

How to Save Your Life and Those You Love When Hospitalized

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by [Dr. Joseph Mercola](#)

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Story-at-a-Glance

- Laura Bartlett and Greta Crawford have founded an organization to address the forced treatments patients receive when they're hospitalized for COVID-19, but the same strategy can be used to protect yourself against other medical hazards as well
- The Caregivers and Consent document they created is an "advance decision" document. So, the moment you enter the hospital, the hospital staff know what they can and cannot do to you; they are legally required to respect your current care decisions. And unlike an Advance Directive (which only kicks in when you are incapacitated) the Caregivers and Consent document goes into effect immediately
- It's important to complete and notarize your Caregivers and Consent document BEFORE you ever need to go to the hospital
- Make sure you send the completed, signed and notarized document to the CEO of the hospital in two ways: (1) via a professional courier (one that specializes in delivering legal documents); and (2) via the Postal system with certified mail, return receipt requested.

The CEO is responsible for all legal business relating to the hospital, including the medical records, so the CEO, not your attending physician, is the one whose responsibility it is to get your consent document entered into your electronic medical record

- Make at least 10 copies of the signed, notarized document and keep one copy on your person, in case you ever have an accident or acute illness requiring hospitalization. Also provide copies to the attending physician and nurse once hospitalized
- Also, should you become hospitalized (and therefore unable to personally send the document to the CEO), designate a family member or friend to send your Caregivers and Consent document on your behalf. Additional recommendations to ensure your safety are included

In this interview, Laura Bartlett and Greta Crawford detail how you can protect yourself from one of the top contributors to premature death, namely conventional hospital care. The key here is to understand what the dangers are and take proactive measures to guard yourself and your family from them.

Nearly 10 years ago, I interviewed Dr. Andrew Saul, author of "Hospitals and Health: Your Orthomolecular Guide to a Shorter, Safer Hospital Stay," in which he details how to minimize your risk of being a victim of a medical error.

First and foremost, Saul recommended making sure you have a patient advocate, someone who can speak on your behalf if you're incapacitated and make sure you're receiving the correct medication and treatment. During COVID, however, family or friends were not allowed into the hospital, and patients were routinely bullied into treatments they did not want or consent to.

The good news is, Bartlett and Crawford have developed a legal document that, when served to the hospital in the proper way,

can ensure that your medical wishes are honored. By eliminating any confusion about your consent (or denial of consent), this document can literally save your life.

Why ProtocolKills.com Was Created

Bartlett and Crawford have founded an organization to address the lethal and, in many cases, forced treatments patients receive when they're hospitalized for COVID-19, but the same strategy can be used to protect yourself against other medical hazards as well. Crawford explains:

"I created a website called ProtocolKills.com. This came after I was in the hospital with COVID. In the process of going to the hospital, I was denied informed consent and was completely unaware of some of the things they were doing to me. I was given five rounds of remdesivir, which nearly took my life, and I did not even know that I was being poisoned at the time ...

During that time in the hospital, I went from thinking I was going to go home after I got oxygen to actually feeling like that I was going to die. I was almost certain I was going to die after being given just the first dose of remdesivir ...

[And then there was] the constant push for the vaccine in the hospital, the harassment for not getting vaxxed, and the fact that I was given medication without my knowledge at all, which led me to start the website to not only inform people about what was going on, but [as] a platform to allow other victims who were not as fortunate as me.

Many of them, the majority of them, did not make it out alive. So, it's a platform for them to share their story. We have over 250 stories on there about what they faced in the hospital. We really wanted to get this information out there to the public, but we also wanted to give a solution, not

just to scare people. And that's where I ended up meeting Laura."

National Hospital Hostage Hotline to the Rescue

Bartlett continues:

"Before I met Greta at the beginning of COVID, in early 2020, I started helping my brother, Dr. Richard Bartlett, who had a protocol utilizing inhaled budesonide steroid as part of his protocol to treat COVID early. We also found it very effective once people were in the hospital to help reverse [the infectious process] and also the scarring and the inflammation of the lungs.

There are instances where it even helped people who were on ventilators as long as 30 days come off the ventilator and go home. So, I was helping him get that message out in early 2020. I'm not a doctor. I'm not a nurse. I'm just somebody who could help get that known around the world. My background is in media PR ...

In the process, people who knew my brother, knew me, started reaching out to both of us with stories that they were in the hospital and they were having a hard time getting the doctor to respect their right to informed consent. It was an overwhelming number of instances where people just felt like they were being bullied or coerced, that their right to try budesonide, for instance, was just dismissed.

And it was almost as if informed consent didn't exist. But in fact, it never went away. Even during the COVID shielding for hospitals, informed consent between the doctor and the patient never went away. You always had the right to informed consent.

So that's where my work started. In the process, since there were so many people reaching out for help, I thought, 'Well, why doesn't somebody come up with a way for people to quickly access some information of what their rights are and their patient rights?'

So, I started a nationwide hotline, called the [Hospital Hostage Hotline](#) [call or text 888-c19-emergency, or 888-219-3637]. It's still in effect. I still get calls from all over the country. And I've been able to help people who went in even for non-COVID reasons like a urinary tract infection that was [also] diagnosed as COVID, and they were being pushed towards a protocol and told they couldn't leave the hospital.

They needed to know they could, that they always had the right to leave AMA – Against Medical Advice – if that's what they chose. They also have the right to either consent or not consent to things and it should be respected. I realized that one of the biggest tools for getting that informed consent notice to the doctor was not to just verbally say it, but to have it in writing. These aren't my original ideas.

I actually had a hospital insider reach out ... somebody who had been in the system and knew how to navigate the system at a high level in administration, give me some tips and tools on how to navigate the hospital system to make sure that informed consent was not only documented and delivered effectively to get into the electronic medical record, but also, what their basic patient rights were and how to advocate for them."

You Have the Right to Leave

One drawback of signing an AMA is that insurance won't pay for your treatment. That threat will often keep patients in the

hospital because they'll have to pay out of pocket. So, it can be used against you.

"Profit has been a big factor in a lot of suffering," Bartlett says. "Patients were afraid to leave because they were told, like in the instance of a gentleman that I was helping in New Jersey who went in for a urinary tract infection.

He was an elderly man. This was early 2020. They quickly tested him for COVID and started him on that road towards a ventilator. And they told him flat out, 'If you leave, none of this will be covered by insurance.' So that was a big factor."

Hospitals may also misinform you about your AMA rights, as we've seen repeatedly during COVID. More often than not, the hospital's reluctance to release a patient has to do with protecting its revenues. Bartlett offers the following story to illustrate:

"Somebody that I was helping advocate for said the doctor actually said to them, 'You cannot leave.' This person was 15 or 16 days into their COVID diagnosis and they were feeling better. They were likely not COVID positive ...

That's where the name of the hotline came from. They actually felt like hostages. That's what they were reporting to me. 'I feel like I'm held prisoner.' But in fact, they always had the right to leave a hospital whenever they chose to. It's not up to the doctor when they can leave. They have to make that medical choice for themselves, whether or not they feel like they can leave."

A Novel Consent Document That Can Save Your Life

Patients clearly need a way to put themselves back in the driver's seat, and the novel medical consent document Bartlett and Crawford created, available on [OurPatientRights.com](https://www.ourpatientrights.com), is the most powerful way I've seen so far to do that. As explained by Bartlett:

"What we learned from this whole ordeal over the last couple of years is that there was a need for a novel document that did not exist, to our knowledge, that covers your written consent. A document that documents your current consent, not an advance directive that kicks in after you're incapacitated.

Before you go into the hospital, write down your consent wishes so that everybody involved in your care within the hospital will have eyes on it because it's put into your electronic medical record. It's notarized. It's signed before you go in. That's the key. So do it while you have full capacity.

It's a novel strategy. I'm so grateful to the hospital insider who saw the problem and helped us navigate the system, so that we have an insider's perspective on how to do this to keep people safe."

As noted by Crawford, while COVID-19 may seem like a distant memory, people are still being hospitalized and diagnosed with COVID, and are being held hostage by a hostile medical system seemingly intent on milking them for all their worth, until death, if need be.

This is where filing a written medical consent form can help save your life. No doctor can override your written decision (consent) declining certain medications or treatments. Verbal communication is not enough. It must be in writing, notarized and delivered in a manner that formally serves the hospital

and puts their physicians on notice.

General Consent Vs. Specific Consent

As explained by Bartlett, when you enter a hospital, you must sign a general consent authorization form. This is basically a contract between you and the hospital. Since you have bodily autonomy, they need your consent before they can do anything to you.

Typically, the general consent form authorizes hospital staff to test, treat and care for you in whatever way they see fit – and when a patient signs the general consent authorization, physicians feel justified that they can implement a hospital protocol without further explaining the risks, benefits or alternatives of that protocol to the patient.

Now, if you're well enough to read the entire document, and see something in there that you don't agree with, you can strike the sentence or paragraph and initial it, to indicate that you do not consent to that specific detail. However, that still doesn't offer you much protection.

What you need is a much more specific document where you detail the types of treatments you consent to and the ones you don't. You need to carve out a niche from the general consent form that specifies exactly what you do (and do not) consent to. And you need to be clear. Fortunately, the Caregivers and Consent document carves out that niche to communicate clearly to all physicians your exact consent wishes.

"You need a written consent document that, in addition to just the general consent, is a contract between you and the doctor, so he knows, he's put on notice, what it is that you absolutely do not consent to. For instance, a COVID injection, if that's your wishes," Bartlett explains.

"They have a code of ethics, the American Medical Association guidance to physicians, per the ethics opinion 2.1.1, that

when the patient surrogate has provided specific written consent, the consent form should be included in the record. This is key. Write it down. You don't need an attorney. You don't need any fancy training. You don't need to be a doctor, don't need to be a nurse.

You can write it down, and then, when you deliver it in our specific way – and it's very important how you deliver it – it gets put into the electronic medical record for everybody to see. Now you've got receipts, that if you do something against consent, it's intentional. OK?

So, here's the website you can find a template for that.

It's called OurPatientRights.com.

What you'll see there are two PDF documents. [On one of the PDFs there are two pages.] One is the actual template, the other one is instructions on how to deliver it. And you can edit the document by the way. You can write your own. It's just a template. But there's also very specific instructions on how you are going to deliver this so it's not disregarded.

Here's what you're going to see in the document. 'I [your name] advise all physicians, nurses, and other caregivers that this Caregivers and Consent document reflects my current wishes for my care and are carefully planned and intentional wishes.' That's very important because it's current. It's not going to kick in when I'm incapacitated."

Your Written Consent Must Be Respected

Advance medical directives don't kick in until or unless you're incapacitated, so that's another completely different kind of document reflecting current consent wishes. What Bartlett and Crawford have created is an "advance decision" document. So, the moment you enter the hospital, they know

what they can and cannot do to you. And, they are legally required to respect your written directives. The following section of the document reads:

“Receipt of this Caregivers and Consent document by the hospital serves as notice that I will report to the Medical Board any physician who violates my carefully planned and intentional wishes that are based upon my deeply held religious and spiritual beliefs and are delineated within this Caregivers and Consent document.”

This puts the doctor on notice. This isn't a threat. It's merely a factual statement that if anyone goes against your wishes, they're intentionally disregarding your consent. Once it's in your electronic medical record, they can't say they didn't know that you did not consent to a specific test, drug, vaccine or procedure. So, ignoring your written consent is then actually a criminal offense akin to assault and battery. It's also medical malpractice.

“Let me tell you, there are good physicians and they are clamoring for something like this,” Bartlett says. “They are thankful there is something they can use to push back against administration and say, ‘I’m not going to violate this person’s written consent. I’m not going to do this to this person ...’

With these documents, if you are blatantly refusing to honor a patient’s wishes and religious beliefs, and you’re doing it against these documented legal forms, then you risk losing your license altogether as a physician and never working in medicine again ...

But you need it in writing ... and it needs to be served in a very specific way. You need to do this before you ever go to the hospital. Have it handy in case you get yourself into a

predicament, like a multi-car pileup on the highway and an ambulance transports you to the hospital. The time to have this done is before there's a problem."

The document also specifies that "All items in this Caregivers and Consent document shall remain in effect unless I choose to revoke in writing; no one else may alter or amend this Caregivers and Consent document." So there can be no misunderstanding. Your doctor or nurse cannot claim you gave implied consent because you mumbled something incoherent in your sleep. In other words, if you didn't change your consent wishes in writing, you didn't change your consent wishes. Period.

What's in the Caregivers and Consent Document Template

As mentioned, you can customize your Caregivers and Consent document any way you like. But to give people a starting point, the template, available on [OurPatientRights.com](https://www.ourpatientrights.com), includes things like:

- "I do not consent to the use of medications without my being informed of each medication's risks, benefits and alternatives before they are ordered. Only after that information is communicated shall I choose to either grant consent or to not grant consent for each and every medication that is ordered."
- "I do not consent to receiving any vaccine or booster for COVID-19 or COVID-19 variant."
- "I do not consent to receiving the seasonal flu vaccine."
- "I request and consent to the use of 1 mg of budesonide via nebulizer every 4 to 6 hours for COVID-19 or COVID-19 variant diagnosis with respiratory issues."

If you want to, you could change the verbiage to state that you do not consent to ANY vaccine. If you have allergies, add that to the list. Personally, I would recommend adding the

following dietary notice:

- “I do not consent to receiving ANY processed food, such as high-fructose corn syrup or seed oils. The only acceptable oil for me is butter, ghee, beef tallow or coconut oil. Acceptable forms of protein would be eggs, lamb, bison, beef or non-farmed seafood; but they must not be prepared with seed oils. If the hospital is unable to provide this food for me, my family or friends will bring it for me.
- Additionally, I do not consent to not being able to take my normal supplements while in the hospital.”

I would strongly recommend that you integrate this additional clause because it's a stealth form of abuse. These kinds of foods can only impair your effort to get well, no matter what your problem is. You may also want to add a notice saying you do not consent to receive blood donations from COVID-19 vaccinated donors, and that all blood donations must be from donors confirmed to have not received any COVID-19 vaccines.

Important: Follow Proper Procedure!

As mentioned multiple times in this interview, it's crucial to follow the proper procedure. Here's a summary of the necessary steps:

1. Complete your customized and personalized Caregivers and Consent form BEFORE you ever need to go to the hospital.
2. Get the form notarized. Make sure you sign the form in front of the notary.
3. Send the completed, signed, notarized form to the CEO of the hospital in two ways: (1) via a professional courier (one that specializes in delivering legal documents); and (2) via the Postal system with certified mail, return receipt requested.

The CEO is responsible for all legal business relating to the hospital, including the medical records, so the CEO, not your

attending physician, is the one whose responsibility it is to get your consent forms entered into your electronic medical record.

4. Make at least 10 copies of the signed, notarized form and keep one copy on your person or in your wallet or purse, and another in the glove compartment of your car, in case you ever have an accident. Also provide copies to family or friends. If you happen to be hospitalized before you've had the chance to send the documents, have one of them follow the delivery procedure outlined on the General Instructions form.

5. Once you're hospitalized, you or one of your contacts will give one copy to your attending physician and another to your nurse, and inform them that this document is already in your electronic medical record, or that the hospital will be served the documents shortly. Distribute additional copies to other care providers as needed.

6. Also, upon hospitalization, request to see your electronic medical record to make sure your Caregivers and Consent form has been entered. It is your right to see your electronic medical record, and it's available through an online portal, so don't let anyone tell you otherwise.

Also routinely check your medical record (or have your patient advocate do it for you) to make sure your wishes are being followed and that you're not being given something you've denied consent for.

Crawford notes:

"What we've experienced using these documents is a complete change in the attending physician, from being aggressive and maybe trying to push you, to being very helpful and efficient. Once they receive these documents, they just do a 180. As a matter of fact, one patient's brother told me he's getting treated better than he's ever been treated at a hospital before."

Again, having this document in your medical record virtually guarantees that they cannot harm you by doing something you don't agree with. Of course, some psychopath might ignore your directives, but they'll have to pay a hefty price, as they're guaranteed to lose a malpractice suit and be stripped of their medical license. The legal consequences are so severe that the person doing it would have to be beyond irrational.

Keep in mind that while you can request and consent to certain treatments, such as ivermectin, for example, this document CANNOT force your doctor or hospital to use that treatment. They can still refuse to administer something you've consented to.

They cannot, however, administer something that you've declined consent for. The ace up your sleeve at that point is that you can still sign out AMA (against medical advice), get out alive, and seek desired treatment elsewhere. Getting out alive is the key goal.

More Information

Again, here are the three resources created by Bartlett and Crawford:

- ProtocolKills.com – Here you can find a hospital protocol for COVID, information about remdesivir, patient rights information, alternative health care options and patient testimonies
- OurPatientRights.com – Here you can download the template for the Caregivers and Consent document and general instructions
- [Hospital Hostage Hotline](http://HospitalHostageHotline.com) – Call or text 888-c19-emergency, or 888-219-3637

In closing, please share this information with everyone you know. Bring it to your church, synagogue and local community groups. Everyone needs to know they can secure their patient right to informed consent and how to do it so that their

wishes cannot be ignored. This is the most effective way to empower yourself when it comes to your medical care. So please, help spread the word.

[Connect with Dr. Joseph Mercola](#)

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The Right to Be Let Alone: When the Government Wants to Know ALL Your Business

[The Right to Be Let Alone: When the Government Wants to Know ALL Your Business](#)

by [John & Nisha Whitehead](#), [The Rutherford Institute](#)

March 7, 2023

“Experience teaches us to be most on our guard to protect liberty when the government’s purposes are beneficent.”

–Supreme Court Justice Louis D. Brandeis

There was a time when the census was just a head count.

That is no longer the case.

The [American Community Survey](#) (ACS), sent to about 3.5 million homes every year, is the byproduct of a government that

believes it has the right to know all of your personal business.

If you haven't already received an ACS, it's just a matter of time.

A far cry from the traditional census, which is limited to ascertaining the number of persons living in each dwelling, their ages and ethnicities, the ownership of the dwelling and telephone numbers, the ACS contains some of the most detailed and intrusive questions ever put forth in a census questionnaire.

At 28 pages (with an additional 16-page instruction packet), these questions concern matters that the government simply has no business knowing, including questions relating to respondents' bathing habits, home utility costs, fertility, marital history, work commute, mortgage, and health insurance, among other highly personal and private matters.

For instance, the ACS asks how many persons live in your home, along with their names and detailed information about them such as their relationship to you, marital status, race and their physical, mental and emotional problems, etc. The survey also asks how many bedrooms and bathrooms you have in your house, along with the fuel used to heat your home, the cost of electricity, what type of mortgage you have and monthly mortgage payments, property taxes and so on.

And then the survey drills down even deeper.

The survey demands to know how many days you were sick last year, how many automobiles you own and the number of miles driven, whether you have trouble getting up the stairs, and what time you leave for work every morning, along with highly detailed inquiries about your financial affairs. And the survey demands that you violate the privacy of others by supplying the names and addresses of your friends, relatives and employer.

The questionnaire also demands that you give other information on the people in your home, such as their educational levels, how many years of school were completed, what languages they speak and when they last worked at a job, among other things.

Individuals who receive the ACS must complete it or be subject to monetary penalties.

Although no reports have surfaced of individuals actually being penalized for refusing to answer the survey, the potential fines that can be levied for refusing to participate in the ACS are staggering. For every question not answered, there is a \$100 fine. And for every intentionally false response to a question, the fine is \$500. Therefore, if a person representing a two-person household refused to fill out any questions or simply answered nonsensically, the total fines could range from upwards of \$10,000 and \$50,000 for noncompliance.

While some of the ACS' questions may seem fairly routine, the real danger is in not knowing why the information is needed, how it will be used by the government or with whom it will be shared.

In an age when the government has significant technological resources at its disposal to not only carry out warrantless surveillance on American citizens but also to harvest and mine that data for its own dubious purposes, whether it be crime-mapping or profiling based on whatever criteria the government wants to use to target and segregate the populace, the potential for abuse is grave.

As such, the ACS qualifies as a government program whose purpose, while sold to the public as routine and benign, raises significant constitutional concerns.

[The Rutherford Institute](#) has received hundreds of inquiries from individuals who have received the ACS and are not comfortable sharing such private, intimate details with the

government or are unsettled by the aggressive tactics utilized by Census Bureau agents seeking to compel responses to ACS questions.

The following Q&A is provided as a [resource](#) to those who want to better understand their rights in respect to the ACS.

Q: What kind of questions are contained in the ACS?

A: The ACS contains questions that go far beyond typical census questions about the number of individuals within the household and their age, race, and sex. The survey combines intrusive questions with highly detailed inquiries about your financial affairs. Furthermore, the questionnaire also demands that recipients provide information about their family and other people in their home, such as their educational levels, how many years of school were completed, what languages they speak, when they last worked at a job, and when occupants of your home are away from the house.

Q: How will this information be used?

A: The Census Bureau states that information from this survey is used to assist a wide variety of entities, from federal, state and local governments to private corporations, nonprofit organizations, researchers and public advocacy groups. The Bureau lists 35 different categories of questions on its website and offers an explanation on how the information is to be used. For 12 of those categories, the information is used to assist private corporations. For another 22, the information is used to aid advocacy groups, and in nine of those cases, the Census Bureau states that the responses will be used by advocacy groups to “advocate for policies that benefit their groups,” including advocacy based on age, race, sex, and marital status. Thus, information obtained through the ACS is not simply used to inform government policy in a neutral manner, but is also being provided to private actors for the purpose of promoting corporate and/or political

agendas.

One concern raised by the Brookings Institute is the use of ACS information by law enforcement for “crime mapping,” a surveillance tool used to predict crime and preemptively target certain neighborhoods for policing. It is “most effective” when “analysts can see the relationship between various types of criminal incidents (e.g., homicides, drug dealing) and neighborhood characteristics (risk factors such as poverty, population density, and vacant housing), pinpoint where crimes are most likely to occur (hot spots), and focus police resources accordingly.” The Brookings Institute notes that because the ACS provides data every year, rather than every ten years, crime mapping is more effective and cheaper.

