



NATIONAL CITIZENS INQUIRY

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Day 1

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EVIDENCE

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[00:00:00]

Nicolle Snow

Okay, everybody, thanks for taking your seats. We have our next witness up, who is Dr. Patrick Phillips out of Ontario. I'll let you bring him up on the screen there.

Hi, Dr. Phillips, how are you?

Dr. Patrick Phillips

Good, how are you?

Nicolle Snow

I'm well, thank you. Before we get started here, we're going to affirm you. I'm going to let that happen now.

Ches Crosbie

Dr. Phillips, you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Dr. Patrick Phillips

I do.

Ches Crosbie

Thank you.

Nicolle Snow

Good morning, Dr. Phillips, you're joining us from Ontario?

Dr. Patrick Phillips

I am joining you from Ontario.

Nicolle Snow

Thank you for being here to give testimony in this proceeding. Dr. Phillips, can you start by going over your medical credentials?

Dr. Patrick Phillips

Yes, I graduated from Dalhousie Medical School in New Brunswick in 2016. After that, I did go to the University of Toronto, where I completed my two-year family medicine residency. And after that, I entered into practice.

Nicolle Snow

All right, and can you give a little summary of where you were practising?

Dr. Patrick Phillips

Sure, yeah. Like many new graduates, I primarily worked locums, which is basically filling in temporarily at various locations. As well, I had a weekly addictions medicine practice where I saw patients once a week in downtown Toronto, giving methadone and suboxone. But as time went on over the last few years, I did kind of narrow down the places where I was working, doing emerge. and medicine, to Nipigon and Englehart. And then eventually I moved full-time to Englehart at the beginning of 2021.

Nicolle Snow

Okay. And your locums were in the area of family medicine and emergency medicine?

Dr. Patrick Phillips

Yes.

Nicolle Snow

Okay. And your practice in Nipigon was in the area of Emergency Department work or family?

Dr. Patrick Phillips

Both. So comprehensive family medicine, which is in-patients, office-based family medicine and emergency.

Nicolle Snow

Thank you. And Dr. Phillips can you confirm that you sent me a copy of your CV?

Dr. Patrick Phillips

I did.

Nicolle Snow

All right, and the CV for the record is exhibit number TR-0001.

Are you currently practising, Dr. Phillips?

Dr. Patrick Phillips

No, I'm not. My medical licence has been suspended by the CPSO [College of Physicians and Surgeons of Ontario] since May 3rd, 2022.

Nicolle Snow

Okay, and why was your medical licence suspended?

Dr. Patrick Phillips

So, it was suspended primarily for holding a medical opinion that is contrary to the public health directives and some of the consequences of that. We'll get into some of those details later, but that's essentially it.

Nicolle Snow

Okay, thank you. We'll talk about that in a little bit. When was the suspension effective?

Dr. Patrick Phillips

May 3rd, 2022.

Nicolle Snow

Dr. Phillips, did you take the Hippocratic Oath and what is that?

Dr. Patrick Phillips

I did take the Hippocratic Oath as part of our ceremony at Dalhousie Medicine. It's an oath, basically, that the medical profession has taken, or some other oaths that are also taken across the world, in order to uphold medical ethics. And to put the patient and our oath to the patient first, above any other authority, so that the patient's interests are always the number one priority of doctors in that doctor-patient relationship.

Nicolle Snow

And I'm sure you took that oath seriously.

Do you know what the Declaration of Geneva is, Dr. Phillips?

Dr. Patrick Phillips

During the course of World War II—both in Germany and Japan, and many other places—there were atrocities committed by these regimes that were primarily carried out by doctors, physicians. Physicians who were actually captured by a public health ethos of believing they're doing what's best for the race: for the Aryan race as an example in Germany, or just following government directives or following orders. And so, after the

doctor trials in Nuremberg in 1947, Canada, among many other nations, signed on to the World Medical Association. And the World Medical Association came up with this oath,

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as a way to prevent those atrocities from happening again. So that doctors will not just follow orders blindly but will put the rights of their patient first.

And if I can quote, I won't do the whole thing but a few of these are very relevant. Most have the medical schools in the U.S. make the oath of the Declaration of Geneva and most of them in Europe. I'll just pull a couple out of it here: "I solemnly pledge to dedicate my life to the service of humanity. I will respect the autonomy and dignity of my patients. I will maintain the utmost respect for human life." And most pertinent I think here is: "I will not use my medical knowledge to violate human rights and civil liberties, even under threat."

So that was—Canada was a signatory to this.

Nicolle Snow

Thank you. And it sounds like those passages in particular resonated with you, Dr. Phillips, did they?

Dr. Patrick Phillips

Absolutely.

