

Paper for a Parliamentary Peer, so far unactioned

Written in 2020, this extraordinary missive should have brought the entire vaccine programme crashing down. What happened?



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Dec 15

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On Tuesday evening, Andrew Bridgen MP stood in the House of Commons, presented sound evidence demonstrating that Covid injections are neither safe nor effective, and called for the Covid vaccination program to cease. I hope his plea is heard.

So many of us have duly presented such evidence to those with the power to influence policy. I recently received this remarkable paper, based on correspondence by someone who is related to a number of members of the UK's House of Lords. In it, the relation explains, point by salient point, why she will not be getting vaccinated... yet.

To say this person did her research is an understatement. Every point is duly referenced, and every point reason enough to say no to vaccination. It must have taken many hours and much consideration to compose, and its rigour would put many scientists and researchers to shame.

I have asked the author for her permission to publish it in full and I am delighted that she has agreed, with the understandable condition that she remains anonymous. It is long: if you have received this in an email it may have been cut short and you will need to read the rest directly on the website. I hope you do, since a work such as this deserves to be read by everyone.

As you read it - its reams of evidence, its gentle yet ruthless logic, its impeccable clarity - you may well begin to wonder why it has so far not been actioned. She explained that people in significant roles in the nation are tremendously busy and only have time to focus on their particular specialism. That may be true, but how extraordinarily frustrating, and what a clear demonstration of the grave limitations of government. This reinforces once again the importance of taking responsibility for our own health decisions - because quite frankly, if we rely on government to decide for us, we may well end up sick, injured or dead.

As you read this letter, you may almost be struck by the fact that, despite being two years old, every point the writer raises remains relevant. All that has truly changed is that there is now more evidence to support every concern raised. If you have a relation or colleague, doctor or neighbour questioning your choices regarding the Covid injections and exhorting you to 'follow

the science', consider sending him or her this letter. It's as good as anything you will read in a scientific journal - and in many cases, far superior.

Some of the reasons why I don't want a covid jab yet

Disclaimer: Although I have read widely round the subject, this is a personal view, not a scientific one. The scientific community is divided on the subject, which is why I would like to see a much wider debate, rather than having one side of the argument hushed up. The very fact that **some global authorities are being silenced** raises alarm bells for me.

1. No long-term safety studies have been conducted on any of these vaccines. [1] There has not been time. They are being rolled out as nothing but a panic measure. My father used to say, wisely, 'When in doubt, do nought.'

- **Even pro-vaccine doctors are expressing serious doubts** as to their safety. For instance, in November 2020, Dr. Peter Jay Hotez, Professor of Paediatrics and Molecular Virology and Microbiology at Baylor College of Medicine, as well as being Director of the Texas Children's Hospital Centre for Vaccine Development, said of the new mRNA (messenger RNA) vaccines[2]: 'I worry about innovation at the expense of practicality because they [the mRNA vaccines] are **weighted toward technology platforms** that have never made it to licensure before.'[3] (That being so, I can't understand why Hotez is such a major proponent of vaccines.)
- Michal Linial, Professor of Biochemistry at the Hebrew University of Jerusalem, said recently, 'I won't be taking it [the mRNA 'vaccine'] immediately - probably not for at least the coming year. We have to **wait and see whether it really works**. We will have a safety profile for only a certain number of months, so if there is a long-term effect after two years, we cannot know.'[4] (Is two years enough time to assess a 'long-term effect'? I don't think so. **It took four years before narcolepsy was recognised** as a side effect of the GlaxoSmithKline SARS H1N1 vaccine Pandemrix in 2009, as a consequence of which the British taxpayer **had to pay out £60m in compensation**.)
- In Sweden, where there was **a wide take-up of the Swine flu vaccine in 2009**, a large number of people are being informed by the serious side effects of the last vaccine rolled out at speed and **refusing to take a covid-19 vaccine** until we know more about it. Anders Tegnell, Sweden's state epidemiologist, **said**, 'Of course **the decision would have been completely different if we had known about the side effects**. But they were completely unknown, they were a surprise to everybody.'

- Fewer than 2.1% of participants in the safety study of the Pfizer vaccine were **followed up** for more than three months[5], which is much too short a time to determine any long-term effects. If the manufacturers allow vaccination of the placebo group after six months, they will lose any longer follow-up of the early subjects.
- Only 2.1% and 1.8% of the study group included patients 75 years old and older with pre-existing medical conditions.[6] There were only 41 BME people older than 75 in the Pfizer vaccine study. That is **not enough to base broad recommendations for vulnerable groups**.

