

1 cross, then so be it, we'll have to figure that out,  
2 but I think we should at least try to get through the  
3 direct and maybe even the whole thing.

4 THE CHAIR: It's quarter to 5. We've got  
5 30 minutes. Mr. Maxston, are you okay with proceeding  
6 in the eventuality that you don't get an opportunity to  
7 cross-examine today?

8 MR. MAXSTON: Yeah. In fact, I think we've  
9 got a 5:15 hard stop, and for obvious reasons, I'm not  
10 going to want to rush through any cross-examination,  
11 and then, of course, there's redirect and then Hearing  
12 Tribunal questions. I think, regrettably, we're  
13 probably not going to finish with this witness today,  
14 but certainly if we go till 5:15 and see how far we  
15 get, I think that's a good idea.

16 THE CHAIR: Okay --

17 MR. KITCHEN: I think that's reasonable, so  
18 let's proceed on this basis. All right, so -- this is  
19 just a procedural note, he's -- Mr. Kosowan is going to  
20 be appearing on Dr. Curtis Wall's screen, so it has  
21 Dr. Curtis Wall's name, but, obviously, we all know  
22 it's not Dr. Wall; it's the witness I'm calling. So  
23 I'm just going to ask him to have a seat.

24 Madam Clerk, did you want to go ahead and swear  
25 him in.

26 JARVIS KOSOWAN, Affirmed, Examined by Mr. Kitchen

1 Q MR. KITCHEN: Mr. Kosowan, do you prefer I  
2 call you Jarvis or Mr. Kosowan?

3 A Jarvis.

4 Q All right, thank you, Jarvis. What do you do for a  
5 living?

6 A I own a (INDISCERNIBLE) agency for Alberta sales  
7 organization.

8 Q And just to confirm, are you a patient of Dr. Wall's?

9 A Yes, I have been for about 20 years.

10 Q Could you just briefly describe for us why you've stuck  
11 with Dr. Wall for your chiropractor for so long?

12 A I like the method that he uses. It's not the crunching  
13 and everything else. It's in the technique that I  
14 appreciate and enjoy, and Dr. Wall has become kind of a  
15 friend also over the years, so ...

16 Q Do you respect Dr. Wall?

17 A Absolutely.

18 Q Do you wear a mask when you see Dr. Wall for treatment?

19 A Sometimes. Sometimes not. It all depends when the  
20 mask mandate was invoked, I would bring it into the  
21 clinic, but then after that, inside, because it was  
22 only one on one, I had the respect to Dr. Wall to be  
23 able to take my mask off.

24 Q Are you grateful that Dr. Wall gives you a choice on  
25 whether or not to wear a mask, depending on whether or  
26 not you want to?

1 A Absolutely. I totally appreciate that.

2 Q Does Dr. Wall wear a mask when you come in for  
3 treatment?

4 A No, he does not.

5 Q Are you aware of the reasons for why Dr. Wall doesn't  
6 wear a mask?

7 A We had a conversation. He had alluded to the fact that  
8 he had a medical exemption for wearing a mask, and I  
9 respect that.

10 Q Now, do you feel comfortable with Dr. Wall not wearing  
11 a mask while he treats you?

12 A Absolutely, no qualms whatsoever.

13 Q Do you believe Dr. Wall puts you at any increased risk  
14 or in any way threatens your health by treating you  
15 without wearing a mask?

16 A No, I do not.

17 Q Are you at all concerned about catching COVID-19 from  
18 Dr. Wall because he treats you without wearing a mask?

19 A No, I'm not.

20 Q Do you think Dr. Wall could provide you with the  
21 treatment you want if all he could ever do is call you  
22 on the phone and talk with you?

23 A Absolutely not. That's not possible physically, I  
24 don't believe anyway, at least I haven't heard of a  
25 procedure, so I prefer the in-office procedure that he  
26 does.

1 Q So do you think Dr. Wall could provide you with the  
2 treatment you want if he could never come within 2  
3 metres of you?

4 A It would be physically impossible.

5 Q Do you have an interest in seeing Dr. Wall continue to  
6 practice as a chiropractor?

7 A Absolutely. I believe he provides a worthwhile  
8 community function to a lot of people that are -- have  
9 the same issues I do.

10 Q Do you think it will harm your interests as a person if  
11 Dr. Wall is ordered to stop practicing or ordered to  
12 only practice over the phone?

13 A Definitely. I don't even know how he'd be able to  
14 operate over the phone, quite honestly, that -- it just  
15 escapes my imagination, quite honestly.

16 Q Do you want to keep Dr. Wall as your chiropractor?

17 A Absolutely.

18 Q Do you think your interests should be considered as  
19 part of any decision to restrict or not restrict  
20 Dr. Wall's ability to practice as a chiropractor?

21 A Absolutely. He's providing a service to me that makes  
22 me feel better physically and also that comes mentally  
23 also, and he provides a service that, without being  
24 able to touch me, he wouldn't be able to provide it at  
25 2 metres of social distancing or over the phone, so I  
26 can't see how it would be possible.

1 Q If Dr. Wall is ordered to stop practicing or stop  
2 treating you except by calling you on the phone, do you  
3 think that would be the Chiropractic College's fault?

4 A Sorry, I didn't understand the question.

5 Q That's okay. I'll ask it again. If Dr. Wall is  
6 ordered to stop practicing or he's ordered to stop  
7 treating you except by calling you on the phone, whose  
8 fault do you think that will be?

9 A I imagine the College did prevent him from practicing  
10 as a chiropractor, because he provides an immense  
11 service to me.

12 Q Do you think Dr. Wall has done the right thing by  
13 letting you not wear a mask while he treats you?

14 A Yes, I do, absolutely. It gives me just -- it gives me  
15 more comfort, knowing that we're not -- I'm not  
16 concerned about getting COVID within the chiropractic  
17 office with Dr. Wall, so, therefore, it gives me the  
18 comfort of take the mask off, I feel better, and I'm  
19 comfortable with that.

20 Q Thank you.

21 Discussion

22 MR. KITCHEN: Now, those are all my  
23 questions, so I leave it to Mr. Maxston if he thinks he  
24 can do a cross as fast as I've done my direct, but I  
25 leave that up to him. I would suggest that that's the  
26 better way to go just because it's more convenient for

1 Jarvis, but -- that's 20 minutes.

2 MR. MAXSTON: Yeah, Mr. Kitchen, I think  
3 I'm, and this is no one's fault, but I think I'm put in  
4 a bit of a difficult position because I've got to think  
5 about my questions and then reconvene, and we've got  
6 the 5:15 hard stop. I don't know how long I'm going to  
7 be. I may be very short with this witness, but I don't  
8 know, and I, frankly, would prefer to, and I know this  
9 is an inconvenience, but I, frankly, would prefer to  
10 come back another day and not be racing against the  
11 clock.

12 MR. KITCHEN: You honestly think you're  
13 going to be -- you know, it's likely you're going to be  
14 more than 20 minutes?

15 MR. MAXSTON: I don't know. I'm just  
16 chatting with -- Mr. Lawrence and I were chatting just  
17 beforehand, and I don't know how long I'm going to be.  
18 I suppose I could ask some questions, and then we could  
19 see where we're at, but I might not be finished, but I  
20 do think I'm going to be pretty short.

21 THE CHAIR: May I just interject and say  
22 that don't discount the possibility that Members of the  
23 Tribunal may have questions for the witness.