Nicolle Snow

Dr. Phillips, on April 30, 2021, the College of Physicians and Surgeons of Ontario issued a statement forbidding physicians from questioning or debating the official COVID-19 response measures in Ontario.

What do you know about this, and can you give a little more detail on that?

Dr. Patrick Phillips

Yeah. Although the College was quietly coming after doctors for having an opinion that goes contrary to the government narrative before this, amazingly, the College came out and very explicitly forbade doctors from carrying out our oath and scientific method for patients.

So, what they state in their message, that they just sent out as a tweet; it wasn't a policy, it wasn't a regulation. But they put this out saying that, "Physicians hold a unique position of trust within the public and have a professional responsibility to not communicate anti-vaccine, anti-masking, anti-distancing, and anti-lockdown statements, and/or promoting unsupported, unproven treatments for COVID-19." They go on to say, "physicians who put the public at risk may face an investigation by the CPSO and disciplinary action when warranted."

This was shocking to me and many others. As a result, I gathered together with a group of physicians, and we together created Canadian Physicians for Science and Truth. And made the declaration asking and demanding for the CPSO to rescind their statement. And in that declaration, which has thousands of signatories of the public, and there's over 700 signatories in the physician category. Well, not all those have been vetted, but there's

definitely hundreds in there. Basically, saying that this statement—to follow this, would be a violation of three things. So, one is the scientific method, which requires the advancement of medicine, requires that we have to challenge the status quo. We have to be able to speak freely again, to debate things. And that requires us to be able to be wrong, right? Because otherwise you can never challenge things.

The other one is our obligation to give evidence-based medicine to our patients. And that means discussing the evidence. If the evidence says people are dying from this vaccine, that people are suffering severe adverse events, or that it's not effective, those could be considered as anti-vaccine views. But they're true. And so, we have an obligation as physicians, no matter what the College says, to give the truth to our patients as we see it.

The third one is our duty of informed consent. In order for us to administer a vaccine to somebody, they have the right to be informed of all of these things. About the fact that we don't have any long-term data. About the fact that patients have died from these vaccines and many others, including for lockdowns, for masking, and others. Without that, if doctors are muzzled, patients don't get informed consent. And that is their right. So we basically demanded from the CPSO to rescind this statement, which they did not do.

Nicolle Snow

Okay. And you mentioned this group of physicians that got together and created this declaration: do you happen to know the website?

Dr. Patrick Phillips

Yes, CanadianPhysicians.org, where you can see our declaration in its entirety, and the signatories to it.

Nicolle Snow

Thank you.

[00:10:00]

Dr. Phillips, where were you practicing in and around the time of the pandemic when the pandemic was declared?

Dr. Patrick Phillips

In the beginning of 2020, I was working between two sites. I was living in downtown Toronto, but working primarily in northern Ontario, flying in and flying out to Nipigon and Englehart.

Nicolle Snow

Okay. And your practice was in a hospital setting?

Dr. Patrick Phillips

Hospital and an office space as well.

Nicolle Snow

What measures were taken in your region with respect to the COVID crisis? In the hospitals you're working in and, et cetera.

Dr. Patrick Phillips

There were a number, and they were changing all the time. But some of the most striking ones were the switch from in-person medical care to phone-based care in the medical community. That was throughout all of Ontario. Patients could not see their doctor unless in very rare circumstances. So almost all medicine was done just by phone, where doctors were asking patients to do their own physical examination, which they're not trained to do. And basically, doing guesswork, which was quite concerning.

Nicolle Snow

Did that pose any other concerns for you?

Dr. Patrick Phillips

Definitely. In the beginning, I was watching a lot of what the media was showing on Italy and New York. And so, I was concerned that there was an extremely deadly virus coming around at that time. I don't believe that now. But at that time, I thought maybe this is worth it. Maybe there's something we need to do, because if everybody comes into the office and catches COVID—the deadly form of COVID that I thought was coming—then I thought it could be worth it.

But yeah, that was kind of my main concern until later on, when I started to see the real consequences of this shift. And that's when I began to speak out.

Nicolle Snow

Okay, and what kind of consequences were you seeing in your practice?

Dr. Patrick Phillips

I was seeing a few things. One is devastation to both the physical health and the mental health of patients. To give you one example, there was one patient who I saw in emerge. Over the last year, she was treated for back pain over the phone—severe back pain to the point that she was on opioids. And she only came to see me in emerge. by the time her pain was so bad she had to call an ambulance. And when I saw her and physically examined her, what she called back pain was actually a giant tumor. It was actually a liver riddled with cancer.

