# Doctor Jonathan Engler — Transcript

My name is Doctor Jonathan Engler, I am Co chair of the HART group along with Claire Craig and I also sit on the exec committee of an international group of scientists called PANDA.

I started off life in clinical medicine, worked as a doctor for a few years before moving into the pharmaceutical industry. I had a job as a medical advisor designing, analysing and reporting on clinical trials to regulatory standards. My colleague at that company and I, we set up a company involved in clinical trial management, which we sold after a decade, following which I actually retrained, became a barrister a short period of time before reentering the business world in the healthcare sector. Since 2020, though, I've been heavily involved in analysing and reporting on the response of governments to what they've called the COVID pandemic.

Everybody's been betrayed basically. You can look at the whole thing as a tragedy in three acts of betrayal. I mean, clinical trial participants have been betrayed. The public has been betrayed by the regulators, and then the injured are being betrayed by the system. The trial participants have been betrayed. And they went into these trials ostensibly to help other people. And in many cases, they've been abandoned.

To take one example, an American preschool teacher, she was 41, Brianne Dressen, on the day she had the AstraZeneca vaccine in the trial, she became doubly incontinent and yet her symptoms were dismissed as anxiety related. AstraZeneca. They're meant to follow up these patients long term, but basically they stopped contacting her after about 60 days. During that she was actually fighting for her life in hospital. In June 21, she was actually diagnosed with neurological injury following the vaccine and she remains sick to this day.

There are just numerous stories like this. The actual trial designs themselves used to register these products were deeply flawed in many ways.

There's a whole list of problems with the clinical trials. These examples are specific to the Pfizer trial. We call it the Pfizer trial, although it's actually a product made by a company called Biontech, which is a German company. Everybody says it's the Pfizer trial because it was manufactured then sold under, licenced by Pfizer, but the product is actually Biontech's.

So although these issues apply to that particular drug, there are overlapping issues. Many of them are the same with all the vaccines.

The trial wasn't actually double-blind. A lot of people say that the Pfizer phase three trial was a double bind placebo-controlled trial, but it wasn't at all. It was actually what they call observer blinded so that everybody at the site knew which drug each patient was receiving. Because the way it was designed was they had to draw up the vaccine from the vial and they were told when they entered the patient, they received an instruction they'll give this patient active and give this patient placebo. And that was what was drawn up.

And it's got quite profound implications that the site know which patient is on which drug because it creates bias. So when the patient comes along and says I've got some symptoms, whether or not that person is going to be sent for testing because they've potentially got the target disease, in this case COVID or not, will be influenced by the knowledge of whether or not the patient received the active or placebo.

And the same is true for the assessment of any adverse events, whether they're related to the drug or not. It could be highly biased by whether or not the site know which drug the patient is receiving.

You have to look at what the trial was actually measuring, what the so-called clinical end point was. And in this trial they basically they were saying the clinical end point was a symptom of infection and a positive test. The question really is what is the relevance of that in the real world? So what if people get a positive test for something and some mild symptoms? You've got to remember in the trial, virtually everybody who was said to be a COVID case basically had a cold.

It seems remarkable to me that nobody has questioned the extrapolation of that claim, which is that reduces basically cold like symptoms, to this is going to protect everybody from transmitting a disease and it's going to protect the elderly and vulnerable from harm and so therefore we need to inject everybody as soon as possible. It seems to me completely crazy that the extrapolation was made.

Other point about the way the trial results have been interpreted is this issue of relative and absolute risk reduction. The headline figure of 95% reduction is incredibly misleading. It's based on 162 cases in the placebo group versus 8 in the active group. Indeed, that is a 95% reduction.

But what that doesn't tell you is what the actual risk reduction for an individual was. You've got to bear in mind that that 162 is out of over 20,000 participants in each group. So the actual risk to an individual was less than 1%, and it reduced it from a little less than 1% down to a little more than 0.

What do you say to somebody? Well actually your risk was reduced by less than 1% of having a cold or flu like symptoms, it starts to put into context how exaggerated the benefits from these products have been.

