stage. It has to stop. It has to stop"."

That is at pages 124 and 125 of the transcript. So it starts at the bottom of page 124, line 128, and the top of page 125 to line 5. 15:46

And then (d) is words at the start "Our family have been lied to and abused", running down to "We all have a duty of care, a moral obligation to do so", and you have that at page 127 of the transcript, page 127 of the Core Book, which is the transcript, and it begins at line 5 on page 127 and runs to line 18. And you have heard from the stenographer that this is a transcript prepared to the best of her ability reflecting what was said on the video. To the extent that you need to, obviously you can cross-reference the two in your deliberations, but I submit that the transcript very clearly reflects what was said and they are the relevant excerpts in terms of those allegations. And therefore I suggest that those allegations have been proven factually beyond reasonable doubt in the sense that it has been proven that Ms. Stack Rivas was registered at the time as a physio; that at this time a similar complaint had already been made against her; that she spoke at a public event, and you have seen from that video that you can she that she is speaking to a crowd -- room for debate in relation to how big the crowd is; that it 15:46 15:47 15:47 15:47

occurred on or around 5th February 2022; and that she said the things that are attributed to her at (a) to (d), all of those things have been established beyond a reasonable doubt.

Then Allegation 2 relates to what was said on the 24th July 2022 at again -- again it says at a time when a similar complaint had already been made, and that it occurred at or around University Hospital Limerick. She identified herself as a healthcare worker. They are the important elements of the introductory language. 15:48

In terms of the similar complaint having already been made, again I would point you to [redacted] first complaint, which you have, and the referral forward by the PPC that you have already seen, and both of those demonstrate that there was an extant complaint in July 2022 that had been referred forward and it was similar in nature. 15:48

In relation to the location being at or around University Hospital Limerick, you will have seen UHL in the background when Ms. Stack Rivas was speaking.

And in relation to the date of the 24th July 2022, you have Exhibit E, which is the screenshot from the Rumble website, "andys-conversations-part-2", and you will have seen that from the cursor over the "3 years ago" 15:48

icon reveals that the video was uploaded on July 24th, 2022. Again, I would point you to the Fórsa response at page 68 that acknowledges that the comments were made and time dates them to July 2022. So, again, even if there is room for some doubt as to whether it was the 24th or 23rd or whatever, there is very clearly an acknowledgment this is July 2022. 15:49

In terms of Ms. Stack Rivas identifying herself as a healthcare worker, you will see that at page 133, which is the transcript of this particular interview. So at page 133, line 22, she says: 15:50

"I work in healthcare and I've been trying to stand up for my rights in my work, expose the absolute lies and the pseudoscience that they've been pumping the last three years and I'll stand on my truth and no one will silence me because the truth is coming out now."

so very clearly again, she begins by identifying herself as someone who works in healthcare, and that's page 133, as I say. 15:50

Then in relation to the sub-allegations and what is said, at 2(a) is the statement in relation to Covid vaccines: 15:50

""Because the truth is coming out now. Like what really is upsetting me the last three years is especially

since this 'so called vaccine', this gene therapy shot that they've been giving people, they haven't given proper informed consent"

-- you will find that at page 133 and that begins at line 26 and it runs to the top of the next page, page 134, line 1. 15:51

Then 2(b), I won't read it all out, it's very long:

"In respect of Covid-19 vaccines stated: "The trials don't finish until 2023 and many people, all people who took this vaccine took it in good faith..."

-- etc. And it runs all the way to:

"...now they're pushing booster after booster"."

You will find that between pages 134 and 135. So it starts at around line 8 on page 134 and runs through to line 21 on page 135. 15:52

In relation then to 2(c):

"In respect of Covid-19 vaccines responded "oh absolutely" or words to that effect when the interviewer stated that RTE and/or the government were accessories to murder",

that is at page 136 and that's at line 25 and 26:

"UNKNOWN SPEAKER: They're accessories to murder.
MS. STACK RIVAS: Oh absolutely."

15:52

2(d) then is the statement:

"People are easily manipulated and a lot people really do love their media and believe what these corrupt politicians and scientists are saying."

That's at page 137. It begins at line 19 on page 137 and runs through to line 22.

And, finally in relation to this notice, 2(e), which, in relation to Covid and mask-wearing, "the coronavirus is the common cold", running through all the way to "They affect every part of your body. You're, you're not getting oxygen into your lungs if you are wearing a mask", that is at page 136 into 137. So it begins at line 28 on page 136 and runs to line 7 on page 137.

15:53

15:53

And again you have heard from the stenographer that this is a transcript prepared reflecting what is said on the video, and so, again, in my submission, you can be satisfied beyond a reasonable doubt that the comments were made by Ms. Stack Rivas. Fórsa have acknowledged as much in their response. To be fair to her, she has never sought to distance herself from

15:54

these comments. She hasn't said "I'm exercising my free speech", "I'm expressing views", "I'm doing so in a personal capacity". And you can be satisfied that this occurred outside University Hospital Limerick because you can see it in the background. And you have the date stamp in terms of when it was uploaded. You have the acknowledgment from Fórsa that it was July 2022, and you have the transcript reflecting that she identified herself as a healthcare worker and said the things attributed to her at (a) to (e). 15:54

Now, in relation to this notice before I move on, even though I am slightly breaking with my sequence, in this notice you will see after the factual allegations, the breaches of the Code are identified. And, as you know, [redacted] relied on Principle 3 and also Principle 4. Principle 4 is use of social media, and I can tell you that the Registrar is not pursuing that allegation, so it is not being maintained that Ms. Stack Rivas did not use social media responsibly. And that is because it has not been proven beyond reasonable doubt that Ms. Stack Rivas was responsible for putting this material on the internet and, therefore, it wouldn't be safe to find that she had not used social media responsibly. [redacted] said she approached it on the basis that one would have to assume that someone would know that this was being recorded for a reason, but there's an assumption inherent in that and so it wouldn't be fair or appropriate to make a finding on

that basis, in our submission.

MR. HOGAN: So the allegation that either Allegation 1 or 2 or any of the sub-allegations was a breach of provision 4 of the Code is withdrawn?

MR. E. O'SULLIVAN: Yes. 15:55

Then moving on to Notice 2, and again I will just refer you to what I say the most relevant pieces of evidence are in terms of what has to be proven. Again, this is an allegation that begins at page 11 that Ms. Stack Rivas was registered as a physio at the time. The relevant incident is alleged to have occurred on or around 31st July 2021. So you have Mr. Ovington's evidence confirming that she was registered at that time. Then it says, as with the previous allegations, 15:56 "at a time when a similar complaint had already been referred forward by the PPC" -- so, again, as before, I would refer you to the complaint made by [redacted] in early 2021 and the referral forward by the PPC in April 2021. In terms of the similar nature, again you have 15:56 seen the complaint that was made by [redacted] then and this complaint, and I suggest they are clearly similar in nature.

In relation to the date of the 31st July 2021, you have 15:56 the -- it actually wasn't made a -- I think it's in the Core Book at page 156. I think it was separately made an exhibit as well, but I will just refer you to the page number. Page 156 is the screenshot from Facebook

of this video and it's described as "Protest against restrictions in Limerick - July 31, 2021" and that's Exhibit N as well. And there's actually a reference within the video itself to it being late July 2021. You will see that from the transcript itself. 15:57

In addition to that --

CHAIRPERSON: Sorry for interrupting you, when you say Exhibit N, was that handed in to us --

MR. E. O'SULLIVAN: No, I think -- 15:58

CHAIRPERSON: -- as an exhibit.