That was not the only example of this, of late-presenting cancer of patients who were treated over the phone. If they were able to see their doctor in person, that could have been caught much earlier and possibly treated. But by the time I saw her, it was metastatic. I saw a number of patients like that.

The other thing I saw that really concerned me was the mental health of patients. And while I did see an uptick in overdoses in suicidality and depression in emerge. in adults, what was most striking was the children. I'd never seen so many suicidal children—as young as eight, right? And it's very rare for that to happen. But I noticed a common thread, and that was children— During the height of lockdown, when schools were closed, parents

were told by public health to keep their kids at home. No play dates, no play, no sports, nothing. And so, these children were essentially locked up at home with no friends, no socialization. And that, I believe, was the leading cause of the suicidality in children. Which concerned me.

And nobody was saying anything. In fact, what I found most concerning is, at that exact same time, the Ontario Medical Association, the Ontario Hospital Association, and Public Health were putting out advertisements saying: “Ontario’s doctors are calling for stricter lockdowns to stop the spread of COVID.” And I’m like, “No, I’m not. I’m definitely not!” And they didn’t even send out a survey to ask what my opinion was.

That was what really led to me believing I needed to speak out here: because there’s no other side of the story that’s getting heard.

Nicolle Snow

Okay. Dr. Phillips, you worked in a hospital setting and there was a lot of early concern that hospitals were going to be overrun by patients with COVID-19. What did you observe with that respect?

[00:15:00]

Dr. Patrick Phillips

I did not see that at all, quite the contrary. I saw, especially in the beginning, a steep decline in the number of patients who came in—especially in the early 2020. I thought it was kind of nice at the time, not knowing these harmful consequences, because I was paid the same amount to do very little.

But our emergency rooms were empty and there was very little COVID in our communities. Nevertheless, because of the media, the people in our communities were still afraid and still reluctant to come in to seek care in the Emergency Department, which is devastating for some people.

Nicolle Snow

Have you had occasion to treat any patients that you believe were suffering from COVID-19?

Dr. Patrick Phillips

Very few but yes, I did. We had a few in our community. The COVID wave came later, mostly after I was no longer working in the hospital. But while we did have a few; I did treat one while I was working in the hospital in Kirkland Lake.

Nicolle Snow

And can you offer any details about that?

Dr. Patrick Phillips

In my opinion, it was a very disturbing story. It was a middle-aged, like 50s, 60s, woman who came in, diagnosed with COVID. And she was short of breath, and she needed oxygen.

At that time, there was so much evidence. There was study upon study: I think there were 30 to 40, when you bring those together, showing that ivermectin would reduce mortality by 50 to 70 per cent. We have very few drugs that can do that.

When she came in and she was under my care—at that point, I was working as a hospitalist on the floor in Kirkland Lake, which is the sister hospital to mine in Englehart. I felt a duty to give her informed consent and to prescribe to her ivermectin for the treatment of her COVID, because she had a number of risk factors for severe disease or death.

When I wrote that, the pharmacist reported me to the chief of staff. The chief of staff then ordered me to cancel that order for ivermectin, including the zinc and vitamin D and other harmless vitamins that I also prescribed to her, which we know can be helpful. And he ordered me to call the local ICU in Sudbury—well, the distant ICU in Sudbury—and get their permission to prescribe outside the guidelines, which requires remdesivir, which is very harmful, and others, such as steroids. And they basically only allowed me to prescribe the steroids, so I gave her steroids. But I was shocked that this chief of staff ordered me to cancel lifesaving treatment to this patient that peer-reviewed research shows reduces mortality.

Nicolle Snow

Approximately when was that?

Dr. Patrick Phillips

This was in March 2021.

Nicolle Snow

Okay. And I think you said that was March 2021 that that occurred?

Dr. Patrick Phillips

Yes.

Nicolle Snow

Okay.

Have you had occasion to prescribe ivermectin again or was that the end of your prescriptions for ivermectin?

Dr. Patrick Phillips

I would have, but again, in my community, there was very little COVID and the ones that were there were very mild. They didn't need to be hospitalized for the most part.

I did prescribe ivermectin again to a patient who had what I believe could have been a vaccine injury. She received a dose of the vaccine and after that, had nausea lasting for weeks—nausea, fatigue, muscle aches. So, I did prescribe according to the FLCCC [Front Line COVID-19 Critical Care Alliance] protocol, which was ivermectin, fluvoxamine and atorvastatin, which was successful. It did resolve her symptoms, but the pharmacist reported me to the College. And as result of that, the College did put a restriction on my

licence forbidding me from prescribing ivermectin, fluvoxamine or atorvastatin for COVID—among other things, such as vaccine exemptions and mask exemptions.

Nicolle Snow

Okay, and we'll get into some of those details on the charges in a moment. I want to move into the post-vaccine period.

