

CONNECT	
Safe And Effective It's Not!	

2415 KC

The proof is in the many thousands of people who have been harmed.

- 1
- Safe and Effective? The people we pay to ensure that medicines and healthcare products are both of these things assured us all authoritatively that the injection was both of these things - Safe and Effective!

Not only *did* they assure us, they *continue* to assure us. But for many thousands of people in the UK – and many hundreds of thousands of people around the entire world – the injection they had was NOT safe. How could this have happened? What about the people it happened to? What do we need to do differently in the future?



- 2
- For many thousands of people in the UK now – and for many hundreds of thousands of people around the entire world – the Covid-19 injection was NOT safe.

Caroline, Charlet and Faith are just three of those who have been affected. All three of them, just like most lucky people, lived a full and healthy life, enjoying the things they liked doing best.

For Caroline this was - running her own business, writing books and helping other people – including those affected by the Japanese tsunami.

Charlet also ran her own business, as a sports therapist. Charlet also helped people – and animals - as a volunteer, by homing dogs and helping homeless people.

With her precious and uplifting human spirit - which given her daily life

struggles, almost defies belief – Charlet has now turned her life to helping all those others in the Team who are just like her – injured and being ignored.

Charlet is the founder of [UKCV Family](#) – a support group for those needing a friendly person to speak with – providing a compassionate listening ear and encouragement to face another day of living in trauma.

Caroline is an administrator of the group and is much in demand as a public speaker on the group's behalf. She has written a book – not one she would have chosen to write – to help others on their journey through vaccine injury.

We have interviewed both [Caroline](#) and [Charlet](#) and this week we spoke to [Faith](#), who lives in Wiltshire, about her experience. Faith, like Caroline and Charlet, is now living a much-reduced life due to suffering from a wide range of symptoms for which – after nearly two years – she has not received medical help. In January 2021 Faith was working as a pharmaceutical assistant at a pharmacy where everyone was getting their inoculations early due to working in healthcare. At that time, she was completely healthy, a fully fit twenty-year-old who was enjoying life to the fullest.

"I'll take one for the team" was Faith's view at the time. Everyone at the pharmacy went together to have their injection. There was an "unspoken rule" that everyone would have it. "You almost felt that, if you didn't get it, you were doing something wrong," Faith said. "Because, why wouldn't you have it? The government had told us it was safe."

After having the injection on a Friday morning, Faith felt fine. That night she felt shivery and had a temperature, as if she had a cold, but had no other symptoms. On Monday morning however, her hands swelled up and became painful while she was at work, to the point where she couldn't even hold a pen. Other parts of her body began to swell and be painful too.

She couldn't get a doctor's appointment so, early Monday evening, Faith went to the out-of-hours doctors' clinic at the hospital. By now she also had chest pains, the swelling was worse and she had a rash on her legs. A heart problem was suspected. Faith asked if her symptoms could be related to the injection she'd had three days before, but was told it was unlikely - it was too long ago - because reactions were only expected within half an hour.

But this was a brand-new inoculation based upon brand new technology and Faith was one of the first few thousand people to have it. Wouldn't you think doctors would be interested in any reactions people might have to the injection, in case it causes serious medical problems for people? The opposite, however, was the case.

At first, Faith accepted the medical opinion that there was no link to her injection, but when the hospital kept her in for five days, she began to think they did suspect the injection was the cause. While she was there, a nurse who was also primed to "take one for the team" said she was worried in case what happened to Faith happened to her. Faith began to think that she herself should perhaps have been concerned about the risks.

Every night, her symptoms worsened. On the first night, she had swollen hands and feet, plus a histamine-type rash all over her legs and body. The next night her lips began to swell, but the third night was the worst – she really struggled to breathe, had bad chest pain and had to have adrenaline for the apparent allergic reaction she was having.

After five days, although she still had a rash, her swellings and breathing difficulties had slightly improved and she was sent home – with painkillers for her chest pain. The only other medication the hospital gave her was a cream for her rash, which she could have bought over the counter – but nothing to help with her breathing. The doctors told her they had made A&E aware that if anyone else had similar symptoms the jab could be the cause.

