

# Why don't we have an MP like this?

By **Kathy Gyngell** June 24, 2021



LAST week Derek Sloan, a young and articulate Independent Canadian MP, gave a masterclass in how to get concerns about Covid censorship – of doctors and of scientists and of safety information relating to vaccines – into the public eye.

The Ontario MP has been among the most outspoken of all Canadian politicians, voicing concerns about the way the federal government, provinces and territories have responded to the pandemic – never-ending lockdowns, the curtailing of constitutionally protected rights, the extreme measures taken against Canadian small businesses, basic concerns about informed consent and vaccination, mental health and deferred medical procedures that he says have caused a cascading effect on the country's health system. Unlike any MP in the UK, he has sponsored a petition questioning the safety of vaccines.

The uniting factor, he says, was that none of these stories were being told either in Canada's Parliament or in their national media.

To redress this he held a powerful news conference on Ottawa's Parliament Hill which certainly caught international attention. No wonder. It's a formidable speech telling the unfolding story of suppression and censorship as successive individuals and organisations contacted him.

Our dithering MPs should look and learn to see how it is done – how to stand up for the neglected, voiceless public when no party will. It's high time one grasped the nettle.

Here is Derek Sloan:

And here is a full transcript of the proceedings:

DEREK SLOAN: Greetings, everybody, my name is Derek Sloan, Member of Parliament for Hastings-Lennox and Addington. I will now be joined today by Dr Byram Bridle from University of Guelph, Dr Paul...

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Phillips from Englehart Hospital, and Dr Don Welsh from the University of Western Ontario. These esteemed individuals will share their stories with you shortly, and I hope you have many questions to ask them. But first, I wish to make a brief statement. As many of you will already know, I have been among the most outspoken of all Canadian politicians with my concerns towards the way the federal government, in addition to our provinces and territories, have responded to the pandemic, whether it was never-ending lockdowns, the curtailing of constitutionally protected rights, the extreme measures taken against Canadian small businesses, or basic concerns about informed consent and vaccination, mental health and deferred medical procedures that have caused a cascading effect on our health system. I've consistently stood up for Canadians when no other federal party would. Those of you watching this today may not be aware that several weeks ago I issued a call for whistleblowers to our medical and scientific communities across this country. Doctors, nurses, medical scientists and other experts have indeed reached out to me through various channels to tell me their stories. At times, the information they've provided has been shocking. However, the single uniting factor was that none of their stories were being told either here in Parliament or in our national media. In fact, these individuals are being blocked at many levels from telling their stories. And since Parliament is about speaking the truth and the needs of the people, what more fitting location and fitting time than here on Parliament Hill to do this today?

One of the first whistleblowers to reach out to me was a concerned nurse who has spent over 20 years working in a hospital in my riding of Hastings-Lennox and Addington. For her own protection, I will not name her today. When she reached out to my office, it was to inform me that the local hospital she worked in was experiencing very low numbers of Covid patients. That is, until they took in many patients from Toronto hotspots, which artificially raised the number of Covid patients in our community in a way that was not accurately reflected in the local media reports to the public. It made it look like locally we had a lot more active cases than we truly had.

This type of fearmongering in media reports has been a major issue of concern throughout this pandemic. Even worse, this nurse informed me that many of the sick patients had in fact already been vaccinated. This was not something we were hearing from our local health officials in local media reports. Even worse, this honest and diligent nurse was afraid to say anything publicly because the College of Nurses of Ontario was threatening nurses who spoke out with what they were personally witnessing in their hospitals. Anecdotal stories such as this came in with several front-line medical professionals reaching out to me with each passing day. It gets worse. On the whistleblower file, things drastically changed on April 30th 2021. The College of Physicians and Surgeons of Ontario, known as CPSO, issued a dire statement threatening any doctor who spoke out about what they were witnessing on the front lines of our hospitals, in their own clinics and in our communities. The purpose of governing bodies like the CPSO is to protect the public, not to stifle legitimate scientific inquiry or dissent by professional doctors. But this attempt to intimidate doctors into silence had the opposite effect. My office was inundated with calls of concern.

