

A summary of the most relevant points of the speech made by Andrew Bridgen, the Conservative MP for North West Leicestershire, in the House of Commons on 13 December 2022.

Three months ago, one of the most eminent and trusted cardiologists, a man with an international reputation, Dr Aseem Malhotra, published peer-reviewed research that concluded that there should be a complete cessation of the administration of the covid mRNA vaccines for everyone because of clear and robust data of significant harms and little ongoing benefit.

He described the roll-out of the BioNTech-Pfizer vaccine as: *"perhaps the greatest miscarriage of medical science, attack on democracy, damage to population health, and erosion of trust in medicine that we will witness in our lifetime."*

Interestingly, there has so far not been a single rebuttal of Dr Malhotra's findings in the scientific literature, despite their widespread circulation and the fact that they made international news.

It is important to appreciate the key psychological barrier that has prevented these facts from being acknowledged by policymakers and taken up by the UK mainstream media. That psychological phenomenon is wilful blindness. It is when human beings—including, in this case, institutions—turn a blind eye to the truth in order to feel safe, reduce anxiety, avoid conflict and protect their prestige and reputations. It is crucial to understand that the longer wilful blindness to the truth continues, the more unnecessary harm it creates.

Since the roll-out in the UK of the BioNTech-Pfizer mRNA vaccine, we have had almost half a million yellow card reports of adverse effects from the public. That is unprecedented. It is more than all the yellow card reports of the past 40 years combined.

An extraordinary rate of side effects that are beyond mild have been reported in many countries across the world that have used the Pfizer vaccine, including, of course, the United States. It is instructive to note that, according to pharmacovigilance analysis, the serious adverse effects reported by the public are thought to represent only 10% of the true rate of serious adverse events occurring within the population.

Only a couple of weeks ago, I was interviewed by a journalist from a major news outlet who said that he was being bombarded by calls from people who said that they were vaccine-harmed but unable to get the support they wanted from the NHS. He also said that he thought this would be the biggest scandal in medical history in this country. Disturbingly, he also said that he feared that if he were to

mention that in the newsroom in which he worked, he would lose his job. We need to break this conspiracy of silence.

In the past, vaccines have been completely withdrawn from use for a much lower incidence of serious harm. For example, the swine flu vaccine was withdrawn in 1976 for causing Guillain-Barré syndrome in only one in 100,000 adults, and in 1999 the rotavirus vaccine was withdrawn for causing a form of bowel obstruction in children affecting one in 10,000.

With the covid mRNA vaccine, we are talking of a serious adverse event rate of at least one in 800, because that was the rate determined in the two months when Pfizer actually followed the patients following their vaccination. Unfortunately, some of those serious events, such as heart attack, stroke and pulmonary embolism will result in death, which is devastating for individuals and the families they leave behind. Many of these events may take longer than eight weeks post vaccination to show themselves.

An Israeli paper published in *Nature's* scientific reports showed a 25% increase in heart attack and cardiac arrest in 16 to 39-year-olds in Israel. Another report from Israel looked at levels of myocarditis and pericarditis in people who had had covid and those who had not. It was a study of, I think, 1.2 million who had not had covid and 740,000 who had had it. The incidence of myocarditis and pericarditis was identical in both groups. This would tell the House that whatever is causing the increase in heart problems now, it is not due to having been infected with covid-19.

It was accepted by a peer-reviewed medical journal that one of the country's most respected and decorated general practitioners, the honorary vice-president of the British Medical Association and the Labour party's doctor of the year, Dr Kailash Chand, likely suffered a cardiac arrest and was tragically killed by the Pfizer vaccine six months after his second dose, through a mechanism that rapidly accelerates heart disease.

In fact, in the UK we have had an extra 14,000 out-of-hospital cardiac arrests in 2021, compared with 2020, following the vaccine roll-out. Many of these will undoubtedly be because of the vaccine, and the consequences of this mRNA jab are clearly serious and common.

