

Pfizer Is Hiding How COVID Jab Damages the Heart

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✓ Fact Checked

August 15, 2023

STORY AT-A-GLANCE

- › August 3, 2023, the Australian Senate held a COVID hearing. Sen. Gerard Rennick asked Dr. Krishan Thiru, Pfizer's Australian medical director, to explain the mechanism of how the mRNA COVID shot causes myocarditis. Thiru, however, kept talking in circles rather than answering the question
- › Either Pfizer has no idea how the shot damages the heart, which raises serious questions about the company's scientific qualifications, or they do know but refuse to admit it, for fear of liability
- › Pfizer appears to have sponsored campaigns to push for the jab to be mandated, at least in the U.S., thereby maximizing the potential damage along with profits
- › According to Marc Girardot, the bolus theory can explain how and why the mRNA COVID shots damage the heart and other organs
- › Several other theories and hypotheses have also been proposed, including molecular mimicry, immune response to mRNA, dysregulated cytokine expression, ACE2 suppression, endothelial damage, lipid nanoparticles triggering syncytia formation and impeding the electrical conduction of the heart, and more

August 3, 2023, the Australian Senate Education and Employment Committee¹ held a COVID hearing in which Sen. Gerard Rennick asked Dr. Krishan Thiru, Pfizer's Australian medical director, to explain the mechanism of how the mRNA COVID shot causes myocarditis.²

Thiru, however, kept talking in circles rather than answering the question. Rennick valiantly tried, without success, to redirect him back to the question at hand, which was: Does Pfizer understand how the shot is causing damage to the heart?

“ How are you calling it safe without understanding the risk? ~ Sen. Gerard Rennick ”

The take-home here is that either a) Pfizer has no idea how the shot damages the heart, which raises serious questions about the company's scientific qualifications or b) they do know but refuse to admit it, because if they do, it creates liability. As noted by Rennick, how can Pfizer say the shot is safe if they don't understand the risk?

Pfizer Sponsored Groups Calling for Job Mandates

Pfizer has not only insisted its COVID job is safe and effective, and that side effects like myocarditis are vanishingly rare (despite athletes and young people dropping from heart problems at rates never seen before), the company also appears to have sponsored campaigns to push for the job to be mandated, at least in the U.S., thereby maximizing the potential damage along with profits.

According to investigative reporter Lee Fang,³ Pfizer financed a long list of U.S. groups that lobbied for COVID job mandates, including consumer groups, medical groups, public health organizations as and civil rights organizations. In the video above, UnHerd reporter Florence Read interviews Fang about his findings. Notable recipients of Pfizer funding just prior to or during the job rollout included:⁴

The Chicago Urban League, which accepted a \$100,000 donation from Pfizer to promote "vaccine safety and effectiveness." Unlike other corporate donations, this one was not publicly disclosed on the League's website.

The National Consumers League, which received \$75,000 from Pfizer earmarked for "vaccine policy efforts." As noted by Fang, Andrea LaRue, an NCL board member, also

happens to be a "highly paid contract lobbyist to Pfizer, focused on vaccine policy," and this conflict of interest also was not disclosed.

The Immunization Partnership, which received, but did not disclose, a \$35,000 donation from Pfizer for "legislative advocacy" in 2021, the same year they lobbied against Texas legislation to prevent vaccine passports and vaccine mandates for municipal workers.

The American Pharmacists Association, American College of Preventive Medicine, Academy of Managed Care Pharmacy, American Society for Clinical Pathology, and the American College of Emergency Physicians, all of which signed a letter⁵ in support of Biden's unconstitutional job mandate for employers with 100 or more employees, after receiving grants from Pfizer.

The National Hispanic Medical Association, which worked with a public relations firm to distribute "press release and media placements" that "called on employers of essential workers to mandate COVID-19 vaccines." They also lobbied in favor of Biden's vaccine mandate – all after receiving \$30,000 from BIO, a vaccine industry lobby group that represents Pfizer and Moderna.

The American Academy of Pediatrics, which received several specialized grants from Pfizer in 2021. State chapters also received Pfizer grants earmarked for vaccine policy lobbying efforts.

Who Are These Institutions Working For?

