The People's Vaccine Inquiry

HART
Health Advisory and Recovery Team

UK Medical Freedom
ALLIANCE

CCVAC
CHILDREN'S COVID VACCINE
ADVISORY COUNCIL

DfP UK
Doctors for Patients UK

The People's Vaccine Inquiry

Report direct from the Module 4 hearings:

- Caroline Pover, Chair of Trustees UKCVFamily (registered charity 1207178)
- Dr Christian Buckland, Psychological advisor to UKCVFamily

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Dr Jonathan Engler (co-Chair HART) - setting the scene:

Module 4 – characterised by:

- Framing to fit the official narrative
- Obfuscation of uncomfortable information
- Promulgation of misleading information
- Whitewash with “limited hangout”

Illustrative quotes:

Baroness Hallet before the impact video:

"first the film is not evidence, second it is not intended to be indicative of the experience of the vaccinated population of the UK, and third it does NOT reflect my views"

Illustrative quotes (cont):

HK before impact video:

"In the public interest it's important that I seek to emphasise that the references in this video to the obvious and well known fact that in VERY rare cases vaccination has serious side effects, must not be used as a platform to seek to undermine the vital public health role that vaccination plays in keeping people safe from disease. Or to try to seek to argue that at a population level vaccination is not overwhelmingly beneficial"

Illustrative quotes (cont):

Hugo Keith opening statement:

"given the many successes of the vaccine and therapeutics programme….undoubted success of the programmes…you may conclude that…"

Illustrative quotes (cont):

Hugo Keith KC, at the beginning of his cross-examination of Charlet Crichton…UK CV Family members…

"don't know, and it is very difficult to find out, whether [their injury/death] was causatively connected to the vaccine, was coincidental or was connected to the Covid virus".

Module 4 - Ethical Concerns and Unaddressed Issues

Dr Elizabeth Evans
CEO, UK Medical Freedom Alliance
www.ukmedfreedom.org

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- **Medical ethics non-negotiable -** cannot be discarded in an emergency for "the greater good"
- **Absence of ethics in decision-making and policies**
- **Precautionary Principle disregarded -** insufficient safety data, use of experimental products in pregnant women and children
- **Reckless rollout to whole population -** regardless of Covid risk
- **No one gave valid informed consent –** use of fear and coercion
- **Vaccine mandates violated informed consent & medical choice**
- **Maximising 'vaccine confidence' & minimising 'vaccine hesitancy' prioritised over ethical duty to establish vaccine safety**
- **Doctors prevented from acting in their patient's interest –** "One size fits all"
- **MHRA failed to act on Yellow Card safety signals**
- **Failure to institute a rigorous safety surveillance system**
- **Vaccine Damage Payment Scheme unfit for purpose**

Covid Vaccines: Patient Information Required for Informed Consent

- **Temporary Emergency Use Authorisation**
- **Manufacturers' immunity from liability for harms**
- **Novel gene-based technology**
- **Phase 3 safety trials not complete**
- **Limited short-term safety data**
- **No long-term safety data -** cancers, fertility, ADE, autoimmunity
- **Known potential risks** – clots, VITT, myocarditis, Guillain-Barré Syndrome, neurological disorders, anaphylaxis, cardiac events, deaths
- **Adverse event reporting data –** VAERS, Yellow Card
- **Vaccine immunity short-lived**
- **Need for repeated boosters indefinitely**
- **Doesn't prevent infection or transmission**
- **Quantified individual risk from Covid**
- **Pre-existing medical conditions not represented in trials**
- **Naturally acquired immunity cannot be improved on**
- **Alternatives to vaccination** – available Covid treatments

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Covid-19 vaccines for children

“SAFE & EFFECTIVE”?

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Dr Ros Jones, MBBS, MD, FRCPCH
retired consultant paediatrician

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The Ethics

- School closures, masks etc
- ‘Don’t kill your granny’
- Vaccine as route back to ‘normal’

The risk / benefit balance

- Death for healthy <18s 1 in 2 million
- Kate Bingham: ‘Adult vaccine for adults over 50 or with comorbidities’

The approval process

- June 21: MHRA authorized ~ Pfizer data only
- July 21: JCVI ~ not for healthy <18s.
- Aug 21: JCVI recalled ~ not for <16s
- Sept 21: CMOs ~ yes for 12-15s to improve mental health!