Q: Are my responses kept confidential?

A: While the Census Bureau claims that an individual’s information will be kept strictly confidential, it does require a recipient to put their name on the survey, ostensibly for the purpose of asking follow-up questions in the event of missing or incomplete answers. This means your answers could be linked to you even if it is forbidden by law to share your individual responses.

Q: Am I required by law to fully complete the American Community Survey?

A: Federal law makes it mandatory to answer all questions on the ACS. A refusal to answer any question on the ACS or giving an intentionally false answer is a federal offense. The Census Bureau also maintains that responding to the ACS is mandatory and that recipients are legally obligated to answer all questions.

Q: Is there a penalty for refusing to answer American Community Survey questions?

A: The law requiring answers to the ACS also provides that a

person who fails to answer “shall be fined not more than \$100.” The actual fine for a refusal to complete the ACS could be much greater because a failure to respond to certain ACS questions could be considered a separate offense subject to the \$100 fine.

Q: Has the government prosecuted persons for refusing to answer the American Community Survey?

A: While The Rutherford Institute has been made aware of Census Bureau agents engaging in harassing tactics and threatening behavior, to date, we are unaware of the Census Bureau having levied any financial penalties for non-compliance with the ACS. However, a refusal to answer the survey violates the letter of the law and a prosecution might be brought if the government decides to adopt a policy to do so.

Q: How does the Census Bureau typically ensure that people complete the survey?

A: Those who do not answer the ACS risk repeated overtures—by mail, by phone and in person—from Census Bureau employees seeking to compel a response. Typically, the Census Bureau will telephone those who do not respond to the survey and may visit their homes to coerce the targets to respond.

The Census Bureau boasts a 97% response rate to the survey via these methods, but critics argue this constitutes harassment. One recipient who did complete the survey but whose answers were misplaced by the Census Bureau wrote about his experience. First, a Census Bureau employee left a note at his apartment asking him to contact her. When he did, the employee asked him to allow her into his home. When he refused, the employee “turned up twice unannounced at my apartment, demanding entry, and warning me of the fines I would face if I didn’t cooperate.” Only after he filed a complaint with the Census Bureau did the agency realize he had actually completed

the survey, thus ending its attempts to enter his home.

Q: Is this an unconstitutional invasion of privacy?

A: There are significant and legitimate questions concerning the authority of the government to require, under threat of prosecution and penalty, that persons answer questions posed by the ACS. The ACS is not part of the enumeration required by Article I of the Constitution, and that constitutional provision only applies to a census for purposes of counting the number of people in each state. As noted, the ACS seeks much more information than the number of persons in a household.

In other contexts, the U.S. Supreme Court has ruled that citizens have no obligation to answer questions posed by the government and are free to refuse to do so. This same principle could apply to questions posed by ACS agents. However, because the government has not brought a prosecution for a refusal to respond to the ACS, the question of a person's right to refuse has not yet been decided by a court.

Q: What are my options for objecting to the ACS survey as an intrusion on my Fourth Amendment rights?

A: If you receive notice that you have been targeted to respond to the ACS and you desire to assert your right of privacy, you can voice those objections and your intent not to respond to the ACS by writing a letter to the Census Bureau. The Rutherford Institute has [developed a form letter](#) that you may use in standing up against the government's attempt to force you to disclose personal information.

If you are contacted by Census Bureau employees, either by telephone or in person, demanding your response, you can assert your rights by politely, but firmly, informing the employee that you believe the ACS is an improper invasion of your privacy, that you do not intend to respond and that they should not attempt to contact you again. Be sure to document

any interactions you have with Bureau representatives for your own files.

If you believe you are being unduly harassed by a Census Bureau employee, either by telephone or in person, it is in your best interest to carefully document the time, place and manner of the incidents and file a complaint with the U.S. Census Bureau.

Remember, nothing is ever as simple or as straightforward as the government claims.

As I make clear in my book [*Battlefield America: The War on the American People*](#) and in its fictional counterpart [*The Erik Blair Diaries*](#), any attempt by the government to encroach upon the citizenry's privacy rights or establish a system by which the populace can be targeted, tracked and singled out must be met with extreme caution.

While government agents can approach, speak to and even question citizens without violating the Fourth Amendment, Americans should jealously guard what Supreme Court Justice Louis Brandeis referred to as the constitutional "right to be let alone."

[**Connect with The Rutherford Institute**](#)

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10 PayPal Alternatives – For

Privacy or Free Speech

[10 PayPal Alternatives – For Privacy or Free Speech](#)

by [Tom Parker](#), *Reclaim the Net*

sourced from [Activist Post](#)

October 18, 2022

As digital payments have become increasingly popular, many of the largest companies in this sector have used their dominant position to [censor users](#), [harvest their private financial data](#), and [threaten them with huge fines](#) if they violate vague and subjective rules.

Here are some alternative payment services that promote freedom, reject censorship, and/or have privacy-preserving features:

GabPay

A person-to-person payments network from the free speech software company [Gab](#).

Gab uses the First Amendment of the United States (US) Constitution to guide its content moderation and describes GabPay as a solution that “allows you to spend your processing dollars with companies who share your values rather than major monopolies who’ve hijacked our payment processing sectors.”

With GabPay, users can instantly transfer money from supported bank accounts to anyone with a cell phone or email address. Funds can be quickly transferred from a bank into a GabPay account and this GabPay balance can be used to make payments. Users can also withdraw their GabPay balance to supported bank accounts.

GabPay supports both consumer and merchant accounts. GabPay

says its merchant accounts allow businesses to “accept payments without the fear of charge backs, indefinite holds, or reprisals for political beliefs.” Merchant accounts can also integrate with many e-commerce, membership, and website-building platforms.

GabPay also offers vanity addresses which let users create an easy-to-remember link to their GabPay account.

GabPay’s fees are competitive and flexible. The service charges 1.9% + \$0.15 per transaction which is lower than both Stripe (which [charges](#) 2.9% + \$0.30 per transaction) and [PayPal](#) (which [charges](#) between 1.9% and 3.49% + \$0.49 for most transaction). When making a payment, users can choose whether they pay the fee, the other party pays the fee, or the fee is split equally between both parties.

You can sign up for Gab Pay [here](#).

GloriFi

An “unapologetically pro-America, pro-freedom, pro-capitalism” financial lifestyle app that offers credit cards, banking, and loyalty rewards.

GloriFi supports the US Bill of Rights and says it’s “non-negotiable.” GloriFi opposes “the corporate elite telling you how to think,” “woke companies,” and “big government” and describes its app as “a financial lifestyle app designed for We the People.”

Users can access GloriFi’s services via its mobile app which can be used to open accounts, apply for cards, monitor spending, and track loyalty rewards.

The company offers credit cards in several designs including a design that’s made from brass. These credit cards offer up to 2% in loyalty points with every purchase along with other merchant-specific rewards. Users can redeem loyalty points for cash and other rewards or award them to a law enforcement charity.

In the future, GloriFi plans to offer additional financial services including certificate of deposits (CDs), mortgages, and insurance.

GloriFi charges an annual fee on some of its credit cards. It also charges a balance transfer fee of the greater of either \$5 or 3% per transaction and a cash advance fee of the greater of either \$10 or 5% per transaction. Additionally, some of GloriFi's cards charge a 3% fee on foreign transactions.

You can sign up for GloriFi [here](#).

Second Amendment Processing

A veteran-owned and operated payment processing company that supports "American standards and values" and stands for "capitalism, free speech, and our children's education." It donates 20% of its fee profits to organizations that help protect Second Amendment rights.

Second Amendment Processing has vowed to fight for the rights of businesses that are blocked by other financial institutions and merchant processors for selling firearms legally or expressing opposing political ideologies. It believes that every American business owner has the right to run their business "how they see fit regardless of ideologies or agendas."

Second Amendment Processing can process credit and debit card payments. It offers PayFac as a service, point of sale processing, mobile payment processing, online e-commerce processing, and desktop terminal processing. It also has partnerships with dozens of like-minded banks and financial institutions.

Its processing fees range from 1.5% to 2.9% for swiped cards and 3.5% for keyed-in transactions. The rate is influenced by the card network, card provider, processing volume, and type of business. However, Second Amendment Processing says it will

guarantee users “the absolute best rates possible.”

You can sign up for Second Amendment Processing [here](#).

Parallel Economy

A “censor resistant” payment processor that has received investment from the free speech video sharing platform [Rumble](#) and was co-founded by conservative commentator Dan Bongino.

Parallel Economy was founded in response to “tech tyrants [who] have hijacked our economy through the digitization of our world.” The company is “committed to fighting for a free, fair, and open internet.” It also vows to “respect your sovereignty” and never sell user data.

Parallel Economy has partnerships with major retail, hospitality, restaurant, sporting goods, and manufacturing point of sale companies. It also integrates with over 250 gateways and supports shopping carts such as Shopify, BigCommerce, Woocommerce, Authorize.net, Magento, 3D Cart, and Volusion.

Some of Parallel Economy’s other features include free next day funding, a free virtual terminal account, chargeback assistance, invoicing tools, expense tracking tools, and 24/7 merchant support. There are also no contracts and no surcharges.

Parallel Economy endeavors to “match or beat any competitor” on fees. Its advertised rates are 2.98% + \$0.15 for card not present transactions and 1.49% + \$0.15 transaction for card present transactions.

You can sign up for Parallel Economy [here](#).

Revere Payments

A company that promises to process payments “without bias” and protect business owners’ “right to do business.”

The company's founder, Wendy Yurgo-Kinnney, said she created Revere Payments in response to the growing number of US-based businesses that are losing payment processing services because of their conservative or religious beliefs.

Revere Payments provides an entire tech stack that's customized to fit a wide range of businesses. This tech stack is compatible with many major payment solutions including Authorize.net, Shopify, and WooCommerce. It also supports multiple payment types including online payments, retail payments, point of sale payments, and donations.

In addition to the payment processing tech, Revere Payments' virtual terminal can analyze data from sales channels, handles invoices, and more. The company also provides security tools that can detect and decline suspicious transactions, fight fraud, mitigate risk, and protect customers.

Revere Payments vows to "meet or beat anyone's pricing." It offers a competitive retail processing fee of 1.79% + \$0.10 on qualified transactions and 2.79% + \$0.10 on unqualified transactions. Its online transaction fees are comparable to Stripe at 2.9% + \$0.30. It also offers special rates for non-profits and faith-based organizations.

You can sign up for Revere Payments [here](#).

AlignPay

AlignPay states that its free speech principles "preserve and strengthen the rights of all users to interact freely within the law." It also vows that there is "no viewpoint censorship."

AlignPay offers credit, debit, and Automated Clearing House (ACH) processing. It can support various types of payments including recurring donations and mobile payments. It also provides other technologies for improved functionality and integration such as application programming interfaces (APIs)

and multi-layer encryption.

AlignPay is compatible with many existing payment processing systems and can be integrated with existing point of sale systems, donor management systems, and nearly 150 online shopping carts and ecommerce plugins.

On top of its payment processing features, AlignPay provides real-time transaction management, reporting tools, and invoicing tools which can integrate with business-to-business and business-to-government gateways.

AlignPay's processing fees are comparable to Stripe's at 2.9% + \$0.30 per transaction. However, there is a \$25 minimum monthly fee that applies to users who don't incur at least \$25 in card fees during an applicable month.

You can sign up for AlignPay [here](#).

Privacy.com

A privacy-focused card masking service with advanced features for protecting personal data and managing spending.

Privacy.com hides users' real card details by letting them create virtual payment cards that have a unique card number. These cards work with pseudonyms and any billing address which means users can hide their real name, address, and card number when using virtual cards to buy digital products or services. Privacy.com also has a "Discreet Merchants" feature that lets users mask merchant information on their bank statements with a pre-determined name such as "Privacy.com" or "Privacy.com Smileys Corner Store."

Users can create and manage virtual payment cards in Privacy.com's web dashboard, via its browser extension, via its mobile apps, or via its integration with the password manager 1Password.

Privacy.com's virtual payment cards automatically lock to the

first merchant they're used with to prevent them from being used elsewhere if the merchant is compromised. Users can also set spending limits, set expiry dates, organize their cards with tags, and pause, unpaue, or close virtual cards.

Privacy.com's free plan gives users access to most of its features and lets users create up to 12 virtual cards per month. Its paid plans give users more cards and all the features. The \$10 per month Pro plan lets users create up to 36 cards per month and its \$25 per month Teams plan lets users create up to 60 cards per month.

Privacy.com also has a card issuing service for businesses called Lithic which has flexible pricing.

You can sign up for Privacy.com [here](#).

You can sign up for Lithic [here](#).

BTCPay Server

An open-source, self-hosted cryptocurrency payment processor that supports 14 cryptocurrencies including Bitcoin and Monero. It also supports the Lightning Network, a second-layer payment network that's built on top of the Bitcoin protocol.

BTCPay Server provides censorship resistance by allowing users to self-host the software and receive payments directly in wallets that they control. However, it can also be hosted on third-party servers.

Since cryptocurrency wallets are pseudonymous and BTCPay Server supports the private cryptocurrency Monero, the software can also boost user privacy when processing payments.

BTCPay Server integrates with several popular shopping carts including WooCommerce, Shopify, Magento, PrestaShop, OpenCart, and Drupal. Alternatively, users can use BTCPay Server's APIs for custom integration.

BTCPay Server also has custom apps including a point of sale app (which can be used to accept in-store payments), a crowdfunding app (which can create self-hosted crowdfunding campaigns), and a payment button app (which creates custom payment buttons).

Other BTCPay Server features include a dashboard (which displays recent transactions, wallet balances, apps, and more), hardware wallet integration, an invoicing tool, and several bookkeeping tools.

BTCPay Server is free to use and doesn't charge any transaction fees. However, customers will pay a transaction fee to miners or node operators when sending cryptocurrency payments.

You can get BTCPay Server [here](#).

Exodus

A cryptocurrency wallet that supports over 245 cryptocurrencies and has a built-in exchange.

Exodus supports popular cryptocurrencies (such as Bitcoin, Ethereum, Tether USD Coin, and BNB) and privacy-preserving cryptocurrencies (such as Monero and Zcash).

Users can send cryptocurrency in Exodus with just a few clicks or taps. It also contains quick links for sharing wallet addresses and the associated quick response (QR) codes.

Since cryptocurrency payments are peer-to-peer and many cryptocurrencies are decentralized, cryptocurrency transactions are usually more censorship-resistant than traditional payment services.

Exodus also provides extra censorship resistance because it's a non-custodial wallet. This means users have full control of the private keys that control their funds and Exodus can't touch or move users' cryptocurrencies.

In addition to this, cryptocurrency wallets are pseudonymous. This pseudonymity and the availability of privacy-preserving cryptocurrencies can boost user privacy when transacting.

Exodus has desktop and mobile apps and a browser extension. Its other features include wallet support for multiple portfolios (collections of wallets that are grouped together), wallet import, wallet export, wallet backup, integrations with several decentralized finance (DeFi) apps, and password protection.

Exodus doesn't charge any fees for sending or receiving cryptocurrency but it does charge an exchange fee when swapping one cryptocurrency for another. Users also pay a transaction fee to miners or node operators when sending cryptocurrency.

You can download Exodus [here](#).

Cake Pay

A service from the creators of the open-source cryptocurrency wallet Cake Wallet that lets users quickly buy digital gift cards with Bitcoin, Litecoin, or Monero.

Like Exodus, Cake Wallet is non-custodial and provides censorship resistance by letting users hold their private keys. The peer-to-peer and decentralized nature of the supported cryptocurrencies also provides extra protection against censorship.

Cake Pay lets users create pseudonymous cryptocurrency wallets and further boost their privacy by using Monero. The ability to purchase digital gift cards and use them for spending adds an extra layer of privacy because their gift card purchases are separated from their pseudonymous wallet address.

Not only does Cake Pay offer privacy-preserving features but it also makes it easy to buy products and services from merchants that don't accept cryptocurrency. The gift cards can

be used at 150,000 merchant locations in the US including adidas, AMC Theatres, Applebee's, Banana Republic, Barnes & Noble, Domino's Pizza, Hotels.com, Lowe's, Sephora, and Subway. Many of the gift cards in Cake Pay are also discounted and Cake Pay says that users can save an average of 2% at most merchants.

Users can sign up for Cake Pay in the Cake Wallet mobile app which is available on the App Store, Google Play Store, or as an Android Application Package (APK). The only personal information that's required to sign up is an email address.

After signing up, users just need to add some Bitcoin, Litecoin, or Monero to their Cake Pay wallet, search for the gift card they want to buy, and make the purchase. Cake Pay will store their digital gift card in the app and provide instructions on how to use it.

You can get Cake Wallet and sign up for Cake Pay [here](#).

[Connect with Reclaim the Net](#)

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James Corbett's Solutions Watch: Wikispooks and LittleSis

[Wikispooks and LittleSis](#)

by [James Corbett](#), [The Corbett Report](#)

October 12, 2022

If only there were some handy-dandy websites for finding out more information about the people and organizations we see mentioned in the news. Oh wait, there are! Join James for today's edition of [#SolutionsWatch](#) as he guides you through an exploration of Peter Thiel and shows you some interesting websites along the way.

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Radio Wave Packet: What You Need to Know About Wireless

Technology

[Radio Wave Packet](#)

What You Need to Know About Wireless Technology

by [Arthur Firstenberg](#), [Cellular Phone Task Force](#)

first published September 2001, revised August 2022

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The following chart was published in 2001 and has been updated to comport with current technology.

SOME BIOLOGICAL EFFECTS OF RADIO WAVES

Power density ($\mu\text{W}/\text{cm}^2$)	Reported Biological Effects	References
0.00000000000001	Altered genetic structure in E. Coli	Belyaev 1996
0.0000000001	Threshold of human sensitivity	Kositsky 2001
0.000000001	Altered EEG in human subjects	Bise 1978
0.0000000027	Growth stimulation in Vicius fabus (beans)	Brauer 1950
0.00000001	Effects on immune system in mice	Bundyuk 1994
0.00000002	Stimulation of ovulation in chickens	Kondra 1970
0.000005	Effect on cell growth in yeast	Grundler 1992
0.00001	Conditioned "avoidance" reflex in rats	Kositsky 2001
0.000024	Premature aging of pine needles	Selga 1996
0.000024	Smaller tree growth rings	Balodis 1996
0.0004	100 yards from a home WiFi router	
0.0017	Decreased seed germination in pine trees	Selga 1996
0.002	Sleep disorders, abnormal blood pressure, nervousness, weakness, fatigue, limb pain, joint pain, digestive problems, fewer schoolchildren promoted—controlled study near a shortwave transmitter	Altpeter 1995, 1997
0.0027	Growth inhibition in Vicius fabus (beans)	Brauer 1950
0.004	100 yards from a 2G, 3G or 4G cell phone at peak power	
0.01	100 yards from a commercial or outdoor WiFi router	
0.01 to 0.1	1 mile from a 2G, 3G or 4G cell tower	
0.06	Altered EEG, disturbed carbohydrate metabolism, enlarged adrenals, altered adrenal hormone levels, structural changes in liver, spleen, testes, and brain—in white rats and rabbits	Dumanskij 1974
0.06	Slowing of the heart, change in EEG in rabbits	Serkyuk, reported in McRee 1980
0.1	Increase in melatonin in cows	Stark 1997
0.1 to 1.8	Decreased life span, impaired reproduction, structural and developmental abnormalities in duckweed plants	Magone 1996
0.13	Decreased cell growth (human epithelial amnion cells)	Kwee 1997
0.168	Irreversible sterility in mice	Magras 1997
0.2	Childhood leukemia up to 12 km from TV tower	Hocking 1996
0.3	Impaired motor function, reaction time, memory and attention of schoolchildren, and altered sex ratio of children (fewer boys)	Kolodynski 1996

0.4	Breakdown of blood-brain barrier by cell phones	Eberhardt 2008
0.6	Change in calcium ion efflux from brain tissue	Dutta 1986
0.6	Cardiac arrhythmias and sometimes cardiac arrest (frogs)	Frey 1968
0-4	Altered white blood cell activity in schoolchildren	Chiang 1989
1	Headache, dizziness, irritability, fatigue, weakness, insomnia, chest pain, difficulty breathing, indigestion (humans—occupational exposure)	Simonenko 1998
1	Stimulation of white cells in guinea pigs	Shandala 1978
2 (lower threshold not known)	Auditory effects—clicking, buzzing, chirping, hissing, or high-pitched tones	Frey 1963, 1969, 1971, 1973, 1988, Justeson 1979, Olsen 1980, Wieske 1963, Lin 1978
2	Memory loss in rats exposed to cell phones	Nittby 2009
5	Leukemia, skin melanoma and bladder cancer near TV and FM transmitter	Dolk 1997
5	Biochemical and histological changes in liver, heart, kidney, and brain tissue	Belokrinitskiy 1982
8	Exposure to Head & Chest from Wireless Laptop on Table	
10	Damaged mitochondria, nucleus of cells in hippocampus of brain	Belokrinitskiy 1982a
10	Impaired memory and visual reaction time in people living near transmitters	Chiang 1989
10	Decreased size of litter, increased number of stillborns in mice	Il'Chevich (reported in McRec 1980)
10	Redistribution of metals in the lungs, brain, heart, liver, kidney, muscles, spleen, bones, skin, blood	Shutenko 1981
150	Exposure to Head & Chest from any Cell Phone on Table	
1,000	FCC's Whole Body Exposure Limit	
17,000	Exposure to Genitals from Wireless Laptop on a Lap	FCC 2018, Racini 2015
20,000	Exposure to Brain from any Cell Phone Against Head	

Morbidity and Mortality From Cell Phones and Wireless Technology

I. FLORA AND FAUNA

Aspens

In a backyard laboratory in the foothills of the Rocky

Mountains, where trembling aspens were declining and refusing to display their colors in the fall, Katie Haggerty decided to find out what would happen if she shielded some of them from radio waves. After just two months, her shielded seedlings were 74 percent longer, and their leaves 60 percent larger than either her unshielded seedlings or her mock-shielded seedlings. And in the fall, only her shielded seedlings displayed the bright colors for which aspens are famous. (Haggerty 2010)

Songbirds

At Germany's University of Oldenburg, scientists who were shocked to find that the migratory songbirds they were studying were no longer able to orient toward the north in spring and toward the southwest in autumn, decided to find out what would happen if they shielded an aviary from radio waves. Suddenly the birds were able face north in spring for migration. (Engels et al. 2014)

Amphibians

On a fifth floor apartment's terrace in Barcelona, a block away from a cell tower, Alfonso Balmori decided to test his conjecture that radio waves might be responsible for the worldwide decline and extinction of so many species of amphibians. For two months he cared for two identical tanks of tadpoles, one of which was shielded from radio waves by a thin layer of fabric. The mortality in the unshielded tank was 90%, and in the shielded tank only 4%. (Balmori 2006)

Honey Bees

A professor at Panjab University in India decided to test her conjecture that wireless technology might be responsible for colony collapse disorder in honey bees. She put cell phones in two of four hives and turned them on twice a day for 15 minutes at a time. After three months

there was neither honey, nor pollen, nor brood, nor bees in the two colonies with cell phones. (Sharma and Kumar 2010)

She then decided to find out what was happening in the bees' hemolymph, which is what their blood is called. And she found that cellular respiration was brought almost to a standstill. After just ten minutes of exposure to a cell phone, the bees practically could not metabolize sugars, fats, or proteins. (Kumar et al. 2011)

Mice

In the Greek village of Chortiatis, on the third floor of the Public Primary School, six pairs of mice were mated and observed through five pregnancies. The first three pregnancies produced an average of five offspring per female. After that all the mice were sterile, giving birth to no more offspring. Visible from the schoolroom window, about one mile away, was an antenna farm atop Chortiatis Mountain, broadcasting, in total, about 300 kW of power.