As reported by UnHerd:⁶

"This is not the first time Pfizer has promoted its drugs to high-profile institutions. In 2009, the organization was prosecuted by the U.S. Justice Department for 'engaging in illegal off-label promotion of their drugs' and 'encouraging doctors to prescribe the drugs where there was no kind of regulatory authority.'

According to Fang, these donations undermine trust in such institutions: 'Are they acting as a representative of the community? Or are they acting as corporate lobbyists, as organizations acting in the interests of their donors?'"

Indeed, as attorney Jenin Younes told Fang, "If people or institutions advocated for or implemented mandates, while failing to disclose ties to the vaccine companies, that is a serious ethical violation, and potentially even unlawful, and should be thoroughly investigated."⁷

How the COVID Jab Can Damage Your Heart

As for how Pfizer's mRNA COVID jab can damage your heart, several scientists have thrown their 2 cents into the discussion. One of them is Marc Girardot, a member of Pandemics Data & Analysis (PANDA⁸), a "multidisciplinary, sense-making group of global experts who encourage good science, rational debate and sound public policy, with the aim of empowering people to make informed decisions" about COVID-19.

On his Substack,⁹ Girardot features a long list of articles "debunking the COVID narrative with observations, facts, data and rigorous scientific method." In a June 5, 2023, article,¹⁰ he focused on the bolus theory, which can help explain how and why the mRNA jabs can trigger myocarditis and other cardiovascular problems. Girardot writes:¹¹

"For those who are new, a good analogy for a Bolus is a 'Swarm of particles,' a particularly dense group of particles circulating through the vascular system and carpet-bombing the blood cells linings before being diluted into the blood ...

The map right below attempts to explain the variety of ways a bolus of vaccine particles can harm the body (read the Endothelium) via varying journeys down the vascular system in the first minute post-injection."



For clarification, what Girardot is really talking about is when a vaccine is accidentally injected straight into the bloodstream. Normally, you're supposed to pull back on the plunger to make sure you're not hitting a blood vessel before you inject a vaccine. This is known as aspiration.

In the case of the COVID jabs, health authorities instructed vaccine administrators to skip this step. Back in January 2023, Bret Weinstein of the DarkHorse podcast briefly brought up Girardot's bolus theory on the Joe Rogan Show (video below).¹²

Myocarditis Is Just the Tip of the Iceberg

Girardot points out that vaccine injuries will "always" involve several locations, not just a single organ like the heart. The reason someone might "only" experience myocarditis is because:

"Some areas might regenerate; other deleterious harm might be corrected for by the immune system ... In some areas like in the bone marrow, it will likely be very transient as endothelial stem cells are abundant and can repair it very quickly. But there is no such thing as a Bolus hitting only the heart ... at a minimum the vasculature will be damaged and coronary disease might happen."

In an August 5, 2023, tweet, Girardot argued that the bolus theory is "the very mechanism of action of any transfecting vaccine."¹³

"Protein production is accompanied by antigen presentation on MHCs [major histocompatibility complexes] and indeed, as testified in all autopsies and biopsies, all adverse events are T-cell mediated," he writes, adding that most transfection occurs in the endothelium, not organ tissue, and endothelium permeabilization appears to be "a root cause of so many illnesses, it's unbelievable."

So, according to Girardot, "myocarditis is the tip of the iceberg." Other predictable effects include neurodegenerative diseases, neuropathies, the hyper-production of hormones, tinnitus, arthritis, sterility and more.

Hypotheses Cited by Vaccine Pusher

Another theory for how the COVID jabs can cause myocarditis has been presented by none other than Dr. Peter Hotez, a vaccine pusher if there ever was one.

In July 2021, he published a paper¹⁴ in the journal *Circulation*, citing the hypothesis that molecular mimicry between the SARS-CoV-2 spike protein and self-antigens might trigger "preexisting dysregulated immune pathways in certain individuals, immune response to mRNA, and activation of immunologic pathways, and dysregulated cytokine expression."

"The reasons for male predominance in myocarditis cases are unknown, but possible explanations relate to sex hormone differences in immune response and myocarditis, and also underdiagnosis of cardiac disease in women," he noted.

Other Mechanisms of Harm

Stephanie Seneff, Ph.D., also has detailed mechanisms of action that can explain how the COVID shots damage the heart. For example, back in 2021, she pointed out that the spike protein that your body produces in response to the COVID-19 shot suppresses ACE2, which can trigger problems such as pulmonary hypertension, ventricular heart failure and stroke.^{15,16} But that's not all.

