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Researcher: 'We Made a Big Mistake' on COVID-19 Vaccine

Analysis by Dr. Joseph Mercola ✔ Fact Checked | March 25, 2023

STORY AT-A-GLANCE

- Canadian immunologist and vaccine researcher Byram Bridle, Ph.D., has gained access to Pfizer's biodistribution study from the Japanese regulatory agency. The research, previously unseen, demonstrates a huge problem with all COVID-19 vaccines
- The assumption that vaccine developers have been working with is that the mRNA in the vaccines would primarily remain in and around the vaccination site. Pfizer's data, however, show the mRNA and subsequent spike protein are widely distributed in the body within hours
- This is a serious problem, as the spike protein is a toxin shown to cause cardiovascular and neurological damage. It also has reproductive toxicity, and Pfizer's biodistribution data show it accumulates in women's ovaries
- Once in your blood circulation, the spike protein binds to platelet receptors and the cells that line your blood vessels. When that happens, it can cause platelets to clump together, resulting in blood clots, and/or cause abnormal bleeding
- Pfizer documents submitted to the European Medicines Agency also show the company failed to follow industry-standard quality management practices during preclinical toxicology studies and that key studies did not meet good laboratory practice standards

From Dr. Joseph Mercola

Since COVID-19 first entered the scene, exchange of ideas has basically been outlawed. By sharing my views and those from various experts throughout the

pandemic on COVID treatments and the experimental COVID jabs, I became a main target of the White House, the political establishment and the global cabal.

Propaganda and pervasive censorship have been deployed to seize control over every part of your life, including your health, finances and food supply. The major media are key players and have been instrumental in creating and fueling fear.

I am republishing this article in its original form so that you can see how the progression unfolded.

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The more we learn about the COVID-19 vaccines, the worse they look. In a recent interview[1] with Alex Pierson (above), Canadian immunologist and vaccine researcher Byram Bridle, Ph.D., dropped a shocking truth bomb that immediately went viral, despite being censored by Google.

It also was featured in a "fact" check by The Poynter Institute's Politifact,[2] which pronounced Bridle's findings as "false" after interviewing Dr. Drew Weissman,[3] a UPenn scientist who is credited with helping to create the technology that enables the COVID mRNA vaccines to work. But, as you can see below, unlike Bridle, Politifact neglected to go beyond interviewing someone with such a huge stake in the vaccine's success.

In 2020, Bridle was awarded a $230,000 government grant for research on COVID vaccine development. As part of that research, he and a team of international scientists requested a Freedom of Information Act (FOIA) access to Pfizer's biodistribution study from the Japanese regulatory agency. The research,[4,5] previously unseen, demonstrates a huge problem with all COVID-19 vaccines.

> *"We made a big mistake,"* Bridle says. *"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."*

This toxin, Bridle notes, can cause cardiovascular damage and infertility — a claim echoed by researchers such as Stephanie Seneff, Ph.D., and Judy Mikovits, Ph.D.,

whom I've interviewed about these issues.

Pfizer Omitted Industry-Standard Safety Studies

What's more, TrialSite News reports[6] that Pfizer documents submitted to the European Medicines Agency [EMA] reveal the company "did not follow industry-standard quality management practices during preclinical toxicology studies … as key studies did not meet good laboratory practice (GLP)."

Neither reproductive toxicity nor genotoxicity (DNA mutation) studies were performed, both of which are considered critical when developing a new drug or vaccine for human use. The problems now surfacing matter greatly, as they significantly alter the risk-benefit analysis underlying the vaccines' emergency use authorization. As reported by TrialSite News:[7]

> *"Recently, there has been speculation regarding potential safety signals associated with COVID-19 mRNA vaccines. Many different unusual, prolonged, or delayed reactions have been reported, and often these are more pronounced after the second shot.*
>
> *Women have reported changes in menstruation after taking mRNA vaccines. Problems with blood clotting (coagulation) — which are also common during COVID-19 disease — are also reported. In the case of the Pfizer COVID mRNA vaccine, these newly revealed documents raise additional questions about both the genotoxicity and reproductive toxicity risks of this product.*
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> *Standard studies designed to assess these risks were not performed in compliance with accepted empirical research standards. Furthermore, in key studies designed to test whether the vaccine remains near the injection site or travels throughout the body, Pfizer did not even use the commercial vaccine (BNT162b2) but instead relied on a 'surrogate' mRNA producing the luciferase protein.*

These new disclosures seem to indicate that the U.S. and other governments are conducting a massive vaccination program with an incompletely characterized experimental vaccine.

