

COVID-19: Fools rush in where angels fear to tread

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I was moved to again write about the Covid construct having seen the predictable and mounting new concerns about 'vaccines' being realised, and having heard the perspective of another NHS whistleblower [interviewed](https://player.fm/series/the-delingpod-the-james-delingpole-podcast/nina) (<https://player.fm/series/the-delingpod-the-james-delingpole-podcast/nina>), by James Delingpole. 'Nina' is a GP receptionist, gate-keeping the uncensored

complaints in a practice of 20,000 patients before any even reach the GP. She occupies a commanding vantage point from which to survey the unfolding man-made disaster. I have no way of knowing of her authenticity, but it resonated very strongly with my experiences in General Practice since February 2020. The irony of NHS whistle-blowing protection is that it is worse than no protection. Hence, the anonymity adds to the authenticity, for me.

When one reads of the recent attacks (<https://drmalcolmkendrick.org/2021/05/24/covid19-the-end-of-scientific-discussion/>) on Dr. Kendrick, a veteran of countering the cholesterol myth (<https://drmalcolmkendrick.org/statin-nation-the-documentary/>), one will understand that medical pogroms against scientifically-valid counter-opinions exist in plain sight. The irony is there are TV doctors saying all manner of unethical and unprofessional, pro-government things who are not pursued by the GMC. Prescribing fearful, non-medical, no alternative, transactional, and secondary gain imperatives (<https://twitter.com/lorraine/status/1341675542928633857?s=21>) to coerce a population to accept experimental treatment; declaring (<https://twitter.com/dramirkhangp/status/1343529186699444224?s=21>) that a rushed, experimental genetic therapy has led to 'ZERO side effects' a week after one has been injected; changing one's tune (<https://twitter.com/niccistevens77/status/1326175036366069760?s=21>), according to government edict, or simply being irresponsibly and grossly wrong live on TV (<https://www.entertainmentdaily.co.uk/tv/this-morning-hit-by-ofcom-complaints-over-dr-saras-coronavirus-vaccine-comments/>), all seem at first face unethical and unprofessional in my opinion. I have noted some of the more cerebral celebrity doctors maintain a studious silence on the topic.

Even the RCN (<https://www.rcn.org.uk/about-us/our-influencing-work/position-statements/rcn-position-on-mandating-vaccination-for-health-and-social-care-staff>) and RCGP (<https://www.gponline.com/rcgp-rejects-mandatory-covid-19-vaccination-gps-practice-staff/article/1713486>), who have been on the side of the official Covid narrative have stood up against mandatory 'vaccinations' of their members. I suspect this is due to a view of a significant body of grassroots members which these colleges have struggled to ignore. These very GPs and nurses at the same time unhappily collude with the injection assembly line to some degree or another.

In my surgery there are new special 'vaccination' nurses funded temporarily for the practice. They dole out experimental, incompletely-tested, harmful intramuscular injections in the waiting room directly in view and earshot of other patients, the receptionists, visitors and staff passing by. All that separates them is a short, thin, and minimal two panel screen with a large gap at the hinge. I expect more at M&S when I try on a shirt. No crash trolley, no post-jab waiting period. What if there were an immediate anaphylactic reaction? Not only is it wrong, it is relentless.

I suppose it is the ideal place to capture, control and coerce passing patients into pseudo-vaccination. Who would dare say no, who would dare to challenge or question it in front of everyone. They would fear being summarily labelled a trouble-maker and losing access to any remaining, meaningful NHS healthcare in the ruination of the government's unevidenced, unbalanced and disproportionate response to the coronavirus issue. What couldn't go wrong with such an approach?

This public injection ritual is not even conducive to consent, never mind informed consent, nor basic safety. This is the new-acceptable standard of practice. Thousands of new doctors and nurses will never know any better. The mass hypnosis and hypernormalisation created by this pandemic of global role-play means it even took me some time to realise it was all thoroughly reprehensible.

Three similar playbooks?

Incentivising eugenics, and covert anti-fertility vaccines: a tangled web.

We have not yet been so overt in the UK to offer jobs for joints (<https://news.yahoo.com/joints-jabs-free-marijuana-vaccinated-232644631.html>), fries and burgers (<https://www.msn.com/en-us/news/us/mayor-de-blasio-offers-covid-vax-with-burger-and-fries-from-shake-shack/ar-BB1gHEjr>); but basic rights to free movement, a job and independence in exchange for compliance is amounting to the same smiling bully. I recall Sanjay, son of Indian PM Indira Gandhi awarding villagers transistor radios in exchange for undergoing sterilisation (<https://www.bbc.com/news/world-asia-india-30040790>) in the mid 1970s. He combined a state of emergency, eugenics, sterilisation passports (<https://www.asianstudies.org/publications/ea/archives/india-the-emergency-and-the-politics-of-mass-sterilization/>), and radio news propaganda in the same fell swoop. Sound familiar? India was and remains the elite's testing ground.

