Doctor Claire Craig — Transcript

Will Jones (Interviewer) : Doctor Claire Craig is a consultant pathologist who worked in the NHS for 15 years. She is a Fellow of the Royal College of Pathologists.

Dr Claire Craig: Vaccine is a really powerful word. People think of it as a modern medical miracle and the word is almost synonymous with the idea of safe and effective. Great care needs to be taken when using that word and these products, these COVID vaccines or what were called COVID vaccines were neither safe nor effective and should have been pulled from the market long ago.

Now that term safe and effective was first used to market thalidomide and after that thalidomide scandal when 5000 babies had been damaged and at least 5000 had died, the regulators introduced new rules, and those rules said that the word safe could not be used without caveats. The MHRA were responsible for implementing those rules and they have utterly failed to do so. But worse, they themselves have used that term safe when describing these products, and that was a lie.

They also failed in other ways. They failed to introduce an absolute safety threshold at which the drugs would be either suspended or withdrawn. And they also ignored all the evidence of harm on the basis of their belief that the benefits always outweighed the risks and that was not always true. That was a lie.

Now there were doctors who warned about what the safety issues would be and those doctors were threatened and shut down. The truth was there were more all caused deaths in the Pfizer trial at six months in the vaccine group than in the placebo group.

And some of the harm in the trial was covered up. Some of the details of harm of particular participants was not included in the trial data. For example, Augusto Rue, who was an Argentinian lawyer, he had pericarditis after the vaccine in the Pfizer trial and that illness was put down into the data as being a pneumonia, a COVID pneumonia that was test negative. What that meant was that it was not included in the safety data. And because the test was negative, it didn't have to be concluded in the efficacy calculations either. So it was effectively disappeared.

Then Maddie Degari, who was a 12 year old girl, ended up after the Pfizer trial with immune mediated nerve damage throughout her body that was described as being a functional abdominal pain and nothing else in the trial data. So that was also a lie.

And the accumulation of these lies created the lie about overall safety of these products. There were early indicators that these products were harmful. So between 1 and 30 and one in 40 of the people who had a first dose never came back to have a second dose.

Now why would you start the course and not complete it? The surveillance systems which were designed to detect a problem sounded many alarms and it's really important that we take careful measurements to understand how big a problem is. But all of the measuring is flawed.

If you had a COVID diagnosis and every single symptom was considered to be a COVID symptom, but after the vaccine the only symptoms that were considered to be related were a sore arm, a fever and gastrointestinal symptoms. Any hospitalisation after a COVID positive test was a COVID hospitalisation, but somebody who was hospitalised after the vaccine was always considered almost always a coincidence. Anybody who dives in 28 days of a COVID positive test was considered to be a COVID death even when there were other conditions that had contributed to that death. Whereas anybody that died after a vaccine, if there was any other possible causation, that was always put down on the death certificate. So neither approach is scientific or rational.

Now measurement has been further harmed because some people who had cardiac and neurological symptoms of unknown cause had their problems described as being due to anxiety by their doctors. And there are also doctors who have told patients that they've been vaccine injured but have refused to write it into their medical record. And so that is also a lie.

Now this isn't that we have for measuring harm are designed to detect rare events in a single organ. But these products have caused harm across the body. And there's a variety of reasons why that is.

Firstly, the platforms are designed so that cells throughout the body express a foreign protein, and then the immune system attacks those cells and those cells are sacrificed. And so when you get that kind of organ damage, it looks like an autoimmune disease. On top of that, the spike protein looks very similar to human proteins. There's about an 80% crossover. And that means that there's also an increased risk of conventional autoimmune disease.

Now the products cause vascular damage. Of course, we've got vessels in every single organ throughout the body, so that could cause harm in all sorts of different ways.

Then there was evidence of endotoxin contamination from the bacteria in the production. Again, endotoxin can cause harm throughout the body and the synthetic RNA and synthetic DNA and mitochondrial damage, they can affect any cell. Plus we know that there were unknown proteins being produced, which could lead to conditions like amyloid, which again can affect numerous organs.

The surveillance systems are not designed to pick up these systemic effects. What they're good at is noticing when there is a new condition or an increase in a very rare condition in a single organ system.