24 MR. KITCHEN: Well, I'm in the Tribunal's  
25 hands. I prefer that we go ahead, so that's certainly  
26 what I want, but, you know, the Tribunal ultimately

1 directs its own proceeding, so I really have to leave  
2 it up to the Tribunal.

3 THE CHAIR: Okay, we do have 20 minutes.  
4 I think Mr. Maxston has expressed his desire to not  
5 have to interrupt his cross-examination, and I do  
6 believe that there may be questions from the Hearing  
7 Tribunal, so I'm -- I want to respect the hard deadline  
8 of 5:15, because, quite frankly, there have been  
9 patients booked based on that timeline.

10 So I think, unfortunately, for the witness, we  
11 will -- and it's up to Mr. Maxston, if he wants to  
12 start. If he wishes to defer until the next date that  
13 we can find to accommodate everybody, then I'm -- I  
14 would agree with that.

15 MR. MAXSTON: With a measure of reluctance,  
16 because I'm sympathetic to Mr. Kitchen and his witness.  
17 I would prefer to wait until we resume.

18 THE CHAIR: Okay. And, please, no  
19 disrespect, sir, if I call you Jarvis, I would just  
20 like to thank you for your testimony today and to  
21 advise you that, at a future date to be determined,  
22 there will be an opportunity for the College counsel to  
23 cross-examine you on your testimony, and I would ask  
24 your cooperation in that regard. We will be in touch  
25 and the College will be in touch with you regarding  
26 future dates. And I think on that basis, we can

1 dismiss you for today, and with our thanks once again,  
2 we appreciate your testimony.

3 A Thank you.

4 MR. KITCHEN: Thanks.

5 THE CHAIR: Okay. With that, I think it  
6 will be up to the College to solicit availability to  
7 determine when we can reconvene to continue on with  
8 this witness and the other witnesses that Mr. Kitchen  
9 has before we get to closing arguments. So I guess  
10 we're not going to go right till 5:15, which is, I'm  
11 sure, good for Dr. Aldcorn.

12 I would like to say thank you to everybody, and,  
13 Mr. Kitchen, I appreciate your comments and  
14 Mr. Maxston's. There has been a lot of testimony, a  
15 lot of documentation, a lot of information over the  
16 last four days, and we appreciate -- on behalf of the  
17 Tribunal, we appreciate everybody's, you know,  
18 cooperation and participation in this. So we'll -- we  
19 will --

20 MR. MAXSTON: Mr. Chair, I'm sorry, one  
21 quick question, I think in terms of next steps,  
22 Mr. Kitchen, I think it was earlier or later last week,  
23 was good enough a list of his witnesses, the order he's  
24 going to be calling them in, and I wonder if he's  
25 comfortable sending that list again to Ms. Nelson but  
26 with some estimated times for each witness, and that



1 would, I think, give us a sense of whether we need to  
2 reschedule two days, three days. It might be we can  
3 schedule two days and one day or something like that,  
4 but I think my cross-examinations of the lay witnesses  
5 will be brief. I'll be a little longer with the  
6 experts. But I guess if we have a sense from  
7 Mr. Kitchen about his timelines, I can jump in, and  
8 then we can get back to the Tribunal saying we need 'X'  
9 or 'Y' days, and then Ms. Nelson can canvass dates.

10 THE CHAIR: Okay. Is that okay with you,  
11 Mr. Kitchen?

12 MR. KITCHEN: Yeah, I think that's a great  
13 idea.

14 THE CHAIR: Okay, great. Okay, well, we  
15 will wait for that to unfold and look forward to  
16 hearing from the College about reconvening. So thank  
17 you once again, we'll call the hearing closed for  
18 today.

19

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20 PROCEEDINGS ADJOURNED

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1 CERTIFICATE OF TRANSCRIPT:

2

3 I, Karoline Schumann, certify that the foregoing  
4 pages are a complete and accurate transcript of the  
5 proceedings, taken down by me in shorthand and  
6 transcribed from my shorthand notes to the best of my  
7 skill and ability.

8 Dated at the City of Calgary, Province of Alberta,  
9 this 27th day of September, 2021.

10

11

12

13

*Karoline Schumann*

14

Karoline Schumann, CSR(A)

15

Official Court Reporter

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IN THE MATTER OF A HEARING BEFORE THE HEARING  
TRIBUNAL OF THE ALBERTA COLLEGE AND ASSOCIATION  
OF CHIROPRACTORS ("ACAC") into the conduct of  
Dr. Curtis Wall, a Regulated Member of ACAC, pursuant  
to the Health Professions Act, R.S.A.2000, c. P-14

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DISCIPLINARY HEARING

VOLUME 5

VIA VIDEOCONFERENCE

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Edmonton, Alberta

November 16, 2021

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1 Proceedings taken via Videoconference for The Alberta  
2 College and Association of Chiropractors, Edmonton,  
3 Alberta

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5 November 16, 2021 Morning Session

6

7 HEARING TRIBUNAL

8 J. Lees Tribunal Chair

9 W. Pavlic Internal Legal Counsel

10 Dr. L. Aldcorn ACAC Registered Member

11 Dr. D. Martens ACAC Registered Member

12 D. Dawson Public Member

13 A. Nelson ACAC Hearings Director

14

15 ALBERTA COLLEGE AND ASSOCIATION OF CHIROPRACTORS

16 B.E. Maxston, QC ACAC Legal Counsel

17

18 FOR DR. CURTIS WALL

19 J.S.M. Kitchen Legal Counsel

20

21 K. Schumann, CSR(A) Official Court Reporter

22

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23 (PROCEEDINGS COMMENCED AT 9:06 AM)

24 THE CHAIR: This Hearing Tribunal is

25 reconvened. We are in session.

26 Mr. Kitchen?

1 Discussion

2 MR. KITCHEN: So the witness who was  
3 supposed to go first thing this morning to be  
4 cross-examined is Jarvis Kosowan, is who we ended with  
5 last time. He's feeling quite under the weather; he  
6 didn't sleep well. He's asked to go this afternoon.

7 I've just spoken with Mr. Maxston, because,  
8 obviously, the greatest concern there is any prejudice  
9 raised by the other side or -- by the College I should  
10 say.

11 So the plan at this point is to have him go this  
12 afternoon because he's unavailable this morning. So I  
13 guess what I'm doing is asking if the Tribunal will  
14 permit that.

15 THE CHAIR: Mr. Maxston, did you want to  
16 speak to that?

17 MR. MAXSTON: Yeah, thank you very much.  
18 Mr. Kitchen was really candid with me, and I really  
19 have no concern here. We can call the witnesses in  
20 whatever order will work for him.

21 THE CHAIR: Okay. Mr. Kitchen, with us  
22 not having Mr. Kosowan this morning, how did you plan  
23 to proceed from this point?

24 MR. KITCHEN: The first two witnesses after  
25 that I had scheduled are Charles Russell and Dave  
26 Hilsabeck, in that order, and then I want to go on to

1 Dr. Justin Gauthier after that. I had another witness  
2 planned for today, but he is unavailable due to urgent  
3 work requirements, and his name was Elvin Music. So at  
4 this point, I have three witnesses I want to do, and  
5 then circle back to Jarvis Kosowan for  
6 cross-examination this afternoon.