Gates' recent damaging and fatal escapades (<https://www.routledgehandbooks.com/doi/10.4324/9781315297255-20>) in India and globally (<https://childrenshealthdefense.org/news/government-corruption/gates-globalist-vaccine-agenda-a-win-win-for-pharma-and-mandatory-vaccination/>) are a reboot of those bioethical abuses. Levich has analysed in depth (<https://www.routledgehandbooks.com/doi/10.4324/9781315297255-20>). Gate's profound and disruptive intervention into Pharma. India has long been a more unregulated and ungoverned medical Wild West than Europe. To see such unethical practice waived through in the West without so much of a pause for thought is the result of the kind of unbridled terror the government is consistently and repeatedly terrorising the UK psyche (<https://www.lauradodsworth.com/a-state-of-fear>) with.

The WHO established a Special Program of Research in human reproduction (HRP (https://www.who.int/reproductivehealth/about_us/en/)) in 1972 just three years prior to Sanjay Gandhi's eugenics spree. The WHO/HRP convened (<https://apps.who.int/iris/handle/10665/61301>) in Geneva, 1992 to discuss fertility regulating vaccines. Amongst the research was that of Professor G P Talwar (https://pubmed.ncbi.nlm.nih.gov/?term=Talwar+GP&cauthor_id=1618603), of the National Institute of Immunology, New Delhi. When the WHO's early 1990s Nicaraguan, Mexican, Philippine and Tanzanian tetanus vaccine campaigns were mired in eugenics controversy, its supporters hit back (https://www.who.int/immunization/monitoring_surveillance/resources/milstien.pdf).

Regarding that controversy, I was saddened to hear of the untimely death (<https://www.bbc.com/news/world-africa-56922517>) allegedly, coincidentally and conveniently from coronavirus, of Kenyan Dr. Stephen Karanja. This came only days after a shocking interview (<https://youtu.be/Qzq2LdG9Yfo>) where he spoke of the ignored success of safe pharmaceutical alternatives (<https://c19protocols.com/>) to the coerced COVID-19 gene therapy. He also recounted the WHO's efforts to create an infertility vaccine (<https://pubmed.ncbi.nlm.nih.gov/2665354/#affiliation-1>). It is worth watching his compelling testimony (<https://youtu.be/Qzq2LdG9Yfo>) (at 41 to 48 minutes) where he explains his 2013 experience (<https://www.scirp.org/Journal/PaperInformation.aspx?PaperID=81838>) of potential covert tetanus vaccine laced (<https://pubmed.ncbi.nlm.nih.gov/12346214/>) with hCG given as an unusual, accelerated course to cause infertility. His paper (<https://www.scirp.org/Journal/PaperInformation.aspx?PaperID=81838>) implicates the Serum Institute of India (SII) in the manufacturing of those vaccine vials. In another article, 'A shot at contraception' (Nature Medicine, February 2018), Killugudi Jayaraman reported Talwar was renewing testing of a birth control vaccine with the aid of The Indian Council of Medical Research (ICMR). Gates has recently 'donated (<https://www.naagrifnews.com/health/serum-institute-teams-up-with-gates-foundation-to-speed-up-vaccine-production/>)' money to the Serum Institute of India for

COVID-19 vaccine manufacturing. Gates recently conferred (https://www.seruminstitute.com/news_sii_icmr.php) the ICMR “Lifetime Achievement Medal” on the owner of the Serum Institute of India. Talwar has worked for the WHO and ICMR. Truly tangled.

Fear, propaganda, and medicine: a toxic mix.

These proved corrosive to humanity before, both in Germany and the US. In the early 2000s the US Attorney General, in his infamous 2001 Bybee Memo (<https://www.therenditionproject.org.uk/documents/torture-docs.html>) conspired with George W. Bush and his endless and indeterminate ‘War on Terror’ ideology to redefine the meaning of torture so as to escape the rule of international law. Torture, in essence was distinguished from ill treatment by being anything that brought you past the threshold of organ failure. Just as superpowers unilaterally redefined torture, the supranational WHO similarly conspires to redefine ‘pandemic’ (<https://www.who.int/bulletin/volumes/89/7/11-086173/en/>), ‘vaccine adverse reactions’ (<https://youtu.be/4aVNKN-dDaI>) and ‘herd immunity’ (<https://www.lifesitenews.com/news/who-changes-its-definition-of-herd-immunity-making-widespread-vaccination-essential/>).

This same ‘War on Terror’ US administration was also accused (<https://www.aclu.org/cases/salim-v-mitchell-lawsuit-against-psychologists-behind-cia-torture-program>) of ‘reverse-engineering’ (<https://ahrp.org/after-911-the-cia-adopts-reverse-engineered-severe-interrogation-protocol/>) interrogation and torture survival techniques in the pursuit of torturing detainees into ‘learned helplessness’ by concealing them under the euphemism of Enhanced Interrogation Techniques. This is reminiscent of the poor excuse for the US outsourcing and funding (<https://www.nature.com/articles/nm.3985>) ‘gain of function’ studies to create deadly viral bioweapons at the Wuhan Institute of Virology. This official Sino-American collaboration was reverse-engineering (<https://link.medium.com/kLiOyPKgrgb>) a deadly chimaeric bat coronavirus virus purportedly to second-guess the potential for spillover into a future human pandemic. That any responsible state should fund this, and particularly within enemy superpower territory is extraordinary and remains unsatisfactorily addressed.

