**Note from Colin Wilson (01/09/21):**

The following article has been written by a retired Scottish Christian General Practitioner. In it Alistair Montgomery MB. ChB. MRCGP, DRCOG relates to the medical issues of the Covid-19 vaccines. It is free for any recipient to disseminate further if it is so wished.

When we first heard of the outbreak of a new Coronavirus outbreak in China at the end of 2019 and the beginning of 2020 there was much uncertainty and apprehension. Naturally, we trusted and looked to our Governments and their advisors for direction, protection, and information. With all new events, there should be a learning process where the facts become known through investigation and discussion. This has not happened with the SARS COV2 outbreak as Governments and the media have tried to disseminate only one perspective of the science and understanding of the viral phenomenon. The subject of SARS Cov2 and its ramifications is enormous making concise discussion difficult and it is not possible to cover the subject in one article. This is an attempt to address the perceptions and fears that are possibly at the forefront of most people’s minds. The media have constantly published a large number of “cases” being daily diagnosed by the rt-PCR “test” and encouraging everyone to receive a vaccination that is claimed to be “safe and effective” so that everyone can be protected and life can return to “normal”. But how reliable is the rt-PCR “Test” with the numbers of “cases” diagnosed and how safe and effective are the vaccines?

 **The rt-PCR test**

The late Kary Mullis devised the Reverse Transcriptase Polymerase Chain Reaction (rt-PCR) process to enable scientists to rapidly multiply very small amounts of genetic material into quantities that could be used for experiments. It had previously taken weeks or months to make these volumes. Mullis saved the industry valuable time and money, and received a Nobel Prize for his invention 1. It was never designed as a diagnostic test for an illness in asymptomatic people. Recorded interviews with Mullis can be seen with him explaining that it is a qualitative process and not a quantitative one 2. The process doubles the amount of material every time it is run. After the first run or cycle one piece of genetic material becomes two. After the second cycle there are four. After twenty cycles there are 524,288 bits. After thirty cycles there are 536,870,912 bits. After 35 cycles there are 17,179,869,184 bits. After forty cycles there are 549,755,813,888. By 45 cycles you have 17.5 trillion. These cycle numbers are important. When Mullis patented the process it was only intended to run to twenty cycles.

The Corman-Drosten paper proposing the use of the rt-PCR to diagnose this viral infection was rapidly accepted for publication by Eurosurveillance without adequate time for legitimate peer review. It has been widely criticised by many competent scientists and its retraction was demanded. 3 Despite this, it is used as the gold standard for diagnosis. The ‘test’ only looks for several segments of the m-RNA that is in the SARS COV2, and NOT the whole strand, so it is possible that shared segments from other coronaviruses might trigger a ‘positive’ result. If samples being tested are not kept absolutely biologically secure, then slightest cross-contamination of a negative sample will produce a positive result when high numbers of cycles are involved.

Scientists and frontline clinicians agree that a positive result occurring at less than 30 cycles in a person with symptoms should be accepted as a case. A positive result between 30 and 35 cycles in an asymptomatic person is of dubious value. Any result achieved after 35 cycles is totally meaningless due to the presence of what is termed ‘background noise’. 4

Letters received from the Scottish Health Department state that they are running up to 40 cycles for a positive test. This will have grossly inflated the numbers of ‘positives’. Recently USA the Centre for Disease Control (CDC) in the USA, having initially used 40 cycles for diagnosis, are now refusing to accept a positive result in a vaccinated person if the test has run more than 28 cycles. 5 This action will have significantly reduced the number of ‘positives’ and may be intended to demonstrate that the vaccines are effective. On 31st December 2021 The CDC are withdrawing their authorisation to use the PCR test for diagnosis of a SARS COV2 infection 6

