Solving the Riddle of Byram Bridle

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by **Rosemary Frei, MSc**
November 27, 2021

On Nov. 4 I posted an article with some questions about Byram Bridle.

After speaking to Bridle I took it down.

The vaccine developer and viral-immunology associate professor based at the University of Guelph is very popular in the Covid-questioning community.

He is a high-profile member of the Canadian Covid Care Alliance and gives many interviews. In addition, he was an expert witness in the mid-2021 Adamson Barbecue case and in the mid-November 2021 legal pursuit of an interim injunction against mandatory vaxxing of some Toronto workers.

He's been banned from the U of Guelph campus because he's not vaxxed. And he's harassed by some of his colleagues and others – including people who created both an anonymously written website byrambridle.com critiquing Bridle's claims and an accompanying Twitter account. (They've also linked from the website to a GitLab section on him.)

Bridle overall is a big promoter of vaxxes. He's developing several new ones, including working on new Covid vaxxes since at least since the spring of 2020.

And he readily uses the term "anti-vaxxer" to discredit people who have very sceptical or negative views about most vaccines.

I am among the many millions of people who hold such negative views about vaxxes. That's because there is a great deal of solid evidence showing that many vaxxes are not safe. (More about this in the 'Continued Push' section below.)

The only vaccines Bridle critiques are the current crop of Covid mRNA shots. He has posted several documents – such as his Nov. 12, 2021, expert report for the interim-injunction case in Toronto – and given many interviews about this.

In my Nov. 4 article I said I believed he has a conflict of interest that he doesn't disclose to the general public with respect to his critique of the Covid mRNA jabs. I posited that Bridle is poised to potentially make a lot of profit from six of the eight US patents (and a Canadian patent that's identical to one of those six) that I discovered he is a co-inventor of. They're all cancer-related. [Sentence added Dec. 1 when I re-re-read the article and realized I'd omitted this.]

I hypothesized that Bridle and his colleagues could develop, based on some of their existing patents, alternative vaxxes against Covid.

I deduced the profit motive from the fact that some of Bridle's co-inventors on the US patents are principals in a company called Turnstone Biologics (which is a sister company to the firm listed as the patents' owners, Turnstone Limited Partnership) – and that Turnstone Biologics is working together with international giants like Takeda to commercialize their vaxx platforms via at least one huge business deal.

I also wrote that some of Bridle's main assertions are on very weak ground. That includes his claim that the spike protein produced by the injection of the mRNA Covid shots spreads

throughout the body where it becomes a “dangerous toxin” and therefore is responsible for most of the serious injuries and deaths associated with the mRNA jabs.

I emailed the article to Bridle after I posted it. (That was a mistake – I’ve now truly learned my lesson to never again omit the step of at least attempting to talk to or email people before posting an article about them.)

In his email response he accused me of making **“egregious errors” – including “mixing up my cancer research-related patents with my COVID-19-focused research; they are entirely separate.” He wrote that his patent relating to the avian reovirus is an example of my very serious error of asserting that his cancer patents are connected to his Covid-vaxx work.**

He also said my article was a “one-sided piece of libel [that] represents nothing short of harassment,” and that I was conducting a “witch hunt.” He threatened legal action.

I’ve never received an email like that before. It intimidated me and shook my confidence.

In his email Bridle also asked me to call him on his cell, and provided that number. So I dialed it right away.

During our ensuing hour-long conversation I was persuaded further that I’d made huge errors by his fast-paced and confidently-delivered words – which started with his saying, “I have to say you screwed up big-time on this article. You’ve got a lot of stuff – like it [the article]’s completely wrong; you’ve completely misinterpreted everything.”

I then emailed everyone I’d sent the article to, saying I’d screwed up majorly and would write a follow-up article to set the record straight. I also took the article off my website.

I did make some errors in that Nov. 4 article.

For example, Bridle told me in his Nov. 4 email and our phone call that he has a very strained relationship with the principals of Turnstone – rather than being closely involved with them with respect to patents and potential profits from them as I'd suggested in my article – because they've mistreated him. I believe him. (Although he also said in that same phone call that he still holds at least one patent in conjunction with Turnstone.) I reached out to Turnstone later that day for a comment but they have not yet responded. I also seem to have made the wrong deductions about the specifics of the relationship between his cancer-vaxx patents and his Covid-vaxx work.