7 Now, unfortunately, Dr. Gauthier, because, of  
8 course, he's a practicing chiropractor, he has patients  
9 all this morning. He's blocked off the entire  
10 afternoon, so he can go immediately after lunch, even  
11 if we take an early lunch, but he cannot go this  
12 morning because he's with patients.

13 I had originally planned for the morning to be  
14 quite full with the four other witnesses I had. Now, I  
15 only have two. So that's where I'm at, which makes a  
16 little bit of a rocky day, I understand, but at least I  
17 don't think we'll be running out of time. If anything,  
18 it will be the opposite.

19 THE CHAIR: So you would start with either  
20 Russell, Hilsabeck, or Music?

21 MR. KITCHEN: I'll be starting with Charles  
22 Russell and then moving on to Hilsabeck. And at that  
23 point, I have no witnesses available until first thing  
24 in the afternoon, and that will be either Jarvis  
25 Kosowan, if he's available, or Dr. Justin Gauthier. He  
26 will be available right after lunch.

1 THE CHAIR: Okay, Mr. Maxston, any comment  
2 or thoughts?

3 MR. MAXSTON: No, I'm fine with that  
4 approach. Mr. Kitchen's been very candid, and I know  
5 we all have problems, from time to time, getting our  
6 witnesses to attend, so that's just fine.

7 THE CHAIR: Okay, thank you, Mr. Kitchen,  
8 Mr. Maxston, then we will proceed based on  
9 Mr. Kitchen's comments, and you can call your first  
10 witness this morning, Mr. Kitchen.

11 MR. KITCHEN: Okay, well, I see that, as far  
12 as I can see, Charles -- oh, there he is. Mr. Russell,  
13 can you hear us?

14 THE WITNESS: I can.

15 MR. KITCHEN: Excellent. Now, Madam Court  
16 Reporter is Karoline, her name is Karoline, she's going  
17 to swear you in --

18 THE WITNESS: Okay.

19 MR. KITCHEN: And then we'll get started.

20 CHARLES RUSSELL, Sworn, Examined by Mr. Kitchen

21 Q MR. KITCHEN: Well, good morning,  
22 Mr. Russell. I'm going to, unless you object, I'm  
23 going to call you by your first name, Charles?

24 A Fair enough.

25 Q For the record. Charles, can you tell us what you do  
26 for a living?



- 1 A I'm a commercial real estate agent.
- 2 Q And are you a patient of Dr. Wall?
- 3 A I am.
- 4 Q How long have you been a patient of Dr. Wall?
- 5 A At least 20 years, by my recollection.
- 6 Q And why have you stuck with Dr. Wall as your  
7 chiropractor for so long?
- 8 A Because he's effective. He does -- he fixes me when I  
9 need to be fixed.
- 10 Q How do you find that Dr. Wall's treatments help you?
- 11 A I come in in pain, and I leave without pain.
- 12 Q Thank you. Now, let me ask you, do you respect  
13 Dr. Wall?
- 14 A Absolutely.
- 15 Q Do you wear a mask when you come in to see Dr. Wall for  
16 treatment?
- 17 A I don't wear a mask for anything.
- 18 Q And so just to confirm, that includes when you're in  
19 Dr. Wall's office?
- 20 A Absolutely.
- 21 Q Are you grateful that Dr. Wall does not require you to  
22 wear a mask when you come in for treatment?
- 23 A Absolutely. I probably wouldn't come otherwise.
- 24 Q Does Dr. Wall wear a mask when you come in for  
25 treatment?
- 26 A No.

1 Q Are you aware of the reasons why Dr. Wall doesn't wear  
2 a mask?

3 A Yes.

4 Q Do you feel comfortable with Dr. Wall not wearing a  
5 mask while he treats you?

6 A Absolutely.

7 Q Now, let me ask you this: Do you prefer that Dr. Wall  
8 not wear a mask while he treats you?

9 A I wouldn't come if he wore -- if I had to wear a mask,  
10 if he was wearing a mask. I might sit still for him  
11 wearing a mask, but I sure won't wear one.

12 Q But if you had the choice, if you could choose, would  
13 you prefer to see Dr. Wall not wearing a mask or with  
14 wearing a mask?

15 A I'd prefer to see Dr. Wall not wearing a mask or  
16 anybody else.

17 Q Why is that?

18 A Because I believe they're ineffective, I believe  
19 they're dangerous, I believe they create more bad  
20 health than they do good health, and it's -- I just  
21 don't believe in that. I've studied it enough to know  
22 it's the wrong thing to do.

23 Q Do you believe Dr. Wall puts you at any increased risk  
24 or in any way threatens your health by treating you  
25 without a mask?

26 A Absolutely not.

1 Q Do you think Dr. Wall has done the right thing by  
2 letting you not wear a mask when you come in for  
3 treatment?

4 A Yes.

5 Q I'm going to shift gears a little bit. Let me ask you  
6 this: Do you think Dr. Wall could provide you --

7 MR. KITCHEN: -- oh, my apologies -- I had  
8 turned it off, and then I called Mr. Maxston, and I  
9 forgot to turn it off again. I apologize. I'll start  
10 again.

11 Q MR. KITCHEN: Do you think Dr. Wall could  
12 provide you with treatment that you want if he could  
13 not come within 2 metres of your body?

14 A I think it would be pretty much virtually impossible.

15 Q And do you think Dr. Wall could provide you with the  
16 treatment you want if all he could ever do is call you  
17 on the phone and talk with you?

18 A I don't think that would work.

19 Q And I know it might be a bit obvious, but could you  
20 tell me why?

21 A He needs to have the hands on.

22 Q And, again, I know it might be a bit obvious, but what  
23 is the treatment that Dr. Wall gives you when you come  
24 into the office?

25 A He adjusts my spine and my neck and whatever else might  
26 be out of line and checks to make sure I'm --

1 everything's lined up.

2 Q And what does he use to do that?

3 A His hands.

4 Q Do you want to keep Dr. Wall as your chiropractor?

5 A Absolutely.

6 Q Do you think it would be against your interests if  
7 Dr. Wall is ordered to stop practicing or to only  
8 practice over the telephone?

9 A Absolutely, I would be upset.

10 Q Do you think your interests should be considered as  
11 part of any decision to restrict or not restrict  
12 Dr. Wall's ability to practice?

13 A I would hope it would have some bearing.

14 Q If Dr. Wall is ordered to stop practicing or to stop  
15 treating you except by calling you on the phone, would  
16 you be upset with that order or that decision and the  
17 person or body that made it?

18 A Absolutely.

19 Q Could you explain why?

20 A It's not fair. It's not reasonable. It goes against  
21 the Hippocratic Oath. It goes against a lot of things.

22 Q Do you think the chiropractic profession has important  
23 core principles?

24 A Absolutely.

25 Q And what do you think some of those are?

26 A Promote natural health, to give people an alternative

1 to the pharmaceutical/medical establishment; to mainly  
2 promote natural health, just natural treatments.

3 Q Do you think those treatments are currently being  
4 adhered to -- sorry, let me say that again, I said it  
5 wrong. Do you think those principles are currently  
6 being adhered to?

7 A Well, I think they are by most of the practitioners.  
8 I'm not sure about the administrative side of it.

9 Q And why do you say that?

10 A Because we're having this hearing right now. I think  
11 it's a travesty that we're even having this hearing.

12 Q And as far as your knowledge, what is it that Dr. Wall  
13 has done wrong that brings us here today?

14 A I don't think he's done anything wrong, but I think one  
15 person out of hundreds was living in fear and thought  
16 they should do something about it.