You've spoken about that a little bit.

[00:20:00]

You had a patient that had a vaccine injury. The rollout of the vaccines was in and around early 2021. What, if any, protocols were put in place at the hospital you were working in with respect to monitoring vaccine effects?

Dr. Patrick Phillips

So, I mean, our hospitals spoke nothing at all about monitoring vaccine effects, but we do have a legal obligation to report adverse events. Some of the more serious ones we're obligated to and other ones we're kind of permitted to.

Nicolle Snow

Is it a form that you complete, Dr. Phillips?

Dr. Patrick Phillips

Yeah, there's a form. The CAEFISS [Canadian Adverse Event Following Immunization Surveillance] System basically is very local in the sense that there's a form through Ontario Public Health that we fill out and send to our local public health officer. Who then is supposed to investigate and pass the investigation onto Public Health Ontario, and then they're supposed to amalgamate the data and pass it on.

Nicolle Snow

Okay, and you mentioned CAEFISS. That's the Canadian Adverse Event Following Immunization Surveillance System. It's a bit of a mouthful.

The adverse event forms that that you were just speaking about: those were the forms that the doctors would fill out in the hospital if they thought something was a vaccine adverse event? And can you confirm that you gave me one of those blank forms?

Dr. Patrick Phillips

Yes.

Nicolle Snow

Yes. Okay, and that is marked as Exhibit TR-0001a. So TR-0001a is the exhibit, it's the Adverse Event Following Immunization Reporting Form.

Dr. Phillips, as I understand the evidence that you just gave, you would not be forwarding that form to the CAEFFIS system. You would be forwarding it to a public health officer who would then determine whether it would be filed with CAEFFIS.

Dr. Patrick Phillips

Correct.

Nicolle Snow

Okay. Is vaccine aftermarket monitoring an expectation for physicians?

Dr. Patrick Phillips

It's supposed to be, yes.

Nicolle Snow

And for what reason?

Dr. Patrick Phillips

Yeah, we're actually obligated by law. For certain severe ones, we're obligated to report these adverse events when we see them. And then outside of that there's kind of more of a permissive requirement. I think it's an ethical requirement to pass on all adverse events that happen after these, especially in the context of an emergency use authorization. So, something that's not fully tested but yet was rolled out early. Even more, we have in my opinion an ethical obligation to report all possible adverse events, so that the CAEFFIS system will be able to detect possible harm and be able to withdraw the product if it's warranted.

Nicolle Snow

Okay. And the purpose is to monitor the safety and the effectiveness of the product. Is that correct?

Dr. Patrick Phillips

Exactly.

Nicolle Snow

What kind of events were physicians required to take note of, according to the form—the adverse event form?

Dr. Patrick Phillips

It's pretty broad on the form. I can't recall all of them off the top of my head. I don't have it in front of me.

Nicolle Snow

Yeah, it's okay. If you don't have it in front of you, it's marked as an exhibit in any event. Did you have any occasion to complete any of those adverse event forms?

Dr. Patrick Phillips

Yes.

Nicolle Snow

All right, can you elaborate on that?

Dr. Patrick Phillips

Yeah, I did. I did complete 10 adverse event reports that I sent in. I'll give you kind of the basic details of these reports really quickly here. All but one of them, as far as I know, were not submitted. So nine of them were rejected, as far as I know. The first one is a person with nausea for two weeks and vomiting, including hematemesis or bloody vomiting. This started four days after the second dose of Moderna.

The second one was a new onset severe vertigo and ringing ears, by diagnosis vestibular neuritis, that came up four weeks after his Moderna shot. The third one was sudden onset, in a young woman: sudden onset arm weakness for four hours. Weakness in the arm and complete decrease of sensation in an entire half of her body,

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with persistent loss of sensation in fingers, lasting hours to days. In my opinion, it was stroke until determined otherwise, so I started the stroke protocol.

Nicolle Snow

How many days post-vaccination was she?

Dr. Patrick Phillips

Oh, sorry—this was nine days after her Moderna shot.

The fourth one was an elderly woman with severe delirium, a high fever, and left arm numbness four hours after her Moderna shot, lasting greater than 48 hours. That's the point I saw her.

The fifth one was a woman with dementia but was functional at home, able to talk and walk. But after her dose—I'm not sure which vaccine it was—she lost the ability; she slowly declined over the course of about two to three weeks and lost the ability to communicate and to walk as well.

The sixth one was an older woman who developed palpitations, so a heart issue, possible arrhythmia with severe hypertension, and that started one week after her Moderna shot.