Bush Jr.’s US physicians, psychologists and nurses who assisted in his redefined torture by preventing detainees from dying during torture escaped concerted attempts to sanction them in the US. The American Medical Association (AMA) and American Psychological Association remained notably passive (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC515222/>) in their condemnation, and did not move to professionally discipline a single member impugned in such crimes. It is notable the AMA proactively called for the punishment of unethical doctors in 1949 when it testified at Nuremberg. Similarly, some now propose for the psychologists of ‘SAGE’ to be brought to book by their regulatory body following members of the Scientific Pandemic Influenza Group on Behaviour (SPI-B (<https://www.telegraph.co.uk/news/2020/05/29/sage-papers-guidance-scientists-offered-government-ministers/>)) expressing regret (<https://www.telegraph.co.uk/news/2021/05/14/scientists-admit-totalitarian-use-fear-control-behaviour-covid/>) for unethically terrorising a nation. Again, it is unlikely to succeed given the current extreme political climate.

This is the same split-loyalty conflict many medics face, today. It may only loom largely only in their suppressed subconsciousness. Patient or institution? Patient or State? The accepted medical culture becomes distorted by alternative motives and imperatives. Prior to Covid, aside from torture and ill-treatment in wartime, the most illustrative peacetime UK scenario that medical split-loyalty could occur in was prisons and in NHS and social care outsourced to commercial providers. Now it is preying daily on every sentient NHS doctor and nurses’ mind.

Nazi Germany’s Doctors.

What distinguishes Nazis and the global War on Covid from the US War on Terror's transgressions is the added salt of population medicine. The moral and ethical rift between it and the hippocratic healing of the individual patient are not immediately obvious. The consequences are even more disturbing. Population medicine is cold, morally distant, callous and prejudicial. The individual is forsaken for the group. It is the perfect weapon for tyrants.

I can do no better to illustrate this by quoting an abstract from a medical [paper](https://www.sciencedirect.com/science/article/abs/pii/S0160252712000854) (<https://www.sciencedirect.com/science/article/abs/pii/S0160252712000854>), entitled '[Why did so many German doctors join the Nazi Party early](https://www.sciencedirect.com/science/article/abs/pii/S0160252712000854)' (<https://www.sciencedirect.com/science/article/abs/pii/S0160252712000854>)?'

"During the Weimar Republic in the mid-twentieth century, more than half of all German physicians became early joiners of the Nazi Party, surpassing the party enrollments of all other professions. From early on, the German Medical Society played the most instrumental role in the Nazi medical program, beginning with the marginalization of Jewish physicians, proceeding to coerced "experimentation," "euthanization," and sterilization, and culminating in genocide via the medicalization of mass murder of Jews and others caricatured and demonized by Nazi ideology.

Given the medical oath to "do no harm," many postwar ethical analyses have strained to make sense of these seemingly paradoxical atrocities. Why did physicians act in such a manner? Yet few have tried to explain the self-selected Nazi enrollment of such an overwhelming proportion of the German Medical Society in the first place.

This article lends insight into this paradox by exploring some major vulnerabilities, motives, and rationalizations that may have predisposed German physicians to Nazi membership—professional vulnerabilities among physicians in general (valuing conformity and obedience to authority, valuing the prevention of contamination and fighting against mortality, ..., economic factors and motives ...

Of particular significance for future research and education is the manner in which the persecution of Jewish physician colleagues was rationalized in the name of medical ethics itself. Giving proper consideration to the forces that fueled "Nazi Medicine" is of great importance, as it can highlight the conditions and motivations that make physicians susceptible to misapplications of medicine, and guide us toward prevention of future abuse."

It would seem our species never retains lessons. However, Germany's judicial system is providing some illumination in a post-enlightenment Europe (even as one German judge's home was [raided](https://ukhumanrightsblog.com/2021/04/28/german-judge-under-police-surveillance-after-ruling-compulsory-mask-wearing-in-schools-unconstitutional/) (<https://ukhumanrightsblog.com/2021/04/28/german-judge-under-police-surveillance-after-ruling-compulsory-mask-wearing-in-schools-unconstitutional/>), by police and his anti-government decision overturned) with a recent new anti-lockdown [decision](https://ukhumanrightsblog.com/2021/06/01/german-courts-more-questioning-of-the-legality-of-coronavirus-restrictions/#more-186409) (<https://ukhumanrightsblog.com/2021/06/01/german-courts-more-questioning-of-the-legality-of-coronavirus-restrictions/#more-186409>).