I apologize again for my errors.

But I did not get everything wrong, by any means.

<u>And I still have many questions about Bridle</u>

They include:

- Why do a very large number of vaccine sceptics embrace Bridle – who is very strongly pro-vaccine, readily uses the term 'anti-vaxxer' to disparage people who are sceptical about the safety and efficacy of many vaccines, and is developing new Covid vaxxes even though there's been an extremely low death rate from Covid?
- Why is Bridle not disclosing in his interviews and articles/documents for the general public that he's working toward an intranasal vaxx for Covid (which carries the genetic code for the novel coronavirus's spike protein) – and for which he has a provisional patent application dated June 3, 2021, that very likely is a spin-off of his cancer-vaxx research, and that could ostensibly solve some of the main problems associated with Covid mRNA shots? Shouldn't he be highlighting that when he critiques the mRNA jabs?

- Why does he use tenuous evidence to support his assertion that when the spike protein spreads throughout the body it becomes a "dangerous toxin" and therefore is responsible for most of the serious injuries and deaths caused by the mRNA vaxxes (yet when questioned about this assertion admits it is only theoretical)?

And as it happens, intranasal vaxxes are gaining traction rapidly. That's in part because they're a spray and don't involve use of a syringe to deliver a shot/jab the arm.

Russian President Vladimir Putin took an experimental intranasal vaxx against Covid on Nov. 23, 2021, according to news reports. (I asked a Russian friend to read the Russian TASS article about this; she said the English translations are accurate.) It was an intranasal version of the Sputnik V shot. And it was given to Putin 'off-label' – that is, in the absence of formal approval of the vaxx. Human trials of it are just starting.

There are also many claims, such as in a Nov. 19, 2021, scientific paper Bridle co-authored, that intranasal shots can produce 'sterilizing immunity' and therefore curtail the problem of potential 'vaccine escape variants.'

So I won't be very surprised if developers and marketers of these new vaxxes soon also **claim they could help curb the Nu/Omnicron variant (B.1.1.529)** that's received a great deal of attention in the last few days. B.1.1.529 already has been declared of "huge international concern" because it ostensibly has a **"horrific spike[-protein-gene-mutation] profile," spreads very fast** and has the **potential to evade the currently used vaxxes**. Predictably there's been panic such as long lines at airports in the very rapidly growing list of African countries subject to travel bans by other governments – along with a renewed push for more people to get

vaxxed. [And just as I was ready to post this article I found out that B.1.1.529 may in fact first have surfaced in July. I may write about this in a future article.]

Yet there hasn't been a single published scientific report, as far as I know, which would allow objective/outside verification of whether there is any real evidence to support these drastic claims and actions. And I remain very sceptical about the hype regarding all variants and the methods used to detect them, including the false narrative about 'immune escape'; see my Feb. 3, 2021, Feb. 11, March 16, May 24 and Oct. 24 pieces.

And as I wrote in that March 16 article (about Geert Vanden Bossche): "We … need to stop production and use of antivirals and antibodies and all other parts of the Covid-industrial complex. Covid has an extremely high survival rate. So **why develop yet another expensive, invasive and experimental solution to a problem that barely exists, if it does at all?**"

Let's dive into trying to answer those questions, and in the process solve the riddle of Byram Bridle.

Bridle Is Creating Fast-track Covid Vaxxes Based on His Team's Cancer-Vaxx Tech

He doesn't hide this. And his statements in news reports about this clearly show Bridle believes he and his collaborators can use the methodology they'd already developed for making cancer vaxxes to very quickly create vaxxes for the novel coronavirus (and for an array of iterations of it and of other viruses).

In my Nov. 4 article I cited two May 21, 2020, news pieces about Bridle and several of his collaborators receiving a one-year, $230,000 grant from the Ontario government. He was given

the grant together with Leonardo Susta and Sarah Wooton – both also at the University of Guelph – and Darwyn Kobasa from the Winnipeg National Microbiology Lab (NML). (The May 21, 2020, Ontario-government news release about this also announced Covid-related grants to other researchers across the province.)