It is certainly understandable why the vaccine was rushed into use as an experimental product under emergency use authority, but these new findings suggest that routine quality testing issues were overlooked in the rush to authorize use.

People are now receiving injections with an mRNA gene therapy-based vaccine, which produces the SARS-CoV-2 spike protein in their cells, and the vaccine may be also delivering the mRNA and producing spike protein in unintended organs and tissues (which may include ovaries).”

Toxic Spike Protein Enters Blood Circulation

The assumption that vaccine developers have been working with is that the mRNA in the vaccines (or DNA in the case of Johnson & Johnson and AstraZeneca’s vaccines) would primarily remain in and around the vaccination site, i.e., your deltoid muscle, with a small amount draining into local lymph nodes.[8]

Pfizer’s data, however, show this isn’t the case at all. Using mRNA programmed to produce luciferase protein, as well as mRNA tagged with a radioactive label, Pfizer showed that the majority of the mRNA initially remain near the injection site, but within hours become widely distributed within the body.[9]

> **“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. ~ Dr. Byram Bridle”**

The mRNA enters your bloodstream and accumulates in a variety of organs, primarily your spleen, bone marrow, liver, adrenal glands and, in women, the ovaries. The spike protein also travel to your heart, brain and lungs, where bleeding and or **blood clots** can occur as a result, and is expelled in breast milk.

This is a problem, because rather than instructing your muscle cells to produce the spike protein (the antigen that triggers antibody production), spike protein is actually being produced inside your blood vessel walls and various organs, where it can do a great deal of damage.

> *"It's the first time ever scientists have been privy to seeing where these messenger RNA [mRNA] vaccines go after vaccination,"* Bridle told Pierson.[10]
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> *"Is it a safe assumption that it stays in the shoulder muscle? The short answer is: absolutely not. It's very disconcerting … 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 … The spike protein on its own is almost entirely responsible for the damage to the cardiovascular system, if it gets into circulation."*

The Spike Protein Is the Problem

Indeed, for many months, we've known that the worst symptoms of severe COVID-19, blood clotting problems in particular, are caused by the spike protein of the virus. As such, it seemed really risky to instruct the body's cells to produce the very thing that causes severe problems.

Bridle cites research showing that laboratory animals injected with purified spike protein from SARS-CoV-2 straight into their bloodstream developed cardiovascular problems and brain damage.

Assuming that the spike protein would not enter into the circulatory system was a "grave mistake," according to Bridle, who calls the Japanese data "clear-cut evidence" that the

vaccine, and the spike protein produced by it, enters your bloodstream and accumulates in vital organs. Bridle also cites recent research showing the spike protein remained in the bloodstream of humans for 29 days.

Once in your blood circulation, the spike protein binds to platelet receptors and the cells that line your blood vessels. As explained by Bridle, when that happens, one of several things can occur:

1. It can cause platelets to clump together — Platelets, aka thrombocytes, are specialized cells in your blood that stop bleeding. When there's blood vessel damage, they clump together to form a blood clot. This is why we've been seeing clotting disorders associated with both COVID-19 and the vaccines
2. It can cause abnormal bleeding
3. In your heart, it can cause heart problems
4. In your brain, it can cause neurological damage

Importantly, people who have been vaccinated against COVID-19 absolutely should not donate blood, seeing how the vaccine and the spike protein are both transferred. In fragile patients receiving the blood, the damage could be lethal.

Breastfeeding women also need to know that both the vaccine and the spike protein are being expelled in breast milk, and this could be lethal for their babies. You are not transferring antibodies. You are transferring the vaccine itself, as well as the spike protein, which could result in bleeding and/or blood clots in your child. All of this also suggests that for individuals who are at low risk for COVID-19, children and teens in particular, the risks of these vaccines far outweigh the benefits.

The Spike Protein and Blood Clotting

In related news, Dr. Malcolm Kendrick posted an article[11] on his website June 3, 2021, in which he discusses the links between the SARS-CoV-2 spike protein and vasculitis, a

medical term referring to inflammation ("itis") in your vascular system, which is made up of your heart and blood vessels.

There are many different types of vasculitis, including Kawasaki's disease, antiphospholipid syndrome, rheumatoid arthritis, scleroderma and Sjogren's disease. According to Kendrick, all of them have two things in common:[12]

1. Your body for some reason starts to attack the lining of your blood vessels, thereby causing damage and inflammation — The "why" can differ from one case to another, but in all cases, your immune system identifies something foreign in the lining of the blood vessel, causing it to attack. The attack causes damage to the lining, which results in inflammation.

   Blood clots are a common result, and can occur either because the platelets clump together in response to the vessel wall damage, or because your anticlotting mechanism has been compromised. Your most powerful anticlotting system is your glycocalyx, the protective layer of glycoproteins that lines your blood vessels.

