

# Dr. Roger Hodkinson Warns of Myocarditis and Infertility from Covid Vaccines



Anna Brees with Dr. Roger Hodkinson

## **Introduction**

Anna Brees is a journalist who used to work as a reporter on BBC. In the video, she interviews Dr. Roger Hodkinson, a noted pathologist who is not an anti-vaxxer but who is sounding the alarm about the dangerous side-effects of Covid vaccinations.

## **Transcript**

Anna Brees: Hello, everyone, it is the 11th of June 2021. And I'm talking to Dr. Roger Hodkinson again, for a third time with a very important message. We were chatting on the phone a few minutes ago, Roger, and I thought it was incredibly important that I got you on this call, because there's a really urgent message isn't there to the public? Tell me first of all, for those who haven't heard about you before, what's your experience? What do you do? Who are you?

Dr. Hodkinson: In summary, I'm a retired pathologist living in Canada. I was trained at Cambridge in the UK in medicine, and then in pathology in Vancouver, British Columbia. I've been an assistant professor of the Faculty of Medicine at the University of Alberta. I've been Chair of the examination committee for general pathology at the Royal College of Physicians and Surgeons in Ottawa, I've been the CEO of a large commercial laboratory. I'm currently the chairman of an American company involved in molecular diagnostics, DNA sequencing for early diagnosis of cancer. So I've had a rather well-rounded career, and I think I'm quite competent to comment upon many aspects of COVID.

Anna Brees: And you're not a lone voice. And I keep saying to people, you know, there are doctors for COVID ethics, you've got PANDA (Pandemics ~ Data & Analysis), you've got heart, you've got the Frontline American doctors. And there may be a few doctors in there, you're not completely so sure about, you know, in terms of ...

Dr. Hodkinson: Well, I'm part of, you might say, the inner circle, there are about twelve of us internationally, that converse on a regular basis offline. And I did have a conversation by email with Peter McCullough, which we'll talk about in a minute, the preeminent American cardiologist involved in COVID. And so yeah, I'm right in the thick of it. I'm extremely frustrated with what's going on. And I'm sure we'll talk about that.

Anna Brees: When I said at the beginning of this interview, is you have a really urgent message to get out to the public. So what is it?

Dr. Hodkinson: Well, this, of course, is an experimental vaccine. It should have never been released. It was never an emergency, which predicated the development of the vaccine. And as with all vaccines, there are complications, which were predictable with time, but there was never enough time given for the clinical trial, which only lasted four to six months. In particular, complications are now coming out that are very disturbing.

The latest one over the last few days starting off in Israel is the frequency of Myocarditis in young adult males. And getting worse, the younger they are in teenagers. Just so I can translate that, Myocarditis is a medical term for inflammation of the heart. Now, the CDC is calling this reality of a large number of these events – we're now up to well over 200 events in the United States recorded – the CDC is calling us an “unbalanced” realization. Well, **You're damn right it's unbalanced! It's the CDC that's unbalanced!**

Myocarditis is never mild, as they're describing it for the general public, meaning not terribly significant. The heart muscles, the cells that make up the heart muscles **never regenerate**. If one dies, they're done. It's not like the liver or the kidney that regenerates. When a heart muscle dies, it's dead and it's never replaced. Myocarditis means a generalized inflammation of the heart muscle. So muscle cells in the heart will be dying. The number is hard to determine, obviously, because the person is still alive. But I can tell you with categorical certainty, supported by Dr. (Peter) McCullough's conversation with me this morning, that Myocarditis is totally unpredictable in terms of its long-term consequences. It may only present 20 years later, because of the reserve of the heart having been destroyed. We're talking here about cardiac arrhythmias, abnormal heartbeats. We're talking about heart failure, and so on. This is a most worrying, development. And of course, it's exactly the kind of complication that would have come out of a normal clinical trial for a vaccine, which typically takes a number of years.

Anna Brees: Why did you speak to Dr. Peter McCullough? Where do you go at the moment when you're getting all this information and reports from all over the world? You know, you said you're in a group of 12. Where do you go? Where's the expertise? How can we be sure that what you're saying is something for us to take note of?

