

Safe and effective

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Four years ago in March, the world was thrown into meltdown by the appearance of a novel virus, COVID-19, which we were told posed a major threat to human life. The global response to this alleged threat was swift, draconian, well-coordinated, and implemented by countries across the world, with very few exceptions. That universal response, applied without public debate, discussion or the consideration of alternative solutions, started with locking down much of the world.

Although quite shocking at the time, the memory of living through those lockdowns, and the unhealthy atmosphere of fear and suspicion they generated, has inevitably started to fade. However, if we want to ensure this never happens again, we need to understand how the scene was set, how the narrative was managed, and how so many of us were misled into surrendering our most fundamental human rights.

We must also remember that lockdowns were the precursor to the ‘jabs’, and the negative impact they may have had on our overall health is becoming clearer with the passing of time. The list of people who have experienced serious adverse reactions to the jabs, including fatalities, continues to grow worldwide, yet governments across the globe show no inclination to acknowledge that the jabs have raised significant safety issues which must be properly investigated.

Some courageous and determined people have succeeded in breaking through the wall of censorship imposed against dissenting voices, and the complexity of these issues is slowly emerging. More people are now speaking openly about the probable harm caused by lockdowns and the jabs, and access to reliable information is now available enabling more individuals to undertake their own research.

The pressure on ‘the powers that be’ is building. Even the mainstream media (MSM), which usually choose to support the official narrative, have started (for example) to explore the issue of excess deaths since the jab rollout. Sadly, this issue is an irrefutable fact in all countries. Surely this warrants robust investigation by decision makers across the world? We need to talk about these concerns openly, so we can understand what went so badly wrong, and make sure it doesn’t happen again.

We were told that the lockdowns were imposed because they were the only way to manage the spread of the virus, and we needed to protect frontline health workers from being overwhelmed by a predicted surge of COVID-19 sufferers. Literally overnight, schools were closed down, public events cancelled, non-essential travel prohibited, socialising forbidden, and we had to stay at home for the ‘public good’.

Our compliance was both driven by, and maintained by, fear; a fear generated by the non-stop litany of doom and gloom presented by our governments, who assured

us that they were ‘following the science’, and the science could confirm that this was an exceptionally virulent and deadly virus – a message the MSM promulgated at every opportunity.

Certainly, a lot of people who died during those early months, had COVID-19, **but how many of them died of COVID-19**, is another matter. In fact, annual death rates across most western countries average one percent, with most of these deaths occurring amongst the very old and / or very ill. According to records compiled by the Office for National Statistics (ONS), approximately one percent of the UK population died during all of 2020, the year which saw the outbreak of the ‘lethal’ pandemic – that’s just an average amount in any given year. Death rates in other countries at that time show a similar pattern, **suggesting that COVID-19 was not the deadly virus we’d been led to believe.**

An increasing number of individuals, mostly experts within the social and medical sciences, claim that the lockdowns have caused more devastation than the outbreak of COVID-19 itself. The UK lockdowns certainly crippled our economy, cost hundreds of thousands of people their jobs, denied millions of children their proper education, devastated the hospitality / services industry, and compromised the future of all live events.

They have also taken a huge toll on our health – perhaps the most insidious legacy of lockdowns is the impact they have had on the mental and emotional wellbeing of individuals of all ages, from children, who are frightened of normal social interaction, to adults racked with grief and guilt because they were prohibited from supporting a loved one through the dying process, as a result of lockdown restrictions.

But the lockdowns also served a purpose; they created a situation from which we needed saving, and that salvation came in the form of the ‘jab’, a group of experimental ‘vaccines’ which, in simplistic terms, used gene-manipulated material as their active pharmaceutical ingredient. The technology used to create both the mRNA vaccines (such as Pfizer BioNTech) and the vector vaccines (such as AstraZeneca) had only undergone limited trialling prior to release, and we now know that some disturbing adverse reactions had been noted long before the official jab rollout.

However, the apparent urgency of the situation meant the jabs were only assessed on risk / benefit modelling, not on absolute safety. The reported adverse reactions were ascribed to other factors, and the jabs were granted emergency use authorisation by medicines regulators in most countries. As the jabs had never been trialled on large cohorts of people before, the world suddenly became one very large laboratory. The vast majority of the population

unknowingly enrolled in, or were forced to enrol in, one mega medical experiment.

We were told the jabs were safe and effective. They would stop us from getting COVID-19, they would stop the transmission of COVID-19, and anyone unfortunate enough to get COVID-19 despite being jabbed, wouldn't get it as badly as the un-jabbed. In short, the jabs would bring the virus and its effects under control, so our lives could go back to normal.

People trusted their leaders and the 'experts' who advised them. We were provided with infection-rate updates on a regular basis, and the apparent mortality rates from COVID-19 were alarming. The jabs were presented as the only viable solution. Anyone who failed to be jabbed was labelled an irresponsible 'anti-vaxxer' who was putting other people's lives at risk.