At the time, we began working very closely with multiple groups of doctors and other concerned medical professionals. These honest and hardworking doctors are fully galvanised against the regressive, authoritarian and other similar governing bodies. I'm going to share a few stories that have been shared with me from medical professionals at the time. And then the doctors here today will share their perspectives.

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The first note surrounds vaccination from an individual who can't share her name due to potential job repercussions. And her words to me are, 'Derek, I am a 30-year-old female citizen of Winnipeg who was recently pressured by healthcare workers and the media to take the Covid vaccine. I was told that the benefits outweigh the risks, but I now realise that I was never informed of any of the potential risks. For days after my first and only Pfizer dose, I was diagnosed with heart inflammation and fluid build-up around my heart. I'm now on anti-inflammatories for three months that have the potential of injuring my only kidney.' And she adds, 'I was born with only one kidney. The media keeps saying that these cases are rare and that they typically happen in young men. But so far,' she says, 'I know three other Winnipeg women who have also developed heart issues post-shot.' And she notes that, 'We are all young, under 35 years old. 'While this is all concerning,' she goes on to say, 'the most concerning part is that we are still being advised by our doctors to get a second dose. At this point, it feels like they are purposefully trying to harm us.'

The second note I received comes from one of our honourable members of the Canadian forces. And again, I received so many notes, I couldn't go over them all, but I picked a few to share today. I want to thank our members of our Canadian forces for courageously doing their job and for this particular member for sharing this note with me. 'Good morning, Mr Sloan,' he says, 'I am a CAF [Canadian Armed Forces] member who fundamentally believes that Canadians are being misled and taken advantage of by our government institutions. I feel it is my obligation to contribute to the betterment of our country and the safety of our citizens.

'As of Friday, my COC [unit] is boasting a 90 per cent vaccination rate within the CAF. This was achieved by the following requirements. Number one: CAF members are required to complete the DLN course before having a vaccination appointment scheduled on their behalf at a mass vaccination clinic on base with staff, other CAF members and PHAC – Public Health Agency of Canada – officials. Number two: all members are required to attend the clinic regardless of their personal wishes to receive the vaccine or not. Upon arrival, members are seated and given a two-page briefing document which summarises the information in the online course. Members are then ushered one by one into cubicles and asked if they wish to receive the vaccine. A PHAC nurse is on site to answer any questions. The member is free to leave after a 15-minute period of observation.

'In my experience,' he goes on to say, 'I felt that both times I went to the clinic that I was being pressured and encouraged to blindly accept the process. On my second visit, which was much more aggressive, I was directed to speak with the Public Health Nurse, who advised me that I was not authorised to obtain the vaccine from civilian sources and that the vaccine was in short supply and that it was just like a flu shot, which would have many follow-up booster shots. I asked the nurse when the vaccine would be licenced in Canada out of interim use authorisation and was stunned when she knew nothing of the actual process.

'I am concerned for my fellow members,' he says. 'I have witnessed my co-workers suffer vaccine injury in the past and I'm sure that the military will cover up the true devastation caused, as it has done before, with suicides. There is talk that the vaccine will be mandatory for all CAF members in November. My solemn plea to you is that this is somehow prevented. I am being told to be leaders and take the vaccine. And if this continues for long before all Canadians will be subject to mandatory vaccination for your time. A scared CAF member.'

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So, I've shared a couple of private notes with you to me from Canadians involving their interactions with health professionals and institutions. As you can see, we should be asking questions about this process. But whenever someone does so they are intimidated or censored by whomever it is that they're reporting to. With that in mind, it became clear that I had to convene a summit today to tell you personally and directly about the censorship several doctors are facing here in the country. And these doctors that are with me today are indicative of many, many more doctors. And I've spoken with dozens and dozens of them personally. And I'm certain there are hundreds of doctors and scientists across this country who are facing extreme pressure and censorship for asking legitimate scientific questions. Many people at high levels across the federal and provincial governments are misleading the public. And the media must now hold these officials accountable for their lack of transparency and honesty on these matters. In these troubling times, I thank you for being here today. And all I can say is, God bless Canada. Thank you so much for being here with me today. Dr Bridle, would you tell us your story here at the front? Thank you.