Dr. Hodkinson: Well, Dr. McCullough has his own group in the United States that I follow very carefully. I mean, communication, he's the lead of it. And I mean, frequent communication with him. In Europe, there are [doctors for COVID ethics](#), which is headed up by Dr. Sucharit Bhakdi, and Dr. Mike Yeadon, and Dr. Michael Palmer, all with substantial reputations in their own fields. And then in South Africa, of course, there's PANDA which is headed up by Nick

Hudson, with his own esteemed scientific advisory board. So yeah, I'm as plugged in as anyone can be. We're all in frequent communication with zoom calls every week. And I'm speaking, therefore, with some authority on this. I'm connected on a daily basis, with the top guys in the world.

Anna Brees: But I need to challenge you here because you want 12 or small groups, but there must be 1000s and 1000s, of doctors who completely disagree with you? Or are there they? Is there something that's keeping them quiet? I mean, why should we listen to you? And why is this so important in your experience with these groups?

Dr. Hodkinson: Let me assure you that the statistics, when the books are written, will be exactly the other way around. I suspect, and it's impossible to confirm because of the intimidation that colleges across the world are putting on individual physicians, including me. I can assure you that **there's a vast number of physicians who do not buy into this idiocy**. Physicians who are well trained can see through this immediately as so transparently stupid. It's medical idiocy of the most grotesque degree that's going on. None of the so-called mandates, first of all, are supported by any scientific consensus whatsoever. If there had been one, we would have used it in previous flu epidemics, and we never did. You simply can't solve these things. By any control, you can't solve the spread of a pandemic, with an upper respiratory tract virus, by any known names to medical science. It's simply not possible.

Anna Brees: What reaches the public that is maybe sitting on the fence? Those are the people I want to reach. What I found interesting is when I've been listening to these doctors, they were actually recommending the vaccination in January, and February, and March and even, you know, I wasn't getting any emails whatsoever. As a journalist who has quite a high profile in this situation. I wasn't getting any stories of adverse vaccine reactions, but something shifted, I would say about six weeks ago. And so these doctors were recommending it to patients. But they've actually changed completely changed their mind and said, **"We must halt this immediately."** So it's not you're in an anti-Vax movement in any way you were promoting the vaccine. And Dr. Mike Yeadon talked about vaccinating the vulnerable, but over the last, I don't know, two months, they've pulled back and said, "Actually, no, we need to hold back now. We no longer recommend this for our patients."

Dr. Hodkinson: Dr. Tess Lawrie is the most authoritative person on this. And she's just published a devastating analysis of the whole NES (??), with the bottom line being exactly that, that this vaccination of everybody should stop immediately. Remember, please, that the predicate for this vaccine or these vaccines, was the statement that this was a medical emergency of a most sinister global scale. Well, it never was by any definition. And so if you take away that underpinning, requirement, if you take away the emergency, there was absolutely no reason for the development of a vaccine that contravened all the normal safeguards for the introduction of something on such a global scale. There's never been ever in medical history, a vaccination program on this scale involving billions of people with the most minor attention to long-term consequences. And I do want to expand on that because the story is not yet over.

Look, last time I checked, pregnancy takes nine months. You cannot conceivably check for fertility issues, if you're only doing a clinical trial for four to six months, but never even included pregnant women other than those that got pregnant during the trial, and there were only 40 of them.

**There are very serious scientific possibilities here for long-term infertility.** The studies have not been done. We do know for a fact that the placenta and the testis have a very heavy expression of the receptor for the spike protein which is being produced in large amounts by the vaccines. We do know that. We also know that during the SARS epidemic, which was a very similar organism, there were reports of a small number, but then it was a small number of people that came down with it, obviously, it was well contained. But we do know that during the SARS epidemic, there were reports of orchitis, which is a medical term for inflammation of the testis. So what I'm saying is on the male side of fertility, there are serious scientific grounds for worry. Not proven, I'm not being a scaremonger here. I'm not a conspiracy theorist, I'm not an anti-vaxxer da de da, right, I take vaccines myself.

On the female side does equal concern, because it comes out of the obscure Pfizer submission to the Japanese regulatory authority, that the vaccine particles, the little tiny lipid nanoparticles that are part of the vaccine locate very heavily in the ovary. Now, this was a rat study. But it still showed heavy localization most unexpectedly of these vaccine particles in the ovary.

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End of the first 12 minutes of the transcript. I hope this inspires you to listen to the rest of the interview if you have not done so.