We know what happened next – people everywhere queued-up to be jabbed and COVID-19 infection rates rocketed. People continued to die with COVID-19, and less readily explicable causes of death began to be noted. 'Strange' symptoms started to manifest in the previously fit and healthy, and numerous individuals who had been in remission from cancer, or other serious conditions, saw their old symptoms returning. The deaths and the unexplained symptoms were blamed on the virulence of COVID-19, and the un-vaxxed. When it became obvious that the jabs didn't prevent people from contracting COVID-19, or spreading the disease, we were told that boosters were the solution.

In an attempt to reduce the number of non-compliant 'anti-vaxxers', in the UK the jab became a requirement for employment in some sectors, most notably health workers and, once the lockdowns were eased, international travel or attendance at most public events was only permitted by showing proof of vaccination, the so called 'vaccine passport'. It was even worse in some other countries, where the jabs were mandated for everyone, and the non-compliant faced fines, imprisonment and enforced vaccination.

This violation of an individual's fundamental right to bodily autonomy was justified as being in the public interest yet, alarmingly, medicines regulators across the globe seemed less rigorous with regard to scrutinising the large number of serious adverse reactions, including fatalities, being reported post COVID-19 vaccination. The overall safety of the jabs appears to have been a low public interest priority, whereas enforcing the vaccination programme was undertaken with rigour.

Thanks to a highly critical report entitled 'Safe and Effective?' which was published in April 2023, we now know that our UK Medicines and Healthcare products Regulatory Agency (MHRA) has failed to fulfil the key requirement of its remit; to ensure the safety, effectiveness and quality of the pharmaceutical products it authorises for use.

The report's authors, who have formed a group called 'Perseus', describe themselves as '*a multidisciplinary team of experts from various fields including medicine, safety management and pharmaceutical regulation.*' They go on to state that the report's '*purpose is to bring to the attention of politicians and policy makers the serious shortcomings in the current regulatory system for drug approvals in general and the COVID-19 vaccines in particular, and the significant safety issues that result.*' The document is a scathing account of the MHRA's failure to protect the public, coupled with a woefully slow response to fully investigate, or act upon, reports of serious adverse reactions.

For example, in August 2020, during a trial of the AstraZeneca (AZ) jab involving 11,636 participants, three

individuals experienced what would normally be regarded as a severe adverse reaction; they were all afflicted by transverse myelitis, a rare but serious neurological disorder which causes paralysis. The trial was temporarily paused, but somehow AZ managed to convince the MHRA that the jab had not been the cause of transverse myelitis, so the AZ jab was made available to the public in December.

By March 2021, the AZ jab had been suspended by 18 different countries in Europe, including France and Germany, because a large number of cases of vaccine-induced immune thrombocytopenia (VITT) had been reported. The MHRA failed to take any action until May, by which time 58 people had died as a result of the jab. The action taken was not to withdraw the product altogether, but to recommend that the AZ jab was no longer offered to individuals under the age of 40.

The Perseus report is recommended reading for anyone who wants to better understand how the MHRA undertakes, or fails to undertake, its regulatory responsibilities. Our medicines regulator should provide an unbiased, rigorous safety assessment of all new medicines before they are authorised for use, but here's the problem – 86% of MHRA funding comes from the industry they are supposed to regulate! But then most of the world's medicines regulators are heavily funded by the pharmaceutical industry, for example: Europe = 89%, Australia = 96% and Japan = 85%. The USA uses a different system which makes a direct calculation harder, but industry funding of the Food and Drug Administration (FDA) seems to be in the region of 65%.

When the primary funder is also the beneficiary of product sales, it is easy to see how public safety can be compromised. In April 2021, freelance journalist Sally Beck made a Freedom of Information (FOI) request to the MHRA, asking to see safety data relating to Pfizer's COVID-19 jab. The response was an astounding display of inherent bias:

'We have considered the public interest and cannot see any public interest argument that outweighs the commercial harm in providing information that can be used by competitors for their commercial advantage.'

In other words, **commercial advantage takes precedent over public safety!**

The global pandemic response has shown how a combination of fearmongering, misleading reportage, the manipulation of facts, the silencing of dissenting voices, and general ignorance, can coerce entire populations into acting completely irrationally. If we want to ensure this doesn't happen again, we need to stay informed ourselves, and help the less informed to understand the bigger picture in a balanced and reasonable manner.

We also need to be more proactive in lobbying our MPs – if enough constituents raise a particular concern with their MP, that MP is obliged to act upon those concerns. There are now an increasing number of lobbying groups who can provide practical help and support for specific campaigns, so it's worth checking out if anything suitable is available in your area.

We know that the World Health Organization (WHO) is trying to push through a 'Pandemic Treaty' for countries to sign up to this coming May. They're also trying to change the International Health Regulations (IHR), where they propose to remove altogether the clause which protects our human rights and fundamental freedoms. WHO will probably achieve their objectives. We need to make it crystal clear to our elected government that we will not accept the jurisdiction of WHO, a self-appointed, unelected and unaccountable entity, to override either our national, or our individual, sovereignty. □