Rise 008 - Dr. David Cartland GMC Letter

Dr Cartland has been one of the most outspoken critics of the COVID Vaccination programme. He's kindly allowed me to reproduce his letter to the General Medical Council from April 2022.

Ben Rubin

Apr 09, 2023

David Cartland is a UK-based GP and vocal critic of the COVID Vaccination programme. He has a First Class Honours Degree in Bio-Medical Sciences, including a year of Immunology and Virology. A total of 10 years of medical training with 15 years of post graduate experience.

Dr Cartland was reported to the UK General Medical Council (healthcare regulator for the UK medical profession) in early 2022 for speaking out publicly about the dangers of COVID vaccination. As part of his review process Dr Cartland issued an in-depth, evidence-led rebuttal of the official COVID narrative that he's kindly allowed me to reproduce here.

Having re-read the letter this week I'm afraid to say the case made by Dr Cartland has only grown stronger in the past 12 months. This is one of the most compelling deconstructions of the official COVID narrative that you'll find, covering every single major topic with detailed references throughout.

Thank you David for everything you've done, and are doing, to raise awareness of these important issues.

You can follow Dr Cartland on Twitter

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25 April 2022

(Contact Name Redacted)

Programme Manager

NHS England and NHS Improvement South West

Dear (Redacted),

Your reference: (Redacted)

You asked me to provide any information that I feel is relevant for the PAG to consider. After giving it some thought, I have decided to show you the scientific reasoning behind my stance on the COVID-19 vaccines. Where possible I have drawn on peer-reviewed papers. However, I also consider preprints, articles and anecdotal evidence to be important tools in informing opinion.

When Frances Oldham Kelsey refused to authorise thalidomide for market in the United States, she had very little data to go on, but a strong feeling that something wasn't right. Thalidomide had already been approved in 21 countries and Kelsey found herself under considerable pressure from the manufacturers to authorise it. Despite this, she was adamant that thalidomide not be approved in the US until the manufacturers had proven that the drug was not harmful to the foetus. She also asked for clarification on a study out of the UK that documented cases of peripheral neuritis. As we now know, Frances Oldham Kelsey was vindicated when it was discovered that thalidomide crossed the placental barrier and caused several thousands of severe birth defects.

Here is my reasoning on the COVID-19 vaccines.

1) The concept behind all of the COVID-19 vaccines is that our own cells produce a fragment of the virus (the spike protein) and our immune systems produce antibodies to that fragment. (i, iii, iv, v, vi, vii)

2) Unfortunately, we now know that the spike protein is not benign. It causes some of the worst symptoms of COVID-19 disease. The spike protein is a toxin, and the vaccines teach our bodies how to make it. (viii, ix, x, xi, xii, xiii, xiv, xv, xvi, xvii)

3) All currently available COVID-19 vaccines turn our cells into spike protein factories which flood our bodies with spike proteins in concentrations that vary from individual to individual. (xviii, xix, xx)

4) In 2020, it was known that the virus was able to reverse transcribe into our DNA (xxii). Despite claims to the contrary by Pfizer, their vaccine mRNA has now been shown to enter our cell nuclei. Six hours after vaccination, the vaccine begins to weave itself into our DNA, where it can produce toxic spike protein indefinitely. (xxii)

5) Despite claims that the spike protein would be rapidly eliminated, we now know that it is produced in the body indefinitely (xxiii, xxiv, xxv, xxvi). This means that the vaccinated are exposed to its toxic effects for a very long period of time (xxvii).

6) A recent autopsy study revealed that deceased, vaccinated patients had severe pathology to their vital organs caused by the vaccine. The pathologist determined that the vaccine had caused 14 out of 15 of the deaths (xxviii, xxix, xxx). Families in most countries are finding it extremely difficult to convince coroners to conduct full autopsies. The net effect is to obscure evidence of a causal link between the vaccines and death, especially since most of the bodies are soon cremated. I am not alone in finding this concerning.

7) The spike protein seriously damages the lining of our heart and blood vessels (xxxi). It causes microscopic blood clots that prevent the lungs from adequately supplying oxygen to our body. In susceptible individuals, these micro blood clots clump together. This can lead to fatal COVID-19 in all ages, as well as the myocarditis, strokes and heart attacks seen in younger people who receive the vaccine (xxxii, xxxiii, xxxiv, xxxv, xxxvi, xxxvii, xxxviii, xxxix). The majority of these vaccine injuries occur within 48 hours of injection. Around 80% of vaccine deaths occur in the first 14 days after vaccination (xl, xli). For many, the micro clotting may manifest as tiredness and lethargy as the blood loses its oxygen carrying capacity, but each booster shot increases the risk of larger clots forming. Colleagues have remarked on elevated D-dimer findings in vaccinated individuals, which supports this explanation. The fact that no formal studies are being carried out to investigate this makes me concerned.