2. I don't see the point.

- The 'infection fatality rate' (IFR) for covid-19 is **less than 1% for people age 69 and younger**, including a .003% IFR for children and adolescents. Young people are at a **statistically insignificant risk** of death from covid-19, and for children the risk is much lower than the risk of dying from influenza. Almost all the people I know who have had it (most of the people I know have had it, including an opposite neighbour in her 80s and the aunt of a close friend, also in her 80s) recover within a few weeks. Only one has died, and he was in his 90s. He would probably have died anyway, of flu or pneumonia, had he not been diagnosed with covid. An experimental vaccine cannot possibly be safer than a very low IFR.
- The vaccines **do not prevent covid**. A **Pfizer briefing paper** published on 10th December 2020 showed 43% more suspected cases of covid-19 in the vaccinated group than in the placebo group within seven days of vaccination. We think that they lessen the chance of death from covid initially, but at what cost?
- They will not end the restrictions. Dr. Fauci acknowledges that the vaccines may prevent symptoms, but will **not block the spread of the virus**, so those who are telling us that it is our social responsibility to have one are not 'following the science'. Even those who have been vaccinated will still need to wear masks, practice social distancing and avoid crowds. Dr. Corey, who oversees the vaccine trials for the NIH Covid-19 Prevention Network, **says**, 'The studies aren't designed to assess transmission. They don't ask that question and there's really no information on this at this point in time.'
- **Prophylactics** such as 800 mg **vitamin D3** and **25 mg zinc** a day seem to be highly effective in warding off covid. At the end of September 2020, Matt Hancock, the Health Secretary, told the House of Commons that he had ordered a trial that showed vitamin D did not 'appear to have any impact'. This was not true, and his officials confirmed that no such trials took place.[7] I understand that Bill Gates refused to fund the trial. If that be so, one wonders why, since the evidence seems overwhelming, and **age reduces the**

capacity of the human skin to produce vitamin D3. Numerous studies show how vitamin D3 insufficiency is linked to obesity, to mortality from respiratory diseases, and to covid-19.[8]

- A wise African friend works in the local hospital, obviously a place of vulnerability especially for someone already vulnerable by reason of ethnicity, and she not only takes these vitamins and vitamin C, but also cider vinegar with Manuka honey, and is confident that she will not be infected. She relies on the promise in Psalm 91: 'Because thou hast made the LORD, which is my refuge, even the most High, thy habitation; there shall no evil befall thee, neither shall any plague come nigh thy dwelling.'

3. Traditional vaccines use a weakened or deactivated form of the pathogen that causes a disease to trigger protective immunity to it. Those are whole virus vaccines. The AstraZeneca covid-19 vaccine is different from a whole virus vaccine; it is a viral vector vaccine, which does not '... actually contain antigens, but rather uses the body's own cells to produce them. They do this by using a modified virus (the vector) to deliver genetic code for antigen, in the case of COVID-19 spike proteins found on the surface of the virus, into human cells. By infecting cells and instructing them to make large amounts of antigen, which then trigger an immune response, the vaccine mimics what happens during natural infection with certain pathogens – especially viruses. This has the advantage of **triggering a strong cellular immune response by T cells as well the production of antibodies by B cells.**' 'The AstraZeneca vaccine ... deploys a replication-deficient chimpanzee viral vector based on a weakened version of a common cold virus (adenovirus) that causes infections in chimpanzees. It contains the genetic materials of the spike protein. After vaccination, **the cells produce the spike protein, stimulating the immune system to attack the covid virus.**'

- Almost all traditional vaccines these days are **cultured in foetal cell lines**, mostly in the cell line HEK293, from the immortalised kidney[9] of a female Dutch foetus legally aborted in 1973. The cell line from one female foetus has produced enough culture for most of the traditional vaccines in the world.[10] The Johnson and Johnson (Janssen) and Altimmune's covid vaccines are manufactured in the human foetal cell line PER.C6, harvested from the eyeball of an 18-week-old human foetus aborted in 1985. Leaving aside the contentious issue of abortion,
- The vaccines **do not themselves contain foetal cells** in the final product, but '... while the final products do not contain actual foetal cells, they may retain DNA contaminants from the cell line used in their manufacture.'[11] Dr. Theresa Deisher[12], a genetic engineer with over 30 years' experience in pharmaceutical research, warns that 'When we use human foetal produced vaccines or cosmetics, we are also injecting or transferring DNA

and viruses from the human foetus used to create the cell line into our own bodies.’[13] She says that **there are serious health risks** attached to the use of these products. To a lay person, that is obvious from the fact that these cell lines have been immortalised and reproduced, which suggests that they could be potentially carcinogenic. This thought is reinforced by the fact that there is much more cancer in the world now than there was before people were routinely vaccinated, and is confirmed by professionals.

- Dr. Peter Patriarca, Director of the FDA Centre for Biologics Evaluation and Research, **said that** continuous cell lines are used for their ability to self-propagate, which makes them an ideal substrate on which to grow viruses. ‘The worst thing we are concerned about is ... **malignancy**, because some of these continuous cells have the potential for growing tumours in laboratory animals.’ He said that ‘the **technology to make these vaccines actually exceeds the science and technology** to understand how these vaccines work and to predict how they will work.’

