

Why I Am Not Taking the Vaccinations for COVID-19.

1. I am a Christian. I trust God for my health.
2. The vaccines are on emergency use authorisation license. They have not fully completed safety trials.
3. The illness COVID-19 has a very high survival rate.
4. There are significant side effects known about from the vaccine, and even based on known reported side effects, at younger age groups, the known risks of the vaccine are higher than the risks from the SARS Covid virus.
5. The long-term effects of the vaccine are completely unknown as no long-term trials have been completed.
6. One of the known effects of the vaccines is death. For someone whose risk of death from COVID-19 is very low, or even non-existent, then any risk of death from the vaccine is not a risk worth taking.
7. The vaccinations currently being used are new experimental developments. No one can say with certainty, the effects on the immune system of these new treatments.
8. The vaccinations for COVID-19 do not stop you catching COVID-19.
9. They do not stop you dying from COVID-19.
10. They do not prevent you spreading COVID-19.
11. They may, or may not, reduce your risk of dying, or spreading the virus, but that was not what the initial trials presented to the government was looking at. It only looked at reducing symptoms.
12. If the vaccine reduces symptoms, it has the potential to increase asymptomatic spread (if asymptomatic spread ever was a significant cause of spreading the virus, which the evidence does not support). As people no longer even know that they have COVID-19, if they don't have any symptoms. So, if people are not staying at home, but are out and about more, then transmission could be increased by the vaccinations. This is currently all unknown as there is no available evidence at the time of writing this, that I am aware of.
13. The evidence that asymptomatic spread has caused significant transmission of the virus is low. Most transmission of the virus is from people who have symptoms of illness. So if people who are symptomatic, ie. know that they are ill, stay away from other people, then everyone else can go about their normal lives and vaccines are not necessary.
14. If the vaccines work well, then only the "at risk" of dying from COVID-19 would need vaccinating, as the rest of us would not be a risk to the vaccinated, if the vaccines worked. There would not be any need of

the healthy, whose risk of dying from COVID-19 is very low, to be exposed to a risk to their health, for no benefit for them.

15. The average age of death from COVID-19 is older, or the same as the life expectancy of the population.
16. It is unethical to ask young healthy people, or children, to take a risk to their life, for no benefit to them, to protect older people, whose life expectancy is lower.
17. Previous attempts at making vaccinations for SARS viruses have not been successful and it was found that the vaccine caused more harm than good.
18. The vaccinations for COVID-19 are not vaccinations in the traditional understanding of the word. They are a new development that uses mRNA or DNA to cause your cells to produce a spike protein that is similar to the spike protein in the coronavirus.
19. The Astra Zeneca Oxford vaccine, is a DNA viral vector vaccine.
20. The Pfizer and Moderna Vaccines are mRNA vaccines.
21. Once the vaccine has been injected into your body there is no way of removing it.
22. The vaccine is designed for the body to make spike proteins, then an immune response against your own cells that are producing this spike protein. It is then considered that this will give you antibodies against the spike protein on the coronavirus.
23. If your body continues to mount a response to these spike proteins that your body is producing, then an autoimmune response, leading to an autoimmune disease, could follow.
24. If cells in your body continue to produce the spike protein, and your body continues to enact a response to these spike proteins, then the antibody response could be a permanent state.
25. One of the known side effects of the vaccines to COVID-19, is clotting disorders leading to bleeding or clotting. This has been a known cause of death, and the risk of this has been increasing as more and more cases or serious clots after vaccination are being reported.
26. The incidence of reporting of side effects, deaths and consequences of vaccinations, has traditionally only been a small number of the actual number of side effects.
27. When reporting the number of deaths due to covid -19, anyone who has tested positive for COVID-19, or even been suspected of having it, has been included in the number of deaths reported by the government as being due to COVID-19. It is known that people who have died from causes other than COVID-19, are included in the count of deaths due to COVID-19.
28. When it comes to recording deaths after vaccination with COVID-19 vaccines, the standards are reversed. It would seem that any death after a vaccination, is deemed to be a coincidence until proven otherwise. It can be very hard to prove that a death after COVID-19 vaccination was caused by the vaccine, as it can just be said to have been something that would have happened anyway. Even when a

logical person would have said that the illness started immediately after the vaccine, or the death occurred within hours or days after the vaccine, the official cause of death has been recorded as something other than being related to the vaccine.

29. This leads to a situation where we are overreporting the risks of dying from COVID-19 and underreporting the risks of the vaccines.
30. One of the concerns about the vaccines is antigen priming. This is a situation where a vaccine is given, and when the person who has been vaccinated comes into contact with the virus, then the response of the body is worse, more serious than if the person had not been vaccinated. This has been a problem with previous vaccinations developed to SARS.
31. There are no studies on the safety of these vaccinations for pregnant women. It would be unethical to do trials on pregnant women, they are not done, but pregnant women are being offered these vaccinations with no scientific evidence to say that they are safe.
32. There have been statements that the vaccinations are not known to cause fertility problems in men or women. But with no long-term trials yet, it is impossible to say that there could be no effects on fertility. No evidence of harm is not the same as evidence of safety. It may turn out that they do not affect fertility but it cannot be known at the present time.
33. The drug companies involved with these vaccinations have a history of criminal convictions for causing harm, or fines. Would anyone want to trust these companies to inject chemicals into them, with a history that they have not always been honest, or acting in the interest of the patients.
34. Pfizer has been found guilty in many criminal cases.
35. AstraZeneca also has convictions.
36. Moderna has never made a human medication before so has no experience of making human pharmaceuticals.
37. Johnson and Johnson have also criminal convictions and large fines.
38. Companies making vaccinations cannot be sued for injuries.
39. The history of vaccinations is littered with cases where vaccines have done serious harm.
40. There is evidence that Western Governments have allowed scientific experiments to be conducted that they knew could do harm to the people in the population.
41. Governments around the world, without question, are promoting universal uptake of vaccinations for COVID-19, for the whole world. Why are all of the governments around the world so keen on injecting the whole population of the world with a new, not fully licenced, pharmaceutical product that will not even benefit most of the population of the world, as the virus was never going to kill them? For much of the world's population there are other illnesses, or problems that are much more likely to kill them than

Coronavirus. If the governments of the world were so concerned about the populations, then money would be much better focused on other more serious problems.

42. The definition of important words like "Pandemic" have been changed, so that government pandemic plans are activated, which often include largescale purchase of vaccines, for the benefit of pharmaceutical companies.
43. There is evidence that in the 3 weeks after vaccination, the incidence of COVID-19 infections has been increased. This has been replicated in many countries around the world after the vaccination program has rolled out.
44. There is evidence that the incidence of all-cause death rates, in countries as the vaccinations are rolled out, have increased, coinciding with the initial roll out of the vaccinations.
45. There is concern that the vaccinations could cause effects on unvaccinated individuals.
46. As a Christian I do not agree with abortion, the death of an innocent unborn child. The development of all the current vaccines involves the use of cell lines from an aborted foetus at some point in their development or testing.
47. Much about these vaccinations are unknown, as they are such a new technology, so it is very difficult to make an informed decision as the detailed information is just not currently available.
48. People who have had COVID-19 will have immunity, which will protect them from future infection with SARS CoV2 infection. This natural immunity will be better than any immunity that could be gained from a vaccine. Vaccination is not necessary, and could do more harm, for people who have already had COVID-19 and recovered.
49. There is real concern about censorship of scientists, doctors, lawyers and ordinary people who are questioning official government narratives.

Expanded Information and References for The Statements Above.

1. [I am a Christian. I trust God for my health.](#)

As a Christian I trust God to keep me healthy. That doesn't mean that I do not take responsibility for my own health. I try to eat healthily, exercise and avoid harms. But I ultimately trust God for everything including my health. The Bible calls our bodies Temples of the Holy Ghost.¹ We are to care for our bodies physically, but the state of the soul is ultimately more important than the state of the body. We do not expect to be free from illness or difficulties as Christians, but know that God is the answer to everything. Christians usually avoid deliberately harming their bodies with illegal drugs or tobacco. So, I would see a drug that is more likely to do me harm than good an unwise decision.

2. [The vaccines are on emergency use authorisation license. They have not fully completed safety trials.](#)

² This reference is to the US government website trial information for the Pfizer vaccine. Note the trial end date as April 6th 2023. ³ This reference is the US government clinical trials information website, entrance for Moderna vaccine, note the trials end October 27th 2022. ⁴ This reference is Oxford university announcing the emergency usage of its vaccine.

3. [The illness COVID-19 has a very high survival rate.](#)

⁵ This is the link to the QCovid Oxford University risk score, to calculate your risk of dying from COVID-19. According to this, even an 80-year-old male on immunosuppressant therapy, so a person considered very high risk of death from covid-19, has a 0.23% chance of dying of COVID-19. For a young person the risk is a lot less than one in a million. Survival rates for the population as a whole are well over 99%. Even back on 1st April 2020 The BMJ published an article stating that the death rate from Covid was 0.66% but that was using data from China. ⁶ This means a 99.34% survival. But more recent estimates put the mortality rates even lower. ⁷ This world health organisation bulletin puts the infection fatality rate at 0.2%. That means 99.8% survival.

¹ 1 Corinthians 6 v 19

“What? know ye not that your body is the temple of the Holy Ghost *which is* in you, which ye have of God, and ye are not your own?”

² <https://clinicaltrials.gov/ct2/show/NCT04368728?term=NCT04368728&draw=2&rank=1>

³ <https://clinicaltrials.gov/ct2/show/NCT04470427?term=NCT04470427&draw=2&rank=1>

⁴ <https://www.ox.ac.uk/news/2020-12-30-oxford-university-welcomes-uk-regulatory-emergency-use-authorisation-coronavirus>

⁵ <https://qccovid.org/Calculation>

⁶ <https://www.bmj.com/content/369/bmj.m1327>

⁷ <https://www.who.int/bulletin/volumes/99/1/20-265892/en/>

4. There are significant side effects known about from the vaccine, and even based on known reported side effects, at younger age groups, the known risks of the vaccine are higher than the risks from the SARS Covid virus.