MR. E. O'SULLIVAN: I think when I had referred to it, I think it was suggested that it should separately be made an exhibit. So we certainly can hand you a copy, but -- 15:58

MR. HOGAN: Yeah, that was going to be Exhibit N, the screenshot of the Facebook page.

MR. E. O'SULLIVAN: Yes.

CHAIRPERSON: So if you wish to hand us in the screenshot just for completeness, it would -- 15:58

MR. E. O'SULLIVAN: Yes, we can do that, we can run off copies.

MR. HOGAN: Just on the exhibits, just while we are there, Mr. O'Sullivan, [redacted] report was going to be Exhibit O -- 15:58

MR. E. O'SULLIVAN: Yeah.

MR. HOGAN: And then should [redacted] report be Exhibit P then?

MR. E. O'SULLIVAN: I suppose it could --

MR. HOGAN: There are two reports, P and Q.
MR. E. O'SULLIVAN: Yeah, the only thing I'd say is this is obviously leading to a massive duplication of material in that all of this is in the Core Book, in any event, and I submit all of the material in the Core 15:58
Book has now been proven. And when the Inquiry is over and material, if it is being sent to Council, and if ultimately material is going to the High Court, the Core Book and all exhibits will be included in a document. So there is going to be effectively a full 15:59
duplication of the Core Book. That's a housekeeping consideration, but we can consider that.
MR. HOGAN: Is there going to be anything in the Core Book that hasn't been proven?
MR. E. O'SULLIVAN: No. I can refer you to the index 15:59
to the Core Book. Everything has been proved.
MR. HOGAN: Let's come back to that then. Maybe we might be able to tidy that up then.
MR. E. O'SULLIVAN: In relation again to the date, I am relying on what I say is an acknowledgment of the time 15:59
period in question on the part of Ms. Stack Rivas through her solicitors. So Hayes McGrath wrote in response to the second complaint at page 194 and, in the fourth paragraph, they say:

"Of note, it is alleged that [redacted] has raised issues of legitimate concern in the subsequent complaints. The matters now complained of date to July 2021 and July 2022, yet the complainant waited until

June and October 2023 before making the complaints."

And then, over the page, they say:

"The conduct complained of in the subsequent complaints..."

- that is these complaints -

"...occurred outside of the context of Registrant's employment and outside of her role as a Physiotherapist. The Registrant does not identify herself as a Physiotherapist in the videos referred to in Complaint C366 or C408."

16:00

So I say that that acknowledges the fact that these statements were made by Ms. Stack Rivas and does not in any way dispute the dating of July 2021 in relation to this particular complaint.

16:00

Then the next issue is that she identifies herself as a healthcare worker. She does that at the transcript at page 216. That's the transcript of this particular video. And at line 14, she says on page 216:

16:01

"My story is that I'm a mother of one. I work in healthcare."

And then she goes on to say how she's been ridiculed

and she's risking her job and her livelihood. So, again, she identifies herself there as a healthcare worker.

In relation then to 2(a) -- sorry, 1(a), which is "I work in healthcare, I have been ridiculed" etc., that is pages 315 -- sorry, 216. 16:01

Then (b), "I am reaching out to my fellow limerick men And women, the beautiful people of Limerick", all the way down to "If we had a real pandemic you would see our graveyards full" -- that's page 217, lines 7 to 22. 16:01

(c) is:

""Explain how they pulled the corona virus, you know all the legal, all those unlawful, unconstitutional laws ... They have this planned for a long time."

That's page 218, lines 9 to 13. 16:02

Then (d) in relation to PCR testing and certain comments there, that's pages 218 into 219, lines 22 down.

16:02

Then (e) is again 219:

"Explain why they find autopsies of anyone dying from or with covid and I will say 'with' because no one died

from Covid."

That's lines 6 to 8 on page 219.

Then (f) is: 16:03

"Explain also how millions of protesters across the globe aren't getting sick..."

-- etc. That also is page 219 into 220. So it's line 16:03
125 on page 219 into line 1 on page 220.

(g) is also on page 220:

"Explain how the people who are wearing masks and 16:03
following the rules are the only ones catching Covid."

That's lines 12 down to 17. And the reference to a fake test, so page 220, lines 12 to 17.

16:03

(h) is the statement that:

"Vaccines in general cause, maim and damage and kill kids. And they're causing chronic illnesses in our children today."

That's at page 222, and it is lines 5 to 7 on page 222.

And, lastly, (i), "Explain why the hospitals were

emptier than normal during the height of a pandemic" etc -- that's page 222, lines 20 to 25.

And again I say that you have the evidence of the stenographer that that is an accurate transcript of what was said and you can be satisfied that those things were said by Ms. Stack Rivas on that basis. 16:04

Again in relation to Principle 4 of the Code, the Registrar is withdrawing that allegation for the same reason as with the first notice, that is hasn't been proven that Ms. Stack Rivas was responsible for posting this. 16:04

Then, lastly - I hope this is a useful exercise, I know it's quite tedious but I hope it assists you when you retire in finding the relevant excerpts - you the third Notice of Inquiry beginning at page 17. And the first allegation relates to March 2024, so, again, in terms of proving that she was registered, you have Mr. Ovington's evidence that she was registered at that time. You have her participating in the podcast hosted by Ms. Plumley, who identifies herself - and, indeed, her name is in the title of the podcast - in around March 2024. You will have heard [redacted] give evidence that that is reflected on the website where one can listen to the podcast, that this was an interview of March 2024. And then in terms of the comments that were made at (a) to (i), I will just very 16:05 16:05 16:05

briefly identify those.

So the comment at (a) is at pages 315 to 316. I can give you the line numbers, if you'd like. It is quicker if I just give you page numbers, but I can give you the line numbers, if that helps. 16:06

CHAIRPERSON: Yes.

MR. E. O'SULLIVAN: Okay, so that begins "So I never from then on, I never trusted the medical establishment" and it runs through to "scam of the Convid, I call it Convid." That's 315 to 316 and it starts at line 23 on page 315 and runs through to line 12 on 316. 16:06

Then (b) starts "the only way that they could really try and put in bring in mandatory vaccine was some kind of plandemic" and runs through to "it was all a hoax". That is also page 316 and it starts at line 16 and runs down to line. So page 316, line 16 to 25. 16:06

(c) in relation to Covid and masks, "So I went to protests, spoke" etc. and it goes on to refer to censorship, that is at page 318 and it begins at line 6 and runs through to line 15. So page 318, roughly, line 6 to 15. 16:07

(d): "And even I remember a lovely client of mine" and it goes on to "pure absolute fraud and murder" -- that's page 319 and it begins at line 1 and runs

through to line 10 on page 319.

(e):

"They talk about the Convid vaccine as it kills so many. But there's been many people who have died and maimed from the childhood vaccines and the HPV vaccines, but they're not being reported."

That's pages 333 into 334. So it's page 333, line 27, into page 334, line 1. 16:08

(f) relates to HPV vaccines. It refers to regret.ie, people being affected by HPV, it's a lethal vaccine and so on. That's page 337. It begins at line 20 and runs through to the end of that page. 16:08

Then (g) again is about HPV, "HPV is a virus. I question viruses at this stage", running through to comments about big pharma etc. That is page 338 and it begins at line 2 and runs down to line 19 on 338. 16:09

(h) relates to the previous Inquiry in relation to Ms. Stack Rivas where she refers to that, and that can be found at page 335, line 1 down to line 22, page 335. 16:10

And then finally for this allegation, (i) is again in relation to that complaint and going back to work and being allowed to continue even though she had been told

she was a danger to the public, and the contradiction there is at page 351. So it is page 351, lines 16 to 20. And she refers at page 309 to her qualification as a physio during the course of that particular podcast.

