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Parliamentary speech on excess deaths

Dr. John Campbell

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Transcript

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0:01

a warm welcome to today's talk friday the 20th of October now uh most of

0:06

today's video is Mr Andrew brid and giving his speech in Parliament about excess deaths following on the

0:12

anticipatory interview we did with him yesterday on this channel the turnout in Parliament was a complete disgrace of

0:20

course uh I counted two labor members of parliament no liberal Democrats no

0:26

Scottish nationalists and I think there was about 12 to 14 maybe 15

0:31

conservatives out of 650 MPS this is a disgrace in my view this is despite the

0:37

fact that I pretty convinced that you have written to all 650 MPS because this

0:43

channel is viewed by all 650 constituents we believe and Mr Andrew bridon has contacted a lot of people to

0:50

write to the members of parliament as well I wrote to my Member of Parliament he wasn't there quite incredible now

0:56

I've never heard the sound from the public public Gallery at the start of the interview you can hear the Applause

1:03

and the cheering from the public gallery and once or twice in the uh in the speech um I've never heard that before

1:11

because the public Gallery is separated from the house of comment by a glass screen so they must have been making one heck of a noise to be heard through that

1:18

um they're separated now for security reasons um so huge turnout from the

1:23

public if you went well done we don't have any photos from the public Gallery I don't know if it's allowed but um try

1:30

and find out about that but it must have been absolutely packed to overflowing to make that much noise Mr brid's had 20

1:36

rejections excess deaths this in other words he's applied for the debate over 20 times he's now got it um this problem

1:44

that no one wants to talk about that's affecting many countries we've been let down by mainstream media there's a lack

1:50

of data especially in young people lack of data in 15 to 19 year olds for 2021

1:56

still lack of data transparency all all sorts of problems that he turns out and

2:02

identifies basically a Lany failure and um he he does publish a data pack as

2:10

well which I've just asked him for the link too so we'll be getting that pretty soon anyway enough for me uh here's the

2:15

speech it does last about 20 minutes then we'll get the reply from the minister but well worth sticking around Andrew

2:23

brid thank you Mr Deputy speaker we've experienced more excess deaths since

2:29

July 21 in the whole of 2020 unlike the pandemic however these

2:35

deaths are not disproportionately of the old in other words the excessive deaths are striking down people in the prime of

2:42

life but no one seems to care I fear history will not judge this house kindly

2:47

we're still in a country supposedly committed to free and Frank exchange of views it appears that no one cares that

2:54

no one cares well I care Mr Deputy speaker and I credit those members here in attendance today who also care and

3:02

I'd also like to thank the honorable member for Lincoln for his support and I'm sorry that he couldn't attend

3:07

today's debate it's taken a lot of effort and more than 20 rejections to be

3:12

allowed to raise this topic but at last we're here to discuss the number of people dying nothing could be more

3:18

serious numerous countries are currently gripped in a period of unexpected mortality and no one wants to talk about

3:25

it it's quite normal for death numbers to fluctuate up and down by chance alone

3:31

but what we're seeing here is a pattern repeated across countries and the rise has not let up you give way I'll give

3:39

way to my honorable gentleman I'm I'm very grateful and can I commend him for his the tenacious way he's he's battled

3:45

on this particular um issue I I certainly admire him uh for that I just

3:50

wondered where he found the media was in all of this because of course during the coid pandemic every day the media

3:56

particularly the BBC couldn't wait to tell us how many people had died in that particular day without any context of

4:03

those figures whatsoever but they seem to have gone strangely quiet uh over these excess deaths

4:10

now thank gentleman for his intervention he is absolutely right the media have let the British public down badly there

4:16

will be a full press uh pack going out to all media Outlets following my speech with all the evidence to back up all the

4:23

claims I'll make in that speech but I don't doubt there'll be no mention of it in the mainstream media

4:30

you might think that a debate about excess death is going to be full of numbers this speech does not have that

4:36

many numbers because most of the important numbers have been kept hidden other data has been oddly presented in a

4:43

distorted way and concerned people seeking to highlight important findings

4:49

and ask questions have found themselves inexplicably under attack before

4:54

debating excess deaths it's important to understand how excess death is Det determined to understand if there is an

5:02

excess by definition you need to estimate how many deaths it would have been expected the organization of

5:07

economic cooperation development used 2015 to 2019 as a Baseline and the

5:12

government's office of Health disparities and Improvement uses 2015 to 2019 Baseline modeled to allow for aging

5:21

and I've used that data here unforgivably the office of national statistics have included deaths in 2021

