Doctor Dean Patterson — Transcript

Will Jones (Interviewer) Doctor Dean Patterson is a consultant cardiologist and a fellow of the Royal College of Physicians.

Dean Patterson. I'm a consultant cardiologist and I'm a general physician. I've been working in the small island of Guernsey for 18 years this year.

This is a perspective that I'm going to present which is very much from my own point of view. And what we're trying to do is document some of the events that have happened and to shine a light on people that have been harmed from the COVID-19 vaccine.

So the COVID-19 vaccine technology as we know it is quite new. It certainly is novel. When you analyse them down to their nuts and bolts, they are pro drugs. Because unlike traditional vaccines, they do produce a secondary product which has a distribution in the body which needs to be accounted for.

We don't actually have any data. The important thing is that when you talk of what's called biodistribution, which is an important thing when we're dealing with new drugs and new entities, you need to know where the drug goes in the body. We don't have that data.

So the different components, you have mRNA itself, you have the lipid nanoparticle, and you have issues with contaminants that are present through the manufacturing process. It's important that we know where these entities go, and how long they hang around and what are their downstream consequences because you have a chemical half life, how long is it in the body? And then you have a metabolic biological effect, which is how long is their action.

So when you're looking at the rationale for these things, we wanted to define the toxicity of these agents and workout the safety and therefore to appropriately dose individuals. On the back of that we also need to know about the individual patient factors which predispose certain patients to some of the side effects from some of the things like the lipid nanoparticle, mRNA technology, as well as the contaminants.

So what we have learned over the past few years is that there is significant effect when you wrap contaminants with lipid nanoparticle, you get changes in the ionic balance. So it's called Zeta potential and this can actually affect the core thickness of the agent when it's injected.

We have plasmids which are the core technology when you are up ramping and growing the vaccines in huge numbers. If you don't get rid of that when you purifying it, these can actually cause issues as well when they're wrapped in the lipid nanoparticle because it allows the plasma to enter into the cytoplasm and potentially cause harm.

The same thing goes for the DNA fragments. And then within that there is issues that have been identified with something called SV40 promoter and the effects of the technology on something called P53, which is a tumour suppressor, part of the human genetic makeup. So we are seeing some signals coming through about malignancy induction.

But essentially when I think back as to why I started to be concerned about the potential effects of toxicity, it was a patient who developed something called thrombotic endocarditis, a type of presentation where you get small blood clots forming on the valve inside the heart. It's quite a rare condition. It's something that I became increasingly aware of. We call it – another word is – culture-negative endocarditis.

So when you look at this slide, what it's talking about is what is the heart of the matter. How can we tie together some of these cardiovascular and systemic effects in different organs when an agent is deemed to be toxic. And indeed in the tabular format on this slide, this is actually from the FDA list of side effects of special interest, which were known about in October 2020.

So when you have an agent that can cause disruption to what the lining of the blood vessels is called, which is the endothelium. This is present along the valve tissue inside the left ventricle and throughout the heart, but also throughout all blood vessels throughout the body there is an endothelial lining.

And when you get disruption to this through any inflammatory process, you can get thrombosis. And we know the spike protein causes endothelial disruptions. So that's really important to understand that. The lipid nanoparticle with zeta potential once it becomes also can become quite degrading to the endothelium.

You can get, thereafter you get platelets, which are the foot soldiers which stop bleeding whenever you cut yourself. They can inappropriately manifest into a thrombotic cascade and you can end up with inappropriate thrombosis. And we've heard about some of the thrombosis pathways which have been abnormal, very thick and rubbery clots.

So once you understand that this is a potential key mechanism, then you understand that any organ that this effects can cause widespread disease. So you can get neurological effects. You can get myelitis, encephalitis, Guillain-Barré syndrome, a number of other situations which don't necessarily show blood clots on paper, but if you've got small blood vessels in these organs being affected in this way, you can suffer with those problems.

We know about myocarditis, which I've seen a lot of, but similarly you can get myocardial infarction, stroke, thrombosis within the abdominal cavity. So you can get infarction in the spleen and in kidneys.

We know about the AstraZeneca side effect of this very unusual type of thrombosis and whilst the AstraZeneca vaccine is not an mRNA vaccine, it just also points back to the spike protein mechanism, which I think we need to know more about.