CHAIRPERSON: What page?

MR. E. O'SULLIVAN: 309. Then Allegation 2 in Notice 3 is:

"In or around December 2023, participated in an interview which was posted on the online video sharing platform "Rumble" wherein you made one or more of the following comments...".

That is the document at Exhibit G, "Liaising with the Council, James P. Nestor and Anna Marie Stack Rivas" and you have the date of the video being uploaded, 29th December 2023. And you have seen it's the video sharing platform Rumble. And then in relation to what is said at page 359 of the transcript, Ms. Stack Rivas refers to the fact that she is a physio and a HSE employee. So page 359, she says at line 2, she's "in the HSE where I am a physiotherapist".

And then 2(a) is a statement beginning "I suppose I've been active from the beginning in 2020", all the way to "I was interested in the whole mandatory vaccine stuff" and that's at page 358, lines 12 to 18 on page 358.

Then (b) is the other allegation at 2, which starts

"When the whole China thing started, I went oh my God." That also begins on page 358, line 125, and runs through to 359, line 1.

And lastly in terms of the factual aspect of things, you have Allegation 3, and that's the allegation that she held herself out as a physiotherapist and/or HSE employee when making one or more of the comments referenced at 1 or 2, which I have just taken you to:- 16:12

16:13

"...in breach of your verbal undertaking to the Council of CORU on 09 April 2021."

And that undertaking, you have offered by Ms. Finneran on behalf of Ms. Stack Rivas at page 403 at that Council meeting. 16:13

MR. HOGAN: Sorry, the page?

MR. E. O'SULLIVAN: 403 and into 404. And then you have it being accepted by Council in lieu of an application to the High Court pursuant to section 60 at page 423. And the third aspect of the undertaking was: 16:13

"to refrain from holding yourself out as a physiotherapist and/or HSE employee if/when expressing views in relation to the government's handling of and approach to Covid-19 or if/when expressing personal views as the efficacy and/or necessity of public health guidelines relating to Covid-19."

And that was given, as has been mentioned, in April of 2021 and I suggest to you that that was very clearly breached when, as you have seen at page 359, Ms. Stack Rivas says she's a physio employed by the HSE and expresses the views she does. 16:14

And, again, no allegation is being pursued to the effect that she breached Principle 4 of the Code in relation to social media use in relation to the third notice. 16:14

MR. HOGAN: So that's gone?
MR. E. O'SULLIVAN: Gone, from all three notices. We are not pursuing that. We can't prove that she put this material on the internet. 16:15

So I hope that's useful when you retire in terms of identifying where we say the relevant excerpts are found. And, as I've said, I suggest to you that it has very clearly been established beyond a reasonable doubt 16:15 and it has never really been disputed Ms. Stack Rivas that she said these things at or around the times identified; that in doing so, she identified herself either as a healthcare worker or someone working in healthcare, or a physiotherapist employed by the HSE. 16:15 And what I propose to do now then is to turn to the question of professional misconduct.

And, as you know, the definition of "professional

misconduct" in the Act is framed by reference to the Code of Conduct. So if a physiotherapist acts in contravention of the Code of Conduct and if the contravention is serious, then they are guilty of professional misconduct. 16:15

And you have heard [redacted] evidence as to why she considers that Ms. Stack Rivas is guilty of professional misconduct in relation to the first notice and the second notice. And insofar as the allegations 16:16 are being pursued, they are based upon Principle 3 and the obligation to:

"b. Conduct yourself in a manner that enhances public confidence in you and your profession
c. Respect the roles and expertise of other health and social care professionals and work in partnership with them."

And the obligation that you must not:

"behave in a way that would call into question your suitability to work as a health or social care professional." 16:16

It is for you to assess the expert evidence that has been given by [redacted]. I would respectfully submit to you that the logic of her evidence is compelling. The thrust of what she has said to you, I suggest, is,

as follows:

When a person becomes registered as a physiotherapist in this instance, but more broadly in any of the regulated professions, one becomes subject to the Code of Conduct that applies to members of that profession. And nobody, of course, is forced to join a profession. They choose to join a profession. They choose to subject themselves to the Code of Conduct by joining that profession. You don't only derive rights from becoming a registered professional, you become subject to responsibilities. And amongst the responsibilities that one becomes subject to when they register as a healthcare professional, specifically in this instance as a physiotherapist, is the obligation not to express yourself in public in a way that could have negative consequences for those to whom you are speaking, if you are speaking about medical matters that have no basis in the consensus view in terms of the science. And in expressing the views that she expressed, which did not have a basis when one assesses what she was saying by reference to the consensus view, scientifically speaking, Ms. Stack Rivas was not acting in a way that enhanced public confidence in her and her profession. She didn't respect the roles and expertise of other health and social care professionals, and she behaved in a way that did call into question her suitability to work as a health or social care professional. And [redacted] went through the various different things

16:17
16:17
16:17
16:18
16:18

that were said and while there are different aspects to the comments that are made by Ms. Stack Rivas, some are directed at Covid, some are directed at a Covid vaccine, some are directed at masks, some are directed at Government policy, there was a common theme running throughout them which is to the effect that we've all been conned, this is a hoax, there is no science underpinning any of this, there wasn't a pandemic, masks are dangerous, vaccines are dangerous, and all of that was completely inconsistent with the science that had emerged, with Government guidance, and with the medical and scientific consensus that existed. And, as a registered physiotherapist, as a person with a science degree, it behoved Ms. Stack Rivas when speaking in public, when identifying herself either as a healthcare worker or a physiotherapist, not to say things that did not accord with the evidence that existed in relation to the matters she was talking about. And, in speaking as she did, she was spreading disinformation. 16:18 16:19 16:19 16:19

And in that context, I want to at this point refer to the question of freedom of expression, and I also want to refer to the issue raised by Ms. Stack Rivas to the effect that this occurred outside of the work environment. And after I have done that, I will address you in relation to the third Notice of Inquiry, because [redacted] didn't give evidence in relation to those allegations. 16:20

So it is undoubtedly the case that people enjoy a right to express themselves freely. "Freedom of expression" is something of misnomer, nevertheless, in the sense that it suggests that you can express yourself freely. 16:20
On one interpretation, that means without any limitation, but that is not the case. It is a qualified right and it's qualified in a whole series of respects, as I said at the outset, both in the general population, but more particularly in the context of 16:20
people who are members of registered professions.