5:28

as part of their Baseline calculation for expected deaths as if there was anything normal about the deaths in

5:35

2021 by exaggerating the number of deaths expected the number of excess can

5:40

be minimized why would the on want to do that there's just too much that we don't

5:46

know and it's not good enough Mr Deputy speaker the on published promptly each week the number of deaths that were

5:52

registered and while this is commendable it's not the data point that really matters there's a total failure to

5:58

collect never mind publish data on deaths that are referred for investigation to the coroner why does

6:05

this matter a referral means that it can be many months and given the backlog

6:10

many years before a death is formally registered needing to investigate the

6:16

cause of a death is fair enough failing to record when the death happened is not

6:22

because of this problem we actually have no idea how many people actually died in 2021 even now the problem is greatest

6:29

for the younger age groups where there's a higher proportion of deaths are investigated this date of failure is

6:35

unacceptable it must change there's nothing in a coroners report that can

6:40

bring anyone back from the dead and those deaths should be reported the youngest age groups are important not

6:47

only because they should have their whole lives ahead of them if there is a new cause of excess

6:54

mortality across the board it would not be noticed so much in the older cohorts because the extra deaths would be

7:00

drowned out amongst the expected deaths however in the youngest cohorts that is

7:05

not the case there were nearly two extra deaths a day in the second half of 2021 among

7:11

15 to 19y old males but potentially even more if those referred to the coroner

7:17

were fully included in a judicial review of the decision to vaccinate yet younger children the on refused in court to give

7:24

anonymized details about these deaths they admitted that the data they were

7:29

withholding was statistically significant and I quote they said the ons recognizes that more work could be

7:36

undertaken to examine the mortality rates of young people in 2021 and intends to do so once more reliable data

7:43

are available how many more extra deaths in 15 to 19 year olds would it take to

7:49

trigger such work surely the on should be desperately Keen to investigate deaths in young men why else have an

7:56

independent body charged with examining mortality data surely the on has a responsibility to collect data from the

8:03

coroners to produce timely information let's move on to old people

8:09

because most deaths in the old are registered promptly and we do have a better feel for how many older people

8:15

are dying deaths from dementia and Alzheimer's show what we ought to expect

8:21

there was a period of high mortality coinciding with coid and lockdowns but ever since there have been fewer deaths

8:26

than expected after a period of High mortality we expect and historically have seen a period of low mortality

8:34

because those who have sadly died cannot die again those whose deaths were

8:39

slightly premature because of coid and lockdowns died earlier than the otherwise would have this principle

8:44

should hold true for every cause of death and every age group but that's not what we're seeing even for the over 85y

8:52

olds according to the office of Health Improvement and disparities there were 8,000 excess deaths 4% above the

8:59

expected levels for the 12 months starting in July 2020 that includes all

9:04

of the Autumn 2020 wave of coid when we had tearing the second lockdown and it

9:09

includes all of the first coid winter however for the year starting July

9:16

2022 there have been over 18,000 excess deaths in this age group 9% above

9:22

expected levels more than twice as many in a period when there should have been a deficit and when deaths from disease

9:29

previously associated with old age were actually fewer than expected Mr Deputy speaker I've raised

9:35

my concerns around ng1 163 and the use of medlam and morphing which may have caused and may still be causing

9:41

premature deaths in the vulnerable but that is uh sadly a debate for another day there were just over 14,000 excessed

9:48

deaths in the under 65 year olds before vaccination from April 2020 to the end of March 2021 however since that time

9:57

there's been over 21,000 excess deaths ignoring the registration delay problem

10:02

the majority 58% of these deaths were not attributed to coid we turn Society

10:07

upside down before vaccination for fear of excess deaths from coid today we have

10:12

substantially more excess deaths and in younger people and there's complete and

10:18

Eerie silence Mr Deputy speaker the evidence is unequivocal there was a clear stepwise

10:24

increase in mortality following the vaccine rollout there was a reprieve in the winter of 2021 22 because there were

10:32

fewer than expected respiratory deaths but otherwise the excess has been incessantly at this high

10:38

level ambulance data for England provides another clue ambulance calls

10:44

for life threatening emergencies were run at a steady 2,000 calls per day until the vaccine roll out from then it

10:50

Rose to 2,500 daily and calls have stayed at this level since the

10:55

surveillance systems designed to spot a safety problem have all flashed red but no one's looking claims for personal

11:03

Independence payments for people who've developed a disability and cannot work rocketed with the vaccine roll out and