Myocarditis - “very rare and recovers quickly”

‘Rare’ ?

Males after 2nd dose Pfizer

Israel: 16-19s = 1 in 6230

Thailand: 13-18s = 1 in 29

‘Mild’? US teenagers ~ MRI 89% abnormal.

Follow-up 60% persist.

NHS Kernow

Sponsored ·

Vaccinate your children to reduce the risk of infection passing onto vulnerable and elderly family members.

The Illusion of Benefit

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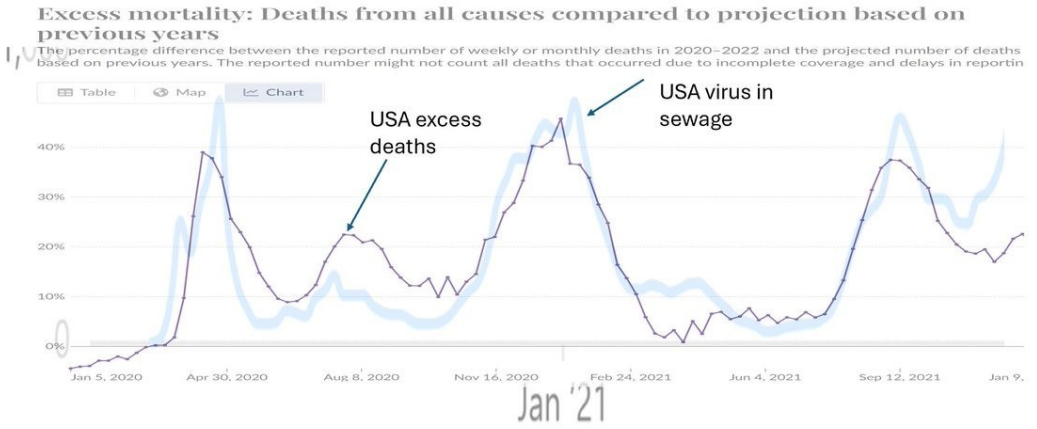
No reduction in infections
Real-world data showed transmission continued.

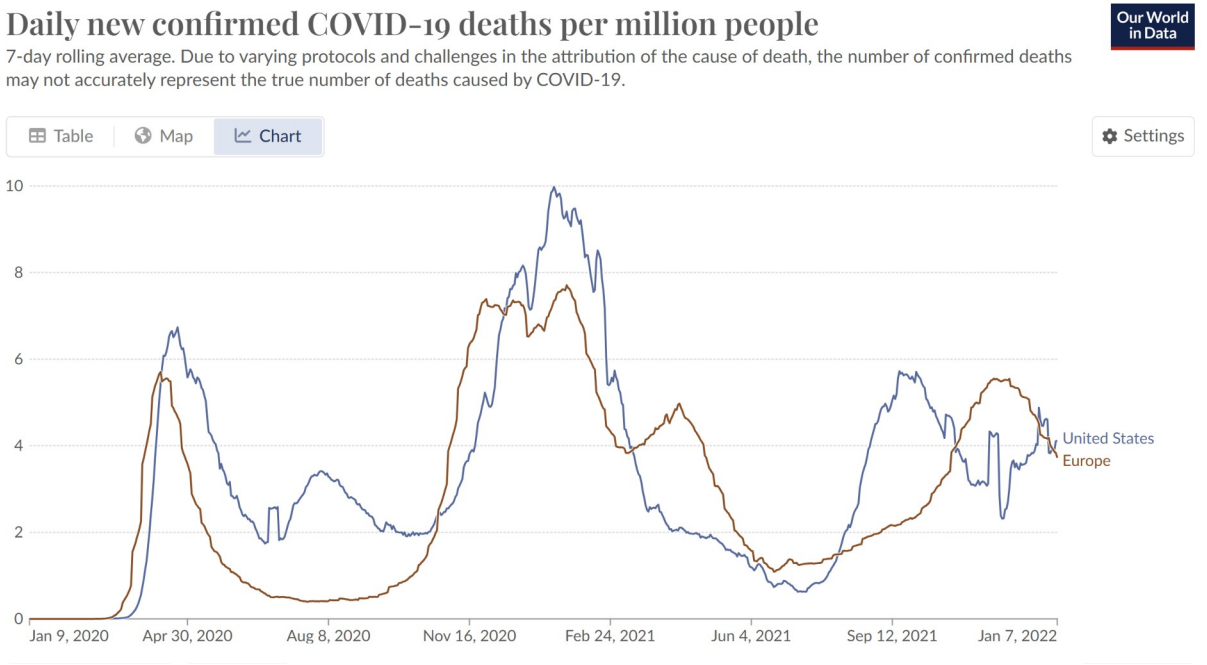
No clear reduction in deaths
Models claimed millions saved, but real-world mortality patterns didn't reflect this.