So, generally speaking, we are entitled to express our views subject to limitations, as I say, that are there to preserve the greater good, as it were. And I 16:21
mentioned when opening the case the law of defamation that is there to address wrongdoing based upon speech. So you are not allowed lie about people and damage their reputation without criticism and without consequences. That's a clear limitation on one's right 16:21
to speak freely. Equally, you can commit criminal offences if you engage in certain type of behaviour, including hate speech and other threatening, insulting or abusive behaviour or commentary. That can result in criminal penalty. That clearly is there to protect the 16:21
greater good and outweighs the person's individual right to express themselves. And the position is probably best encapsulated in what an American judge said -- and speech, as you know, is protected to the

nth degree in the United States, or certainly it used to be, but what a judge over there said is that you can't protect the speech of the person who shouts fire in a crowded theatre, because if you shout "Fire" in a crowded theatre, what's going to happen -- there's going to be pandemonium, there's going to be consternation and people are going to be put at risk of injury. 16:22

That aptly demonstrates why limitations have to be put on people's freedom to speak and express themselves. You cannot as a scientist, as a person with a science degree, as a member of a healthcare profession, in my submission, express views publicly, relying on your so-called expertise, relying on the fact that you are a healthcare worker, you are someone in the know, you are someone who knows what you are talking about and then ignore the science, ignore the evidence, ignore the data, ignore the consensus and disseminate misinformation. Because if you do that, there is a risk that people listening to you who don't know about science, who aren't qualified to interpret data, who don't know about how things are working in the hospitals on the ground, there is a risk that they will listen to you and they will think that what you are saying is correct and they will regulate their behaviour accordingly. 16:22 16:23 16:23

But I absolutely accept that there is no evidence in

this case that any person actually listened to what Ms. Stack Rivas had to say in the sense of acted on foot of it. There is plenty of people who heard what she said. Listening to it is with a different matter. But you don't need somebody to come into the room to say "before I attended that rally, I thought vaccines were brilliant; then I attended that rally and my eyes were opened" because the issue of concern that arises is one of risk. You create a risk by spreading misinformation and disinformation and that's precisely what Ms. Stack Rivas did here and for that reason her contravention of her obligations as enshrined in the Code was serious. 16:23 16:24

That then brings me to the question of this occurring outside of the workplace. There have been a number of cases in the UK that have considered the extent to which regulators can assess someone's fitness to practise and take appropriate action for things that occur outside of the workplace. It is very clear when something happens in the workplace that if you are engaged in the course of your profession, that your fitness to practise might be a matter for consideration. But you can't draw a bright line between someone's professional life and the things they do when they are outside of the office. It is not that simple, it is not that straightforward, and I will just quickly refer you to two English examples and then I will come back to the facts of this particular case. 16:24 16:24 16:24

There is a decision of the English courts in a case called Martin v. Royal College of Veterinary Surgeons Disciplinary Committee. It is a very old case, it goes back to 1965. But in that case there was a vet who was also a farmer and he had had the onset of a particular disease on his farm and a number of cattle had died and he hadn't buried them, he had left them to rot in effect on the farm. He was arrested, he was prosecuted, he was convicted of a criminal offence and separately then a complaint was made to his regulator - he was a vet as I have said - and he argued that because this didn't occur during his active practice of veterinary and rather occurred in his private capacity as a farmer, the fact that he had left these carcasses to rot and hadn't buried them was nothing to do with the Royal College of Veterinary Medicine, and the English Court said that that argument was misconceived and what the Court said in effect was when you register and become a member of a registered profession, your conduct outside of the workplace can impinge upon the reputation of that profession and if it does and if you behave in a way that brings the reputation into disrepute, then it doesn't matter if what you did occurred outside of the office, you are still subject to your regulator because you have acted in a way that brings your profession into disrepute.

16:25
16:25
16:25
16:26
16:26

And what the judge said was that there was here

abundant evidence upon which the Disciplinary Committee could come to the conclusion that:

"The conduct was disgraceful to the Appellant", that was the vet, "in a professional capacity." 16:27

So notwithstanding that it occurred on his private farm, it brought his profession and him as a registered professional into disrepute and therefore it was professional misconduct. 16:27

There is a much more recent case, and we can provide you with these if you would like copies, I know Mr. Hogan will be advising you on the law, a case called The Queen (on the application of Pitt and Tyas) v. The General Pharmaceutical Council. 16:27 It is a much more recent case from 2017. In that case the claimants were pharmacists and they challenged the Code of Conduct in effect that had been brought in by the General Pharmaceutical Council and it was called the 16:28 Standard of Conduct Ethics and Performance to be specific. And there were various standards imposed upon pharmacists in that Code that these two pharmacists said went far beyond what were fair game for their regulator. 16:28 There were standards that said you had to do things like show respect for others, treat people politely and considerately, be honest and trustworthy, things like that. And what the pharmacists who were challenging this said was that

these things are very general, they are not rooted in the profession and they are liable to affect us in our private lives and that's not a matter for our regulator and therefore this Code in effect goes beyond what is permissible and is there unlawful. And again the Court had little regard for that argument it has to be said. The judge was satisfied that the issues that had been included in the code were perfectly appropriate, and I will just read a couple of paragraphs: 16:28

16:29

At paragraph 38 the judge said:

"There may be occasions which occur outside normal working hours and perhaps in a context which is completely unrelated to the professional work of a pharmacist which may be relevant to the safe and effective care which will be provided to patients. For example, if a pharmacy professional engages in a racist tirade on Twitter, that may well shed light on how he or she might provide professional services to a person from an ethic minority." 16:29 16:29

And for that reason the Court said that it was quite proper and appropriate that the Code of Conduct would apply not only to things that occurred in the workplace but also more broadly. That's not to say that everything you do in your private life is a matter for your regulator. Obviously you have to assess it on a case-by-case basis. But if there is a nexus or a link 16:29

between what you are doing in your private life and your fitness to practise, your chosen profession or your professional obligations under your Code of Conduct, then immediately, in my respectful submission, the matters at issue do become relevant for the purposes of your regulator. 16:30

And here is there is a very clear connection between Ms. Stack Rivas's profession and what she was saying. She is not an architect who was speaking about healthcare and science and what was going on in hospitals and vaccines, or a lawyer speaking about it, she is somebody with a science degree who is a member of a healthcare profession, regulated by the Health and Social Care Professionals Council and subject to the Code of Conduct that applies to physiotherapists. She is somebody by reason of her profession who has a greater knowledge than the general population in relation to the human body, in relation to the science, in relation to matters such as that and when she is speaking about vaccines, masks, a virus, things like that, she has to do so in the knowledge that she is somebody who has to act according to the Code of Conduct, understanding that because she is a member of a healthcare profession, identifying herself as such, she is somebody who is likely or certainly may be listened to by those who don't share her level of knowledge or expertise and that with that comes great weight and she has to be extremely careful when she is 16:30 16:30 16:31 16:31

speaking publicly about these matters not to share disinformation.

And that brings me then to what I had said about the general limitations that are imposed upon speech. 16:31
There are specific limitations imposed upon speech when you choose to become a member of a regulated profession because, as I have said, rights but also responsibilities come from registration as a member of a profession regulated by statute, and the issues of 16:32
concern in relation to the Ms. Stack Rivas here are tethered extremely securely and strongly to the nature of her profession and that renders what she said all the more serious and all the more concerning and certainly renders the speech, in my submission, fair 16:32
game from the purposes of regulation.

The third Notice you didn't hear evidence from [redacted] about. She hadn't prepared a report in relation to that Notice. She didn't consider that 16:32
Notice. The first two allegations are almost indistinguishable in their nature and content from the allegations in the first two Notices. Again, they concern commentary in relation to the pandemic, vaccines, viruses and public health issues. And while 16:33
[redacted] didn't give in evidence relation to these allegations, having heard her rationale in relation to the obligations that are imposed upon physiotherapists by the Code, you are perfectly entitled, applying that

logic, if you accept her logic, to consider whether the comments made here do fall foul of the obligations [redacted] says Ms. Stack Rivas was operating under. And if you are satisfied that in expressing herself as she did as described in Allegations 1 and 2 Ms. Stack Rivas also stepped outside of what was permissible and was therefore guilty of a breach of the Code in the same manner as described by [redacted] in relation to allegations in the first two Notices, then you should make findings of professional misconduct in relation to these allegations as well. And the simple matter for you to consider is does the commentary here amount to professional misconduct applying the rationale and logic underpinning [redacted] evidence as you have heard it in relation to the other allegations.