DR BYRAM BRIDLE: First of all, I'd like to thank MP Derek Sloan for giving me this opportunity to speak here today. Being able to speak openly about my ideas and my experiences is unfortunately an unusual experience. I'd also really like to thank Dr Don Welsh and Dr Patrick Phillips, who are standing shoulder to shoulder with me today. I really appreciate that. And indeed, I know that each of us is representing a huge number of people that are backing us. I'd also like to thank the Canadian public. I'm undergoing a very public smear campaign right now and it's very difficult. But I am receiving hundreds of emails every day from people from all across Canada and also other parts of the world as well, which are very supportive. So I would say for every vicious attack I receive, I'm probably getting about 50 notes of support and encouragement. And that's why I'm here today.

So my name is Byram and I am an Associate Professor of Viral Immunology at the University of Guelph. And since the pandemic was declared, I have been trying to serve as a voice of objective scientific opinion, so that the public can make the most informed decisions for themselves possible, when it comes to issues related to Covid-19. So I didn't have a problem with this. I'm a publicly . . . although I don't . . . I don't like being in front of people all that much, I tend to be more of an introverted individual. However, I am a publicly funded servant, so I'm a public servant. You pay for me, Canadians, from your tax dollars. I work at an academic institution which is publicly funded. And therefore I see it as my responsibility to Canadians that when they have questions, that they can come to me and ask the questions. And if they are pertinent to my areas of expertise, then I feel it's my responsibility to give the most informed answer that I can, so that they can help make informed decisions.

Two weeks ago, I gave an interview. It was a five-minute radio interview. The company that runs the radio show did nothing wrong. The host asked me one question and she did absolutely nothing wrong. She was doing her job. The question she asked me was: if I knew whether or not there could be a possible link between Covid-19 vaccines and cases of heart inflammation that have been reported around the world in young males. In this case, it was 12 young males in Israel. And I've been delving into the literature very deeply because I'm a vaccinologist. My entire research programme is based on **What Rice Does to the Human Body** novel vaccines. My publication record is based on public Gut Solution | Sponsored vaccines. So I have a lot of expertise in this area. And in a large number of collaborators, both within Canada and developed some serious concerns about the current Covid

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felt that I could express concern and that there might be a possible link between this heart inflammation that's occurring and these Covid-19 vaccines.

After I did this interview, five minutes, again, trying to present to a lay audience, it was like a nuclear bomb went off in my world and my life was thrown upside down. And I'm sure my life will never be the same again. So within 24 hours, there was a libellous website that was put up using my domain name. A fake Twitter account was developed to slander me. And I've been undergoing daily attacks, either through email, people attempting to call me and definitely in the social media. And I never had a presence within the social media until recently, when I now have a fake social media presence. This has been very hard on me and my family. For the first . . . I should also mention, I'm experiencing harassment, lots of harassment in the workplace.

Now, with that said, I want to point out I'm from the University of Guelph. The administration of my institution has made it very clear that they are very supportive of me. They honour and respect the basic tenet of academic freedom and freedom of speech. So from my institution, I really appreciate that. But there's colleagues of mine who have been harassing me, both in the social media and in the workplace. It's even gone so far as to have one of the members of the Ontario Covid-19 Science Advisory Committee, they were actually the first ones to post the link to this slanderous website, and they have fanned the flames of this smear campaign quite strongly since then. They even went so far as to release confidential medical information about my parents. This is an egregious act. This is a practising physician. A practising physician should know that they should not be releasing confidential information about people, medical information, in the social realm.

So these are the types of things that I've been experiencing over the past couple of weeks. After three days, I was like a walking zombie. I got about one and a half hours of sleep the first several nights. Then I got it together because of my support network. I've got a couple of colleagues locally at my institution who have stood shoulder to shoulder with me. I'm part of the Canadian Covid Care Alliance. This is a group of individuals. In fact, the reason that we exist is sad: we exist because we're likeminded in the sense that we all want to be able to speak openly and freely about the science and medicine underpinning Covid-19 and we don't feel safe to do it anywhere else other than within our own private group, where we feel safe. Myself and one other member of that group – our group has grown to one hundred members and it's still rapidly growing we're quite new – and only two of us are willing to talk to the media about this group. The others are too afraid for their jobs. They're afraid. They're physicians that are afraid they're going to lose their licence to practise and they're academics and other professionals who are afraid that they are going to lose their jobs.