4. A third form of vaccine is the nucleic acid vaccine, which uses genetic material from a disease-causing virus or bacterium (a pathogen) to stimulate an immune response against it. So far, these have not been approved for human use. The Pfizer and Moderna vaccines are a fourth sort, a new generation of vaccines, called protein subunit vaccines. **These mRNA vaccines are developed through the use of genetic sequencing on computers.** ‘Rather than injecting a whole pathogen to trigger an immune response, subunit vaccines (sometimes called acellular vaccines) contain purified pieces of it, which have been specially selected for their ability to stimulate immune cells.’ [14] Instead of using an actual virus, this experimental technology carries the viral genetic code in the virus’s ribonucleic acid (RNA). It is the instruction manual that cells use to manufacture proteins. The mRNA ‘vaccine’ instructs human cells to manufacture a specific covid-like protein, which stimulates our immune system to produce an antibody to fight it, so that if it encounters the real virus it will be ready to attack it.[15] Bill Gates, not (as far as I know) a scientist as such himself, although a funder of these projects, **has said that** it will permanently change our DNA and that we do not know what that will mean. As a non-scientist myself, some of the information already in the public domain I find disturbing, even alarming, for instance:

- Once injected, there is no way of removing them from the body or neutralising them if they are found to be damaging; what we are doing is **irreversible**. Scientists with global reputations **have raised serious questions** about both the basis of Pfizer’s claims and the safety of RNA vaccines generally.

- The new mRNA vaccines inject **synthetic** genetic material **from non-human sources** into our cells. Once in the cells, the genetic material interacts with our transfer RNA (tRNA) to make a protein previously unknown to our systems. It teaches the enzymes in the body to destroy the virus being coded for, so the vaccine is hijacking the protein-making machinery in our bodies. The newly-created proteins, being completely foreign to our cells, are not regulated by our own DNA. Because the new proteins are synthetic, our bodies are **not programmed to deal with any adverse reaction**. There is no way that we can know, yet, what they might do in the long term.[16] (The Pfizer and Moderna vaccines also include adjuvants[17], which have been seen in the brains of test subjects.)
- For this reason, a serious concern is that RNA-based vaccines could **potentially induce inflammation and autoimmune conditions**.[18] These conditions cause ‘the body’s immune system mistakenly [to] attack healthy cells in the body. Examples include type I diabetes, coeliac disease, multiple sclerosis (MS), psoriasis, and rheumatoid arthritis.’[19]
- Very few people in any of the trials both received the vaccine and developed covid-19. This tells us almost nothing about how exposure to covid-19 affects recipients of the vaccine. In the Pfizer and Moderna trials, only 8 and 11 recipients respectively developed covid-19. We therefore know nothing about the possibility of pathogenic priming, which leads to **antibody-dependent enhancement (ADE)**, a phenomenon which has been well documented with prior vaccines[20].
- Scientists and physicians from around the world[21] have expressed serious concerns about the potential for ADE, a phenomenon **documented in humans, non-human primates, and ferrets** in connection with the coronaviruses linked to SARS and MERS. In ADE, vaccines can cause antibodies present in a person’s body to act like a **Trojan horse for wild viruses**.
- In the case of people receiving covid-19 vaccines, ADE could not only enhance disease severity in the long term, but could also lead to organ damage. **Covid-19 vaccine trials have not been designed to detect ADE**. We do not know **what proportion of the population** might suffer pathogenic priming or ADE after receiving a covid-19 vaccine, but **people who already have an autoimmune disease could be particularly susceptible**.
- Because this is new technology, and no vaccine based on mRNA has been approved, or entered final trials, until now, there is **no peer-reviewed published human data comparing it with older technologies**.
- There are no independently published animal studies for the mRNA vaccines. When vaccines have been given to humans before animal trials in the past, **deaths have often resulted**, causing governments to withdraw the vaccines. Previous coronavirus vaccines have been tested on animals, which did develop immunity, but the next time they were

exposed to the same coronavirus most of the animals died because of the paradoxical immune reaction which **amplifies the infection** rather than preventing damage.

- The vaccine trials have not ruled out whether the new genetic material they will insert into human bodies are the same as other genetic sequences in the body. **If homologous sequences are there, the body will be taught to attack itself.**
- A BLAST[22] search, a search of the compiled genetic data bank for all human and microbial sequences, for one of the sequences (the Rd-Rp sequence) being used in the RT/PCR tests (which are being used to diagnose the presence of the coronavirus) shows that **there are 99 human genetic sequences with a 100% sequence-identity match.** Another sequence (the ORF1ab sequence) being used in the PCR test returns 90 results with a 100% sequence-identity match. Furthermore, doing a BLAST search shows 92 microbes identical to the Or1ab sequence and 100 microbes identical to the Rd-Rp sequence.[23] These sequences are being used in the PCR tests, because they are identified as being part of the coronavirus. It is therefore **likely that these genetic sequences, as well as others, may be in the vaccines** as well, potentially causing either an acute inflammatory response (a **cytokine storm**, which can be fatal) or, later in life, the development of an autoimmune disease.
- A **cytokine storm** can happen when lymphocytes attack and kill cells, creating huge fatal inflammation. M2 macrophages that clear waste from the area are then attacked by the non-neutralising antibodies stimulated by the vaccine.[24] The official trial completion date of the Pfizer covid vaccine is **January 2023**, and the Moderna trials finish in **December 2023**, so this is still experimental. (The AstraZeneca trials will be completed in **February 2023**.)
- The fact that the PCR tests[25] are searching for genetic sequences innate in the human body means that the PCR testing for the SARS CoV2 virus **is not testing for any sequence unique to a particular virus.** (That is why many people who test positive for covid have few or no symptoms of illness.) Some doctors have said that therefore it has **no scientific validity.**
- The vaccinations are expected to produce antibodies against the spike proteins of SARS-CoV-2. Spike proteins also contain syncytin-homologous proteins, essential for the formation of the placenta in mammals, including humans. A vaccine against SARS-CoV-2 could trigger an immune reaction against syncytin-1. Such an immune reaction would cause **infertility of indefinite duration** in vaccinated women, and a number of women have already lost their babies as a result of having the vaccine. The trials are not yet long enough to assess this possible outcome, nor were they designed with that in view.