Six more pairs of mice were bred in a wildlife preserve, Refuge of Hypaithrios Life, located on the mountain. These mice averaged only one newborn per pregnancy from the beginning, and were sterile by the third pregnancy. The sterility was proven to be permanent and irreversible. (Magras and Xenos 1997)

Ants

Marie-Claire Cammaerts, at the Free University of Belgium, brought thousands of ants into her laboratory, placed an older model flip phone under their colonies and watched them walk. When the phone contained no battery it affected them not at all. Nor did the battery alone. But as soon as the battery was placed in the phone—even though the phone was still turned off—the ants darted back and forth with vigor, as if trying to escape an enemy they could not see. When she put the phone into standby mode, the ants' frenzy

increased even more. When she finally turned the phone on, they all slowed down.

Cammaerts next exposed a fresh ant colony to a smartphone and then a cordless phone. In each case their rate of changing directions doubled or tripled within one or two seconds while their actual walking speed drastically slowed. After they were exposed for three minutes, they required two to four hours before they appeared normal again. Other ants, after being exposed to a WiFi router for thirty minutes, took six to eight hours to recover, and some were found dead a few days later. When she placed a flip phone in standby mode under the ants' nest instead of their foraging area, the ants all immediately left their nest, taking their eggs, larvae, and nymphs with them. (Cammaerts and Johansson 2014)

Rats

Neurosurgeon Leif Salford's team at the University of Lund in Sweden exposed rats to an ordinary cell phone, just once for two hours, and sacrificed them 50 days later. The exposed rats had permanent brain damage from that single exposure—even when the power level of the phone was reduced a hundredfold. (Salford et al. 2003)

Cows

When cell towers were raised all across America in 1996, reports came in from farmers of farm animals suddenly sick and dying, and their offspring born with webbed necks and legs on backwards. (Hawk 1996). Wolfgang Löscher and Günter Käs, receiving similar reports in Germany, visited such farms and examined such cows. Cows were dying from acute heart and circulatory collapse with bleeding from several organs. When sick cows were removed to a distant location they recovered their health. (Löscher and Käs 1998)

Fruit Flies

For a science fair experiment, fifteen-year-old Alexander Chan, at Benjamin Cardozo High School in Queens, New York exposed fruit fly larvae daily to a loudspeaker, a computer monitor, or a cell phone and observe their development. The flies that were exposed to the cell phone failed to develop wings. (Serant 2004)

Cress Seeds

For another science fair experiment, a team of five ninth grade girls in Hjallerup, Denmark filled twelve trays with 400 cress seeds each. They placed six trays in a window next to three laptop computers and two WiFi routers, and six trays in a similar window but without computers or routers. After 6 days, none of the irradiated seeds had sprouted, and many of them never did.

After 12 days, the control sprouts were twice as large as those next to the laptops and routers. (Nielsen et al. 2013)

Pepper Plants

Scientists at the University of Gaza grew 100 pepper seedlings under identical conditions, except that half of them were watered daily with tap water that had sat in a glass flask for one hour next to a WiFi router, and the other half with tap water that had sat in an identical glass flask but not next to a router. The plants grown with irradiated water were pale and stunted. After 200 days, the control plants were 25% longer, their stems 5% thicker, and their roots 40% longer than the plants grown with irradiated water. They also weighed 90% more, had 74% more leaves, were 12% more moist, flowered and fruited earlier, and produced 38% larger fruit. (Alattar and Radwan 2020)

Radio Collared Animals

Radio collared mammals, including rabbits, voles, lemmings,

badgers, foxes, deer, moose, armadillos, river otters, and sea otters have suffered increased mortality, impaired digging ability, weight loss, reduced activity levels, increased self-grooming, altered social interactions, and reproductive failure. (Mech and Barber 2002)

In a study of moose, calves without any ear tags and calves with plain ear tags had 10% mortality, while calves with ear tags that contained transmitters had 68% mortality. The only difference was the radio waves. (Swenson et al. 1999)

In another study, water vole colonies that contained radio-tagged females gave birth to four times as many males as females. The researchers concluded that likely none of the radio-tagged female voles gave birth to any female offspring. (Moorhouse and Macdonald 2005)

II. HUMANS

Radio Wave Sickness

During the 1950s clinics were established in Moscow, Leningrad, and other cities in the Soviet Union and Eastern Europe to study and treat thousands of workers suffering from a new occupational disease—a disease which was also reported in the United States but which was neither studied nor treated there. The new disease was named radio wave sickness. These patients manufactured, inspected, repaired or operated microwave equipment. Some worked at radar facilities, others for radio or TV stations, or telephone companies. Still others operated radio frequency heaters and sealers being used in an expanding number of industries using technology developed during World War II.

These workers were exposed to microwave radiation only during working hours. And they were exposed to levels of radiation that were less than what the general public is exposed to now for hours per day, or even all the time, from their cell phones and other wireless devices.

The patients at these clinics suffered from headaches, fatigue, weakness, sleep disturbance, irritability, dizziness, memory difficulty, sexual dysfunction, skin rash, hair loss, decreased appetite, indigestion, and occasionally sensitivity to sunlight. Some had heart palpitations, stabbing pains in the region of the heart, and shortness of breath after exertion. Many developed emotional instability, anxiety or depression, and a few had mania or paranoia.

On physical exam they had acrocyanosis (blue fingers and toes), impaired sense of smell, sweating, tremors, altered reflexes, unequal pupil size, heart arrhythmias, and unstable pulse and blood pressure. They had abnormal EEGs and EKGs and, in advanced stages, signs of oxygen deprivation to the heart and brain. Some developed cataracts. Blood work showed hyperactive thyroid, elevated histamine, elevated blood sugar, elevated cholesterol and triglycerides, an increase in blood proteins, a decrease in the albumin-globulin ratio, decreased platelets and red blood cells, and abnormally high or low white blood cell count.

Although only about 15% of microwave workers complained of their illness, and only 2% ceased working (Sadchikova 1960, Klimková-Deutschová 1974), laboratory work revealed abnormalities in the majority of workers. Blood cholesterol was elevated in 40% of microwave workers (Klimkova-Deutschova 1974), triglycerides were elevated in 63% (Sadchikova et al. 1980), fasting blood sugar was increased in 74% (Klimkova-Deutschova 1974), and 70% had abnormal thyroid activity. (Smirnova and Sadchikova 1960; Drogichina 1960). Objective cardiac changes were found in 18% to 35% of microwave workers, depending on the length of time worked.

Because of the large number of publications about radio wave sickness coming out of the Soviet Union and Eastern

Europe, a US/USSR scientific exchange on microwave radiation research was begun in the mid-1970s. And the US government commissioned Dr. Zorach Glaser to catalogue the world's scientific literature—journal articles, books, conference proceedings—on reported biological and health effects of radio frequency and microwave radiation. By the end of the 1970s, Glaser's bibliography included 5,083 documents (Glaser 1984).

During the 1960s and 1970s, ophthalmologist Milton Zaret, under contract with the US Army and US Air Force, examined the eyes of thousands of military and civilian personnel working at radar installations in the US and Greenland. Large numbers of them, he found, were developing cataracts. Most of these cataracts were caused by chronic exposure of the eye to radiation at power densities around one milliwatt per square centimeter—a level which is regularly exceeded by each of the 15 billion cell phones in use today (Birenbaum et al. 1969; Zaret 1973).

During those years American biologist Allan Frey discovered that microwave radiation damages the blood-brain barrier (Frey et al. 1975), and he proved that humans and animals can hear microwaves (Frey 1961). One of the most active American researchers during the 1960s and 1970s, Frey caused rats to become docile by irradiating them at a power density of 50 microwatts per square centimeter (Frey and Spector 1976). He altered specific behaviors at 8 microwatts per square centimeter (Frey and Wesler 1979). He altered the heart rate of live frogs at 3 microwatts per square centimeter (Frey and Eichert 1986). At only 0.6 microwatts per square centimeter, 15 times less than levels commonly encountered today at a normal operating distance from a wireless laptop, he caused frogs' hearts to develop arrhythmias, and sometimes caused the hearts to stop beating, by timing the microwave pulses at a precise point during the heart's rhythm (Frey and Seifert 1968). Frey's

work was funded by the US Navy.

In 1977 Paul Brodeur, in his book, *The Zapping of America*, warned that proliferating microwave towers and radar facilities were endangering public health. But compared to today, microwave and radio facilities were still very rare indeed.

When in 1977 Apple sold its first (wired) personal computers, exposure to high levels of electromagnetic radiation spread to the general population, and electromagnetic illness ceased being only an occupational disease. In that year deaths from asthma in the US, which had been declining steadily for decades, began to rise for the first time.

In 1981, Representative Al Gore chaired the first of a number of US Congressional hearings on the health effects of (wired) video display terminals (VDTs). These were held because two editors at *The New York Times*, young men in their 20s and 30s, had developed cataracts; half of all surveyed UPI and AP employees were complaining of visual problems or headaches; an unusual number of babies with birth defects had been born to employees at *The Toronto Star*; and clusters of miscarriages were occurring among female VDT operators all over the US and Canada.

The newspaper industry had been the earliest industry to be transformed by computer technology. During the 1981 hearings by the House Committee on Science and Technology, Charles A. Perlik, Jr., president of the Newspaper Guild, testified that had his membership known that VDTs were capable of dangerous emissions, "We would not have quietly permitted the transformation of an essentially benign workplace into a hazardous one." In 1985 Canadian author Bob DeMatteo published a popular book titled *Terminal Shock: The Health Hazards of Video Display Terminals*.

In the mid-1980s Olle Johansson, a neuroscientist at the Karolinska Institute in Stockholm, discovered a new skin disease. Since only people who worked in front of computer screens got it, he named it screen dermatitis. Such patients often complained also of neurological symptoms such as memory loss, fatigue, insomnia, dizziness, nausea, headache and heart palpitations—the same neurological symptoms written about three decades earlier by Soviet doctors—but since Johansson's specialty was skin diseases, he studied the skin of computer operators. His subjects ranged from those with only redness and itching, to those with severe, disfiguring skin lesions.

In the mid-1990s the telecommunications industry embarked on a project that was to result in the exposure of the entire world to microwave radiation on a previously unimagined scale. They planned to place a cell phone and a wireless computer in the hands of every man, woman and child on Earth—and to dot our world with so many broadcast antennas that those phones and computers would work in every home and every office, on every street, in every country, on the highest mountain and in the deepest valley, on every lake, and in every national park, wilderness area and wildlife refuge, without exception. And so during the next decades every human being has become a source of microwave radiation wherever he or she goes. And ambient levels of radiation have increased a thousandfold or more, everywhere on Earth.

Researchers began correlating symptoms such as sleep disturbance, fatigue, memory loss, headaches, depression, dizziness and tremors—the same symptoms reported to both Soviet and American doctors half a century previously—with both cell phone use and proximity to communication towers. By 2007, teams of scientists in 14 countries concluded that the health of as much as three quarters of the population of the Earth was significantly affected by wireless

technology (Haugsdal 1998, Hocking 1998, Cao 2000, Oftedahl 2000, Chia 2000, Sandström 2001, Santini 2002, Navarro 2003, Santini 2003, Zwamborn 2003, Wilén 2003, Oberfeld 2004, Bortkiewicz 2004, Al-Khlaiwi 2004, Salama 2004, Meo 2005, Preece 2005, Waldmann-Selsam 2005, Szykowska 2005, Balikci 2005, Balik 2005, Hutter 2006, Abdel-Rassoul 2007).

Other scientists have reported that cell phones cause eczema (Kimata 2002), blindness (Ye et al. 2001), childhood asthma (Li et al. 2001), Alzheimer's disease (Salford et al. 2003, Şahin et al. 2015), deafness (Oktay and Dasdag 2006, Panda et al. 2011, Velayutham et al. 2014, Mishra 2010, Mishra 2011), and multiple sclerosis (İkinci et al. 2015).

The term "electromagnetic hypersensitivity" ("EHS") was invented because no health authority in any Western country admits that electromagnetic radiation has any effect on the health of any normal person. EHS, therefore, refers to those people who have happened accidentally to find out what is making them sick, and who have bought into the fiction that they are abnormal and different from everyone else.

Signs and Symptoms

Neurological: headaches, dizziness, nausea, difficulty concentrating, memory loss, irritability, depression, anxiety, insomnia, fatigue, weakness, tremors, muscle spasms, numbness, tingling, altered reflexes, muscle and joint pain, leg/foot pain, "flu-like" symptoms, fever. More severe effects include seizures, paralysis, psychosis and stroke.

Cardiac: palpitations, arrhythmias, pain or pressure in the chest, low or high blood pressure, slow or fast heart rate, shortness of breath, and heart attacks.

Respiratory: sinusitis, bronchitis, asthma, and pneumonia.

Dermatological: skin rash, extreme sensitivity to touch, itching, burning, facial flushing.

Ophthalmologic: pain or burning in the eyes, pressure in or behind the eyes, deteriorating vision, floaters, cataracts.

Auditory: Chirping, buzzing, ringing in the ears, and hearing loss.

Reproductive: Decreased sperm count and motility; abnormal menstruation; infertility; miscarriage; birth defects.

Hematological: Anemia, elevated blood sugar, low platelets, low or high white cells, elevated cholesterol.

Other: digestive problems; abdominal pain; sweating; enlarged thyroid; adrenal exhaustion; testicular/ovarian pain; sexual dysfunction; dryness of lips, tongue, mouth, eyes; puffy lips; swollen throat; great thirst; dehydration; frequent urination; nosebleeds; internal bleeding; immune system abnormalities; redistribution of metals within the body; hair loss; brittle fingernails; pain in the teeth; deteriorating fillings; impaired sense of smell; light sensitivity.

Impaired Metabolism and Resulting Obesity, Diabetes, Heart Disease and Cancer

Radio waves interfere with electron transport in the mitochondria of every cell. This starves the cells of oxygen and impairs their ability to metabolize sugars, fats, and proteins, just like Kumar et al. (2011) demonstrated in honey bees (see above). The result is the modern pandemics of obesity, diabetes, heart disease, and cancer. These diseases are also aspects of radio wave sickness. **See Arthur Firstenberg's *The Invisible Rainbow: A History of Electricity and Life*, chapters 11, 12 and 13.**

Power Level Is Irrelevant

As the chart at the beginning of this document shows, exposure levels are irrelevant where it concerns radio waves. Biological effects are found at 10 $\mu\text{W}/\text{cm}^2$, at 0.01 $\mu\text{W}/\text{cm}^2$, at 0.00001 $\mu\text{W}/\text{cm}^2$, at 0.00000001 $\mu\text{W}/\text{cm}^2$, and at 0.00000000000001 $\mu\text{W}/\text{cm}^2$.

As Allan Frey wrote, living organisms use electromagnetic fields (EMFs) for everything from cellular communication to nervous system function. "Electromagnetic fields are not a foreign substance to living beings like lead or cyanide. With foreign substances, the greater the dose, the greater the effect—a dose-response relationship." Instead, he said, a living being is like a radio receiver. "The EMF signal the radio detects and transduces into the sound of music is almost immeasurably weak." Similarly, even an immeasurably weak radio signal can interfere with biological functions. (Frey 1990, 1993)

Dr. Ross Adey, at Loma Linda University School of Medicine, wrote that our cells "whisper" to each other with electromagnetic signals. He said that EMFs act at the atomic level and that "a threshold might not exist" for the effects of radio waves. (Adey 1993)

Biophysicist Neil Cherry, at Lincoln University in New Zealand, wrote that radio signals "can interfere with hearts, brains and cells at extremely low intensities, approaching zero exposure" (Cherry 2000). He later presented "conclusive evidence" that "the safe level of exposure is zero." (Cherry 2001)

For some effects, there is even an inverse dose-response, i.e. the lower the exposure level, the greater the harm. In other words, the more the external signal approaches the infinitesimal strength of our bodies' own internal signals, the more it is recognized by the body, and the more it interferes with life.

Thus, Leif Salford's team at Lund University found that the greatest damage to the blood-brain barrier occurred at the lowest dose of radiation (reduced ten thousand-fold), not the highest dose. (Persson 1997).

Numerous researchers, including Carl Blackman at the US Environmental Protection Agency, have found that microwave radiation causes calcium to flow out of brain cells. For this effect, these researchers have found power windows of maximal effect, i.e. the effect decreases at both lower and higher levels (Blackman 1980, 1986; Bawin 1977; Dutta 1986; Kunjilwar and Behari 1993). And it is the lowest power windows, not the highest, that have the greatest effect: the effect at an SAR of 0.0007 W/kg was quadruple the effect at an SAR of 2.0 W/kg (Dutta 1986).

Maria Sadchikova and her Soviet colleagues consistently reported in the 1960s and 1970s that among people occupationally exposed to microwave radiation, the sickest were those exposed to the lowest, not the highest levels. (Sadchikova 1960, 1974).

Igor Belyaev, at Stockholm University, found a genetic effect that occurred at specific frequencies. The magnitude of the effect did not change with power level over 14 orders of magnitude, all the way down to 0.00000000001 microwatts per square centimeter. (Belyaev 1996)

Nikolai Kositsky and his colleagues in Kiev, Ukraine reiterated that external radio signals interfere with our bodies' own internal signaling, and that it is the informational content of radio waves, and not their power level, that causes harm. They reviewed 40 years of research in the Soviet Union and concluded: "Biological effects associated with these interactions depend not on the strength of the energy carried into one or another system, but on the information carried into it." (Kositsky 2001)

Thus most of the effects of radio waves on our bodies are caused not by their power levels but by their frequencies, bandwidths, pulsations, waveforms, and all the other attributes that enable them to carry information and make them useful to cell phones and computers. It is the coherent nature of the radiation and the information that it carries that kills. And therefore light (LiFi) and any other carrier of the same information is just as harmful, as are lasers. A laser is coherent light.

We evolved without microwaves and without coherent radiation. The microwave radiation from the Sun is not coherent, is not centered at any particular frequency, varies in total from .0000001 $\mu\text{W}/\text{cm}^2$ to .0001 $\mu\text{W}/\text{cm}^2$ when the Sun is most active, and we are only exposed to it during the day; at night, only the far weaker microwaves from the stars reach Earth.

Living beings should not ever contact, or be near, any source of coherent radiation, or any source of microwave radiation. Not WiFi, not Bluetooth, not baby monitors, not microwave ovens, and not cell phones. Not even for a few seconds. Cell phones, because of their ubiquity and their proximity to the body, are causing by far the most harm to health, society, and planet.

Number of People With: Headache disorders: 4 billion (Stovner 2022)

Chronic pain: 2 billion (Antunes 2021)

Brain diseases: 1.3 billion (American Brain Foundation 2022)

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Google is so powerful it “hides” other search systems from us.

Health Freedom Defense Fund Guide to Contest COVID-19 Employer Discrimination

[Health Freedom Defense Fund Guide to Contest COVID-19 Employer Discrimination](#)

by [Health Freedom Defense Fund](#)

June 10, 2022

Americans across the country have been faced with discrimination. We have received many questions as to the correct process to rectify this. Our legal team has put together a step-by-step guide to help you through the process. If you have been discriminated against please see the instructions below. Everyone can start taking action now if they have faced discrimination in the workplace.

Our legal team has broken it down into 3 steps:

STEP 1: FILE A COMPLAINT WITH THE EEOC.

STEP 2: FILE A COMPLAINT WITH YOUR STATE GOVERNMENT.

STEP 3: FILE A CIVIL LAWSUIT.

For full detailed information on the steps for each state, please see the guide below.

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5G Assault on Health and Environment Without Informed Consent: Use This Letter as a Template to Challenge Digitization of Your Community

[5G Assault on Health and Environment Without Informed Consent: Use This Letter as a Template to Challenge Digitization of Your Community](#)

[Digitalising Wilmslow: 5G Assault on Health and Environment without Informed Consent](#)

by [Safe Tech International](#)

May 31, 2022

The following blog is taken from Brian McGavin's communication to the Wilmslow Town Council in the UK when they announced plans to "Digitalize Wilmslow." Brian's concise and clear

explanation of the multi-faceted harms such an “upgrade” would pose, is offered below as a template for others similarly trying to awaken their often uninformed town officials.