So, what I'm going to talk about right now is exactly why I've been harassed, okay? And so this science that I'm going to talk about very briefly, I don't have much time, so it's going to be very brief. But if you want more information about this, I've written a comprehensive guide for parents, so that they can make informed decisions about Covid-19 vaccines when it comes to vaccinating their children. This guide you can find at the website for the Canadian Covid Care Alliance. So that is [CanadianCovidCareAlliance.org](https://CanadianCovidCareAlliance.org).

And what happened in this interview, when I was asked if I saw a potential for a link between heart inflammation and vaccines, I said I did. And this is why: what we have learned this from a large body of scientific literature, we

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from reports that were submitted by Pfizer themselves, to regulatory agencies, one in particular to a regulatory agency in Japan.

And what we have learned is . . . I'm very familiar with vaccines and traditional vaccine technology would tell us that when you put a vaccine into the shoulder – and that's where we get vaccinated with the Covid-19 vaccines – traditional vaccine technology tells us the vaccine would stay in the shoulder. And then what'd happen is cells from the immune system would come and pick up the spike protein. All these vaccines get our bodies to manufacture the spike protein, right? So cells in the immune system pick up that spike protein, take it to the local draining lymph node and activate the immune system. That's why often when we get sick or we've been vaccinated, sometimes our lymph nodes swell, because that's where our immune response is happening and our B and T-cells go throughout the body to look for the virus. Okay?

So this was an assumption and I accept that at the . . . early on in the pandemic and when we were first rolling out these vaccines, we've had to largely work based on assumptions. But you know what? The scientific literature has exploded over the last 16 months and we understand so much more. Okay? And so now we're looking at vaccinating children and it's no longer okay to proceed based on assumptions.

And so what we have found is that this assumption about the vaccine remaining in the shoulder does not apply to this novel vaccine technology, it's never been in people before. These messenger RNA vaccines get distributed throughout the whole body. What we have found, in fact, is that as little as 25 per cent of the dose remains in the shoulder and it traffics all over the body.

Also, many of you might have heard of polyethylene glycol, because that is one of the components of the vaccine that sometimes people develop an anaphylactic shock to. Okay? The polyethylene glycol was put in this formulation. A lot of people don't realise, these lipid nanoparticles, these little bubbles of fat that carry this little blueprint that helps our cells make the spike protein, those lipid nanoparticles were actually originally designed to disperse throughout the body. They were designed to be gene therapy vectors and also carry drug cargo, especially into the brain, where it could be used to treat things like Parkinson's disease and Alzheimer's disease and brain cancers. That polyethylene glycol just so that, you know, is designed to help facilitate that spread throughout the body. You've got about five-fold greater spread throughout the body with the polyethylene glycol there. Do you know why? Because when the polyethylene glycol is there, it actually helps the lipid nanoparticles bypass the very cells of our immune system that are supposed to pick up the antigen and take it to our lymph nodes. So arguably, by having that polyethylene glycol there, they're not only promoting spread throughout the body, but we may actually be dampening the very functionality of the vaccine that we want. Okay?

And a lot of this is speculation, of course. But what we do know for sure, what is not speculation, is this vaccine spreads throughout the body. What we also know is that proper studies have not been conducted. Remarkably, this is based on a rat study, a study done in rats, and that's appropriate as a starting point, but that should not be the end point. This should have been done in animal models. And remarkably, it hasn't been done in humans. It hasn't been done at all with the actual vaccine formulation that we're giving our children. It has not . . . that . . . the actual vaccine formulation has not been evaluated. What's been evaluated is the lipid nanoparticle. Not the vaccine itself. Even when it comes to reproductive studies, when the

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reproductive studies were done, only female mice were . . . or female rodents were vaccinated. The males were not.

And also what people don't realise, and there was no evidence of any issues with . . . with fertility, but people don't realise is that these rodents are completely inappropriate models for Covid-19. They don't express the receptor like we do. So, of course, you're going to see safety in a model like that. It's an inappropriate animal model. So what I'm trying to get out to you here is there have . . . there are studies, we were told there would be no shortcuts. There have been shortcuts. Okay?