The seventh one was a younger woman with persistent numbness to the right side of her forehead; she lost sensation there entirely. No other symptoms really, but that started two hours after her Pfizer shot and then persisted.

The eighth one was intermittent left arm weakness. His arm would become weak, he was dropping things and no longer able to work. That would happen three to five times a day. That started two days after his Pfizer shot. And two weeks later—so it was two days after and then persisted—then developed persistent daily headache, nausea, and vomiting. It could have been something going on in his brain or others. I don't have the final diagnosis because, as an Emergency [Department], we don't follow our patients, we pass them on to others; they're investigated.

The ninth one was a middle-aged woman, who tragically—16 days after her Pfizer shot, with no other health history—had a devastating bleed into her brain after her blood pressure surged into the two hundreds. She lost the ability to talk and walk, she was found on the floor. She then was devastated.

The tenth one is, the only one that I know was actually accepted as an adverse event, and that was a severe rash on a woman's arm that came on eight days after the vaccine. That was kind of a ring-like rash that spread up above her shoulder and down the arm.

Nicolle Snow

And so, as you as you've indicated, that tenth one where there was the rash on the arm, that was at the site of the vaccination, was it?

Dr. Patrick Phillips

Yep.

Nicolle Snow

That's the only one that you know definitively was accepted.

What happened with the rest of them? Did anyone contact you?

Dr. Patrick Phillips

I was contacted by the public health officer; he sent me a letter after the first five. He told me that none of these five meet their criteria for an adverse event, so they've all been rejected and, "Take note of that because I'm doing my reports." I send a note back to him by fax asking for the details of why each one of these were rejected. "Do you need more information?" I want to make sure that not just rejected for a clerical reason and I did not get a reply.

I was very concerned about this. I was concerned that the public was not getting informed the consent about these possible severe adverse events. Many of those may have been strokes. And so, in order for us to have a safe vaccine safety system, they need to be able to get these reports to be able to know if a product needs to be pulled off. So I did go public. I did an interview with Rebel News where I spoke about these adverse events. And the letter that I got sent saying they're all getting rejected, and as a result that public health officer complained to the CPSO. And they're investigating me, and I'm charged for professional misconduct for those nine of the adverse events that were not accepted. They're saying that I'm being incompetent for filing these adverse event reports and they're saying I failed to meet the standard of practice in the profession.

Nicolle Snow

Okay, stunning. All right, Dr. Phillips, let's talk a little bit about your personal life outside of your clinical practice. You've indicated that you were quite vocal about the concerns that you had that were going on inside your practice and in the hospital system. Can you speak a little bit about that?

[00:30:00]

Dr. Patrick Phillips

Like my Twitter feed, you mean?

Nicolle Snow

You indicated that you were quite vocal outside of the hospital system. And you also indicated that public health officer came after you when you were vocal, so maybe you could talk about that.

Dr. Patrick Phillips

Yeah, so around that time—like I said, at the end of 2020—when I was seeing those harms from the lockdowns, and the medical association was saying, “doctors are calling for harsher lockdown,” that was the moment that I made the decision that I need to speak out.

I got onto my Twitter account, and that's where I've done a lot of my speaking out about public health measures: about the science that public health isn't talking about, like vitamin D, exercise, things like that—other public health measures that are effective, and the ineffectiveness and harms of lockdowns, of masking, and of these vaccines.

I spoke out on Twitter, and I've done a number of alternative media interviews, and I even did a press conference with [inaudible] on Parliament Hill in June. And for all of these, the College opened up a section 75 investigation here in Ontario. And they have charged me with professional misconduct and incompetence for my communications, saying, again, that statement from before: that we're forbidden from saying anything that goes contrary to other public measures, and therefore they've charged me with professional misconduct for all of it.

Nicolle Snow

Okay, and is that what led to the eventual licence suspension?

Dr. Patrick Phillips

Yes, all of these things combined. Yeah, they opened up a number of investigations that kind of all piled on top of each other. Essentially, the charges are on my public speaking contrary to public health measures. They're charging me with professional misconduct for providing prescriptions for ivermectin, for vitamin D, for zinc, and vitamin C. They have charged me with professional misconduct for providing vaccine exemptions to patients, for either medical conditions or for being coerced, as somebody promoting their autonomy. They've charged me with professional misconduct. I think that's the majority of it.

There's a lot of side charges as well. Yeah, as well as reporting all these adverse events. I have those nine charges of professional misconduct for each of my adverse event reports.

Nicolle Snow

All right. I think you indicated some of this was also related to you writing exemptions and so forth. And was that in the context of a family practice?

