

NOT SO SAFE AND EFFECTIVE

A retired GP flags up the inconsistencies between what we've been told and the excess deaths and injuries taking place

By Dr Alistair Montgomery

The closing months of 2022 saw a succession of authoritative calls made to our Government to halt the rollout of the mRNA inoculations for SARS COV-2 pending a full evaluation of their safety.

These calls did not emanate from fringe "conspiracy theory" camps, but from respected members within the medical fraternity and a member of Parliament. Many of these calls came from those who had initially supported the rollout.

The first came from Dr Aseem Malhotra, an NHS trained consultant cardiologist, an expert in the prevention, diagnosis and management of heart disease, and Cardiology MSc examiner at the University of Hertfordshire. He was an early supporter of the mRNA therapy, receiving two doses and promoting them on television. But his previously fit father's unexpected death from heart disease forced him to examine the science behind the technology.



Dr Aseem Malhotra MBChB, an award-winning NHS cardiologist

This led to Dr Malhotra publishing two lengthy papers in the Journal of Insulin Resistance, speaking to MPs, giving public lectures and making media appearances.

Then, in mid-January, Andrew Bridgen MP hit the headlines after he had the Conservative whip removed (ie he was sacked from his party after holding the North West Leicestershire seat since

2010) for tweeting a link to an article on adverse reactions by an Israeli academic, stating: "As one consultant cardiologist said to me, this is the biggest crime against humanity since the Holocaust".



"Science has taken a turn towards darkness," said Andrew Bridgen MP, in an impassioned speech delivered to an almost empty Commons chamber this January

In fact, Mr Bridgen has a degree in Biological Sciences, so he knew more than the average MP when he spoke to an almost empty Commons chamber, outlining the potential harms of the mRNA injections and calling for the programme's complete cessation. He highlighted the contrast between the UK's stance on vaccinating children and Denmark's decision to cease all vaccines and boosters for those under 50.

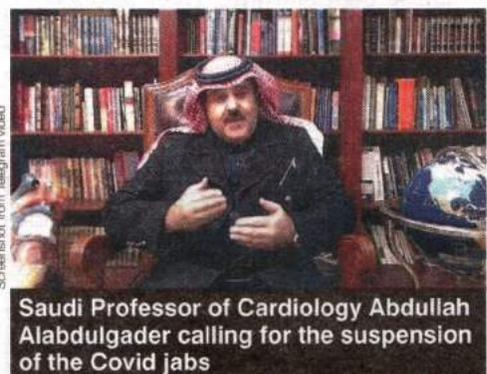
After Mr Bridgen's punishment hit the headlines, however, Jews for Justice, described as "the only Jewish group within the [UK] freedom movement," publicly defended him. Founder Andrew Barr criticised "the malicious practice of weaponising antisemitism in order to silence any criticism of restrictions on civil liberties and of the vaccination programme."

Mr Barr had previously declared it legitimate to compare the Covid restrictions on civil liberties with the events

leading up to the Holocaust (such as the Jews' evacuation to concentration camps on 'public health' grounds) – but not with the Holocaust itself, a unique event.

As we went to press, Mr Bridgen was threatening former Health Secretary Matt Hancock with legal action if Mr Hancock did not withdraw his slur of antisemitism.

In mid-January, Saudi Arabia's pre-eminent cardiologist raised the alarm, but was ignored by the mainstream media. It was fellow cardiologist Dr Aseem Malhotra who tweeted: "Professor Abdullah Alabdulgader calls for the



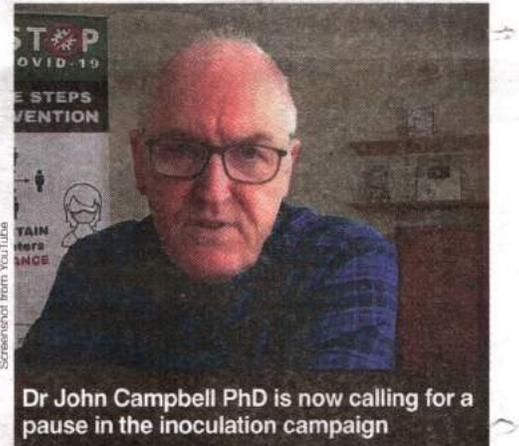
Saudi Professor of Cardiology Abdullah Alabdulgader calling for the suspension of the Covid jabs

suspension of vaccines for cardiac concerns. He is the President of the International Congress for Advanced Cardiac Sciences and founder of the Prince Sultan Cardiac Centre in Saudi. It

These professionals cite concerns including myocarditis, menstrual irregularities, new onset asthma and heart attacks in young people

has been pointed out that he would not have spoken out if he did not have the blessing of the Saudi King."