The section of the news release about the U of Guelph/NML project said they were given the money to test vaxxes containing a virus (avian avulavirus or the adenovirus) into which they spliced the genetic code for the novel coronavirus's spike protein. First they'd do preliminary mouse testing of the shots at the University of Guelph. Then "after optimization, these vaccines will be evaluated [for efficacy] in a hamster challenge model at the" NML.

CBC reporter Kate Bueckert in her May 21, 2020, report quoted Bridle as saying, "We've had to, over the years, develop all kinds of ideas and methods to **optimize cancer vaccines. Because we have these technological platforms, we realized we could quickly, through the virology expertise, switch our cancer vaccines over to vaccines against infectious diseases.**" (Bolding added by me.)

Bridle also said, "'Our plan is, by the end of the year [of funding], so this would be **in 2021**, to have completely vetted the science and identified an optimal vaccine strategy to protect against infection with the virus that causes Covid-19 and at that point … our goal would be to **start talking to Health Canada**.'" (Bolding added by me.)

A Guelph Today piece about this said Bridle believes "that unlike other 'one-off' approaches to developing a Covid-19 vaccine, the team's platforms can be adapted to develop vaccines for future versions of a coronavirus. That means future vaccines might be made more quickly and cheaply, giving Canada a foundation for subsequent vaccine development. '**With these vaccine vectors, we designed them to be "plug and play."**

You can put any gene into the vectors within two weeks. It could be a target protein in a cancer cell, but it could just as easily be a protein on a virus,'" Bridle said. (Bolding added by me.)

The piece also said he "hopes to see a viable [Covid] vaccine based on the technology **ready for Health Canada approval in 2021….** The team will work with Health Canada to ensure '**fast tracking**' for any potential vaccine to be released to the public." (Bolding added by me.)

Hamsters Setting the Pace in the Covid-vaxx-development Race

The timeline given by Bridle in those May 2020 media pieces may be somewhat optimistic (and indeed in this June 21, 2020, Global TV interview, he said that vaxxes would take more than a year to be ready for widespread use).

However, there are the strong indications that he and his colleagues are moving quickly.

Hamsters play a key role in this. (Not because they move fast in their cages; rather, they – specifically, Syrian hamsters – have immune systems that are said to respond to infectious agents in very similar ways to humans' immune systems.)

In my Nov. 4 article I said I'd found a scientific paper co-authored by, among others, Bridle, Wooton and Susta. It's dated Nov. 19, 2021 (with an e-publishing date of Oct. 6, 2021) and is titled, '**Intranasal vaccination with a Newcastle disease virus-vectored vaccine protects hamsters from SARS-CoV-2 infection and disease**.'

In that paper, the Newcastle-disease virus/spike-protein Covid intranasal vaxx that Bridle, Wooton, Susta and their colleagues tested in Syrian hamsters came out looking rosy. For example, they concluded that spraying two doses of the

vaxx (containing the full length of the spike-protein gene spliced into a Newcastle-disease virus) into the noses of a total of 10 hamsters resulted in a "clear increase of S[spike-protein]-specific antibodies after the second dose." They also wrote that the vaxx was safe and, in addition, stopped the virus from multiplying to high levels in the hamsters.

This must be one of the results of the developing and testing of experimental Covid vaxxes by Bridle and his colleagues that started by or before the spring of 2020. In other words, at some point they must have included in their testing this experimental Newcastle-disease-virus/novel coronavirus spike-protein vaxx, either in parallel with, or as part of, the work they did using the Ontario-government grant.

In our Nov. 4 phone call Bridle dismissed this study as being at only a very early stage of development. He said, "clearly you don't have an understanding of what it takes to get a vaccine from the pre-clinical stage to the place where it can go into a rollout into the public."

Yet that ignores his quotes in the May 2020 articles about seeking to have their experimental vaxxes fast-tracked in 2021.

It also doesn't seem to take into account other things such as the fact that the Canadian and other governments put into warp speed the testing and approving Covid vaxxes and are continuing to do so.