⁸ 18 countries suspend AstraZeneca vaccine over risk of clotting. Some have since allowed it to be used again in certain situations. ⁹ This BBC article I have referenced explains why the government in the UK have stopped using the AstraZeneca vaccine in people under 30. ¹⁰ This is one of the first studies that that started to highlight the problems with thrombocytopenia after the AstraZeneca vaccine. There is not one vaccine, but many vaccines for COVID-19, but blood clots, specifically those caused by thrombocytopenia, are also happening in people who have had other vaccinations for COVID-19.

In this ¹¹ paper from 2007, it shows how it has been known that thrombocytopenia has been consistently reported following the administration of adenoviral gene transfer vectors; so it should not have been unexpected, that thrombocytopenia could be a side effect of a vaccine that uses adenoviruses such as the AstraZeneca one does.

This study ¹² from September 2020 "[SARS-CoV-2 binds platelet ACE2 to enhance thrombosis in COVID-19](#)" showed that the spike proteins in SARS-CoV-2 was associated with reduced platelet clotting.

This is a study ¹³ from March 2021 "[SARS-CoV-2 Spike Protein Impairs Endothelial Function via Downregulation of ACE 2](#)" Quote from the study: "In the current study, we show that S protein alone can damage vascular endothelial cells (ECs) by downregulating ACE2 and consequently inhibiting mitochondrial function." From this study we would expect vaccinations that cause a spike protein to be produced by the bodies own cell could also cause damage to the endothelial cells.

In this study ¹⁴ "[Severe COVID-19: A multifaceted viral vasculopathy syndrome](#)" one of their findings was; "Endocytosis of spike protein by endothelia induces cell death, cytokine expression, and complement activation" So once again the spike protein itself was found to induce cell death. If a vaccine is designed for our body to produce a spike protein, and the spike protein itself is known to

⁸ <https://www.businessinsider.com/astrazeneca-covid-vaccine-countries-suspend-denmark-thailand-batch-blood-clots-2021-3?op=1&r=US&IR=T>

⁹ <https://www.bbc.co.uk/news/health-56665517>

¹⁰ <https://www.nejm.org/doi/10.1056/NEJMoa2104840>

¹¹ <https://pubmed.ncbi.nlm.nih.gov/17148587/>

¹² <https://jhoonline.biomedcentral.com/articles/10.1186/s13045-020-00954-7>

¹³ <https://www.ahajournals.org/doi/10.1161/CIRCRESAHA.121.318902>

¹⁴ <https://www.sciencedirect.com/science/article/abs/pii/S109291342030191X>

induce clotting by docking in various tissues, then we can expect potentially serious side effects from the vaccines that work by causing the persons own cells to produce a spike protein.

In this study from April 2021 ¹⁵ "Endothelial cell damage is the central part of COVID-19 and a mouse model induced by injection of the S1 subunit of the spike protein" some of their findings were: "The S1 subunit causes degeneration of endothelial cells and motor neurons in cell culture. - The S1 subunit alone when injected into mice causes a systemic endothelialopathy. - Damage to ACE2+ endothelial cells is the key feature of human COVID-19 and the mouse model of the disease."

So once again no need for the full virus, the spike protein alone was able to cause endothelial damage. The endothelial cells line the blood vessels. So, damage to the blood vessels would be expected if the spike protein is in the blood stream. The vaccines stated aim is to cause your body to produce spike proteins. If you are considering taking the vaccine, would you want to cause your body to produce spike proteins? Once you have taken the vaccine you cannot remove it from your body.

The UK, European Union and the USA, among other countries, have a system of reporting side effects or deaths from pharmaceutical products. The fact that the report has been made is not proof that the vaccine or medication caused the problem, it may be a coincidence, but the person sending in the report must have felt that the pharmaceutical agent had caused the problem, or they would have not filled in the report. These reporting systems are known to seriously underreport the incidence of side effects with medications. ¹⁶ This study done in 2006 to 2009 followed 715,000 patients and this is a quote from the paper:

"Adverse events from drugs and vaccines are common, but underreported. Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). Likewise, fewer than 1% of vaccine adverse events are reported."

We can see that these reporting systems underestimate dramatically the actual number of side effects.

If we look at the UK Yellow card system ¹⁷ and the UK official government website ¹⁸ which I have accessed today (15.5.2021). This is a quotation below:

"Thrombo-embolic events with concurrent low platelets

¹⁵ <https://www.sciencedirect.com/science/article/pii/S1092913420302288>

¹⁶ <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

¹⁷ <https://yellowcard.mhra.gov.uk/>

¹⁸ <https://www.gov.uk/government/publications/coronavirus-COVID-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting>

Up to 5 May 2021, the MHRA had received Yellow Card reports of 262 cases of major thromboembolic events (blood clots) with concurrent thrombocytopenia (low platelet counts) in the UK following vaccination with COVID-19 Vaccine AstraZeneca. These events occurred in 149 women and 112 men aged from 18 to 93 years and the overall case fatality rate was 20% with 51 deaths. Eight cases have been reported after a second dose.

Cerebral venous sinus thrombosis was reported in 99 cases (average age 47 years) and 163 had other major thromboembolic events (average age 55 years) with concurrent thrombocytopenia. The estimated number of first doses of COVID-19 Vaccine AstraZeneca administered in the UK by 05 May was 23.3 million and the estimated number of second doses was 7.5 million.

The overall incidence after first or unknown doses was 10.9 per million doses. Taking into account the different numbers of patients vaccinated with COVID-19 Vaccine AstraZeneca in different age groups, the data shows that there is a higher reported incidence rate in the younger adult age groups compared to the older groups. MHRA advises that this evolving evidence should be taken into account when considering the use of the vaccine. There is now some evidence that the reported incidence rate is higher in females compared to men although this is not seen across all age groups and the difference remains small.”

So we have picked up on a rate of 10.9 cases per million doses of vaccine of one type of specific thromboembolic event which causes death or serious consequences. That is a rate of one in 91,743. But they also say that it is more likely to affect younger people than old, and women more than men. So, for a young woman whose risk of dying of COVID-19 is less than one in a million, the risk of one serious side effect alone is more than 10 times the risk of dying of COVID-19 itself. We have not taken into account the risk of anaphylaxis or other causes of death that the vaccine may cause.

¹⁹ The European medicines agency puts the risk of thrombosis alone for the Oxford AstraZeneca vaccine at less than 1 in 10000.

“Thrombosis (formation of blood clots in the blood vessels) in combination with thrombocytopenia occurred in less than 1 in 10,000 people.”

This risk may seem very small. But if you are talking about injecting someone with a medication that almost certainly will give them no personal benefit for someone in a younger age group, but a risk of serious injury or death then you have to consider very carefully why you are prepared to subject the individual to the risk for no personal benefit to them.

¹⁹ <https://www.ema.europa.eu/en/medicines/human/EPAR/vaxzevria-previously-COVID-19-vaccine-astrazeneca>

When you are discussing minor or moderate side effects then the UK Government report above²⁰ suggests that more than 1 in 10 people will experience side effects such as pain at the injection site, fatigue, headache, myalgia (muscle pains), chills, arthralgia (joint pains), and fever; malaise and nausea. What they do not tell you is how much more than 1 in 10. For those people experiencing these side effects that are listed as moderate, some people have never felt as ill in their whole lives. Even days in bed with a flu like illness symptoms unable to work will not be considered a significant side effect.

In this study²¹ in The Lancet, April 2021, they looked at self-reported side effects within 8 days of the vaccines. In the group who had received the Oxford AstraZeneca vaccine, 33.7% experienced systemic side effects and 58.7 % experienced local side effects. 71.9% of those who had the Pfizer vaccine experienced local side effects. We can see that large numbers of people would expect to get side effects.

Many people are prepared to take the risks as they believe for them the risks of being vaccinated are smaller than the risks from COVID-19. But most people do not even consider in detail these risks, they just follow government advice.

Life long injuries are also a serious risk and it must not be forgotten that many people injured by the vaccines will not recover.

5. The long-term effects of the vaccine are completely unknown as no long-term trials have been completed.

As I have reported above, the vaccines are all on emergency use authorisation licence, and the trials do not end until 2023. It is just not possible for anyone to know the long-term safety of a new pharmaceutical product that has only been given to humans for the first time in the last year or so. These are side effects where they do not show any effect on the individual until a long time after the vaccine, when it may be forgotten that the person had the vaccine, but the vaccine causes the problem, weeks, months, or years later. It can be very hard to prove cause and effect for these side effects, but large population studies, if correctly designed should be able to notice the difference in

²⁰ <https://www.gov.uk/government/publications/coronavirus-COVID-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting>

²¹ [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(21\)00224-3/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00224-3/fulltext)

incidence of symptoms in vaccinated and unvaccinated populations. But often the original studies do not last very long, and we now have a situation where over 95% of some age groups have been vaccinated, so it may be difficult to differentiate from what would have happened without vaccines, to what happens now that so many people have had the vaccines. As everyone is being urged to take the vaccines it will be difficult to study the difference between vaccinated and unvaccinated populations.

This rapid response in the BMJ ²² points out that no one actually even knows which tissues the vaccine goes to after vaccination, and suggests that someone should look into this before mass roll out of the mRNA vaccines. "At present, relatively little has been reported on the tissue localization of the LNPs used to encase the SARS-CoV-2 spike protein-encoding messenger RNA, and it is vital to have more specific information on precisely where the liposomal nanoparticles are going after injection, both in concurrent animal studies and in the two ongoing mRNA vaccine human trials."

