





Joint Open Letter from Doctors for Patients UK, HART and the UK Medical Freedom Alliance to Helen Stephenson, CEO, Charity Commission

Re: Allegations that the British Heart Foundation (BHF) is involved in concealing and withholding important information relating to harms to cardiac function caused by the novel mRNA vaccines

31 January 2023

Dear Ms Stephenson

We wish to express our deep concern, regarding allegations that the British Heart Foundation (BHF) is involved in concealing and withholding important information relating to the potential of the novel mRNA vaccines to damage cardiac tissue and function.

It was alleged in the House of Commons that staff working in a cardiology research department at Oxford University withheld information, for fear of losing funding from the pharmaceutical industry, and were therefore prioritising funding over patient safety.

Mr Andrew Bridgen MP stated in Parliament on 13 December 2022:

"It has also been brought to my attention by a whistleblower 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."

It was subsequently <u>asserted</u> on GB News that the research department mentioned above was headed by Professor Charalambos Antoniades whose position is funded by the BHF. Despite GB News approaching Professor Antoniades for comment, he has made no public denial that Non-Disclosure Agreements (NDAs) were entered into by members of his department.

Doctors and the public rely on reputable and well-established charities such as the BHF to provide accurate and up-to-date information, as well as to highlight and investigate potential, novel causes of heart damage and heart disease. Concerns should be raised immediately, whenever there are doubts relating to the safety of any pharmaceutical product, so that administration of the product can be halted, protecting the public from unnecessary harm, while an investigation is carried out.

The BHF rapidly <u>dismissed</u> the allegations made by Mr Bridgen and called for those making the allegation to provide specific and credible information in support of it.

Due to the seriousness of the allegations, and given the absence of any public denial or clarification from Professor Antoniades, we are calling for a full and independent investigation into any suppression of data by the British Heart Foundation itself or by senior BHF grant holders.







There are a significant number of signals that COVID-19 vaccines have led to cardiac pathology, which warrants an urgent review of their safety:

- 1. The Pfizer trial saw four cardiac arrests in the vaccination group but only one in the placebo group after 6 months (although the numbers are too small to be statistically significant, this was a signal that should have been followed up).
- 2. The evidence for vaccine-induced myocarditis is well established and in older patients this may be misdiagnosed as any of the more common forms of heart disease. The rate of myocardial infarction was <u>disproportionately</u> high in the first three days after vaccination.
- 3. Studies in <u>Thailand</u> and <u>Switzerland</u> have shown rises in troponin levels consistent with damaged heart muscle in 3% of those vaccinated. Heart cells cannot be replaced and the resulting scarring can lead to electrical conduction issues and sudden death. 30% of the children in the Thailand study had cardiac signs or symptoms.
- 4. Vaccine-derived spike protein was detected in the heart biopsies of 9 out of 15 patients with post-vaccination <u>myocarditis</u>.
- 5. Vaccinated people had a <u>rise</u> in cardiovascular risk factors that would predict a significantly increased risk of heart disease (from 11% to 25% risk of a heart attack in 5 years). This study has been criticised for not having a control group but is the equivalent of an early phase clinical trial in demonstrating a safety concern.
- 6. <u>An Israeli</u> study showed a 25% increase in acute coronary syndrome and cardiac arrest calls in 16-39 year olds associated with the first and second doses of vaccine but not with COVID-19 infection.
- 7. There were 14,000 more cardiac arrest calls to ambulances in England in 2021 than 2020.
- 8. There has been a rise in cardiac excess <u>deaths</u> and excess deaths have been disproportionately seen in more highly vaccinated groups e.g. less deprived cohorts and people of white ethnicity.
- 9. In a report of 35 autopsies in <u>Germany</u>, there were 5 deaths confirmed as caused by a COVID-19 vaccine and a further 20 deaths where a contribution from the vaccination could not be excluded.
- 10. Post mortem studies have shown inflammation of the coronary arteries after vaccination, causing death <u>four</u> months later.
- 11. A separate post mortem report showed vaccine-derived spike protein in <u>heart</u> muscle, in the absence of COVID-19 infection, in a subject who had myocarditis before he died.
- 12. Australian <u>hospitals</u> have experienced intense service pressure since Summer 2021, despite no significant COVID-19 infection rates or reduction in healthcare capacity at that time.
- 13. Australians have seen a similarly <u>timed</u> rise in excess non-Covid deaths, with ischaemic heart disease being the biggest contributor. This was despite no significant volume of COVID-19 cases or reduction in healthcare before Omicron as was seen in the UK.
- 14. Systematic exploratory analysis of the possible causes in the rise in excess deaths by comparing countries suggests a <u>link</u> to healthcare quality cannot be excluded but there is no link to COVID-19 or Long Covid. There is a weak link to lockdown severity but a strong correlation with vaccination.

Crucially, data has not been shared to counter the hypothesis that the mRNA vaccinations are linked to recent excess deaths caused primarily by cardiac pathology. The <u>ONS</u> were regularly publishing deaths by vaccination status. The last data was released for May 2022 and showed a higher mortality rate for that month in the vaccinated. No data has been shared since.

As medical professionals, and in the interest of patient safety, we demand that the British Heart Foundation immediately release the following information, in the public interest and in accordance with the requirements of the Freedom of Information Act 2000 (FOIA):







- 1. Any and all information and emails regarding potential and actual harms caused by the COVID-19 mRNA vaccines.
- 2. A copy of any Non-Disclosure Agreements that have been sent to people working at, or associated with, the British Heart Foundation and Oxford University, relating to COVID-19 vaccine safety and data.
- 3. A full list of conflicts of interests that the BHF and Oxford University have relating to the COVID-19 vaccines.

We further call upon the Charity Commission to conduct an independent and urgent investigation into these very serious allegations relating to the British Heart Foundation. Suppression of research findings, conflicts of interest and acting in the interests of commercial entities are in direct conflict with the requirements inherent in holding charitable status.

Thank you for your attention. We look forward to receiving a prompt response.

Yours sincerely

Doctors For Patients UK (<u>DFPUK- doctorsforpatientsuk.com</u>) Health Advisory and Recovery Team (<u>HART – hartgroup.org</u>) UK Medical Freedom Alliance (<u>UKMFA - ukmedfreedom.org</u>)

Cc: Dr Charmaine Griffiths, CEO, British Heart Foundation (BHF) Prof Charalambos Antoniades, BHF Chair of Cardiovascular Medicine Rt Hon Rishi Sunak, Prime Minister Rt Hon Steve Barclay, Secretary of State for Health and Social Care Mr Andrew Bridgen, MP

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