Follow the Patent Trail

Then a couple of days later, while reviewing all the material I'd gathered for the Nov. 4 article, I discovered at bottom of that Nov. 19 paper by Bridle and collaborators the following 'Conflict of interest statement': "L.A.S., Y.P., **B.W.B. [Byram**

Bridle], P.P.M., **L.S. [Leonardo Susta]**, and **S.K.W. [Sarah Wooton]** are co-inventors on a **United States Provisional [Patent] Application No. 63/196,489 entitled 'ENGINEERED NEWCASTLE DISEASE VIRUS VECTOR AND USES THEREOF**,' which was filed **June 3, 2021**." (Bolding added by me.)

So they are moving apace on the pathway to patent their approach.

As I noted above, Bridle had commented in our Nov. 4 phone call on that Nov. 19 paper – but only to say it's very early-stage (i.e., pre-clinical) research. He didn't mention any provisional patent applications.

I tried to find the June 3 provisional patent application online but didn't succeed. There doesn't seem to be a publicly accessible database of provisional patent applications.

But I did find this website that gives information on provisional patent applications. It describes how to get one. It also lists the benefits of a provisional patent application. These include that it allows "the term 'Patent Pending' to be applied for 12 months in connection with the description of the invention," and "**enables immediate commercial promotion of [the] invention with greater security against having the invention stolen.**") (Bolding added by me.)

I emailed Bridle on the evening of Nov. 23. I asked him to send me the June 3 provisional patent application, along with any other provisional patent applications he has. And I emailed him again a few minutes later saying, "Further to the email I sent you a few minutes ago, if the information in the provisional patent application isn't public then of course I'm not asking you to send it to me. Only what you're able to – ie what's available to the public. And if you have other provisional patent applications I'm only looking for their titles, assuming the titles are publicly available (and nothing else is)."

He replied the next morning:

“I’m not sure what the status of this provisional patent application is; two of my colleagues (equal inventors) took the lead on this. Anything that is publicly available would be searchable in the US patent database. If it isn’t there, then it isn’t publicly available yet.”

So he’s not disclosing anything about this provisional patent application, nor saying whether he has more of them.

He’s not obliged to, of course. But why he wouldn’t at least answer my question about whether he has any other provisional patent applications?

And by the way, I believe his and his colleagues’ June 3, 2021, provisional patent application is to some extent related to two US patents — **10829786** and **20200190538** — that are among the eight US patents that have Bridle’s name on them that I mentioned in my Nov. 4 article. Those two US patents are both titled, ‘**Avian oncolytic virus having modified sequences and uses thereof**.’ (The word oncolytic means tumour-infecting and -killing.) The patents’ description highlights the **avian reovirus** and the **Newcastle-disease virus vector** as the central part of this vaxx-tech platform.

(Bridle told me in his Nov. 4 email and our Nov. 4 phone call that he holds a patent related to the avian reovirus. One [or both] of 10829786 and 20200190538 is [are] very likely the one[s] he was referring to, because none of the other six US patents that I’ve found with his name on them mention the avian reovirus.)

They’re actually the two that in my Nov. 4 article I said I believed were not related to his Covid-vaxx work. And Bridle told me in his Nov. 4 email that his avian-reovirus patent[s] are not related to his Covid-vaxx work, because, among other things, “did you notice in the title that the claims are based on it[‘s written as] being an ‘oncolytic’ virus; that means

for the treatment of cancers."

But I believe they may well be related to his Covid-vaxx work. Because as I noted above, the information on these two US patents says they relate not only to the avian reovirus but also to the Newcastle-disease virus. And the Newcastle-disease virus is what his June 3, 2021, provisional patent application and Nov. 19 paper are focused on. There's no way for me to know for sure, though, without seeing the provisional patent application and/or any subsequent patent application he and his colleagues may file.

Intranasal Vaxxes Gaining Traction

Intranasal vaxxes, like the Newcastle-disease-virus-based one that Bridle and his colleagues have been working on, just happen to perhaps not have the problems that Bridle ascribes to the mRNA jabs.