Statistical illusions
Early post-vaccination infections classified as unvaccinated, skewing results.

Omicron changed the game
Less severe from the start, yet inquiry ignored it.

Trial evidence?
One single claimed placebo death used to justify rollout.





Perseus Group

MHRA's Failings

COVID VACCINES

- **Key testing omitted** – no pharmacology, pharmacokinetics, carcinogenicity
- **Process 1 vs Process 2** – product rolled out not tested on humans
- **Slow to react to AstraZeneca problems**
- **Missed safety signals**
- **Unaware of Coroners' Reports**
- **Patient Information Leaflets**: possibility of death not mentioned
- **PASS studies** : significant increase in heart conditions in vaccinated cohort

MEDICINES IN GENERAL

- **No investigation of YC reports** - not even just fatal & serious ones
- **No assessment of causation**
- **Missing information from YCs** – batch, age of subject, time from administration
- **Slow to react** – average 11 years to withdraw drugs on safety grounds
- **Manpower shortages**

KEY DIFFERENCES TO OTHER SAFETY CRITICAL SECTORS

- **No Threshold of Safety –** no criteria for numbers of death/injury before drug suspension
- **No independent safety audit**
- **No personal accountability** – MHRA decisions by groups not individuals

MYTHS

- **"Side effects are rare"**
- **"Millions of lives saved"**

Source: Perseus Group Written Statement to UK Covid Inquiry :
https://peoplesvaccineinquiry.co.uk/wp-content/uploads/2024/06/PERSEUS-Alternative-Inquiry-Written-Evidence-Nick-Hunt.pdf

Perseus Group

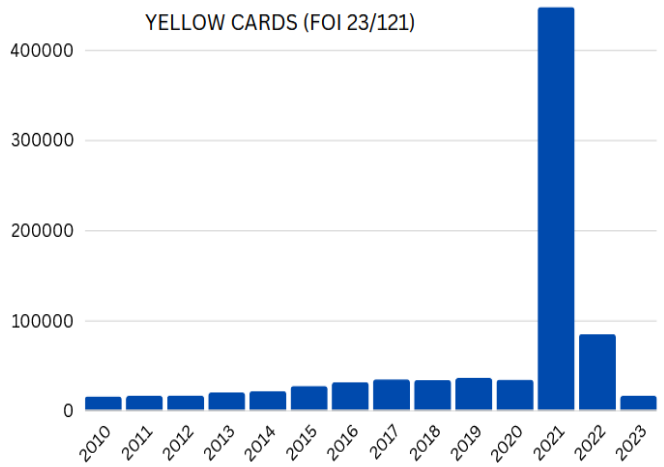
Myth - Side Effects Are Rare

Source of myth: Govt, Ministers, MHRA, etc

The reality

- **1 in 100K vaccinations led to fatal YC report**
- **1 in 720 vaccinations led to serious YC report**
- Reanalysis of Pizer & Moderna trials showed 1 in 800 had serious adverse event
- UK: >80% of all vaccine YCs since 1964 now Covid vaccine related
- US: more deaths reported to VAERS in 2021-22 than previous 30 years

Sep/Oct 2021, MHRA received 22,000 YC reports of which 118 fatal, 17,500 serious. In that time, there were 12.6M Covid vaccinations.