17 Q How do you think the chiropractic profession should be  
18 acting in response to the Government COVID  
19 restrictions?

20 A I think they should be pushing back. I think they've  
21 got plenty of evidence that the Government's mandates  
22 are unreasonable and not in the interest of good  
23 health.

24 Q Forgive me for asking, Charles, but how old are you?

25 A I don't tell people how old I am. I'm 55 in my mind.

26 Q Do you regard yourself as being in the at-risk category

1 for COVID?

2 A No.

3 Q And why is that?

4 A Because I'm healthy, and I practice good health  
5 practices, and I do the things that make a difference,  
6 and I stay away from chemical drugs.

7 Q And just one more question, I just want to go back to  
8 what you said earlier, you talked a lot about natural  
9 health. So you -- would you say that chiropractic  
10 treatments, hands-on chiropractic treatments, that's a  
11 part of natural health?

12 A Absolutely.

13 MR. KITCHEN: Well, those are all my  
14 questions. Thank you, Charles.

15 A You're welcome.

16 THE CHAIR: Mr. Maxston?

17 MR. MAXSTON: Thank you, Mr. Chair.

18 Mr. Maxston Cross-examines the Witness

19 Q MR. MAXSTON: Mr. Russell, my name is Blair  
20 Maxston. I'm the lawyer for the College's Complaints  
21 Director, and I've just got a few questions for you,  
22 and I will not be asking you how old you are, so you  
23 cannot worry about that. I just have --

24 A I plead the fifth on it.

25 Q -- a few questions for you. Sorry?

26 A I plead the fifth on that one.

1 Q Yeah, well, I probably would too, so good for you.

2 Would you agree with me, Mr. Russell, that  
3 practicing as a chiropractor is a privilege not a  
4 right?

5 MR. KITCHEN: Hold on, that's a legal  
6 opinion question.

7 MR. MAXSTON: Well, I'll rephrase it.

8 Q MR. MAXSTON: Would you agree with me that  
9 not everyone can be a chiropractor; you have to earn  
10 it?

11 A I think you should be qualified.

12 Q And you're aware that the Alberta College and  
13 Association of Chiropractors is the professional  
14 regulator for chiropractors in Alberta, correct?

15 A That's what I understand, yes.

16 Q Are you aware that that college has mandatory  
17 requirements for registration before someone can be a  
18 chiropractor, like going to a certain school, that type  
19 of thing?

20 A That would seem reasonable to me.

21 Q And are you also aware that the College has ongoing  
22 requirements for chiropractors so they can stay in good  
23 standing with the College, like continuing education  
24 and those kinds of things?

25 A Makes sense.

26 Q Would you agree that those requirements are important

1 in order to ensure that chiropractors are competent and  
2 can practice safely?

3 A I would say so.

4 Q Now, Mr. Kitchen sort of touched on this with you, but  
5 you're aware that, at times, the College, the College  
6 of Chiropractors, has had a directive requiring that  
7 its members, people like Dr. Wall, wear masks when they  
8 treat patients; is that your understanding?

9 A It's my understanding, yeah.

10 Q You've made comments today in support of Dr. Wall not  
11 following the requirement for masking; is that correct?

12 A Yes.

13 Q Would you agree with me, Mr. Russell, that you can only  
14 speak for yourself on those matters?

15 A Yes.

16 Q And would you agree with me that there might be other  
17 patients of Dr. Wall who don't share your views?

18 A Could be.

19 Q And would you agree that there could be other patients  
20 who might want Dr. Wall to comply with the College's  
21 pandemic masking directive?

22 A Could be.

23 MR. MAXSTON: Those are all my questions for  
24 you, Mr. Russell.

25 THE CHAIR: Thank you, Mr. Russell.

26 Mr. Kitchen, anything on redirect?



1 MR. KITCHEN: No, I do not have any  
2 redirect.

3 THE CHAIR: Okay, perhaps we can take a  
4 quick break just to see if -- or maybe I'll ask the  
5 Panel now, do any of the Panel Members have any  
6 questions that they would like to discuss in caucus  
7 before we dismiss Mr. Russell? Apparently not,  
8 Mr. Kitchen.

9 So thank you, Mr. Russell. I believe your  
10 testimony today is concluded.

11 A Okay.

12 MR. KITCHEN: Thank you, Charles. You're  
13 free to go in other words.

14 A Okay.

15 MR. KITCHEN: Take care.

16 (WITNESS STANDS DOWN)

17 Discussion

18 MR. KITCHEN: Chair, I guess I'm going to  
19 have to ask that we take a break, and I'm going to try  
20 to get my second witness here as fast as I can, and  
21 I'll also start putting in calls to the other witnesses  
22 I have, because we're moving at opposite of the speed  
23 we were last time.

24 THE CHAIR: It's 9:30 -- just about 9:30,  
25 Mr. Kitchen. How long would you like, and how long do  
26 you think you need?

1 MR. KITCHEN: Well --

2 THE CHAIR: If we check back in 15  
3 minutes?

4 MR. KITCHEN: Yeah, we could check back. I  
5 don't know if I'll have my witness available. He  
6 was -- he preferred to come to the office because  
7 he didn't want to do the technology, so I'm going to  
8 have to call him and see how quickly he can get here.  
9 So --

10 THE CHAIR: Okay.

11 MR. KITCHEN: -- I can't say that he'll be  
12 ready in 15 minutes, but we can check in. Is that all  
13 right?

14 THE CHAIR: Okay. Yeah. I wonder if  
15 there's another way of doing this. Ms. Nelson, can  
16 Mr. Kitchen contact you when his witness is ready, and  
17 you can let us know. We'll shift to our break-out  
18 room.

19 MS. NELSON: Yeah, that works.  
20 Mr. Kitchen, you have my cell number, correct?

21 MR. KITCHEN: No, but I'd like it.

22 MS. NELSON: Okay, so 780-938-1666 is my  
23 cell number.

24 MR. KITCHEN: Okay, thank you.

25 MS. NELSON: What I'll do is I'll just open  
26 up all the break-out rooms, everyone can go into their

1 break-out room, and then, Mr. Kitchen, when you kind of  
2 have an idea of scheduling, just send me a text, and  
3 then I'll communicate to everybody through the rooms.

4 MR. KITCHEN: Excellent, thank you.

5 MS. NELSON: Okay, thank you.

6 THE CHAIR: Okay, we'll take a break.

7 We'll head to our break-out rooms and reconvene at such  
8 time as we have another witness. Thank you.

9 (ADJOURNMENT)

10 THE CHAIR: Mr. Kitchen, could I ask, were  
11 you able to contact your witness or witnesses?

12 MR. KITCHEN: So Mr. Kosowan is available at  
13 10:45 to be cross-examined, and he'll be appearing  
14 virtually, and what I mean by that is he won't be here  
15 in the office with me like he was the last time.

16 THE CHAIR: Okay.

17 MR. KITCHEN: Dr. Gauthier, the earliest he  
18 can be available is 12:45. He expects to be done with  
19 his last patient at 12:30. So wherever we're at with  
20 that means we have this witness now, we have  
21 Mr. Kosowan at 10:45. Then I would propose we have a  
22 lunch break, and then we come back, and we have  
23 Dr. Gauthier.