Two jabbed patients, and a conscience pricked

I am not impervious to these societal pressures. Two recent patients pricked my conscience. The first, a 29 year old lady rang concerned and wishing to conceive for the first time. She had always experienced regular monthly menstrual periods until April 2nd this year. But in that month she had three. I glanced at her records and noticed she had her first Covid jab March 30th. What should I say? It could have been coincidence. Many doctors, given the rampant mainstream censorship would still

at that point not be aware of the potential fertility, coagulopathy, post-menopausal (<https://www.telegraph.co.uk/news/2021/05/17/period-came-back-having-coronavirus-vaccine-post-menopausal/amp/>), bleeding, miscarriage (<https://dailyexpose.co.uk/2021/03/28/number-of-pregnant-women-suffering-miscarriage-after-having-covid-vaccine-increases-by-483-in-just-7-weeks/>), and menstrual (<https://www.bmj.com/content/373/bmj.n958/rr-2>), risks. Many are too busy, and trust the script. I, however, knew of possible mechanisms of risk to male and female (<https://dailyexpose.co.uk/2021/05/23/an-exclusive-interview-with-dr-roger-hodkinson-when-the-history-of-this-madness-is-written-reputations-will-be-slaughtered-and-there-will-be-blood-in-the-gutter/>), reproductive systems.

If it were my relative I could have spoken my mind. Normally my patients are as precious as my family. However, we live in exceptional times and I am a societal pariah, so I decided to test the waters. “How was your first Covid jab?” The reply was emphatically unconcerned, “Oh, absolutely fine, no problem at all.” I reasoned further: if she were minded, she would understand I asked for a reason, and perhaps have already researched the temporal link to her jab and her novel symptoms. Women who are desperate to achieve a hard-fought and valued pregnancy are normally scrupulous about their health. What could I do? To frighten her off the state panacea mid-course and suggest it may be the reason she may never conceive did not seem to be anything other than heretically alarmist and an impossible dilemma.

I worked through my basic checklist of medical ethics on the hoof: *Primum non nocere, Beneficence, Non-maleficence, Justice and Autonomy.*

I had tried to plant a seed of caution, but she had thrown it to the wind. Any potential damage was notionally already half done, and besides I did not have the state, nor her on my side. Had she asked me before committing to it, I would have suggested she confirm for herself (and with her ‘vaccinator’) my understanding that adequate animal and human trials had not yet been conducted to reassure us of the risks in pregnant or fecund females first. Do I report it to the MHRA, having not said a jot to the patient? On balance I decided I would.

The next was 57 year old alcoholic. I knew his current intake of four litres of White Lightning daily was actually a reduction for him. Even so, lockdown had made him drink more this year. The notes were complex and very involved over the last 4 weeks, and his request was unrelated to my concern. This patient had developed a coagulopathy in the last 4 weeks and had been in and out of hospital several times. This in itself is not unusual for someone with liver cirrhosis. What was unusual was the way in which this cirrhotic bled. He had developed some unusual form of florid, bruising (I wasn’t there to decide what type, and this might have guided a more specific diagnosis) to both legs and soles of his feet. His platelets simultaneously plummeted to levels just shy of transfusion range.

The hospital medics had gone for the most alcoholically prejudicial diagnosis, in spite of the atypical presentation. They dutifully gave vitamin K to ‘improve’ his coagulation and advised the patient to seek expert help to safely reduce his alcohol intake. Then I saw it. Only that week he had attended for follow-up bloods and had a second AZ jab. When was the first jab? A week or so prior to the bruising and hospital admissions.

Unless one is working with a paediatric case, working with the immunocompromised or checking for tetanus immunity, no doctor is trained to or has time to routinely delve into a full vaccination history. The convenient assumption and narrative is they are safe, effective and do not cause significant disease. I only noticed by chance and curiosity.

Again a similar medical dilemma befell me. Do I throw the cat amongst the pigeons and terrify him? He had already accepted *both* jabs. This was a damage-limitation exercise, and something of academic interest. Again an oblique question, “Did you have the bloods before your second jab?” The reply was in

two parts, “Yes,” satisfied my academic interest. If he started to bruise again, at least we had baseline bloods. He followed up with the corollary to my question, “Why you asking, Doc?” My answer was incomplete, “Oh, I just wanted to clarify which came first for the future, it wasn’t clear from your notes, and it is important to know for the record.” He did not push any further. We talked some more and I safety-netted: if he had any problems, and further bleeding tendency whatsoever he was to let us know and seek medical attention urgently.

Am I right in my concerns? It’s a moot point. Did I do the right thing? I don’t know, but I did my best to retrospectively limit the harm to the mind, body and spirit of my patient. Do I report to the MHRA, again I decided, yes. He, more than the first patient is now more likely to pick up on a potential cause-effect relationship should matters worsen for him a second time.

Sadly, he *was* readmitted to the hospital specialists, but they did not seem to suspect he could have an intra-abdominal thrombosis, such as a one of the recognised complications I read of in a research paper (<https://www.researchsquare.com/article/rs-558954/v1>) on the AstraZeneca jab: a splanchnic vein thrombosis (<https://www.researchsquare.com/article/rs-558954/v1>). Not even when the red flags of his portal hypertension, his symptoms, the vaccine and ironically his previous vitamin K treatment all pointed that way. I know this because they have not thought to test his D-dimer (<https://lbry.tv/@PlanetLockdown:6/Bhakdi-2-minute-segment:3>) on several missed opportunities.