This is a young man who I saw in 2021 and he developed what was indistinguishable from an acute myocardial infarction. The only difference is in a 20 year old. They're very very very rare occurrences when a 20 year old will have a myocardial infarction. But in this particular case he developed a very early post vaccine myocarditis which was extremely severe.

(video) My name is Bilal Asif, I'm 20 years old. I had the COVID jab booked in for the morning, so I went into work for an hour. At 10am I had my – I went for the vaccination. I cycled to Beaue Sejour, sat down, waited. I had my vaccination. But during that time at work, I developed a rash. That night the rash was all over my arms. It was on my lower legs, the side of my ribs. Went to sleep as normal.

Next day I had chest pains. Didn't think much of it at first, I thought it was just a chest problem, coughing. It slowly gradually worsened over the day and then I went to bed with the chest pains as well again and I tried to sleep it off. I thought maybe the next day I'll be fine. At that point it was so, so severe it woke me up. It was unbearable at that point.

So I phoned the ambulance. As soon as I got to the hospital, I was pretty certain that it was the vaccine. Never gone through anything like that before. After I'd been admitted to the Brock ward, the pain had gone away, but I think it was the day after that I'd arrived. The chest pain had returned, but this time it was quite severe, though the pain was so bad I was shaking. It definitely felt like it was a heart attack, and it felt like my heart was coming out of my chest.

In any other age group above 35 years of age, the knee jerk reaction will be this patient's having an acute myocardial infarction and that will be managed as such, which in most senses would be an ambulance directly to what's called the coronary catheter lab, where you would be examined to make sure there's no thrombosis within your coronary arteries. And during that period, in 2021 and even 2022, there is still the post lockdown sort of COVID management. There was a lot of pressure on the NHS having come through a huge backlog from lockdown and so patients were pretty much in and out. Do you need a treatment for a coronary stent or not?

I believe that a lot of patients with myocarditis would have been discharged and not thoroughly assessed because of the pressures on the NHS and because also at that stage everybody was told that it's COVID causing the myocardial situation. We're kind of like a post-war situation where you're shell-shocked, where people just stop thinking correctly.

So one of the other things that this alludes to is actually when you think about it from a basic science point of view, when you have a young heart that's insulted by myocarditis, you have an incredible network of capillaries and blood vessels within the heart. It's extremely extensive and when you have myocarditis you will shut down a segment or even whole part of the heart. And in a young person those larger vessels are normal, they're pristine. So there's no downstream consequence.

But when you have a patient who's older, who's got pre-existing narrowings within their coronary arteries and as you might know if you examine people who have died in road traffic accidents over the age of 65, a significant proportion of them will have quite severe narrowing in the arteries and it'll be completely asymptomatic.

So similarly, in this situation, when you have that presenting in an older patient, you give them myocarditis, you shut down the ability of the myocardium to pull and suck the blood down these large arteries and you get reduced flow and you have a spike protein that's already causing injury. So you have a perfect recipe for those arteries to thrombose.

So the older patients will morph between presenting with a myocarditis picture and some of them will go on to actually present thereafter with an actual infarct, which is due to a blood clot. But the whole mechanism is different, and I've seen patients that have had both of these phenomena going on.

So there are actually three different potential presentations: so you can have acute myocarditis; you can have acute myocarditis with an infarction; and you can have people in the middle where they've got pre-existing coronary disease but they haven't actually had an infarction but they've had myocarditis.

And we know from the booster vaccine – as Professor Mueller in Basel did, he examined students and staff at his centre. He showed that the effect of the booster on troponin T levels and he found that there was a significant rise in all age groups, but completely opposite to dogma, it was more frequently found that women were affected.

(video) The incidents therefore was 2.8%, 800 times the incidence.

There were only two people that asked questions when this was presented, the European Society of Cardiology, it was sort of dismissed as this is a small level of troponin rise. But when you're dealing with an agent that is known to cause severe myocarditis in some people and you get a signal like this, which also is in all ages and it's counter to the narrative - the narrative was that it's only young men that get myocarditis - there have to be serious safety issues asked, because we do not know what the longer term troponin was. We don't know what happened to these people's hearts when they were put under stress, and we do not know the detail of the distribution and the half life of the mRNA and the spike protein in these patients.