Initiative proposed by the town of Wilmslow:

The Town Council is committed to working alongside local businesses, community groups and retailers to enhance the digital and online presence of the Town Core and its offer, in order to increase shoppers and visitors into the town to enhance its vibrancy. This will include exploring the following projects:

- 1. Developing a mobile ‘app’ for the town, including shops and special offers, leisure activities and events*
- 2. Developing a new Town Core website to showcase events and activities and offer visitor information*
- 3. Exploring the introduction of free Wi-Fi service throughout the Town Core, including charging stations and interactive screens in partnership with cafes, bars and restaurants*
- 4. Promoting and exploring the introduction of interactive public art, lighting and music within the Town Core*
- 5. Promoting and championing the delivery of high-speed broadband throughout the town.*

Brian McGavin’s response:

So far not much has moved forward but is this what people in our town are bursting to have? There are huge health and safety downsides. At a time when the world is trying to cut climate emissions and reduce our energy consumption people are simply not being given the big picture.

The tech lobby envisages every facet of our lives dominated by 5G networks. Instead of 2,000 satellites orbiting the Earth, permission has been granted for 100,000 low orbit, short lifespan 5G satellites launched by highly polluting rockets.

The government is orchestrating a legal framework to enable telecom companies to use private land and property for commercial profit without consent.

5G is being rolled out without independent Health or Environmental Impact assessments and without informed consent, enshrined in UN Law. Many people object strongly to the proliferation of electromagnetic radiation from wireless technology.

As billions of internet-connected 'smart' devices grow exponentially, it is estimated the ICT industry could consume 20% of global electricity production by 2025, feeding incessant demand from phone screen addiction.

We have to challenge urgently the stranglehold of tech fantasy lobbyists promoting 5G on the marketing ploy of 'dragging us out of the digital dark ages' promoting potentially dangerous driverless vehicles insurance companies won't insure.

Claims that 'we need 5G because 4G can't cope' conflicts with the millions spent looking for things to do with it. New 'microcomb' cable fiber technologies are safer, 10 times more efficient than 5G and could be in wide use within two years says Monash University in Melbourne.

The Stop 5G movement bases its concerns on evidence-based science. Over 1,600 scientific papers are linked here: <https://www.powerwatch.org.uk/science/studies.asp>

The media needs to engage in serious debate rather than labelling people 'cranks peddling conspiracy narratives'. It is a monumental bias to promote tech lobby investment. Similar to the playbook used by tobacco, asbestos and Teflon toxin industries, the telecom industry is flying blind on health and environmental impacts, putting profit before people.

There is a media conspiracy to deny this, driven by industry lobbyists.

Legal challenges to the safety of 5G are succeeding in court with judges asked to intercede.

Many economists believe that if we just harness the productivity and skills of people with the 5G digital automation revolution we can deliver a smarter, greener future. They fail to understand that 5G has huge environmental, health and energy costs and assume that a mass move to electric vehicles resolves our climate crisis when it does not. Electric cars come with their own considerable Carbon, Ecological and Ethical Blueprint with resources for batteries mined in remote places, often with the help of child slave labour. We need to deploy every lever we can to reduce our energy consumption, and use declining resources wisely.

Local environmental concern groups urgently need to look into these important issues, as they are directly linked to climate change, bio-diversity collapse and energy consumption. However, they often limit the scope of their interests. **People can't be 'a la carte' environmentalists if we are to overcome our immense environmental challenges.**

[Connect with Safe Tech International](#)

cover image credit: [geralt](#)

Attorney Todd Callender Takes on Department of Defense Vax

Mandates, Explores Patents on Humans

[Attorney Todd Callender Takes on Department of Defense Vax Mandates, Explores Patents on Humans](#)

by [Alex Newman](#), *[The New American](#)*

April 22, 2022

The Biden administration's vaccine mandates purporting to force U.S. military members to take the experimental Covid injections are unconstitutional and, because of the potential for genetic changes, may have implications involving patents and intellectual property, super lawyer Todd Callender tells The New American magazine's Alex Newman in this episode of Conversations That Matter.

To protect the U.S. military, the rights of troops, and the U.S. Constitution, Callender has joined forces with other attorneys such as Tom Renz to sue the Department of Defense. The case is beyond fascinating, and you won't want to miss this powerful interview.

[Connect with The New American](#)

Resources from [VaxxChoice.com](#):

[File a criminal complaint](#)

[Assumption of Liability Agreement – Experimental Gene Therapy Injection](#)

[Download form to refuse Covid-19 vaccine](#)

James Corbett's Solutions Watch: How to Get Around the Digital Iron Curtain

[James Corbett's Solutions Watch: How to Get Around the Digital Iron Curtain](#)

by [James Corbett](#), *[The Corbett Report](#)*

March 24, 2022

As the battle lines are drawn in the new cold war, a digital iron curtain is descending across the internet. Governments are increasingly cracking down on the net and attempting to limit what websites you can access. Today James walks you through some basic steps you can take to draw back the curtain and peek at the information that the censors don't want you to see.

Watch on [Archive](#) / [BitChute](#) / [Minds](#) / [Odysee](#) or [Download the mp4](#)

SHOW NOTES:

[EU bans RT, Sputnik over Ukraine disinformation](#)

[Russia blocks access to Facebook and Twitter](#)

[Russia blocks Instagram over 'death to invaders' posting rule; files criminal case against Meta](#)

[How Do I Find Broken Links? – Questions For Corbett #075](#)

[How to Find Deleted Videos – Questions For Corbett #081](#)

[Censorship: Rejecting a One-Sided Argument](#)

[Putin meets 'old friend' Kissinger visiting Russia](#)

[Episode 416 – SHOCKING Document Reveals Trudeau's REAL Plan!](#)

[Speeding Up Evolution | Putin calls for transforming Russia into digital, AI tech](#)

[Sputnik V: What you're not being told](#)

[Russia's Gamaleya Research, UK-Swedish Astrazeneca Sign Memorandum of Cooperation in COVID-19 Fight](#)

RT on [Odysee](#) / [BitChute](#)

[Connect with James Corbett](#)

cover image credit: [geralt](#) / [pixabay](#)

Defense Lawyer Hotline
Established for Canadian

Truckers

[Defense Lawyer Hotline Established for Canadian Truckers](#)

by [Justice Centre for Constitutional Freedoms](#)

February 11, 2022

The [Justice Centre for Constitutional Freedoms](#), a national, non-profit, non-partisan public interest law firm and registered charity, is announcing the establishment of a network of defence lawyers to assist any truckers peacefully protesting for freedom from covid restrictions and vaccine mandates. The Justice Centre has a team of lawyers on the ground in Ottawa.

Anyone who may be facing arrest, the confiscation of property or has criminal law related questions in relation to the Ottawa Freedom Convoy protest can speak to a lawyer at no charge.

The Justice Centre has prepared a [legal tip sheet](#) that may be helpful to peaceful protestors, that provides guidance for dealing with police and potentially facing charges or tickets.

To access the hotline, email truckerlawyers2022@gmail.com. In an urgent situation, please phone our legal hotline at 647-251-9710. We have a number of lawyers available providing their services at no charge, and offer services in English, French and Ojibwe.

This email address and hotline is only for protestors.

James Corbett: How to Research Online

[James Corbett: How to Research Online](#)

by [James Corbett](#), [The Corbett Report](#)

February 8, 2022

James Corbett delivers a live presentation on How to Research Online to the Greater Reset Activation III conference on January 30, 2022. In this demonstration, James shares his screen while he answers some research questions from his listeners.

Watch on [Archive](#) / [BitChute](#) / [Minds](#) / [Odysee](#) or [Download the mp4](#)

*The website for accessing paywalled science articles is [Sci-Hub](#)

See related:

[James Corbett's Solutions Watch: Research Resources You Should Know About](#)

[Connect with James Corbett](#)

cover image credit: [IAmMrRob](#) / pixabay

How to Use Public Official Surety Bonds to Hold Public Officials Accountable for Medical Tyranny

[How to Use Public Official Surety Bonds to Hold Public Officials Accountable for Medical Tyranny](#)

Truth Comes to Light editor's note: An update has been added below the original video found at [Our Great Awakening](#) YouTube channel. We've added that update below the article that was originally posted at Bonds for the Win on Jan. 19th. See [Bonds for the Win](#) website for additional information on Public Official Surety Bonds, the power of surety bonds, how you can obtain a copy of a surety bond, and how as a private citizen you can file a letter of intent against a public official to hold them accountable for breaking their oath of office.

[How One Single Mom Saved Her Entire School District](#)

by [Bonds for the Win](#)

January 19, 2022

A mother named Violet with a 16-year-old boy who has autism begged the schools to let her son have an exemption.

They refused. When forced to wear the masks he became distraught and he harmed himself so badly that he had to be hospitalized in a mental institution.

Violet obtained the bond for the superintendent of her school district. Turns out – The superintendent was carrying a \$4 million liability per bond claim!!

So next Violet served the superintendent with a letter of intent to file a claim against her bond if she didn't pull back the mask mandates, admit she was wrong, and resign within five days. The superintendent did nothing.

After day 6 Violet filed the claim against her at the bond company.

The very next day we have a recording from the lawyers who represent the district explaining that they have to get rid of the masks, all state and federal funding is BLOCKED, and the superintendent is on her own with regard to the \$4 million claim!!!

They also put out a request for parent volunteers to substitute for teachers because their funding is CEASED due to an OPEN claim against them.

Update from [Our Great Awakening](#) YouTube channel

UPDATE: Since we created this video

Violet felt bad that the teachers were out of work so she retracted the claim

She assumed the Superintendent would operate on good faith
But instead she re-inforced mask mandates
We still have her bond
Stay tuned...

DON'T LET UP ON THESE PEOPLE!!!! They have been
bribed/blackmailed and they will go right back to their ways
until they see a consequence for their actions.

Stay strong patriots, we might need to create a few examples
of individuals who end up having to file for bankruptcy. Its a
small price to pay to FREE GOD'S CHILDREN from mask slavery!!!

[Connect with Bonds for the Win](#)

cover image credit: [StockSnap](#) / pixabay

James Corbett's Solutions Watch: Research Resources You Should Know About

[James Corbett's Solutions Watch: Research Resources You
Should Know About](#)

by [James Corbett](#), [The Corbett Report](#)

August 31, 2021

Did you know there's a searchable archive of the last 12 years
of tv news? Or that every moment of all of the major news

network's broadcasts from the week of 9/11 are available for free online? Well, you do now! Go forth and research!

Watch on [Archive](#) / [BitChute](#) / [Minds](#) / [Odysee](#) or [Download the mp4](#)

SHOW NOTES:

[Really Simple Syndication – #SolutionsWatch](#)

[Research Tools You Should Know About – #SolutionsWatch](#)

[How to Access the Library of Alexandria – #SolutionsWatch](#)

[Television Archive](#)

[Understanding 9/11 – A television news archive](#)

[Television Archive resources](#)

[Connect with James Corbett](#)

cover image credit: [StockSnap](#) / pixabay

Stop Mandatory Vaccinations in K-12 Schools

[Stop Mandatory Vaccinations in K-12 Schools](#)

by [Children's Health Defense](#), [The Defender](#)

August 26, 2021

STAND UP For Children!

The CDC is [recommending](#) K-12 schools become vaccination sites and recommends children age 12 and over to get vaccinated, in some states without parental knowledge or consent. It is only a matter of time before they come after every child because they are already testing COVID vaccination in children as young as 6 months of age.

Tell Your Elected Officials NO MANDATES! Tell Them: My Body, My Choice!

With one click, [send a letter](#) to your Federal officials, Governor, State legislators, Mayor and City Council Members.

Tell Your Superintendent NO MANDATES!

Write a letter to your Superintendent of schools. CHD has two letters sample letters already written:

[Short letter to Universities](#) and [Detailed Long letter to school districts](#)

[Religious Exemption letters](#) – Select “Exemption” in the top navigation bar. Fill out form, and a PDF will be emailed. If an original signature is required, it will take 5 business days to be sent by USPS.

[Exemption forms](#) available for download on new PROMIC website

Facts You Can Use

What we know now about COVID-19 and children:

- Almost 100% of kids [don't suffer from severe COVID](#). In fact, many have no symptoms at all. Thus, they may have already had COVID which is another excellent reason not to get the vaccine.
- The [World Health Organization](#) (WHO) has announced that young people should not take the vaccine.
- A [concerning number of young people](#), especially those under 30, are suffering from myocarditis (heart

inflammation), blood clots, low platelets and more following COVID-19 vaccination.

- The risks of COVID-19 vaccination adverse outcomes certainly outweigh the benefits to children and young adults who are considered low risk populations.
- Parental rights to make independent, informed decisions regarding their children's medical interventions, including vaccines, are being threatened.
- Some scientists have raised concerns that the safety risk of COVID-19 vaccinations have been underestimated. **As of August 13th UPDATE**, there have been [595,622](#) vaccine injuries including [13,068 deaths](#) following COVID-19 vaccination.
- Clinical trials in children and young adults are ongoing and will not be completed for at least one year.
- Hundreds of colleges and universities embrace COVID vaccine mandates, but there is no reason why students and families can't shun coercive educational institutions and [forge their own educational path](#).
- Not a single published study has demonstrated that patients who have had a prior COVID-19 infection benefit from the vaccination. So why recommend all kids get the shot.

COVID-19 vaccine is an Emergency Use Authorization (EUA) Product

Mandating it violates Federal Law and the Nuremberg Code. The Children's Health Defense Legal Section has extensive legal resources to make individuals aware about their legally protected rights. Use these resources to educate and preserve fundamental human rights on critical issues related to health freedom.

- [Legal Notice EUA Mask](#)
- [Legal Notice EUA PCR testing](#)
- [Legal Notice EUA vaccines](#)

Other Useful Information

- [COVID Vaccine Religious Exemption Documents](#)
- No one should die from a vaccination. [Vax Injuries in children 12 years old to 20](#)
- [Toolkit for Preventing Vaccine Mandates](#). This kit will help you fight back against all vaccine mandates.
- Vaccine Adverse Event Reporting System information
- [Top Ten reasons not to let your child get a COVID shot](#)
- FDA Warnings of Myocarditis and Guillain Barre Syndrome:
 - [The warning in the Fact Sheets for Healthcare Providers Administering Vaccines notes that reports of adverse events suggest increased risks of myocarditis and pericarditis, particularly following the second dose and with onset of symptoms within a few days after vaccination.](#)
 - [The FDA added a warning that Johnson & Johnson's COVID-19 vaccine may trigger Guillain-Barré syndrome \(GBS\) in a small number of people in a letter sent to the manufacturer on Monday ... It states that adverse event reports suggest an increased risk of Guillain-Barré syndrome in the 42 days after vaccination.](#)
- The Wall Street Journal: [COVID-19 school mandate for masks, vaccines are blocked and more states.](#)
- [FDA petition](#): On May 16, Robert F. Kennedy, Jr. and Meryl Nass, MD, on behalf of Children's Health Defense (CHD), took a landmark step in the COVID crisis that has irrevocably changed billions of lives around the globe by filing a [Citizen Petition](#) with the U.S. Food and Drug Administration (FDA) to withdraw COVID-19 vaccines from the market.
- British Medical Journal: [COVID-19 vaccines: Hypothetical Benefits to Adults Don't Outweigh Risks to Children](#)
- [Some school districts defy U.S. governors on mask rules](#)
- [Why COVID-19 Vaccines Should Not Be Required for All Americans](#)

- [Watch video testimonials from people who have suffered reactions to the vaccines](#)
- [2 Things Mainstream Media Didn't Tell You About FDA's Approval of Pfizer Vaccine](#)

Examples of "Vaccine Failure"

- [CDC panel signals support for booster shots](#)
- [Mathematically impossible for vaccines to eliminate COVID](#)
- [140 Hospitalized People Out Of 141 Cases In Sydney Had Both COVID Jabs, Other Had 1 Dose](#)
- [Israel CEO 90% of severely sick are vaccinated](#)
- [Scientist warning COVID vaccines producing symptoms of parkinson and neurodegenerative disorders](#)
- [\(Israel\) Government admits that half of new Covid-19 cases in last month were fully vaccinated](#)
- [Natural Infection vs vaccination: which gives more protection? Nearly 40% of new COVID patients were vaccinated – compared to just 1% who had been infected previously.](#)
- [New report shows vaccine effectiveness dropping over half a year](#)
- [A new report indicates that the COVID-19 vaccines from Pfizer will drop by more than ten percent inside half a year](#)
- [Vaccinated people in Singapore make up three-quarters of recent COVID-19 cases](#)
- [BNT162b2 vaccine breakthrough: clinical characteristics of 152 fully vaccinated hospitalized COVID-19 patients in Israel](#)
- [CDC Alarmed: 74% of Cases in Cape Cod Cluster Were Among the Vaxxed](#)
- [CDC Scaled Back Hunt for Breakthrough Cases Just as the Delta Variant Grew. Bloomberg identified more than 100,000 vaccine breakthroughs](#)
- [Spike-antibody waning after second dose of Vaccine](#)

- [Higher COVID Rate Found In Some Counties With Higher Vaccination Rate – Why, And What It Says About The Delta Variant](#)
- [Iceland: Vaccines do not work](#)
- [27 vaccinated people test positive for Covid on a Carnival cruise ship](#)
- [7 vaccinated Florida patients die of COVID; nurse calls situation “disturbing”](#)

Connect

- [The National Vaccine Information Center](#)
- [HealthChoice](#)
- [Millions Against Medical Mandates](#)
- [Stand for Health Freedom](#)
- [Informed Consent Action Network](#)
- [Students Against Mandates](#)
- [Vaccine Adverse Events Reporting System \(VAERS\)](#)
- [Vaccine Injury Payouts](#)
- [Doctors 4 COVID ethics](#)
- [Turning Point USA](#)
- [Young Americans for Liberty](#)
- [America’s Frontline Doctors](#)
 - [How do I get COVID-19 medication?](#)
- [GreenMedInfo](#)
- [Highwire with Del Bigtree](#)
- [Clergy Council on Religious and Medical Freedom](#)
- [Freedom Of Religion – United Solutions \(FOR-US\)](#)

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[**Connect with Children’s Health Defense**](#)

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Stop Mandatory Vaccinations as a Condition of Employment! My Body, My Choice!

[Stop Mandatory Vaccinations as a Condition of Employment! My Body, My Choice!](#)

by [Children's Health Defense](#), *The Defender*

August 26, 2021

Tell Your Elected Officials NO MANDATES! Tell Them: My Body, My Choice!

No one should ever be coerced into a medical procedure for any reason including a condition of employment. Tell them "My Body, My Choice!"

With one click, [send a letter](#) to your Federal officials, Governor, State legislators, Mayor and City Council Members

Employer Mandates Resources to Help You:

1. Know what's happening in your state [50 State Update on Pending Legislation pertaining to Employer mandated vaccinations](#)
2. [Toolkit for Preventing Vaccine Mandates](#). This kit will help you fight back against all vaccine mandates.
 - COVID-19 vaccine is an Emergency Use Authorization (EUA) Product. Mandating it violates Federal Law

and the Nuremberg Code. The Children's Health Defense Legal Section has extensive legal resources to make individuals aware about their legally protected rights. Use these resources to educate and preserve fundamental human rights on critical issues related to health freedom.

- [Legal Notice EUA Mask](#)
 - [Legal Notice EUA PCR testing](#)
 - [Legal Notice EUA vaccines](#)
 - [Biden's plan to mandate COVID vaccine on federal workers violates Nuremberg Code](#)
 - [United Health Care Workers](#)
 - [How To Request a Religious Exemption for COVID-19 Vaccine Mandates in the Workplace](#)
3. [Religious Exemption letters](#) – Select “Exemption” in the top navigation bar. Fill out form, and a PDF will be emailed. If an original signature is required, it will take 5 business days to be sent by USPS.
 4. [Exemption forms](#) available for download on new PROMIC website

Examples of Fighting Back

- If you are an employee and are being told that you will be mandated to take the COVID vaccination(s) or will be fired, and are not being provided an alternative accommodation, you are not alone. Here are examples of groups fighting back.
- [United Healthcare Workers](#). Michigan Healthcare System. “It’s time healthcare workers across the state band together and say, enough is enough.”
- Houston healthcare workers [push back](#) and are appealing their case.
- Arizona – June 15 Governor Doug Ducey issues Executive Order, against Mandatory Covid-19 Vaccinations among ASU (Arizona State Universities) ([Download PDF, 1.26 MB](#))
- FDA petition: On May 16, Robert F. Kennedy, Jr. and

Meryl Nass, MD, on behalf of Children's Health Defense (CHD), took a landmark step in the COVID crisis that has irrevocably changed billions of lives around the globe by filing a [Citizen Petition](#) with the U.S. Food and Drug Administration (FDA) to withdraw COVID-19 vaccines from the market.

Other Useful Information

- [COVID Vaccine Religious Exemption Documents](#)
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- FDA Warnings of Myocarditis and Guillain Barre Syndrome:
 - [The warning in the Fact Sheets for Healthcare Providers Administering Vaccines notes that reports of adverse events suggest increased risks of myocarditis and pericarditis, particularly following the second dose and with onset of symptoms within a few days after vaccination.](#)
 - [The FDA added a warning that Johnson & Johnson's COVID-19 vaccine may trigger Guillain-Barré syndrome \(GBS\) in a small number of people in a letter sent to the manufacturer on Monday ... It states that adverse event reports suggest an increased risk of Guillain-Barré syndrome in the 42 days after vaccination.](#)
 - [COVID Resources](#)
- [FDA petition](#): On May 16, Robert F. Kennedy, Jr. and Meryl Nass, MD, on behalf of Children's Health Defense (CHD), took a landmark step in the COVID crisis that has irrevocably changed billions of lives around the globe by filing a [Citizen Petition](#) with the U.S. Food and Drug Administration (FDA) to withdraw COVID-19 vaccines from the market.
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[reactions to the vaccines](#)

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[Vaccination Rate – Why, And What It Says About The Delta Variant](#)

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Stop Mandatory Vaccinations in 400+ Colleges Today by Sending a Letter to University Presidents! Tell them: My Body, My Choice!