In May 2021, Seneff co-wrote a paper¹⁷ titled "Worse Than the Disease? Reviewing Some Possible Unintended Consequences of the mRNA Vaccines Against COVID-19," published in the International Journal of Vaccine Theory, Practice, and Research. In it, she describes the spike protein as a metabolic poison with wide-ranging effects.

While I recommend reading Seneff's paper in its entirety, I've extracted key sections below, starting with how the spike protein can trigger pathological damage leading to heart, lung and brain diseases:¹⁸

"In a series of papers, Yuichiro Suzuki in collaboration with other authors presented a strong argument that the spike protein by itself can cause a signaling response in the vasculature with potentially widespread consequences.

These authors observed that, in severe cases of COVID-19, SARS-CoV-2 causes significant morphological changes to the pulmonary vasculature ... Furthermore, they showed that exposure of cultured human pulmonary artery smooth muscle cells to the SARS-CoV-2 spike protein S1 subunit was sufficient to promote cell signaling without the rest of the virus components.

Follow-on papers showed that the spike protein S1 subunit suppresses ACE2, causing a condition resembling pulmonary arterial hypertension (PAH), a severe lung disease with very high mortality ... The 'in vivo studies' they referred to ... had shown that SARS coronavirus-induced lung injury was primarily due to inhibition of ACE2 by the SARS-CoV spike protein, causing a large increase in angiotensin-II.

Suzuki et al. (2021) went on to demonstrate experimentally that the S1 component of the SARS-CoV-2 virus, at a low concentration ... activated the MEK/ERK/MAPK signaling pathway to promote cell growth. They speculated that these effects would not be restricted to the lung vasculature.

The signaling cascade triggered in the heart vasculature would cause coronary artery disease, and activation in the brain could lead to stroke. Systemic

hypertension would also be predicted. They hypothesized that this ability of the spike protein to promote pulmonary arterial hypertension could predispose patients who recover from SARS-CoV-2 to later develop right ventricular heart failure.

Furthermore, they suggested that a similar effect could happen in response to the mRNA vaccines, and they warned of potential long-term consequences to both children and adults who received COVID-19 vaccines based on the spike protein.

An interesting study by Lei et. al. (2021) found that pseudovirus – spheres decorated with the SARS-CoV-2 S1 protein but lacking any viral DNA in their core – caused inflammation and damage in both the arteries and lungs of mice exposed intratracheally.

They then exposed healthy human endothelial cells to the same pseudovirus particles. Binding of these particles to endothelial ACE2 receptors led to mitochondrial damage and fragmentation in those endothelial cells, leading to the characteristic pathological changes in the associated tissue.

This study makes it clear that spike protein alone, unassociated with the rest of the viral genome, is sufficient to cause the endothelial damage associated with COVID-19. The implications for vaccines intended to cause cells to manufacture the spike protein are clear and are an obvious cause for concern."

74% of Post-Jab Deaths Linked to the Shot

Dr. Peter McCullough has also presented hypotheses for how the shot damages the heart. In a July 2023 systematic review^{19,20} of 325 autopsy cases, McCullough and his team concluded that 62.5% to 73.9% of post-jab deaths were likely caused by the injection.

The most implicated organ system was the cardiovascular system (53%), followed by the hematological system (17%), the respiratory system (8%), and multiple organ

systems (7%).

In the featured Daily Clout interview above, McCullough explains the jab's mechanisms of action that appear to be responsible for a majority of post-jab heart-related deaths. In myocarditis, the electrical current can no longer conduct smoothly through the heart muscle, causing an abnormal heart rhythm. This abnormal heart rhythm can then lead to sudden cardiac death.

Lipid nanoparticles have been found to damage electrical conduction in the myelin sheath, so it makes sense that they may also damage electrical conduction in the heart. What's more, when lipid nanoparticles are taken up by human somatic cells – nonreproductive cells, found in the heart and other internal organs – it causes syncytia formation, a process in which individual cells fuse together. This, in turn, can exacerbate the progression of heart failure.²¹

Because the heart prefers lipids over glucose for fuel, it may preferentially take up lipid nanoparticles, more so than other tissues. On top of that, exercise increases blood flow, which draws more lipid nanoparticles to the heart. Once your heart is inflamed, adrenaline surges can become deadly.