A way that some people like to describe the benefits of drugs is in terms of a number needed to treat. So you can say that for these products you would need to treat just over 100 people to reduce the number of people who get cold like symptoms with a positive PCR test by 1. And when you put it like that, it doesn't sound anywhere near as impressive as saying these products are 95% effective.

But I should also point out that it's long been assumed to be bad practise to only refer to relative risk reduction, ie the 95% number, without giving people a sense of what the absolute benefits to them might be.

I think the media was incredibly important both in terms of pushing the government messaging and also suppressing any reporting of any adverse effects. Whenever anybody died in 2020, if they had a positive test, they died of COVID. Even if they fell off a ladder or in a car accident, these were COVID deaths. How can somebody falling off a ladder be a COVID death?

Somebody say, oh, well, you don't know, maybe it affected their brain. And yet when it came to deaths being reported after the vaccine, the media would strain to find other explanations. So say, oh, you never heard of anybody dying suddenly before, You never heard of anybody getting myocarditis before.

You know, every single death after the vaccine would be assumed to be something else. And there would be an incredibly high standard of proof needed to convince anybody who was related to the vaccine. And that was completely the opposite policy to the 2020 policy of attribution of death to COVID.

This is the the first time in history that an infectious disease has been diagnosed by one single molecular test in this way. Throughout history, doctors have been taught to treat symptoms and to assess the patient as a whole and see how ill or unwell they are, what their signs and symptoms are, and that the test results from the lab are basically an adjunct to a proper clinical assessment of a patient. During the COVID era, basically, if you had a positive test, you were a COVID case even if you had no symptoms.

In fact, it was said once that having no symptoms was a symptom of COVID, which is peak insanity in my view.

We shouldn't necessarily trust the data or take it at face value. There are quite a lot of red flags in respect of the trial data. The PCR tests, which can be easily manipulated by changing the so-called cycle threshold, which is the amount of replication of the genetic material before it calls the test as positive. All the tests were returned to a central lab under the control of Pfizer in the case of the Pfizer trial. And so far the raw data reads from those tests haven't been revealed. But even if that data were trustworthy and even if there was a 95% reduction in the number of cold like symptoms plus a positive test, it's worth pointing out that the analysis being focused purely on COVID, misses any what we call off target effects.

So it's no good reducing the incidence of your target disease if you then increase the incidence of other things. And that's why in general terms regulators have in the past said, well, what we want to do is we want all 'cause mortality analyses and all cause symptom analyses and on and all cause basis the these products fail to reduce mortality for example. So the active versus placebo analysis is tending towards actually increased mortality in the active

vaccinated group compared to the placebo group. And that obviously is completely the opposite of what people think that they're getting from these products.

I want to start off by the example of Stephen Wright, staff member at Great Ormond St Hospital. And so he was first in the queue to get his vaccine in January 21. Unfortunately, he suffered from a catastrophic brain haemorrhage associated with thrombocytopenia, which is low platelet counts. He left a widow and two fatherless sons. A huge tragedy.

It took a long time though for the MHRA to take proper action. In November 2021, the MHRA acknowledged that there have been over 70 fatalities with the same condition in the 1st 10 months of use, which works out actually at about 1 every four days. In April they had estimated the incidence of the condition to be 4 per million, and by February 22, they were then saying it was actually 15 per million. But even at that point they were saying that we need to investigate this further, decide if it's related to the vaccine. That was in February 22.

Meanwhile winding back in time, it's astonishing to note that in March 2021, which is a year before just about the Danish regulators had already suspended use of the vaccine and already described the relationship between the vaccine and the condition as causal. And to quote, they said nothing but the vaccine can explain why these individuals have had this immune response.

Our regulator has been way behind the curve in investigating potential safety concerns with these products.

There were many deaths from this condition between, you know, the time when, for example, the Danish regulator had suspended it and the time when the UK regulator suspended it. Well, actually, and I say suspended because it's never actually officially suspended because the AstraZeneca vaccine, they just stopped giving it. So it was never officially taken off the list, which I think is a notable point in itself.