- The mRNA vaccines from Pfizer and Moderna contain polyethylene glycol (PEG), which has **never before been used in an approved vaccine**. They are coated with **PEGylated lipid nanoparticles**, to hide the mRNA from our immune system, which would normally kill any foreign material injected into the body.[26] PEGylated lipid nanoparticles have been used in some drugs for years, but because of their effect on immune system balance, they can induce allergies, autoimmune diseases and anaphylaxis. In the clinical trials, multiple sclerosis has been identified as an adverse event, as has myalgic encephalomyelitis, inflammation of the brain and the spinal cord. PEGylated lipid nanoparticles have also been shown to trigger their own immune reactions, and to cause liver damage, thought to be because of a counterpart block of PEG-conjugates.[27] Some of the small animal studies have followed it with the luciferase gene, which lights it up, so that it can be tracked. It has been seen to stay in the spleen, and it has been seen in the brain.
- PEG is not only a **potential allergen**, but it is also a **suspected carcinogen**. Moderna's 2018 **corporate prospectus** acknowledges that 'there can be no assurance that our LNPs (lipid nanoparticles) will not have undesired effects,' including reactions that 'could lead to significant adverse events'. If Moderna says that, it is likely also to apply to the Pfizer vaccine.
- A **number of people** who received the Pfizer-BioNTech Covid-19 mRNA vaccine have developed **severe anaphylactic reactions following the injection**, almost certainly **caused by PEG**. (PEG is not in the traditional types of covid vaccines.) People with a history of severe allergic reactions were **excluded from the clinical trials of the mRNA vaccines**, so this adverse result did not show up in their clinical trial safety data. Although the FDA has labelled PEG as 'biologically inert/inactive,' investigators are **now questioning its biocompatibility**, and warning about PEGylated particles' promotion of tumour growth and adverse immune responses that include '**probably under-diagnosed**' **life-threatening anaphylaxis**.
- In response to the US VRBPAC[28] request for comments regarding covid vaccines, Dr. J. Patrick Whelan, a paediatric rheumatologist, **warned the FDA in December 2020** that mRNA jabs could cause microvascular injury to the brain, heart, liver and kidneys in ways not assessed in safety trials.
- Moderna documents and publications show that the company is well aware of safety risks associated with PEG and other aspects of its mRNA technology. In the **corporate prospectus** supporting Moderna's stock market launch in late 2018, the company was open about the riskiness of its technical approach. Specifically, it highlighted the **potential for its proprietary lipid nanoparticles (LNPs) and PEG to produce 'systemic**

side effects,' given the scientific literature's documentation of these types of side effects for other LNPs. Moderna said (p.33): 'There can be no assurance that our LNPs will not have undesired effects. Our LNPs could contribute, in whole or in part, to one or more of the following: immune reactions, infusion reactions, complement reactions, opsonisation reactions[29], ... antibody reactions . . . or reactions to the PEG from some lipids or PEG otherwise associated with the LNP. Certain aspects of our investigational medicines may induce immune reactions from either the mRNA or the lipid as well as adverse reactions within liver pathways or degradation of the mRNA or the LNP, any of which could lead to significant adverse events in one or more of our clinical trials.'

- On the question of efficacy, a mid-2019 study by authors who are or have been employees of Moderna, and who receive salary and stock options from Moderna, said that anti-PEG antibodies 'present **significant challenges**[30] **to the clinical efficacy** of PEGylated therapeutics and will require strategies to overcome [their] effects.' If that be so, it must apply to the Pfizer vaccine, because they use the same technology.
- **Frightening statistics from Israel** show that more people have died from the vaccinations than would have died from covid-19 during the same period. The American Government VAERS[31] website, which is updated weekly, currently reports death as an adverse reaction to the Moderna jab as 12.5%, and for the Pfizer jab as 8.6%[32], while the covid survival rate is more than 99% for most people under 70[33]. It is said that **almost twice as many people have died in America following a covid injection as have been reported to VAERS**.
- **The studies** have **not been designed to detect a reduction in outcomes** such as severe illness, hospitalisation or death. For people who develop severe symptoms, the vaccine is not a remedy.
- Participants in every Covid-19 vaccine trial **have reported adverse reactions** including high fever, chills, muscle pains and headaches. Some have even reported **severe reactions** that **required hospitalisation** and invasive treatment. **Potential long-term effects** may include Guillain-Barré syndrome, brain swelling, muscle weakness and paralysis, convulsions and seizures, stroke, narcolepsy, shock, heart attack, autoimmune disease, arthritis and joint pain, multisystem inflammatory syndrome in children, and death.[34] **Some UK health workers** have experienced anaphylactic shock after receiving one dose of the approved vaccine.
- Any single one of the nineteen points above should, in my opinion, cause serious doubts about the efficacy of rolling out the vaccine to whole populations, but the combination of all of them is terrifying – and yet our **government doesn't seem remotely anxious** about it. Why not? I myself received no fewer than three invitations within eleven days, inviting