16:33
16:34
16:34

That then brings me finally to Allegation 3 in this Notice of Inquiry, and that is the allegation that Ms. Stack Rivas in simple terms breached her undertaking to Council, and you don't, in my submission, even need to consider the evidence of [redacted] in order to decide whether it is professional misconduct for a physiotherapist to provide an undertaking to their Council and then to proceed to breach that undertaking. If are satisfied that there was a breach of the undertaking here, and I suggest to you there certainly was, then it follows as night follows day that Ms. Stack Rivas was guilty of professional misconduct.

16:34
16:34

A complaint was made about her in early 2021. A meeting of Council was convened to decide whether to apply to the High Court to suspend her registration pending an investigation. She offered an undertaking on a voluntary basis to the Council. That's a solemn promise as you know. Council accepted that undertaking and on that basis didn't apply to the High Court to suspend her or to impose restrictions on her ability to work. She derived a very clear benefit from giving that undertaking and it was an undertaking the Council was happy to accept, clearly on the assumption that it would be complied with. And if you are satisfied that in saying what she said, as captured by Allegations 1 and 2, that she breached that undertaking, then that is incredibly serious. 16:35 16:35 16:35

I suggest to you it is very clear when you look at what she said as reflected in those transcripts that you have covering the comments made at Allegations 1 and 2 that she did hold herself out as a physiotherapist, she did identify herself as a HSE employee and she did express views in relation to the handling of and approach to the Covid-19 pandemic and in relation to public health guidelines because of course the public health guidelines included, amongst other things, the wearing of masks and the huge efforts that were made to promote vaccination, social distancing, etc. 16:36 16:36

The provisions of the Code that are referred to in the third Notice at 3 are the same as those referenced by [redacted]. So you have heard how she has interpreted those. I will just briefly say a couple of words about that in a moment, but also you will see Principle 22 is referred to in Notice no. 3, that's page 20, and this isn't a principle of the Code referred to in the other two Notices. That's the obligation to always behave with integrity and honesty, and I suggest to you if Ms. Stack Rivas did breach the undertaking she gave to the Council, then she acted contrary to her obligations to demonstrate ethical awareness under Principle 22 and she did not behave with integrity. Whatever about honesty, she certainly didn't behave with integrity in speaking publicly in a manner that was contrary to an undertaking she had given to her regulator. 16:36 16:37 16:37

Just the last couple of things I want to touch upon really arise from the questions that Mr. Hogan asked [redacted] I suggest to you that you don't require evidence that a person actually acted to their detriment based upon what Ms. Stack Rivas said. The decision of the Supreme Court in Corbally v. The Medical Council is very clear in saying that while an adverse outcome is a relevant factor where it exists, the absence of an adverse outcome does not mean that something is not serious, the logic simply being you don't have to wait for something negative to actually happen to take action. If somebody engages in conduct 16:37 16:38

that creates a real risk of an adverse outcome, then it is entirely proper for a regulator to intervene to make sure that it doesn't happen again when there might actually be adverse harm caused to somebody.

16:38

I also suggest that a person doesn't have to actually identify themselves as a physiotherapist in order to potentially bring public confidence in their profession into the equation or to question their suitability to work as a health or social care professional. If you 16:39 are a physiotherapist and you engage in actions outside of the workplace that call your behaviour into question and have the potential to be damaging to your profession, then you can be guilty of professional misconduct whether or not you happen in the course of 16:39 saying or doing what you were doing to have identified yourself as a physiotherapist.

In speaking as she did about what she described as a hoax and a coverup, all with an agenda, I suggest that 16:39 Ms. Stack Rivas undoubtedly failed to respect the roles and expertise of other health and social care professional, particularly those who worked in extremely challenging circumstances during the pandemic in an effort to ensure that those who were unwell, in 16:40 particular those who had Covid, were cared for, received the treatment they required and didn't succumb to their illness.

[redacted] very helpfully reminds me that when you look at the Code, Principle 3, it specifically refers to the obligation to maintain high standards of personal conduct and behaviour. So the Code itself in very explicit terms extends to personal conduct, not just professional conduct. 16:40

MR. HOGAN: Sorry, what's the page reference for that?

MR. E. O'SULLIVAN: That's in the Core Book, I'll get it for you. The Code begins at page 532, and 3 is at page 543. It's: 16:41

"Maintain high standards of personal conduct and behaviour."

So, sorry, that was much longer than I had told you it would be and I hope the exercise of pointing you to the transcript excerpts will be of assistance when you retire. That took a bot of time, I'm sorry about that. 16:41

CHAIRPERSON: There are no questions on your closing submission, Mr. O'Sullivan. So what I would propose is that I would ask Mr. Hogan to advise the Committee as to what matters they would appropriately take into consideration when they are deliberating on the matter. 16:41

MR. HOGAN: Sorry, the last point you made there Mr. O'Sullivan, could you repeat it just in relation to the Code? 16:41

MR. E. O'SULLIVAN: Yes. So if you look to Principle 3 of the Code, which is the principle that was relied upon by [redacted], and you have it at page 543.

MR. HOGAN: Yeah.
MR. E. O'SULLIVAN: The title is:

"Maintain high standards of personal conduct and behaviour."

And it then goes on more specifically to deal with what you must and must not do and it is that that [redacted] referred to, 3b, 3c and 3.2d, but you will see that the title of that particular section actually refers to personal conduct and behaviour. So it is not limited in its extent to things that occur in the workplace, that's the only point that we are making there.
MR. HOGAN: Mr. O'Sullivan, could I ask you, you have placed significance from an evidential perspective on the Fórsa letter of the 7th September 2023 and also the Hayes McGrath letter of - it's on page 194 - I suppose as being evidence of an acknowledgment of participation in the videos, but would you accept that no formal admissions have been made in the case?
MR. E. O'SULLIVAN: No, there's no formal admissions of the allegations in the Notice of Inquiry.
MR. HOGAN: And obviously those letters were sent prior to any Notice of Inquiry being served.
MR. O'SULLIVAN: Yes, but they are still, in my submission, capable of amounting to admissions that the statements were made on the dates, at or around the dates attributed to them.
MR. HOGAN: Well, you are inferring that from the

letters, is that fair?
MR. E. O'SULLIVAN: Well, no, I don't accept that actually because if you look at what is said, beginning with the Fórsa letter, which is at page 67.
MR. HOGAN: The Fórsa letter is a little bit, it also, it says that it is without prejudice. 16:44
MR. E. O'SULLIVAN: It is without prejudice to the foregoing, which is the suggestion that these complaints are frivolous or vexatious because [redacted] is making numerous complaints against Ms. Stack Rivas. That's what it's without prejudice to and what it says is that: 16:44

"We say that in the videos presented by [redacted] dating to February 2022 and July 2022, Ms Stack Rivas is simply exercising her constitutional right, as enshrined in the Irish Constitution..."

MR. HOGAN: But just can I stop you there just for one moment, what Fórsa is saying is that it is -- what they are saying in relation to the video they are saying on a without prejudice basis, without prejudice to the ongoing hearing. 16:45
MR. E. O'SULLIVAN: That's the first complaint.
MR. HOGAN: Yes. 16:45
MR. E. O'SULLIVAN: Yes, that's the complaint that was extant where they were saying these videos should have been referred to in the first complaint made by [redacted] it is not appropriate for him to now make

multiple additional complaints whilst the first Inquiry is underway. That's what it is without prejudice to. Any arguments that might be made in the first Inquiry which was ongoing.