The research paper’s proposed (<https://www.researchsquare.com/article/rs-558954/v1>) genetic mechanisms for these too frequent, fatal and horrifying ‘vaccine’ complications are extremely concerning in themselves. But what if the truth is even simpler, and worse. What if the problem is an interaction between a common upper respiratory tract virus (such as the chimpanzee adenovirus gene vector of the AZ vaccine) combined with a spike protein cofactor? What does this mean for such vaccinated patients this winter exposed to SARS-CoV-2? Why has this dangerous (<https://www.itv.com/news/2021-05-25/covid-doctors-urged-to-be-vigilant-after-three-astrazeneca-jab-patients-suffer-stroke>) genetic therapy not been banned? Why are my patients still been given it by my NHS colleagues?

For a clinician, this kind of iatrogenic clinical risk and confusion creates a chaotic, impossible backdrop on which to practice safe, effective clinical medicine. It is the kind of confusion that commercial healthcare and Pharma profit and thrive upon.

My patients both trust the system, but their GP no longer does. The whole point of a treatment is to heal, and not to not harm. It is not there to irrationally assuage the fear of a propagandised, state-terrorised population. It remains difficult not to conclude that for most of the population, the best vaccine out there remains naturally-acquired live, unattenuated SARS-CoV-2 by a large margin.

[Pseudo-vaccines, alternatives and risk \(https://off-guardian.org/2021/05/05/covid-vaccines-necessity-efficacy-and-safety/\)](https://off-guardian.org/2021/05/05/covid-vaccines-necessity-efficacy-and-safety/)

If you want a real world, sobering rendition of the fractional Covid jab benefits, take a look at the absolute risk ratio ([https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247\(21\)00069-0/fulltext](https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(21)00069-0/fulltext)) statistics. When one hears a Yale professor (<https://thebl.tv/health/yale-university-epidemiologist-60-of-new-covid-cases-are-in-vaccinated-people.html>) of epidemiology suggest 60% of new COVID cases are in vaccinated people, one should pay attention.

If what we do know of the [risks](https://lockdownsceptics.org/2021/05/19/vaccine-safety-update/) (<https://lockdownsceptics.org/2021/05/19/vaccine-safety-update/>) of injecting gene therapies coding for potentially [unmitigated bio-toxic](https://off-guardian.org/2021/05/05/covid-vaccines-necessity-efficacy-and-safety/) (<https://off-guardian.org/2021/05/05/covid-vaccines-necessity-efficacy-and-safety/>), pro-inflammatory and pro-coagulopathic peptide production comes to fruition with other concerns regarding [prion](https://scivisionpub.com/pdfs/covid19-rna-based-vaccines-and-the-risk-of-prion-disease-1503.pdf) (<https://scivisionpub.com/pdfs/covid19-rna-based-vaccines-and-the-risk-of-prion-disease-1503.pdf>) disease, placental development and antibody-dependent [enhancement](https://www.nature.com/articles/s41587-020-0577-1) (<https://www.nature.com/articles/s41587-020-0577-1>), we could have the mother of all global health crises. But it does not end there. If the gene, its antigen, mutated antigen, or a related antibody is [transmissible](https://www.nature.com/articles/s41559-020-1254-y) (<https://www.nature.com/articles/s41559-020-1254-y>), via materno-fetal, breast-feeding, [hereditary](https://ijvtpr.com/index.php/IJVTPr/article/view/23) (<https://ijvtpr.com/index.php/IJVTPr/article/view/23>), or sexual routes we could have a hell humanity may never fully recover from.

We have already seen evidence this spring that some of the frailer ‘vaccinated’ have increased rates of infection and hospital admission in one [study](https://lockdownsceptics.org/2021/05/29/zoe-data-shows-vaccines-cut-hospitalisation-risk-by-64-once-infected-but-data-on-frail-elderly-is-less-positive/) (<https://lockdownsceptics.org/2021/05/29/zoe-data-shows-vaccines-cut-hospitalisation-risk-by-64-once-infected-but-data-on-frail-elderly-is-less-positive/>). We should be concerned at suggestions the main Covid risk group becomes infected and ill after experimental injection. We have already seen a surge of ‘cases’ in many countries [coinciding](https://articles.mercola.com/sites/articles/archive/2021/05/27/mass-vaccination-triggers-spike-covid-19-cases.aspx) (<https://articles.mercola.com/sites/articles/archive/2021/05/27/mass-vaccination-triggers-spike-covid-19-cases.aspx>) with the start of mass injecting. In India this is blamed by the UK government on an ‘Indian variant’ cover story, which is essentially very much [\(99.7%\) similar](https://www.pandata.org/how-broad-is-covid-immunity/) (<https://www.pandata.org/how-broad-is-covid-immunity/>) to any of the other thousands of SAR-CoV-2 variants we have been trained to irrationally fear. Conversely, it is scientifically equally valid to propose that injections may be driving the increased illness.