McCullough cites research showing there are two primary periods of sudden cardiac death: during exercise and between 3 a.m. and 6 a.m. The common factor between these two is adrenaline. Adrenaline surges during exercise and in the natural waking process. If you have myocarditis, this adrenaline surge can be enough to trigger sudden cardiac death.

Why Can't Pfizer Answer the Question?

As you can see, there's no shortage of theories and hypotheses to explain how the mRNA COVID shots can damage your heart and cause myocarditis, so the fact that Pfizer's reps cannot cite a single mechanism of action to explain it is simply not believable.

It's not that they can't answer the question. They don't want to, and the most likely reason for holding this information back is because if they admit knowing how the damage is done, they may be held liable since they never warned anyone about it. Their safest route right now is to say they don't know, and then, at some point in the future, pretend as though a recent investigation finally solved the mystery. Commenting on Thiru's inability to answer his questions, Rennick said:²²

"Last night, the Senate finally got to question Pfizer as to the effectiveness of the COVID vaccine. It was disappointing that they would not acknowledge the lack of testing they performed prior to the rollout, nor could they explain why it damages heart muscle.

If they can't explain the biological mechanism as to why it causes damage to the heart, then they can't guarantee it doesn't cause other injuries. Despite all of this they continue to claim the vaccine is safe and effective without qualifying the risks."

Resources for Those Injured by the COVID Jab

Aside from autopsy assessments, case reports of harms and various other studies, things like job statistics, disability claims, life insurance claims and all-cause mortality statistics also tell us that the COVID jabs are having a devastating effect.²³ All have skyrocketed since the introduction of these COVID jabs.

If you got one or more jabs and suffered an injury, first and foremost, never ever take another COVID booster, another mRNA gene therapy shot or regular vaccine. You need to end the assault on your body.

The same goes for anyone who has taken one or more COVID jabs and had the good fortune of not experiencing debilitating side effects. Your health may still be impacted long-term, so don't take any more shots.

When it comes to treatment, it seems like many of the treatments that worked against severe COVID-19 infection also help ameliorate adverse effects from the jab. This

makes sense, as the toxic, most damaging part of the virus is the spike protein, and that's what your whole body is producing if you got the jab.

So, the primary task to prevent and/or address post-jab injuries is to eliminate the spike protein. Ivermectin and hydroxychloroquine bind to and facilitate the removal of spike protein. According to McCullough, nattokinase, bromelain and curcumin also help degrade the spike protein.

For a comprehensive treatment plan, see the Front Line COVID-19 Critical Care Alliance (FLCCC) [I-RECOVER](#) protocol. It's continuously updated as more data become available, so be sure to download the latest version straight from the FLCCC website at covid19criticalcare.com.²⁴ Additional detox remedies can be found in "[World Council for Health Reveals Spike Protein Detox](#)."

Sources and References

- ¹ [Australian Senate Education and Employment Legislation Committee Full Hearing August 3, 2023](#)
- ^{2, 22} [Trial Site News August 5, 2023](#)
- ^{3, 4, 7} [LeeFang.com April 24, 2023](#)
- ⁵ [ASCP December 6, 2021](#)
- ⁶ [UnHerd July 3, 2023](#)
- ⁸ [PanData.org](#)
- ⁹ [COVID Myth Buster Series \(Marc Girardot\) Substack](#)
- ^{10, 11} [COVID Myth Buster Series \(Marc Girardot\) Substack June 5, 2023](#)
- ¹² [COVID Myth Buster Series \(Marc Girardot\) Substack January 9, 2023](#)
- ¹³ [Twitter Marc Girardot August 5, 2023](#)
- ¹⁴ [Circulation July 20, 2021; 144: 471-484](#)
- ¹⁵ [European Heart Journal July 20, 2020: ehaa534](#)
- ¹⁶ [Circulation Research 2021; 128: 1323-1326](#)
- ^{17, 18} [International Journal of Vaccine Theory, Practice and Research May 10, 2021; 2\(1\): 402-444](#)
- ¹⁹ [Zenodo July 6, 2023](#)
- ²⁰ [Lancet Preprints July 5, 2023](#)
- ²¹ [BioRxiv May 10, 2023](#)
- ²³ [Vaxxter.com June 12, 2023](#)
- ²⁴ [Covid19criticalcare.com](#)