6. One of the known effects of the vaccines is death. For someone whose risk of death from COVID-19 is very low, or even non-existent, then any risk of death from the vaccine is not a risk worth taking.

Looking at the UK government yellow card reporting system to date (15.5.21)²³; there have been 1143 deaths reported. This does not prove any causal link, but the person reporting the death must have felt that the vaccine had cause the death or they would not have reported the death to the yellow card system.

"The MHRA has received 370 UK reports of suspected ADRs to the Pfizer/BioNTech vaccine in which the patient died shortly after vaccination, 756 reports for the COVID-19 Vaccine AstraZeneca, 2 for the COVID-19 Vaccine Moderna and 15 where the brand of vaccine was unspecified."

If even one of those deaths was in someone who was at low or no risk of dying from COVID-19, then it was not a risk worth taking for that individual. If it was your mother or father, spouse or child, or friend or colleague, was the death for no benefit worth it?

There have been 34,934,171 individuals that have been vaccinated, so that is one death reported per 30,565 individuals to the UK yellow card system. Once again, I add that there is no proof of cause of death or correlation of death, but also there are deaths after vaccination that are not reported to the

²² <https://www.bmj.com/content/371/bmj.m4037/rr-19>

²³ <https://www.gov.uk/government/publications/coronavirus-COVID-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting>

yellow card reporting system. So, it is currently impossible to accurately know the number of people dying as a direct result of the vaccinations. But we can only look at the statistics we do have available.

If we look at the corresponding data from the European database of suspected drug reaction ²⁴ reports we come to a figure of 10,570 deaths up to 8th May 2021 reported following the vaccines. This figure is collated by adding up the figures from the individual vaccines from the individual countries so is not presented as a one-page report in the same way that it can be easily obtained from the UK government data.

The USA ²⁵ CDC has reported 4,434 deaths up to 10th May 2021 following the vaccines. Once again this does not prove cause, but the person reporting it thought that the vaccine had caused the death.

7. [The vaccinations currently being used are new experimental developments. No one can say with certainty the effects on the immune system of these new treatments.](#)

This study ²⁶ looks at this question of the vaccines causing autoimmune diseases:

["The possibility of future autoimmune disease is daunting and very real"](#)

Once again, we will need to wait and see, but see my note 23 below about immune system priming.

This is a quote from 2019 BMJ rapid response to an article about vaccine hesitancy ²⁷ in the 2009 swine flu pandemic.

["But there were many disturbing aspects to this episode and it is far from clear that public scepticism regarding the WHO and its decision making were unjustified \[3,²⁸ 4, ²⁹ 5 ³⁰,6, ³¹ 7 ³² \]. As we know vaccine products were rushed to the market in weeks, and GlaxoSmithKline's Pandemrix became rapidly associated with the condition of narcolepsy. In the UK only about six million doses were taken up but](#)

²⁴ <https://www.ema.europa.eu/en/human-regulatory/overview/public-health-threats/coronavirus-disease-COVID-19/treatments-vaccines/COVID-19-vaccines>

²⁵ <https://wonder.cdc.gov/vaers.html>

²⁶ <https://www.frontiersin.org/articles/10.3389/fimmu.2020.617089/full>

²⁷ <https://www.bmj.com/content/364/bmj.l1259/rr>

²⁸ Deborah Cohen & Philip Carter, 'WHO and the pandemic flu "conspiracies"' BMJ 2010; 340 doi: <https://doi.org/10.1136/bmj.c2912> (Published 04 June 2010)

²⁹] 'Interview with Epidemiologist Tom Jefferson 'A Whole Industry Is Waiting For A Pandemic'', Der Spiegel, 21 July 2009, <http://www.spiegel.de/international/world/interview-with-epidemiologist-...>

³⁰ Tom Jefferson, The UK turns to Witty, Vallance, and Van Tam for leadership: revolving doors?, 6 December 2017, <http://blogs.bmj.com/bmj/2017/12/06/tom-jefferson-the-uk-turns-to-witty-...>

³¹ Peter Doshi, 'Pandemrix vaccine: why was the public not told of early warning signs?', BMJ 2018; 362 doi: <https://doi.org/10.1136/bmj.k3948> (Published 20 September 2018)

³² Fiona Godlee, 'A tale of two vaccines', BMJ 2018; 363 doi: <https://doi.org/10.1136/bmj.k4152> (Published 04 October 2018)

the situation could have been much worse if the 132 million rounds originally ordered had been taken up.”

8. The vaccinations for COVID-19 do not stop you catching COVID-19.

You will note that despite large numbers of people being vaccinated, our government in the UK has been extremely cautious about releasing the population from lockdown. From the actions of the government, you would believe that vaccinations do not have any effect on COVID-19 statistics. This Sky News article ³³ from 14th April, and many other news outlets at the time reported the Prime Minister as saying “Lockdown is main reason for drop in coronavirus cases and deaths - not vaccinations, says Boris Johnson”

I personally believe seasonality of the virus was the cause for the drop in cases, not lockdown, but the Prime Minister did not seem to attribute the reduction in cases to the vaccine program.

The NHS website says : “There is a chance you might still get or spread COVID-19 even if you have the vaccine.” We know that even vaccinated people can catch COVID-19 still according the official NHS website.

This article in Forbes ³⁴ points out “Countries with the world’s highest vaccination rates—including four of the top five most vaccinated—are fighting to contain coronavirus outbreaks that are, on a per-capita basis, higher than the surge devastating India, a trend that has experts questioning the efficacy of some vaccines”

9. They do not stop you dying from COVID-19.

³⁵ Look at his article in the BMJ titled “Will COVID-19 vaccines save lives? Current trials aren’t designed to tell us” (Published 21 October 2020)

“The world has bet the farm on vaccines as the solution to the pandemic, but the trials are not focused on answering the questions many might assume they are. Peter Doshi reports

As phase III trials of COVID-19 vaccines reach their target enrolments, officials have been trying to project calm. The US coronavirus czar Anthony Fauci and the Food and Drug Administration leadership have offered public assurances that established procedures will be followed.¹²³⁴ Only a “safe and

³³ <https://news.sky.com/story/COVID-19-lockdown-is-main-reason-for-drop-in-coronavirus-cases-and-deaths-not-vaccinations-says-boris-johnson-12274266>

³⁴ <https://www.forbes.com/sites/roberthart/2021/05/11/covid-surges-in-4-of-5-worlds-most-vaccinated-countries-heres-why-the-us-should-worry/?sh=458398d7d677>

³⁵ <https://www.bmj.com/content/371/bmj.m4037>

effective” vaccine will be approved, they say, and nine vaccine manufacturers issued a rare joint statement pledging not to prematurely seek regulatory review.⁵

But what will it mean exactly when a vaccine is declared “effective”? To the public this seems fairly obvious. “The primary goal of a COVID-19 vaccine is to keep people from getting very sick and dying,” a National Public Radio broadcast said bluntly.⁶

Peter Hotez, dean of the National School of Tropical Medicine at Baylor College of Medicine in Houston, said, “Ideally, you want an antiviral vaccine to do two things . . . first, reduce the likelihood you will get severely ill and go to the hospital, and two, prevent infection and therefore interrupt disease transmission.”⁷

Yet the current phase III trials are not actually set up to prove either (table 1). None of the trials currently under way are designed to detect a reduction in any serious outcome such as hospital admissions, use of intensive care, or deaths. Nor are the vaccines being studied to determine whether they can interrupt transmission of the virus.”

So, there you have it in writing, the trials were not testing for any of the things people would consider important like reduction in death or intensive care admissions, they were only designed to see a reduction of someone’s risk of experiencing COVID-19 symptoms.

The article also talks historically about influenza vaccination:

“But the truth is that the science remains far from clear cut, even for influenza vaccines that have been used for decades. Although randomised trials have shown an effect in reducing the risk of symptomatic influenza, such trials have never been conducted in elderly people living in the community to see whether they save lives.

Only two placebo controlled trials in this population have ever been conducted, and neither was designed to detect any difference in hospital admissions or deaths. Moreover, dramatic increases in use of influenza vaccines has not been associated with a decline in mortality.”

So even a vaccine that has been in use for a long time, and is widely used, has not yet been shown to actually reduce mortality.

10. They do not prevent you spreading COVID-19.

The same BMJ article ³⁶ quotes the chief medical officer at Moderna as saying “Our trial will not demonstrate prevention of transmission,”

He also is quoted as saying:

“Hospital admissions and deaths from COVID-19 are simply too uncommon in the population being studied for an effective vaccine to demonstrate statistically significant differences in a trial of 30 000 people. The same is true of its ability to save lives or prevent transmission: the trials are not designed to find out.”

So, the trials that were widely reported in the mainstream media as showing that they have produced an effective vaccine, was only effective at reducing symptoms, the designs of the trials were not set up to show anything else.

11. They may, or may not, reduce your risk of dying, or spreading the virus, but that was not what the initial trials presented to the government was looking at. It only looked at reducing symptoms.

Looking at the Pfizer and Moderna vaccines, the two companies' COVID vaccines barely make a dent at all in reducing an individual's risk of experiencing COVID symptoms, (the clinical trials' endpoint) they only reduce the risk by less than 1%.

It is important to understand the difference between absolute risk and relative risk. This article ³⁷

“Outcome Reporting Bias in COVID-19 mRNA Vaccine Clinical Trials” from February 2021 shows how statistics can be used to give the impression that the vaccines are extremely effective.