24 THE CHAIR: I'm sorry, when you say "we  
25 have this witness now", who is that?

26 MR. KITCHEN: That is Dave Hilsabeck. Now,

1 we had this issue last time, of course, because he's in  
2 the office with Dr. Wall and I, so he's appearing on  
3 Dr. Wall's screen, that's why it says "Dr. Curtis  
4 Wall", so just note that it's not Dr. Curtis Wall, it  
5 is, in fact, the witness, Dave Hilsabeck.

6 THE CHAIR: Okay, so I'm sorry, I should  
7 have asked this, are we prepared to resume then?

8 MR. KITCHEN: I am.

9 THE CHAIR: Okay, and Mr. Maxston?

10 MR. LAWRENCE: I don't think Mr. Pavlic is  
11 back, Mr. Chair.

12 MR. MAXSTON: Yeah, I was just going to say,  
13 on my screen, I'm not sure, but I don't think  
14 Mr. Pavlic is here.

15 THE CHAIR: Okay.

16 MR. PAVLIC: Can you hear me?

17 THE CHAIR: Yeah, can't see you; your  
18 camera's off.

19 MR. PAVLIC: Okay, I can put my camera on.  
20 Here we go. There I am. Yeah, sorry, my apologies, I  
21 didn't put my camera on, forgive me.

22 THE CHAIR: We will forgive you.

23 Okay, I think we're all here now. Mr. Maxston,  
24 you're okay to resume?

25 MR. MAXSTON: Yes, thank you for checking.

26 THE CHAIR: Okay. All right, Mr. Kitchen.

1 And just for the record, we are back in session, thank  
2 you.

3 MR. KITCHEN: All right, Madam Court  
4 Reporter, we're ready when you are.

5 DAVID WARREN HILSABECK, Sworn, Examined by Mr. Kitchen

6 Q MR. KITCHEN: All right, Dave, could you  
7 please just say your full name for the record?

8 A My name is David Warren Hilsabeck.

9 Q Thank you. Dave, could you tell me what you do for a  
10 living?

11 A At present, I'm a corporate pilot for an energy company  
12 here in Calgary, based out of Calgary.

13 Q Are you a patient of Dr. Wall's?

14 A Yes, I've been a patient for him for at least 15 years.

15 Q Okay, why have you stuck with Dr. Wall as your  
16 chiropractor for so long?

17 A I appreciate how he manages business with my body,  
18 let's put it that way, how he conducts business with  
19 me, his communication with me, and his responses to me  
20 and my needs, and that's why I've always come back to  
21 him. His gentle nature. I've been to other  
22 chiropractors before, and sometimes are definitely  
23 rougher, but I appreciate how his gentle nature looks  
24 after me.

25 Q Thank you. Now, I'm going to ask you a couple  
26 questions that might seem pretty obvious, so bear with

1 me. Can you describe for me in detail the treatment  
2 that Dr. Wall does on you when you come in to see him?

3 A The treatment in detail, so a lot of times what we'll  
4 do is discuss where -- the back issues that I'm having,  
5 for example, or hip issues or whatever the case may be.  
6 He will then examine me and to find out where the -- my  
7 problems lie and then will start to treat me  
8 step-by-step, let's say up and down my spine and into  
9 my hips or whatever that my problems are at the moment.  
10 Is that enough detail for what you need?

11 Q Yes, but let me ask you a question, what does he use to  
12 treat you?

13 A What does he use. Well, he uses his hands, we're using  
14 his workbench, uses different tools as far as vibrating  
15 massage therapy or the pressure point actuator, and we  
16 use a couple of different benches that he has here to  
17 figure out where my faults are and to help correct  
18 that.

19 Q Thank you. Dave, do you respect Dr. Wall?

20 A Greatly, yes, very much so. I appreciate what he has  
21 to say, and how he suggests going forward, what to do  
22 with my body, stretching exercises, strengthening  
23 exercises, those kind of things to get me back into  
24 shape and where I need to be.

25 Q Do you think Dr. Wall could provide you with the  
26 treatment you want if he could not come within 2 metres

1 of you?

2 A Oh, definitely not, no. Chiropractic is a hands on,  
3 and I mean hands on to my body to be able to adjust me  
4 correctly. If he was 2 feet away, there would be no  
5 sense in even coming here. Like I could not -- he  
6 could not do the adjustments that need to be done at a  
7 2 foot mark -- or a 2 metre mark, so, no, he couldn't  
8 do that.

9 Q If he wasn't able to do that, what do you think you  
10 would do?

11 A I'd be in a world of hurt. First of all, to find other  
12 chiropractor that I trust and respect and have used for  
13 so many years; I've gone to a few other ones, you know,  
14 over the last 40 years, let's say, some with some  
15 success, some without success, and so I would be in a  
16 world of hurt. I wouldn't be able to keep going as  
17 often and, you know, do the things that I do without a  
18 proper chiropractor that can help me out.

19 And chiropractic I find is -- it's different for  
20 everybody -- sorry, it's different for every  
21 chiropractor, they do it in so many different ways. So  
22 one adjustment from one chiropractor doesn't  
23 necessarily mean that it's going to work for me.  
24 Dr. Wall has figured out my body, what I need and where  
25 my weak points are and has been able to fix me up with  
26 that.

1           So going to another one, I'd be in a -- I'd be in  
2           trouble, I think, in very short order, because I'd  
3           probably have to go to a number of them to even figure  
4           out if that style of chiropractic would work for me or  
5           not.

6       Q    Thank you, and I know this may be obvious, do you think  
7           Dr. Wall could provide you with the treatment you want  
8           if all he could ever do was call you on the phone and  
9           talk with you?

10      A    Oh, no way. It's physically impossible. Physically,  
11           because I have to be here, he has to be able to adjust  
12           my back, my spine, my hips, whatever the case may be,  
13           so definitely not.

14      Q    We've already touched on this, but just to confirm, do  
15           you think it would be against your interests if  
16           Dr. Wall was ordered to stop practicing or to only  
17           practice over the phone?

18      A    Yes, of course, it would be against my interests. If  
19           he wasn't available to do this, like I said, I'm in a  
20           world of hurt, and it would take me a long time, a lot  
21           of money just to find another chiropractor. Every time  
22           you go into a new chiropractor, you've got to start all  
23           over; you've got to do the whole process of an initial  
24           consultation and whatnot. So it would take a long time  
25           and a lot of money.

26           So, yes, it's -- your question was is it in my



1 best interest that he is here, most definitely, both  
2 physically and monetarily.

3 Q Do you think, as a member of the public, that your  
4 interests should be considered as part of any decision  
5 to restrict or not restrict Dr. Wall's ability to  
6 practice?

7 A Yes. And as a member of the public, I understand what  
8 he's doing, I appreciate what he's doing, and his  
9 thoughtful manner in how he manages me and my family,  
10 and so as a member of the public, yes, it affects me  
11 greatly, and it would -- I guess all I can say is yes.

12 Can you say the question again for me, please?

13 Q I will, but I just want to confirm something, so your  
14 family comes to see Dr. Wall as well?

15 A Yes, over the last, you know, 15 years, both my wife  
16 and my kids have come numerous times, and so, yes, it  
17 would affect us greatly to have all of us be affected  
18 this way.