Meanwhile Dr John Campbell PhD, a retired nursing tutor with a pedigree in Third World medical education, has



Dr John Campbell PhD is now calling for a pause in the inoculation campaign

gained over 2.5 million YouTube viewers for his daily broadcasts. These friendly but factual ten-minute episodes have transitioned from seeking to counter 'misinformation' to calling for a pause to the inoculation programme pending a risk/benefit assessment of the risks versus the benefits.

Just before Christmas, 'Doctors for Patients UK' released a 20-minute video calling for the suspension of the inoculation programme. They included Dr Tess Lawrie (a specialist in interpretation of medical research), a professor and cancer specialist, a consultant in child health, a consultant pathologist, a cardiologist, an obstetrician and gynaecologist, a forensic psychiatrist and GPs

who have been treating patients injured by the jabs. These professionals cite concerns including myocarditis, menstrual irregularities, new onset asthma and heart attacks in young people.

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It can be difficult extracting British data and in fact Professors Norman Fenton and Martin Neil of London's Queen Mary University have expressed doubt over the accuracy of figures coming out of the Office of National Statistics (ONS) and the Health Security Agency (HSA).

US data is easier to find. Data from the US Center for Disease Control (CDC) shows that the first nine months of 2022

There are many despairing people who have been injured by these decisions and who can't speak for themselves

saw almost 350,000 excess deaths (this was at 25 September 2022).

Unlike the Yellow Card reporting system of the UK's Medicines and Health Regulatory Authority (MHRA), data from the American Vaccine Adverse Events Reporting System (VAERS) is easier to access, but it should be borne in mind that these figures are acknowledged to be anything from 10 to 40 per cent under-reported.

As at 2 December 2022, VAERS reported 1,476,227 adverse events attributed to the inoculations. These included 32,621 deaths, 10,210 cases of anaphylaxis (life threatening allergic reactions), 16,447 Bell's Palsy cases, 4,615 miscarriages, 15,210 heart attacks, 35,718 cases of myocarditis, 60,758 cases of permanent disablement and 35,309 life threatening events.

There has been a recent significant rise (15 per cent above the five-year average) in the all-cause mortality across all age groups in countries with high rates of mRNA vaccination. Much of this is cardio-vascular and not Covid.

These high mortality rates are reflected in the payments being made by life insurance companies, as reported by Children's Health Defense and the Epoch Times. There has been a similar increase in miscarriages and stillbirths with a reciprocal decline in birth rates.



US football star Damar Hamlin collapsed with a cardiac arrest in January, but two weeks later the devout Christian was giving thanks to God for his recovery, prompting Fox News to hail his healing as a testament to the power of prayer

ATHLETES DYING

Sudden cardiac deaths, especially among athletes, have been noticed by the media. Worldwide there have been 1,653 cardiac arrests in young athletes of which 1,148 have died since the rollout of the inoculations. This is a significant rise above the normal and correlates with the inoculation rollout. Between January 2021 and January 2023, 1,101 athletes died from cardiac arrests, compared to the same number of athletes under 35 dying due to various heart conditions between 1966 and 2004. Dr Simone Gold, founder of America's Frontline Doctors, wrote: "That means in two years, we have seen the same number of fatalities that we saw during a 38-year span!"

A study of detailed postmortems carried out at the University of Heidelberg concluded that the unexpected deaths of 25 people within 20 days of SARS COV-2 vaccination were due to acute arrhythmogenic cardiac failure.

Thus myocarditis can be a potentially lethal complication following an mRNA-based Covid shot. UK and US reg-

To just use the RRR is highly misleading. In the Pfizer trial data, the RRR was 95 per cent but the ARR was only 0.7 per cent. This does not mean that you are 95 per cent less likely to catch Covid if you are vaccinated, which is what most people thought it meant. The ARR means you are 0.7 per cent less likely, which means you need to immunise 142 people to prevent one infection.

The risk of a serious adverse event is as high as 1 in 800

Incredibly, the risk/benefit ratio is the opposite of what the Government has been telling us. Dr Aseem Malhotra stated that with the current variants, over 7,000 people aged over 80 must be immunised in order to save one life.