When it came to sharing her condition with other people, there has been what Faith calls “a big atmosphere” in the medical world to stay tight-lipped and not tell anyone. A pharmacist at work told her she would be doing a disservice to the nation if she told anyone what had happened to her. In the hospital, she was told not to tell other patients because – *“we don’t want you frightening anyone.”* Although this felt wrong, she understood that – if the inoculations were for everyone’s good – fearmongering would be a bad thing to do. Even members of the public have told her she should not scare people into not having the injection – because she was just unlucky.

It’s so important to remember that this was a brand-new inoculation, based upon brand new technology – and many people would argue, furthermore, that it had not been fully tested. The hospital doctors and pharmacists were dismissive of the idea that alerting other people to her own bad reaction could be an important *service* to the country. But if nobody hears about a bad reaction, it appears that nobody has had a bad reaction. On this basis, 100% of people who have the injection could have a bad reaction.

Twenty months after her inoculation, Faith still has the breathlessness, which has not really improved. She is constantly exhausted and has aches and pains all over her body. Her temperature fluctuates – she has hot flushes – and every day, a new symptom appears. None of this, of course, is what any 21-year-old wants.

In terms of medical help, tests showed her lungs were not functioning as they had been, but were functioning within “an acceptable range.” She was told that, if her lungs declined, the doctors would be concerned – but they haven’t tested her lungs since soon after she left hospital, early in 2021.

A respiratory clinic has refused to see her, because she does not have a diagnosis. A Long Covid clinic has refused her, because she has not had a recorded case of Covid. The lung clinic will see her – but not for OVER A YEAR. The only “diagnosis” she’s had is an X-ray which said that her lungs looked fine. Her GP asked HER what she wanted THEM to do. They didn’t know, because they had never seen this problem before.

It’s likely they’ve seen it since, however – many times.

The only doctor Faith is seeing is a rheumatologist, who she only sees every six months. Searching the Internet for help or answers is futile - the only information offered is the government's website. She says:

"It's really demoralising. You feel like you're fighting at every battle just to be seen."

Faith now knows other people who have been similarly injured. For many of them, the injection has caused a worsening of pre-existing medical conditions.

She assesses her current health and her ability to live a normal life as being, at best, just 40% of what it was before the injection.

What all these people are enduring is almost beyond belief and the list of their symptoms – with little doubt, triggered by the jab – seems never-ending.

Our podcast with Caroline was focused on her life before the injection and on [her book](#), which is founded on her own experience of recovery from a previous medical issue as well as her current issues. She talks about the book in a short video and it is also [described here](#).

Incidentally, as Caroline explains in the above video, some people have found the book useful in helping them to manage Long Covid and Chronic Fatigue Syndrome. The emphasis in our podcast with her was very much on how she manages her life and her medical issues - and how she suggests that other people might manage theirs.

In our podcast with Charlet, as we did with Faith, we learned something about her plight. Charlet's plight, like the plight of so many others, is made so much worse by the fact that those same trusted politicians – our trusted media and our trusted and beloved NHS, all of whom promoted the injection, are not interested to hear from her. Neither are they interested to hear from the other thousands of vaccine-injured people just like her – who also took the jab for the Team.

Whilst listening to Charlet, we were asking ourselves these questions. When we were all being encouraged – even coerced – to take the jab – because it was the right thing to do for others - plus we wanted our lives back:

Why are those now injured, ignored in GP surgeries?

Why are so many politicians turning a blind eye?

Why is it the media will not report these people's stories?

Why are these stories wiped from social media when posted?

WHY?

- 3 A member of the support group, Georgia, said:
"I took the jab for the Team..."

...meaning, the whole Team. That is, everyone – in the country - and the world.

Now that Georgina is vaccine injured, she is ignored by the Team she took the jab for. So are Caroline, Charlet and Faith – nobody wants to hear that they had a serious adverse reaction to the injection.

The stories of Caroline, Charlet and other vaccine injured people have now been told in two documentaries, [A Letter To My MP](#) and [Safe and Effective – A Second Opinion](#).

The media, however - with few exceptions - won't publish their stories. The journalists who have been contacted have revealed that *they're not allowed to publish them*. Social media platforms remove posts by vaccine injured people, accusing them of spreading misinformation. Strangers call them liars online. Doctors do their best to convince them they have a mental health problem – they are imagining their medical issues.