“Relative risk reduction and absolute risk reduction measures in the evaluation of clinical trial data are poorly understood by health professionals and the public. The absence of reported absolute risk reduction in COVID-19 vaccine clinical trials can lead to outcome reporting bias that affects the interpretation of vaccine efficacy. The present article uses clinical epidemiologic tools to critically appraise reports of efficacy in Pfizer/BioNTech and Moderna COVID-19 mRNA vaccine clinical trials. Based on data reported by the manufacturer for Pfizer/BioNTech vaccine BNT162b2, this critical appraisal shows: relative risk reduction, 95.1%; 95% CI, 90.0% to 97.6%; p = 0.016; absolute risk reduction, 0.7%; 95% CI, 0.59% to 0.83%; p < 0.000. For the Moderna vaccine mRNA-1273, the appraisal shows: relative risk reduction, 94.1%; 95% CI, 89.1% to 96.8%; p = 0.004; absolute risk reduction, 1.1%; 95% CI, 0.97% to 1.32%; p < 0.000. Unreported absolute risk reduction measures of 0.7% and 1.1% for the Pfizer/BioNTech and Moderna vaccines, respectively, are very much lower than the reported relative

³⁶ <https://www.bmj.com/content/371/bmj.m4037>

³⁷<https://pubmed.ncbi.nlm.nih.gov/33652582/>

risk reduction measures. Reporting absolute risk reduction measures is essential to prevent outcome reporting bias in evaluation of COVID-19 vaccine efficacy.”

So if we use absolute, rather than relative risk reduction statistics for vaccine efficacy, then we get a 0.7% absolute risk reduction for the Pfizer vaccine, 1.1% absolute risk reduction for the Moderna Vaccine, if this was splashed across the headlines as how effective the vaccinations are, then I suspect a lot less people would be rushing to get one!

12. If the vaccine reduces symptoms, it has the potential to increase asymptomatic spread (if asymptomatic spread ever was a significant cause of spreading the virus, which the evidence does not support). As people no longer even know that they have COVID-19, if they don't have any symptoms. So, if people are not staying at home, but are out and about more, then transmission could be increased by the vaccinations. This is currently all unknown as there is no available evidence at the time of writing this, that I am aware of.

I think that this is self-explanatory.

13. The evidence that asymptomatic spread has caused significant transmission of the virus is low. Most transmission of the virus is from people who have symptoms of illness. So if people who are symptomatic, ie. know that they are ill, stay away from other people, then everyone else can go about their normal lives and vaccines are not necessary.

A summary of evidence can be found here ³⁸. Individuals who are pre-symptomatic need to be distinguished from those that are completely asymptomatic.

“To the extent that pre-symptomatic cases exist the evidence suggests that they must only account for a very small proportion of transmission and therefore they present a low overall risk. In fact, in one study of 243 cases in total, the maximum transmission from pre-symptomatic individuals was estimated to account for less than 7% ³⁹ of transmissions. The secondary attack rate from pre-symptomatic transmission was estimated to be only 0.7% to household contacts in a large meta-analysis of 77,758 traced participants. ⁴⁰ Transmission which is pre-symptomatic is rare and represents a negligible risk to the population. The evidence that asymptomatic transmission exists at all is tissue thin.”

³⁸ <https://lockdownsceptics.org/has-the-evidence-of-asymptomatic-spread-of-COVID-19-been-significantly-overstated-2/>

³⁹ <https://pubmed.ncbi.nlm.nih.gov/32271722/>

⁴⁰ <https://www.medrxiv.org/content/10.1101/2020.07.29.20164590v1>

14. If the vaccines work well, then only the “at risk” of dying from COVID-19 would need vaccinating, as the rest of us would not be a risk to the vaccinated, if the vaccines worked. There would not be any need of the healthy, whose risk of dying from COVID-19 is very low, to be exposed to a risk to their health, for no benefit for them.

I think once again this is self-explanatory.

15. The average age of death from COVID-19 is older, or the same as the life expectancy of the population. The official UK government statistics ⁴¹ on age of death from COVID-19, has the median average as 83 years old, and the mean average as 80 years old.

According to the office for national statistics ⁴² the life expectancy at birth in the UK in 2017 to 2019 was 79.4 years for males and 83.1 years for females;

16. It is unethical to ask young healthy people, or children, to take a risk to their life, for no benefit to them, to protect older people, whose life expectancy is lower.

I have already discussed this above in part. But it is a legitimate question to ask why would anyone want to vaccinate healthy children? The risk of healthy children dying of COVID-19 is extremely low or non-existent. According to this BBC article ⁴³ based on a BMJ article “And the six who had died had had “profound” underlying health conditions that had often been complex and themselves life-limiting.” So, it would appear, no healthy children died of COVID-19 in this study.

So why would anyone consider vaccinating a healthy child for an illness that is very unlikely to cause them harm. The main reason cited in the media generally is to protect everyone else from dying from COVID-19. But as you can see above, we do not yet have clear evidence that the vaccines reduce spread. But even if we did have that evidence, would it be ethical to subject a child to risk of harm for the benefit of an adult. Also, we are talking about an adult whose life expectancy is going to be a lot less than that of a child. Every life is of value before God and no one is more or less important. But if we are discussing risk in a statistical way, then the people at risk of dying from COVID-19 are those

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<https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/averageageofthosewhohaddiedwithcovid19>

⁴²

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/nationallifetablesunitedkingdom/2017to2019>

⁴³ <https://www.bbc.co.uk/news/health-53932294>

who already have a lower life expectancy than the average person in the population. Some people would even go as far as saying that to risk killing a child to potentially save an adult is criminal and completely unethical.

If even one child dies of side effects of the vaccinations, that is one child too many. Children should not die to reduce risk for adults. Sadly, already in the vaccine statistics children already have died. This has got to stop.

I personally have searched the USA VAERs site and put in "Death" as outcome following COVID-19 vaccines in children 1-2 years and it returned 3 results. I can not tell you more than this, as no more detail is available, but if 3 children so far, aged 1-2, when very few children are being vaccinated against COVID-19, have died that is a tragedy, but if that is multiplied up if children are mass vaccinated, it will be a crime against humanity to allow the deaths of these innocent children. Especially when we have no evidence that vaccinating children would even reduce the spread of COVID-19. Their deaths would be for no greater good, even if such a thing was acceptable, which it could be argued it is not.

Many doctors are concerned about vaccinating children as the long-term risks of the vaccines are completely unknown.⁴⁴ This article describes a letter 100 doctors in Israel wrote to ask the government not to vaccinate children in Israel.

This is an article in the BMJ⁴⁵ discussing how there is no case for vaccinating children, and it could be beneficial for the population to allow children to get natural immunity to the virus.

17. Previous attempts at making vaccinations for SARS viruses have not been successful and it was found that the vaccine caused more harm than good.

Please see point 30 as well. There have been concerns that a vaccine for coronaviruses could make the situation worse.⁴⁶ This is a quote from a 2012 study:

"Conclusions: These SARS-CoV vaccines all induced antibody and protection against infection with SARS-CoV. However, challenge of mice given any of the vaccines led to occurrence of Th2-type

⁴⁴ <https://www.jpost.com/israel-news/coronavirus-100-doctors-express-opposition-to-vaccinating-children-664816>

⁴⁵ <https://www.bmj.com/content/373/bmj.n1197>

⁴⁶ <https://pubmed.ncbi.nlm.nih.gov/22536382/>

immunopathology suggesting hypersensitivity to SARS-CoV components was induced. Caution in proceeding to application of a SARS-CoV vaccine in humans is indicated.”

So put simply, this article from 2012 looking at vaccines developed and tested in mice for SARS Cov the vaccine made the mice more ill when they came into contact with the virus after vaccination.

This ⁴⁷ is a similar study in cats showing antibody dependent enhancement after infection with Coronaviruses.

18. The vaccinations for COVID-19 are not vaccinations in the traditional understanding of the word. They are a new development that uses mRNA or DNA to cause your cells to produce a spike protein that is similar to the spike protein in the coronavirus.

A search online for the meaning of the word vaccine gives me a Cambridge dictionary definition of a vaccine as “a substance containing a virus or bacterium in a form that is not harmful, given to a person or animal to prevent them from getting the disease that the virus or bacterium causes:”

This is most people’s general understanding of the word vaccines, but when we look into how the COVID-19 vaccines work we find that none of the vaccines currently being given in the UK (May 2021) fulfil this criterion. They are new technologies which in different ways cause the patient’s own body to produce a spike protein that it is thought will produce an immune response, which will protect the patient if they come into contact with the SAR Cov 2 virus. We will look below at each vaccine in more detail.

19. The Astra Zeneca Oxford vaccine, is a DNA viral vector vaccine.

⁴⁸This New York Times article describes how the Oxford AstraZeneca vaccines work.

“The researchers added the gene for the coronavirus spike protein to another virus called an adenovirus. Adenoviruses are common viruses that typically cause colds or flu-like symptoms. The Oxford-AstraZeneca team used a modified version of a chimpanzee adenovirus, known as ChAdOx1.”

“After the vaccine is injected into a person’s arm, the adenoviruses bump into cells and latch onto proteins on their surface. The cell engulfs the virus in a bubble and pulls it inside. Once inside, the adenovirus escapes from the bubble and travels to the nucleus, the chamber where the cell’s DNA is stored.”

⁴⁷ https://www.jstage.jst.go.jp/article/jvms/60/1/60_1_49/_article

⁴⁸ <https://www.nytimes.com/interactive/2020/health/oxford-astrazeneca-COVID-19-vaccine.html>

“The adenovirus pushes its DNA into the nucleus. The adenovirus is engineered so it can’t make copies of itself, but the gene for the coronavirus spike protein can be read by the cell and copied into a molecule called messenger RNA, or mRNA.”

“The mRNA leaves the nucleus, and the cell’s molecules read its sequence and begin assembling spike proteins.”

“Some of the spike proteins produced by the cell form spikes that migrate to its surface and stick out their tips. The vaccinated cells also break up some of the proteins into fragments, which they present on their surface. These protruding spikes and spike protein fragments can then be recognized by the immune system.

The adenovirus also provokes the immune system by switching on the cell’s alarm systems. The cell sends out warning signals to activate immune cells nearby. By raising this alarm, the Oxford-AstraZeneca vaccine causes the immune system to react more strongly to the spike proteins.”