me to make an appointment for a jab, telling me that 'experts' (not 'some experts', which would have been more honest) recommend that people in my age group should be among the first to be vaccinated. It mentioned an increased risk of serious illness from covid because of age – but no mention of the risk of serious illness as a result of a vaccine which is still in the experimental stages, nor even that **the vaccine was only authorised for emergency use** and should not be accepted by people with a history of anaphylaxis. This feels like bullying. Whatever is going on?

5. One of my chums told me that someone she knows (OK, hearsay, but it correlates with what I have observed) worked out, on the figures available from the ACIP[35] Covid-19 Vaccine Work Group at the CDC to 18th December 2020, that the risk of an **adverse reaction from the first dose of an mRNA covid jab was 100 times more likely than the risk of dying of covid**[36]. The CDC report includes a table headed: 'V-Safe Active Surveillance for Covid-19 Vaccine.' This table lists the number of registrants with a recorded first dose by 18th December 2020 as 112,807, and the number of Health Impact Events as 3,150, in other words 2.79%. A 'Health Impact Event' they defined as someone who is 'unable to perform normal daily activities, unable to work, and required care from a doctor or health professional'. My chum's friend used a reverse-Polish calculator, something I had never heard of before.

- Pfizer's effectiveness rate was reported as both 90% and 95%. These numbers were calculated in the same way as Moderna's. Moderna's trial included 30,000 total participants, so approximately 15,000 participants were in each section of the trial, the vaccine section and the placebo section. In the 'vaccine' arm of the trial, only five people (0.03%) got symptoms on Day 14. (The trial was designed only to assess symptoms on Day 14 after receiving the vaccine or the placebo, not whether the vaccine prevented infectivity or transmission.) In the 'placebo' arm, 90 people (0.6%) got symptoms on Day 14. Therefore, the actual symptom-reduction benefit of this injected drug is 0.57% (0.6% minus .03% equals .57%). The headline of 94.7% reduction, passing the threshold of 90% for fast-track approval, came from adding five (from five vaccine participants who had symptoms) to 90 (90 placebo participants who had symptoms) to make 95. Ninety is 94.7% of 95, so this produces a successful 'vaccine' trial. (This is the way all drugs' effective rates are calculated, rather than in absolute numbers.)
- The absolute number for the Moderna trial shows that the experimental vaccine, subjected to no long-term studies, was only .57% more effective than the placebo at reducing or preventing symptoms of illness at Day 14. It is not clear whether the symptoms that were reported had anything to do with covid or with side-effects of the vaccine.

- I do not believe that people are being given **enough information** about these injections to give proper informed consent. That is culpable. A number of participants in BBC programmes have assumed that the vaccines produce immunity, but Dr. Fauci, as well as the manufacturers of the jabs, deny that. People are **accepting the jabs on false pretences**, it seems to me.

6. A lot of clinicians and academics are issuing **strong warnings against these injections at this stage, and are being silenced**[37]. Why? We all need to know the potential down sides, so that we can make fully informed decisions. Especially with new technology, surely open debate is crucial. mRNA vaccines are completely new; no mRNA vaccine has ever been licensed for human use before. What is relevant for Moderna will presumably apply also to the Pfizer vaccine. No other therapies or prophylactics on the market use the same approach.

7. A strong case can be made to support the assertion that 'Big Pharma' is the **most corrupt industry in the world**. In the last 20 years, the pharmaceutical industry has been fined a total of more than \$14 billion for a variety of malpractices.[38] In 2009, Pfizer had to pay \$2.3 billion, the largest health care fraud settlement in history, to resolve criminal and civil allegations that the company illegally promoted uses of four of its drugs, including Bextra, a painkiller. In April 2005, Pfizer pulled Bextra off the market because they recognised that its risks, including a rare, sometimes fatal, skin reaction, outweighed its benefits.[39] AstraZeneca has been fined over \$1.1 billion incorporating \$543 million for no fewer than twelve instances of 'false claims' and a \$5.5 million penalty for 'kickbacks and bribery.' Nevertheless, vaccine manufacturers, while raking in a handsome profit from vaccines, **are indemnified** at the taxpayer's expense in many countries[40] from any **vaccine injury** claims.

8. After I had drafted this, the radio broadcast an apology from someone who had hosted a eulogy for someone who had died, but who later turned out to have been a sexual abuser. The apologist (for such he was) said that among the lessons he learned, which can surely be applied much more broadly, were:

- We must use our minds sceptically, critically, no matter what is popular, what is comfortable or what we want to believe.
- We need to focus on truth, rather than on reputation. The truth will out eventually. Truth-telling can be uncomfortable, especially for whistle-blowers.
- Once the truth is out, we need to recognise our own complicity and make sure it doesn't happen again.
- We need to learn our lessons.