If COVID-19 continues to behave seasonally in the UK, we cannot say with certainty until winter that the injections have done anything to improve or worsen the outcomes of COVID-19 affliction. It could simply be the seasonal summer lull in general respiratory illness.

Thus, if there is a similar affliction rate this coming winter we could reasonably conclude the pseudo-vaccines have done nothing to change outcome and we must learn to accept the risk with Liberty intact. I am of the reasonable alternative proposition that nothing we have done so far has or could have significantly mitigated outcomes. It may even have made our present and future far worse. But all this is heretical.

I am sure the government will spin this (or an increase in deaths) as ‘*it would have been worse*’, and ‘*we need more designer, commercial gene therapy injections, more PPE, more testing*’ whilst mandating more never-ending incarceration for more insignificant variants.

If there is an increase in Covid-affliction, (the word ‘case’ has become meaningless in a totalitarian and technocratic Britain) however much CMO Whitty wishes us to believe he will regard it [just like flu](https://www.thesun.co.uk/news/14527313/covid-like-flu-lockdowns-unlikely-chris-whitty/) (<https://www.thesun.co.uk/news/14527313/covid-like-flu-lockdowns-unlikely-chris-whitty/>) this coming winter, the current ‘Indian’ variant summertime [madness](https://www.theguardian.com/world/2021/may/19/stop-blaming-vaccine-hesitancy-for-spread-of-india-covid-variant-says-council-leader) (<https://www.theguardian.com/world/2021/may/19/stop-blaming-vaccine-hesitancy-for-spread-of-india-covid-variant-says-council-leader>) suggests the government has no intention of any such sanity. Yet, it continues to dismiss [alternative safe](https://aapsonline.org/CovidPatientTreatmentGuide.pdf) (<https://aapsonline.org/CovidPatientTreatmentGuide.pdf>), pre-existing treatments proven in the field. If it had acknowledged and backed them, Pharma would never have received its [Emergency Use Authorisation](https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization) (<https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>) (EUA) licenses and government indemnity to experiment on the world on a flimsy pretext. Moreover, how can a legally valid vaccine EUA be given to something which does not meet the medical [definition](https://www.cdc.gov/vaccines/vpd/vpd-vac-basics.html) (<https://www.cdc.gov/vaccines/vpd/vpd-vac-basics.html>) of ‘vaccine’?

Some of my more enlightened colleagues in higher risk specialties are taking prophylactic ivermectin. I have a ready stock, should I or my family get symptoms. It would be one of the first therapeutics I reach for. Yet the government prefer forcing experimental genetic biotoxins into NHS staff, and the GMC could discipline a doctor for treating self and family with anything, let alone ivermectin. The NHS continues to refuse to approve ivermectin as evidence for its safety and effectiveness in COVID-19 mounts (<https://bird-group.org>) and mounts (<https://www.lifesitenews.com/news/prominent-physicians-scientists-believe-u-s-doctors-group-deserves-nobel-prize-for-finding-most-powerful-covid-19-killer-known-to-science>).

In India, where there was a recent increase in Covid cases and deaths coinciding with the vaccine roll-out, states have returned to ivermectin and cases correspondingly are falling (<https://trialsitenews.com/uttarakhand-state-distributes-ivermectin-to-combat-covid-19-following-uttar-pradesh-go-a-karnataka/>). Yet, in India there may be a WHO campaign of suppressing (<https://trialsitenews.com/indian-bar-association-serves-legal-notice-upon-dr-soumya-swaminathan-the-chief-scientist-who/>) such cheap effective alternatives, to which the Indian Bar Association is responding (<https://indianbarassociation.in/legal/>) against. A Nobel prize-winning virologist reinforces (<https://rairfoundation.com/bombshell-nobel-prize-winner-reveals-covid-vaccine-is-creating-variants/>) concerns that inappropriate 'vaccination' is making matters worse.

The Pharma-State cartel has us cornered: its way or no way. What is the use of having decades of clinical experience and high professional ethical standards if they are dismissed as quaint irrelevancies in the blink of an eye?

State-sponsored meta-pandemics

My greatest short-term concern is that the above mechanisms (<https://off-guardian.org/2021/05/05/covid-vaccines-necessity-efficacy-and-safety/>) of gene therapy destabilising the inflammatory, coagulation and immune systems come to disastrous fruition this winter with an additional mountain (<https://articles.mercola.com/sites/articles/archive/2021/05/23/stephanie-seneff-covid-vaccine.aspx>) of new chronic disease. Of course, the government will not acknowledge this, not even when its precarious edifice collapses on top of it. They will say that more pseudo-vaccinations are the key to saving us from something 99.97% never needed saving from.

I do hope I am wrong, but much of what many marginalised scientists (<https://off-guardian.org/2021/05/05/covid-vaccines-necessity-efficacy-and-safety/>) and medics (https://uploads-ssl.webflow.com/5fa5866942937a4d73918723/60a63faa37a1184aa940f051_UKMFA_Open_Letter_GMC.pdf) like me have hoped was not right so far seems to increasingly have sound basis. Maybe another tragic thalidomide-like salutary narrative is the only thing that can save us? From official figures, this Pharma scandal is already far worse than thalidomide, and disproportionately high compared with all other conventional vaccinations.