11:10

it's continued to rise ever since the same was seen in the USA also started with a vaccine roll that not with coid a

11:16

study to determine the vaccination status of a sample of such claimants would be relatively quick and

11:22

inexpensive to perform yet nobody seems interested in ascertaining this Vital

11:27

Information officials have chosen to turn a blind eye to this disturbing

11:33

irrefutable and frightening data much like Nelson did but for far less

11:39

honorable reasons he would be ashamed of us Mr Deputy speaker furthermore data that has been used to sing the Praises

11:45

of the vaccines is deeply flawed only one coid related death was prevented in

11:50

each of the initial major trials that led to authorization of the vaccines and that is taking their data entirely at

11:57

face value whereas a growing number of inconsistencies and anomalies suggest we

12:02

ought not to do this extrapolating from that means that between 15,000 and

12:08

20,000 people had to be injected to prevent a single death from covid to

12:14

prevent a single covid hospitalization over, 1500 people needed to be injected

12:19

the trial data showed that 1 in 800 injected people had a serious adverse event meaning they were hospitalized or

12:26

had a lifechanging or life-threatening condition the risk of this was twice as high as a

12:31

chance of preventing a covid hospitalization we're harming one in 800 people to supposedly save one in 20,000

12:38

this is madness the strongest claims have too often been based on modeling carried out

12:45

on the basis of flawed assumptions where observational Studies have been carried out researchers will correct for age and

12:52

com abilities to make the vaccines look better however Mr Deputy speaker they never correct for it socioeconomic or or

12:59

ethnic differences that would make the vaccines look worse this matters for example claims of higher mortality in

13:05

less vaccinated regions in the United States took no account of the fact that this was the case before the vaccines

13:11

were rolled out that is why studies that claim to show the vaccines prevented

13:17

coid deaths also showed a marked effect than preventing non-co deaths the

13:23

prevention of non-co deaths is always a statistical illusion and claims of prevented coid deaths should not be

13:29

assumed when that illusion has not been corrected for and when it is corrected for the claims of efficacy for the

13:35

vaccines vanish with it co disproportionately killed people from

13:40

ethnic minorities and lower socioeconomic groups but during the 2020 during the

13:48

pandemic the deaths among the most deprived were up by 23% compared to 177% for the least

13:56

deprived however since 2022 the pattern has reversed with 5% excess mortality

14:02

amongst the most deprived compared to 7% among the least deprived these deaths

14:08

are being caused by something different in 2020 the excess was highest in the

14:13

oldest cohorts and there were fewer than expected deaths amongst the younger age groups but since 2022 the 50 to 64 year

14:22

old cohort has had the highest excess mortality even the youngest age groups

14:28

are now seeing substantial excess with a 99% excess in the under 50s since 2022

14:33

compared to 5% now in the over 75 group despite London being a younger

14:40

region the excess in London is only 3% whereas it's higher in every more

14:46

heavily vaccinated region of the UK and it should be noted Mr Deputy speaker that London is famously the least

14:53

vaccinated region in the UK by some margin studies comparing regions on a larger scale show the same thing there

15:00

are studies from the Netherlands Germany and the whole world each showing that the highest mortality after vaccination

15:06

was seen in the most heavily vaccinated regions so we need to ask what are

15:11

people dying of since 2022 there has been 11% excess in emic heart disease

15:18

deaths and a 16% excess in heart failure deaths in meantime cancer deaths only 1%

15:24

above expected levels which is further Evidence this is not simply some other factor that affects deaths across across

15:30

the boards such as a failing to account for an aging population or a failing NHS

15:36

in fact the excess itself has a seasonality with a peak in the winter months the fact it returns to Baseline

15:43

levels in summer is a further indication that this is not due to some statistical error or an aging population

15:50

alone Dr CLA Craig from the Heart Group first highlighted a stepwise increase in Cardiac Arrest calls after the vaccine

15:57

roll out in May 2021 and Hart have repeatedly raised concerns about the

16:02

increase in cardiac deaths and they have every reason to be concerned four participants in the

16:08

vaccine group of the fiser trial died from Cardiac Arrest compared to only one in the placebo group overall there were

16:15

21 deaths in the vaccine group up to March 2021 compared to 17 in the placebo

16:20

group and there are serious anomalies about the reporting of the deaths within this trial with the deaths in the uh

16:27

vaccine group taking much longer to report than those in the placebo group and that's highly suggested Mr Deputy