The people being denigrated and maligned as anti-vaxxers (I am told that it was the CIA who coined the phrase 'conspiracy theorists') say clearly that they are not anti-vaccine, but only opposed to experimental vaccines and to mandatory vaccine policy in general. Certainly some, if not all, of them say that they are strong proponents for safe, accountable and fully voluntary vaccination with informed consent. Supposing they are right in their warnings? Not only will our government and mainstream media come out with egg on their faces, but a lot of people will have been harmed, some fatally[41], in the process.

Conclusion

I have a history of anaphylaxis, as well as one of the auto-immune conditions highlighted as a danger in the British Society for Immunology's **Report for Parliamentarians into autoimmune conditions**[42], in the SPUC report on the use of foetal cell lines in vaccines[43], and in many other documents, so the advice from the regulator is that for me, these injections could be a serious mistake. More generally, until we have long-term results of safety studies, I believe covid-19 itself is a significantly lesser risk, even for a septuagenarian such as myself, than one of these injections. I believe that a blanket roll-out at this stage may prove to be **culpably unwise**, because this new technology injects into human bodies synthetic foreign substances which are being hidden from our natural defence mechanisms. Therefore, any evidence to show that they are not **extremely dangerous**, not only in the short term but more particularly in the long term, for anybody at all, needs to be **very strong indeed, and no such evidence exists**, yet. Please will somebody convince me otherwise?

[1] According to the BBC Scotland website, 22nd January 2021, the UK has ordered 100 million doses of the Oxford-AstraZeneca vaccine, 100 million doses of the Valneva vaccine, 60 million doses of the GlaxoSmithKline vaccine (a joint project with Sanofi Pasteur), 60 million doses of the Novavax vaccine, 40 million doses of the Pfizer-BioNTech vaccine, 30 million doses of the Janssen vaccine and 17 million doses of the Moderna vaccine.

[2] The mRNA vaccines are the Pfizer vaccine and the Moderna vaccine

[3] *The story of mRNA: How a once-dismissed idea became a leading technology in the covid vaccine race* by Damian Garde from StatNews

[4] *Jerusalem Post*, 17th November 2020

[5] The FDA's Vaccines and Related Biological Products Advisory Committee Meeting, 10th December 2020. The purpose of the meeting was to review the Pfizer vaccine.

[6] Ibid.

[7] Mark Howarth and Tom Whipple in **The Times**, Thursday 1st October 2020, 12.01 am

[8] <https://www.ncbi.nlm.nih.gov/pmc/arti...>, <https://academic.oup.com/ajcn/article...>,
<https://www.mdpi.com/2072-6643/12/8/2488>, <https://www.bmj.com/content/356/bmj.i...>,
<https://pubmed.ncbi.nlm.nih.gov/20219...> , <https://link.springer.com/article/10....> ,
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fbclid=IwAR0q3FJKLgCR_71SYliB6PSpv-zOMI07SR5eJQsw21bIPEQSIHaDUhdl3co](https://link.springer.com/article/10.1007/s11845-020-02427-9?fbclid=IwAR0q3FJKLgCR_71SYliB6PSpv-zOMI07SR5eJQsw21bIPEQSIHaDUhdl3co),
<https://www.ncbi.nlm.nih.gov/pmc/arti...>, <https://www.ncbi.nlm.nih.gov/pmc/arti...>, and others.

[9] HEK stands for Human Embryonic Kidney

[10] Although ten of the covid-19 vaccines in development are known to involve the use of foetal cells in their manufacture, 19 laboratories are working on a covid-19 vaccine which does not use foetal cell lines. This shows that alternative methods of production are available if manufacturers choose to use them.

<https://cogforlife.org/wp.content/uploads/CovidCompareMorallmmoral.pdf>

[11] **The Commercial Use of Aborted Children** by Liam Gibson, SPUC Staff member. The article explains that 'Removing all foetal DNA would make the vaccines too expensive to be commercially viable.'

[12] She is the President of Sound Choice Pharmaceutical Institute.

[13] DNA Mutations; <https://www.soundchoice.org/research/>

[14] <https://www.gavi.org/vaccineswork/what-are-protein-subunit-vaccines-and-how-could-they-be-used-against-covid-19>

[15] <https://www.phgfoundation.org/briefing/rna-vaccines>

[16] Eugene Gu: 'This is the hard-to-swallow truth about a future coronavirus vaccine (and yes, I'm a doctor) The one you're all getting excited about carries some serious risks' The Independent (London, 20 May 2020)

[17] Adjuvants are substances added to a vaccine to increase the body's immune response to that vaccine, but they can cause more local reactions, such as redness, swelling and pain at the injection site, and more systemic reactions, such as fever, chills and body aches than vaccines without adjuvants: <https://www.cdc.gov/vaccinesafety/>

[18] Pardi, N., Hogan, M., Porter, F. et al. 'mRNA vaccines – a new era in vaccinology'. (2018) Nat Rev Drug Discov 17, 261—279. <https://www.nature.com/articles/nrd.2017.243#citeas>