   Among many other things, the glycocalyx contains a wide variety of anticoagulant factors, including tissue factor inhibitor, protein C, nitric oxide and antithrombin. It also modulates the adhesion of platelets to the endothelium. When blood clots completely block a blood vessel, you end up with a stroke or a heart attack.

   A reduction in platelet count, known as thrombocytopenia, is a reliable sign that blood clots are forming in your system, as the platelets are being used up in the process. Thrombocytopenia is a commonly-reported side effect of COVID-19 vaccines, as are blood clots, strokes and lethal heart attacks — all of which are pointing toward spike proteins causing vascular damage.

2. They significantly increase your risk of death, in some cases raising mortality by 50 times compared to people who do not have these conditions.

The take-home message Kendrick delivers is that "If you damage the lining of blood vessel walls, blood clots are far more likely to form. Very often, the damage is caused by

the immune system going on the attack, damaging blood vessel walls, and removing several of the anti-clotting mechanisms." The end result can be lethal, and this chain of events is exactly what these COVID-19 vaccines are setting into motion.

SARS-CoV-2 Spike Protein May Damage Mitochondrial Function

Other research suggests the **SARS-CoV-2 spike protein** can have a serious impact on your mitochondrial function, which is imperative for good health, innate immunity and disease prevention of all kinds.

When the spike protein interacts with the ACE2 receptor, it can disrupt mitochondrial signaling, thereby inducing the production of reactive oxygen species and oxidative stress. If the damage is serious enough, uncontrolled cell death can occur, which in turn leaks mitochondrial DNA (mtDNA) into your bloodstream.[13]

Aside from being detected in cases involving acute tissue injury, heart attack and sepsis, freely circulating mtDNA has also been shown to contribute to a number of chronic diseases, including systemic inflammatory response syndrome or SIRS, heart disease, liver failure, HIV infection, rheumatoid arthritis and certain cancers.[14] As explained in "COVID-19: A Mitochondrial Perspective":[15]

> *"Apart from its role in energy production, mitochondria are crucial for … innate immunity, reactive oxygen species (ROS) generation, and apoptosis; all of these are important in COVID-19 pathogenesis. Dysfunctional mitochondria predispose to oxidative stress and loss of cellular function and vitality. In addition, mitochondrial damage leads to … inappropriate and persistent inflammation.*
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> *SARS coronavirus 2 (SARS-CoV-2) … enters cell by attaching to angiotensin converting enzyme 2 (ACE2) receptors on cell surface … Following infection, there is internalization and downregulation of ACE2 receptors.*
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> *At vascular endothelium, ACE2 performs conversion of angiotensin II to angiotensin (1–7). Thus, a low ACE2 activity subsequent to SARS-CoV-2*

infection leads to imbalance in renin-angiotensin system with relative excess of angiotensin II.

Angiotensin II through binding to its type 1 receptors exerts pro-inflammatory, vasoconstrictive, and prothrombotic effects, while angiotensin (1–7) has opposing effects … In addition, angiotensin II increases cytoplasmic and mitochondrial ROS generation leading to oxidative stress.

Increased oxidative stress may lead to endothelial dysfunction and aggravate systemic and local inflammation, thus contributing to acute lung injury, cytokine storm, and thrombosis seen in severe COVID-19 illness …

A recent algorithm showed that majority of SARS-CoV-2 genomic and structural RNAs are targeted for mitochondrial matrix. Thus it appears that SARS-CoV-2 hijacks mitochondrial machinery for its own benefit, including DMV biogenesis. Manipulation of mitochondria by virus may lead to mitochondrial dysfunction and increased oxidative stress ultimately leading to loss of mitochondrial integrity and cell death …

Mitochondrial fission enables removal of the damaged portion of a mitochondrion to be cleared by mitophagy (a special form of autophagy). Metabolomic studies suggest that SARS-CoV-2 inhibits mitophagy. Thus, there is accumulation of damaged and dysfunctional mitochondria. This not only leads to impaired MAVS [mitochondrial antiviral signaling] response but also aggravates inflammation and cell death."

The author, Pankaj Prasun, points out that the virus' impact on mitochondria helps explain why COVID-19 is so much deadlier for older people, the obese, and those with diabetes, high blood pressure and heart disease.

All of these risk factors have something in common: They're all associated with mitochondrial dysfunction. If your mitochondria are already dysfunctional, the SARS-CoV-2 virus can more easily knock out more mitochondria, resulting in severe illness and death.