So in Guernsey, every five years I would get perhaps one serious case of myocarditis. So when COVID came along, we were told that myocarditis was a serious complication in 5% of people and with a population of 63,000, we had quite a tough lockdown in Guernsey. So we didn't have a huge wave in 2020. However, there were still significant burden of COVID. I had sick people coming out of intensive care, being on ventilators for three months.

And before the vaccines were released, I believe around 2000 people that were infected. So if you say 5%, which is what the UK government website says is the risk of myocarditis post-COVID, then we're dealing with between 50 and 100 people that I should have become aware of having myocarditis from COVID. But I don't recall seeing one patient and even the sickest patient coming out of intensive care who had been kept alive on adrenaline for three months, he had zero evidence of myocarditis. Cardiac ultrasound was normal.

So I cannot tell you that COVID causes myocarditis. If it did, I would be concerned, wouldn't I? Because you would naturally assume that in my role as a cardiologist I would be wanting to help prevent people getting injured from the COVID virus causing myocarditis. It was only until the vaccine came out that I saw this flare up and it was impossible for me not to see it because the patients were presenting with problems.

And so I had 25 cases in 2021. There were a lot of patients with pericarditis and chest pain, which I have a list of 20, but the list is greater than that because it's impossible running my day job trying to keep track of all these numbers. In 2022 we've had another 22 cases and in 2023 we've had 11. But there are 19 cases which I'm waiting on further assessments because I get cardiac MRI on all these patients as part of their final assessment.

I think there's been 5 deaths and about two or three of those deaths have not been clearly documented. I remember one patient of mine, he had 9 cardiac arrests in a 24 hour period. So despite everything that we were doing for him, he was constantly going into cardiac arrest and at that time he ended up being treated with a defibrillator. He never got formally assessed as to whether he had myocarditis. But despite everything that we did for him he ended up just dying a few months later. He was against travelling. There's all this notion and fear about going to the mainland, you might get COVID because it was more common in the mainland. So I think there are patients who have been harmed due to fear as well in this process.

So Drew Weissman is going to tell us here about the vaccine safety and he won the Nobel Prize in 2023 for work to prolong the half life of the mRNA and he was interviewed trying to allay fears about the technology.

(video) How can we be sure that this vaccine will not cause long term negative impact in humans? So the first is to understand what the vaccine is. The mRNA in the vaccine is identical to the RNA in your cells. So the RNA in your cells isn't causing long term adverse events.

Drew Weissman is adamant that the technology only hangs around for between 48 hours in a week. But there were two papers that came out almost simultaneously. One of them was by Nakahara, published in Radiology. And they showed that for up to six months after vaccination, there was increased uptake in the myocardium in people who have been vaccinated.

As you can see on the left here, there's a patient who had a PET scan, which is an isotope based scan before and after vaccination. You can see in the red in the bottom right, there was a dramatic increase in signal in the myocardium. And they found that this lasted for up to 180 days.

And the other paper that was published was from an Italian professor who took staff from his unit and he assessed their blood to see if they could detect recompetence spike protein. And interestingly, he found that for up to 184 days, half of the people had evidence of activity.

So I think these two papers do point to a contradiction to what Doctor Weissman has been saying. And I think this holds true when I've seen patients and assess their antibody levels. There certainly is evidence of persisting ongoing biological activity from the mRNA technology.

Doctor Paul Offit, he's a voting member on the FDA panel for vaccine safety. He was there in October 2020 talking about the new COVID technologies and he voted for them being given emergency use authorization. He's won an award for vaccine technology and immunology. He's a paediatrician and he's an eminent expert. And here is his witness statement.

(video) "Our way out of this pandemic is to vaccinate the unvaccinated. That's it. I mean, we can have booster dosing as it's going to be recommended for probably on, on the Thursday and Friday we can give a third dose to people who've already gotten two doses of mRNA vaccines, but that's probably not going to have much of an impact on this pandemic.

So you can see Paul Offit was very pro vaccine. He wanted all the unvaccinated to be vaccinated because he believed then that by vaccinating people with a booster you could reduce transmission.