8) Analysis of the US VAERS database reveals that a small number of batches from each manufacturer were exceptionally toxic, leading to an extremely high number of strokes, heart attacks, severe reactions and deaths when distributed. Pfizer, Moderna and J&J's products all showed excessive batch-to-batch variation, with fluctuations more than 10 times greater than flu vaccines (xlii). At best, this indicates grossly negligent non-compliant manufacturing practice. At worst, malfeasance. The problematic vaccines should have been recalled.

9) The spike protein doesn’t just embed itself into our DNA. It also soaks up the BRCA1 and 53BP1 proteins that are essential to patch up our DNA when it gets damaged by a number of

environmental factors, eg, sunlight and pollution (xliii, xliv)). It is clear that this can only cause degradation of our DNA which will inevitably lead to a number of unpleasant syndromes, including rapid ageing, shortened lifespan, neurological disorders and cancers (xlv, xlvi).

10) The vaccines also force our white blood cells (lymphocytes) to express spike proteins on their surface. This makes them look suspiciously like viruses. Since our CD8 killer T cell lymphocytes are programmed to destroy viruses, they immediately start killing themselves and each other with catastrophic consequences. Our immune system begins to die off (xlvii, xlviii, xlix, l, li). This is likely to result in more frequent and more serious bacterial and viral infections. Some doctors are already describing cases of 'V-AIDS', in which patients have become seriously immune compromised following vaccination. As a physician, I would be more reassured if, instead of the plethora of 'fact checking' articles debunking the existence of V-AIDS, some investigational studies were carried out (lii, liii, liv, lv, lvi, lvii, lviii, lix). Until we get more data, I believe that the only rational approach is to take this worrying anecdotal evidence as a safety signal.

11) Lymphocytes are also responsible for keeping cancers in check. Doctors worldwide are now reporting a huge rise in sudden, aggressive "turbo-cancers" in the vaccinated. Patients in remission are experiencing a resurgence of their cancers after getting vaccinated (lx, lxi, lxii, lxiii, lxiv). In the absence of any official effort to investigate this phenomenon, the only rational response for any physician is to be informed by the mounting anecdotal evidence and treat it as a safety signal.

12) Part of the spike protein, the S1 subunit, appears to have been designed to break off at a point called the 'PRRA polybasic furin cleavage site'. This feature makes it exceptionally good at infecting humans, which does seem to support the gain-of-function lab origin theory. The PRRA sequence has never been seen in any naturally occurring coronavirus, but it does appear in a MODeRNA patent dating from 2016. The chance of a virus naturally mutating to match the sequence in the MODeRNA patent has been calculated as three trillion to one (lxv, lxvi, lxvii).

13) After it breaks off, the S1 subunit is capable of travelling through our spinal cord and up into our brain (lxviii, lxix). We now know that the S1 subunit contains a prion domain that can cause the types of damage to brain cells associated with CJD and dementia (lxx, lxxi, lxxii, lxxiii, lxxiv, lxxv). The prion domain in the SARS-CoV-2 spike protein is not present in other coronaviruses (lxxvi).

14) Humanised mice challenged with the spike protein developed spongiform encephalopathy (CJD), colloquially known as 'mad cow disease' (lxxvii). There have been many reports of sudden onset CJD in the vaccinated (lxxviii, lxxix, lxxx, lxxxi, lxxxii). Coincidentally, there have also been recent reports of BSE in cattle, including one case on a farm in the UK (lxxxiii, lxxxiv, lxxxv, lxxxvi). Interestingly, the EU has just re-legalised the feeding of animal carcasses to livestock (lxxxvii). Oddly, a disproportionate amount of media coverage has been given to this man's strange culinary habits (lxxxviii). I sincerely hope I'm wrong, but I would not be at all surprised to see CJD in the headlines again at some point.

15) Macaque monkeys tested with the spike protein developed Lewy bodies (lxxxix). Lewy body dementia is rapidly progressive, with patients typically dying 5-7 years after diagnosis. There are many reports of sudden onset dementia in people who have had the vaccine.

16) The lipid nanoparticles that envelop the vaccine mRNA are themselves toxic (xci, xcii, xciii, xciv). A Pfizer report to the Japanese government showed that these nanoparticles rapidly accumulated in the spleen, liver and ovaries (xcv). As one colleague recently pointed out, technology is being developed to target LNPs at specific cells in the body. Our spleen, liver and

ovaries are essentially our immune, detoxification and reproductive systems. Again, I find this deeply concerning.