And so what has been acknowledged was the harm caused in these rare brain clots. But the MHRA still now has not used the word causation about those brain clots, even though the pharmaceutical company themselves have admitted that in court and have gone to the European regulator and ask them to withdraw approval for the drug.

Then there was myocarditis, which we were repeatedly told was very rare, whereas actually more than one study has shown that around 3% of people after their injection had damage to their heart and that was not just in teenage boys, it was also in the middle age and it was also in women. The heart can't repair this kind of damage and that matters because it has a delicate electrical conduction system and any scarring will increase the risk of a sudden cardiac death into the future.

The truth is myocarditis was not mild. Calling it mild is like calling brain damage mild.

Now if we now turn away from the evidence from the surveillance systems and take a look at the big picture, we can get closer to the truth.

So the big picture shows that life threatening ambulance calls had been steady and predictable at about 2000 per day up until lockdown when there was a slight dip and then it got back to 2000 per day before the vaccine roll out. Since the vaccine roll out we have had 2500 per day and it still hasn't returned to normal.

Another big picture measure is the number of people who cannot work because they have long term sickness. And when we've asked people in surveys if they're not working because of long term sickness, the figure has been around 2,000,000 since about 2012, give or take a little bit. But since the vaccine rollout this rocketed in spring 2021 and which now at 2.8 million. The USA data looks similar.

At the same time, we saw a rise in non-COVID deaths that also happened in spring 2021, and this happened across the vaccinated world. The claim that it was COVID causing all of this excess was a lie. We also saw a rise in excess mortality in Australia and in Singapore before they had had any significant COVID wave.

What were people dying of? Dementia deaths were high during the COVID waves but have been below expected levels really ever since. And that's because people who would have been dying have already died and we should be seeing that across all causes of death, but we are not.

If you look at cardiovascular deaths, non COVID cardiovascular deaths rose with the vaccine rollout and have been high ever since. And deaths in the young have been high ever since, particularly in the 50 to 64 year old age bracket. This is true in almost all vaccinated countries.

In the UK, the excess death problem has been lower in London in the black population and in lower socioeconomic groups. Now these are all groups that were vaccinated less. And if you look regionally across the world, less vaccinated areas have had fewer excess deaths since 2022.

Now the ONS and others have claimed that the unvaccinated have a higher mortality rate for COVID. They also have a higher mortality rate for non COVID deaths. And when you take out that bias, the difference disappears.

And it's because of a demographic difference between those two populations. Which means that in all likelihood the unvaccinated had a higher pre COVID mortality rate. So to claim that that difference would be due to a vaccine would be a lie.

In fact, that gap in mortality between the vaccinated and unvaccinated has not stayed steady. Over time, the mortality rate in the vaccinated has increased and the gap has shrunk. When that happened, the ONS stopped publishing the data.

We now have a bizarre situation where people say that you cannot judge the efficacy of the vaccine in the first two weeks because that's how long it takes to create an immune response. But these same people say that there's no possibility of any harm from the vaccine except in the first few weeks. Now that's clearly nonsense.

However, the systems designed to measure harm always ignore anything that happens after the first few weeks of vaccination. What we know from the pandemics vaccine which was used in 2010, is that those who were harmed by getting narcolepsy had on average 8 months between injection and diagnosis. Now for the COVID vaccines, it looks like problems arose after a 5 month lag.

So for example in Scotland the excess mortality increased sequentially through the age groups in the same order as the vaccine roll out about 5 months later, and the same was true for the booster doses. It's clear these products were far from safe.

But were they effective? When we answer that question, it's really important that we don't look at the period after 2022. That was when the Omicron variant arrived, and the Omicron variant has had the least impact in unvaccinated countries. So to claim that it's a vaccine effect would be unfair.

What we can compare is the summer 2021 Delta wave, which was after vaccination but before Omicron. The truth is that the deaths 100,000 in the early COVID ways were of the same order of magnitude as we saw in 1989, 1990, 1997, 1999 and 2000. What was unusual about it was the timing.

But to claim that all of those extra deaths were due to a virus is a lie. There was a number of reasons why people die from other causes. In 2020, accessing healthcare became really difficult. People with pneumonia in the community were not treated in the same way as they would have been before. Do not resuscitate orders were given out to numerous people at the same time as hospitals were refusing to admit anybody that had a resuscitate order. End of life medication that can suppress the respiratory drive was being given out by staff who honestly believed that their patients were going to die because of COVID and that therefore there was no hope. And that became a bit of a self-fulfilling prophecy. Intensive care departments were emptied in preparation for the coming wave and ventilators were overused early on which resulted in extra deaths.