The plan is that the body makes an immune response to the spike proteins.

So, in summary the Oxford AstraZeneca vaccine uses a Chimpanzee genetically altered adenovirus to deliver DNA into the cell nucleus and cause the cell to produce spike proteins, which then should cause the body to produce an immune response to.

20. The Pfizer and Moderna Vaccines are mRNA vaccines.

There are corresponding articles in the New York Times about how the Pfizer ⁴⁹ and the Moderna ⁵⁰ vaccines work. These are mRNA vaccines which cause our cells to produce spike proteins also.

“The vaccine uses messenger RNA, genetic material that our cells read to make proteins. The molecule — called mRNA for short — is fragile and would be chopped to pieces by our natural enzymes if it were injected directly into the body. To protect the vaccine, Moderna wraps the mRNA in oily bubbles made of lipid nanoparticles.

“After injection, the vaccine particles bump into cells and fuse to them, releasing mRNA. The cell’s molecules read its sequence and build spike proteins.”

The spike proteins are supposed to produce an immune response which causes immunity to the spike protein.

21. Once the vaccine has been injected into your body there is no way of removing it.

This is self-explanatory.

⁴⁹ <https://www.nytimes.com/interactive/2020/health/pfizer-biontech-COVID-19-vaccine.html>

⁵⁰ <https://www.nytimes.com/interactive/2020/health/moderna-COVID-19-vaccine.html>

22. The vaccine is designed for the body to make spike proteins, then an immune response against your own cells that are producing this spike protein. It is then considered that this will give you antibodies against the spike protein on the coronavirus.

The design of these vaccines is for your own body to become a spike protein producing factory. Once you have asked your body to produce a protein that is foreign to your body, how do you know for certain how long this process will continue. If your own body is mounting an immune response to something that it is producing itself, then effectively the body is attacking itself. Autoimmune diseases are when the immune system over reacts and causes harm to its own body.

23. If your body continues to mount a response to these spike proteins, that your body is producing, then an autoimmune response, leading to an autoimmune disease, could follow.

This is called pathogenic priming and this reference ⁵¹ looks at the possibility of this from the vaccinations for COVID-19.

24. If cells in your body continue to produce the spike protein, and your body continues to enact a response to these spike proteins, then the antibody response could be a permanent state.

We just do not know for certain how long the body will continue to produce these spike proteins after vaccination. It is thought that mRNA will break down quickly once in the vaccinated individual, but as mRNA vaccines are a new technology, we do not have long term safety trial data.

25. One of the known side effects of the vaccines to COVID-19, is clotting disorders leading to bleeding or clotting. This has been a known cause of death and the risk of this has been increasing as more and more cases or serious clots after vaccination are being reported.

I have discussed this above see point 4.

26. The incidence of reporting of side effects, deaths and consequences of vaccinations, has traditionally only been a small number of the actual number of side effects.

I have already referenced this above. ⁵²

⁵¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7142689/>

⁵² <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

27. When reporting the number of deaths due to COVID-19, anyone who has tested positive for COVID-19, or even been suspected of having it, has been included in the number of deaths reported by the government as being due to COVID-19. It is known that people who have died from causes other than COVID-19, are included in the count of deaths due to COVID-19.

The way death certificates recorded deaths changed last year. COVID-19 appeared on many death certificates of people who did not die of COVID-19. This article in the telegraph ⁵³ reports that a quarter of Covid deaths were not caused by the virus.

How can this be? Well, if you were knocked over by a bus, taken to hospital and sadly died of your injuries, but tested positive for covid at any point while you were in hospital it would go on your death certificate as a COVID-19 death. Likewise, if you lived in a care home and had a cough before you died, and one person in the care home tested positive for COVID-19, even if you had a negative test, it still could be put down as a COVID-19 death. In the past the GP would have labelled it a chest infection or flu or old age. But this year if you died of some sort of natural causes, then there was a good chance that it could have been recorded as a COVID-19 death.

It is interesting to note that flu has almost completely disappeared since COVID-19 appeared. Official deaths from winter respiratory viruses seem to be reported as COVID-19 rather than flu now. It is very unlikely that influenza has vanished in the last year. But official statistics have recorded very few flu deaths in the last year.

The true number of people who have died **of** COVID-19, rather than **with** a positive test for COVID-19, will never be known, but there are people recorded as dying with COVID-19 who never even had COVID-19. There must be a reason why someone wants the number of deaths attributed to COVID-19 artificially high.

28. When it comes to recording deaths after vaccination with COVID-19 vaccines, the standards are reversed. It would seem that any death after a vaccination is deemed to be a coincidence until proven otherwise. It can be very hard to prove that a death after COVID-19 vaccination was caused by the vaccine, as it can just be said to have been something that would have happened anyway. Even when a logical person would have said that the illness started immediately after the vaccine, or the death

⁵³ <https://www.telegraph.co.uk/news/2021/04/13/quarter-covid-deaths-not-caused-virus/>

occurred within hours or days after the vaccine, the official cause of death has been recorded as something other than being related to the vaccine.

We now have a situation where any death can easily be attributed to being a COVID-19 death if it was within 28 days of a positive covid test. But if someone dies within 28 day of taking a vaccine that is under emergency licence, it is not counted as a vaccine death. Only if an investigation is done and someone considers that beyond any reasonable doubt the death was caused by the vaccine is it recorded as a death from the vaccine. If vaccines increase the risk of myocardial infarction, then it could be difficult to prove that a sudden death by a heart attack one week after a vaccine was not a coincidence, as people do have heart attacks and die, especially older people. You need to look at population levels. That is why unusual problems such as low platelet sinus vein thrombosis was eventually noticed as an effect of the vaccine, as it is very unusual and does not happen spontaneously very often.

So please be aware, if you take a vaccine, you are part of the trial. But unfortunately, you are not being carefully monitored by the pharmaceutical companies making these vaccines. They leave it to you to report to the yellow card system if you have a problem, then they have no liability if you do have a bad reaction. How many people do you know who have felt ill after taking the vaccine? how many of them reported their symptoms to the yellow card system? Probably not very many of them.

29. This leads to a situation where we are overreporting the risks of dying from COVID-19 and underreporting the risks of the vaccines.

As you can see, we have a situation where accurate reporting of deaths and injuries from the vaccinations are not recorded, but the numbers of people dying with COVID-19 is over reported.

30. One of the concerns about the vaccines is antigen priming. This is a situation where a vaccine is given, and when the person who has been vaccinated comes into contact with the virus, then the response of the body is worse, more serious than if the person had not been vaccinated. This has been a problem with previous vaccinations developed to SARS.

I mention above this quote ⁵⁴ from a 2012 study:

“Conclusions: These SARS-CoV vaccines all induced antibody and protection against infection with SARS-CoV. However, challenge of mice given any of the vaccines led to occurrence of Th2-type

⁵⁴ <https://pubmed.ncbi.nlm.nih.gov/22536382/>

immunopathology suggesting hypersensitivity to SARS-CoV components was induced. Caution in proceeding to application of a SARS-CoV vaccine in humans is indicated.”

This 2005 study ⁵⁵ is an example of a vaccine that was developed for Respiratory Syncytial Virus Infection prevention, it actually caused an enhanced immune response, and children who were vaccinated were much worse off than those who had not been vaccinated in the study.

In diseases where the illness itself appears to be caused by an over reaction of the immune system then caution should be used when attempting to make vaccines.

We have no long-term studies of these vaccines using a new technology not tried on humans before, how do we know that what has previously happened before will not happen this time? If people start dying next winter from COVID who were vaccinated, it will probably be blamed on a new variant. Viruses always mutate, the immune system normally can cope with this, but we will need to watch carefully that antigen priming is not causing the increase in deaths from COVID after vaccination.

A comment in the BMJ summarises this well. ⁵⁶

“The fact that COVID-19 vaccines could worsen disease when exposed to challenge or circulating virus, is something that every individual should be aware of before consenting to vaccination.”

31. There are no studies on the safety of these vaccinations for pregnant women. It would be unethical to do trials on pregnant women, they are not done, but pregnant women are being offered these vaccinations with no scientific evidence to say that they are safe.

⁵⁷ This is the official NHS vaccine leaflet for pregnant women. They state “no safety concerns have been identified.” If no safety studies have been done in pregnancy, then they are not going to easily identify safety concerns, so this is a misleading sentence.

⁵⁸ This leaflet from the Royal College of Obstetricians and Gynaecologists states clearly that “The COVID-19 vaccines have not yet been tested specifically in pregnant women,” “Trials testing the vaccines in pregnant or breastfeeding women have not yet taken place.”

⁵⁵ <https://cmr.asm.org/content/18/3/541>

⁵⁶ <https://www.bmj.com/content/371/bmj.m4037/rapid-responses>

⁵⁷ <https://www.healthpublications.gov.uk/ViewArticle.html?sp=Scovid19vaccinationguidechildbearingpregnantv4>

⁵⁸ <https://www.rcm.org.uk/media/4963/combined-info-sheet-and-decision-aid-13052021.pdf>

So, there have been no safety trials. Not yet officially proving harm, is not evidence that the vaccines are safe in pregnancy, and it is completely unethical to be telling pregnant women that they should be vaccinated when there have not been any studies done of the safety of the vaccines in pregnancy.

32. There have been statements that the vaccinations are not known to cause fertility problems in men or women. But with no long-term trials yet, it is impossible to say that there could be no effects on fertility. No evidence of harm is not the same as evidence of safety. It may turn out that they do not affect fertility, but it cannot be known at the present time.