17) Both Pfizer and MODeRNA reports to the EMA showed that infertility doubled in vaccinated rats compared to the control group (xcvi, xcvii). MODeRNA noted that pregnant vaccinated female rats lost fur, suffered swollen hind legs and had limited use of their hind legs. However, MODeRNA didn't consider these effects to be 'adverse' (xcviii). They also noted skeletal abnormalities in pups born to vaccinated rats.

18) The vaccine was designed for the original Wuhan virus. The virus has mutated many times since and the vaccines are now more than two years out of date. The antibodies they produce are highly tailored to the spike protein and are only produced in the blood (xcix). Natural infection produces antibodies in the mucosal membranes, where they are greatly needed. The latest UKHSA data shows that the current crop of COVID-19 vaccines offer little or no protection. As a doctor, I am concerned at the push to 'boost' with these out of date injectables, given that they are adding very little benefit, yet increasing exposure to risk (ci).

19) While researching, I discovered that several experimental coronavirus vaccines were abandoned after it was discovered that they caused Antibody Dependent Enhancement (ADE). The animals in the trials died. The 2020 trials did not check for ADE reactions in humans (cii, ciii, civ, cv, cvi, cvii, cviii). There is evidence that we're seeing ADE with the COVID-19 vaccines. The so-called 'breakthrough cases' being observed in the vaccinated may be a form of ADE (cix).

20) The vaccine doesn't prevent the vaccinated from catching or spreading the virus. Instead, it appears to limit the severity of the disease by suppressing our immune response (cx, cxi). This allows the virus to persist for an unnaturally long time, which creates the perfect environment for it to mutate and evade the vaccines. In effect, every vaccinated person becomes an individual gain-of-function laboratory, harbouring and incubating the virus, potentially causing more deadly vaccine-resistant variants (cxii, cxiii, cxiv, cxv, cxvi, cxvii, cxviii, cxix). Several eminent scientists including Dr Geert Vanden Bossche and Nobel laureate virologist Professor Luc Montagnier have warned that vaccinating indiscriminately in the midst of a pandemic is not a scientifically sound policy. The data out of Israel and the UKHSE appears to be proving them correct.

As you can see, I have a strong argument for my cautious stance on the COVID-19 vaccines. I'm sure you can imagine, it was quite a shock to discover that the vaccine spike protein could cause the above side effects. I initially felt upset that I had been misled as to the safety and efficacy of the vaccine. If a friend, family member or patient expressed similar views, I would have to empathise with them. I know exactly how it feels to realise that you've been injected with an irreversible gene therapy that could potentially cause you acute and long term adverse health problems that you would never have consented to had you been properly informed.

My learning from the above experience is that I recognise the importance of being empathic and open-minded to what my patients tell me. Having had the unnerving experience of finding that magnets stick to my injection site, despite there being no magnetic API, adjuvants or excipients listed on the vaccine ingredients, I have valid and pressing questions for which I have to date received no satisfactory answers. I am not the only person seeking these answers. In a 15th March 2022 letter to a UK Column journalist the RCGP admitted that, "The reason the GP cannot give you long-term information on side effects or the exact ingredients of a vaccine is because that information is not available to them."

Going forward, I will be following the vaccine safety and efficacy data with great interest. I would also like to participate in any studies that might shed a light on the long term effects of the vaccines.

Due diligence — albeit late — is better than none at all. The WHO state that 67% of humanity has already received at least one injection. They expect to reach 70% by midsummer and 75% by the end of 2022. If the COVID-19 vaccines turn out to be another 'thalidomide', there will be no going back.

I look forward to discussing these points with you. I am more than happy to look at additional safety data as it becomes available, so please send anything on that you think I should take a look at. Meanwhile, I will continue to maintain a cautious approach.