By contrast, the risk of a serious adverse event is as high as 1 in 800. The benefit of the 'inoculation' diminishes rapidly with younger ages, whereas the risk of adverse events remains high.

VAERS COVID-19 Vaccine Adverse Events Data

Reports from the Vaccine Adverse Events Reporting System. Our default data reflects all VAERS data including the "nondomestic" reports.

As of 11-16-2022 VAERS has stopped putting free text field information in the public data for Europe/UK.

All VAERS COVID Reports: US/Territories/Unknown

1,476,227 Reports Through December 02, 2022



<https://www.openvaers.com/covid-data>

DESTROYING HERD IMMUNITY AND CREATING VARIANTS

Eminent virologists warned early on that mass vaccination during a pandemic would force the emergence of variants and destroy the hope of herd immunity for a generation. Sadly, this is exactly what has happened.

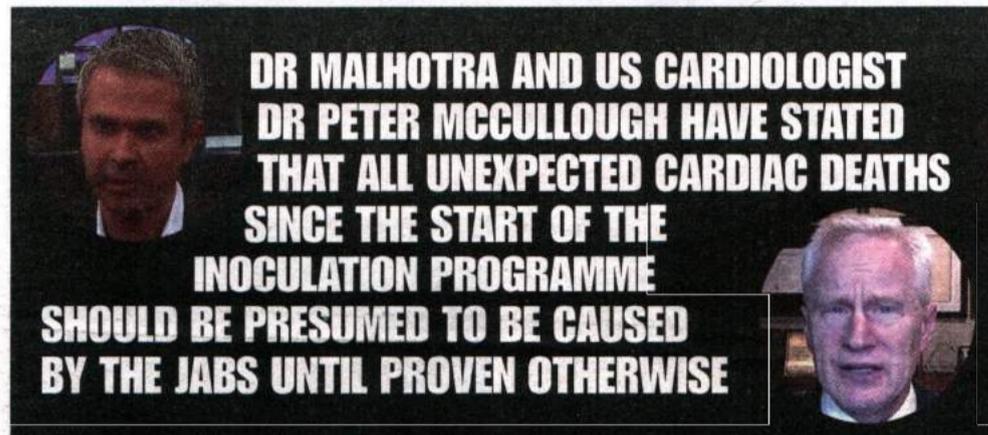
Voices speaking out include the late Nobel Prize winner Prof Luc Montagnier, and Dr Geert Vanden Bossche, who formerly worked for GAVI on Ebola vaccines and for the Bill & Melinda Gates Foundation's Global Health Discovery initiative. Dr Vanden Bossche has recently elaborated his concerns and fears

RISK/BENEFIT RATIOS

The public was seriously misled by Dr Fauci, the head of the US's NIAID until 2022, about the infective fatality rate of SARS COV-2 compared to that of influenza.

Following that, the vaccines were promoted using the Relative Risk Reduction (RRR) instead of the Absolute Risk Reduction (ARR).

NOT SO SAFE AND EFFECTIVE ...CONTINUED



MP Andrew Bridgen after speaking at the Covid Vaccine Victim Awareness month rally outside the BBC in London on 21 January. INSET: posters of vaccine victims laid out by demonstrators

for the future on his website. Immunology and vaccine science is too complex to explain briefly here. The media has portrayed an oversimplification which has led to an unrealistic faith in the efficacy of vaccination and antibody response under pandemic circumstances. For example, the blood levels of the antibody IgG are naively used to demonstrate a good response to the 'inoculation', ignorant that IgG has subdivisions. Recent research has found that fully 'boosted' individuals were replacing useful IgG1 and IgG3 with non-neutralising IgG4 - leading to viral tolerance with high viral loads rather than eradication. There are also concerns that IgG4 may play a role in the development of fibrotic organ disease and of cancer.

And then there is the toxicity of the spike protein (which the mRNA creates) to the human body: of which clotting, cardiac inflammation, infertility, immune dysregulation, prions causing neurodegeneration and autoimmune disease are but a few examples.

Both Dr Malhotra and US cardiologist Dr Peter McCullough have stated that all unexpected cardiac deaths since the start of the vaccination programme should be presumed to be caused by the injection until proven otherwise.