19 Q Now, let me ask you this: If Dr. Wall is ordered to  
20 stop practicing or to stop treating you except by  
21 calling you on the phone, would you and your family be  
22 upset with that order or decision and the person or  
23 body who made it?

24 A Most definitely. That affects us greatly. So we would  
25 not be able to -- Dr. Wall could not do what he does  
26 over the phone for us. You know, you can say, Oh, do

1           this exercise or that exercise; but if you need your  
2           spine, your hips, whatever, knees, actually  
3           manipulated, he can't do that over the phone. So, yes,  
4           it would affect us greatly. It would be a huge  
5           hindrance, a big disappointment that somebody would  
6           actually take away his ability to do that.

7       Q    Thank you. Now, I'm going to take us to the -- to some  
8           of the deeper issues. Do you wear a mask when you come  
9           to see Dr. Wall for treatment?

10   A    No, I don't, I don't wear a mask in the office here.

11   Q    Are you grateful that Dr. Wall does not require you to  
12           wear a mask when you come in for treatment?

13   A    Yes, most definitely. I am -- it's frustrating wearing  
14           masks. I find that so often people that are wearing a  
15           mask, if he was wearing a mask, and we're trying to  
16           converse and trying to figure out what's going on with  
17           me, if I can't read the lips sometimes or just see  
18           what's going on, facial expressions, I lose a lot of  
19           communication that way.

20                I find it a huge inconvenience to have to wear a  
21           mask. It doesn't matter where I go. You go into as  
22           simple as a -- into a restaurant, and you're trying to  
23           order, and you're trying to figure out what the  
24           specials are for the day, but you can't hear what  
25           they're saying; you go through a drive-through, for  
26           example, to get some food, and you go -- they're

1 mumbling, it's very, very, frustrating. You go to a  
2 hardwood store, and you're trying to figure out what  
3 you need for parts and pieces, and this guy is sitting  
4 there mumbling, and you can't see what he's talking  
5 about, or you can barely hear what he's talking about,  
6 so with my hearing diminished a little bit, it's very  
7 frustrating. I just don't appreciate it at all having  
8 to wear a mask everywhere.

9 Q Thank you. Does Dr. Wall wear a mask when you come in  
10 for treatment?

11 A No, he doesn't, and then, again, you know, in his  
12 office here, he's had the shields up and whatnot, so if  
13 the -- he is protected, but, you know, when he is  
14 working on me and my body, no, he's not wearing a mask.  
15 My -- you know, I want be able to hear him, I want to  
16 be able to see what he's got to say, so I appreciate  
17 that he doesn't wear a mask and that we're able to  
18 communicate properly without me asking, What did you  
19 say, what did you say, what did you say all the time.  
20 It's just so much better for me personally.

21 Q Do you believe Dr. Wall puts you at any increased risk  
22 in any way or threatens your health in any way when he  
23 treats you without wearing a mask?

24 A No, not at all. I feel very comfortable with him.  
25 I've known him and his family, a lot of his kids have  
26 been the receptionists and things like that, so over

1 the years, we've got to know each other, and I wouldn't  
2 say on a -- necessarily a personal level, but you  
3 understand where they're coming from. They are not the  
4 partying type of people that are out carousing all the  
5 time. You know, he's not exposing himself to any risk  
6 that I can see or have ever heard of even when he's not  
7 at work here.

8 So for him to -- I do not feel threatened at all  
9 coming in here, it's just a safe environment, and I  
10 haven't got a problem with it at all. It's like our  
11 work environment, you know, we know the people that we  
12 work with, and have we had any COVID problems at work?  
13 No, we haven't. But you know the people, you know what  
14 they're trying to do. So his threat level I think is  
15 next to zero.

16 And even with COVID, you know, we know that you  
17 look at the statistics, and for people that get COVID,  
18 we're sitting at 99.8 percent of the people that get it  
19 survive it. You know, that's huge. Even people, you  
20 know, that get the flu don't even have that kind of  
21 access -- or don't have that kind of, not access, but  
22 record of survival, so I don't feel threatened at all  
23 with what he does here.

24 Q You are, of course, aware that the Alberta College of  
25 Chiropractic has required, mandated that Dr. Wall wear  
26 a mask when he's treating you; would you agree with

1           that?

2    A    That's what I've heard, that they are mandating it, but  
3           I find that that mandate -- how do I put it? I find  
4           that that mandate isn't necessarily based on strong  
5           data. I feel that a lot of this mandate is more on a  
6           political side of things, and that, you know, you look  
7           at the mask mandates around the world, and I fly around  
8           the world, I see all sorts of different things.

9                    So you look at some place like Japan, for example,  
10           and Japan was masked-up, they were sitting in the high  
11           98, 99 percent of people were masked-up, they still had  
12           huge outbreaks, so masks didn't necessarily fix the  
13           problem.

14                   And I feel that the political side of things, you  
15           know, we're being forced to do this, but the data  
16           doesn't necessarily support it as far as I'm concerned.

17    Q    You say you go around the world, and you see other  
18           places; are there any places where you don't encounter  
19           any mask mandates?

20    A    Oh, sure. Like last week, I was down in Dallas, Texas,  
21           for the week. I went down there training, and  
22           everybody has a different way of doing things. So you  
23           get to the airport, for example, and you have to be  
24           masked-up because it's federally regulated in the  
25           airports. They sit there, and they say you've got to  
26           stand 6 feet apart when you're in the waiting area for

1 the airport. So everybody's 6 feet apart. Then all of  
2 a sudden, it's all okay because we can all go through a  
3 tunnel, hop on an airplane, sit side by side, and  
4 that's perfectly fine, and I'm rubbing shoulders with  
5 the person next to me, and that's perfectly fine.

6 So you look at the different ways of doing  
7 business, and you kind of go, well, okay, that makes  
8 sense, that doesn't make sense, that's just plain  
9 stupid. I get down to Texas, I get out of the airport,  
10 we take our mask off, and I didn't put a mask on for a  
11 week. I went to -- into the class, I went to the  
12 simulator, I went to restaurants, we went to hardware  
13 stores, nobody was wearing masks down there. And  
14 people say, Well, you know, that's because they've had  
15 a huge outbreak.

16 Actually it's not. If you look at the statistics,  
17 percentage-wise, we are at a higher percentage of  
18 infection than they do down there, and they don't  
19 have -- they're just not wearing masks. You do see  
20 masks in some of the restaurants, and some of the  
21 servers and whatnot were wearing masks, but none of the  
22 clientele.

23 So I hear, I haven't been to Arizona for a couple  
24 months now, and Florida have been for a while, but I  
25 hear that both those states are the same way: They  
26 have gone away from their masks, and it has not

1 affected them whatsoever.

2 Q I think I just have one more question for you. Do you  
3 think Dr. Wall has done the right thing by letting you  
4 not wear a mask when you don't want to?

5 A Yes, I do. I think he's done the right thing. First  
6 of all, he knows what I do and the risk. You know,  
7 I've had to take so many tests and whatnot traveling  
8 across the border, back and forth all the time, and so  
9 I know where I'm at, and I think he knows where I'm at.

10 So when I come in and he's not requiring a mask,  
11 it's -- there's a mutual agreement there that, yeah, we  
12 are both on the safe side of things. We're both very  
13 conscious that COVID is out there, both responsible  
14 with what we're doing and how we're acting and -- with  
15 our lives, but we both appreciate where we're at.