Now, I can understand when in a panic and when we're trying to deal with something that we felt was extremely dangerous, you know, I can understand, again, moving based on assumptions. But remember, what I'm focusing on here are children and vaccinating healthy children. Mass vaccination of millions of healthy Canadian children demands that the level of safety associated with this, the assessed safety profile, has to be exceptionally high. Right? We've had 13 Canadians under the age of 20 die in 16 months with well over 2,500 dying from other causes, okay? So this is just to put it in perspective. So we really need to focus on the safety here.

And then what I just want to point out is this science is backed up by many scientists and many physicians, including one of the inventors of messenger RNA vaccine technology, Dr Robert Malone. Okay? So this is a genuine concern for children.

And where this leads me to is, by expressing this, my career may very well have been destroyed. And I don't understand that. It's incomprehensible to me that this has happened. Okay? But as Canadians, we have to ask ourselves, do you want your physicians and scientists, their voices suppressed? We're polarised right now. We're polarised in Canada. We have people on both sides. We have to understand we're just as passionate. We feel that we are trying to look after the best interests. We're doing our cost-benefit analysis, for example, in my case with children. And I honestly feel that by proceeding with vaccination right now, without conducting the proper safety tests, we may do more harm than good. I'm passionate about that, but I'm respectful of those who hold the opposite opinion. I would ask for the same for myself and my colleagues. We can't suppress open discussion of science and medicine in Canada. It's the hallmark of a democratic society. Okay?

And one of the other things I want to point out is I'm here representing physicians, scientists, members of the media who feel suppressed and have also been asked to represent some politicians who approached me privately who feel that their jobs are at risk. And MP Derek Sloan can certainly attest to what happens if you speak up too much about, you know, trying to have open discussions. Okay, so I want to end here, but I want to point out that Dr Patrick Phillips is going to be speaking in a few minutes. And I want you to know that he's one physician, but he represents hundreds. All right? I have been contacted by hundreds of physicians who support his viewpoint, and he is going to present with you some things that will allow us to safely pause these vaccines because somebody like Patrick Phillips and his colleagues have effective strategies for preventing and treating Covid-19 that would allow us to pause these vaccines. Okay? So right now, I don't recognise the courage. And I would simply ask all Canadians, please, right? I want us to respect one another again. Thank you very much.

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DR PATRICK PHILLIPS: Thank you very much, Byram, and thank you very much, Derek, for organising this and having us here. I've been told where we're pressed for time, so I will be brief. But I want to . . . I want to bring up my main point, that I'm a family physician. I practise medicine in the town of Englehart, Ontario, primarily in the Emergency Department of Blanche River Health. And I first got into speaking out, seeing the massive harms from these lockdowns on my patients. I've never seen so many suicidal children. I've never seen so many cases of people coming into the Emergency Department for the first time with metastatic cancer and seeing those harms, I made a decision to myself that I knew that I couldn't live with myself if I did not speak out.

And the reason I was afraid to speak out was because there were rumours in the medical community that the College was coming after people who chose to do that. And I've . . . I've had many brave predecessors before me, like Dr Kulvinder Gill, who bravely spoke out anyways. But what happened this spring, on April 30th, the College of Physicians and Surgeons of Ontario came out with a very chilling statement, basically saying that it's the professional responsibility of all physicians not to communicate anti-vaccine, anti-masking, anti-distancing and anti-lockdown statements and/or promoting unsafe, unsupported, unproven treatments for Covid-19. They were very explicit and threatened investigation and discipline for any physicians who express any of the negative aspects of any of these interventions, no matter what the evidence, what the evidence says.

And I have to say, over this last year, I've done a lot of research, looking into the evidence around lockdowns, but especially around treatments. And I want to especially make a point around a few treatments. One of them, for example, is vitamin D, which our Health Minister has named fake news. But I want to emphasise that there's over 85 studies and 27 treatment trials. Many of these are peer-reviewed scientific literature that have shown a 56 percent reduction in mortality in patients who take vitamin D compared to those who don't for Covid-19. But even more so, because that was very early on.