Yours sincerely,

Dr David Cartland

References

i - Frances Oldham Kelsey, Wikipedia, https://en.m.wikipedia.org/wiki/Frances_Oldham_Kelsey (accessed April 20 2022)

ii - A. Walls, YJ. Park et al, Structure, Function, and Antigenicity of the SARS-CoV-2 Spike Glycoprotein, Cell, Volume 181, Issue 2, 16 April 2020, Pages 281-292.e6, 16 April 2020, https://www.sciencedirect.com/science/article/pii/S0092867420302622

iii - N. Ramesh, Types of Vaccines, Boston University, October 2020, https://sites.bu.edu/covid-corps/files/2020/10/Types-of-vaccines.pdf (accessed 20 April 2022)

iv - K. Katella, Comparing the COVID-19 Vaccines: How Are They Different? Yale Medicine, 24 February 2021, https://www.yalemedicine.org/news/covid-19-vaccine-comparison

v - The Covid-19 vaccines, The Week, 2 July 2021, https://www.theweek.co.uk/news/science-health/952408/the-coronavirus-vaccines?amp

vi - mRNA Vaccines, Centers for Disease Control and Prevention, updated 24 January 2022, https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html (accessed 20 April 2022)

vii - What are mRNA vaccines and how do they work? NIH MedlinePlus, https://medlineplus.gov/genetics/understanding/therapy/mrnavaccines/ (accessed 20 April 2022)

viii - Viral Vector Vaccines, Centres for Disease Control and Prevention, https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/viralvector.html (accessed 20 April 2022)

ix - T C Theoharides et al, Be aware of SARS-CoV-2 spike protein: There is more than meets the eye, J Biol Regul Homeost Agents, May-Jun 2021;35(3):833-838, https://pubmed.ncbi.nlm.nih.gov/34100279/

x - B. Fernandes et al, Toxicity of spike fragments SARS-CoV-2 S protein for zebrafish: A tool to study its hazardous for human health? Science of The Total Environment, Vol 813, 21 December, 2021, https://www.sciencedirect.com/science/article/pii/S0048969721074222

xi - Rhea, E.M., Logsdon, A.F., Hansen, K.M. et al. The S1 protein of SARS-CoV-2 crosses the blood–brain barrier in mice. Nat Neurosci 24, 368–378 (2021), 16 December 2020, https://www.nature.com/articles/s41593-020-00771-8

xiii - I. Charlie-Silva et al, Toxicological insights of Spike fragments SARS-CoV-2 by exposure environment: A threat to aquatic health? Journal of Hazardous Materials, Volume 419, 25 June, 2021, https://www.sciencedirect.com/science/article/pii/S030438942101428X

xiv - Eun Seon Kim et al, Spike Proteins of SARS-CoV-2 Induce Pathological Changes in Molecular Delivery and Metabolic Function in the Brain Endothelial Cells, Viruses, 13(10), 2021, 8 October 2021, https://www.mdpi.com/1999-4915/13/10/2021/htm

xv - Hui Jiang and Ya-Fang Mei, SARS–CoV–2 Spike Impairs DNA Damage Repair and Inhibits V(D)J Recombination In Vitro, Viruses 2021, 13(10), 2056, 13 October, 2021, https://www.mdpi.com/1999-4915/13/10/2056

xvi - Yuyang Lei et al, SARS-CoV-2 Spike Protein Impairs Endothelial Function via Downregulation of ACE 2, Circulation Research. 2021;128:1323–1326, 31 March 2021, https://www.ahajournals.org/doi/10.1161/CIRCRESAHA.121.318902

xvii - Medical Panel with Dr Byram Bridle, Professor of Viral Immunology, University of Guelph, Excerpt:

Source: https://trialsitenews.com/covid-19-expert-panel-the-path-forward-for-canadians-trialsite-webinar/ (accessed 20 April 2022)

xviii - A. Mogata, A. Maley et al, Ultra-Sensitive Serial Profiling of SARS-CoV-2 Antigens and Antibodies in Plasma to Understand Disease Progression in COVID-19 Patients with Severe Disease, Clinical Chemistry, Volume 66, Issue 12, December 2020, Pages 1562–1572, 30 November 2020, https://academic.oup.com/clinchem/article/66/12/1562/5902449

xix - R. Sender, Y. Bar-On et al, The total number and mass of SARS-CoV-2 virions in an infected person, MedRXiv, 17 November 2020, https://www.medrxiv.org/content/10.1101/2020.11.16.20232009v1

xx - M. Scudellari, How the coronavirus infects cells — and why Delta is so dangerous, Nature, 28 July 2021, https://www.nature.com/articles/d41586-021-02039-y

xxi - L Zhang, A Richards et al, SARS-CoV-2 RNA reverse-transcribed and integrated into the human genome, bioRxiv, 13 December, 2020, https://www.biorxiv.org/content/10.1101/2020.12.12.422516v1

xxii - M. Alden, F. Falla et al, Intracellular Reverse Transcription of Pfizer BioNTech COVID-19 mRNA Vaccine BNT162b2 In Vitro in Human Liver Cell Line, Curr. Issues Mol. Biol. 2022, 44(3), 1115-1126, 25 February 2022, https://www.mdpi.com/1467-3045/44/3/73/htm