16:46

LEGAL ADVICE BY MR. HOGAN:

MR. HOGAN: That's fine, thank you. Very good, Chair, members of the Committee, just to remind you firstly of the roll that you must undertake at this stage of the 16:46
Inquiry, and obviously the first thing is that you must consider all of the allegations in the respective Notices of Inquiry, including all of the sub-allegations contained in those three Notices and then you must review all of the evidence that has been 16:46
tendered to you during the course of the Inquiry both the documentary and oral evidence, and ultimately you must consider whether the allegations, or any of them, have been made out against the Registrant and then, if appropriate, to make findings in relation to each of 16:47
the allegations.

As Mr. O'Sullivan has reminded you, the onus of proof is on the Registrar to prove each and every allegation against the Registrant. There is no burden on the 16:47
Registrant to disprove the allegations. It is suggested that no adverse inference can be taken from the Registrant not giving evidence or seeking to disprove the allegations or indeed not appearing or

participating in the process. At the end of the day, the onus of proof doesn't shift, it remains with the Registrar at all times to prove the case against the Registrant.

16:48

The standard of proof is accepted by the Registrar to be the criminal standard of proof, that is beyond reasonable doubt and that is to be contrasted with the civil standard of proof, which is a lesser standard of proof, which is that of proof on the balance of probabilities. The balance of probabilities by way of contrast, a matter is proved if it can be shown that it is simply more likely than not to have happened. The standard of beyond reasonable doubt is far more onerous but it doesn't amount to certainty, merely that there is no reasonable doubt that something happened or didn't happen.

16:48

16:48

At the end of the day, if the only doubt in your mind is a remote possibility which is possible but not probable, then the standard of beyond reasonable doubt is met. But if you have a doubt in your mind in relation to any matter in the Inquiry and that is a reasonable doubt, then the Registrant is entitled to the benefit of that doubt.

16:49

16:49

In relation to all of the allegations or, excuse me, each of the allegations, you must first consider whether as a matter of fact the facts supporting each

of the allegations has been made out to the requisite standard. That is that each of the facts supporting the allegation has been proven beyond reasonable doubt. And if you are satisfied that the facts have been proven to the requisite standard, then you go on to consider whether the allegation, the factual allegation as proven constitutes misconduct and again you must satisfy yourselves to the requisite standard beyond reasonable doubt that misconduct, in this case breach or breaches of the Code constituting misconduct, has been made out and that you are satisfied of that beyond a reasonable doubt. 16:50 16:50

So it is effectively a two-staged process. You must consider the evidence, satisfy yourselves that the evidence has been proven beyond a reasonable doubt and then satisfy yourselves that misconduct has been made out to the requisite standard and if either the factual evidence or the nature of the allegation, if it is not made out to your satisfaction, well then the allegation is simply not proven. 16:50 16:51

It is important that you consider all of the evidence that has been tendered to you during the course of the Inquiry, but it is also important that you confine yourselves to the evidence and do not speculate on matters. You should decide the case solely on the evidence that you have heard and that is obviously the oral evidence that you have heard from witnesses and 16:51

the documentary evidence that has been proven to you or that has been admitted in the Inquiry. But again it is important that you confine your considerations to the evidence that is actually before you, and of course you must consider all of the evidence. 16:51

The weight that you attach to any particular piece of evidence is a matter entirely for you. Obviously the nature of evidence can vary. Things can be proven. You may have what are called primary facts adduced to 16:52 you but also you may infer from those primary facts or pieces of evidence other matters. So you can consider the evidence and infer from it, if you accept A, you may infer that B follows from that first piece of evidence. But ultimately the weight that you give to 16:52 any piece of evidence is a matter for you.

In Inquiries such as this, the rules of evidence are not strictly applied in that for example the hearsay rule which would be applied in civil proceedings is not 16:52 strictly applied in Fitness to Practise Inquiries such as this. It has been observed that this doesn't sit comfortably perhaps with the obligation or the standard of proof beyond a reasonable doubt, but in dealing with evidence which might be described as hearsay evidence, 16:53 you are entitled to admit it and you are entitled to have regard to it but the weight that you might give to it is a matter that you should consider. If hearsay evidence is admitted and it is in effect determinative

of an important issue in the Inquiry going to perhaps the heart of an allegation, then you need to proceed with caution and perhaps give that evidence less weight than you might other do were it not to be hearsay. So again that is something that you should I think perhaps have regard to in particular in this case is the weight that you might give to any particular piece of evidence. 16:53

You have been shown videos and provided with transcripts of those videos. The stenographers who transcribed the videos have confirmed to you that they are an accurate transcript of the videos. You have also had the benefit of seeing the videos, hearing the podcast and being able to view the transcript and satisfy yourselves that it is an accurate transcription of the videos and the podcast. 16:54 16:54

In relation to the videos, I would observe that the videos have been downloaded from the internet and as such they are effectively, they are effectively to be considered in different ways. They are real evidence of the fact that there is a video online in which the Plaintiff is seen in various circumstances and in which she makes certain statements, and to that extent the videos are real evidence that videos are available online that can be downloaded and saved and you have been shown them. 16:54 16:55

However, they are not evidence of the truth of what is said during the course of the videos, but nonetheless they are evidence that the Registrant participated in the videos and made statements. But again you should just be careful in engaging in any speculation as to how many people might have viewed the particular videos or indeed the part of the video in which the Registrant is seen to have made the statements that she made, and there is no evidence of anyone in fact having viewed the videos or listened to the podcast other than persons obviously connected with these complaints. 16:55 16:56

In relation to the correspondence from Fórsa and also the correspondence from Hayes McGrath, I would be inclined to treat those acknowledgments, I would describe them, in relation to the video with some caution. I would advise you that they are not admissions in the formal sense in the way that admissions are made in these kinds of Inquiries where a Registrant in light of or having notice of the particular allegations that are being made against him or her can freely admit that particular facts are correct. So I would treat, I would treat that correspondence with some caution. It may not have a bearing in terms of the evidential burden one way or the other. You have seen the videos and, as I say, they are evidence of the Registrant participating and making statements. 16:56 16:57 16:57

I would also, and I don't want to go down a rabbit hole here, but obviously I would also remind you of the times that we live in and the ability of people to manipulate videos and all sorts, using AI or whatever. So just bear these things in mind in considering the 16:58
evidence that has been put before you to substantiate the allegations. I would respectfully suggest that you should just carefully consider that evidence and don't speculate in relation to matters which haven't been put before you. 16:58

As I have said, you are entitled to draw inferences. It is open to you to draw inferences from one piece of evidence to suggest that because of one piece of evidence, that something else is so. Also, if there is 16:58
a conflict in the evidence, you are entitled to look at the consistency of one piece of evidence with another piece of evidence.

In relation to the expert evidence, it has been 16:58
suggested that considerable weight in these kinds of Inquiries should be given to experts. But having said that, you are not obliged to accept the expert evidence. But if you do not do so, you should give
reasons for not accepting it. Obviously there is no, 16:59
no contrary expert evidence offered on behalf of the Registrant.