16:34

speaker of a significant bias in what was supposed to be a blinded trial an

16:39

Israeli study clearly showed an increase in cardiac Hospital attendances among 18

16:44

to 39 year olds that correlated with vaccination not with coid there have now

16:50

been several postmortem studies demonstrating a causal link between vaccination and coronary artery disease

16:56

leading to death of the four month mon after the last doe and we need to remember that the

17:02

safety trial was cut short to only 2 months so there's no evidence of any

17:07

vaccine safety beyond that point the decision to unblind the trials after 2

17:12

months and vaccinate the placebo group is nothing less than a public health Scandal everyone involved failed in

17:19

their duty to the truth but no one cares Mr Deputy speaker the one place that can

17:25

help us understand exactly what caused this is Australia Australia had almost no coid when vaccines were first

17:31

introduced making them the perfect control group the state of South Australia had only a, cases of coid

17:38

across its whole population by December 2021 before Omicron arrived what was the

17:44

impact of vaccination there for 15 to 44 year olds there was historically 1300

17:50

emergency cardiac presentations a month with vaccine roll out in the under 50s

17:56

this rocketed to 2,1 172 cases in November 2021 in this age group alone a

18:02

67% more than usual overall there were 17,900 South Australians who had a

18:08

cardiac emergency in 2021 compared to only 13,250 in 2018 a 35%

18:17

increase it is clearly the vaccine that must be the number one suspect in this and it cannot be dismissed as just a

18:23

coincidence Australian mortality overall has increased from early 2021 and the

18:28

increase is due to cardiac deaths these excess deaths are not due to an aging population because there are fewer

18:34

deaths in the diseases of old age these deaths are not an effect of Co because they've happened in places where Co have

18:41

not reached and they're not due to low Statin prescriptions or undertreated

18:47

hypertension as Chris witty would suggest because prescriptions did not change and in any effect would have

18:52

taken many years and been very small the prime suspect must be something that was introduced to the population as a whole

18:59

something novel The Prime hypothesis must be the experimental Co 19 vaccines

19:05

the ons published a data set of deaths by vacc by vaccinated and unvaccinated

19:11

at first glance it appears to show that the vaccines are safe and effective however there were several huge problems

19:17

with how they presented that data one was that for the first 3 we period after injection the on claimed there are only

19:23

a tiny number of deaths the number the on would normally predict to occur in a single week where were the deaths from

19:30

the usual causes when this was raised the on claimed that the sickest people did not get vaccinated and therefore

19:37

people were uh taking the vaccination were were self- selecting for those least likely to die not only is this not

19:44

the case in the real world with even even hospices heavily vaccinating their residents but the 's own data showed

19:51

that the proportion of sickest people was equal in the vaccinated and unvaccinated groups this inevitably

19:56

raises serious questions about the On's data presentation there were so many

20:02

problems with the methodology used by the on that the statistics regulator agreed that the on data could not be

20:08

used to assess vaccine efficacy or safety that tells you something about the on consequently Hart asked the UK

20:16

Health Security Agency to provide the data they had on people who had died and therefore needed to be removed from

20:23

their vaccination data set this request has been repeatedly refused with excuses

20:29

given including the false claim that anonymizing this data will be equipted creating it even though there is case

20:34

law that anonymization is not considered creation of new data Mr Deputy speaker I

20:40

believe if this data was released it would be damning some claim that so many lives have been saved

20:46

by mass vaccination that any amount of harm suffering and death caused by the vaccines is a price worth paying they're

20:54

delusional Mr Deputy speaker the claim of 20 million lives saved is based on now discredited models which assume that

21:00

coid waves do not Peak without intervention there have been numerous waves globally that now demonstrate that

21:05

is not the case and it was also based on there having been more than half a million lives saved in the UK that's

21:12

more than the worst case scenario predicted uh at the beginning of the pandemic for the claim to have been true

21:18

the rate at which covid killed people would have to have taken off dramatically at the beginning of 2021

21:23

with the in the absence of vaccination this is ludicrous and it Bears no Rel relationship to the truth in the real

21:30

world Australia New Zealand and South Korea had a mortality rate of 400 deaths per million up to the summer of

21:37

2022 after they were first hit with Omicron so how does that compare with the woan strain France and Europe as a

21:44

whole had a mortality rate of under 400 deaths per million up to the summer of 2020 Australia New Zealand and South

21:50

Korea were all heavily vaccinated before infection so tell me where where was the benefit the UK had just over 800 deaths

21:58

per million up to the summer of 2020 so twice as much but we know that Omicron is half as deadly as the Wuhan variant