DEAFENING SILENCE

For the last two years, I have expressed these concerns to my MP, MSPs, my Royal College and national and local newspapers - particularly the dangers of lockdowns, the loss of life from refusing to treat those infected with SARS COV-2 with hydroxychloroquine or ivermectin, and the dangers of the experimental in-

oculations whose administration without proper informed consent contravened the Nuremberg Code and might be viewed as a crime against humanity.

Most responses have been unconvincing, despite stock 'reassurances'. Notably, the silence of the mainstream media has been puzzling. What has happened to quality investigative journalism?

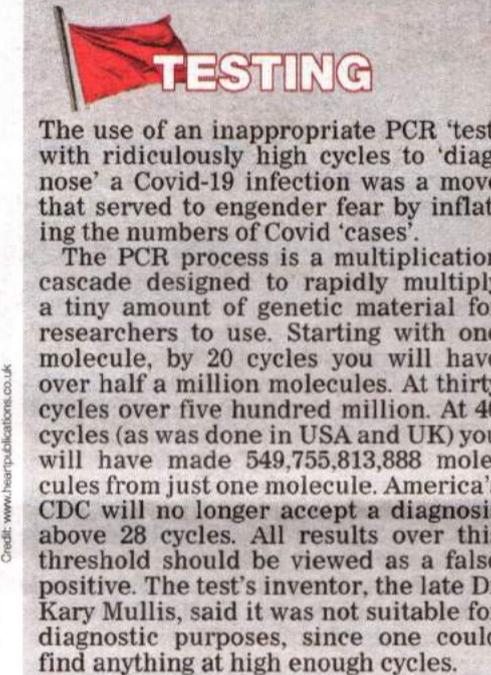
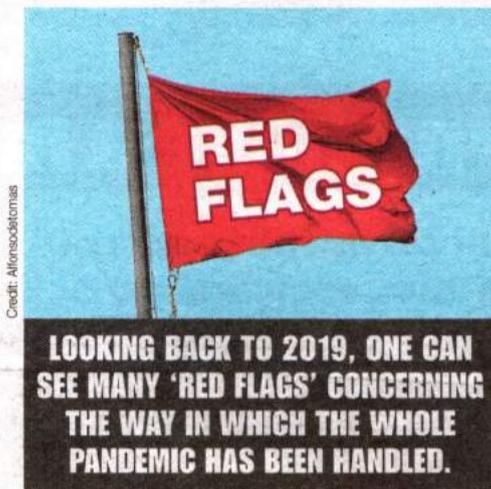
One cannot but fear that something sinister is going on. One hears of doctors, journalists and MPs fearful of losing their careers and jobs if they dare to speak out, despite being aware that the policies of both the Westminster and Scottish parliaments have endangered life, caused medical damage and harmed the economy with real people's livelihoods. Those who do speak out are often vilified, threatened with sanctions or 'cancelled', in a disturbing new trend in the UK. It is a lonely journey.

CONSTRUCTIVE DEBATE NEEDED

The effects of these measures continue to be destructive - not least on public trust in politicians, the regulators, the media and the medical profession. Without open, constructive debate on these serious issues, mistakes risk being made again. There are many despairing people who have been injured by these decisions and who can't speak for themselves.

As long as alternative views are suppressed by media, government, and pharmaceutical companies, the truth will be undiscovered.

Does our Christian faith not call us to speak out in the face of injustice, to keep vigilant and to never stop seeking the truth?



Great Barrington Declaration

As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection.

THE GREAT BARRINGTON DECLARATION

In October 2020, the Great Barrington Declaration was drawn up by three epidemiologists and public health experts from Oxford, Harvard and Stanford, and is currently signed by almost a million scientists, health care providers and other leaders worldwide. Although it constituted standard traditional public health medicine, it was publicly ridiculed, if noticed at all. Google even suppressed the website so it did not appear in users' top search results.

The basis of the Declaration stated that the elderly and vulnerable should be protected, and healthy members of society should follow a normal, unrestricted life while adopting sensible hygiene practices. People should be free to choose what restrictions they place on their own lives.



Dr Alistair Montgomery is a retired GP. After his initial training in internal medicine he retrained for general practice. After ten years of working in hospital, he spent over 20 years in a busy Dundee practice. Now aged 68, Dr Montgomery is married to Nicola, a church lay reader who has both honours and masters degrees in theology. They are both interested in the Hebraic roots of the Church.