Messenger RNA Vaccines May Cause Damage to the Cardiovascular System

Transcript of Dr. Bridle interview on *On Point* with Alex Pierson

Alex Pierson: Talking about a lot of science these days! It's coming out as fast and furious. And a lot of people asking a lot of good questions, you know, the vaccines, are they safe for kids? Certainly, there's a big push to get kids as young as 12 the shot as soon as possible, but, but everyone's confident about it, even if you're not an anti-vaxxer, there are a lot of parents who are kind of nervous about putting something into their kids.

And then I read that there have been several dozen cases of heart problems in teens and young adults, which Israel is now looking into. And what they're looking into which they'll release the results of are why mostly males, not all, but around 22 years of age and younger, are getting heart inflammation. So one to four days after getting a shot, they get shortness of breath, fatigue, and some very specific chest pain. It's mild, so no one's gotten really sick or died. But you want to know what you don't know if you're going to put something into your kids.

Let us bring in Dr. Byram Bridle. He's an associate professor of viral immunology at the University of Guelph (Ontario, Canada). Doctor, you've been very, you know, very open on this whole issue. And you know, you're not an anti-vaxxer by any stretch, but what do you think about this inflammation in the heart, and is it an actual threat?

Dr. Bridle: Yeah, thanks for having me on, Alex. Yeah, as you said, I'm very much pro-vaccine, but always making sure that the science is done properly, and that we follow the science carefully before going into public rollout of vaccines. I hope you'll run let me run with this a little bit, Alex. I'll forewarn you and your listeners that the story I'm about to tell is a bit of a scary one. This is cutting-edge science.

There's a couple of key pieces of scientific information that I have become privy to just within the past few days that has made the final link. So we understand now, myself and some key international collaborators, we understand exactly why these problems are happening. And many others

associate these vaccines. And the story is a bit of a scary one. So just to brace you for this, but I'm going to walk you through this. The science that I'm gonna be talking about. I don't have the time here to describe exactly the scientific data. But let me assure you that everything that I'm stating here that I'm gonna state right now is completely backed up by peer-reviewed scientific publications, and well-known and well-respected scientific journals.

I have all of this information in hand, I'm in the process of mildly trying to put it all into a document that I can hopefully circulate widely. So your listeners are going to be the first to hear the public release of this conclusion, and I can vouch for the science. So this is what it is.

The SARS-coronavirus 2 has a spike protein on its surface. That spike protein is what it allows it to infect our bodies. That is why we have been using the spike protein in our vaccines. The vaccines we're using get our cells in our bodies to manufacture that protein. If we can mount an immune response against that protein, in theory, we can prevent this virus from infecting the body. That's the theory behind the vaccine. However, when studying the disease, severe COVID-19, everything that you've just described heart problems, lots of problems with the cardiovascular system, bleeding and clotting is all associated with severe COVID-19.

And looking and doing that research, what has been discovered by the scientific community is the spike protein on its own is almost entirely responsible for the damage to the cardiovascular system if it gets into circulation. Indeed, if you inject the purified spike protein into the blood of research animals, they get all kinds of damage to the cardiovascular system, and it can cross the blood-brain barrier and cause damage to the brain.

Now at first glance, that doesn't seem too concerning because we're injecting these vaccines into the shoulder muscle. The assumption all up until now has been that these vaccines behave like all of our traditional vaccines that they don't go anywhere other than the injection site, so they stay in our shoulder. Some of the protein will go to the local draining lymph node in order to activate the immune system. However, this is where the cutting edge science has come in this and this is where it gets scary.

Through a request for information from the Japanese regulatory agency, myself and several international collaborators have been able to get access to what's called a bio-distribution study. It's the first time ever that scientists have been privy to seeing where these messenger RNA vaccines go after vaccination. In other words, is it a safe assumption that it stays in the shoulder muscle?

The short answer is absolutely not. It's very disconcerting.

The spike protein gets into the blood, circulates through the blood in individuals, over several days post-vaccination. It accumulates once it gets to the blood and accumulates in a number of tissues such as the spleen, the bone marrow, the liver, the adrenal glands. One particular concern for me is

it accumulates at quite high concentrations in the ovaries. And, and then also a publication that was just accepted for a scientific paper just accepted for publication that backs this up, looked at 13 young healthcare workers that had received the Moderna vaccine which is the other messenger-RNA-based vaccine we have in Canada. And they confirm this They found the spike protein in circulation in the blood of 11 of those 13 health care workers that had received the vaccine.

What this means is, so we have known for a long time that the spike protein is a pathogenic protein, it is a toxin, it can cause damage in our body if it gets into circulation. Now, we have clear cut evidence that the vaccines that make our bodies, our muscles or the cells in our in our deltoid muscles, manufacture this protein, that the vaccine itself, plus the protein gets into blood circulation. When in circulation, the spike protein can bind to the receptors that are on our platelets and the cells that line our blood vessels.

When that happens, it can do one of two things. It can either cause platelets to clump, and that can lead to clotting. That's exactly why we've been seeing clotting disorders associated with these vaccines, it can also lead to bleeding. And of course, the heart involved. It's part of a key part of the cardiovascular system. That's why we're seeing heart problems.

The protein can also cross the blood-brain barrier and cause neurological damage. That's why also in the fatal cases of blood clots many times is seen in the brain. And also of concern is there's also evidence of a study – this has not yet been accepted for publication yet, this one – they were trying to show that the antibodies from the vaccine get transferred through breast milk. And the idea was this may be a good thing because it would prefer some passive protection to babies. However, what they found inadvertently was that the vaccines, the messenger RNA vaccines, actually get transferred through the breast milk. So the delivering the vaccine vector itself into infants that are breastfeeding. Also what this note we know spike protein gets into circulation, any proteins in the blood will get concentrated in breast milk. Looking into the adverse event database in the United States, we have found evidence of suckling infants experiencing bleeding disorders in the gastrointestinal tract.

Alex Pierson: So okay, let me pause you there. There are only about 45 seconds left.

Dr. Bridle: Sure, I'll wrap it up this message.

So this has implications for blood donation. Right now Canadian Blood Services are saying that people who have been vaccinated can donate. We don't want the transfer of these pathogenic spike proteins to fragile patients who were being transfused with that blood. This has implications for infants that are suckling. And this has serious implications for people for whom SARS Coronavirus 2 is not a high-risk pathogen, and that includes all of our children.

In short, the conclusion is, we made a big mistake, we didn't realize it

until now, we thought the spike protein was a great target antigen, we never knew the spike protein itself was a toxin and was a pathogenic protein. So by vaccinating people, we are inadvertently inoculating them with a toxin. And some people this gets into circulation. And when that happens in some people, they can cause damage, especially in the cardiovascular system. And I have many other, I don't have time, but many other legitimate questions about the long term safety, therefore, of this vaccine, for example, with it accumulating in the ovaries, one of my questions is, will we be rendering young people infertile, some of them infertile? So I'll stop there. I know it's heavy heading…

Alex Pierson: I'm up against the clock. I need like an hour when I talk to you because you have so much information and of course your one opinion of many, but you know, it's interesting because you have a different look at it. And certainly, the time will tell on this but we'll have you on again because I always get an interesting and different perspective from you. Doctor, thank you.

Dr. Bridle: It was my pleasure. Take care.