[19] 'Report reveals the rising rates of autoimmune conditions' – The British Society for Immunology's **Report for Parliamentarians into autoimmune conditions**, published 26 November 2018 <https://www.immunology.org/news/report-reveals-the-rising-rates-autoimmune-conditions>

[20] For instance, in the Philippines, the former head of the Dengue department of the Research Institute for Tropical Medicine was indicted in 2019 for 'reckless imprudence resulting in homicide,' because they 'facilitated, with undue haste,' the approval and rollout of the vaccine against Dengue fever known as Dengvaxia. <https://www.sciencemag.org/news/2019/04/dengue-vaccine-leads-criminal-charges-researcher-philippines>

[21] including, *inter alia*, Dr. Michael Yeadon, the ex-Pfizer head of respiratory research, and the lung specialist and former head of the German public health department Dr. Wolfgang Wodarg

[22] Basic Local Alignment SearchTool

[23] https://drtomcowan.com/blogs/blog/covid-vaccines-are-medical-experiments-on-humanity?_pos=1&_sid=53c8466e3&_ss=r

[24] <https://www.bitcute.com/video/thgHE7VUsDrn/>

[25] Polymerase Chain Reaction tests, one of the two dominant tests used to determine covid-19; the other is a serologic test. Neither is fool-proof. The PCR test is said to report false negatives up to 30% of the time. <https://www.medicaldevice-network.com/features/types-of-covid-19-test-antibody-pcr-antigen/>

[26] Technically, therefore, they are not vaccines but gene therapy, which is normally monitored very carefully by regulators because there can be long-term, unexpected side effects.

[27] <https://aacijournal.biomedcentral.com/articles/10.1186/s13223-016-0172-7>

[28] The Vaccines and Related Biological Products Advisory Committee of the US Food and Drug Administration (FDA)

[29] <https://www.sciencedirect.com/science/article/pii/B978044464081900005X>

[30] <https://www.immunohorizons.org/content/3/7/282>

[31] Vaccine Adverse Event Reporting System

[32] <https://wonder.cdc.gov/controller/datarequest/D8>

[33] Between 14th December 2020 and 18th February 2021, 19,907 reports of adverse events were submitted to VAERS, including 1,095 deaths and 3,767 serious injuries. About a third of the deaths reported occurred within 48 hours of vaccination, and 48% of the people who died became ill within 48 hours of being vaccinated. About 21% of the deaths were cardiac-related. The report of an adverse event to VAERS does not necessarily indicate a causal relationship; further investigation is always required to establish the cause.

[34] <https://www.greenmedinfo.com/blog/covid-19-vaccine-bombshell-fda-documents-reveal-death-21-serious-conditions-poss1>

[35] Advisory Committee on Immunisation Practices in the USA

[36] 'These are the percentages of adverse reactions giving an average of 2.3%, starting at 0.4%:

echo "3 k 3 679 / 100 * p 50 6090 / 100 * p 373 27823 / 100 * p 1476 67933 / 100 * p 3150 112807 / 100 * p 3 50 + 373 + 1476 + 3150 + 679 6090 + 27823 + 67963 + 112807 + / 100 * p"
| dc

.400

.800

1.300

2.100

2.700

2.300

2-3% reaction rate is very poor for a virus that does not harm 99.98% of people without a vaccine. It's about 100 times more harmful.'

[37] Although I have not visited all these websites myself, some of the doctors who I am told explain clearly why the covid vaccines are not yet safe or effective include Dr. Andrew Moulden - <http://bit.ly/1fwzKJu>; Dr. Andrew Wakefield - <http://bit.ly/1MuyNzo>; Dr. Boyd Haley PhD - <http://bit.ly/1KsdVby>; Dr. Chris Shaw - <http://bit.ly/1lIGiBp>; Dr. David Ayoub - <http://bit.ly/1SIELve>; Dr. David Brownstein - <http://bit.ly/1EaHI9A>; Dr. David Davis - <http://bit.ly/1gdgJwo>; Dr. Frank Engley, PhD - <http://bit.ly/1OHbLDI>; Dr. Ghislaine Lanctot - <http://bit.ly/1MrVeUL>; Dr. Harold E Buttram - <http://bit.ly/1Kru6Df>; Dr. Jack Wolfson - <http://bit.ly/1wtPHRA>; Dr. Jane Orient - <http://bit.ly/1MXX7pb>; Dr. Jayne Donegan - <http://bit.ly/1wOk4Zz>; Dr. Jeff Bradstreet - <http://bit.ly/1MaX0cC>; Dr. Joseph Mercola - <http://bit.ly/18dE38I>; Dr. Kelly Brogan - <http://bit.ly/1D31pfQ>; Dr. Ken Stoller - <http://bit.ly/1MPVqLL>; Dr. Larry Palevsky - <http://bit.ly/1LLEjf6>; Dr. Lucija Tomljenovic - <http://bit.ly/1eqiPr5>; Dr. Mary Ann Block - <http://bit.ly/1OHcyUX>; Dr. Mayer Eisenstein - <http://bit.ly/1LLEqHH>; Dr. Meryl Nass - <http://bit.ly/1DGzJsc>; Dr. Michael Elice - <http://bit.ly/1KsdpKA>; Dr. Nancy Banks - <http://bit.ly/1lp0alm>; Dr. Paul Thomas - <http://bit.ly/1DpeXPf>; Dr. Philip Incao - <http://bit.ly/1ghE7sS>; Dr. Rashid Buttar - <http://bit.ly/1gWOKL6>; Dr. Raymond Obomsawin - <http://bit.ly/1G9ZXYI>; Dr. RC Tent - <http://bit.ly/1MPVwmu>; Dr. Rebecca Carley - <http://bit.ly/K49F4d>; Dr. Richard Deth - <http://bit.ly/1GQDL10>; Dr. Robert Mendelson - <http://bit.ly/1JpAEQR>; Dr. Robert Rowen - <http://bit.ly/1SIELeF>; Dr. Roby Mitchell - <http://bit.ly/1gdgEZU>; Dr. Russell Blaylock - <http://bit.ly/1BXxQZL>; Dr. Sam Eggertsen -