Dr. Patrick Phillips

Yeah, so some of them I did privately. And some of them I did in the Emergency Department. I had people coming to me. After they saw me speaking publicly, they would come into the Emergency Department and ask for letters of support or for notes and I gave that to them—either if they had a medical condition or sometimes for patients who were being forced against their will and they were under duress and couldn't give their consent. And so, I gave letters of support in those cases.

Nicolle Snow

Okay. It sounds as though, Dr. Phillips, that when you spoke out about your views with respect to your concerns with the protocols and so forth, were you somewhat under the microscope after that point?

Dr. Patrick Phillips

Oh, absolutely. Any interview that I gave on media, every Tweet that I've ever made, anything that I've ever said, they have recorded and gotten transcripts of to prosecute me. One funny story about this: I spoke in Toronto at the World Freedom Rally, I think it was in January. And there was a whole crowd of people at the rally: none of them wearing masks at all, right? Because it's a freedom rally. There's two people that are coming in with masks with a microphone and a recorder, and they kind of came right up to me. There's only two people in the whole place wearing masks. I later found out in my disclosure that that was the College actually coming to record my speech. And I have the transcript of it from those two people at the rally.

Yeah, I was definitely under the microscope!

Nicolle Snow

Okay.

[00:35:00]

Is it fair to say that your actions throughout the pandemic and your willingness to speak out is directly connected to your desire to protect your pledge to your patients?

Dr. Patrick Phillips

Absolutely. What I'm most concerned about— And as a physician, the way I've always practised medicine, is that we're there as an advisor. We're there to share our medical knowledge to help patients make choices with their own health care. And I was so concerned about this change in ethics in the medical community, where coercion is normalized, and where doctors participate in coercion in forcing patients into things. I found it abhorrent. And that was what mostly led me to want to speak out: to protect the rights of patients for their wants, their desires, their freedoms to be at the center of the medical system and the doctor patient relationship. Yes.

Nicolle Snow

Thank you so much for offering your testimony here today, Dr. Phillips. There may be questions from the commissioners, so I'm going to ask you to hold on there. Hold on one moment, there may be questions.

Commissioner DiGregorio

Thank you, Dr. Phillips. I just have a few questions following up on some of the things that you've spoken about today. Early in your testimony, you talked about there being a college statement that was issued forbidding doctors from communicating anti-vaxx, anti-mask, anti-lockdown type positions. Is that something that we have in our evidence as an exhibit? And if not, is that something that we would be able to take a look at?

Dr. Patrick Phillips

Oh, yeah, definitely. It's still on their Twitter feed. It's on their website. They have not taken it down. Yeah, I can send it on to you.

Commissioner DiGregorio

Thank you.

Another thing you mentioned was some of the early measures that were taken early in the pandemic and the switch from in-person visits with doctors to phone-based appointments. I'm just wondering if that was a recommendation, or what was the impetus for that to happen on such a large scale.

Dr. Patrick Phillips

It was essentially a requirement put out there. Virtually everybody was doing this and suggestions by the College we now know are our requirements. They treat a suggestion as a suggestion, "you will be prosecuted." So yeah, that's basically what happened. They did have exceptions. If a child was to get a vaccine or if somebody—we were supposed to basically talk to them first on the phone. Then if required, you bring them in for a physical examination. So, there were still physical examinations happening, but it was drastically reduced. And most doctors were depending on patients to kind of report their physical exam.

Commissioner DiGregorio

Thank you. And the last question I had was around the public health officer investigation that you talked about. I think you mentioned that it was after you had submitted your first five reports that you received a call.

Were you not contacted earlier than that as part of the investigation?

Dr. Patrick Phillips

No, I thought I would be. I thought they'd call me because I dictate a lot of my reports. Again, working in emerge., it's not the same as a family practice where you have an ongoing relationship with a patient. When I work that day, I submit my reports and paperwork that same time. A lot of my reports are dictated; they're kind of not fully done yet. So I expected he would contact me back, asking for more information, or asking for—I dictated reports

for my emerge. visit. And they didn't contact me at all, even after I requested him to contact me. Because I was concerned about these rejections.

Commissioner DiGregorio

Thank you.

Commissioner Massie

Thank you very much.

Based on your assessment of the, I would say, state of the art in terms of evaluating whether an adverse event report is serious or not: What was the protocol that was explained to doctors to guide them to fill out those reports? Did you have access to a specific protocol?

Dr. Patrick Phillips

I didn't know about the protocol until after. But in his letter, he sent me the guidance document,

[00:40:00]

for what criteria they use to determine whether something qualifies for an adverse event or not. It is an extensive document. But the number of adverse events they're looking for is very limited, to kind of one and a half pages. For COVID specifically, it was about 10 adverse events they would look at, and if it didn't fit in that category it didn't count.