Now, all of those things will have contributed to the overall extra mortality that we saw. So the reality that not all extra deaths are caused by COVID has to be taken into account when making a claim about vaccines reducing deaths. But the trials showed it worked, right? Wrong.

So what the pharma companies did is they ignored what happened in the first two week period after injection. Now, every time independent researchers have looked at what happened in that period they have repeatedly found around 40% increased risk of infection. Now, that's because what these injections did was make a number of cells in the body produce foreign proteins. So the immune system is then busy detecting and killing those cells. And while it's doing that, it's not able to protect the body the way it normally can from a viral infection. And the consequence was those people that were susceptible to that variant had their infections earlier than they otherwise would have.

Now, that created a statistical illusion. Because when you start measuring later on in the wave, it looks like the vaccinated had fewer cases, but they've already had them. Whereas if you look at how many cases were had over the whole wave, it looks the same.

Then what happened with the next wave? That statistical illusion washed away a new tranche of people who are susceptible, were susceptible still, and this is described as waning.

Now. it was suggested that there were fewer COVID hospitalizations during the summer 2021 Delta wave in the UK. And it's probably true they were fewer COVID hospitalizations, although not overall all cause hospitalizations. But if we look beyond the UK, that's not what we see. In the USA, the magnitude of the hospitalizations in that post vaccination delta wave was the same as for the pre vaccination waves.

And if we look at deaths across Europe and across the USA, the number of deaths in the delta wave is the same order of magnitude as in the previous pre vaccination waves.

So the total number of hospital patients and deaths were not affected by the vaccine.

Now some people would claim it reduced the number of deaths per case. However, the measurement of cases has been massively exaggerated with unreliable testing. So if we take a big picture view of how many cases there were, we can do this by looking at the amount of virus present in sewage. So if we look to the USA and look over time at the amount of virus in the sewage representing the cases and compare it to the number of excess deaths, there is minimal difference before and after vaccination.

Another way to look at claims of benefit is to look at countries who are vaccinated before they had any significant COVID. So if we look to Australia, South Korea and New Zealand, in their first significant COVID wave, they had 400 COVID deaths per million population. Now, if we go back and look at what happened in spring 2020 with the Wuhan waves, France and Europe as a whole had 400 COVID deaths per million.

If we look to the UK, it was 800 COVID deaths per million. But the truth is that Omicron is less than half as deadly as the Wuhan variant. So where's the vaccine benefit?

Now, when communicating benefits, doctors are taught to explain it in terms of how many people need to be treated in order for one to benefit. And if we look at how many people needed to be injected to prevent a single death or a single intensive care admission, those figures are in the hundreds of people over 70, in the thousands of people under 70, and for 40 year olds, it's in the 10s of thousands.

And if we imagine that there was such thing as a perfect vaccine that would be 100% effective at preventing any death being labelled as a COVID death among pregnant women, you would need to vaccinate 29,000 to prevent a single death. These numbers matter because they allow a comparison with that one in 800 risk of serious harm. It's only by knowing the likelihood of a benefit and comparing it to the likelihood of the risk that the madness is exposed.

In terms of efficacy, the vaccines were actually worse than useless. There is now data from numerous sources which have shown that the more doses people had, the more likely they were to get COVID, and we now understand why that is. So what's happened is the immune response has switched in a number of people from being one that recognises a virus as foreign and attacks it, to one that treats it as benign and ignores it, to the same antibodies that our body uses so that we don't attack pollen and food and create allergies are being created in a proportion of the vaccinated people. And the more doses that they have, the more likely it is that that switch will occur.

Finally, there were claims that 20 million lives have been saved by these vaccines. That's a lie. That's based on fantasy modelling using false assumptions, much like the modelling of lockdown in the 1st place. So people have been lied to about the safety of these products. They've been lied to about how well the products worked. And these lies are being told so often that it's hard for people not to believe them. But the evidence is all right there.

Thank you, Doctor Craig, some fascinating and really quite frightening statistics and data that you've told us about and shown us quite a few times during your presentation, you said that these were lies we were being

told. Can you just say a little bit about do you think that people were intentionally lying or do you think that these were mistakes or a mixture combination? What what do what do you think about that?