- 4 The people who assured us – and still do – that the injections are safe and effective are the [Medicines and Healthcare products Regulatory Agency](#) [MHRA.]

For those not familiar with the MHRA, it is "an executive agency, sponsored by the Department of Health and Social Care." The MHRA is a regulator – at least, it's supposed to be – and is part of the UK government. Its CEO is Dr June Raine, who became a Dame in 2022 as a reward for her "services to healthcare and the Covid-19 response."

Most of MHRA's income is met through its sponsorship by the pharmaceutical industry. Big Pharma pays the costs of medicines regulation as explained by Wikipedia under [Medicines and Healthcare products Regulatory Agency: funding](#). The MHRA is also funded by the [Bill and Melinda Gates Foundation](#), the current level of grant funding received to date being about \$3m. The UK's regulator receiving funds in this way begs the question: with Big Pharma paying the MHRA to give the go-ahead to new pharma products – medicines and vaccines – who is the MHRA's client? Is it the population – or is it Big Pharma?

The MHRA is the UK's medicines watchdog, although it appears to be confused about its role since June Raine now openly calls the MHRA an "enabler for Big Pharma." This *enabling* role was openly revealed at the start of 2021 in [The MHRA Innovative Licensing and Access Pathway is open for business](#).

Irrespective, the MHRA remains responsible for protecting and promoting public health and patient safety by ensuring that medicines and medical devices meet appropriate standards of safety, quality and efficacy. One way in which they are obligated to do so is by operating the Yellow Card scheme. As explained in [Summary of Yellow Card reporting](#), the Yellow Card scheme

exists to collect and monitor information on suspected safety concerns or incidents involving vaccines, medicines, medical devices and e-cigarettes. The scheme relies on voluntary reporting of suspected adverse incidents by healthcare professionals and members of the public - patients, users, or carers. The Yellow Card scheme exists to give an early warning that the safety of a product may require further investigation.

- 5 Revelations made by The Expose early in 2021 in [MP's Heavily Invested in Pharmaceutical Industry](#) are not at all reassuring. They may help to explain, however - at least in part - why most MPs are not interested in people who have been harmed by the Covid injection. Another reason for MPs' lack of interest may be that the government has not done its due diligence, as suggested by Live Learn Evolve in [Pfizer Exposed: These Facts Reveal Morally Bankrupt History to COVID Pharmaceutical Supplier](#).

It is clear that the harms caused by these injections could have been avoided if a 2005 report by the House of Commons Health Committee had been acted upon: [The Influence of the Pharmaceutical Industry](#). The Summary alone in this report says that:

Adverse drug reactions cause about 5% of hospital admissions in the UK.

The Department of Health sees the interests of the nation's health and the interests of the pharmaceutical industry as the same;

The Department of Health sponsors the pharmaceutical industry as well as looking after the nation's health;

The pharmaceutical industry's influence has expanded and its practices have developed in ways which act against the public interest.

The report talks about the suppression of trial results, selective publication strategies and ghost-writing. It says that guidance relies on published evidence - if all the evidence is not published, or if findings are hidden, accurate guidance cannot be issued - prescribers cannot make truly evidence-based decisions.

The report refers to the unsafe use of drugs and manufacturers suppressing certain trials for drugs. It says that the industry is by no means solely to blame. The regulators and prescribers are also open to criticism. The MHRA has failed to adequately scrutinise licensing data and its post-marketing surveillance is inadequate. The MHRA Chair stated that trust was integral to effective regulation, but the MHRA has been too close to the industry. This is a closeness underpinned by common policy objectives, agreed processes, frequent contact, consultation and interchange of staff.

Damningly, here is a direct quote from the report:

The Department of Health has not only to promote the interests of the pharmaceutical industry but also the health of the public and the effectiveness of the NHS...

The Secretary of State for Health cannot serve two masters.

The Department seems unable to prioritise the interests of patients and public health over the interests of the pharmaceutical industry.