Yellow Card | Coronavirus (COVID-19)

Vaccine Brand	Number of Yellow Cards submitted	Yellow Cards with Serious Outcome	Number of Adverse Reactions	Fatal Outcome
Oxford-AstraZeneca	249,496	193,388	885,374	1,468
Pfizer/BionTech	184,792	131,355	533,038	988
Moderna	49,108	35,601	158,269	157
Unspecified/Other	3,238	2,318	9,735	94
Total	486,634	362,662	1,586,416	2,707

Data extraction date: 20/5/2024
https://coronavirus-yellowcard.mhra.gov.uk/datasummary

DfP UK

Doctors for Patients UK

Mr James Royle

Colorectal surgeon

Video presentation

COVID Vaccines and Cancer

Angus Dalgleish

MD FRCP FRACP FRCPath FMedSci

Principal of the Institute of Cancer Vaccines and Immunotherapy

Emeritus Prof of Oncology, University of London.

Biovacc-19: A Candidate Vaccine for Covid-19 (SARS-CoV-2) Developed from Analysis of its General Method of Action for Infectivity

Birger Sørensen[1*], Andres Susrud[1] and Angus George Dalgleish[2]

[1]Immunor AS, Oslo, Norway and [2]Department of Oncology, St. George's Institute of Infection and Immunity, University of London, London, United Kingdom

QRB Discov. 2020 Jun 2;1:e6. doi: 10.1017/qrd.2020.8

- Biovacc-19, a candidate vaccine for Covid-19
- MOA is upon nonhuman-like epitopes in 21.6% of the composition of the spike protein
- MOA is specifically related to cumulative charge from insertions placed on the SARS-CoV-2 spike surface in positions to bind efficiently by salt bridge formations

Mitigating Coronavirus Induced Dysfunctional Immunity for At-Risk Populations in COVID-19: Trained Immunity, BCG and "New Old Friends"

Thomas-Oliver Kleen[1], Alicia A. Galdon[2], Andrew S. MacDonald[2] and Angus G. Dalgleish[3]**

[1] Immodulon Therapeutics Limited, Uxbridge, United Kingdom, [2] Lydia Becker Institute of Immunology and Inflammation, Manchester Collaborative Centre for Inflammation Research, Faculty of Biology, Medicine and Health, Manchester Academic Health Science Centre, University of Manchester, Manchester, United Kingdom, [3] Institute for Infection and Immunity, St George's, University of London, London, United Kingdom

Front Immunol. 2020 Sep 4;11:2059. doi: 10.3389/fimmu.2020.02059

- The novel, highly contagious coronavirus SARS-CoV-2 spreads rapidly throughout the World
- Emerging immunological observations show hallmarks of significant immunopathological characteristics and dysfunctional immune responses in patients
- Indication that elderly people, most at risk from severe COVID-19 disease, could be especially at risk from immunopathologic responses to novel coronavirus vaccines
- BCG and MO can increase protection infectious agents

SARS-2 Spike protein

BLAST ANALYSIS OF THE SPIKE PROTEIN GIVES A 79%

HOMOLOGY WITH HUMAN EPITOPES.