16 And so to come in here and not wear a mask, I  
17 appreciate that we do not have to, he's not requiring  
18 it. If he said I had to wear a mask to be treated, I  
19 wouldn't be happy about it, but would I do it? Yes,  
20 because I need the treatment. So if he's forced into  
21 it, it's not because of his doings, but because of  
22 somebody else is, you know, forcing him to go down this  
23 path.

24 Q Forgive me, one last question for you, do you think  
25 Dr. Wall prioritises your interests above his  
26 interests?

1 A That's a good question. I will say yes, because he's  
2 my doctor, my chiropractor, worrying about me. And so  
3 where I'm at, I believe that he's looking after me and  
4 not necessarily him. I don't know what else I can say  
5 about that, but I would agree with that, that he's  
6 looking after me and my best interests.

7 Q Do you think, by having this hearing, the Complaints  
8 Director for the College is acting in your best  
9 interests?

10 MR. MAXSTON: I'm going to object to that,  
11 Mr. Chair. There's no way this individual can comment  
12 on the motivations or intentions of the Complaints  
13 Director.

14 MR. KITCHEN: Well, I didn't ask about  
15 motivations of the Complaints Director. I asked if he  
16 thinks it's in his interest, and that's in his  
17 knowledge.

18 MR. MAXSTON: Well, I think this line of  
19 questioning is entirely subjective. I suppose I won't  
20 object further to it, but I don't see any value in this  
21 witness expressing personal opinions about the actions  
22 of the College.

23 THE CHAIR: Could you repeat the question,  
24 please, Mr. Kitchen?

25 MR. KITCHEN: The question I asked is if  
26 Mr. Hilsabeck thought that having this hearing was in



1 his best interests as a patient.

2 THE CHAIR: I'm going to sustain that  
3 objection.

4 A Okay, so I can answer it?

5 Q MR. KITCHEN: No. That means you can't.  
6 Those are all my questions.

7 THE CHAIR: Thank you.

8 Mr. Maxston?

9 Mr. Maxston Cross-examines the Witness

10 Q MR. MAXSTON: Good morning, Mr. Hilsabeck, I  
11 just have a couple of quick questions I want to ask you  
12 based on some exchanges you had with Mr. Kitchen, and  
13 then I've got a few other questions I do want to ask  
14 you.

15 You made some comments earlier about survival rate  
16 and threat and those types of things, and I just to be  
17 clear, you're not a physician or an immunologist or a  
18 virologist; those are your personal views?

19 A That is correct; that would be my personal views on my  
20 research of those subjects.

21 Q You also talked about your belief that the College's  
22 pandemic masking and I should say required masking  
23 mandate wasn't based on strong data, but you, of  
24 course, don't have any knowledge of the process the  
25 College undertook to create that mandate, do you?

26 A No, that's correct, I do not know what the College has

1 done.

2 Q So I'll just ask you some questions then from a broader  
3 perspective. Would you agree with me that a person has  
4 to earn the right to practice as a chiropractor in  
5 Alberta?

6 A Earn the right? He has to take the training. So the  
7 right, I'm not sure what you're going with as far as  
8 the right is concerned.

9 Q I think --

10 A My knowledge --

11 Q Go ahead, sorry.

12 A Okay, my knowledge is for like a chiropractor, a  
13 doctor, they take the training, and then I'm assuming  
14 there is an application for that province or whatnot to  
15 be able to accept -- or to be able to license -- to get  
16 licensed in that province.

17 Q And that kind of ties into my next question, which is  
18 you're aware that the Alberta College and Association  
19 of Chiropractors is the professional regulator or  
20 licensing body for chiropractors in Alberta?

21 A Yes, I understand that, yes.

22 Q And based on your comments just now, I think you'd also  
23 agree with me that there are mandatory requirements to  
24 become registered with the College to be a  
25 chiropractor, like education?

26 A That's correct, yes.

1 Q And would you also agree with me that there are  
2 requirements the College has to keep a licence for a  
3 chiropractor, things like continuing education or  
4 payment of fees?

5 A Oh, sure, yes, I understand that completely. I'm a  
6 pilot; that's all we do.

7 Q I kind of thought you would, yeah. You probably get a  
8 lot of con ed from your regulators as well, so  
9 mandatory con ed.

10 Would you agree that those requirements to keep  
11 registration for a chiropractor are intended to ensure  
12 safe and competent practice?

13 A Would you say that again, please?

14 Q Yeah, those mandatory requirements to keep your  
15 licence, the mandatory requirements the College issues,  
16 would you agree that those are in place in order to  
17 ensure safe and competent practice?

18 A I would, yes.

19 Q Mr. Kitchen spoke with you about the College's  
20 directive, Pandemic Directive, requiring the wearing of  
21 masks when a chiropractor is treating, and I just want  
22 to be clear that, to this day, you're not wearing a  
23 mask, and Dr. Wall isn't wearing a mask when he  
24 performs treatment on you?

25 A That is correct.

26 Q I think it's fair to say you've made comments today in

1 support of Dr. Wall not masking when he treats you.

2 Would you agree that you can only speak for yourself

3 when you make those comments?

4 A I can speak for myself and for my family, yes.

5 Q Fair enough. Would you agree that there could be other

6 patients of Dr. Wall who don't share your views?

7 A Oh, definitely.

8 Q And do you --

9 A Yes.

10 Q -- agree -- I'm sorry.

11 A No, go ahead.

12 Q Would you agree that there may be other patients of

13 Dr. Wall who, in fact, want him to comply with the

14 College's masking requirement?

15 A There is that possibility, sure.

16 MR. MAXSTON: Those are all my questions.

17 Thank you, Mr. Hilsabeck.

18 A Thank you.

19 THE CHAIR: Mr. Kitchen, anything on

20 redirect?

21 MR. KITCHEN: Just one question.

22 Mr. Kitchen Re-examines the Witness

23 Q MR. KITCHEN: Dave, my friend, my learned

24 friend, Mr. Maxston, he asked you do you think the

25 College's mandates are for the purposes of keeping the

26 public safe. I don't know if those were his exact

1 words, but he can object if he thinks that's not  
2 reflective of the substance of what he said, do you  
3 have any actual knowledge yourself of what motivates  
4 the College when they have mandates for chiropractors?

5 A Do I have any knowledge? No, I don't have any  
6 knowledge of how they do their -- how they do that.  
7 What do I say there? A lot of this stuff, a lot of the  
8 mask wearing, a lot of our regulations, it seems like  
9 it's politically based.

10 Case in point, Calgary, we got a new mayor here in  
11 the last month, and her first response was basically  
12 whatever the Alberta Government says, we're going to  
13 add 28 days to it. Now, how does she become more  
14 knowledgeable than our head of our medical people,  
15 Dr. Hinshaw and her group of people with the AHS? How  
16 do they make those kind of claims after being elected  
17 and within 24 hours make a claim like that? This is  
18 why a lot of this stuff is so political and not  
19 necessarily scientific in my mind.

20 And it's not the same the world over. So I see,  
21 as I'm flying around different places in the world, or  
22 I see different countries and their requirements and  
23 whatnot, I see such a variety of mandates and  
24 requirements, and it's not on science, it's on personal  
25 belief or a political belief or whatever the case may  
26 be, but not necessarily science.