The telegraph ⁵⁹ and many other news organisations have reported menstrual abnormalities after COVID-19 vaccines, including post-menopausal bleeding and abnormal menstrual cycles. There are many individual reports of miscarriages and stillbirths after the vaccines, but the authorities always initially report that these are common, and they have no evidence that the vaccines increase the risk. The initial trials before mass vaccination started were only a few months long and did not include pregnant women. We have no evidence of safety of these vaccinations on pregnancy or fertility. The average pregnancy being 9 months and ethical considerations meaning they do not study the effects of a new medication on pregnant women, the vaccine manufacturers have left it for uninformed pregnant women to try the vaccine and see what happens. But no one can even comment on the possible effects on fertility as no one has done a study to see if fertility is affected by the vaccines.

33. The drug companies involved with these vaccinations have a history of criminal convictions for causing harm, or fines. Would anyone want to trust these companies to inject chemicals into them, with a history that they have not always been honest, or acting in the interest of the patients.

This article ⁶⁰ on Wikipedia lists large fines pharmaceutical companies have had to pay. I note that many companies are listed, with many large fines for not providing safety data, making false and misleading statements, poor manufacturing practices and other such serious criminal activities. For example, GlaxoSmithKline in 2012 were fined \$3 billion, \$1 billion was criminal convictions, £2 Billion was civil convictions. How can anyone read this list of convictions and fines, which is massive and amounts to a lot of millions of dollars in fines, and then trust these manufacturers with their lives.

34. Pfizer has been found guilty in many criminal cases.

⁵⁹ <https://www.telegraph.co.uk/news/2021/05/17/period-came-back-having-coronavirus-vaccine-post-menopausal/>

⁶⁰ https://en.wikipedia.org/wiki/List_of_largest_pharmaceutical_settlements

One example is Pfizer was fined \$2.3 Billion in 2009 for false claims. ⁶¹ ["Justice department announces largest healthcare fraud settlement in its history."](#)

Pfizer has been involved in a number of lawsuits; they are listed in the Wikipedia article ⁶². One particular trial ⁶³ known as The Kano trovafloxacin trial litigation, involved the death of a number of children in Nigeria. Pfizer argued that it was not required to obtain informed consent for experimental drug trials in Africa. If Pfizer are happy to experiment on children in Africa, and cause a number of children to die, and then cover it up by saying that they didn't even need consent of the parents to do so, how can you trust them with this latest experimental vaccine. Pfizer subsequently settled the case out of court with a \$75 million settlement that was subject to a confidentiality clause. This is just one of many, legal cases brought against Pfizer which shows a blatant disregard for human life.

35. AstraZeneca also has convictions.

This a reference to one case ⁶⁴ [Pharmaceutical Giant AstraZeneca to Pay \\$520 Million for Off-label Drug Marketing](#). There are more listed here ⁶⁵

36. Moderna has never made a human medication before so has no experience of making human pharmaceuticals.

⁶⁶ Moderna has been around since 2010 and has not successfully produced a medication for humans, despite having 24 development programs and 14 entered clinical studies. Suddenly a completely new technology based on mRNA has been given emergency usage authorisation, their website states ["Using mRNA as a medicine is a fundamentally different approach than treating disease with other drug classes."](#) So here they admit that this is completely new. Would you trust a company with a new technology that has not completed the safety trial yet, and has never successfully produced a human pharmaceutical product?

37. Johnson and Johnson have also criminal convictions and large fines.

This reference to the US Department of Justice, showed \$2.2 Billion in fines in 2013 ⁶⁷ [Johnson & Johnson to Pay More Than \\$2.2 Billion to Resolve Criminal and Civil Investigations](#). Once again, would you trust your life to a criminal organisation.

⁶¹ <https://www.justice.gov/sites/default/files/usao-ma/legacy/2012/10/09/Pfizer%20-%20PR%20%28Final%29.pdf>

⁶² <https://en.wikipedia.org/wiki/Pfizer>

⁶³ https://en.wikipedia.org/wiki/Abdullahi_v._Pfizer,_Inc.

⁶⁴ <https://www.justice.gov/opa/pr/pharmaceutical-giant-astrazeneca-pay-520-million-label-drug-marketing>

⁶⁵ <https://en.wikipedia.org/wiki/AstraZeneca#Controversies>

⁶⁶ <https://www.modernatx.com/about-us/moderna-facts>

⁶⁷ <https://www.justice.gov/opa/pr/johnson-johnson-pay-more-22-billion-resolve-criminal-and-civil-investigations>

38. Companies making vaccinations cannot be sued for injuries.

This quote is from a ⁶⁸ from Newsweek factcheck article.

“According to 42 U.S. Code § 300aa–22, "No vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death associated with the administration of a vaccine after October 1, 1988, if the injury or death resulted from side effects that were unavoidable even though the vaccine was properly prepared and was accompanied by proper directions and warnings." In other words, companies that manufacture vaccines are not liable if someone has an allergic reaction or injury after being vaccinated."

In the UK vaccine manufacturers are also exempt. ⁶⁹ Also in the EU ⁷⁰.

So, if someone you love dies, or you get an injury from the vaccinations, you cannot sue the manufacturers.

There are systems set up by the governments in the USA and the UK ⁷¹ to compensate victims of vaccine injuries, but where the manufacturer themselves do not have liability, it reduces the incentives to be careful not to cause harm, as the pharmaceutical companies themselves are not personally liable, and the compensation claimed is limited in value.

39. The history of vaccinations is littered with cases where vaccines have done serious harm.

The cutter incident ⁷² was when America's first polio vaccination went wrong and the virus that should have been inactivated was not, and 200,000 children were injected with live polio virus. 40,000 contracted polio and 200 children were left with paralysis and 10 children died.

The USA CDC ⁷³ lists a number of historic vaccine problems, including simian virus 40 (SV40) 1955-1963, Swineflu vaccine and Guillain-Barre syndrome 1976, RotaShield vaccine 1998, Pandemrix 2009 H1N1 influenza pandemic, Porcine circovirus (PCV) 2010, rotavirus vaccines, HPV 2013.

Anyone studying the history of vaccines knows that there is a serious risk of side effects, even when the vaccine is given as prescribed, but errors with manufacturing have also been a problem. Even coronavirus vaccines have had to be recalled due to manufacturing errors,⁷⁴ and dosing errors, and

⁶⁸ <https://www.newsweek.com/fact-check-are-pharmaceutical-companies-immune-COVID-19-vaccine-lawsuits-1562793>

⁶⁹ <https://www.gov.uk/government/consultations/distributing-vaccines-and-treatments-for-COVID-19-and-flu/outcome/government-response-consultation-on-changes-to-the-human-medicines-regulations-to-support-the-rollout-of-COVID-19-vaccines>

⁷⁰ <https://fullfact.org/health/unlicensed-vaccine-manufacturers-are-immune-some-not-all-civil-liability/>

⁷¹ <https://www.gov.uk/vaccine-damage-payment>

⁷² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1383764/>

⁷³ <https://www.cdc.gov/vaccinesafety/concerns/concerns-history.html>

⁷⁴ <https://www.bloomberg.com/news/articles/2021-03-31/j-j-vaccine-manufacturing-error-affects-15-million-doses>

manufacturing errors were admitted even in the trials.⁷⁵ This Washington Post article⁷⁶ even suggests that the AIDS epidemic in Africa may have been started by polio vaccines contaminated with a simian immunodeficiency virus. I don't think that there is any conclusive evidence of this, but the article makes it clear that the polio vaccines were known to be contaminated with viruses from monkeys and they were unable to identify all of these viruses at the time.

40. There is evidence that Western Governments have allowed scientific experiments to be conducted that they knew could do harm to the people in the population.

A lot of people are aware of the atrocities in the name of science Nazi doctors performed on prisoners, and the Nuremberg Code that came from that, which includes the need for informed consent. Many such codes of conduct have been agreed since then as well, such as Declaration of Helsinki (adopted in 1964, last updated 2013), UNESCO's Universal Declaration on Bioethics and Human Rights (2005) or the International Ethical Guidelines for Health-Related Research Involving Humans (fourth version published 2016). Unfortunately, they do not guarantee that unethical practices do not take place.

The Tuskegee experiment⁷⁷ is probably one of the most famous experiments which took place in the USA starting in 1932 on 600 male African, American men in Alabama, studying the natural progression of Syphilis without treatment. The men were told that they were receiving treatment, but actually they were not receiving treatment. Successive government organisations were aware that these men were receiving no treatment, when treatment was available, and eventually after 40 years someone who found out what was going on whistle-blew, and the experiment was exposed. It was 1972 with many official organisations aware of the experiment and the consequences before it was exposed by one individual to the press. "By that time, 28 participants had perished from syphilis, 100 more had passed away from related complications, at least 40 spouses had been diagnosed with it and the disease had been passed to 19 children at birth." £10 million dollars was eventually paid out in settlement. My point is that many, many people in authority knew that people were being harmed and died because of this experiment. Human nature has not changed and I believe that despite ethical codes, such disregard for human life is just as possible today as it ever was. People who blindly trust their governments without question and believe that the government always is working for their good are sadly naïve.

⁷⁵ <https://www.telegraph.co.uk/news/2020/11/26/manufacturing-error-clouds-oxfords-COVID-19-vaccine-study-results/>

⁷⁶ <https://www.washingtonpost.com/archive/opinions/1992/04/05/did-a-polio-vaccine-experiment-unleash-aids-in-africa/0fb7cac2-0b3a-4ec3-8a78-5f032b639bf9/>

⁷⁷ <https://www.history.com/news/the-infamous-40-year-tuskegee-study>

This Tuskegee experiment is not unique, sadly there are many, many episodes where western governments have used their own populations as subjects of experiments without their consent, knowing that harm would likely follow.