The MHRA has a huge financial conflict of interest, receiving 86% of its funding from the pharmaceutical industry it is supposed to regulate. In effect, we have the poacher paying the gamekeeper. In a recent investigation by *The British Medical Journal* (BMJ) into the financial conflicts of interest of the drug regulators, the sociologist Donald Light said: "*It's the opposite of having a trustworthy organisation*

independently and rigorously assessing medicines. They're not rigorous, they're not independent, they are selective, and they withhold data."

Big pharma exerts its power by capturing the political environment through lobbying, and the knowledge environment through funding university research and influencing medical education, preference shaping through capture of the media, financing think-tanks and so on. In other words, the public relations machinery of big pharma excels in subterfuge and engages in smearing and de-platforming those who call out its manipulations.

It is no surprise, when there is so much control by an entity that has been described as "psychopathic" for its profit-making conduct, that one analysis suggests that the third most common cause of death globally after heart disease and cancer is the side effects of prescribed medications which were mostly avoidable. Because of those systemic failures, doctors often receive biased information, deliberately manipulated by the pharmaceutical industry, which exaggerates the benefits and the safety of their drugs.

Furthermore, the former editor of The BMJ, Richard Smith, claims that research misconduct is rife and is not effectively being tackled in the UK institutions, stating: *"Something is rotten in...British medicine and has been for a long time"*.

It has also been brought to my attention by a whistle-blower from a very reliable source that one of these institutions is covering up clear data that reveals that the mRNA vaccine increases inflammation of the heart arteries. It is covering this up for fear that it may lose funding from the pharmaceutical industry.

The lead of that cardiology research department has a prominent leadership role with the British Heart Foundation, and I am disappointed to say that he has sent out non-disclosure agreements to his research team to ensure that this important data never sees the light of day. That is an absolute disgrace. Systemic failure in an over-medicated population also contributes to huge waste of British taxpayers' money and increasing strain on the NHS.

We need an inquiry into the influence of big pharma on medications and our NHS. That has been called for on many occasions and by some very influential people, including prominent physicians such as the former president of the Royal College of Physicians and personal doctor to our late Queen, Sir Richard Thompson. On separate occasions in the last few years those calls have been supported and covered in the Daily Mail, The Guardian and, most recently, The i newspaper.

We are fighting not just for principles of ethical, evidence-based medical practices, but for our democracy. The future health of the British public depends on us tackling head-on the cause of this problem and finding meaningful solutions. In

2015 a commentary by Richard Houghton, editor-in-chief of The Lancet, suggested that possibly half of the published medical literature "*may simply be untrue*". He wrote that "*science has taken a turn toward darkness*", and asked who is going to take the first step to clean up the system.

That first step could start this evening with this debate. It starts here, with the vaccine Minister and the Government ensuring in the first instance an immediate and complete suspension of any more covid vaccines with their use of mRNA technology. Silence on this issue is more contagious than the virus itself, and now so should courage be. I would implore all the scientists, medics, nurses and those in the media who know the truth about the harm these vaccines are causing to our people to speak out.

We have already sacrificed far too many of our citizens on the altar of ignorance and unfettered corporate greed. Last week the MHRA authorised those experimental vaccines for use in children as young as six months. In a Westminster Hall debate some weeks ago, I quoted a report by the Journal of the American Medical Association studying the effect of the covid-19 mRNA vaccination on children under five years of age. It showed that one in 200 had an adverse event that resulted in hospitalisation, and symptoms that lasted longer than 90 days.

As the data clearly shows to anyone who wants to look at it, the mRNA vaccines are not safe, not effective and not necessary. I implore the Government to halt their use immediately. As I have demonstrated and as the data clearly shows, the Government's current policy on the mRNA vaccines is on the wrong side of medical ethics, it is on the wrong side of scientific data, and ultimately it will be on the wrong side of history.