The problems with the trials, they will have been aware of all those and it's pretty scandalous that they never dug into any of those issues to buy issues..

Basically how distributed throughout the body a drug becomes. And at all times the regulators and our government have basically told people, don't worry, the injection gets broken down in the arm and it has no systemic effects. But of course this is completely nonsensical because the actual platform itself was developed to carry cancer drugs around the body to the target organs and so it's designed to go through membranes.

There was already preclinical data in rats which showed that when this product is injected, and I'm here talking by the way about the mRNA product, when the product was injected, it becomes distributed around the whole body. The adverse events coming in to the yellow card system across a wide range of organ systems, including a huge number of cardiovascular events.

It's completely incompatible with anything other than distribution throughout the body of the product. And of course, the fact that the product is distributed throughout the body, it has incredibly profound implications for what safety testing, what preclinical studies would need to be done for this product. So ordinarily a new drug, anything that might be, any target organ that might be affected by the product, you'd need specific studies to disprove the hypothesis that it might be harmful.

And yet these products, because of the word vaccine was slapped over them, they were given a free pass from much of the normal preclinical studies that would be required and I think that is a major, major scandal.

There was a study done in rats which the regulators would have been aware of, which showed widespread distribution. It actually was obtained through an action in the US. You've probably heard the phrase "the Pfizer documents". And what's really meant by that is that there was a group of independent scientists and doctors in the States who wanted to see the information used by the FDA, which formed the basis of their emergency approval of the product. And if you recall this going back a few years, the FDA wanted this to be buried for 75 years and it took action in court to prize this information out of the FDA.

And one of the early documents that came out through that process was the report of the biodistribution in rats. And it's pretty clear that the regulators would have had sight of that. So at the time they were telling people that the

product was broken down in the arm entirely and had no systemic effects, they would have known that it was being widely distributed in rats at least and that should raise the suspicion and the likelihood that the product would become distributed in humans too.

It was basically being distributed to every organ system, but most worryingly to the ovaries and testes, which obviously is a major concern. Particularly the way the product works is it makes the body's cells that take up the product, it makes this foreign protein called spike protein, though it probably makes a lot of other proteins as well. And the body then reacts to the expression of those foreign proteins by attacking and destroying those cells which it recognises as foreign. This is why we are seeing a major problem with inflammatory and autoimmune conditions as a result of these products.

Naming is everything really with these new products. The word vaccine made people think that these were just like all the previous vaccines they had, maybe like the flu shots that many people have had for years. The word vaccine also meant that the regulators would allow the manufacturers to skip many steps, which would ordinarily be required for any other drug. So there are lots of preclinical testing that that wouldn't be required. And that was simply because of the word vaccine.

The point about the word is that it suggests something that is locally broken down and that only affects the immune system. But the fact is that both Moderna and Pfizer in their regulatory submissions for financial purposes that they have to make to the US Stock Exchange, they call these gene therapies or they were certainly during the relevant time. In the reports they said statements like we don't know if the regulators will class these as vaccines or if they will class them as gene therapies. And that is a relevant risk for people investing in these companies. So they weren't even sure whether these vaccines, and yet apparently the regulators were happy to accept them as vaccines.

Most regulatory authorities have a truncated pathway for products that they call vaccines. But of course, that was when vaccines consisted of a relatively narrow number of technologies, many of which have been around for quite a few decades.

It's completely scandalous that you take a brand new product that was developed to treat cancer and you change the antigen you're expressing, but you have the same basic platform, and then you just change its name to vaccine, and suddenly it becomes functionally a vaccine. It's completely nonsensical.

When they talk about Process 1, they mean relatively small scale manufacturer and that's what they use to make the clinical trial material. Process 2 is a different type of manufacturing process altogether because you need to scale up and use different technology and that's what was used to make the product that went into millions of arms. Normally when you change manufacturing system, the regulators require you to show that the product made by the changed system is identical to the product which you got registration on.