However, he did a 180° turn when he said this:

(Video) Do the benefits of this vaccine outweigh the risk? I didn't see the benefits. We really need much better data, I think, before we move forward on this. And I can only hope that it's coming because I feel very strongly about my no vote there. In fact, the only reason I voted no was because hell no was not a choice and it just surprised me that we were willing to go forward with this with such scant evidence of benefit. I think that could be phrase that I used was uncomfortably scant. So you, you just sort of felt like the fix was in a little bit here. And maybe that's not the right phrase, but it was something that, that they wanted and I felt like we were being led here. And with that, with, with a, a critical lack of information. Right now, they're saying that we should trust mouse data. And I don't think that should ever be true. I don't think you should ever ask 10s of millions of people to get a vaccine based on mouse data.

It's kind of confounding to try and understand how he managed to change his mind in such a dramatic fashion. But nevertheless, I think you've got to be given credit. We all make mistakes and that when you make a mistake you need to own up and actually publicly come clean. I think it's an important message from Paul.

He went further, however, on saying some more profound statements.

(video) There certainly is a causal link between vaccination and myocarditis and pericarditis, no doubt about it. It's it's unclear why

It's pleasing to hear Paul talk like that, but it's also worrying that he says it's unclear why. And this is well past the point at which we should be thinking about why does this happen?

And these signals should have been picked up early. So if you look at the data from the MHRA yellow card, there've been 1500 reports of myocarditis and just over 1000 pericarditis. But we do know that side effects are hugely underreported and there's data suggesting about 95% of cases are not reported and when you correct this level of underreporting, there could be 25-40,000 people with myocarditis from the COVID vaccines in the UK.

If you correct using my data it could be 50,000. The point from my data from Guernsey is the fact that I've not seen COVID causing myocarditis. I've only seen the vaccine causing the myocarditis and I've seen an increase in myocarditis.

I'm not saying that all the cases of myocarditis that I've seen from vaccine. But I think we need to actually honestly, critically appraise what's going on.

Because I have seen recently patient have had six vaccines, 3 times they had COVID, has presenting with extremely weakened left ventricle and they're in the 50s, previously fit and well. So there's this interplay between multiple doses of vaccine, multiple occurrences of COVID. Obviously the common link is the spike protein.

In conclusion, at this point the post vaccine myocarditis in my opinion was only detected because they vaccinated young people. If they'd have not vaccinated young people, we would be unaware of it because everybody above the age of 35 would be managed as a heart attack case. They would have been pushed in during the heat of post-COVID chaos. Do they have coronary stenosis? No, out. You have to be discharged because they were seeing increasing numbers at that time in any event. There was a huge backlog from the lockdowns. There was a serious predictable harm from lockdown.

We knew that if you shut hospitals, you were going to cause trouble. I said this to colleagues, well, if the lockdowns didn't prove harm, well then you're basically proving that doctors and healthcare don't really do any benefit. We're not providing an unmet need because if you stopped us and we didn't have an impact, well, it's a great argument to shut hospitals.

But clearly that wasn't the case. We know from Fraiman that the vaccines have a serious adverse event rate based upon the initial study of 1 in 800, but we don't have data from the boosters. Myocarditis is the poster boy because it stands out, we don't see much of it. It's not that common. But we know that there are other side effects, and we've been hearing from Gus Dalgleish and we know that there is vascular disease increasing in other major organs.

We know we're worried about stroke, we're worried about heart failure. We know that the vaccines hang around for up to six months, but nobody knows what happens when you've had six doses of this vaccine. We just don't know.

The systemic effects in people who have been receiving. Doing these boosters is, in my opinion, leading to chronic ill health and it's my firm belief that we should recall the vaccines and that there needs to be a government made investigation to the adverse events that are unfolding.

Thank you, Doctor Patterson, that was very informative, really getting into the details of what's going on in the heart and what these vaccines are doing. The endothelium, what can you just remind me what that is?

So on the inside of the cardiovascular system, in the arteries, you have an inner layer. It's kind of like the tiling in your bathroom. It's just a single cell layer, but it's crucial in a number of functions in maintaining the interface

between the blood and the outer wall of the blood vessel. So it regulates the size of the blood vessel, it keeps the blood clotting components from sticking. It's nature's sort of Teflon inside your nonstick pan if you like, where you have this contradiction of terms of a blood system that is able to flow smoothly bBut at any point in time, if there's a crisis, a clot can form without causing too much disturbance. And unfortunately there are a number of diseases that can disrupt endothelial function and damage the lining.