This newspaper article ⁷⁸ mentions when the British authorities experimented on the unknowing population, like the deliberate release of anthrax in 1963 from a train, in 1951 nerve gas was tested on soldiers doing mandatory national service; “The victims were given no meaningful information about the tests. As one Porton Down scientist observed at the time: ‘If you advertised for people to suffer agony, you would not get them [volunteers].’ Many were told the experiments were about finding a cure for the common cold, assured by the medical officer present they were at ‘no risk’. A total of 21,752 soldiers would eventually be exposed to dangerous substances, including LSD . Some 1,500 were exposed to nerve agents, 400 of them to sarin, a substance that is potentially lethal even in minute quantities. The sarin caused a number of serious adverse reactions in early 1953, including one man who fell into a coma. The scientists were asked to reduce the dosage to the possible lowest range, which would have been about 10 to 15 milligrams. But they didn’t, cutting it instead from 300 to 200mg. **The servicemen the scientists were dealing with were nothing more than guinea pigs.** One week later, another six servicemen were given 200mg of sarin, applied to a cloth on the inside of their left forearms. Within half an hour, one of the men, 20-year-old Ronald Maddison, was on his way to hospital. Within three hours he was dead.”

The article continues with more:

“Many of Britain’s post-war experiments were inspired by the Americans, who had no compunction in using civilians and servicemen alike.

US officials even used unwitting hospital patients as guinea pigs, shockingly with the consent of their doctors. Between 1953 and 1957, at least 11 terminally ill patients were injected with uranium 235 to test the effects of radioactivity. More than 800 pregnant women were fed a cocktail laced with a radioactive isotope to study the effects on the foetus.”

It continues:

“By 1999, volunteers were still being used in Porton Down’s Chemical and Biological Defence Sector – 71 of them that year. And as recently as 2014, Porton Down was asking for volunteers to test its chemical decontamination showers. In 2002, while an MP, I forced the government to release a

⁷⁸ <https://www.dailymail.co.uk/news/article-9231773/Ex-MP-NORMAN-BAKER-reveals-day-anthrax-released-tunnel-Northern-Line.html>

report giving details of germ war tests they had conducted. The report, which covered the period 1940 to 1979, ran to 56 pages. It revealed that a trial involving live plague bacteria took place off the west coast of Scotland, near the Isle of Lewis, in 1952. Mid-experiment, a fishing vessel passed through the cloud that was generated. Another test had seen clouds of dangerous Venezuelan Equine Encephalitis viruses released in the Bahamas. These can cause high fever, even death. Mosquitoes spread the disease. In Nigeria, Britain conducted open-air experiments with nerve gas weapons. Indeed, the report revealed that more than 750 secret operations, including the Northern Line experiments, had been carried out with members of the public subjected to mock biological and chemical warfare attacks."

"In one case, a machine was towed along a road near Frome in Somerset to throw it into the air. In 1961, a Land Rover spewed out cadmium sulphide on the roads between Ilchester and Bristol. The scientists in the Land Rover wore full protective clothing and were told to be careful. The general public was left in ignorance.

Cadmium is an impurity found in zinc and those working with it in, for example, battery manufacturing wear protective clothing to prevent it being inhaled. It was identified as carcinogenic more than a century ago.

Yet cadmium was also showered over Cardington in Bedfordshire, Chippenham, Dorchester, and villages around Salisbury. And planes dropped tons of the stuff over a 40-mile stretch of East Anglia, including Norwich in the 1960s.

The aim of this cynical Porton Down exercise? To see what would happen.

I recently spoke to a senior throat consultant, Dr Wyn Parry, who was struck by the high incidence of oesophagus cancer in the Norwich area when he arrived there in 1999, a suspicion confirmed by inspecting pathology reports.

He told me he was seeing as many throat cancer cases as in his previous role in the Nottingham area – even though that population had been three times as large. He observed that many of those affected by the throat cancers had links to the land, such as through farming or gardening."

This is just one news article exposing a few incidents that one MP was able to find out about. How many more such experiments have never been revealed. It is important that people are free to ask questions. Also, that people, including the health care professionals implementing the vaccination program, understand that blind trust of governments may not be in the public interest, or even in their own personal health interests.

41. Governments around the world, without question, are promoting universal uptake of vaccinations for COVID-19, for the whole world. Why are all of the governments around the world so keen on injecting the whole population of the world with a new, not fully licenced pharmaceutical product that will not even benefit most of the population of the world, as the virus was never going to kill them? For much of the world's population there are other illnesses or problems that are much more likely to kill them than Coronavirus. If the governments of the world were so concerned about the populations, then money would be much better focused on other more serious problems.

On 19th March 2020 the UK Government ⁷⁹ declared that "As of 19 March 2020, COVID-19 is no longer considered to be a high consequence infectious disease (HCID) in the UK."

So, the government itself does not consider COVID-19 a high consequence disease, but for more than a year, civil liberties have been suspended, the country has been locked down, and the whole world has been affected with freedom of movement suspended, flights banned, basic human rights such as leaving your house have been taken away, and the country has been living in fear of a virus that the government considers not to be a high consequence infectious disease.

This article in the telegraph ⁸⁰ is titled "Use of fear to control behaviour in Covid crisis was 'totalitarian', admit scientists."

"Scientists on a committee that encouraged the use of fear to control people's behaviour during the Covid pandemic have admitted its work was "unethical" and "totalitarian"."

We have a situation where it has now been admitted by the scientists involved, that the government used psychological tactics to make people disproportionately afraid of dying of COVID-19 to make them conform to what they were demanding people do.

Why does the government feel that they need to scare the population to make them stay at home and then put serious pressure on individuals to take the vaccine, that for the majority of the population will not benefit them, but potentially cause them harm? The answers to these questions are beyond the scope of what I have space to write here, but anyone considering taking the vaccine need to ask themselves why is the government putting so much pressure on individuals to get vaccinated, when taking a pharmaceutical product should always be the choice of an individual, after informed consent, which includes an understanding of the risks / benefit ratio for that individual.

⁷⁹ <https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid>

⁸⁰ <https://www.telegraph.co.uk/news/2021/05/14/scientists-admit-totalitarian-use-fear-control-behaviour-covid/>

With the introduction of vaccine passports, the threat of mandatory vaccines, “no jab – no job”, the threat that you will not be able to travel without taking the vaccine, coercion is being used and is against basic human rights principles. It is potentially a breach of international codes such as the Nuremberg Code ⁸¹ to force or apply pressure to an individual to take a pharmaceutical product.

42. The definition of important words like “Pandemic” have been changed, so that government pandemic plans are activated, which often include largescale purchase of vaccines, for the benefit of pharmaceutical companies.

This ⁸² article is from Pharma Times 2010:

“The Parliamentary Assembly of the Council of Europe (PACE) is to hold an emergency debate and inquiry this month into the “influence” exerted by drugmakers on the World Health Organisation’s (WHO) global H1N1 flu campaign.

The text of the resolution approved by the Assembly calling for the debate and inquiry states that: “in order to promote their patented drugs and vaccines against flu, pharmaceutical companies influenced scientists and official agencies responsible for public health standards to alarm governments worldwide and make them squander tight health resources for inefficient vaccine strategies, and needlessly expose millions of healthy people to the risk of an unknown amount of side-effects of insufficiently tested vaccines.”

The WHO’s “false pandemic” flu campaign is “one of the greatest medicine scandals of the century,” according to Dr Wolfgang Wodarg, chairman of the PACE Health Committee, who introduced the parliamentary motion. “The definition of an alarming pandemic must not be under the influence of drug-sellers,” he adds.

Dr Wodarg, a doctor and former SPD member of the German Bundestag, says that the “false pandemic” campaign began last May in Mexico City, when a hundred or so “normal” reported influenza cases were declared to be the beginning of a threatening new pandemic, although there was little scientific evidence for this. Nevertheless the WHO, “in cooperation with some big pharmaceutical companies and their scientists, re-defined pandemics,” removing the statement that “an enormous amount of people have contracted the illness or died” from its existing definition and replacing it by stating simply that there has to be a virus, spreading beyond borders and to which people have no immunity.

⁸¹ https://en.wikipedia.org/wiki/Nuremberg_Code

⁸² http://www.pharmatimes.com/news/eu_to_probe_pharma_over_false_pandemic_982876

These new standards forced politicians in most states to react immediately and sign marketing commitments for additional and new vaccines against swine flu, through “sealed contracts” under which orders are secured in advance and governments take almost all responsibility. “In this way, the producers of vaccines are sure of enormous gains without having any financial risks. So they just wait until WHO says ‘pandemic’ and activate the contracts,” says Dr Wodarg.”

Anybody following what is going on can see that history is repeating itself a decade later.

43. There is evidence that in the 3 weeks after vaccination, then the incidence of COVID-19 infections has been increased. This has been replicated in many countries around the world after the vaccination program has rolled out.