[Stop Mandatory Vaccinations in 400+ Colleges Today by Sending a Letter to University Presidents! Tell them: My Body, My Choice!](#)

by [Children's Health Defense](#), [The Defender](#)

August 26, 2021

College-aged students are facing challenging decisions and [the loss of constitutional freedoms as the price of admission](#). In a few weeks, many Universities begin in person classes. BUT students need to take and confirm their full vaccinations two weeks before – so time is critical. You can send emails today to presidents of over 400 universities to tell them the facts regarding COVID vaccination in young people and why all mandates are a bad idea. Email your local media too. Everyone needs to get involved!

[Children's Health Defense Sues Rutgers University Over COVID Vaccine Mandate: The lawsuit seeks declaration that the students' rights are being violated, injunctive relief, and](#)

damages.

NOTE: We want to see your emails. So please blind copy CHD at: chd@ChildrensHealthDefense.org

Find Universities, President Email Addresses and Sample Letters

- [View Universities With Mandates](#) and see contact information for University Presidents
- [“Freedom to Choose” Colleges](#)
- [Short Action Letter to Univ. Presidents](#)
- [Detailed Longer Letter to School Districts](#)
- [Religious Exemption letters](#) – Select “Exemption” in the top navigation bar. Fill out form, and a PDF will be emailed. If an original signature is required, it will take 5 business days to be sent by USPS.
- [Exemption forms](#) available for download on new PROMIC website

Give your school this useful information about why mandates are not legal.

COVID-19 vaccines are Emergency Use Authorization (EUA) Products. Mandating them violates Federal Law and the Nuremberg Code. The Children’s Health Defense Legal Section has extensive legal resources to make individuals aware about their legally protected rights. Use these resources to educate and preserve fundamental human rights on critical issues related to health freedom.

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- [Legal Notice EUA PCR testing](#)
- [Legal Notice EUA vaccines](#)

Tell Your Elected Officials NO MANDATES! Tell Them: My Body, My Choice!

With one click, send a letter to your Federal officials, Governor, State legislators, Mayor and City Council

Members. [Send a letter now.](#)

Victories

Due to outcry, many colleges have changed their mandates policy including: [University of Michigan](#), [Penn State](#), and [Nova Southeastern](#). We hope this is a sign for other colleges to change as well. CHD will keep track of colleges changing their minds as we move forward.

Successful Actions by Students

- Caitlin Corrigan [takes on her school](#) and wins! [Read about her efforts.](#)
- [Indiana University](#) Students Appeal Federal Judge's Refusal to Block Vaccine Mandate
- [Loyola Marymount University](#) Students Sue Over Vaccine-Based Discrimination Policy
- [Football player transferring](#) from [Rutgers University](#) over COVID-19 vaccine policy

Successful Actions by Parents

Info coming soon for this section.

Successful Actions by Governors/Attorney Generals

- Arizona – June 15 Governor Doug Ducey issues Executive Order, against Mandatory Covid-19 Vaccinations among ASU (Arizona State Universities) ([Download PDF, 1.26 MB](#))
- The Wall Street Journal: [COVID-19 school mandate for masks, vaccines are blocked and more states](#)
- Florida – April, 2021 [Executive Order](#) by Governor Ron DeSantis – against Mandatory Covid-19 Vaccinations in Florida “Government Entities”. Nova Southeastern University [reverses](#) mandate.
- South Carolina Attorney General Raises Concerns. College of Charleston [Amends Vaccination Policy](#)
- Tennessee switching its [COVID vaccination strategy](#) following criticism and [abandons](#) all vaccine

outreach (not just for COVID)

- [Live Updates: Latest News on Coronavirus and Higher Education](#)

Coercion College or Individual Freedom College?

UCLA is Missing University Disclosure Information

Here's where they went wrong. Is your school like UCLA? If so, substitute UCLA for your school's name.

UCLA offers partial information about its mandatory COVID-19 vaccine mandate for Fall 2021 students. But, its web page is incomplete, allowing for disinformation. Full disclosure is absent. Therefore, UCLA should rectify the following deficiencies that accrue as a result of its vaccine mandate:

1. UCLA is silent on Emergency Use Authorization (EUA) Vaccinations: UCLA should inform students that the mandatory COVID vaccinations are experimental and are only authorized under the FDA's Emergency Use Authorization or [EUA](#).
2. Absence of Informed Consent: When vaccines are administered under an EUA, those administering the vaccinations are required to give [informed consent](#) information such as:
 - CDC has [announced](#) (via the VAERS data base) that, as of June 23, it has received reports of over 1,000 cases of heart inflammation, known as myocarditis or pericarditis, in males between the ages of 16 and 24, following mRNA COVID-19 vaccinations.
 - FDA recently included a [warning](#) about the risk of heart inflammation in the Moderna and Pfizer Vaccination fact sheets.
 - The number of COVID 19-related vaccination injuries, including deaths, reported by CDC ([VAERS](#)) as of **August 13, 2021** is [595,622](#).
3. Cancellation of the Medical Code of Ethics: UCLA

violates one of the four pillars of the medical code of ethics, one of which is [autonomy](#)—meaning that an individual’s freedom of choice with regard to medical procedures is essential. UCLA should state that through its mandate, they are suspending the medical code of ethics with regard to autonomy.

4. Legal Authority not cited: UCLA should state the legal and statutory authority on which it bases its vaccine mandate.
5. Remedies at law are not cited: UCLA should inform its students that in the event of vaccine injury, they have no legal recourse against the pharmaceutical company that manufactured the vaccine that caused injury. Additionally, UCLA is also silent about whether students or parents have recourse against UCLA in the event of its students’ injuries or death or if UCLA is claiming a legal shield against liability.
6. Undefined Responsibility: UCLA does not identify the official that signed off on the mandate. This means that in a trial based on violations of the Nuremberg [code](#), UCLA has not identified if the Chancellor, president, or board of trustees might be called as witnesses, or even be named as defendants.

Other Universities

- [Rutgers sent “False and Misleading” emails to students about COVID vaccine mandate](#)
- [California State University](#)
- [San Diego State University](#)
- [University of California](#) mandate violates students’ civil liberties, lawsuit says.

Other Useful Information

- [COVID Vaccine Religious Exemption Documents](#)
- No one should die from a vaccination. [Vax Injuries in children 12 years old to 20](#)

- [Toolkit for Preventing Vaccine Mandates](#). This kit will help you fight back against all vaccine mandates.
- [Vaccine Adverse Event Reporting System information](#)
- FDA Warnings of Myocarditis and Guillain Barre Syndrome: [The FDA added a warning that Johnson & Johnson's COVID-19 vaccine may trigger Guillain-Barré syndrome \(GBS\) in a small number of people in a letter sent to the manufacturer on Monday... It states that adverse event reports suggest an increased risk of Guillain-Barré syndrome in the 42 days after vaccination.](#)
- [Top Ten reasons not to let your child get a COVID shot](#)
- Almost 100% of children and young adults [don't suffer from severe COVID](#). In fact, many have no symptoms at all. Plus, many have already had COVID, which is [another reason](#) not to get the vaccine.
- [FDA petition](#): On May 16, Robert F. Kennedy, Jr. and Meryl Nass, MD, on behalf of Children's Health Defense (CHD), took a landmark step in the COVID crisis that has irrevocably changed billions of lives around the globe by filing a [Citizen Petition](#) with the U.S. Food and Drug Administration (FDA) to withdraw COVID-19 vaccines from the market.
- Pamela A. Popper, President, Wellness Forum Health: [The Forbidden COVID-19 Chronicles: Why Colleges and Universities are Requiring COVID-19 Vaccines](#)
- [Hundreds of colleges are requiring COVID-19 vaccines, but many more are holding off on mandates](#)
- [Why COVID-19 Vaccines Should Not Be Required for All Americans](#)
- [Watch video testimonials from people who have suffered reactions to the vaccines](#)
- [2 Things Mainstream Media Didn't Tell You About FDA's Approval of Pfizer Vaccine](#)

Examples of "Vaccine Failure"

- [CDC panel signals support for booster shots](#)
- [Mathematically impossible for vaccines to eliminate COVID](#)
- [140 Hospitalized People Out Of 141 Cases In Sydney Had Both COVID Jabs, Other Had 1 Dose](#)
- [Israel CEO 90% of severely sick are vaccinated](#)
- [Scientist warning COVID vaccines producing symptoms of Parkinson's and neurodegenerative disorders](#)
- [\(Israel\) Government admits that half of new Covid-19 cases in last month were fully vaccinated](#)
- [Natural Infection vs vaccination: which gives more protection?](#)
- [Nearly 40% of new COVID patients were vaccinated – compared to just 1% who had been infected previously.](#)
- [New report shows vaccine effectiveness dropping over half a year](#)
- [A new report indicates that the COVID-19 vaccines from Pfizer will drop by more than ten percent inside half a year](#)
- [Vaccinated people in Singapore make up three-quarters of recent COVID-19 cases](#)
- [BNT162b2 vaccine breakthrough: clinical characteristics of 152 fully vaccinated hospitalized COVID-19 patients in Israel](#)
- [CDC Alarmed: 74% of Cases in Cape Cod Cluster Were Among the Vaxxed](#)
- [CDC Scaled Back Hunt for Breakthrough Cases Just as the Delta Variant Grew ████████. Bloomberg identified more than 100,000 vaccine breakthroughs](#)
- [Spike-antibody waning after second dose of Vaccine](#)
- [Higher COVID Rate Found In Some Counties With Higher Vaccination Rate – Why, And What It Says About The Delta Variant](#)
- [Iceland: Vaccines do not work](#)
- [27 vaccinated people test positive for Covid on a Carnival cruise ship](#)
- [7 vaccinated Florida patients die of COVID; nurse calls](#)

situation “disturbing”

Connect

- [The National Vaccine Information Center](#)
- [HealthChoice](#)
- [Millions Against Medical Mandates](#)
- [Stand for Health Freedom](#)
- [Informed Consent Action Network](#)
- [Students Against Mandates](#)
- [Vaccine Adverse Events Reporting System \(VAERS\)](#)
- [Vaccine Injury Payouts](#)
- [Doctors 4 COVID ethics](#)
- [Turning Point USA](#)
- [Young Americans for Liberty](#)
- [America’s Frontline Doctors](#)
 - [How do I get COVID-19 medication?](#)
- [GreenMedInfo](#)
- [Highwire with Del Bigtree](#)
- [Clergy Council on Religious and Medical Freedom](#)
- [Freedom Of Religion – United Solutions \(FOR-US\)](#)

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Justice Centre for Constitutional Freedoms Identifies Canadian Universities That Are Instituting Mandatory Vaccines in 2021

[Justice Centre for Constitutional Freedoms Identifies Canadian Universities That Are Instituting Mandatory Vaccines in 2021](#)

by [Justice Centre for Constitutional Freedoms](#)

August 19, 2021

The [Justice Centre for Constitutional Freedoms](#) has released the [2021 Campus Vaccine Index](#) to help educate students, parents and the public with the campus Covid-19 vaccination policies of 61 public universities in Canada.

Canada-wide, the favoured approach among universities is to let students, staff, faculty and campus visitors make their own health decisions without threats to their liberties. As of August 17, 65% of Canadian universities (40/61 universities) do not have any mandatory vaccination policies in place.

Universities situated in British Columbia, Alberta, Manitoba, Quebec, New Brunswick, Prince Edward Island, Newfoundland and Labrador, and the Yukon have not instituted any campus-wide mandatory vaccination policies.

However, at least one university situated in each of the

provinces of Saskatchewan, Ontario, and Nova Scotia does have a mandatory vaccination policy.

Universities in Ontario and Saskatchewan are the worst offenders: 17/20 or 85% of Ontario universities have instituted a mandatory vaccine policy, although at some schools, students can opt for onerous twice-weekly testing regimes in lieu of the jab. Both of Saskatchewan's universities have mandatory vaccine policies in place.

Since 2011, the Justice Centre has published the annual *Campus Freedom Index* report to measure the state of free speech at Canada's publicly-funded universities. However, due to government-mandated lockdown measures, there was insufficient campus data to analyze for the 2020–2021 academic year. This year's [Campus Vaccine Index](#) is therefore a special edition of our annual report.

The Justice Centre's position is that mandating vaccination for Canadians under most circumstances violates their right to bodily autonomy, and other *Charter* protected rights to freedom of conscience and religion, mobility rights, and the right to liberty, and security of the person. The Justice Centre is considering the commencement of a *Charter* application against a college in Ontario which, if successful, may result in a change in policy on universities as well.

Getting a Covid vaccination should not be a prerequisite to accessing postsecondary education in Canada.

[Explore the interactive 2021 Campus Vaccine Index now.](#)

[KEY FINDINGS](#)

Universities situated in [British Columbia](#), [Alberta](#), [Manitoba](#), [Quebec](#), [New Brunswick](#), [Prince Edward Island](#), [Newfoundland and Labrador](#), and the [Yukon](#) do not

have any mandatory vaccination policies in place.

At least one university situated in each of the provinces of [Saskatchewan](#), [Ontario](#), and [Nova Scotia](#) does have a mandatory vaccination policy.

Universities in [Saskatchewan](#) and [Ontario](#) are the worst offenders: 17/20 or 85% of [Ontario](#) universities have instituted a mandatory vaccine policy, although at some schools, students can opt for onerous twice-weekly testing regimes in lieu of the jab. Both of [Saskatchewan](#)'s universities have mandatory vaccine policies in place.

In [Nova Scotia](#), one of the province's seven universities requires the vaccine of some students.

Canada-wide, the favoured approach among universities is to let students, staff, faculty and campus visitors make their own health decisions without threats to their liberties. 65% of Canadian universities (40/61 universities) do *not* have any mandatory vaccination policy in place.

[Connect with Justice Centre for Constitutional Freedoms](#)

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**Tell Your Elected Officials
NO MANDATES! Tell Them: My
Body, My Choice!**

[Tell Your Elected Officials NO MANDATES! Tell Them: My Body, My Choice!](#)

by [Children's Health Defense](#)

August 2, 2021

No one should ever be coerced into a medical procedure for any reason including a condition of employment. Tell them "My Body, My Choice!"

With one click, [send a letter](#) to your Federal officials, Governor, State legislators, Mayor and City Council Members

Employer Mandates Resources to Help You:

1. Know what's happening in your state [50 State Update on Pending Legislation pertaining to Employer mandated vaccinations](#)
2. [Toolkit for Preventing Vaccine Mandates](#) This kit will help you fight back against all vaccine mandates.
 - COVID-19 vaccine is an Emergency Use Authorization (EUA) Product. Mandating it violates Federal Law and the Nuremberg Code. The Children's Health Defense Legal Section has extensive legal resources to make individuals aware about their legally protected rights. Use these resources to educate and preserve fundamental human rights on critical issues related to health freedom.
 - [Legal Notice EUA Mask](#)
 - [Legal Notice EUA testing](#)
 - [Legal Notice EUA vaccines](#)
 - [Biden plan to mandate COVID vaccine on federal workers violates Nuremberg Code](#)
 - [United Health Care Workers](#)

Examples of Fighting Back

- If you are an employee and are being told that you will be mandated to take the COVID vaccination(s) or will be fired, and are not being provided an alternative accommodation, you are not alone. Send us examples of groups fighting back.
- [United Healthcare Workers](#). Michigan Healthcare System. “It’s time healthcare workers across the state band together and say, enough is enough.”
- Houston healthcare workers [push back](#) and are appealing their case

Other Useful Information

- [COVID Vaccine Religious Exemption Documents](#)
- No one should die from a vaccination. Vaccine Adverse Event Reporting System information: Injuries get latest information from Eileen/Rita to add here
- FDA Warnings of Myocarditis and Guillain Barre Syndrome:
- [The warning in the Fact Sheets for Healthcare Providers Administering Vaccines notes that reports of adverse events suggest increased risks of myocarditis and pericarditis, particularly following the second dose and with onset of symptoms within a few days after vaccination.](#)
- [The FDA added a warning that Johnson & Johnson’s COVID-19 vaccine may trigger Guillain-Barré syndrome \(GBS\) in a small number of people in a letter sent to the manufacturer on Monday. ... It states that adverse event reports suggest an increased risk of Guillain-Barré syndrome in the 42](#)

days after vaccination.

- COVID Resources

Examples of “Vaccine Failure”

- CDC panel signals support for booster shots
- Mathematically impossible for vaccines to eliminate COVID
- 140 Hospitalized People Out Of 141 Cases In Sydney Had Both COVID Jabs, Other Had 1 Dose
- Israel CEO 90% of severely sick are vaccinated
- Scientist warning COVID vaccines producing symptoms of parkinson and neurodegenerative disorders
- (Israel) Government admits that half of new Covid-19 cases in last month were fully vaccinated
- Natural Infection vs vaccination: which gives more protection? Nearly 40% of new COVID patients were vaccinated – compared to just 1% who had been infected previously.
- New report shows vaccine effectiveness dropping over half a year
- A new report indicates that the COVID-19 vaccines from Pfizer will drop by more than ten percent inside half a year.
- Vaccinated people in Singapore make up three-quarters of recent COVID-19 cases
- BNT162b2 vaccine breakthrough: clinical characteristics of 152 fully vaccinated hospitalized COVID-19 patients in Israel
- CDC Alarmed: 74% of Cases in Cape Cod Cluster Were Among the Vaxxed
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Bloomberg identified more than 100,000

[vaccine breakthroughs](#)

Connect

- [GreenMedInfo The National Vaccine Information Center](#)
- [HealthChoice Millions Against Medical Mandates](#)
- [Highwire with Del Bigtree Stand for Health Freedom](#)
- [Informed Consent Action Network](#)
- [Students Against Mandates](#)
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- [Doctors 4 COVID ethics](#)

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Form for Employees Whose Employers Are Requiring

Covid-19 Injections

[Form for Employees Whose Employers are Requiring Covid-19 Injections](#)

by [The Solari Report](#)

July 28, 2021

(The Solari Report, revised July 28, 2021)

(View the PDF version [here](#))

The first draft of this form was written by Corey Lynn of [Corey Digs](#) but has subsequently been updated by the Solari Team for future events.

[NOTE TO EMPLOYEE: **Be sure to document the date and time you submit the form to your employer; also document the date and time and their response if they refuse to sign it.** *Note that three other Solari Report forms^{1,2,3} are also available as downloadable PDFs: the “Family Financial Disclosure Form for Covid-19 Injections”; “Notice and Declaration of Parental Authority Requirement of Disclosure and Safety of Medical Treatment/s”; and “Form for Students Attending Colleges or Universities Requiring Covid-19 Injections under Emergency Use Authorization.”*]

Introduction

The situation with Covid-19 injections is fluid and evolving rapidly. As of July 2021, three vaccines were being administered in the U.S. under Food and Drug Administration (FDA) emergency use authorization (EUA): the Pfizer-BioNTech and Moderna mRNA injections and the Janssen/Johnson & Johnson adenovirus-vectored injection.

The injections’ regulatory status could soon change. On July

16, the FDA granted priority review to Pfizer's application for full approval (licensure) of its Covid-19 vaccine for those age 16 and up. Moderna and Johnson & Johnson are also preparing to seek full approval. FDA officials have pledged to issue a decision with respect to the Pfizer application within two months. And though "not intervening in the decision of government scientists," President Biden predicts full approval by September or October.⁴

Approval would have significant workplace ramifications. Assuming one or more shots receives full approval, public health experts expect "a wave of Covid-19 vaccine mandates," confidently anticipating that licensure will "remove a significant legal and public relations barrier for businesses...that want to"—or are being pressured to—require vaccinations for their employees.⁵ Even under EUA, one federal agency (the Department of Veterans Affairs) has already mandated (on July 26) the experimental injections for its health care personnel, setting a federal precedent for employee mandates that others may soon follow. That same day, the Department of Justice published an opinion stating that it is legal for "public and private entities" to mandate Covid vaccines despite the injections only being approved for emergency use.

American workers who do not wish to accept Covid-19 injections are thus in a difficult position. The genesis of this form was to provide a tool for employees to use *within the context of emergency use authorization* with employers who attempt to mandate still-investigational Covid-19 injections (Scenario 1). With the possibility of full FDA approval in fall 2021 (Scenario 2), the legal context for U.S. mandates will likely shift in significant ways. *In the event of licensure, we will provide an updated form that reflects the altered regulatory circumstances.*

Under both scenarios, we anticipate that a form of this type

will remain a critically important tool for employees determined to educate employers about the full set of physical and financial risks they are asking workers to incur. Employees should strongly consider reviewing the form with employers and also sharing it with co-workers. This could result in a positive outcome for employees and, if used widely, could be a game-changer.

Scenario 1: Emergency Use Authorization

Many employers are trying to deny employees' right to choose and their right to bodily integrity by requiring EUA Covid-19 vaccines as a condition of employment. Under EUA, however, such requirements are a violation of the law. (We anticipate that the Department of Justice opinion on the legality of EUA mandates should and will be challenged.) Mandates are also a violation of fundamental human and religious rights.

The provisions of the 2005 Public Readiness and Emergency Preparedness (PREP) Act and a February 2020 declaration by the U.S. Department of Health and Human Services (HHS) Secretary mean that pharmaceutical companies cannot be held liable for injuries or deaths caused by EUA Covid-19 injections.⁶ However, other companies, institutions, and individuals *can* be held liable.