- 6 The MHRA and other government departments have ignored many people who have requested information under the Freedom of Information Act using the platform What Do They Know; the MHRA's responses often being long overdue despite their legal obligations to respond in a certain timeframe.

One such long overdue question is [Vaccine indemnity](#). Vikki Spit, widowed at 38, asked the Department for Business, Energy and Industrial Strategy:

"Surely, with the injured and bereaved numbering in the thousands, and it is becoming more and more apparent that data provided by multiple vaccine manufacturers was incomplete and inaccurate, there is reason to remove the indemnity and allow those whose lives have been utterly destroyed to seek reparations.

After all, we 'did the right thing.'"

The indemnity Vikki refers to is the indemnity that prevents people injured or bereaved by the injection from litigating against the makers of the injection. She is still waiting for an answer to her question.

June Raine, head of the MHRA, has ignored people who have written to her personally including Charlet, whose article on TCW [The vaccine victim seeking answers from Dame June Raine](#) explains that she wrote to Raine on behalf of her group's then 530 members [now many more.]

Charlet asked Raine a simple question: why, when the MHRA expected 100,000 adverse reactions after the Covid injections, was there nothing in place to help these people?
She has not received an answer.

By December 2021, there were over 400,000 adverse reactions according to the MHRA's figures.

Why is the MRA ignoring these people? we ask.

Could these two articles on TCW, in particular, provide some clues as to why?

[The MHRA, the watchdog covering up the truth about vaccine deaths and injuries](#)

and

[The doctor who turned her health watchdog into a Covid vaccine lapdog.](#)

The latter article – among other meaty points such as PM BoJo saying: "... *the MHRA will stop us killing people*," [how ironic!] – refers to a 2020 article on TCW about the Recovery Study called [The Marx Brothers do science](#). This article, about a clinical trial in the UK to test an old drug on Covid, suggests that nothing was ever going to stand in the way of everyone – or as close to everyone as possible – receiving the Covid injections.

- 7 When we have the answers to these questions – we sense the whole world will be on the verge of spinning in a different direction. A direction in which such a mistake – if it was such – will never happen again.

It will never happen again because the family – the BIG planet-wide family consisting of all 7 billion of us - will be doing things differently from there on!

And speaking of things – before the world does spin differently – there's this. The Big thing right now – with the same politicians – the same media and – the same NHS - oh and an MHRA which no longer does the dog watch, but now feeds the animal a juicy, financially rewarding bone instead – is that we are all at risk of being affected just like Caroline, Charlet and Faith. And that could happen when our next turn gets announced – our turn at taking the next jab they want us to have.

With the jab still being pushed into people - is it just a matter of time before one of us - one of us still lucky ones - enjoying a full and healthy life, just like these three women had been – becomes another statistic – a ONE chance in 80 statistic!

None of us know what is going on inside our bodies. We could be next – and won't we wish for a response other than "you're mad," or "you're imagining it," or simply, "do stay quiet in case other people are put off having it"?

If for no other reason than that selfish one, shouldn't we extend our compassion to people who have been harmed by the Covid injection? In fact, if we don't – or can't – does it matter if humanity survives or not? Is there any point in being alive if it's in a world without compassion?

- 8 It has to be said, some people say that safe, when it comes to medicines, doesn't MEAN safe - at least, not for everyone. The writer of the blog "Respectful Insolence," who writes under the name "Orac," has said in a post called [The nonsense that is "Vaccine Injury Awareness Month"](#):

*"...no one claims that vaccines are absolutely safe.
Incredibly safe under any reasonable definition of the word "safe"?
Definitely.
Far safer than the risk of the diseases they prevent. Almost always.
So safe that serious adverse reactions are incredibly rare? Of course.
But no one says that vaccines never cause injury.
What science does say is that the claims of anti-vaccine propagandists that vaccines cause autism, autoimmune diseases, dementia, and other chronic diseases are without a basis in science."*

"Orac" is David Gorski. Gorski - who does not include any evidence to support his blog post – is a medical doctor and a cancer surgeon. His line:
Far safer than the risk of the diseases they prevent. Almost always

is especially interesting, suggesting as it does that he doesn't expect vaccines to *always* be a safer alternative to the diseases they are meant to protect from.

