

PE2086/F: Recognise the vaccine injured and offer appropriate treatment

Petitioner written submission, 23 January 2025

Informed consent requires patient autonomy to be given (one of the four pillars of medical ethics), which means being given all the facts and not feeling coerced. Public messaging from the Scottish Government was that vaccines were the only route out of lockdown. Every day, we were told how many people had died from Covid. Nicola Sturgeon announced in Parliament that 'antivaxers' are irresponsible and selfish. The Government's own documents show that vaccine passports were implemented to 'encourage' unvaccinated people to take their vaccines, particularly young people, to whom the risk from Covid was small. Scottish Labour Leader, Anas Sarwar, stated on BBC Question Time "We know who's not vaccinated. We know where they live. We should be looking at door-to-door vaccinations. We should be looking at pop-up vaccination centres."

Every single respondent to a survey on our group said they were not given any information leaflets until afterward vaccination. We recognise that the Scottish Government can only follow advice from the Medicines Healthcare products Regulatory Agency, but we now know that the 'vaccines' were not traditional protein-based or dead virus vaccines with a history of long-term safety, but instead, biologics (genetic based products) with no history of long-term safety – both the viral vector and mRNA vaccines. An application had to be made to the Office of the Gene Technology Regulator in Australia for a licence to distribute Astra Zeneca, yet no genotoxicity studies were conducted in any of the vaccines. The Green Book has not been updated to show the uptick in lymphadenopathy to 5.2% in the booster trials for Pfizer – a condition that can lead to cancers. The MHRA admitted in a FOI that they had not seen trial data for the participants in the C4591001 trial who received the ACTUAL version of the Pfizer vaccine that was administered into the arms of UK citizens, made using a totally different process from the one used in the clinical trial. With Biologics the manufacturing process IS the product.

Final mixing of mRNA products was done at vaccination sites under extreme pressure without all the quality controls normally seen in manufacturing facilities and what is more, the final stage of the process occurs in our own cells – that are programmed to create spike protein, yet no long term studies were conducted to measure how much or for how long. We discovered it was known that the substances do NOT remain in the arm but spread throughout the body within hours. We also know that dangerous endotoxins have been found in both the viral vector and mRNA vaccines; universities published their findings very early on. Had we been told any of that then we would perhaps consider we had been given informed consent. Pfizer's post-marketing report published Feb 2021 already showed high levels of neurological disorders – much higher than cardiological issues.

These and the countless conditions our group members suffer are not listed anywhere in the Scottish Government's literature. Do the Scottish Government inform pregnant women that, according to the Cochrane Library, pregnant or breastfeeding participants were not included in any randomised control trials, and results from recent trials are still not published when, in fact, recent study found evidence of mRNA material and expression of spike protein in the placenta?

The landmark Scottish Montgomery ruling states "The doctor is therefore under a duty to take reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment and of any reasonable alternative or variant treatments."

Potential alternative treatments should have been listed somewhere. One of our group members had questions to ask at the vaccination centre and the only person available to answer was a dentist. How is that informed consent?

We were also told the 'relative risk' as opposed to the 'absolute risk' – 95.03% efficacy for Pfizer instead of 0.84% which goes against The Association of British Pharmaceutical Industries Code of Practice. Again, how is that informed consent?

Although the Scottish Government claim that vaccine mandates were not implemented, this was not the impression that several of our members were under. We have a paramedic whose office circulated emails naming and shaming staff who still hadn't taken their vaccines. Medical personnel were pressured to take them and those who needed to travel for work had to choose – lose their job or take the vaccine.

Regarding treatment of symptoms. We repeat what we have said earlier because we are not being heard.

As far as we know there are NO diagnostic or treatment codes in place for mast cell activation syndrome. If the symptoms were simply to be treated, we would need to wait to see multiple specialities and be given numerous medications and tests, undoubtedly triggering further mast cell reactions when the underlying cause is easily treated. We have chronically ill group members with nowhere in the NHS to turn to who are told the specialists have no idea where their symptoms are coming from and many of their tests come back normal. One was told by the anaphylaxis clinic that they had mast cell activation, that they needed to 'calm down' their mast cells then were discharged without treatment, because they 'didn't treat that'. There was literally nowhere to turn but a private doctor.

Group members who have postural orthostatic tachycardia syndrome are being left with no diagnosis or treatment because of a lack of recognition of that condition in the NHS when, again, there are medications and lifestyle changes that can help.

Vaccine induced myocarditis can be difficult to spot, presenting at times with raised myoglobin markers without raised troponin markers and not all "cities and communities have access to this testing, and many cases will remain undetected". We have group members who are continually turned away, told they are being over-

anxious, leading to dangerous hesitancy about seeking help while others, who have paid for private consultations and scans costing thousands have received a diagnosis of heart injury. The question should be asked, when a young person presents with chest pain “Did you receive a covid vaccine?” According to an article in the European Journal of Heart Failure symptoms can go undetected for long periods of time. They found underlying non-symptomatic myocardial injury in 1/35 people following vaccination – women as well as men.