On the grounds that the injections are under EUA and are not formally licensed, many health care providers are refusing service to individuals injured by the Covid-19 injections, and health and life insurance companies are declining coverage for vaccine-related injuries and deaths.⁷ This denial of care and coverage poses a serious threat to the physical and financial well-being of employees presented with a requirement to get a Covid injection—perhaps even more so than the possibility of losing their job for not being vaccinated. Medical bills for vaccinated individuals with serious injuries have already exceeded \$1 million in some cases.⁸ Under the PREP act, the

vaccine-injured may submit a claim to the Countermeasures Injury Compensation Program (CICP), but the CICP historically has rejected 92% of claims and has not yet compensated a single Covid injection claim.⁹

Reviewing this form with employers may open their eyes to the regulations in place and the liability they may face (that they may otherwise not be aware of). If an employee should decide to accept the required experimental Covid-19 injection, the form also provides a mechanism to insist on a signature from the employer's representative that holds the company liable. If the employer's representative refuses to sign the form, that may be an indicator of the company's concerns about potential liability and should prompt an immediate discussion about how the employee can continue working for the company without being injected.

Scenario 2: Full Approval

Before Covid-19, workplace vaccine mandates for adults were on a state-by-state basis and primarily focused on hepatitis B and influenza vaccination in health care settings, often allowing some accommodation for disability or religious beliefs.¹⁰ Under a scenario of full FDA approval for Covid-19 injections, a broader cross-section of employers well beyond the health care arena will likely feel emboldened or pressured to impose workplace mandates.¹¹ Evoking the specter of "potentially severe" Covid illness, some commentators are suggesting that the process for granting medical or religious exemptions "may look a little different" (i.e., be more restrictive).¹²

If Covid-19 injections lose their EUA status and receive full FDA approval, they would no longer enjoy the liability protection conferred by the PREP Act. However, if the FDA extends full approval to children under age 18—as is widely anticipated¹³—and the Centers for Disease Control and

Prevention (CDC) recommends Covid-19 injections for “routine administration” to children (or pregnant women),¹⁴ manufacturers and health care providers will be protected from liability for Covid-vaccine-related injuries and deaths under the 1986 National Childhood Vaccine Injury Act (NCVIA).¹⁵ From that point on, the only avenue available for compensation would be the notoriously stingy and difficult-to-navigate National Vaccine Injury Compensation Program (NVICP).¹⁶

Notes

1. The Solari Report. Family Financial Disclosure Form for Covid-19 injections. Mar. 1, 2021; updated Jul. 28, 2021. <https://pandemic.solari.com/family-financial-disclosure-form-for-covid-19-injections/>.
2. The Solari Report. Notice and Declaration of Parental Authority Requirement of Disclosure and Safety of Medical Treatment/s. Jun. 24, 2021. <https://home.solari.com/notice-and-declaration-of-parental-authority-requirement-of-disclosure-and-safety-of-medical-treatment-s/>.
3. The Solari Report. Form for Students Attending Colleges or Universities Requiring Covid-19 Injections under Emergency Use Authorization. May 4, 2021; updated Jul. 28, 2021. <https://pandemic.solari.com/form-for-students-attending-colleges-or-universities-requiring-covid-19-injections/>.
4. Weiland N, Karni A. Biden predicts the F.D.A. will give final approval to a Covid vaccine by the fall. *The New York Times*, Jul. 21, 2021.
5. Pettypiece S. Vaccine mandates more likely once FDA grants full approvals, health experts say. NBC, Jul. 20, 2021.
6. Congressional Research Service. The PREP Act and COVID-19: Limiting Liability for Medical Countermeasures. Updated Mar. 19, 2021. <https://crsreports.congress.gov/product/pdf/LSB/LSB10443>

7. Del Bigtree interviews 3 medical professionals incapacitated by Covid injections. *The Highwire*, Apr. 29, 2021. <https://www.bitchute.com/video/A4d8FB2cIBTc/>.
8. Redshaw M. Woman who nearly died after J&J vaccine stuck with \$1 million medical bill, says government should pay. *The Defender*, Jun. 2, 2021. <https://childrenshealthdefense.org/defender/woman-nearly-died-johnson-johnson-vaccine-million-dollar-medical-bill/>.
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10. National Vaccine Information Center. What laws exist to protect employees and adults from vaccine mandates? <https://www.nvic.org/faqs/employee-vaccine-mandates.aspx>.
11. Mulligan K, Harris JE. Opinion: More employers should mandates COVID-19 vaccines for workers – for the health of their business. *MarketWatch*, Jul. 21, 2021.
12. Schnalzer R. Newsletter: Can employers require workers to get flu shots? *Los Angeles Times*, Sep. 29, 2021.
13. Edwards E. Covid vaccines for kids under 12 expected midwinter, FDA official says. NBC, Jul. 15, 2021.
14. Health Resources & Services Administration. Covered vaccines. <https://www.hrsa.gov/vaccine-compensation/covered-vaccines/index.html>.
15. Children’s Health Defense. NCVIA: The legislation that changed everything—Conflicts of Interest Undermine Children’s Health: Part II. May 16, 2019. <https://childrenshealthdefense.org/news/ncvia-the-legislation-that-changed-everything-conflicts-of-interest-undermine-childrens-health-part-ii/>.
16. Children’s Health Defense. \$4 billion and growing: U.S. payouts for vaccine injuries and deaths keep climbing. Nov. 19,

2018. <https://childrenshealthdefense.org/news/4-billion-and-growing-u-s-payouts-for-vaccine-injuries-and-deaths-keep-climbing/>.

Legal Resources

If you find yourself in a predicament with a company that refuses to hear you out, does not provide you with required information, or threatens termination of your employment, here are a few potential resources for attorneys:

- **America's Frontline Doctors (AFLDS):** AFLDS provides an intake form on their site that you can fill out and submit; they will search for an attorney in your area who is taking on this type of case. There is a small fee for the search, and of course, attorneys have their own fees. On July 19, 2021, AFLDS also filed a motion seeking immediate injunctive relief to halt administration of EUA Covid-19 injections to anyone age 18 and younger; anyone who has recovered from Covid; and all Americans who have not received informed consent as defined by federal law.
<https://www.americasfrontlinedoctors.org/legal/vaccines-the-law>
https://americasfrontlinedoctors.org/press_releases/afllds-files-lawsuit-seeking-immediate-injunctive-relief-revoking-the-emergency-use-of-covid-19-vaccines-based-on-disturbing-new-mortality-data/
- **Health Freedom Defense Fund:** This nonprofit is working to address unethical and unlawful mask, testing, and vaccine mandates through focused legal actions. Resources for employees include a Notice to Employers ("Vaccine Notice") that compulsory Covid-19 vaccination imposed by employers on employees violates federal law.
▪ <https://healthfreedomdefense.org/resources/>
- **Informed Consent Action Network (ICAN):** ICAN's legal team is offering to assist employees who are being

required by an employer to receive Covid-19 injections.
<https://childrenshealthdefense.org/defender/forced-to-get-covid-vaccine-ican-may-be-able-to-help/>.

- **State-level:** If you find yourself needing an attorney for a vaccine injury case, you can try looking through this state list: <https://uscfc.uscourts.gov/sites/default/files/Vaccine%20Attorneys.pdf>.

Medical/Scientific Resources

Comprehensive, high-integrity medical and scientific information, including briefs and reports summarizing what is known about the risks of Covid-19 injections and adverse events, is available (and routinely updated) at the following websites:

- **America's Frontline Doctors:** In addition to its legal resources (see above), AFLDS' website includes information about Covid-19 treatments, "issue briefs" on post-vaccination complications and other topics, and numerous other resources.
<https://americasfrontlinedoctors.org/about-us/mission-statement/>
- **Children's Health Defense (CHD):** In addition to reporting on vaccine safety topics via its flagship online news outlet *The Defender*, CHD offers a "Fighting COVID Mandates" toolkit and related resources, a series of eBooks (including eBooks on vaccine mandates and protection of individual rights), a research library, and a "Community Corner."
<https://childrenshealthdefense.org/>
- **Doctors for COVID Ethics (D4CE):** Among the excellent resources provided by this group of doctors and scientists from 30 countries are "Letter to physicians: Four new scientific discoveries regarding the safety and efficacy of COVID-19 vaccines," which warns that "all physicians must reconsider the ethical issues

surrounding COVID-19 vaccination,” and a 23-page Expert Statement outlining the serious risks of the Pfizer injection (European brand name Comirnaty) in children.

<https://doctors4covidethics.org/>

Form for Employers Requiring Covid-19 Injections under Emergency Use Authorization

NOTE TO EMPLOYER: As your employee, I request that you review this document, provide the requisite information, and sign the form, in regards to your requirement that employees get a Covid-19 emergency use authorization (EUA) investigational vaccine.

1) If I agree to receive an EUA Covid-19 injection, does my employee health insurance plan provide complete coverage should I experience an adverse event, or even death?

2) As an employee, does my life insurance policy provide any coverage in the event that I die from receiving an EUA Covid-19 injection?

3) As an employee, will you be providing Workers' Compensation, disability insurance, or other resources if I have an adverse event to an EUA Covid-19 injection and am unable to come to work for days, weeks, or months, or if I am disabled for life?

4) The Food and Drug Administration (FDA) requires that EUA vaccine recipients be provided with certain **vaccine-specific information** to help them make an informed decision about vaccination.¹ The EUA fact sheets that must be provided are specific to each authorized Covid-19 injection and are developed by the manufacturers (Pfizer/BioNTech, Moderna, and Janssen/Johnson & Johnson). The fact sheets must provide up-to-date information on the injections and their ingredients; vaccine recipients must also receive information about adverse events. Have you read, understood, and provided me (and all other employees) with these fact sheets and current information on adverse events—and can you furnish a list of vaccine ingredients guaranteed to be complete—so that I/we can make an educated decision?

5) Have you reviewed the **material adverse events** experienced to date by people who have received EUA Covid-19 injections, reported to the Vaccine Adverse Event Reporting System (VAERS)?² Reported adverse events include death, anaphylaxis, blood clots and related complications, heart problems (myocarditis and pericarditis), neurological disorders, autoimmune disorders, other chronic and inflammatory conditions, blindness and deafness, infertility, fetal damage, miscarriage, and stillbirth.

6) The FDA's guidance³ on emergency use authorization of medical products requires the FDA to "ensure that recipients are informed to the extent practicable given the applicable circumstances...[t]hat they have **the option to accept or refuse the EUA product...**" Are you aware of this statement? Have you informed all employees that they have the option to refuse?

7) With respect to the emergency use of an unapproved product, the Federal Food, Drug and Cosmetic Act, Title 21 U.S.C. 360bbb-3(e)(1)(A)(ii)(I-III) reiterates that individuals be informed of "**the option to accept or refuse administration of the product**, [and] of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks."⁴ In the event that the FDA decided to grant full approval to Covid-19 vaccines, state legislation would be required to allow companies to mandate the Covid-19 injections. Are you aware of these facts?

8) EUA products are unapproved, unlicensed, and experimental. Under the Nuremberg Code—the foundation of ethical medicine—no one may be coerced to participate in a medical experiment. The

individual's consent is absolutely essential. No court has ever upheld a mandate for an EUA vaccine. In *Doe #1 v. Rumsfeld*, 297 F. Supp. 2d 119 (2003),⁵ a federal court held that the U.S. military **could not mandate EUA vaccines for soldiers**: “[T]he United States cannot demand that members of the armed forces also serve as guinea pigs for experimental drugs” (*Id.* at 135). Are you aware of this?

9) The United States Code of Federal Regulations⁶ and the FDA require the informed consent of human subjects for medical research. The EUA Covid-19 injections are unapproved, unlicensed, investigational vaccines that are still in their experimental stage. It is unlawful to conduct medical research on a human being, even in the event of an emergency, unless steps are taken to secure the **full informed consent** of all participants. Are you aware of this?

10) According to Federal Trade Commission (FTC) Guidelines⁷ and the FTC's “Truth In Advertising,”⁸ promotional materials—and especially materials involving health-related products—cannot mislead consumers, omit important information, or express claims. All of this falls under the rubric of **“deceptive advertising”** (whereby a company is providing or endorsing a product), whether presented in the form of an ad, on a website, through email, on a poster, or in the mail. For example, statements such as “all employees are required to get

the Covid-19 vaccine to make the workspace safe” or “it’s safe and effective” leave out critical information. Critical information includes the facts that Covid-19 injections are unapproved EUA vaccines that “may” or “may not” prevent Covid, won’t necessarily make the workplace safer, and could in fact cause harm. Not providing links or attachments of the manufacturers’ fact sheets and current information on adverse events is omitting safety information. Are you aware of this?

11) Since the Covid lockdowns began over one year ago, there have been over 178 reported breaches of unsecured protected health information (PHI), incidents investigated by the Office for Civil Rights (OCR). These breaches exposed millions of people’s personal health information. Although many of these incidents were attributed to hacking, some of the breaches to PHI fell directly under the 1996 Health Insurance Portability and Accountability Act (HIPAA), such as sharing a patient’s or person’s information with an unauthorized individual or incorrectly handling PHI.⁹ Can you please **explain your obligations to me, under HIPAA law**, with respect to your requirement that I receive this injection?

12) Whereas pharmaceutical companies that manufacture EUA vaccines have been protected from liability related to injuries or deaths caused by experimental agents since the Public Readiness and Emergency Preparedness (PREP) Act¹⁰ was

enacted in 2005, companies and all other institutions or individuals who mandate experimental vaccines on any human being are not protected from liability. Are you aware that you do not enjoy such liability protection?

13) Are you aware that employees could file a civil suit against you should they suffer an adverse event, death, or termination from their place of employment?

As the legally authorized officer of the employer/company, I have read all of the above information, have provided my employees with all of the information that the FDA requires be provided to recipients of the Covid-19 injections, and do hereby agree to assume 100% financial responsibility for covering any and all expenses from adverse events, including death, through insurance coverage or directly. In addition, I affirm that the employee will not be subjected to the loss of their job should they decline to receive a Covid-19 injection.

Authorized officer of company requiring injection	Company	Date
Employee	Company	Date
Witness	Company	Date

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How to Avoid Mandatory Covid Shots at Your University or College

[How to Avoid Mandatory Covid Shots at Your University or College](#)

by [The Weston A. Price Foundation](#)

July 28, 2021

Numerous schools have announced that COVID-19 injections will be compulsory for student attendance. We would like to share some information on how you can potentially avoid the experimental shots by obtaining either a religious or medical exemption.

There is no time to wait! The latest Human Health Service's reporting system data shows that 470,898 people have reported injuries and 5,467 deaths have been reported, even though it is estimated that only between 1 and 10 percent of all vaccine injuries are ever reported.

Recent data also shows many people under 30 are suffering from heart inflammation, blood clots, and low platelets post COVID-19 injections.

Interventions that interfere with bodily autonomy, especially forced vaccination, should never be stipulated as a condition of receiving an education!

Take Action:

1. Submit a religious or medical vaccine exemption.
 - Use this link to see which schools are requiring COVID

vaccines and to find contact information and deadline information: <https://childrenshealthdefense.org/child-health-topics/take-action/tell-schools-universities-no-vaccine-mandates-for-children-young-adults/>

- Use this link to see which states offer religious exemptions. <https://www.nvic.org/vaccine-laws/state-vaccine-requirements.aspx> (All states accept medical exemptions, although these can be difficult to obtain.)
- If you are applying for a medical exemption you will need to obtain one from your doctor.
- You may also want to contact your school and let them know why you OPPOSE COVID-19 injection mandates. If more people oppose the mandates, they may reverse their policies. Be sure to address these concerns to the schools' Presidents and any affiliated board members.

Sample email for Action #2:

"Hi, my name is ____ and I am deeply concerned about compulsory COVID-19 injections for students.

To date there have been nearly half a million people who have reported their vaccine injury to the government's vaccine injury data base (VAERS.) Many young people are among them; a significant number of teenagers and young adults have experienced myocarditis (heart inflammation), blood clots, strokes and more following COVID shots.

Looking just at people under the age of 30 who have reported adverse reactions to the government, over 90 people have died, over 600 people have reported life threatening reactions, and 375 people have reported permanent disabilities following a COVID injection.

Young adults are at a very low risk for COVID, and it is not appropriate to force them to take the risk of death or permanent disability in order to attend school. I urge you to

reconsider your policies and support your students' access to education.

Be sure to explain why this issue is important to you. You may wish to use a couple of the talking points below. Don't copy all of them – just use them as ideas to help structure your own message.

TALKING POINTS for calls and emails:

1. COVID-19 injections were created with completely new gene-based technologies. These messenger RNA and DNA shots are experimental and have not received full regulatory approval.
2. COVID-19 injections were rushed to market. Standard vaccine testing takes 6-10 years, not mere months. We do not have long-term safety data on large populations.
 - On June 22, 2021 the CDC's Advisory Committee on Immunization Practices (ACIP) said there is 'likely' a link between heart inflammation and Moderna and Pfizer's messenger RNA injections. The committee members acknowledged 1,200 case of heart inflammation in 16-24 year olds and advised that there be a warning statement.
 - No published studies demonstrate that patients who have already had a prior COVID injection benefit from the injections. Why require universal COVID-19 injections?
 - Vaccine manufacturers such as Pfizer, Merck and GlaxoSmithKline have paid billions of dollars in criminal penalties and settlements for research fraud, faking drug safety studies, failing to report safety problems, bribery, kickbacks and false advertising.[\[i\]](#) [\[ii\]](#) Pfizer paid \$2.3 billion in 2009 alone to resolve criminal and civil allegations.[\[iii\]](#)
 - COVID-19 injection manufacturers and providers are shielded from liability through the Public Readiness and Emergency Preparedness Act, or PREP Act. The only

option for compensating people injured by COVID-19 vaccines is the Countermeasures Injury Compensation program (CICP). Only eight percent of all petitioners since 2010 have been awarded compensation through the CICP. No legal or medial expert fees are covered, no pain and suffering is awarded, lost wages are capped at \$50,000, and there is no judicial appeal. In other words, the victims will be severely undercompensated while the pharmaceutical companies get rich.

- The US Supreme Court recognizes vaccines to be “unavoidably unsafe” and to cause injury and death in some recipients. The US Government has paid out approximately \$4.4 billion to the victims of vaccine injury. Hundreds of thousands have reported an adverse reaction to vaccination to VAERS. <http://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/>

[i] www.corp-research.org/merck

[ii] https://www.theguardian.com/business/2012/jul/03/glaxosmithkline-fined-bribing-doctors-pharmaceuticals?CMP=share_btn_fb

[iii] <https://abcnews.go.com/Business/pfizer-fined-23-billion-illegal-marketing-off-label/story?id=8477617>

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Legal Brief: All U.S. Employees Are Protected From Mandated COVID Injections

[Legal Brief: All U.S. Employees Are Protected From Mandated COVID Injections](#)

by [Liberty Counsel Action](#)

sourced from [Technocracy News](#)

May 21, 2021

A legal memo from Liberty Counsel Action is suitable for print and distribution to employers of all sizes, in order to protect employee rights under American law. Forced mandates are illegal. Discrimination against the non-vaccinated is also illegal. □ TN Editor

[Download PDF](#)

[Visit Liberty Counsel Action for more information](#)

Federal Law Prohibits Mandates of Emergency Use

COVID Vaccines, Tests, Masks – 3 Resources You Can Use to Inform Your School or Employer

[Federal Law Prohibits Mandates of Emergency Use COVID Vaccines, Tests, Masks – 3 Resources You Can Use to Inform Your School or Employer](#)

Under federal law, employers and universities cannot legally mandate COVID vaccines because they are unlicensed Emergency Use Authorization products which are, by definition, experimental.

by [Aimee Villella McBride](#) & [Stephanie Locricchio](#), The Defender

With more than [100 U.S. colleges](#) mandating [COVID vaccines](#) for in-person attendance and schools enforcing mask mandates, it's critical people understand their rights.

The bottom line is this: mandating products authorized for [Emergency Use Authorization status](#) (EUA) violates federal law as detailed in the following [legal notifications](#).

All COVID vaccines, [COVID PCR and antigen tests](#), and masks are merely EUA-authorized, not approved or licensed, by the federal government. Long-term safety and [efficacy](#) have not been proven.

EUA products are by definition [experimental](#), which requires people be given the right to refuse them. Under the [Nuremberg Code](#), the foundation of ethical medicine, no one may be coerced to participate in a medical experiment. [Consent of the](#)

[individual](#) is “absolutely essential.”

Earlier this year, Mary Holland, [Children’s Health Defense](#) president and general counsel, and attorney Greg Glaser [stated](#) that federal law prohibits employers from mandating EUA COVID vaccines (or EUA COVID-19 tests or masks).

Holland and Glaser wrote:

“If a vaccine has been issued EUA by the FDA, it is not fully licensed and must be voluntary. A private party, such as an employer, school or hospital cannot circumvent the EUA law, which prohibits mandates. Indeed, the EUA law preventing mandates is so explicit that there is only one precedent case regarding an attempt to mandate an EUA vaccine.”

What to do if your school or employer says you must get the COVID vaccine

The Children’s Health Defense legal team has written three legal notifications that anyone faced with a [COVID vaccine](#), [COVID test](#) or [mask mandate](#) can use to inform employers and universities that they are violating federal law. You can download the three notifications [here](#).

All of the notifications include this language:

“Federal law, [Title 21 U.S.C. § 360bbb-3\(e\)\(1\)\(A\)\(ii\)\(I-III\)](#) of the Federal Food, Drug, and Cosmetic Act, states the following about products granted emergency authorization usage:

Individuals to whom the product is administered are informed–

(I) that the Secretary has authorized the emergency use of the product;

(II) of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and

(III) of the option to accept or refuse administration of the product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks.

Any entity or organization that requires EUA COVID-19 vaccinations, COVID-19 tests or masks are in violation of federal law, and will likely face lawsuits if they don't allow exemptions or alternatives."

Submitting the notices prepared by Children's Health Defense is the first step prior to seeking an exemption or taking legal action.

Vaccine exemption laws vary by state. Go to the [National Vaccine Information Center](#) to learn more about your state exemptions.

It's critical to stand against mandates and preserve legally protected, fundamental human rights on issues related to health freedom. Don't fall prey to coercion and pressure, use the resources available to protect your legal rights.