The one example I liked for how arbitrary a lot of these criteria were, I'll give you one example: If you administer a vaccine and a patient has syncope, they faint, it doesn't count at all, unless they also have an injury. So, if they faint, hit their head, and have a bleeding to their brain, that does count. But again, even in that circumstance, it only counts if it happens within 30 minutes. If that person faints at 31 minutes and then they fall and have a bleeding to their brain, that report will be rejected.

For each category they have arbitrary time requirements and if it doesn't fall within those strict criteria, they're rejected. And these were developed before the COVID vaccines, before Pfizer data that came out in a post-marketing analysis that they were forced to release under a FOIA [*Freedom of Information Act*] request in the United States showing pages and pages of adverse events of concern. So they had 10—just 10 on this form when there were hundreds to thousands that Pfizer notified and found were adverse events that we should be monitoring for.

My patients didn't fit in those categories of those 10, therefore they were rejected. But we now know that even Pfizer themselves acknowledged a wide array of adverse events that my patients certainly would have been fitting into.

Commissioner Massie

Based on your best assessment again, what would you say about the so-called under-reporting factor that, in the States, has been calibrated or has been assessed in the range of 40 to sometimes up to 100. Some people say it's 10-fold. What would be your evaluation on that in your practice in Canada?

Dr. Patrick Phillips

Yeah. I mean, if you look at what happened with me, it shows you what happens when you report adverse events. So, there's a number of things that happen. One, they often get rejected. So you get pushback from public health themselves. The other one is I got reported to the College and I'm being prosecuted for reporting these adverse events. Even if my adverse events were wrong, even if they weren't adverse events, how does it make any sense that it's professional misconduct to report them? People know that. My case is very public. I just use that as an example that doctors know there's consequences.

There are consequences on a number of levels: from public health; from the colleges, their licences at risk for reporting; and within their hospitals as well. So, doctors—besides their maybe internal biases—even if they didn't have those biases, their license is at risk from reporting any adverse events.

Yeah, it's definitely underreported, to answer the question.

Commissioner Drysdale

I have a couple of questions about the CAEFISS system. And some people don't even understand what that system is. Is it fair to say that it's very similar to the VAERS [Vaccine Adverse Event Reporting] System in the United States?

Dr. Patrick Phillips

No. It's the same idea in that it's vaccine adverse event reporting. The VAERS has problems with its transparency, but it is extremely transparent compared to our Canadian system. So you can go on the VAERS, and you can look at those reports. They're just de-identified and you can look at them. Anybody can report to the VAERS system, not just your doctor. You can report it yourself. They verify them to make sure that the lot numbers line up and the patient to make sure that they're genuine. But in Canada, it's completely opaque. Nobody knows who's reporting what. And there's multiple levels of censorship. So the doctor can choose not to report, even if the patient asked him to. Then, even if the doctor does report, it goes to the local public health officer, who is the person tasked with promoting the vaccine and forcing people to get the vaccine, that's their role. So they have a major conflict of interest in investigating adverse events. They have the ability to reject it.

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And then they send it to Public Health Ontario, which has the ability to amass the information and filter even more out. And then they report it to Health Canada.

There are so many layers for things to get censored, covered up. And I can tell you, I got an email as part of disclosure for my charges at the College that the public health officer sent on June 11th to the College, saying that my batch of adverse event, none of them were— My batch of adverse event reports were not submitted to Public Health Ontario. So yeah, none of them as far as I know, made it into the system to be able to be reported in the safety system.

Commissioner Drysdale

Did you know prior to submitting those adverse events reports that they were subject to censor?

Dr. Patrick Phillips

No, I did not know that. I didn't know much about the system. I learned it along the way.

Commissioner Drysdale

Have you had any of your colleagues indicate to you that they were hesitant in reporting to that system, based on your experience?

Dr. Patrick Phillips

Based on my experience, yeah. When people heard what happened to me, then yes, I've heard from some that said they wouldn't report. I'll mention one more thing that really, I found disturbing to me, that influenced myself and some other doctors. And that was: In that letter, and what I found out about that process is, when the public health officer investigates, and they decide something is not an adverse event, they called up each and every one of those patients that I saw, told them it was not an adverse event, and told them that they're required to get their next dose. So that's documented in paper with every single one of them.

That I found very disturbing. What I started to realize is that I'm actually putting my patients in harm's way by reporting, because they're going to be at risk of being gas lit in the sense that they're going to be told that this is not an adverse event, because it doesn't meet the strict criteria, and therefore they should get another dose of something that could have caused them severe harm.