xxiii - B. Patterson, E. Francisco et al, Persistence of SARS CoV-2 S1 Protein in CD16+ Monocytes in Post-Acute Sequelae of COVID-19 (PASC) up to 15 Months Post-Infection, Front. Immunol., 10 January 2022, https://www.frontiersin.org/articles/10.3389/fimmu.2021.746021/full

xxiv - Michael Palmer, MD and Sucharit Bhakdi, MD, Long-term persistence of the SARS-CoV-2 spike protein: evidence and implications, Doctors for COVID Ethics, 21 December 2021,

https://doctors4covidethics.org/long-term-persistence-of-the-sars-cov-2-spike-protein-evidence-and-implications-2/ (accessed 20 April 2022)

xxv - Sandhya Bansal et al, Cutting Edge: Circulating Exosomes with COVID Spike Protein Are Induced by BNT162b2 (Pfizer-BioNTech) Vaccination prior to Development of Antibodies: A Novel Mechanism for Immune Activation by mRNA Vaccines, J Immunol. 2021 Nov 15; 207(10): 2405-2410 https://pubmed.ncbi.nlm.nih.gov/34654691/

xxvi - K. Roltgen, S. Nielsen et al, Immune imprinting, breadth of variant recognition, and germinal center response in human SARS-CoV-2 infection and vaccination, Cell, Volume 185, issue 6, p1025-1040, 24 January 2022, https://www.cell.com/cell/fulltext/S0092-8674(22)00076-9

xxvii - Paul Alexander, MD, Spike protein and components (S1 subunit) found 15 months in the blood after infection, suggestive of same for those vaccinated; can be catastrophic and was NOT studied by Pfizer or imposed by FDA, 12 December 2021,
Alexander COVID News-Dr. Paul Elias Alexander's Newsletter
Spike protein and components (S1 subunit) found 15 months in the blood after infection, suggestive of same for those vaccinated; can be catastrophic and was NOT studied by Pfizer or imposed by FDA
Chronic COVID-19 symptoms (long COVID or Post-Acute Sequelae of COVID-19 (PASC)) have emerged in as many as 30% of infected persons. Researchers continue to search for the etiology but it is widely accepted that there are residual symptoms post COVID…
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(accessed 20 April 2022)

xxviii - S. Bhakdi MD and A. Burkhardt MD, On COVID vaccines: why they cannot work, and irrefutable evidence of their causative role in deaths after vaccination, Doctors for COVID Ethics, 10 December 2021, https://doctors4covidethics.org/wp-content/uploads/2021/12/end-covax.pdf

xxix - Doctors for Covid Ethics: An Interdisciplinary Symposium II - Sounding the Call, UK Column, 10 December 2021, https://rumble.com/vqj9mh-doctors-for-covid-ethics-an-interdisciplinary-symposium-ii-sounding-the-cal.html (20m58s) (accessed 20 April 2022)

xxx - S. Bhakdi, MD, Organs of Dead Vaccinated Prove Autoimmune Attack, 22 December 2021, https://www.bitchute.com/video/fHIT55iM4Zv9/

xxxi - Yuyang Lei et al, SARS-CoV-2 Spike Protein Impairs Endothelial Function via Downregulation of ACE 2, Circulation Research. 2021;128:1323–1326, 31 March 2021, https://www.ahajournals.org/doi/10.1161/CIRCRESAHA.121.318902

xxxii - H Merchant, Covid-19 vaccines: In the rush for regulatory approval, do we need more data? BMJ 2021;373:n1244, 18 May 2021, https://www.bmj.com/content/373/bmj.n1244/rr-10

xxxiii - M. Oster, D. Shay et al, Myocarditis Cases Reported After mRNA-Based COVID-19 Vaccination in the US From December 2020 to August 2021, JAMA. 2022;327(4):331-340., 25 January 2022, https://jamanetwork.com/journals/jama/fullarticle/2788346

xxxiv - Y. Rabinovitz, New study: 133x risk of myocarditis after COVID vaccination, Israel National News, 27 January 2022, https://www.israelnationalnews.com/news/321238 (accessed 20 April 2022)

xxxv - J. Rose and P. McCullough, A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products, Current Problems in Cardiology, 1 October 2021, https://web.archive.org/web/20211007022704/https://www.sciencedirect.com/science/article/pii/S0146280621002267 [ARCHIVED]

xxxvi - S. Kirsch, How Elsevier manipulates peer-reviewed science to match the narrative, 4 October 2021,