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Legal Resources from

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[Legal Resources from Children's Health Defense](#)

The Children's Health Defense Legal Section has extensive legal resources that make aware and acquaints individuals about their legally protected rights to encourage, engage and empower individuals in a fight to preserve their fundamental human rights and on issues critical to health freedom.

Notice for Employers, Universities and Other Institutions Mandating Covid-19 Masks

[Notice for EUA Masks](#)

Notice for Employers, Universities and Other Institutions Mandating Covid-19 Tests

[Notice for EUA Testing](#)

Notice for Employers, Universities and Other Institutions Mandating Covid-19 Vaccines

[Notice for EUA Vaccines](#)

Dr. David Martin Releases ‘The Fauci/COVID-19 Dossier’ | 205 Pages, 22 Years of Research

[Dr. David Martin Releases ‘The Fauci/COVID-19 Dossier’
| 205 Pages, 22 Years of Research](#)

[Butterfly of the Week, 18 January 2021: The Fauci/Covid-19
Dossier](#)

by [Dr. David Martin](#)

January 19, 2021

[Download PDF](#)

The Fauci/COVID-19 Dossier

Prepared for humanity by Dr. David E. Martin

In the video below, Dr. David Martin reads this excerpt from the report:

By March 2015, both the virulence of the S1 spike protein and the ACE II receptor was known to present a considerable risk to human health. NIAID, EcoHealth Alliance and numerous researchers lamented the fact that the public was not sufficiently concerned about coronavirus to adequately fund their

desired research.

Dr. Peter Daszak of EcoHealth Alliance offered the following assessment:

“Daszak reiterated that, until an infectious disease crisis is very real, present, and at an emergency threshold, it is often largely ignored. To sustain the funding base beyond the crisis, he said, we need to increase public understanding of the need for MCMs such as a pan-influenza or pan-coronavirus vaccine. A key driver is the media, and the economics follow the hype. We need to use that hype to our advantage to get to the real issues. Investors will respond if they see profit at the end of process, Daszak stated.”

Original video available at [David Martin World YouTube channel](#).

[As a service to protect truth from censorship and to share widely, mirrored copies of this video are available at Truth Comes to Light [BitChute](#), [Brighteon](#), [Lbry/Odysee](#) channels. All credit, along with our sincere thanks, goes to the original source of this video. Please follow links provided to support their work.]

See also:

[Dr. David Martin at January 6 Rally: “Nature Has Never Conspired Against Us. Criminals Do.”](#)

[Dr. David Martin with Sacha Stone: Deep Research Exposes Fauci’s History of Criminal Activity – A Call to Action](#)

World Doctors Alliance: Open Letter to the UK Government, Governments of the World and the Citizens of the World

[World Doctors Alliance: Open Letter to the UK Government, Governments of the World and the Citizens of the World](#)

by [World Doctors Alliance](#)

October 16, 2020

Sign the Open Letter

General public as well as medical professionals are welcome to sign.

**Open letter to the UK Government, Governments of the World
and the Citizens of the World**

[Download PDF version here](#)

INTRODUCTION

We were told initially that the premise for lockdown was to 'flatten the curve' and therefore protect the NHS from being overwhelmed.

It is clear that at no point was the National Health Service (NHS) in any danger of being overwhelmed, and since May 2020 covid wards have been largely empty; and crucially the death toll from covid has remained extremely low.

We now have hundreds of thousands of so-called 'cases', 'infections' and 'positive tests' but hardly any sick people. Recall that four fifths (80%) of 'infections' are asymptomatic (1) Covid wards have been by and large empty throughout June, July, August and September 2020. Most importantly covid deaths are at an all-time low. It is clear that these 'cases' are in fact not 'cases' but rather they are normal healthy people.

So-called asymptomatic cases have never in the history of respiratory disease been the driver for spread of infection. Rather it is symptomatic people who spread respiratory infections – not asymptomatic people.(2)

It is also abundantly clear that the 'pandemic' is basically over and has been since June 2020. (3)

We have very highly likely reached herd immunity and therefore have no need for a vaccine.

We have safe and very effective treatments and preventative treatments for covid, we therefore call for an immediate end to all lockdown measures, social distancing, mask wearing, testing of healthy individuals, track and trace, immunity passports, the vaccination program and so on.

There has been a catalogue of unscientific, non-sensical policies enacted which infringe our inalienable rights, such as – freedom of movement, freedom of speech and freedom of assembly. These draconian totalitarian measures must never be

repeated.

LOCKDOWN

- Covid has proved less deadly than previous influenza seasons – There were 50,100 flu deaths from December 2017 to March 2018 in England and Wales. There were 80,000 flu deaths in 1969. To date we have circa 42,000 covid related deaths in the UK.
- We have never locked down society for a respiratory virus before.
- The basis for lockdown was a mathematical model by Professor Neil Ferguson. His modelling which predicted half a million deaths in the UK has been roundly condemned as being not fit for purpose. His estimated death figures were clearly wrong by a factor of 10 or 12 times. (1)
- Professor Ferguson's modelling was not even peer reviewed before being acted upon by several nations. Eminent epidemiologists such as Professor Gupta from Oxford University were ignored, they estimated the death count would be far lower in the UK.
- Professor Ferguson has a long track record of woeful modelling he was entirely wrong about sars, mers, mad cow's disease (CJD), and swine flu. Why did the world listen to him again? (2)
- Countries which did not lock down Sweden, Japan, Taiwan, South Korea and Belarus have all done significantly better than us in terms of percentage of population deaths. They also have herd immunity and intact economies.
- Lockdown did not save lives, and this has been published in the Lancet '...in our analysis, full lockdowns and wide-spread COVID-19 testing were **not** associated with reductions in the number of critical cases or overall mortality.' (3)
- The vast majority of deaths occurred in elderly and very

elderly people

- The vast majority of deaths occurred in people with pre-existing serious health issues such as cancer, cardiovascular disease, Alzheimer's, diabetes etc
- Covid poses virtually zero risk to the under 45's who have more chance of being struck by lightning than dying from covid.
- Covid poses a very small risk for healthy under 60 year olds who have a greater chance of accidental drowning than dying from covid.
- The entire nation was essentially placed under house arrest. We have never isolated the healthy before.
- Isolating the sick and those who are immunocompromised makes sense. Isolating the healthy has hampered the establishment of herd immunity and makes no sense.
- To put it into perspective we had 115,000 smoking related deaths in the UK in 2015 compared to the 42,000 deaths from covid.
- We usually have around 600,000 deaths every year in the UK, roughly 1600 deaths per day.

COLLATERAL DAMAGE THE CURE IS WORSE THAN THE VIRUS

- Placing the public under virtual house arrest has caused untold damage to both physical and mental health.(1)
- Ventilating patients instead of oxygenating patients proved to be a deadly policy and an unwarranted failure. Ventilation resulted in many unnecessary deaths. (2)
- Sending infected people from hospitals to care homes placed the elderly and frail under unnecessary risk and resulted in many unnecessary deaths. (3)
- Blanket Do Not Resuscitate (DNR) orders were imposed on thousands of people without their consent nor the consent of their families – this is both unlawful and immoral and lead to unnecessary deaths in care homes. (4)
- Hospitals became essentially 'covid only' centres vast

numbers of patients were wilfully neglected, resulting in many thousands of unnecessary deaths. (5)

- The government's own report estimates that some two hundred thousand (200,000) people will die as a direct result of lockdown – not the virus. Hospitals being closed, suicide and poverty will result in more deaths than the virus. (6)
- The cure is worse than the disease!

DEATH CERTIFICATES (1)

- The majority of people who died had significant comorbidities, such as Alzheimer's, cancer, cardiovascular disease and diabetes.
- Counting death certificates with a 'mention' of covid as being a death caused by covid is a gross misrepresentation of the facts and has vastly over exaggerated the death toll.
- The rules for the signing of death certificates have been changed solely for covid by the Coronavirus 2020 Act.
- Doctors do not even need to have physically seen the patient in order to sign death certificates.
- The Act has removed the need for a confirmatory medical certificate for cremations.
- Autopsies have virtually been banned, no doubt leading to misdiagnosis of the true cause of deaths; and also reducing our understanding of the disease itself.
- Worse still, care home staff who largely have no medical training are able to give a statement as to the cause of death.
- Covid was put on death certificates merely on the 'suspicion' of people having covid. This may well be unlawful, since it is a crime to falsify death certificates.
- People who die within 28 days of a positive pcr test are deemed to have died from covid, even if they die in a

car crash or from a heart attack; clearly over inflating the death toll (2)

ECONOMIC RUIN

- Reports now estimate that as many as six and a half million (6,500,000) people in the UK will lose their jobs as a result of lockdown. (1)
- It is well known that poverty directly adversely affects health, we can expect to see many people suffering with poor health and resulting in many premature deaths, as a direct result of lockdown.

CENSORSHIP

- Government have acted maliciously in censoring doctors, nurses and NHS staff. The people have the perfect right to hear what is going on in hospitals, and the medical profession have a duty to look after the public and to reassure them. (1)
- The medical profession have not been allowed to let the public know that covid wards have been empty for months, nor that covid deaths have reached an all-time low for months, and this has unnecessarily added to the public's distress and anxiety.
- Doctors and scientists with views that differ from the government narrative have had their videos and articles removed from the internet

TESTING – FALSE POSITIVES

- PCR tests cannot be verified for accuracy as there is no 'gold standard' against which to check them. The virus has not been purified. (1)
- PCR tests cannot detect viral loads and are prone to false positives. (2)
- A positive PCR test does not mean that an individual is infected nor infective. (3)
- In fact approximately 90% of the PCR positive 'cases'

are false positives. We therefore have no second wave and no pandemic. (4 , 5)

- The government's report estimates a false positive rate of between 0.8 to 4.0 % using data from other viral infections – not from covid (6)
- Viral fragments may remain in people's bodies for several weeks following recovery from infection. (7)
- The crisis will never end if we are waiting for zero positive tests. Everyone has probably had a cold caused by a coronavirus and will likely have a few viral fragments matching those of the cousin SARS-CoV-2 virus (8)
- Testing healthy asymptomatic individuals is non-sensical, unscientific and a colossal waste of money. The governments moon shot daily testing program will cost £100 Billion roughly two thirds of the annual NHS budget.
- Antibody testing is not the gold standard as many people have T-cell immunity, and antibodies may not circulate following recovery from infection.

HYDROXYCHLOROQUINE

- The controversial drug Hydroxychloroquine (HCQ) has been unfairly smeared, by the WHO, CDC, NIH and the media.
- However HCQ has very firm support from, amongst others: Professor Harvey Risch epidemiologist from Yale, The American Association of Physicians and Surgeons (AAPS), American Frontline Doctors, the Henry Ford Health System and Professor Didier Raoult microbiologist and infectious disease specialist – to name but a few. (1)
- The Lancet was even forced to retract a study on HCQ after it was revealed by the Guardian newspaper that they had been completely fabricated and written by a sci-fi writer and a porn star. Even following this astounding revelation HCQ was still banned in most countries. (2)

- HCQ according to AAPS has a ninety per cent (90%) cure rate when given early and alongside zinc (3)
- HCQ is safer than many over the counter drugs such as aspirin, Benadryl and Tylenol.
- The AAPS also point out that there has never been a vaccine as safe as HCQ. (4)
- HCQ has been licensed for over sixty years and has been safely used by billions of people worldwide. There is a very small risk of arrhythmia which is easily monitored.
- Why was HCQ banned then? Could it be that there are no huge profits to be made from this out-of-patent drug?
- HCQ was used to great effect in the Sars1 outbreak of 2005 (5)
- In short had HCQ been available then there would not have been a pandemic !

PREVENTION

- Preventative measures such as hydroxychloroquine or vitamins D, C and zinc should have been recommended for the public. (1)
- Early calcifediol (25-hydroxyvitamin D) treatment to hospitalized COVID-19 patients significantly reduced intensive care unit admissions (2)
- Vit D reduces the severity of covid. (2,3)
- Voluntary isolation of the frail – should they so choose; in combination with preventative measures would have been a far better strategy. The rest of society could and should have continued as normal.

VACCINE

- A rushed vaccine is clearly not in the public's best interest
- Indemnifying vaccine manufacturers against all liability is also clearly not in the public's best interest

CONFLICTS OF INTEREST

- Chief Scientific Officer Sir Patrick Vallance has £600,000 worth of shares in GSK Glaxo Smith Klein. He has in recent years sold £5 million of shares in GSK which he 'earned' whilst chief of GSK (1)
- Sir Chris Whitty, Chief Medical Officer UK, accepted over £30 million in funding from the Bill and Melinda Gates foundation to study malaria vaccines. (2)
- It has become clear that members of SAGE, Public Health England (PHE), World Health Organisation (WHO), Centre for Disease Control (CDC), National institute for Health (NIH) etc have many conflicts of interests. They all accept very large 'donations' from the pharmaceutical and vaccine industry. These conflicts of interests may well have effectively corrupted their integrity. (3)
- It is also clear that governments are heavily lobbied by the pharmaceutical industry and the vaccine industry, again this may have compromised their integrity. (4)

CUI BONO? WHO BENEFITS?

- Vaccine manufacturers will make trillions from this, as will track and trace manufacturers, and the pharmaceutical industry stand to make trillions from covid testing.
- Prime minister Boris Johnson announced the new 'moon shot' testing will cost £100 Billion, approximately two thirds of the annual NHS budget.
- Surely these vast sums would be far better spent on treating all of the neglected patients who have been wilfully neglected during lockdown and who now face huge waiting lists.

CONCLUSIONS

We have effective and safe treatments and preventative medications for covid, therefore there is no need for any lockdown restrictions and associated measures. The pandemic is

essentially over as can be seen by the consistent low death rate and hospital admissions over the past four months.

We demand the immediate and permanent ceasing of all lockdown measures.

Lockdowns do not save lives, that is why they have never been used before. Civil liberties and fundamental freedoms have been unnecessarily removed from the public and this must never happen again.

Preventative measures such as Hydroxychloroquine, vitamin C, Vitamin D and zinc must be made readily available to the public.

Isolation must be voluntary. People are perfectly capable of making their own assessment of the risks and must be free to go about their lives as they so choose. People must have the right to choose whether to isolate or not.

Likewise, businesses must have the right to remain open if they so choose.

We demand that doctors, nurses, scientists and healthcare professionals must be permitted free speech and never be censored again.

Professor Mark Woolhouse epidemiologist and specialist in infectious diseases, Edinburgh University Member of the Scientific Pandemic Influenza Group on Behaviours, that advises the Government stated that –

'...Lockdown was a monumental disaster on a global scale. The cure was worse than the disease.'

'I never want to see national lockdown again. It was always a temporary measure that simply delayed the stage of the epidemic we see now. It was never going to change anything fundamentally, however low we drove down the number of cases,'

'We absolutely should never return to a position where children cannot play or go to school.'

I believe the harm lockdown is doing to our education, health care access, and broader aspects of our economy and society will turn out to be at least as great as the harm done by Covid-19.' (1)

The World Doctors Alliance agree fully with Prof Woolhouse's assertions, he is right! We must never lockdown again!

NB the term 'covid' has been used to represent Sars-CoV-2 and Covid-19

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PREVENTION

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CONFLICTS OF INTERESTS

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CONCLUSION

1. [Express](#)

SIGNED BY:

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Rutherford Institute Issues 'Opt Out' Letter for Families

to Preserve Privacy Rights at Home in the Presence of Virtual Classroom Surveillance

[Rutherford Institute Issues 'Opt Out' Letter for Families to Preserve Privacy Rights at Home in the Presence of Virtual Classroom Surveillance](#)

by [The Rutherford Institute](#)

September 17, 2020

[PDF](#)

[Model "Parental Reservation of Rights – Remote Learning Surveillance" letter to protect against abuse of remote learning technologies](#)

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[The Rutherford Institute's letter to Widefield School District](#)

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COLORADO SPRINGS, Colo. – The Rutherford Institute has issued a precautionary “opt out” letter as a means by which families whose children are taking part in remote learning / virtual classes might assert their Fourth Amendment privacy rights and guard against intrusive government surveillance posed by remote learning technologies. The Institute released its model ["Parental Reservation of Rights – Remote Learning Surveillance" letter](#) in the wake of a growing number of incidents in which students have been suspended and reported to police by school officials for having toy guns nearby while taking part in virtual schooling.

“Remote learning should not justify the expansion of draconian zero tolerance policies to encompass so-called ‘violations’ that take place in students’ homes and home environments. Nor should remote learning be used as a backdoor means of allowing government officials to conduct warrantless surveillance into students’ homes and home environments,” said constitutional attorney John W. Whitehead, president of The Rutherford Institute and author of [*Battlefield America: The War on the American People*](#). “While COVID-19 has undoubtedly introduced significant challenges for the schools, the protocols adopted for navigating these circumstances demand a heightened degree of caution lest government officials heedlessly, needlessly and unlawfully violate key constitutional safeguards established to protect the citizenry against invasive and warrantless intrusion into the home.”

In issuing the model Reservation of Rights letter for use by parents with children enrolled in virtual classes, Rutherford Institute attorneys warned government officials against leveraging the current public health situation to further erode the privacy of American citizens: “At a minimum, schools must not use virtual learning platforms to conduct unwarranted surveillance of students’ homes nor use observations made from within the home as a basis for alleging a crime has been or is being committed.” The issue arose after Isaiah Elliott, a seventh grader at Grand Mountain School in Colorado Springs, Colo., was reported to police by school officials for playing with a toy gun in the privacy of his own home during a virtual class on the morning of August 27, 2020. Not only was the 11-year-old suspended for five days for “bringing” a “facsimile of a firearm to school,” but he was also traumatized when a police officer showed up at his home to interrogate him. School officials reported the incident to the El Paso County Sheriff’s office, and a deputy was dispatched to the school. The deputy reviewed a video of the art class that was recorded without the knowledge or consent of students or their parents and saw the boys playing with the toy gun. A police officer

was then dispatched to the Elliott home, where he confronted Isaiah, warning him that he could face criminal charges in the future. Rutherford Institute attorneys have [called on school officials to expunge Isaiah's suspension](#). Institute attorneys also warned school officials against adopting draconian disciplinary measures that fly in the face of common sense and constitutional standards.

The Rutherford Institute, a nonprofit civil liberties organization, defends individuals whose constitutional rights have been violated and educates the public about threats to their freedoms.

How to File a Petition in Vaccine Court

[How to File a Petition in Vaccine Court](#)

by [Wayne Rohde](#), *guest contributor*, [Children's Health Defense](#)
August 25, 2020

One of the most common questions that I receive regarding the National Vaccine Injury Compensation Program (NVICP aka The Vaccine Court) is “how can I file for compensation?”

The process for filing for compensation is not as difficult as many believe but there are a few steps in the process to help move the petition forward without delay.

In this article I briefly discuss the following steps in order to make the process less confusing and to help assure people

to proceed instead of giving up.

1. Do I need an attorney? Who pays the attorney fees?
2. How do I file? I can't afford the filing fee.
3. What information is required?
4. Is there a time requirement to file?
5. Who can file a petition? For my child or for my spouse, parent?
6. What vaccines are covered by the NVICP?
7. Where do I send the petition?

You are not suing nor do you have the legal standing to sue the vaccine manufacturer for any injuries or death as the result of a defective product.

Most people do not know that by filing a petition seeking compensation, you are suing the Federal Government, specifically the Secretary of Health and Human Services (HHS). You are not suing nor do you have the legal standing to sue the vaccine manufacturer for any injuries or death as the result of a defective product.

Contrary to popular belief, you do not need an attorney to file a petition. This process is known as "pro se." However, it is highly encouraged that you hire an attorney as soon as possible. As I have highlighted in my book, *The Vaccine Court*, less than 1% of all petitions filed and prosecuted as pro se, are dismissed for several reasons.

Another common question about filing a petition is "I can't afford an attorney." The NVICP pays for attorney fees and medical expert costs, if needed, out of the Vaccine Injury Trust fund (VIT). The only cost that you as a petitioner would be responsible for is the application fee of \$400.00. The NVICP does have a program for those who can't afford the fee.

The biggest concern for any petitioner is to file the petition within the statute of limitations

The biggest concern for any petitioner is to file the petition within the statute of limitations (SOL). Currently, the

statute requires the petitioner to file a petition for a vaccine injury within three years after the first symptom or manifestation of onset or of the significant aggravation of the injury; within two years of the death and within four years of the first symptom or manifestation of onset or of the significant aggravation of the injury from which the death resulted.^[1]

Now, who can file a petition? There are some restrictions on who can file regarding a child or as a representative/guardian of a disabled adult. There is also a severity requirement for every petition. The effects of the injury must have lasted more than 6 months; or resulted in in-person hospitalization and surgery; or resulted in death.

The injury or death caused by a vaccine must be from a list of “covered” vaccines. To review the current list, [click here](#). Some vaccines that are being promoted by media outlets or by retail pharmacies are not included the program. The most common is the shingles vaccine. This is not a “covered” vaccine. Any injury or death claim will be dismissed due to lack of jurisdiction. The Court can’t litigate a claim for this vaccine.

To obtain a copy of a petition template, please check out this [website](#).

To file the petition, you must include medical records and send original petition plus 2 copies to:

*Clerk
U.S. Court of Federal Claims
717 Madison Place NW
Washington, DC 20439*

And then send a copy to:

Secretary, Health and Human Services

*Health Resources and Services Administration
Director, Division of Injury Compensation Programs
National Vaccine Injury Compensation Program (VICP)
5600 Fishers Lane, 08N146B
Rockville, MD 20857*

This is why I sincerely suggest that you contact an attorney to help you with this process. If you are within a few days of the Statute of Limitations, please file ASAP and then contact an attorney. The clock will stop when Court receives your petition. Since the entire communication process in today's COVID environment is done via telephone conference call, you do not need to meet with a local attorney. Just call a few of the attorneys on the list, proceed like you are interviewing them to represent you. Ask questions about their experience in the NVICP. Go with the attorney you feel most comfortable with. For a complete list, please [click here](#).