A Freedom of Information request made to the MHRA: [Risk Management and marketing authorisation for Covid 19 Vaccines](#) made clear the MHRA does not define a threshold at which a signal is raised about the safety of the injection. The question about how often deaths or injuries would need to occur before a signal was raised, was not answered. Of course, due to this, it is impossible for the MHRA to say that vaccines are the most effective way to prevent infectious diseases and save millions of lives worldwide. Yet, the MHRA DOES say that.

9 Symptoms caused by the injections – this is not an exhaustive list – include:

- Inability to walk
- Collapsing
- Brain fog
- Being sick
- Heart and chest pain
- Pericarditis - Peri myocarditis
- Eye pain
- Headaches
- Lack of energy
- Exhaustion
- Menstrual abnormalities
- White, sinuous, rubber-like clots in blood vessels
- Blood clots
- Vision damage
- Miscarriages
- Seizures
- Slurred speech
- Skin rashes and burning sensations
- Tremors and tingles in limbs
- Tachycardia
- Costochondritis
- Insomnia
- Anxiety and depression
- Muscle spasms and jerks
- Violent whole-body shakes
- Amputation due to clotting
- Partial loss of intestine due to clotting
- Stroke
- Heart attack
- Death

Other symptoms include heavy mental stress stemming from:

Fearing not waking up in the morning.

Having no help from anywhere.

Knowing that nobody understands the symptoms

– and further, nobody in the establishment appears interested.

10 A Forbes article [Have The New Bivalent Covid-19 Vaccine Boosters Been Tested On Humans?](#) uses, as an answer to the question, the title of a 2009 film, "It's Complicated." The short answer is that the data used by the US FDA

[MHRA's equivalent] included preliminary findings from eight [8] mice. The author of this article appears to be more worried about *the narratives that anti-vaxxers are trying to push* than the absence of human clinical trial data.

Anti-vaxxers are, of course, anyone who won't unthinkingly roll up their sleeve and take one for the Team – which includes people who have had the injection and been harmed by it. The choices that used to be called caution and safety, are now described as anti-vax.

This article of course is relevant to the USA, not the UK. Now is a good time, however, for anyone considering having a “booster” to do some research – unless they are confident in the MHRA – or they identify as a mouse.

- 11 The question on people's lips now could be – and perhaps should be...
“Will I take one for the Team, next time?”

Now that you know, if it goes wrong for YOU – the way it went wrong for so many other people – you won't get any help.
You'll have to pay for your own medical treatment – except that nobody knows how to treat you – and also for your own care.

With that in mind...
When you get the call to roll up your sleeve...
Well, should you take one for the Team?

- 12 It is clear that help is not going to come from the establishment – which includes the NHS.

As the House of Commons Committee said about the Department of Health, *it is not possible to serve two masters*.
Whoever or whatever the NHS serves, it is clear that its master is NOT the health of the people.

It is also clear that what is going on in society at the moment – and equally, what is NOT going on in society – with respect to this issue alone requires a complete and thorough assessment and change of course. That assessment will not and should not be conducted by the establishment, since the establishment has caused this position.

Instead, a nationwide assessment should be conducted and led by people – ordinary people as well as technicians – who have the health and wellbeing of people at heart and have no conflict of interests of any kind.

In fact, what is required is a complete revolution.

- PS1 Charlet said that, after she was injured by the injection, she expected to be invited to take part in a research study to find out why the injection had harmed her. Given that the injections have been rolled out across the whole world, it's reasonable to assume that scientists would be *racing* to find a solution to the problems suffered by everyone who has been affected.

It did not happen, of course, as we all know.

The impact on take-up of all childhood vaccines – now that it is horrifyingly clear what happens to people who “take one for the Team” – is surely going to be both enormous and long-term. Trust has always been at the heart of these medical interventions for healthy people.

Some doctors and scientists are now calling for a pausing – or even cessation – of ALL vaccines. Who can blame them?

On a positive note - although the same people and organisations that encouraged people to take the Covid injection are not interested in helping them, other people and organisations DO want to help.

It's not that anyone, sadly, has all the answers – or even, perhaps, ANY of the answers YET - to the question – what can make people well again after the injection has injured them?