The Spike Protein Is a Bioweapon

In my interview with Seneff and Mikovits (see earlier hyperlink), they both stressed that the key danger — both in COVID-19 and with the vaccines — is the spike protein itself. However, while the spike protein found in the virus is bad, the spike protein your body produces in response to the vaccine is far worse. Why?

Because the synthetic mRNA in the vaccine has been programmed to instruct your cells to produce an unnatural, genetically engineered spike protein. Specific alterations make it far more toxic than that found on the virus itself. Mikovits goes so far as to call the spike protein a bioweapon, as it is a disease-causing agent that demolishes innate immunity and exhausts your natural killer (NK) cells' ability to determine which cells are infected and which aren't.

In short, when you get the COVID-19 vaccine, you are being injected with an agent that instructs your body to produce the bioweapon in its own cells. This is about as diabolical as it gets.

In her paper, "**Worse Than The Disease: Reviewing Some Possible Unintended Consequences of mRNA Vaccines Against COVID-19**," published in the International Journal of Vaccine Theory, Practice and Research in collaboration with Dr. Greg Nigh,[16] Seneff explains why the unnatural spike protein is so problematic.

In summary, normally, the spike protein on a virus will collapse on itself and fall into the cell once it attaches to the ACE2 receptor. The vaccine-induced spike protein does not do this. Instead it stays open and remains attached to the ACE2 receptor, thereby disabling it and causing a host of problems that lead to heart, lung and immune impairment.

What's more, because the RNA code has been enriched with extra guanines (Gs) and cytosines (Cs), and configured as if it's a human messenger RNA molecule ready to make protein by adding a polyA tail, the spike protein's RNA sequence in the vaccine looks as if it is part bacteria,[17] part human[18] and part viral at the same time.

There's also evidence suggesting the SARS-CoV-2 spike protein may be a prion, which is yet another piece of really bad news, particularly as it pertains to vaccine-induced spike protein. Prions are membrane proteins and when they misfold, they form crystals in the cytoplasm resulting in prion disease.

Since the mRNA in the vaccines has been modified to spew out very high amounts of spike protein (far greater than that of the actual virus), the risk of excessive buildup in the cytoplasm is high. And, since the spike protein doesn't enter into the membrane of the cell, there's a high risk that it can become problematic if indeed it works like a prion.

Remember, the research cited by Bridle at the beginning of this article found the spike protein accumulates in the spleen, among other places. Parkinson's disease is a prion disease that has been traced back to prions originating in the spleen, that then travel up to the brain via the vagus nerve. In the same way, it's quite possible COVID-19 vaccines may promote Parkinson's and other human prion diseases such as Alzheimer's.

What Are the Solutions?

While all of this is highly problematic, there is help. As noted by Mikovits, remedies to the maladies that might develop post-vaccination include:

Hydroxychloroquine and ivermectin treatments. Ivermectin appears particularly promising as it actually binds to the spike protein. Please listen to the interview that Bret Weinstein did with Dr. Pierre Kory,[19] one of Dr. Paul Marik's collaborators
Low-dose antiretroviral therapy to reeducate your immune system
Low-dose interferons such as Paximune, developed by interferon researcher Dr. Joe Cummins, to stimulate your immune system
Peptide T (an HIV entry inhibitor derived from the HIV envelope protein gp120; it blocks binding and infection of viruses that use the CCR5 receptor to infect cells)

Cannabis, to strengthen Type I interferon pathways
Dimethylglycine or betaine (trimethylglycine) to enhance methylation, thereby suppressing latent viruses
Silymarin or milk thistle to help cleanse your liver

From my perspective, I believe the best thing you can do is to build your innate immune system. To do that, you need to become metabolically flexible and optimize your diet. You'll also want to make sure your vitamin D level is optimized to between 60 ng/mL and 80 ng/mL (100 nmol/L to 150 nmol/L), ideally through sensible sun exposure. Sunlight also has other benefits besides making vitamin D.

Use time-restricted eating and eat all your meals for the day within a six- to eight-hour window. Avoid all vegetable oils and processed foods. Focus on certified-organic foods to minimize your **glyphosate exposure**, and include plenty of sulfur-rich foods to keep your mitochondria and lysosomes healthy. Both are important for the clearing of cellular debris, including these spike proteins. You can also boost your sulfate by taking Epsom salt baths.

To combat the toxicity of the spike protein, you'll want to optimize autophagy, which may help digest and remove the spike proteins. Time-restricted eating will upregulate autophagy, while sauna therapy, which upregulates heat shock proteins, will help refold misfolded proteins and also tag damaged proteins and target them for removal. It is important that your sauna is hot enough (around 170 degrees Fahrenheit) and does not have high magnetic or electric fields.

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