1           So why the difference between Alberta and Texas,  
2           for example? Why such a wide variety of understanding  
3           of what COVID is, what the requirements are, and you  
4           look at the percentage of COVID cases, there's really  
5           no difference. If you look at John Hopkins, and you  
6           look at what Texas has, and you look at Alberta, and  
7           you look at percentages, they are just about identical.

8    Q    Why do you think the College is acting political?

9           MR. MAXSTON:                    Mr. Chair, I might ask my  
10          friend to rephrase that question. I think there's a  
11          premise in that question that the College is acting  
12          politically, and I don't know if this witness has any  
13          information in that regard, and, again, I think we're  
14          going very far from the core issues here.

15          MR. KITCHEN:                    Well, it wasn't a presumption  
16          because that's what he said, so I just asked him why he  
17          thought that. That's all. This is in the same line of  
18          questioning you asked him, Do you think the College is  
19          doing this for safety. Now, he has no knowledge of  
20          that, he said so, but you asked him anyways. I'm  
21          asking the same type of question, asking him why he  
22          thinks the College is acting in a political manner.

23          THE CHAIR:                    I'll allow that.

24    A    I don't see -- you look from Alberta Health Care, for  
25          example, a lot of their decisions keep flip-flopping,  
26          and it doesn't seem to be on science, it seems to be

1 political. You look at each level of government, it  
2 seems to be political, not scientific.

3 Now, you say, Well, where are you getting your  
4 information from. Well, I get it from a lot of  
5 different sources. I read a lot of different -- and  
6 I'm not just talking the main media; I go to different  
7 places and do some analysis myself, and you start  
8 looking at, typical is, John Hopkins, which you would  
9 think would be a fairly reliable source with the data  
10 that they present, and you look at percentages.

11 So why does Alberta have one set of rules, Calgary  
12 have another set of rules, and you think that it's  
13 political. So I'm going down the road there, yes, I  
14 believe that everybody is doing it on a political side  
15 of things and not necessarily a scientific.

16 So do I think that the -- your Association is  
17 doing that? I feel that in a way, yes. I do not know  
18 that you are doing it purely scientific.

19 MR. KITCHEN: Thank you. That's it for my  
20 redirect.

21 THE CHAIR: Okay, I'll just quickly poll  
22 the Panel, are there any questions that the Panel wish  
23 to discuss before we release the witness?

24 Nothing further, okay. Okay, thank you very much.  
25 You are excused, sir, and we appreciate your coming in,  
26 and you can leave if you wish.

1 A Oh, good, thanks very much.

2 (WITNESS STANDS DOWN)

3 THE CHAIR: So, Mr. Kitchen, we have 15  
4 minutes before your next witness; is that correct?

5 MR. KITCHEN: Yes, that's correct.

6 THE CHAIR: Okay, perhaps Ms. Nelson can  
7 put us in break-out rooms until 10:45, and then we'll  
8 reconvene. We'll adjourn for now and reconvene at  
9 10:45 for the cross-examination of -- I'm sorry, I've  
10 forgotten his name -- Kosowan; is that right?

11 MR. KITCHEN: That's right.

12 THE CHAIR: Yeah, okay. Mr. Maxston,  
13 you're okay?

14 MR. MAXSTON: Yes, that's fine. Thank you  
15 for asking.

16 (ADJOURNMENT)

17 THE CHAIR: We'll reconvene, and  
18 Mr. Maxston will start his cross-examination of  
19 Mr. Kosowan.

20 JARVIS KOSOWAN, Previously affirmed, Cross-examined by  
21 Mr. Maxston

22 Q MR. MAXSTON: Good morning, Mr. Kosowan.

23 Can you hear me?

24 A Yes, I can.

25 Q Thank you. Can you just confirm for me that you're  
26 still under oath when you're giving your testimony



1 today?

2 A Yes, I am.

3 Q I just have a few questions for you. The first  
4 question I have is are you aware that the Alberta  
5 College and Association of Chiropractors is the  
6 professional regulator and licensing body for  
7 chiropractors in Alberta?

8 A Yes, I am.

9 Q And are you also aware that the College has mandatory  
10 requirements such as education before someone can  
11 become licensed as a chiropractor?

12 A Not totally, no.

13 Q You'd agree with me though that, generally, that would  
14 be the case to become a member of a profession?

15 A I would believe that would be correct, yes.

16 Q Are you also aware, or if you're not, would you agree  
17 with me that the College of Chiropractors has ongoing  
18 requirements to keep registration as a chiropractor,  
19 things like continuing education or paying a yearly  
20 fee?

21 A Yes, I'm aware of that.

22 Q And would you agree that the College, having those  
23 requirements, is important to ensure chiropractors are  
24 competent and can practice safely?

25 A I agree with that.

26 Q You spoke with Mr. Kitchen, my friend Mr. Kitchen, a

1 little while ago, and you talked about the College's  
2 Pandemic Directive which required masking by  
3 chiropractors when they treated patients; do you recall  
4 that?

5 A Yes, I do.

6 Q And do you also recall that when you first testified,  
7 you made comments in support of Dr. Wall not following  
8 that requirement and not masking when he treated you?

9 A That is correct.

10 Q Would you agree that when you made those comments, you  
11 could only speak for yourself?

12 A That is correct.

13 Q And would you agree with me that there could be other  
14 patients of Dr. Wall who don't share your views?

15 A That's possible.

16 Q And would you agree with me that there could be other  
17 patients of Dr. Wall who want him to comply with the  
18 requirement to mask when he's treating patients?

19 A Obviously. I believe that's the way this whole thing  
20 got initiated, by one of the clients complaining about  
21 the mask not being worn, so I agree with that  
22 statement.

23 MR. MAXSTON: Those are all my questions for  
24 you, Mr. Kosowan. Thank you for making yourself  
25 available today.

26 A Thank you. Am I done or --

1 THE CHAIR: Mr. Kitchen, did you have  
2 anything on redirect?

3 MR. KITCHEN: No, I don't.

4 THE CHAIR: Well, Mr. Kosowan, thank you  
5 very much, once again, for finishing with your  
6 testimony. You are free to leave. We do appreciate  
7 your assistance in this.

8 A All right, thank you very much.

9 THE CHAIR: Thank you.

10 MR. KITCHEN: Thank you.

11 (WITNESS STANDS DOWN)

12 THE CHAIR: So I guess we are on an  
13 extended break, Mr. Kitchen, until 12:45; is that  
14 correct?

15 MR. KITCHEN: Yes, that's correct, my  
16 apologies, that's the earliest my next witness can be  
17 available.

18 THE CHAIR: Okay, we will have an early  
19 and extended lunch break I guess. Perhaps we can --  
20 we'll reconvene at 12:45, and hopefully we'll -- and  
21 that will be the last witness of the day for today; is  
22 that correct?

23 MR. KITCHEN: Very likely. There is an  
24 unlikely chance that the witness, who I was hoping to  
25 call this morning but who's busy with work, may be able  
26 to make it this afternoon after Dr. Gauthier. It's

1 unlikely, but possible; I'm just going to check with  
2 him at lunch.

3 THE CHAIR: Okay, very good. Then we will  
4 recess for now and reconvene at 12:45. Did the Panel  
5 Members wish to caucus? I don't see a need to. Okay,  
6 we'll see everybody back at 12:45. Thank you.

7 MR. KITCHEN: Thank you.

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9 PROCEEDINGS ADJOURNED UNTIL 12:45 PM

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