And the vaccines, particularly the mRNA, can have a real effect on the endothelium.

Well, there are a number of some people have early reactions like that young chap where it's potentially contaminants that have been wrapped by the lipid molecule and then you have an abnormal net ionic charge. So it's kind of like magnetic poles getting pulled towards each other. When you inject that, it gets into the blood vessels. It can act like an aggressive caustic substance where it's literally enter into the endothelial cells and actually physically damage them. So that's an acute reaction, but also the inside the heart. The reason why we believe that the heart is subject to more side effect is that the heart relies for 2/3 of its energy on fat and your skeletal muscle relies on 2/3 of energy from carbohydrate. So if there's more fat in this lipid nanoparticle is floating around, it's going to be preferentially taken up in the heart, especially if you go and do exercise after you've had your vaccine, that young chap he cycled to and from the vaccine venue. So if you're pushing your heart rate up and it's needing more energy, it's going to pull fatty substance out of the blood, and so you will then get potentially targeted in the myocardium.

The lipid nanoparticles – they are, that's fat is it?

That is designed by the vaccine manufacturers to be self-assembling. So when you put the lipid nanoparticle into a vaccine vial with your mRNA, and if there's a whole lot of other things in there, everything can get wrapped, and once it's wrapped it's sort of – it's like a Fairy washing-up liquid bubble – but you have all these components in there. What that lipid nanoparticle does do it helps assist when it's healthy, when it's got the perfect zeta potential, it can move the substances and allow them to enter into the cell so it's it's like a key to the door of the cell so that it can take mRNA into the cell.

And that's related to fat. Is it?

Well, it's lipid nanoparticle – lipid is a fat molecule, so it has a whole chemical structure – but it involves a dominant lipid molecule preferentially targeting the myocardium.

And myocarditis, that's inflammation of the heart?

Myocarditis is this condition where you can get inflammation. Appendicitis, pharyngitis, "itis" equals inflammation. So when your heart's got inflammation in it, there's a whole list of potential causes from drugs to scorpions to all sorts of weird and wonderful causes. But it has a definitive pattern of acute illness where you have a release of enzymes from the heart, which are proteins which normally live inside the myocardial cell. And when you get damage, they leak out. And we can measure that in the blood.

And what's a myocardial infarction?

So that's a definition for having a typical heart attack, which is if you smoke and you're diabetic your arteries get choked up and acutely occurs because of the small or larger blood clot shutting down a pre-existingly narrowed artery or inflamed artery.

And you say that you didn't see this rise in myocarditis in 2020 despite the fact that you had thousands of infections out of 62,000, so a reasonable proportion of the population getting infected you didn't see this rise. But why is it then that you and other medics were told that myocarditis was an expected effect of the virus?

A lot of this was part of the dogma. Everything we were told, it was the machinery of a war propaganda machine. You had to follow, you had to follow, you had to follow. So interestingly there is actually on the UK government website, a couple of papers referencing this. But one of the papers references a study done in Germany where they took 100 people. 2/3 of those 100 people had either asymptomatic or mild COVID and all 100 had no symptoms of a heart problem at all. So they had no cardiovascular symptoms and they put these people all through a cardiac MRI to look for scar and the conclusions of that study was that 70 odd percent of them had signs of inflammation in their

heart from having COVID. That just shows you the level of deceit because in my view, I mean, if 70% of people have had asymptomatic and mild COVID who have got no cardiovascular symptoms, mind you have got inflammation from myocarditis, well then we would literally have chaos because the world of collapse because there would be so many people dying. It would be so obvious that you know, you wouldn't get someone like me speaking like this. That's the insanity of it.

Now, if you go back to the 5% figure, that was from an American study where they took healthcare records from private hospitals. And what happens in America, they had during COVID, if you were ill enough to get into intensive care, they paid the hospital $37,000. And one of the mechanisms of moving a patient in intensive care is when we have multi organ involvement. So if you have COVID, you have a single organ involvement. And I can tell you in my whole career at Oxford since we were able to measure troponin. No matter what the disease is, but at a certain age when you get ill with sepsis, your troponin goes up and that's not a marker of myocarditis.