22:04

the death rates per million are the same before and after vaccination so where was the benefits of vaccination The

22:11

Regulators have failed in their duty to protect the public they've allowed these novel products to skip crucial safety

22:17

testing by letting them be described as vaccines they' failed to insist on

22:22

safety testing being done in the years since the first temporary emergency authorization even now no one can tell

22:28

you how much Spike protein is produced on vaccination and for how long yet another example of where there is no

22:34

data for me to share with the house and when it comes to properly recording deaths due to vaccination the system's

22:40

broken not a single doctor reg death from a rare BL brain pot before docs in

22:45

Scandinavia forced the issue and the MH acknowledged the problem only then did these deaths start to be certified by

22:52

doctors in the UK it turns out that doctors were waiting for permission from the regulator and the regulator was

22:57

waiting for be alerted by the doctors this is a lethal circularity furthermore coroners have written regulation 28

23:03

reports highlighting deaths from vaccination to prevent further deaths yet the MH said in a response to an foi

23:11

that they had not received any of them the system we have in place is clearly not functioning to protect the public

23:16

The Regulators also missed the fact that the fiser trial in the fiser trial the vaccine was made for the trial

23:22

participants in a highly controlled environment in stark contrast to the manufacturing process used for the

23:28

public rollout which was based on a completely different technology just only just over 200

23:35

participants were given the same product that was given to the public but not only was the data from these people

23:41

never compared to those in the trial for efficacy and safety but the MH have admitted

23:46

that they dropped the requirement to provide the data that means there was never a trial on the final product that

23:53

was actually rolled out to the public and that product has never been compared to the product that was actually

23:59

trialed the vaccine mass production processes use Vats of *E. coli* and

24:04

present a risk of contamination with DNA from the bacteria as well as bacterial cell walls which can cause dangerous

24:12

reactions this is not theoretical Mr Deputy speaker this is now sound evidence that's been replicated by

24:18

several Labs across the world and the mRNA vaccines uh were contaminated by

24:23

DNA which far exceeded the usual permissible levels given that this DNA is enclosed in lipid nanoparticle

24:29

delivery system and it's arguable that even the permissible levels have been far too high these lipid nanop

24:35

particles are known to enter every organ of the body as well as this potentially causing some of the acute adverse

24:41

reactions seen there is a serious risk that this foreign bacterial DNA

24:46

inserting itself into human DNA and will anybody investigate no they won't will

24:52

I'll give way on that point conscious that time is tight I I I uh Rec recognize that honorable gentleman

24:58

is making a very very powerful case does he agree with me that the government should be looking at this properly and should commission a review into the

25:05

excess deaths partly so that we can reassure our constituents that the case he's making is not in fact valid and and

25:12

that the vaccines have no cause uh Behind These excess deaths I Thank The Honorable gentle for

25:19

his support on this topic and of course that is what exactly any responsible government should do I wrote to the

25:25

Prime Minister on the 7th of August 2023 with all the evidence of this but sadly Mr Deputy speaker I I still await a

25:31

response what will it state to take to stop these products their complete failure to stop infection was not enough

25:37

and we all know plenty of vaccinated people have caught and spread covid the mutation of the virus to a weaker

25:42

variant Omron that that that wasn't enough the increasing evidence of the serious harms to those of us that were

25:49

vaccinated that's not enough and now the cardiac deaths and the deaths of young people is apparently not enough either

25:55

it's high time these experimental vac VES were suspended and a full investigation into the harms they've caused initiated history will be a harsh

26:02

judge if we don't start using evidence-based medicine we need to return to basic science basic ethics

26:08

immediately which means listening to all voices and investigating all concerns in conclusion Mr Deputy speaker the

26:15

experimental coid 19 vaccines are not safe and they're not effective despite there only being limited interest in the

26:21

chamber from colleagues and I'm very grateful for those who have attended we can see from the public Gallery there is

26:27

considerable public interest I would implore all members of the House present and those

26:32

not to support calls for a three-hour debate on this important issue and Mr Deputy speaker this might be the first

26:38

debate on excess debts in our Parliament indeed it might be the first debate on excess debts in the world but very sadly

26:44

I promise you it won't be the [Applause]

26:51

last well I thought that was a pretty powerful speech quite difficult to listen to in some respects because

26:57

remember we're dealing with uh human lives here these aren't just numbers the

27:03

following response is from a junior government Minister obviously the Secretary of Health didn't turn up thank