So I think that massive oversimplification of complex issues coupled with people being, you know, not listening to all voices has led to these kind of the fight narratives, which in retrospect are best understood as lies. It doesn't mean that people that believe them thought they were lies at the time and with the fact that the vast majority of the population believed them.

So you're not saying that that everybody who is telling us these things were consciously deceiving us, knowing that the truth was otherwise, or are you saying that that some of them were and some of them were just mistaken?

So I do think that there are people who were in a position to have known better and by oversimplifying and by making out that everything was perfect, that that was negligent on their part. For example, we knew from the trials that they were not big enough to show safety at scale. You just, you just can't be big enough. So even a trial in which 22,000 people have been injected, that would not be able to demonstrate an increased risk of mortality in a product that killed one in 4000 people. Now, I'm not saying they did right, but that is a very, very high risk that the trial would fail to show statistical significance. So there should have been complete openness about the uncertainties and instead there was this pretence that there was no such thing as uncertainty.

So people who should have known better maybe a lot of wishful thinking and a lot of very convenient untruths that were being spoken and possibly some outright lies as well. So can we talk a little bit about sewage? You said that there was a minimal difference between sewage and excess deaths. A slightly baffling statement. Can you just say a little bit more about it, explain it further?

So the, if you look at the amount of virus in the sewage, right, that should tell you how many people are infected. And that maps very, very closely to how many people were dying. And so once you've got that relationship set up, we think, well, that you can't see where the vaccine effect is, except if you look at what happened in spring 2021. The two curves do actually separate for a period. But I think what's happened there, the people who've been vaccinated had their infections earlier on, and the ones who are at risk are the older ones. So they were all vaccinated pretty much by spring 2021. And so then you've got a situation where the people who are still being infected aren't really at risk of dying. So you see this really short period where the lines separate and then as soon as the Delta variant arrives and you've got the sort of new bunch of susceptible people, there's no separation anymore. There's no effect anymore, no benefit.

So scientists are they're testing sewage, are they? So they're going to a sewage plant and they're looking at what viruses are in there and the amount of virus that they're finding in the sewage has a relationship with the amount of virus in the population, is that right?

That's the idea, yeah. Yeah. And then that has a relationship with with excess deaths. It's a less biased way of measuring how much cover there is out there. And, you know, it's not without its problems because, for example, not everyone was testing it at the beginning. And so they have used modelling to kind of make up the difference between different areas. And they're still using PCR in order to tell whether or not there is virus there. But the point is it ought to be a consistent measure over time. And it does appear to have been.

So more reliable than population testing of PCR?

I believe so, yeah, I think there have been real issues.

And the sewage testing shows that there just wasn't this difference that we would expect, this big difference or maybe even any difference at all between before and after the vaccine rollout.

Well, yeah, and that, you know, that should be big news, but somehow nobody wants to talk about that.

Absolutely. I wonder why. Can we talk about Sweden? Sweden is the poster child of the lockdown sceptics, of course, the country that famously refused to impose any mandatory restriction, didn't lockdown and they haven't been seeing so many excess deaths, I believe including excess non-COVID deaths. But of course

they're no less vaccinated than anywhere else. It's often suggested that this is a counter example to this claim that vaccines are causing some kind of serious problem in terms of large numbers of people or significant numbers of people dying. What do you think about that?

So first of all, I would say that having one example of one place where there's an outlier, it doesn't exclude the problem when you can see the problem everywhere else.

Second, I would say that it does depend how you measure the excess mortality. And when people have looked at age standardised mortality rates, there does seem to be a problem in Sweden.

And last of all, Sweden is a country where they already have very low risk of cardiovascular deaths in the young.

So overall cardiovascular deaths look the same because old people die of cardiovascular disease. But if you look at deaths in the middle age, it's really, really low. So their underlying risk of cardiovascular death is low. They didn't lock down, so they don't have that sort of extra hit of the psychological stress impact increasing the risk. And so if you've got a very low baseline risk, adding on the additional risk of a vaccine is going to have less of an impact than if you're in a country like the UK where we actually have a fairly high baseline risk. So that is where you'd expect to see more of a mortality. So in many ways, you could have predicted that they'd have less.

Thank you Dr Craig

Thank you.