What we've learnt in these last few months is about ivermectin. We have on our hands a very safe treatment that's won a Nobel Prize. Billions of doses have been administered throughout the world, because it's a commonly used anti-parasitic that's over-the-counter in many, many countries around the world. And world-leading scientific and physician researchers, Dr Paul Marik and Dr Pierre Kory have been shouting from the rooftops around this medication, because at this point we have 97 studies and over 30 randomised control trials that have shown a huge benefit to this medication in reducing the risk of death and hospitalisation in patients who have Covid. And not only does this treat patients with Covid, especially when you give it early, but there is also a role – and there's 14 randomised control trials – for prophylaxis, meaning taking this medication for high-risk patients early. It can reduce your chance of catching Covid in the first place, which is especially relevant for long term care homes and for healthcare workers in hospitals.

And at this point, the College of Physicians has launched investigations against many of my colleagues, including myself, threatening to take our licences away for promoting what they call unproven treatments, but what the scientific peer-reviewed literature shows is very well-supported in the science around these treatments. And so I've made a decision to myself likewise to speak out about lockdowns, that I could not live with a patient sitting in front of me who has Covid-19 and they are at high risk of being hospitalised or dying, I can't just sit back knowing what I know, a 75 per cent reduction in mortality.

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my patients. But more so seeing what's happening with the Ontario Science Table, not recommending this medication, even recommending against vitamin D, which I think is unthinkable, because the harm is none, this is a natural substance and they're telling us not to give this to these patients despite mortality benefit.

I know there's something going wrong and I knew I needed to speak out, no matter what the College does to my licence, because at this point, there's bigger things going on than my career. And I thank Byram for bringing that up. But there's something bigger than my medical career at this point, because lives are being lost and . . . and we need to speak out. And so thank you, Derek, for . . . for having me here to get this message out. And I think we're moving on to Dr Welsh.

DR DON WELSH: Thank you. My name's Dr Donald Welsh. I'm a Professor of Physiology at the University of Western Ontario. And like Dr Bridle and Phillips, I'm a public servant and I have the privilege of speaking out and publicly addressing, I think, some concerns. I thought I'd start today by just considering some of the words of Richard Feynman, who was a physicist and Nobel Laureate, whimsically stated the following about science: 'If you don't make mistakes, you're doing it wrong. If you don't correct those mistakes, you're doing it really wrong. And if you can't accept you're mistaken, then you're not doing it at all.' This axiom poignantly frames, where we sit today, 18 months into a respiratory viral response. We have been told by the public health community to follow the science, but that science has been incorrect. And as a society, we are uncomfortable confronting this fact. Instead, we plough forward and we are subjected to obfuscation and misdirection.

No one or no institution can ever proclaim to be an oracle in science, we uncover the truth through debate that is boisterous and sometimes unpleasant. But when reasoning is combined with transparency, science moves society forward in a productive manner. I want to be clear, science has not been functioning properly for the last 15 months as we address Covid-19, our public health community has proclaimed to know science and to provide unassailable solutions. Those solutions, in the forms of NPIs, lockdowns, masks, track and trace and social distancing, perhaps well-intentioned, have largely failed. And they have created a remarkable list of hardships for Canadians that will take this country many years to recover from.

The reason I and Drs Bridle and Phillips are here today is because we want to reclaim what we love about science. In particular, I'm here to support Dr Phillips and Bridle, who have worked hard to reveal what they see as a truth. Their thoughts on patient treatment and vaccination are well considered, backed with published data and informed by government databases. For this, they have been publicly attacked, openly ridiculed, their academic and personal livelihoods have been threatened. This behaviour is unacceptable in Canada and it's antithetical to an open and enlightened society. It is time for all in Canada to engage in critical thinking. To question all aspects of public health response to Covid-19. We need deep engagement, we need thoughtful debate and to turn this public health response around. This public health response hasn't kept up with the facts on the ground. It's time for Canada to right our ship and move forward productively together. This includes, I believe in the end, a full and robust Royal Commission to publicly address the many factors that underlie this public response. Thank you.

DEREK SLOAN: Thank you so much, what moving presentation. I'm stunned. Thank you so much for telling your stories. And we all and I

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personally, I recommit to standing for what is true in this country, whatever the cost. Thank you so much for that. It was so moving. Thank you all for listening to this today. And I hope that is has spread far and wide until we see some sanity in this country once again.

MODERATOR: And we're ready for questions. A quick reminder to reporters, one question and one follow-up. Operator, do we have a first question?