Dr. Sherri Tenpenny - <http://bit.ly/1MPVbjx>; Dr. Shiv Chopra - <http://bit.ly/1gdgh1s>; Dr. Stephanie Seneff - <http://bit.ly/1OtWxAY>; Dr. Susan McCreadie - <http://bit.ly/1CqqN83>; Dr. Suzanne Humphries - <http://bit.ly/17sKDbf>; Dr. Terry Wahls - <http://bit.ly/1gWOBhd>; Dr. Tetyana Obukhanych - <http://bit.ly/16Z7k6J>; Dr. Theresa Deisher <https://m.youtube.com/watch>; Dr. Toni Bark - <http://bit.ly/1CYM9RB>; many doctors talking at once - <http://bit.ly/1MPVHOv>. I am told that many more doctors testify that these vaccines are not safe or effective in these documentaries, which I am not able to view with my limited internet access: Autism - Made in the USA - <http://bit.ly/1J8WQN5>; Autism Yesterday - (2010) <http://bit.ly/1URU2A7>; Beyond Treason - <http://bit.ly/1B7kmvt>; Bought - <http://bit.ly/1M7YSlr>;

Deadly Immunity - <http://bit.ly/1KUg64Z>; Lethal Injection - <http://bit.ly/1URN7BJ>; Shots In The Dark - <http://bit.ly/1ObtC8h>; The Greater Good - <http://bit.ly/1icxh8j>; Trace Amounts - <http://bit.ly/1vAH3Hv>; Vaccination - The Silent Epidemic - <http://bit.ly/1vvQJ2W>; Vaccination - The Truth About Vaccines - <http://bit.ly/1vlpwvU>; Vaccination The Hidden Truth - <http://bit.ly/KEYDUh>; Vaccine Nation - <http://bit.ly/1iKNvpU>; Why We Don't Vaccinate - <http://bit.ly/1KbXhuf>; 9 hour court case: <https://m.youtube.com/watch?v=DFTsd042M3o>. How reliable these are individually I don't know, but the sheer volume of them demands that they should be paid attention, and I know that this is only a small number of the professionals who are deeply anxious about what is happening. Academics, virologists and immunologists, east and west, throughout the world, have also issued warnings.

[38] https://www.coronababble.com/post/vaccination-against-covid-19-need-to-know-information-to-ensure-informed-consent?fbclid=IwAR3FLVnImp6LnHphZa4Af8a80AYdK2VixQr0wIzhTLpi-WzfhQf_bf-IHQQ

[39] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2875889/?fbclid=IwAR0GcfYXlglIGPnbkR-1aQLt5GDxel7rVsQLRposKhgSOpQfZgaUKynrN9U>

[40] E.g. the National Childhood Vaccine Injury Act (NCVIA) of 14th November 1986 in the USA

[41] It is too soon to establish definitively the cause of death of the many hundreds of people who have died following a covid jab, but the circumstantial evidence seems strong, e.g.: <https://eraoflight.com/2021/02/14/cdc-withholding-information-1170-dead-following-covid-injections-almost-twice-as-many-deaths-as-found-in-vaers/?fbclid=IwAR200qoj9LnpSMsRIRLLu0ePGEwhTRUW3bkkS8A1ETfd1oBjd1St1St1PNnn2g>; [https://medicalkidnap.com/2021/02/26/28-year-old-PhD-physical-therapist-dead-2-days-after-being-injected-with-covid-experimental-mrna-vaccine/?fbclid=IwAR1T1zLs0t-MuclvGLK5uClgkK7qDgA\)RqeJieS8taMhzTizED3CWRwz4U](https://medicalkidnap.com/2021/02/26/28-year-old-PhD-physical-therapist-dead-2-days-after-being-injected-with-covid-experimental-mrna-vaccine/?fbclid=IwAR1T1zLs0t-MuclvGLK5uClgkK7qDgA)RqeJieS8taMhzTizED3CWRwz4U)

[42] Op. cit.

[43] *The Commercial Use of Aborted Children* by Liam Gibson, SPUC Staff member. Some of the references in that report are particularly instructive.

40 Comments



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