Intranasal vaxxes aren't new. AstraZeneca's intranasal flu vaxx FluMist has been used in the US since 2003 (with the exception of a two-year pause from 2016 to 2018, apparently because it wasn't effective in kids aged two to 17).

And as I noted earlier in this article, the intranasal route is likely to become extremely popular. **Intranasal-vaxx developers are counting on their being much more palatable to the public, including 'vaccine sceptics,' because these vaxxes aren't jabs/shots and people can administer them themselves.**

(And many have long being used for livestock – for example Merck's – and also for dogs – here are Merck's canine nose vaxxes.)

There already are eight intranasal vaxxes in clinical trials to date, according to the World Health Organization's 'COVID-19 vaccine tracker and landscape.' (Click on the 'Download' button near the top left of the page; double-click

to open the document that appears; scroll down to the table labelled '4. Number of doses, schedule and route of administration of candidates in clinical'; then look at the 'IN' – 'intra nasal' [sic] – line in the 'Route of Injection' section.)

That's a small fraction of the more than 350 Covid vaxxes being tested so far.

But many more intranasals are sure to follow. For example, according to this Nov. 11, 2021, article, a Stanford University team is teeing up an intranasal spike-protein shot against Covid.

Their Oct. 27, 2021, mouse-experiment paper the article is based on states, in the abstract at the beginning of the article, that such "an alternative **self-administrable** vaccine capable of mounting long-lasting immunity via **sterilizing** neutralizing antibodies [i.e., antibodies that ostensibly prevent the virus from multiplying] would be **hugely advantageous in tackling emerging mutant SC2 [SARS-CoV-2] variants**. This could also diminish the possibility of vaccinated individuals acting as passive carriers of COVID-19" (Bolding added by me.)

They further note, in the third paragraph of the paper's second page, that another advantage of the intranasal route is "**the avoidance of injections, and a likely high tolerance and compliance in clinical practice**." (Bolding added by me.)

And indeed, Bridle told me in our Nov. 4 phone call that, "If somebody comes up with a vaccine [for Covid] that has properly demonstrated a good safety profile … addressing all of the safety issues, legitimate safety issues, that I and many other international colleagues have raised. And until we see that data, presented to us, and alongside the efficacy data, none of us, including myself, are going to stand behind any of these other vaccines. So yes, but **could there be a future**

vaccine for SARS-coronavirus-2 that we would stand behind? Yes. I would be happy to do so. Because I am a virologist."

Shaky Spike-Protein-Related Assertions

Let's now switch gears a bit to address one of Bridle's central claims about the mRNA Covid shots.

He lays the lion's share of the blame for the serious injuries, such as myocarditis, and deaths from those jabs on the spike protein – which is produced in the body after the jabs – entering the bloodstream. He suggests that other shots do not lead to this type of spread.

He makes sweeping statements about this – in for example his Nov. 12, 2021, expert report and his June 15, 2021, Covid-shot guide for parents. In the middle of page 40 of the Nov. 12 report, after citing eight studies (see five paragraphs below), Bridle writes:

'Conclusion: the spike protein, if it gets into circulation, has the potential to cause damage to the cardiovascular system and other tissues.'

And just one sentence later, at the start of the next section, he states:

"**Now that there is a clear understanding that the spike protein from SARS-CoV-2 is a dangerous toxin when it gets into the blood and is distributed throughout the body**, we can continue with the story about COVID-19 vaccines." (Bolding added by me.)

On what basis did he make this leap?

He cites **eight studies to support this claim**. (The studies are references 84-91; you can see their details such as authors, title and publication name, on page 133 of the document.) **But**

they're all related to Covid, not to vaxxes for it. Plus: five of those studies are in vitro (i.e., in test tubes and/or petri dishes) and one study was done in mice (the spike protein was injected directly into their veins). The other two were on human-autopsies (which have some overlapping authors with each other). Note also that Bridle states that one of these human-autopsy papers (ref. 84) shows the free spike protein rather than the whole virus was found in various tissues. But this isn't really accurate: the authors said that they found the spike protein grouped together with other proteins from the virus. (For example, on the fifth page of the paper the authors write, "in both the skin and brain … the spike protein co-localized with both the envelope and membrane proteins, suggesting that the capsid proteins [i.e., envelope protein, membrane proteins and the spike protein] circulated as a unit").