In this particular instance, the Process 2 product was actually only ever tested on 250 people in the original trial. So 250 out of the 20 odd thousand only received the Process 2 product. Now the regulators did require Pfizer to show that the product made in the bigger scaled up process was actually the same in all material regards the same as the product made which nearly all the patients received the process product. But that data was never forthcoming. They never did any proper equivalent studies. In the end, the regulator just said we won't require them to show that anymore because we've now given billions of doses and we've proven it safe.

And of course that is ridiculous because there is a phrase used, particularly with what are termed biologics, ie products which work through complex biology. The phrase used is that the process is the product, and for them not to have shown that the process is equivalent is pretty scandalous. Not to say that I think that the product made using process one was safe and effective, but it is evidence of more regulatory failure.

And of course, since the products have been rolled out, a multitude of problems related to the complex biology of the manufacturing process have come to light. For example, the issue of DNA contamination in the final product, which laboratories around the world are now finding. And this has obviously completely unknown biological effects.

A lot of people say, and it's incorrect, that they can't sue these manufacturers, that the manufacturers have immunity from being sued, and that's actually not true. In the UK the manufacturers have what's called an indemnity built into

the contracts with the government, which means that people can still sue manufacturers, but the government pays the legal bills and pays any damages. So basically it's part of the contract. The government has agreed to indemnify the manufacturers and effectively hold them harmless for any harms caused by products, which is extraordinary enough that that exists but in terms of whether people can legally issue claims against manufacturers yes they can.

That's kind of where the good news ends because the bad news is that these claims are very very difficult to get off the ground is because solicitors a lot of them are unwilling to enter the fray for political reasons they'll be regarded as anti-vaxxers and so on. But more specifically they know that the chances of success are quite low because the courts are generally against these kind of claims. And because they know the chances of success are low, they're unwilling to lay out all the costs associated with running these cases, which they would have to do because these cases can only really be afforded by people under no win no fee structures. And under those kind of structures, the solicitors firms have to lay out for their own work and also the expert fees required to pursue these claims.

And on the subject of experts, there's also an unwillingness on the part of the mainstream experts to speak against these products and that's another problem in relation to pursuing these claims.

It's also the fact that individual judges have at various times over the last few years refused to go against the government mainstream narrative. So to ask them to basically declare products as defective is quite difficult when you bear in mind that they couldn't even bring themselves to to find that lockdowns were harmful to society. It's a stretch for them to find in favour of the victims in these kind of cases.

So everything is basically stacked up against the victims. The other thing that's stacked up against them is limitation. And limitation basically says that in the UK, personal injury claims have to be issued within three years, and we're coming up against or even beyond three years since people were injured in many cases.

There are some ways around that rule in that it can be argued that people weren't aware that they had a claim until sometime later, and the clock only starts ticking when they are actually aware that they have a claim. But even so, limitation is the major issue in relation to many of these claims.

To be successful in the claim, you have to show that it's more likely than not that your injury was caused by the product and in relation to these products the problem is that a lot of the injuries are slow burn in the sense that they are related to autoimmune or inflammatory conditions induced by the injection. So they occur gradually, worsening over a period of months or even years. And this makes it quite difficult for experts to say that is definitely linked to the vaccine.

So take for example the narcolepsy cases after the swine flu vaccine. These were very definitely unusual conditions that happened in close proximity to the injection. And whilst there are some vaccine injuries in relation to the COVID products which happened soon after, a lot of them happened months or even years after the injection. And it's going to be very difficult to prove that these were caused by the vaccine, particularly as the conditions being talked about are suffered by people who haven't received these products as well. It's just that they're suffered at an increasing rate.

As ever, it's political pressure, really. At the moment the taxpayer is basically on the hook for costs of defending claims and the cost of meeting any compensation. It's only when the government realises that there is political capital to be gained by transferring that liability from the taxpayer to the companies themselves, to the manufacturers, that things might change. I think if there's enough political pressure on the government they might see that as an attractive opportunity.

And they can of course, in our country they can make laws, repeal laws, amend laws as Parliament sees fit and so they could easily extend the limitation period, they could easily go to the manufacturers and say it's a condition of continuing operating and us buying products from you that you set up proper schemes of compensation. So it's basically, as always, it's all about politics.