In relation to the evidence of [redacted], I think it

is accepted on behalf of the Registrar that the purpose of that evidence was to give evidence to you of the scientific consensus in relation to matters concerning the pandemic in relation to obviously mask-wearing, the efficacy and safety of vaccines and so forth, and you are entitled to take into account that evidence in considering the nature of the statements in the context of the allegations, the nature of the statements made by the Registrant. 16:59

In relation to the allegations themselves, there is obviously I suppose a common theme that is running through the allegations. You have to consider each of the allegations individually and if you are satisfied that they are proven as a matter of fact beyond reasonable doubt, then you have to go on to consider whether they constitute misconduct. 16:59 17:00

The 2005 Act defines professional misconduct in relation to a Registrant of a designated profession, in this case the profession of physiotherapy, means any act, omission or pattern of conduct of the Registrant that is a breach of the Code of Professional Conduct and Ethics adopted by the Registrant Board of that profession. It is accepted on behalf of the Registrant that that definition of professional misconduct and, in particular, that a breach of the Code, that it must be a serious breach of the Code of Conduct and that is the way in which it should be read. 17:00 17:01

The complaint comes before you on the basis that the allegations constitute various breaches of the Code of Conduct for physiotherapists and in such case constitute misconduct. But each of the allegations, the separate factual allegations are all considered in the context of three particular provisions of the Code of Conduct and this is, as has been identified from Section 3 of the Code of Conduct, which is a section dealing with the maintenance of high standards of personal conduct and behaviour. 17:01 17:02

Provision 3.1 provides that a Registrant must conduct themselves in a manner that enhances public confidence in them and their profession and also respects the role and expertise of other health and social care professionals and work in partnership with them. 17:02

Then in provision 3.2 that a Registrant must not behave in a way that would call into question their suitability to work as a health or social care professional. 17:02

In relation to the final Notice, Notice 3, and the allegation of the breach of, the breach of, the alleged breach of the undertaking, there is also an alleged breach of Provision 22.2 in relation to the integrity of the Registrant in breaching or allegedly breaching the undertaking that she gave to Council in April of 17:02

2021.

So if you are satisfied as a matter of fact that any of the allegations are made out, you must then go on to consider whether those allegations constitute breaches of any of those provisions of the Code of Conduct. You must then satisfy yourselves that they are serious breaches of the Code of Conduct or any of those provisions that are identified to you of the Code of Conduct, and if you are satisfied of that beyond a reasonable doubt, then you are entitled to make a finding of misconduct in relation to that particular allegation. 17:03 17:03

Just going back to the expert evidence, you have heard from Mr. O'Sullivan that [redacted] provided an expert report in relation to Notices 1 and 2 but not Notice 3. It is not obligatory that a Committee of Inquiry have the benefit of expert evidence in relation to allegations of misconduct arising out of breaches of the Code of Conduct, but obviously it is being urged upon you that because of the, if you like, overlap of the allegations, that the evidence of [redacted] and her opinion in relation to the allegations the subject of Notices 1 and 2, that they can be, her reasoning can be similarly applied and that is a matter for you. But obviously she hasn't expressed her view on it and that is a matter that obviously you should take care in considering. 17:04 17:04 17:05

But the fact that she hasn't provided a report or given an expert view in relation to whether there is misconduct or not if are satisfied that the allegations are proven is not in itself a reason to find that the allegations are not proven. You are entitled to consider them yourselves and also consider them in light of the other evidence she has given in relation to the other allegations I think given the similarity in the allegations. 17:05 17:06

Having deliberated and made your findings, you are obliged to prepare a report to be submitted to the Board, and you must specify the nature of the complaint, you must specify the evidence that has been presented to you and specify your findings as to whether any of the allegations have been substantiated, and it is important that you would provide reasons for those findings. 17:06

You may also include other matters that you consider are appropriate, and the general practice is to make a recommendation in relation to sanction. 17:06

I would advise that in this case as the Registrant has not appeared to participate in the Inquiry, that you would have your deliberations, that you would make your findings, that those findings would then be notified to the Registrant and then that the Registrant, if

findings, if adverse findings are made, then the Registrant would be given notice of an opportunity to make submissions in relation to sanction in due course. So that is not something that you have to consider today and you won't be in a position to finalise any report obviously until that process has been completed.

Obviously my role is to provide legal advice to you during the course of the Inquiry. I won't be involved in your deliberations or the decisions that you will make. If I feel that it is -- I will sit with you during the deliberations but, as I say, I won't participate in them. If I feel that it is necessary during the course of your deliberations to provide any additional legal advice in private, I will be obliged to repeat that advice in public to the parties so that they can be given an opportunity to respond.

As always, the Committee is not obliged to follow my legal advice but should it depart from my advice, it should give clear and cogent reasons for doing so.

Just a couple of points in relation to, just a couple of points in relation to Mr. O'Sullivan's submissions in relation to the authorities that he has referred the Committee to, it was I think Martin v. RCUS, which involved a vet who was prosecuted of effectively animal cruelty and how that impinged on his reputation as a vet and obviously I suppose a clear example of conduct

17:07 17:08 17:08 17:08 17:09

occurring in a personal respect but impinging on one's professional obligations. And of course it is common that conduct, acts or omissions that may happen outside of one's professional life might reflect on one's professional obligations and responsibilities. I suppose the easiest example is that of criminal convictions that may be relevant to a person's carrying on of their particular profession. 17:10

Mr. O'Sullivan also referred to the Pitt case. That was a judicial review case and I think as a matter of, I suppose as a matter of principle the Court affirmed the position that one's conduct outside of a profession can reflect on one's professional obligations. But I think the Court did highlight that ultimately it is fact-specific and therefore not all conduct in your private life might reflect on your professional obligations. 17:10

But here it is submitted to you that the statements made by the Registrant reflected in particular upon her capacity as a healthcare worker in perhaps having I suppose providing misinformation to members of the public in her capacity as a healthcare worker and that is, in effect, I suppose the kernel of the allegations that are made against her. 17:11

So it is a matter for you to decide whether you accept that the necessary overlap between what is done or said

in one's personal, sorry, in one's personal and private life might reflect on you in a professional capacity. That's a matter ultimately for you to decide in deciding whether the allegations are made out.

17:12

I think in fairness the Registrant I would like to remind you, I would like to remind you of, if I could do it as quickly as I can, of effectively the Registrant's position, which she provided to the Inquiry by way of, as she describes it, an affidavit which she says she affirmed on 31st December of 2025 recently and in advance of the Inquiry proceeding.

17:12

It is headed in the title of the Inquiry and it is described as an affidavit and it bears some of the hallmarks of an affidavit. But I would observe that it is not, it is not properly sworn or indeed affirmed before either a commissioner for oaths or a solicitor and as such it is, I suppose it is irregular to that effect. But in fairness the Registrar has accepted that it is properly before you and that you can have regard to it. Under the Act you are entitled to have regard to affidavit evidence. So it is not strictly affidavit evidence in the sense that it is not properly sworn but be that as it may, I would like to quickly refer you to the statement provided by the Registrant in terms of her response to the allegations against her.

17:13

17:13

She says that she refutes the allegations of the late [redacted], which she says are vexatious and malicious. She says:

"While the now deceased complainant may have disagreed with my views, which I have always based in fact, any animosity he held/holds towards me with regard to same must not be deemed a basis for serious allegations of this nature. It is shocking to me that CORU would entertain such unfounded defamatory allegations never–mind facilitate same.

"It is [redacted] right to disagree with me but I say that it is a malicious abuse of the disciplinary process to seek to use personal animosity to defame me and interfere with and threaten my career, my reputation and my right to earn a living. I say that the allegations made by the now 'deceased' complainant [redacted] were not made in good faith but in disagreement with my views as expressed in my private life as is my Sovereign Constitutional Right to do so.