Vaccine playbooks and pandemic simulations (<https://www.youtube.com/watch?v=d3WUv5SV5Hg>) have been well-planned. In 2021 those labours are on the cusp of successful fruition. The US swine flu debacle (<https://www.smithsonianmag.com/smart-news/long-shadow-1976-swine-flu-vaccine-fiasco-180961994/>) of 1976 is a fable of why not to mix politics, vaccination and profit with haste. The 2009 swine flu vaccine, Pandemrix (whose chronic, maiming (<https://www.cdc.gov/vaccinesafety/concerns/history/narcolepsy-flu.html>)) effects play out to this day (<https://www.breakingnews.ie/ireland/16-year-old-who-sued-over-swine-flu-vaccine-awarded-e1-28m-1123356.html>)) had far fewer reported harmful effects before it was pulled, yet no one considers

stopping these Covid jabs, even when a body of senior experts demands (<https://en-volve.com/2021/05/08/57-top-scientists-and-doctors-release-shocking-study-on-covid-vaccines-and-demand-immediate-stop-to-all-vaccinations/>) it. The same rush to develop, hasty wrong-thinking and turning of blind eyes to data (<https://doctors4covidethics.org/urgent-open-letter-from-doctors-and-scientists-to-the-european-medicines-agency-regarding-covid-19-vaccine-safety-concerns/>) occurred then (<https://www.bmj.com/content/362/bmj.k3948.full>), as now.

The phoney War on Covid, with its haute couture mainstream media propaganda creates mega profits for the elites and hyperinflation for us. We have a global Pharma empire subjugating nations as if they were turning the screw on naive colonies. The time has come for mass non-cooperation and prison-filling (<https://lockdownsceptics.org/jail-bharo-channelling-our-inner-gandhi-against-the-covidcrats/>).

A friend is terrified of the coerced needless (<https://www.bitchute.com/video/pT0b3jP57LaY/>). Covid jabbing of her children. She is a pharmaceutical chemist. She knows Pharma, *"I'll have to take it, no choice, but not my kids."* She does not apprehend a severe medical risk from Covid, just one of losing her job and her freedom. What if she is maimed or killed by such folly and her precious children go into care? The 'care' system's rabid tick-box priority will be to risk (<https://childrenshealthdefense.org/defender/vaers-data-reports-injuries-12-to-17-year-olds-more-than-triple>) injecting them, too. I wonder if jabbing our children will be a national redline, but last year giving this (<https://www.msn.com/en-us/health/medical/8-month-old-cny-infant-is-worlds-youngest-person-to-get-2-doses-of-covid-19-vaccine/ar-BB1gLn7p>) to an eight month baby would have been a crime for company, medic and parent. Today, it is state-sponsored child abuse.

Over 5000 (<https://childrenshealthdefense.org/defender/vaers-data-deaths-reported-following-covid-vaccines>) US and 1200 (<https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting#analysis-of-data>) UK deaths and over half a million UK/US adverse reactions (ADR) have been officially recorded as suspected with the various COVID-19 injections. Europe has many thousands more. Collation of vaccine ADRs is a voluntary, haphazard cottage industry compared to the force of Covid statistics gathering. How long can Pharma and Government lead this cult of denial and death with such impunity? Why haven't Matt Hancock and Boris Johnson pulled these? Why do they compound this iatrogenic disaster further by going for our children? This is not only a disaster, it is criminally reckless at the very least. In the presence of all the deaths, they have knowledge and there is a subjective and objective criminal intent of sorts that can be imputed from their conduct. Johnson must smell serious trouble and have concocted a legal exit strategy, perhaps this is why he has very publicly and irrationally gone on record stating (https://m.huffingtonpost.co.uk/entry/boris-johnson-vaccine-social-distancing_uk_60761836e4b08e452a14680a) that lockdowns are far more effective than his health secretary's injections. This is the biggest potential case of gross negligence or corporate manslaughter in UK history, but you won't see the CPS willingly consider this. Grenfell, tragic as it is, pales in comparison.

Moreover, crimes against humanity and genocide as per the Rome Statute of the International Criminal Court Articles 6 and 7 (<https://www.legislation.gov.uk/ukpga/2001/17/schedule/8>) cover many of the possible criminal consequences of government Covid measures. Apartheid is one of those crimes (imagine the biological, two-tier segregation and prejudice of our species which will inevitably follow 'vaccination' passports). Biological experimentation is even prohibited by the Geneva Convention. If only we were in a conventional war, POWs and civilians alike would be protected.

Hope?

I live in a vain hope that the unethical, seismic changes in medical culture I have witnessed over the preceding 16 months will be reversed, but I see a worsening personal and professional outcome before me and the world. One which means I will inevitably have to leave a profession I no longer recognise as noble nor benevolent.