**“Safe”?**

The question needs to be asked: “Are the new genetic-based ‘vaccines’ both safe and effective?” It is a foolhardy or very confident person who declares any new medicine or vaccine to be safe before it has finished its clinical trials. Time is absolutely essential in assessing safety; and to shortcut the process is highly dangerous. The “Emergency Use Authoriastion” ‘vaccines’ are only in the experimental stage with the next phases only due for completion in 2023. Earlier this year, the pharmaceutical companies inoculated all the controls (people originally given placebo) that were in their trials, effectively ending their randomised control component of these trials. As a result this will make both the short-term and long-term adverse reactions more difficult to detect. The Mass rolling out the “vaccines” in an uncontrolled manner in the population means we are now wholly reliant on observational and epidemiological tools to assess safety. In ethical trials, all participants should be regularly followed up over years. The fact that is not being done by our Government is both scientifically and morally indefensible. The signals emerging from the ‘voluntary’reporting systems in UK ([Yellow Card System](https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting)); in the USA ([VAERS](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vaers.html)); the EU ([EudraVigil](https://www.ema.europa.eu/en/human-regulatory/overview/public-health-threats/coronavirus-disease-covid-19/covid-19-latest-updates)~~[l](https://www.ema.europa.eu/en/human-regulatory/overview/public-health-threats/coronavirus-disease-covid-19/covid-19-latest-updates)~~[ance](https://www.ema.europa.eu/en/human-regulatory/overview/public-health-threats/coronavirus-disease-covid-19/covid-19-latest-updates)) and World Health Organisation ([Vigiaccess](http://www.vigiaccess.org/)) are alarming. There have been calls from physicians and scientists on both sides of the Atlantic and in Europe to immediately halt the rollout of these “vaccines”.7 These figures already grossly exceed the numbers which prompted drug and vaccine withdrawal in the past. In 1976 the U.S. swine flu vaccine program was stopped after only 25 deaths in the 45 million subjects vaccinated. The Coronavirus vaccine deaths registered on VAERS exceeds all other vaccine deaths for the last thirty years. However, the reported numbers of distressing and permanent health damage is far greater (over 600,000).

The recorded Adverse Reactions in these data bases are in line with what was predicted and warned of by scientists before the rollout from what they knew then.8

**“and Effective”?**

 The effectiveness of the vaccines has been published as being up to 95%. This figure is actually what is called the Relative Risk Reduction. This is used by researchers to compare trials of different drugs/vaccines, but not usually for patient benefit. For that the Absolute Risk Reduction (ARR) is calculated. Pfizer’s own figures the ARR of their vaccine is 0.7%. Translated into “Numbers Needed to Treat”143 people need to be vaccinated to prevent one infection.9

**The New Vaccine-experimental gene therapy**

Attempts over the previous decades to produce a traditional vaccine for the Coronavirus and Respiratory Syncytial Virus have been beset by failure and tragedy. Initially well-tolerated but, on later exposure to the virus, the vaccinated persons developed a worse illness from Antibody Disease Enhancement (ADE). With one vaccine all the Laboratory animals died and in with others human volunteers were admitted to hospital with also some deaths.10

With traditional vaccines your immune system attacks and destroys the injected attenuated/inactivated virus that’s in that vaccine. The current new ‘vaccines’ use gene therapy with either m-RNA or recombinant DNA that cause the cells of your body to make and display spike proteins on their surface. These cells (yours) are then destroyed by your immune. Pfizer’s own data shows that within hours of being injected into the shoulder, the nanoparticles carrying the mRNA are distributed throughout the whole bloodstream before settling in many organs. Some organs are preferentially targeted: the heart, ovaries, testes, spleen, bone marrow and liver all important organs and cause for concern. It is now known that the spike proteins are highly toxic in their own right. They also break off into the bloodstream and crossings the blood-brain barrier where they can cause neurological damage. The spike protein also causes the platelets in the blood to clump and form clots; attach to and damage your capillaries, and bind to any tissue that is rich in ACE2 receptors.11 Spike proteins can be detected circulating in the blood up to two weeks after being injected. This is most certainly not good news. It is therefore unsurprising that myocarditis, pericarditis, heart attacks, thrombosis (clots), strokes, blackouts menstrual, and aforementioned neurological disorders are being described in significantly higher numbers than would naturally occur in the weeks and months after injection. 12 This is only what we have learnt so far. There are reports from clinicians that the blood levels of D-dimers rise for several weeks after immunisation, even in the absence of clinical manifestation of clotting. This implies that clotting is occurring in the microvasculature, mostly likely in the lungs which are rich with ACE2 receptors. If this is correct then pulmonary hypertension (high blood pressure in the lungs) will develop which in time will lead to right heart failure which is difficult to treat, and carryies a poor outlook.