OPERATOR: The first question is Rachel Emmanuel of iPolitics, please proceed, your line is open.

RACHEL EMMANUEL: Good afternoon, thank you for taking our questions. My first question is for Dr Bridle and Dr Phillips, whichever one of you cares to answer, maybe both of you. You've both spoken a lot today about the risks of speaking out against the dominating news on Covid-19 in Canada. But I'm wondering if you've ever experienced or witnessed the type of type of muzzling before for dissenting views on medical treatment in Canada?

DR PATRICK PHILLIPS: I have to say, I've never seen this level of censorship before in Canada. At this point, we have what's basically a completely new technology with these vaccines that are being put out. We have completely new interventions, such as lockdowns, which have never been used before in public health. And the fact that in these new treatments . . . in my experience, physicians are often sceptical of new treatments. I was taught that to be that way in medical school, because many products have been pulled off the market after they were even actually fully approved, which these vaccines are not fully approved. And so I've always been taught in my medical training to be a little bit sceptical, to look at the evidence, look who's funding the evidence and . . . and to look to make sure that we're not jumping the gun on some of these treatments, because often recommendations reverse themselves, such as on aspirin or other interventions. So this level of censorship in forbidding physicians to be able to speak about the harms of these interventions, this mixing of politics and medicine is unprecedented. And I frankly think it's very dangerous. I haven't seen it before.

DR BYRAM BRIDLE: As an academic scientist, I'd like to echo those thoughts. Can I continue? So, I'd like to echo those thoughts as an academic scientist. The underpinning of science is to have open debate. That's a critical quality control mechanism that we have within the scientific field, globally. I mean, if . . . you can't have open scientific debate, it's one of these classical examples, right, of iron sharpens iron, and it's okay to have differing opinions. And when things are new and the literature is emerging, right? I mean, by definition, you're going to have one study that emerges, right, and then you have to look at that with a bit of a grain of salt, right, because it's just one study. And then if you have a second study and it's an opposing opinion, right, then we have to get more weight. But what we do as scientists, therefore . . . debate is not wrong.

There's nothing inherently wrong with holding different opinions. But what we do have to be obligated to do is follow the weight of the science, just like Dr Phillips mentioned when it comes to ivermectin, right? I actually was quite a sceptic about ivermectin, I'll be totally honest. At the beginning of the pandemic, I was a complete sceptic because I developed that something like the vaccines could not be used in Canada without emergency use authorisation if there were good accepted evidence available.

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So I was actually okay with the initial couple of papers that got published, which weren't . . . these were trials that weren't run properly. The control group was . . . these were run in countries where the control group was taking an unknown amount of ivermectin. So essentially we were studying an ivermectin treated group to a group that was treated to an unknown degree with ivermectin. But I was okay with it, because I knew vaccines – and I'm a vaccinologist – wouldn't be acceptable. But as Dr Phillips has mentioned, because I'm developing the vaccines, I've kept a close eye on these therapies. And what I saw was, over time, an avalanche of data in favour of these. And I'm a scientist and I have to follow the science. Okay? So that's what I . . . where I ended up with that conclusion. All right? Is that . . . and so, yes, this kind of suppression is unprecedented. I've never seen it ever before.

RACHEL EMMANUEL: My follow-up question is to MP Derek Sloan. The doctors who speak here today mentioned that not many people in the field are willing or able to stand up because of repercussions like being slandered or losing their jobs. As we all know, you lost your seat in the Conservative Party because of your willingness to speak out and be frank on issues. And you're also one of the few MPs who's been critical of the government's Covid policies. If you lose your seat in the government in the next election, do you think there will still be a voice within the federal government for free speech?

DEREK SLOAN: Well, it's true that the party system has hijacked democracy in the sense that individual MPs are not able to express their opinions. They could, but the . . . the implications of . . . they could and should, but the implications of doing that are . . . are clear to see. And it's very unfortunate. And I hope that the public wakes up and sees what's going on and demands that their local representatives actually represent *them* and not just whatever the leader of whatever party they're involved in wants to say.

MODERATOR: Operator, do we have a next question?

OPERATOR: Thank you, merci. Once again, please press Star 1 if you have a question. There are no further questions registered at this time.

MODERATOR: This concludes the press conference.

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