ESPECIALLY PF4 AMD MYELIN

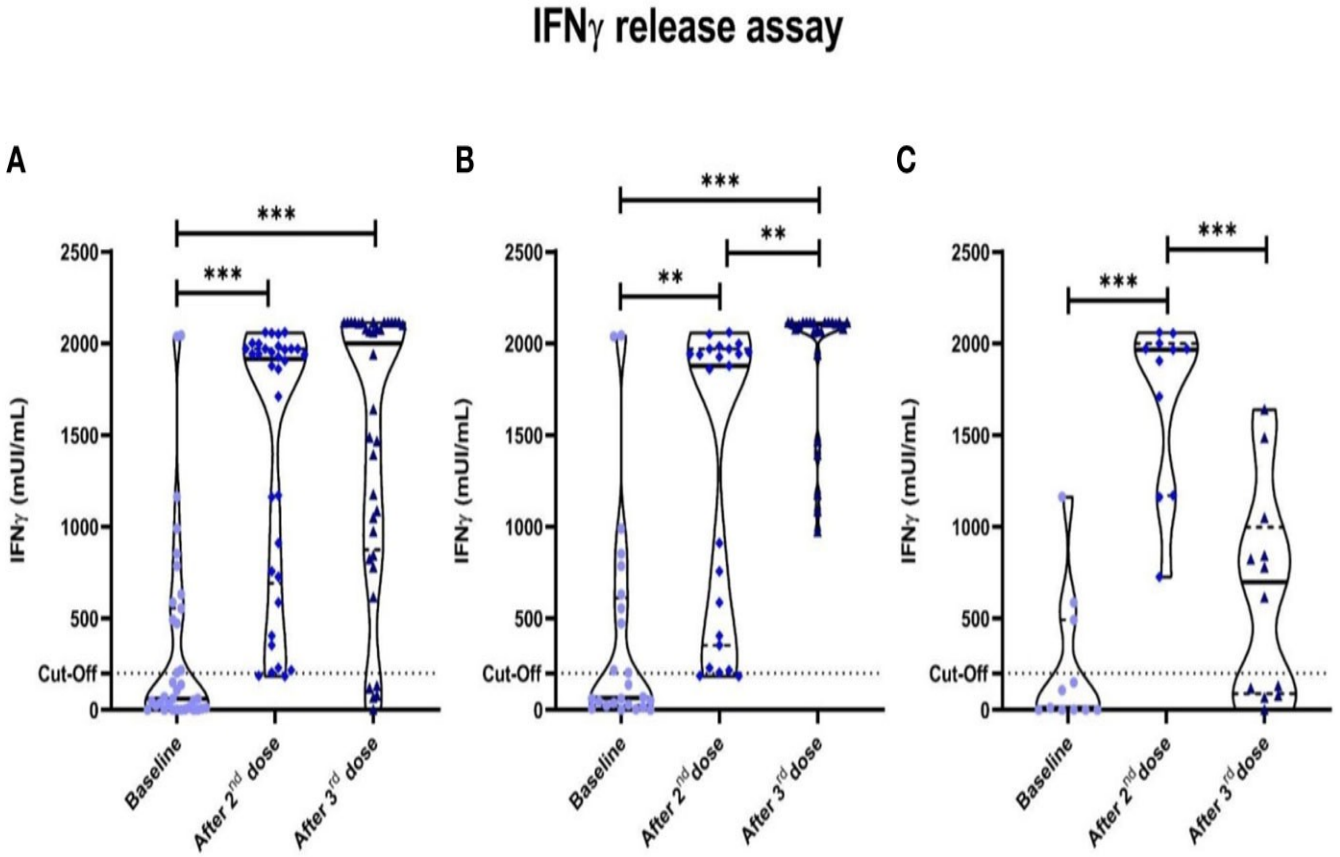
PREDICTED CLOTTING AND PLATLET DYSFUNCTION FROM THIS

ALSO MYELIN HOMOLOGIES ARE ASSOCIATED WITH TRANSVERSE MYELITIS AND GULLIAM-BARRE SYNDROME

BOTH THESE ARE ON THE MHRA WEBSITE AS SIDE EFFECTS!!!

REQUEST TO EXCLUDE THESE REGIONS OVERULED BY SAGE CMO CSO ETC.

Evidence of exhausted lymphocytes after the third anti-SARS-CoV-2 vaccine dose in cancer patients



- Specific anti-SARS-CoV-2 IFN-γ responses.
- **(A)** All cancer patients. Significant differences were seen in cancer patients between the baseline anti-SARS-CoV-2 IFN-γ titres and after the second ($p<0.001$) and third vaccine doses ($p<0.001$).
- Two groups were established after the third dose according to the pattern of cellular behavior: one that enhanced their IFN-γ titres after the third vaccine dose (Group 1); and Group 2 that displayed a drastic fall-off of specific anti-SARS-CoV-2 IFN-γ titres. **(B)** Group 1 cancer patients. **(C)** Group 2 cancer patients. *$P<0.05$ **$P<0.01$ ***$P<0.001$.