**What else is happening?**

Scientists are detecting a defect in cellular immunity (CD8 T killer cells) post-vaccination $- $with shingles, herpes, molluscum, HPV and other viral illnesses being reactivated. Will this also have implications for these same immune cells that hunt out and destroy cancerous cells? The answer is that we do not know. Can auto-immune disease be triggered? 13 Concern has been expressed that the vaccine spike protein (which has been modified for effect) resembles the proteins that are called Prions. These can enter our brain tissue. In ten years’ time, will we see a rise in dementia, multiple sclerosis, and Parkinson’s disease? We don’t know. The concentration of vaccine accumulating in the testes and ovaries may have implication for the fertility in young people. Only time will tell. 14

It is a miracle (the grace of God) that not more people have suffered serious adverse effects from these vaccines.

Dr Roger Malone, the inventor of the m-RNA technology is a vaccine advocate. He has been infected with SARS Cov2 and also been immunised with his invention. However he is now saying that the danger signals are too great to ignore. You can easily find his thoughts on [his website](https://www.rwmalonemd.com/news) and Telegram feed.

**The New Variants**

The emergence of multiple new strains of the Coronavirus was predicted by eminent virolgists. These mRNA ‘vaccines’ are monovalent- only producing the spike part of the virus and not the many other recognisable viral components. If the body produces antibodies to the spike alone and not the whole virus, they only inhibit the virus and do not destroy it, this creates the ideal environment for mutations which avoid the antibodies to thrive and produce variants. This was forecast by Dr. Greet Vanden Bossche (lead clinician for GAVI, the Vaccine Alliance in the Ebola Crisis) and Professor Luc Montagnier (Nobel Prize winner for isolating HIV). They say that it is the vaccinated population who are producing the variants - not the unvaccinated. The vaccinated will also pass on these variants to others, belying the supposed protection the vaccine is said to offer.15 The emergence of the variants has been in those areas where the trials were carried out and then followed by the vaccine rollout. It is also now common knowledge that vaccinated people still catch SARS Cov2 and can past it on and are being admitted to hospital. Public Health England recent figures show that although only 21% of admissions are “double jabbed” that they account for 68% of the deaths.

It has to be acknowledged that the mRNA vaccines were rushed through with short cuts being taken in the face of theoretical dangers and warnings from scientists. One has to question the wisdom of a mass population rollout without proper monitoring and safeguards. Independent studies in pregnancy and children were not done in advance.

Yes the elderly and those with co-morbidities (including obesity and certain nutritional deficiencies) are at serious risk from SARS Cov22 infection. To the working well population this virus has posed no serious threat, whereas there is a growing significant amount of data to show that the vaccine may carry both short term and yet to be experienced long term adverse health effects.

All is not lost though as there are effective safe medicines to treat this virus (such as Ivermectin) if used early enough 16- but the Industrialised world has ignored these, leaving patients untreated at home until they become ill enough to be ventilated in hospital before dying.

**Vital questions**

Unfortunately, all this raises some very awkward and extremely important questions.

Why was the EUA procedure invoked when tested medications were available? Why are symptomatic people being asked to self-isolate and thus allow their condition to worsen? Why are masks continuing to be used when their utility has been disproved? Why are so many doctors and medical scientists who are questioning the mainstream narrative being censored, threatened and discredited? Why are we being assailed by a stream of fear-inducing media messages for an illness that has a greater than 99.95 survival rate in otherwise healthy individuals? Just what on earth are the medical authorities and regulatory bodies, the politicians and the media in the West doing? These are all vital questions that many around the world are asking. All of them need rigorous investigation and definitive and truthful answers.

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