The balance of perception of risk of injection (<https://genuineprospect.com/2021/05/28/all-you-need-to-know-about-covid-19-vaccines/>) versus an infection is for the individual to take. If it is a question of mass effect, herd immunity and 'might is right', then the injected, fearful, coercive majority have nothing to fear. Who knows, perhaps the non-injected may have everything to fear from their mutated, super-spreading, spike protein-shedding, magnetised (<https://rumble.com/vhdfvr-seeing-through-faucis-lies-vaccine-deaths-magnetic-jab-sites-and-perjury..html>) hysterical counterparts, yet they remain uncommonly calm, and do not seem to begrudge them their unwise, hasty decisions. All they seem to be asking is, please respect our personal choice at this crazy time.

Given the actual mortality statistics had no resemblance to the terror-inducing Imperial College modelling why do most still behave as if these were accurate? I will reasonably rely on my age, lack of co-morbidities cross-immunity, natural acquired immunity and good nutrition. I'm still alive and well after one and a half years (apart from lockdown effects), and my personal and professional medical experiences and research do not confirm the media propaganda. Just as most of us do not need coercion to eat, in a real pandemic no one needs to be hoodwinked into a true, necessary vaccination. The new players in the debate are the public-private partnerships of coercion, fear-mongering propaganda and censorship of sense. I reasonably pay no credence to these.

What we have is another microbial risk to life, and one far less in magnitude to many others. Each individual and parent has a natural right to decide how she manages it. The logical solution can never be mandatory experimental gene technology for all. Yet this is what medical-industrial complex compels the world to believe. Isn't the right to remain passive and accept the default, natural consequences an even more fundamental philosophical and ethical position? I far prefer illness and death by omission than by commission in the absence of being sure. Or is it better to have been jabbed and lost rather than to never be jabbed at all?

My mind turns to war again. Despised conscientious objector? Is that me, or am I better or worse than that? Is remaining non-jabbed a pacifist or moral position? Or is it a morally despicable, passive violence upon the victimised injected. Injecting eight billion with experimental compounds leaves no comparator and no trail. Surely the experimentally injected would want a foolish but willing control group to gloat upon?

What of the fate of The Covid Physician? I constantly imagine an impending cultural clash of civilisations in a pokey GP consultation room with my Clinical Lead. Have you had your vaccine? *No*. Why not? *Why?* Deadlock. *You do realise you can't practice medicine without a vaccination passport?* Silence. There would be no point in complex argument. One doctor versus another. Neither is invalid. There is no point in indulging in complex, illusory bioethical or immunological rhetoric to force your will upon another. I don't tell you to inject substances into your body, you don't tell me to. It's a choice. We both should have individual sovereignty over our bodies. The population outcome is the sum of all our choices. It is perfectly liberal and democratic.

And that will be it. I will be gone. I do wonder if I could struggle along in a telemedicine role, working from home. But as someone who struggled with the brainless, careless algorithmic and centralised concept of 'NHS Direct' in the late 1990s, it is unlikely. In less than 25 years I have witnessed the commercial capture of ethical medical practice. COVID-19 is the denouement.

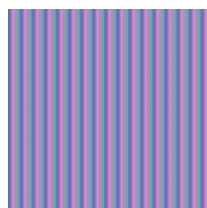
I no longer feel I belong in the NHS. It has been weaponised by the government into treatment coercion, lack of consent, and lack of patient confidentiality (<https://lockdownsceptics.org/2021/05/23/the-vaccine-passport-update-to-the-nhs-app-has-created-a-honeypot-for-hackers/>). Its nonchalance in arbitrarily condemning perfectly treatable, septic over-70 (<https://thecritic.co.uk/the-covid-physicians-true-coronavirus-timeline/>) year olds to home palliative care pathways and unnecessarily excluding patients from their vital healthcare are abuses. I am a hippocratic anachronism. Too old to embrace these woke totalitarian times but too young to retire, and too unvaccinated to have a meaningful and dignified future in the state-sanctioned new abnormal. I have noted that some of my respected, more senior NHS colleagues have already jumped ship and taken unexpected early retirement amidst the chaos of the great reset. A braver doctor than me, Dr. Samuel White, has resigned from a GP partnership in open protest (https://twitter.com/drsamuelwhite_/status/1400902881696489478?s=21).

Perhaps like the WHO, NHS Pensions would consider redefining my un-injectedness as a physical or mental illness (pseudo-vaccine hesitancy?), and pension me off early on ill-health grounds? I am not so dignified and selfless to turn down personal escape.

No one knows what the future holds, least of all those who believe they control the future. What I do know is we have been coaxed to jump like lemmings head first off a cliff into unchartered, unnecessary medical risk.

The state is attacking us, failing to protect us and denuding us of any right to self-defences. The human species has gone where angels long feared to tread.

The Covid Physician is an unheroic NHS doctor. This article is a personal view and does not necessarily represent the views of the NHS. Patient details have been anonymised. Dr. TCP tweets at @tcp_dr (https://twitter.com/tcp_dr) and blogs at tcp.art.blog (<https://tcp.art.blog>)



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