27:10

you uh Mr Deputy speaker can I start by congratulating The Honorable member for

27:16

Northwest leerer for securing uh this important debate I do only have 5 minutes of the 30 minutes uh debate to

27:23

respond so I will try and cover all the points uh if I can can I start by acknowledging that he is

27:30

correct we have seen an increase in excess deaths in the last year however his analysis is uh something I I will

27:38

disagree with because the causes um that he refers to um are are simply um do not

27:45

uh bear to to the statistics that we have there have been a combination of factors contributing to the increase in

27:51

excess death including in the last year high flu prevalence the ongoing challenges of Co 19 we had to strep pay

27:57

outbreak and uh conditions such as heart disease which he touched on diabetes and

28:02

cancer uh because we had virtually a lock down of routine Health Services over a 2-year period many of those are

28:10

now coming forward with uh increased morbidity and mortality as a a result of that and starting with winter flu the

28:17

number of positive tests last year peaked at 31.8% the highest seen in the

28:22

last six years and interim analysis um from the UK HSA indicated the number of

28:28

deaths in England associated with flu was Far higher than pre-pandemic levels so excess deaths due to flu last winter

28:35

is sadly part of the answer and he touched on the independent body of the on well their figures show that the

28:41

leading cause of death in England is still dementia which accounts for about 10% of all deaths but they do also look

28:48

at the cause of excess deaths and if you look at the figures uh as of June this year the top three causes of excess

28:54

deaths are respiratory illnesses dementia and Eschic heart disease which is often caused by uh an increase

29:01

in cholesterol uh smoking um not having a blood pressure check so there's a number of reasons and they are often

29:06

chronic conditions that people have had for years decades in fact some people and are not uh acute illnesses now just

29:14

to touch on on on some of the points um that he has uh made in in his points uh

29:19

in the three minutes I have left uh to respond firstly um turning to uh the

29:25

importance of vaccination I think you know it's very easy to say that there's a prevalence of high rates of coid

29:32

vaccination in people who have died and that is correct when 93.6% of your population has had at least one dose of

29:39

the vaccine there will be a high rate of vaccination in excess deaths that is different to causality I completely

29:46

agree with them there's a high prevalence rate that is not the same as saying that that is the cause of those deaths and the office for NASA

29:53

statistics um has looked um then actually those who've been vaccinated

29:59

generally had a lower all cause mortality rate than the unvaccinated people uh since the booster introduction

30:05

in 2021 and a recent study in Singapore actually found that um when they looked

30:11

at uh uh patients who had recovered from covid who were unvaccinated they showed

30:16

an increased risk of by 56% more uh to be at risk of cardiac complications a

30:22

year later compared to those who were vaccinated so there is conflicting data on this and I'm not necessarily

30:28

disagreeing with him but I think we need to have a robust conversation on this and not to assume that one um uh side

30:35

necessarily has um all the answers now just to touch on a couple of points that he made around vaccine safety now the

30:42

regulator has been uh taking account of those who report Adverse Events and I would encourage anyone who's had a side

30:48

effect from any of the vaccines to use the yellow card system to report it to their GP because when they have been

30:54

reported the MH has taken action ction if you look in April 21 uh the MH

31:01

reacted to rare cases of concurrent thrombosis and thrombocytopenia following the azed vaccine uh which

31:07

resulted in um adults under 30 not being offered That vaccine and in May 21 that

31:13

was increased to the adults under 40 and particularly to the MRA vaccine in June

31:19

uh 21 following reports of a link between um Co vaccines and myocarditis

31:24

uh the commission on human medicines conducted an independent review which found the incidence of this side effect

31:30

was rare but it was between one and two cases per 100,000 so when there is are

31:35

concerns absolutely we must um uh investigate those there is no doubt about it and for those that have

31:41

experienced um rare uh side effects from the vaccine we had a debate earlier this afternoon about that we do have the

31:47

vaccine damage payment scheme which um offers a payment of 12 120,000 if that

31:53

is uh one showed to be order thank you Mr Speaker I'm Terri sorry the house

31:58

stands adj well there we have it that was the

32:03

speech and the uh what passes as a reply from the junior government Minister I

32:11

will be giving full details of the press pack as soon as I get that and uh I'm

32:16

just so impressed with the uh the response from the public Gallery there despite the fact you couldn't really

32:22

hear it poply behind a glass screen but um the the the contrast between between

32:27

the apathy from members of parliament and the the understanding of the importance

32:33

of this from members of the public quite quite staggering really some might say that the government in my country is

32:40

disconnected from the

32:46

people