Can the mRNA vaccines induce cancers directly?

- Numerous reports of enormous batch to batch variation with DNA capsid contamination as well as contaminants such as SV40.
- SV40 is a known oncogenic sequence present in some previous vaccines.
- mRNA vaccines cause frame shifting and all sorts of unwanted genetic instructions.
- They do not get rapidly cleared as claimed but persist for over a year and have been detected in every organ at autopsy and in cancers removed by surgery.

mRNA and unwanted activity.

- These mRNA spike proteins from the vaccine bind to known suppressor genes such as p53, BRCA, and MSH-3. These are the genes that suppress cancer activity and when mutated greatly increase early cancer risk.

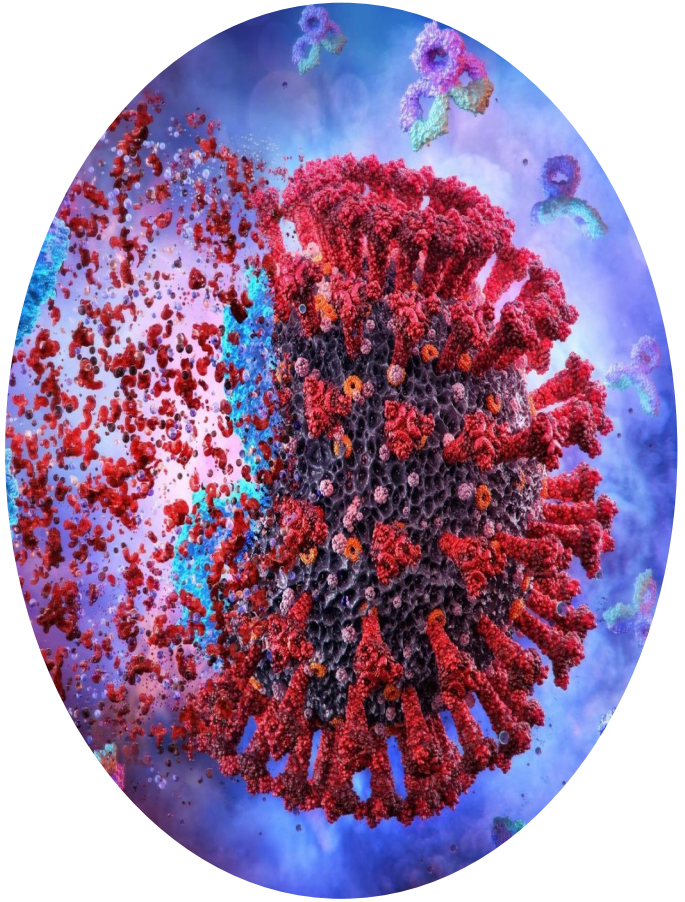
- The long-lived spike protein causes chronic inflammation and chronic clotting which will disseminate any cancer cells. Indeed, abnormal clotting is recognized as a major progressor factor in cancer especially pancreatic and prostate cancer.

No study can show better protection than infection

Danish Study Confirms That Natural Immunity Protects Better Against Infection Than the Vaccines

BY **NOAH CARL**

15 DECEMBER 2021 3:58 PM



Last week, I wrote about a *second* major study finding that natural immunity protects better against infection than the Pfizer vaccine. Both this study and the earlier one were from Israel, and while there's every reason to believe the results generalise to other populations, it's always good to have data from multiple countries.

We now have those data in the form of a study published by the Statens Serum Institut in Denmark. I can't say the report itself is *worth reading in full*, since it's written in Danish. But I've posted the key figure below. It shows protection against infection for three different groups – adjusting for age, sex comorbidities, and time of year

DfP UK

Doctors for Patients UK

Dr Dean Patterson

Consultant Cardiologist

Video presentation

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