What happened in America is that a lot of the sicker patients with lots of comorbidities would have had a rise in troponin. But I can guarantee you that the hospital managers would have told the doctors if your patient's troponin goes up, you admit them to intensive care because then you have multi organ involvement and that would then reimburse the hospital, but that would also cause the numbers of myocarditis to go up. And that didn't extrapolate. And we know this, every UK cardiologist is almost a disdain from being cool to see someone whose troponin is slightly up when they've just had sepsis and they can't afford to be chasing after these patients because they don't really have a problem with their heart, they just have had sepsis.

So you saw a huge rise in myocarditis in Guernsey after the vaccine. You said at one point that you didn't think necessarily that that was all caused by the vaccine. What else do you think might have been causing it?

There are potential things that we don't know, and I have a very open mind. You might think that I'm speaking about in this fashion, that all I think about is COVID vaccines, but you have to be clear and analytical and everything you think about. So the effects of lockdown, you don't know what these things do on your immune system. Wearing a mask, you don't know what that does on your immune system. I have also seen an increase in this thrombotic culture-negative endocarditis. And I did actually say this to one of the medical director. I said we don't really know how wearing a mask affects the health in your mouth. There's a chance that your immune system is being damaged. Because I firmly believe that we are really a walking ecosystem and you wouldn't put a mask on a healthy animal living in nature. A plastic mask that has probably been made from recycled plastic from some way where you probably don't know the quality of it. This could do all sorts of things to your immune system. So there are other layers to this which I think we need to be careful about.

So what do you think the government should do to mitigate the impact of vaccine injury?

Well, I think it's important that everything we do is to try and make people positive and to trust healthcare, and to try and get better trust in the government, because I think trust is actually one of the major casualties here.

So I think we need to come across in a very positive way so as not to distress people. But within that, the government should be setting up means of communication for people who believe they've been vaccine injured. I believe this vaccine compensation scheme is not necessarily the most positive way of doing it. We're getting splintering of vaccine groups of people that are being vaccine harmed. It's going to cause more emotional and psychological issues which you could foresee that if this vaccine has injured people, there'll be a lot of post traumatic stress coming through from the vaccine injured people that use the vaccine and pushed it forward and we're told to believe in it and there's a whole layer of potential harm.

It needs to be managed in a professional way. So I believe they should be calling on people who are starting to ask questions. And I think there are a lot of people in the UK Health Security Agency, there are a lot of people who've been running long COVID clinics who are coming out and actually starting to see what's really going on, and you need to work with the people that have got that ability to develop this programme in the right way.

So do you have any recommendations for the individuals themselves who've been vaccinated?

If I had the vaccine and it had caused some harm that I was finding out through this sort of process that we're going through, then I would go to my healthcare provider and ask them to help me. There have been a lot of people trying

to help. There were a lot of people like myself who've been at the forefront of this, trying to do their best, trying to find ways around this.

The big problem is this whole process is totally under-funded. We know that in 2020 the UK government threw £340 billion at the COVID strategy, they marketed, they gave and they paid for the vaccine from big pharma. The contracts with big pharma did not stipulate a clawback. However, it's not too late in my view because the government and big Pharma are working together to solve health issues.

Moderna is investing in big developments in mRNA technology. There has to be a level of critical thinking to say that we made a mistake by not investing in the MHRA, by not investing in educating the doctors about performing yellow cards about the actual side effects. I don't think many doctors when they were offered the vaccine or healthcare providers were offered this list of side effects was I've alluded to because they were told it was safe and it was 95 to 100% effective.

And unfortunately the majority of people in healthcare and just like the majority of people in the public, they just have an implicit trust. We need to restore that trust and to do that there's an obligation that the government needs to fund research and also fund a mechanism for assisting people so that they are not neglected and so that we can really learn from this. Because ultimately we all make mistakes. But the worst thing is when you make a mistake and you don't learn from it. There's the potential to learn a huge amount from this to discover new things. A lot of medical discoveries were from things that were thought to be potentially toxic. The difference between the cure and a poison is quite small. We shouldn't just be hiding and not allowing the truth to come out when it comes to the vaccine injury.

Thank you, Doctor Patterson.

Thank you.