And indeed, when **in a September 24, 2021, interview** on Rebel News, Tamara Ugolini asked Bridle how he knows it's the spike protein and not something else causing injuries and deaths in people who have received the Covid vaccines, since we don't know all the ingredients in the vaccines (at 30:27 in the video), **Bridle admitted his evidence is purely theoretical**.

"That's a great point," Bridle replied. "… We have to depend on the companies really – the companies, the onus is on them to evaluate the safety. So we've been raising all these questions. And these can readily be addressed in studies – properly conducted experiments."

He went on to say that (at 32:05) it "**is a big if if the mechanism of damage that [is] causing things like the blood clots [is] the spike getting freely into circulation**."

[And unfortunately he's not alone in his seemingly faulty reasoning. For example, I emailed Sucharit Bhakdi to ask why,

in the July 23, 2021, paper that Bhakdi co-wrote with Michael Palmer claiming the spike protein is the root of virtually all of the evils of the mRNA Covid shots, they didn't use any information on the pattern of injuries among the many millions of people who'd already been jabbed by then. Bhakdi replied in a Sept. 9 email to me that, "**Our predictions regarding development of adverse effects are based on general textbook knowledge of immunobiology and medicine. They are currently being verified.**" (Bolding added by me.) Yet I've checked subsequent posts on doctors4covidethics.org, and as far as I can see **Bhakdi and other authors still have not verified this using any clinical data in jabbed people**.]

Bridle is Part of the Continued Push to Trust Vaccines

On page 5 of his June 15, 2021, vaccines guide Bridle wrote, "I consider vaccines that have been developed on a foundation of sound science to be the most efficient type of medicine; they have cost-effectively saved millions of people from sickness and/or death." A very similar sentence is on page 5 of his Nov. 12, 2021, expert report. And he repeats this message in many other forums.

The Canadian Covid Care Alliance – of which Bridle is a key and outspoken member – also strongly promotes vaccines. For example the Alliance's Sept. 24, 2021, 'COVID-19 Canadian Covid Care Alliance Declaration' notes (bolding and underlining in the original):

"Without full transparency and informed consent, and without a full appreciation and proper evaluation of the safety of these novel vaccines (both short- and long-term) the current COVID-19 vaccination programs should be paused immediately. **We greatly support classical vaccine programs as developed over past decades and are therefore deeply concerned that this blatant disregard for medical ethics and most recent scientific data during COVID-19 vaccinations will irreparably**

damage Canadians' trust in the traditional vaccine programs."

And unfortunately other high-profile organizations also have been giving Bridle an uncritical platform. That includes, among others, **TrialSiteNews** (see for example Bridle speaking at 12:50 in this June 4, 2021, 'Expert Panel' video) – and **Children's Health Defense** and **Del Bigtree's 'The Highwire,'** via pieces such as this one, this one and this one.

As a result, large numbers of people and organizations who previously were standing firm in their knowledge based on a large body of evidence that vaccines are unsafe – people labelled 'anti-vaxxers' by Bridle and others – are being lulled into thinking Bridle is on our side because he's vocally opposing the mRNA Covid shots.

Therefore they may well be led to believe that virtually all other vaccines are okay.

I recommend several pieces of reading material that show the clear and present dangers of many vaccines.

One is the book The Peanut Allergy Epidemic: What's Causing It and How to Stop It by Heather Fraser. Another is the book Disease, Vaccines, and the Forgotten History by Suzanne Humphries, MD, and Roman Bystrianyk.

This is among the material that helped open my eyes 2.5 years ago to the dangers of vaccines. Contact me if you'd like other book or article recommendations.

By asking questions we can start to solve the riddle of Byram Bridle.

Don't let 'experts' on either side of any issue lull or push you into giving away your power to think for yourself. Follow

the money trail and potential conflicts of interest.

Work to find the real truth – it's hard work but vital. Check the primary-source material used to make assertions, no matter who's making them.

Connect with Rosemary Frei