"The points in each one of his complaints are hearsay and biased opinions, which appear to be based on an innate need to destroy me professionally and personally. No factual evidence, picture and proof have been presented to back up these heinous accusations.

"Furthermore, in my working and private life, I have

never and will never cause any prejudice to any member of any community or minority.

"I have never allowed my private opinion to interfere with my role and support for service users. This includes acting in a manner that in any way causes distress or threatens the health or welfare of any service users or their family members.

"No complaint has been made against me by any service user, their family member/s, or colleague/s suggesting that I have failed in my duty of care, or in any way endangered or interfered with the high level of care and or treatment/s I provide to service users.

"No complaint has been made against me by any service user, their family member/s, or colleague/s suggesting that I have failed to respect their rights or dignity. I have always worked and continue to work with honour and integrity for my employers, East Limerick Children's Services. At all times my work was and is conducted with due diligence and care and in the best interests of my clients.

"I followed all HSE Covid - 19 public health measures and advice at all times. All protocols are clearly documented on each patient’s file. I at no time, when speaking in private, named the facility I worked at or put service users or their family in harm's way. I at

no time had advised service users or their families to go against HSE protocol.

"I say that the manner of this complaint is slanderous and defamatory. The complainant clearly does not know me, otherwise this statement would not have been made. I am asking the estate of the complainant to retract his false claims and accusations."

And she then requests proof of a number of the matters that have already been opened to the Inquiry, and then she concludes her statement by saying: 17:16

"These cases are about my private life, my private opinions and beliefs. At no time have the actions of my private life crossed over to my professional working life, nor have there been any hurt or injury caused because of my private beliefs or actions at work. My private life is separate from my work life. Furthermore, under Article 1, 2, 6, 8 and 9 of the 1919 Sovereign Constitution of Eire, it's my right as a living woman to think and speak freely and attend assemblies if warranted.

"I reject all claims and allegations that have been brought against me. I love my job and I worked very hard, against the odds, to get to where I am today. For my career and reputation to be threatened, due to false and spurious claims and allegations, it is devastating

for me and my family. I love and respect the people I have the pleasure of serving. I would never put them in danger, nor abuse their trust and faith in me.

"The original complaint and subsequent allegations thereafter set out that I was putting service users and the public in harm's way. No evidence has been presented to support these allegations. The now deceased complainant has proceeded to defame me and slander my character in their perceived bias regarding what they presume I am, the specific allegation of disregard for women, the LGBT community and foreigners, is false. I am require these allegations to be retracted by the estate of the now deceased complainant immediately. The points in all the allegations are hearsay and biased opinions, based on no evidence but on an apparent wish to destroy me professionally and personally. Furthermore, I respect my fellow colleagues and have always followed protocol while at work. My good standing has been verified by my former line manager's testimonies during the first inquiry for C245. I welcome this opportunity to defend myself from allegations that have been made against my good name and professional integrity."

17:17

And I would suggest and advise the members of the Committee that they should have regard to the statement of the Registrant in their consideration of the allegations against her.

Those are my advices, Chair.
CHAIRPERSON: Mr. O'Sullivan, do you have any comments to make on the advice tendered to the Committee?

17:19

SUBMISSION BY MR. E. O'SULLIVAN:

MR. E. O'SULLIVAN: I agree with the advice, Chair. There was one thing that I meant to say that I forgot to say, which was if you are satisfied that the 17:19
allegations are proven factually and you are satisfied that within the sub-allegations there is a common theme and the same principles of the Code are at issue, it is open to you to consider those allegations cumulatively or in combination. You don't necessarily have to 17:19
consider separate findings of professional misconduct in relation to each of them if you are satisfied they are proven and if you think there are common themes. I had intended to say that because there are a quite of number of sub-allegations and I just wanted to say you 17:20
in case Mr. Hogan wanted to address you on that.
CHAIRPERSON: And what I will do is I will ask Mr. Hogan to comment on that further submission.

LEGAL ADVICE BY MR. HOGAN: 17:20

MR. HOGAN: I would agree with that. Obviously you would agree, Mr. O'Sullivan, that the Committee has to, even though there may be an overlap between Notices,

that each Notice will have to be considered separately.
MR. E. O'SULLIVAN: Oh absolutely, absolutely, yes.
MR. HOGAN: But within each Notice there may be -- allegations can be considered cumulatively.
MR. E. O'SULLIVAN: Yes, and the expert did say on occasion as you know that, well, I was looking at the this statement in the broader text context. So while we have subdivided a lot of the statements, you can of course consider them in the round within allegations and Notices. 17:20
CHAIRPERSON: Are there any questions for Mr. Hogan? Any questions for Mr. O'Sullivan? In that case, Mr. O'Sullivan, I thank you for your closing submissions and, Mr. Hogan, thank you for the legal advice. The Committee will now retire and consider the matter and will proceed to endeavour to deliberate on the matter and reach conclusions on the matters as soon as possible. We will contact you, arrange for you to be contacted in early course, all parties, once those deliberation are concluded. 17:21
MR. E. O'SULLIVAN: Thank you very much.
CHAIRPERSON: Thank you all.
MR. HOGAN: Sorry, Mr. O'Sullivan, the exhibits.
MR. O'SULLIVAN: Yes.
MR. HOGAN: Perhaps just if all of the Core Book has been admitted, so it will just be Exhibit A is the Core Book and there will be no need for the other exhibits and that will streamline that.
MR. E. O'SULLIVAN: Some of the exhibits are not in the

Core Book.
MR. HOGAN: Let's identify them.
MR. E. O'SULLIVAN: Yeah. So Exhibit A, which the Book of Correspondence, is not in the Core Book, what is currently Exhibit A. So if we wanted to make the Core Book -- 17:22
MR. HOGAN: Core Book A.
MR. O'SULLIVAN: A; the Booklet of Correspondence B; Ms. Stack Rivas's affidavit and the exhibits thereto C.
MR. HOGAN: Yeah. 17:22
MR. E. O'SULLIVAN: Then the screenshot in relation to the video, the Limerick City video, if we make that D. The videos themselves are notionally in the Core Book in that they are referred to.
MR. HOGAN: Yes. 17:22
MR. O'SULLIVAN: You may want to make the video's separate exhibits, do you?
MR. HOGAN: But they are in the Core Book.
MR. E. O'SULLIVAN: There are placeholders in the Core Book for them. 17:22
MR. HOGAN: Yeah.
MR. O'SULLIVAN: So if you are happy not to.
MR. HOGAN: I think let's keep it simple.
MR. E. O'SULLIVAN: So then D is the screenshot of that particular page. Then E is the screenshot of the Andys conversation video. G is the screenshot of the James P Nesbit -- 17:23
MR. HOGAN: F.
MR. E. O'SULLIVAN: Sorry, F, thank you. So that's F.

James P Nesbit is F. Then G is the first complaint made by [redacted] in February 2021. H is the PPC minute referring that complaint forward from April '21. I is the High Court order bringing that process to an end, and everything else I think is in the Core Book. 17:23

MR. HOGAN: Perfect, okay.

MR. E. O'SULLIVAN: Sorry, there is, there was one further screenshot that Ms. Unger referred to, which was the screenshot of the podcast website that she described. So that's J. And we will make sure that we have got those right and certainly by the next occasion if anything has slipped through the cracks, we will have that corrected. 17:24

MR. HOGAN: Perfect.

CHAIRPERSON: Thank you all. 17:24

THE HEARING WAS ADJOURNED TO A DATE TO BE DECIDED