It has been observed in the medical literature⁸³ and from government statistics around the world that there is an increase in cases and deaths of COVID-19, immediately after vaccinations. There are a number of suggestions as to the mechanism of this, such as people being infected with COVID-19 when they get vaccinated, or increasing socialisation after vaccination. But even for people who do not socialise more, there is an increase in deaths from COVID-19 immediately after vaccination. The quote below is from the BMJ rapid response:⁸⁴

“The Pfizer vaccination causes a transient fall in lymphocytes for the first three days after vaccination.[12⁸⁵], The phase 2 trials of AstraZeneca similarly showed a fall in neutrophils.[13⁸⁶] Post vaccination neutrophil depletion[14⁸⁷] and lymphocyte depletion[15⁸⁸] has been shown for other vaccines and the latter has been known about since 1981.[16⁸⁹] There is conflicting literature on whether this effect results in susceptibility to viral infections but there is certainly evidence suggesting that is the case in children.[17⁹⁰] Given the evidence of white cell depletion after COVID vaccination

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https://www.medrxiv.org/content/10.1101/2021.03.01.21252652v1?ijkey=81c80ae614a7bb3e0d8f6e7de23bba8fb4b64794&keytype=tf_ipsecsha

⁸⁴<https://www.bmj.com/content/372/bmj.n783/rr>

⁸⁵ Walsh EE, Frenck RW Jr, Falsey AR, et al. Safety and Immunogenicity of Two RNA-Based COVID-19 Vaccine Candidates. *N Engl J Med* 2020;383:2439–50. doi:10.1056/NEJMoa2027906

⁸⁶ Folegatti PM, Ewer KJ, Aley PK, et al. Safety and immunogenicity of the ChAdOx1 nCoV-19 vaccine against SARS-CoV-2: a preliminary report of a phase 1/2, single-blind, randomised controlled trial. *Lancet* 2020;396:467–78. doi:10.1016/S0140-6736(20)31604-4

⁸⁷ Muturi-Kioi V, Lewis D, Launay O, et al. Neutropenia as an Adverse Event following Vaccination: Results from Randomized Clinical Trials in Healthy Adults and Systematic Review. *PLoS One* 2016;11:e0157385. doi:10.1371/journal.pone.0157385

⁸⁸ Munyer TP, Mangi RJ, Dolan T, et al. Depressed lymphocyte function after measles-mumps-rubella vaccination. *J Infect Dis* 1975;132:75–8. doi:10.1093/infdis/132.1.75

⁸⁹ Faguet GB. The effect of killed influenza virus vaccine on the kinetics of normal human lymphocytes. *J Infect Dis* 1981;143:252–8. doi:10.1093/infdis/143.2.252

⁹⁰ Rikin S, Jia H, Vargas CY, et al. Assessment of temporally-related acute respiratory illness following influenza vaccination. *Vaccine* 2018;36:1958–64. doi:10.1016/j.vaccine.2018.02.105

and the evidence of increased COVID infection rates shortly after vaccination, the possibility that the two are causally related needs urgent investigation.”

There is concern and evidence that the white blood cells that fight infections are reduced after vaccination, this would mean that the individual that has been vaccinated is more susceptible to infections immediately after vaccination, not just infection with COVID-19 but any infection.

44. There is evidence that the incidence of all-cause death rates, in countries as the vaccinations are rolled out, have increased, coinciding with the initial roll out of the vaccinations.

This point continues from the point above, we can see that COVID-19 infections increase immediately after vaccination but also all-cause mortality increases immediately after vaccination with COVID-19 vaccines. A close look at statistics on the website Worldometers⁹¹ carefully looking at each country and the death rates and the dates of the vaccine roll out in each country, the all-cause mortality increases in many countries in the 2 or 3 weeks after the main roll out of vaccinations for COVID-19.

45. There is concern that the vaccinations could cause effects on unvaccinated individuals.

Recently there has been discussion about the possibility that unvaccinated individuals could suffer effects from being in contact with vaccinated individuals. As live viruses are not supposed to be present in the mRNA vaccines there is no explanation for this, although the DNA viruses contain a vector virus. At present there is just general concern from an increasing number of individuals about this. It is well documented that vaccines containing live viruses have caused infections and harm in individuals that have not been vaccinated themselves. When this is an intended effect of the vaccination this is called contact immunity.⁹² This has been, and still is by some people considered a desirable effect of live attenuated vaccines such as polio.

“The most prominent example of contact immunity was the oral polio vaccine (OPV). This live, attenuated polio vaccine was widely used in the US between 1960 and 1990; it continues to be used in polio eradication programs in developing countries because of its low cost and ease of administration. It is popular, in part, because it is capable of contact immunity. Recently immunized children “shed” live virus in their feces for a few days after immunization. About 25 percent of people coming into contact with someone immunized with OPV gained protection from polio through this form of contact immunity.[1] Although contact immunity is an advantage of OPV, the risk of vaccine-associated paralytic poliomyelitis—affecting 1 child per 2.4 million OPV doses administered—led the Centers for

⁹¹<https://www.worldometers.info/coronavirus/>

⁹² https://en.wikipedia.org/wiki/Contact_immunity

Disease Control and Prevention (CDC) to cease recommending its use in the US as of January 1, 2010, in favor of inactivated poliovirus vaccine (IPV). The CDC continues to recommend OPV over IPV for global polio eradication activities.[2⁹³]

This New Scientist article ⁹⁴ titled "We now have the technology to develop vaccines that spread themselves"

"The technology for developing transmissible vaccines now exists, and field trials focused on protecting wild rabbits from a viral haemorrhagic fever using this technique have showed promising results."

"Efforts are now under way to develop prototypes for several important human pathogens, such as the Lassa and Ebola viruses.

Self-disseminating vaccines could be a revolutionary technology for reducing the threat of human infectious diseases that jump to us from wild animals."

So, the technology and idea of producing vaccines that spread themselves through the population exists. If it has been used in the COVID-19 injections, then it has been done without the knowledge or consent of the general population. This would be completely unethical and most of us would not like to believe that could possibly have been allowed to happen, but as we have seen above anything is possible. So, although I would very much hope that the COVID-19 vaccines are not self-spreading vaccines, some people are concerned that this could be a possibility.

This newspaper article ⁹⁵ titled "Coronavirus cure: Scientists plan bizarre 'self-spreading vaccine' to fight pandemic" Even suggests that this is a plan some scientists actually have.

"SCIENTISTS believe bizarre self-spreading vaccines would be a vital tool in fighting coronavirus."

46. As a Christian I do not agree with abortion, the death of an innocent unborn child. The development of all the current vaccines involves the use of cell lines from an aborted foetus at some point in their development or testing.

⁹³ National Center for Immunization and Respiratory Diseases (4 February 2010). "Vaccine Information". VPD-VAC/Polio. Centers for Disease Control and Prevention. Retrieved 9 October 2010.

⁹⁴ <https://www.newscientist.com/article/mg24732960-100-we-now-have-the-technology-to-develop-vaccines-that-spread-themselves/>

⁹⁵ <https://www.express.co.uk/news/world/1340352/coronavirus-vaccine-covid19-self-spreading-vaccine>

I will not go into details, but it is well documented ^{96 97 98} that cell lines that are derived from aborted fetuses have been used in the production, or testing of all the COVID-19 vaccines currently used in the UK.

47. Much about these vaccinations are unknown as they are such a new technology, so it is very difficult to make an informed decision as the detailed information is just not currently available.

I have already discussed this, even the companies involved in the production admit that the vaccines use completely new technology. New pharmaceutical technologies require time to understand the potential harms that they may cause. That is clear for anyone to understand. ⁹⁹“We are pioneering a new class of medicines made of messenger RNA, or mRNA. The potential implications of using mRNA as a drug are significant and far-reaching”

48. People who have had COVID-19 will have immunity, which will protect them from future infection with SARS CoV2 infection. This natural immunity will be better than any immunity that could be gained from a vaccine. Vaccination is not necessary, and could do more harm, for people who have already had COVID-19 and recovered.

This study ¹⁰⁰ showed that people who contracted SARS in 2003 had long lasting memory T-cells 17 years later that gave them immunity to SARS-CoV-2 (COVID-19). So there is no reason to believe that those people who have contracted SARS-CoV-2 (COVID-19) and recovered will not be immune to future infection with SARS viruses for many years to come.

Vaccination in recovered individuals is just not necessary. There is concern that for people who have recovered from COVID-19 illness and have immunity, if they are vaccinated, they experience a higher amount of side effects from the vaccines. ¹⁰¹ It is clear that people who have recovered from COVID-19 do not need, and should not be offered COVID-19 vaccines.

49. There is real concern about censorship of scientists, doctors, lawyers and ordinary people who are questioning official government narratives.

⁹⁶ <https://www.conservativewoman.co.uk/the-tainted-morality-of-using-aborted-foetuses-to-make-covid-vaccines/>

⁹⁷ <https://www.sciencemag.org/news/2020/06/abortion-opponents-protest-COVID-19-vaccines-use-fetal-cells>

⁹⁸ <https://www.newsweek.com/COVID-19-vaccines-fetal-tissue-science-controversy-explained-1575863>

⁹⁹ <https://www.modernatx.com/about-us>

¹⁰⁰ <https://pubmed.ncbi.nlm.nih.gov/32668444/>

¹⁰¹ <https://covid.joinzoe.com/post/vaccine-after-effects-more-common-in-those-who-already-had-covid>

Anyone who has tried to question the official narrative of the COVID-19 pandemic have very quickly realised that they were likely to be censored. The big tech giants, such as Google, Twitter and Facebook have openly followed policies of stopping any information that is against official policies, being shared. Even eminent scientists who have large numbers of papers published, from top universities, have found their social media accounts closed for even questioning the official narrative, with evidence-based information. Ordinary people have been banned from social media for posting slides with statistics from government websites. This has happened on a level never seen in the Western World before.

This BMJ article by an editor of the BMJ ¹⁰² is titled “When good science is suppressed by the medical-political complex, people die” I think that the title explains itself.

Here are some quotes from the article:

“Politicians and governments are suppressing science.”

“The UK’s pandemic response relies too heavily on scientists and other government appointees with worrying competing interests, including shareholdings in companies that manufacture COVID-19 diagnostic tests, treatments, and vaccines. Government appointees are able to ignore or cherry pick science—another form of misuse—and indulge in anti-competitive practices that favour their own products and those of friends and associates.”

“Globally, people, policies, and procurement are being corrupted by political and commercial agendas.”

“Politicisation of science was enthusiastically deployed by some of history’s worst autocrats and dictators, and it is now regrettably commonplace in democracies”

“When good science is suppressed, people die.”

As anyone who has studied science knows, there is no such thing as “the science shows this.” Scientific knowledge is continually gathering more information and changing the knowledge that is considered the current accepted “science”. Without people being able to question that “Science”, knowledge cannot increase, but only be suppressed and that can not be for the good of society. Sadly, people have, and will continue to die from such suppression of exchange of information. Please carefully consider the evidence yourself, and make your own informed decision based on facts. Your life may depend on it.

¹⁰² <https://www.bmj.com/content/371/bmj.m4425>