BUT the desire, the intention, the motivation - these all exist.

To answer the question - what can make people well again after the injection has injured them? – research is needed.

A lot more knowledge is held now in the hands of people whose wish is to help, not harm, than was the case at the beginning of 2021.

PS2 Just before this article went to press I became aware of a documentary film called [Vaccine Induced: the story of Shaun Mulldoon](#). This film is about a Canadian man who has been injured by his injection and is still far from well, having lost two metres of his intestine due to blood clots.

His body is still producing clotting antigens, part of the auto-immune response that caused the clots in his intestine and all over his body. The link between auto-immunity and abnormal blood clots is something that I had not heard about before.

Shaun Mulldoon makes the point in the film that one doesn't need to be an academic expert on tigers to be aware of the danger posed by tigers – and that to be so is wise, not foolish.

I note that, at the end of the film, an unnamed commentator said that

“No unexpected safety issues have been identified in Canada.”

Does this mean that - the safety issues that have come to light were *expected*?

CONNECT'S Maxim and Oath

Connect is only interested in finding and sharing the TRUTH.
In search of that TRUTH, we only pose questions – we have no answers.

By: Helen King

Source: CONNECT: [Magazine](#)

- 2 [LINK](#) CONNECT: In Conversation – Podcasts: Caroline Pover
- 2 [LINK](#) CONNECT: In Conversation – Podcasts: Charlet Crichton
- 2 [LINK](#) CONNECT: Interview with Faith
- 2 [LINK](#) UK CV Family
- 2 [LINK](#) UK CV Family: self-help guide by Caroline Pover: video
- 2 [LINK](#) UK CV Family: self-help guide by Caroline Pover: details
- 3 [LINK](#) Odysee: documentary film: A Letter To My MP
- 3 [LINK](#) Oracle Films: Safe and Effective – A Second Opinion.
- 4 [LINK](#) Medicines and Healthcare products Regulatory Agency [MHRA]
- 4 [LINK](#) Wikipedia: Medicines and Healthcare products Regulatory Agency: funding
- 4 [LINK](#) UK government: Freedom of Information request on funding from the Bill and Melinda Gates Foundation
- 4 [LINK](#) UK government: News: The MHRA Innovative Licensing and Access Pathway is open for business.
- 4 [LINK](#) MHRA: Summary of Yellow Card reporting
- 5 [LINK](#) The Expose: MP's Heavily Invested in Pharmaceutical Industry
- 5 [LINK](#) Live Learn Evolve: Pfizer Exposed: These Facts Reveal Morally Bankrupt History to COVID Pharmaceutical Supplier
- 5 [LINK](#) House of Commons Health Committee Report: The Influence of the Pharmaceutical Industry [2005]
- 6 [LINK](#) What Do They Know: Freedom of Information request: Vaccine Indemnity
- 6 [LINK](#) TCW: The vaccine victim seeking answers from Dame June Raine
- 6 [LINK](#) TCW: The MHRA, the watchdog covering up the truth about vaccine deaths and injuries
- 6 [LINK](#) TCW: and The doctor who turned her health watchdog into a Covid vaccine lapdog
- 8 [LINK](#) Respectful Insolence blog: The nonsense that is Vaccine Injury Awareness Month
- 8 [LINK](#) What Do They Know: Freedom of Information request: Risk Management and marketing authorisation for Covid 19 Vaccines
- 10 [LINK](#) Forbes: Have The New Bivalent Covid-19 Vaccine Boosters Been Tested On Humans?
- PS2 [LINK](#) YouTube: Vaccine Induced: the story of Shaun Mulldoon

FURTHER READING

- [LINK](#) Civil Service World: Covid vaccine approved: no corners were cut, says MHRA chief
- [LINK](#) BBC: Anti-vax groups use carrot emojis to hide Facebook posts [NOTE: the BBC are referring to support groups for people injured by injections]
- [LINK](#) Association of the British Pharmaceutical Industry: New survey shows collaboration between pharmaceutical industry and UK academia is growing
- [LINK](#) Wikipedia: Bad Pharma - How Drug Companies Mislead Doctors and Harm Patients [a book about the extent to which the pharmaceutical industry controls academic research into its own products]

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