It's malpractice in my mind. If somebody had a reaction to Tylenol, we would put that in their chart and say, "don't take Tylenol." Even if we're wrong about it, you want to be cautious and say, "okay, look, stay away from Tylenol, this caused your arm to go numb, don't take another one." But instead, when I report them, they're getting told to take another and they're told it's not related. And I realized at some point that it's actually harmful to patients to report.

Commissioner Drysdale

Prior to the public health officer essentially making a medical determination with one of your patients, are you aware of— Two parts to the question: First, did the public health officer in any instance actually bring the patient in for examination before making a recommendation to that patient?

Dr. Patrick Phillips

No, they called them up, but there were no physical exams in the documentation that I saw.

Commissioner Drysdale

And do you know anything at all—and this is perhaps a bit of a stretch of a question—but do you know anything at all about the public health officer's clinical experience in treating patients?

Dr. Patrick Phillips

In my area he actually does. He's a part-time family and emergency doctor and then part-time does the public health office. I think in the majority of places that are more populated, it's a full-time job. But in my case, he does have clinical experience.

Commissioner Drysdale

Okay, my last question on this is: Is there any practical suggestions that you might make for the future in order to improve this system, the CAEFFIS system?

Dr. Patrick Phillips

Yeah. There's a number of them. I think we need to follow the VAERS system, where any reports that go into that system need to be available to the public, with removal of identifying information.

There should be a verification process, but it should be more around the details, right? Name, age, date of birth, lot numbers. To make sure it's a genuine report. But then don't censor it or keep it hidden.

There needs to be a division of powers when it comes to investigating adverse events from vaccines and promoting vaccines.

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That's a major conflict of interest for the public health officer to be tasked with those same things. If you're pushing these vaccines on everybody, you're not going to want to see adverse events. You're not going to want to believe that you're pushing something that might be harmful to people, so you're going to be more likely to discount those adverse events. So yeah, I think it needs to be transparent, so they're submitted right away. The public need to be able to submit them as well. If your doctor doesn't want to report it, the patient should be able to report as well.

And we need cut-off criteria. How many deaths are we going to tolerate before we pull something off the market? They pulled off treadmills after four people just got injured, no deaths at all. It's pulled off the market immediately. Breast milk, I think one baby died from baby formula. They pulled it off the market immediately.

At this point, there's tens of thousands of deaths, credible reports of deaths reported to the VAERS system. It's still on the market—not only on the market but being forced on people. It's an atrocity, honestly. But we need that criteria. We need to be, after how many deaths? I would say five. Five credible reports of death, pull something off. We should not be giving this to the public. Maybe even five is too many.

But right now, what's the point in reporting? The criteria are already met. These things are deadly. They're dangerous. They kill people, including my own cousin. Autopsy confirmed. And they're dangerous. The reporting system is useless unless you're going to act on it. We need to have laws in place that, after certain criteria, a product needs to be pulled off the market to protect public safety.

Commissioner Drysdale

Thank you.

Commissioner Kaikkonen

A quick question: is it normal historically for pharmacists to report physicians when they prescribe medications for their patients?

Dr. Patrick Phillips

That's not normal. I've never experienced that before. Pharmacists do have a role to verify things and double check things, right? Because sometimes doctors do make mistakes, and that's legitimate. But in all of those circumstances, they call back the doctor and they ask you to clarify, "Is this what you meant to prescribe? Is this the right dose?" And they'll often catch things. But I've never seen where they go directly— They don't even call you and they directly report a prescription to the College of Physicians. That's new, I think.

It's a snitch culture that's kind of developed over the course of COVID. And it happened not just with the pharmacists for prescriptions for ivermectin, it also happened with vaccine exemptions. So if you filled out an exemption, a good chunk of the exemptions that I filled out were sent to the College from employers as well. So yeah, I think it's a cultural thing that's happened. It was seen in totalitarian regimes like Russia and Germany, and it's part of the totalitarian experience.

Commissioner Kaikkonen

My last question is, if you had to do this all over again, would you do anything different?

Dr. Patrick Phillips

Yeah, I would. There were a few things that I would have done differently. Essentially, no. Like on all these things, reporting adverse events or other things: maybe looking back now, seeing those patients that got called and told to get another shot, maybe I wouldn't have reported them as much. Or I would have stopped earlier. I would have still told the patients, like, "Look, don't get this."

But essentially, no. I think I made the decision according to my conscience at the right time. And I learned so much along the way. Of course, there's always things you would have done differently if you went forward. But as far as providing treatment with ivermectin, providing exemptions to people who are being coerced against their will into gene therapy, for reporting adverse events, and for speaking out to give people the other side of the story: the facts, the scientific facts, the harms, the lockdowns, and other things. I would totally do that again, even knowing I would lose my license.

Commissioner Kaikkonen

Thank you, Dr. Phillips.

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