You can also visit the [Vaccine Injured Petitioners Bar Association website](#) for more information on the NVICP and the attorneys who will represent you.

I hope that this clarifies the filing process, who can file and where to send your petition.

[1] <https://www.hrsa.gov/vaccine-compensation/eligible/index.html>

About the author:

Wayne Rohde is the author of [The Vaccine Court – The Dark Truth of America's Vaccine Injury Compensation Program](#) and *The Vaccine Court 2.0* – to be released October 2020. He is the host of the upcoming podcast, "The Vaccine Court, all things legal about vaccine injury, The PREP Act and CounterMeasures Injury Compensation Program"

Dear Humans: Face Masks Don't Work; the Study-Review Was Published by Your Very Own CDC

[Dear Humans: Face Masks Don't Work; the Study-Review Was Published by Your Very Own CDC](#)

To readers: Contact Georgia Governor Brian Kemp with this information. He can use the ammunition. He's issued an order against mandatory masks. (404) 656-1776

by [Jon Rappoport](#), [No More Fake News](#)

July 20, 2020

Alert to citizens, governors, mayors, presidents, prime ministers, and public health officials—

You want science. You always state that. Well, here is your very own science.

The reference is: ["Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures."](#) Published in: "Emerging Infectious Diseases, Vol.26, No. 5, May 2020." (That journal is published by the CDC.)

I quote from the abstract: "Here, we review the evidence base on the effectiveness of nonpharmaceutical personal protective measures and environmental hygiene measures in non-healthcare settings and discuss their potential inclusion in pandemic

plans. Although mechanistic studies [*] support the potential effect of hand hygiene or face masks, evidence from 14 randomized controlled trials of these measures did not support a substantial effect on transmission of laboratory-confirmed influenza. We similarly found limited evidence on the effectiveness of improved hygiene and environmental cleaning.”

Here are quotes from pages 970-972 of the review: “In our systematic review, we identified 10 RCTs [randomized controlled trials] that reported estimates of the effectiveness of face masks in reducing laboratory-confirmed influenza virus infections in the community from literature published during 1946–July 27, 2018. In pooled analysis, we found no significant reduction in influenza transmission with the use of face masks...”

“Disposable medical masks (also known as surgical masks) are loose-fitting devices that were designed to be worn by medical personnel to protect accidental contamination of patient wounds, and to protect the wearer against splashes or sprays of bodily fluids... There is limited evidence for their effectiveness in preventing influenza virus transmission either when worn by the infected person for source control or when worn by uninfected persons to reduce exposure. Our systematic review found no significant effect of face masks on transmission of laboratory-confirmed influenza.”

“In this review, we did not find evidence to support a protective effect of personal protective measures or environmental measures in reducing influenza transmission.”

“We did not find evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility...”

[*] In case you want to quibble about the value of what the

authors refer to as “mechanistic studies,” the authors are correctly setting those studies off to the side, in favor of the material they preferred to examine: randomized controlled trials—which are widely considered to be more valuable, relevant, and meaningful.

So there you have it.

Your science.

Take off your masks. Governors and mayors and presidents and prime ministers, cancel the orders to wear masks. You’re non-scientific. In the extreme.

SOURCE:

https://wwwnc.cdc.gov/eid/article/26/5/19-0993_article

<https://wwwnc.cdc.gov/eid/article/26/5/pdfs/19-0994.pdf>

(Note the “wwwnc” – which is correct. It is not “www”.)

Masks Are Neither Effective Nor Safe: A Summary of the Science

[Masks Are Neither Effective Nor Safe: A Summary of the Science](#)

by [Colleen Huber](#), NMD, [PrimaryDoctor.org](#)

July 6, 2020

[Download PDF](#)

At this writing, there is a recent surge in widespread use by the public of facemasks when in public places, including for extended periods of time, in the United States as well as in other countries. The public has been instructed by media and their governments that one's use of masks, even if not sick, may prevent others from being infected with SARS-CoV-2, the infectious agent of COVID-19.

A review of the peer-reviewed medical literature examines impacts on human health, both immunological, as well as physiological. The purpose of this paper is to examine data regarding the effectiveness of facemasks, as well as safety data. The reason that both are examined in one paper is that for the general public as a whole, as well as for every individual, a risk-benefit analysis is necessary to guide decisions on if and when to wear a mask.

Are masks effective at preventing transmission of respiratory pathogens?

In this meta-analysis, face masks were found to have no detectable effect against transmission of viral infections. (1) It found: "Compared to no masks, there was no reduction of influenza-like illness cases or influenza for masks in the general population, nor in healthcare workers."

This 2020 meta-analysis found that evidence from randomized controlled trials of face masks did not support a substantial effect on transmission of laboratory-confirmed influenza, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility. (2)

Another recent review found that masks had no effect specifically against Covid-19, although facemask use seemed linked to, in 3 of 31 studies, "very slightly reduced" odds of

developing influenza-like illness. (3)

This 2019 study of 2862 participants showed that both N95 respirators and surgical masks “resulted in no significant difference in the incidence of laboratory confirmed influenza.” (4)

This 2016 meta-analysis found that both randomized controlled trials and observational studies of N95 respirators and surgical masks used by healthcare workers did not show benefit against transmission of acute respiratory infections. It was also found that acute respiratory infection transmission “may have occurred via contamination of provided respiratory protective equipment during storage and reuse of masks and respirators throughout the workday.” (5)

A 2011 meta-analysis of 17 studies regarding masks and effect on transmission of influenza found that “none of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection.” (6) However, authors speculated that effectiveness of masks may be linked to early, consistent and correct usage.

Face mask use was likewise found to be not protective against the common cold, compared to controls without face masks among healthcare workers. (7)

Airflow around masks

Masks have been assumed to be effective in obstructing forward travel of viral particles. Considering those positioned next to or behind a mask wearer, there have been farther transmission of virus-laden fluid particles from masked individuals than from unmasked individuals, by means of “several leakage jets, including intense backward and downwards jets that may present major hazards,” and a “potentially dangerous leakage jet of up to several meters.” (8) All masks were thought to reduce forward airflow by 90% or more over wearing no mask. However, Schlieren imaging showed

that both surgical masks and cloth masks had farther brow jets (unfiltered upward airflow past eyebrows) than not wearing any mask at all, 182 mm and 203 mm respectively, vs none discernible with no mask. Backward unfiltered airflow was found to be strong with all masks compared to not masking.

For both N95 and surgical masks, it was found that expelled particles from 0.03 to 1 micron were deflected around the edges of each mask, and that there was measurable penetration of particles through the filter of each mask. (9)

Penetration through masks

A study of 44 mask brands found mean 35.6% penetration (+ 34.7%). Most medical masks had over 20% penetration, while “general masks and handkerchiefs had no protective function in terms of the aerosol filtration efficiency.” The study found that “Medical masks, general masks, and handkerchiefs were found to provide little protection against respiratory aerosols.” (10)

It may be helpful to remember that an aerosol is a colloidal suspension of liquid or solid particles in a gas. In respiration, the relevant aerosol is the suspension of bacterial or viral particles in inhaled or exhaled breath.

In another study, penetration of cloth masks by particles was almost 97% and medical masks 44%. (11)

N95 respirators

Honeywell is a manufacturer of N95 respirators. These are made with a 0.3 micron filter. (12) N95 respirators are so named, because 95% of particles having a diameter of 0.3 microns are filtered by the mask forward of the wearer, by use of an electrostatic mechanism. Coronaviruses are approximately 0.125 microns in diameter.

This meta-analysis found that N95 respirators did not provide superior protection to facemasks against viral infections or

influenza-like infections. (13) This study did find superior protection by N95 respirators when they were fit-tested compared to surgical masks. (14)

This study found that 624 out of 714 people wearing N95 masks left visible gaps when putting on their own masks. (15)

Surgical masks

This study found that surgical masks offered no protection at all against influenza. (16) Another study found that surgical masks had about 85% penetration ratio of aerosolized inactivated influenza particles and about 90% of Staphylococcus aureus bacteria, although S aureus particles were about 6x the diameter of influenza particles. (17)

Use of masks in surgery were found to slightly increase incidence of infection over not masking in a study of 3,088 surgeries. (18) The surgeons' masks were found to give no protective effect to the patients.

Other studies found no difference in wound infection rates with and without surgical masks. (19) (20)

This study found that "there is a lack of substantial evidence to support claims that facemasks protect either patient or surgeon from infectious contamination." (21)

This study found that medical masks have a wide range of filtration efficiency, with most showing a 30% to 50% efficiency. (22)

Specifically, are surgical masks effective in stopping human transmission of coronaviruses? Both experimental and control groups, masked and unmasked respectively, were found to "not shed detectable virus in respiratory droplets or aerosols." (23) In that study, they "did not confirm the infectivity of coronavirus" as found in exhaled breath.

A study of aerosol penetration showed that two of the five

surgical masks studied had 51% to 89% penetration of polydisperse aerosols. (24)

In another study, that observed subjects while coughing, “neither surgical nor cotton masks effectively filtered SARS-CoV-2 during coughs by infected patients.” And more viral particles were found on the outside than on the inside of masks tested. (25)

Cloth masks

Cloth masks were found to have low efficiency for blocking particles of 0.3 microns and smaller. Aerosol penetration through the various cloth masks examined in this study were between 74 and 90%. Likewise, the filtration efficiency of fabric materials was 3% to 33% (26)

Healthcare workers wearing cloth masks were found to have 13 times the risk of influenza-like illness than those wearing medical masks. (27)

This 1920 analysis of cloth mask use during the 1918 pandemic examines the failure of masks to impede or stop flu transmission at that time, and concluded that the number of layers of fabric required to prevent pathogen penetration would have required a suffocating number of layers, and could not be used for that reason, as well as the problem of leakage vents around the edges of cloth masks. (28)

Masks against Covid-19

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

“We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20

minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic.” (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

Researchers are concerned about possible burden of facemasks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of N95 respirators. Their partial pressure of oxygen (PaO₂) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

Healthcare workers' surgical masks also were measured by

personal bioaerosol samplers to harbor for influenza virus. (36)

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

□ Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves

are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6- minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O₂ greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

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When Human Experimentation Is Criminal: Legal Action You Can Take Against Medical Tyranny

[Informed Consent: You're a Lab Rat](#)

by [Dr. David Martin](#), [David Martin World](#)

May 26, 2020

[TCTL Editor's Note: Several US readers shared links to information, from a number of sources, regarding the use of Standard Form 95 to legally challenge the unfolding medical tyranny. Based on clarity, prepared documents, and strength of understanding, I selected the work of [Dr. David Martin](#) to share here.

TCTL provides a partial transcript to use as reference after viewing Dr. David Martin's video. The original video has been mirrored to TCTL [Bitchute channel](#) in the event that it is removed from YouTube.

Please note that this posting is not legal advice. Nothing found on this website will ever be offered as legal advice. This is shared as reference and potential tool for your use. Do your own research and take responsibility for your own actions.

From The United States Department of Justice on the use of SF 95:

Standard Form 95 is used to present claims against the United States under the Federal Tort Claims Act (FTCA) for property damage, personal injury, or death allegedly caused by a federal employee's negligence or wrongful act or omission occurring within the scope of the employee's federal employment. These claims must be presented to the Federal agency whose employee conduct gave rise to the injury.

Standard Form 95 is not required to present a claim under the FTCA, but it is a convenient format for supplying the information necessary to bring an FTCA claim. Please note that a completed form must state a claim for money damages in a "sum certain" amount (that is, a specific amount) claimed for personal injury, death, or injury to or loss of property. In addition, if a sum certain is not specified in Standard Form 95 block 12d, or in accompanying information, a submission cannot be considered a valid presentation of a claim. The completed Standard Form 95 must be presented to the appropriate federal agency within two years after the claim accrues.

See Dr. David Martin's CLAIM FOR DAMAGES ARISING FROM NEGLIGENCE AND POSSIBLE CRIMINAL CONSPIRACY for complete understanding of the experimentation you have been subject to without your consent, and the criminal elements involved.

You might have questions about how to determine a dollar value

as compensation for emotional distress or mental anguish, for possible future health issues due to forced mask wearing, etc. These and other questions, such as how to fill out forms, etc. will require your own research. Contact information for Dr. David Martin is included below. I would suggest following his work for updates.

Feel free to share your research and experiences in the comment section below and/or send a note to the email address found on the TCTL contact page. – Kathleen]

Form & Addendum:

Example Form 95 claim:

<https://www.davidmartin.world/wp-content/uploads/2020/05/SF95-07a-DOJ-Standard-Form-95-Sample-for-COVID.pdf>

Form 95 addendum (include this with your form, it outlines the basis for the claim):

<https://www.davidmartin.world/wp-content/uploads/2020/05/SF95Addendum.pdf>

Form 95 download:

<https://www.gsa.gov/forms-library/claim-damage-injury-or-death>

Sources:

Mentioned at 8:13 – Declaration under the public readiness and emergency preparedness act for medical countermeasures:

<https://www.federalregister.gov/documents/2020/03/17/2020-05484/declaration-under-the-public-readiness-and-emergency-preparedness-act-for-medical-countermeasures>

Mentioned at 10:00 – L Song Richardson’s article “When Human Experimentation is Criminal:

<https://scholarlycommons.law.northwestern.edu/cgi/viewcontent.cgi?article=7314&context=jclc>

Mentioned at 12:45 – U.S vs. Stanley case:
<https://biotech.law.lsu.edu/cases/research/stanley.htm>

Link to the slides used in the video:

https://www.davidmartin.world/wp-content/uploads/2020/05/BotW_slides_05252020.pdf



Partial Transcript of [Informed Consent: You're a Lab Rat](#) by Dr. David Martin

[TCTL Editor's Note: the following transcript was sourced using YouTube's transcript function, with some additional editing by us along with the addition of hyperlinks for your convenience.]

*"At the end of this video I am going to be giving you an opportunity to actually do something, which you can do: 1) for free and 2) to start taking action to **stand up** against all of the tyranny that's happening.*

...For those of you who don't know, the [21 Code of Federal Regulations](#) is the rules that govern the Food and Drug Administration. And those rules are set out for the guidelines of how we constitute what is safe and what is effective in medicine in the United States.

*Rules on **Informed Consent**, which is actually one of the early sections of the the provisions of the code of federal regulations that govern the FDA, say in **Section 50.20** that, except as provided in [50.23](#) and [50.24](#), no investigator may involve a human being as a subject in research covered by these regulations unless the investigator has obtained the*

legally effective consent of the subject or the subjects legally authorized representative.

...But the problem with the Declaration of Helsinki and the problem with the trials in Nuremberg was that the United States and other countries specifically decided that, while they wanted to punish the Germans for what they did during the Second World War, they wanted to keep a wiggle-room-out clause that allowed them to continue to do human experimentation on people without their consent.

That sounds like the pot calling the kettle black and that's the reason why it sounds like it is because it's illegal, immoral and unethical. But Section 50.23 and section 50 24 gives, in 50.23, the Department of Defense an opportunity to waive all requirements of informed consent for anybody serving in the military. Which means that if you are serving in the military, or you're part of any of the branches of the armed services, you actually not only have no rights to inform consent.

But it's worse than that... What's worse than that is the Supreme Court, in a very famous case of the United States v Stanley, decided that not only do you have no rights but you have no redress either. Congress thankfully passed a law later... that actually gave a tiny bit of room for people who have been severely harmed by federal government research, without their consent, a way to get redress.

But the law and the Supreme Court actually ruled that basically the Department of Defense can waive informed consent and can do basically anything they want to anybody in the military.

50.24 is more problematic.

...I found something really problematic when I found was a thing called ... MCMs – **Medical Counter Measures**.

And I want to read what the Federal Register has – and this is the law in the United States – that during declared emergencies medical industry is **exempted from liability**.

And you heard what I just said. If you declare an emergency, the current 1379 trials on medical devices for diagnostics and therapeutics around coronavirus – every single one of those manufacturers, **every single one** of those individuals – from the date of the declared emergency, has immunity from any liability.

They can literally poison you. They can literally kill you with their therapy and there is no recourse in law, courtesy of the exemption that's in 21 CFR.

...In other words, the reason why governors are so dedicated to keeping up the illusion of a pandemic and the illusion of the state of emergency is because, it turns out, that any action taken under an emergency use authorization by the FDA – any action taken by any manufacturer for any research that they're doing they get a get-out-of-jail-free card and they can do anything that they want and they have... no liability.

They have absolute immunity.

For those of you who have the time to do it, I highly recommend L. Song Richardson's article [When Human Experimentation is Criminal](#).

...But there's a little tiny problem and I told you there's going to be hope at the end of this very disappointing, very abysmal, very unfortunate set of facts. The hope is that, under Section 50.24, Anthony Fauci, and the CDC, and all the criminal co-conspirators I've talked about before at the Department of Health and Human Services, forgot to read a little tiny clause...

And the one thing they got wrong was for 50.24 to work there has to be, and I quote, "concurrency of a licensed physician

who is a member of or consultant to the Institutional Review Board and **who is not otherwise participating in the investigation**".

In other words – if there was going to be a clinical trial on any intervention for coronavirus, there had to be somebody **not associated** with any of the therapies.

Ha. Ha! This, my friends, is where we enter into the rabbit hole of the fun.

Because, you'll notice that every individual that is in the Advisory Program, and every individual that has been active in stipulating the biggest of the clinical trials, which is called social distancing and face mask wearing, which is clinical research as a defined term under the FDA standard of clinical research, they screwed up by not having an independent and institutional review board which is required under the 50.24 waiver.

In other words, they thought they were getting away with absolute immunity, but they screwed up. Because they kept the conspirators all in the room and forgot that they have to have somebody who is independent.

...I read the entirety of the case United States versus Stanley, a case that was argued in 1986. and while Justice Antonin Scalia gets my absolute loser of the week, right, because he's the guy who decided for the majority – and basically came up with this doctrine that says that the US can get away with anything and is absolutely incapable of having their immunity pierced.

Justice Brennan and Justice O'Connor dissented with the majority in that Supreme Court case.

Now I want to read you what Justice Brennan wrote: **"The court confers absolute immunity from money damages on federal officials, military and civilian alike, without consideration**

of long-standing case law establishing the general rule that such officials are liable for damages caused by their intentional violation of well-established constitutional rights.” That is the absolute statement by Justice Brennan.

And Justice O’Connor says **“No judicially crafted rule should insulate from liability the involuntary and unknowing human experimentation alleged to have occurred in the case.”**

And the case, remember, was actually an outgrowth of the MKULTRA case. This was when the CIA and DOD were injecting people with LSD and then trying to figure out what the side effects were.

Indeed, as Justice Brennan observes, the United States military played an instrumental role in the criminal prosecution of Nazi officials who experimented with human subjects during the Second World War. And the standards that were the Nuremberg military tribunals developed to judge the behavior of defendants, stated that, quote, **“voluntary consent of human subject is absolutely essential”**.

Did you hear what she said? **“is absolutely essential to satisfy moral, ethical and legal concepts.”**

...“If this principle is violated, the very least that society can do is see that victims are compensated as best they can be by the perpetrators. I am prepared to say that our Constitution’s promise of due process of law guarantees this much.” That is a quote from Sandra Day O’Connor.

...if two well-respected Supreme Court jurists actually come to the same conclusion that any normal human being would come to, which is that no constitutional rights can be abridged because somebody decides to act in an arbitrary and capricious manner, and put against their will a human subject in an experiment, then what’s going on right now?

Now let’s break this down really simply.

You are part of an experiment.

*There is no medical or scientific evidence **at all** that the 6-foot distance has anything to do with the way a healthy population stays healthy in our society.*

*Social distancing is based on droplet studies which have never been associated with **actual epidemiologic data**.*

*So when Dr. Birx gets up and says we now think that there's science to justify social distancing, **Dr. Birx is lying to you**.*

There is no science justifying it.

It's a belief system.

*And the Supreme Court has been very clear on the difference between science and belief. Which means if you are currently living in under an order to social distance, **you are part of a large epidemiologic experiment**.*

*There is no science for this. **You are a lab rat**.*

...The tyrant that is Governor Northam seeks to impose upon the population of Virginia, a face mask ordinance.

But here's the problem: There is no scientific evidence that those work, and more importantly, there is very specific evidence that they actually impair the healthy functioning of society.

You, if you are asked to wear a face mask, are a lab rat.

You are subject to an investigation.

Social distancing, face mask wearing, both are experiments. They are experiments promulgated by the Department of Health and Human Services, supported by the Center for Disease Control.

And they have **no** Institutional Review Board authorization – which means **they are in violation of the law.**

And that, my friends, is the reason why I hope millions of people hear what I'm about to say.

After the injustice that was given to the Stanley case. And, just for your reference, the Stanley in the Stanley case was a veteran of the Korean War and I believe also the Vietnam War. He was subject to all kinds of clinical experimentation and his life was actually severely damaged. He went on to be a Florida police officer and continued to serve his country. But his country didn't serve him back. And after reading the dissent to the Supreme Court's decision in 1986, Congress passed an interesting law that created a very interesting action you can take.

...You go to the US Department of Justice website and you download [Standard Form 95](#).

...It is your pathway to actually find a criminal or a civil liability, define it, and seek redress from the agency of the federal government that harmed you.

What's harm? Well if you lost your job, if you lost customers, if you were physically harmed because you couldn't go to doctors appointments, you couldn't do the things that you needed to do to maintain your health, the Department of Human Services is actually supposed to get their liability notice from you.

...You need to send it to the **US Department of Health and Human Services, Office of the General Counsel, 200 Independence Avenue, SW, Washington DC 20201.**

And in that form you need to say that:

- The Department of Health and Human Service, through the Center for Disease Control and the National Institutes

- of Allergy and Infectious Disease, sought and filed and received a patent starting in 2003 which made the identification, the detection and detection kits for coronavirus not available to the general population. They, by virtue of that act, by filing that patent, they made it impossible for the public health interest to be served. And that's the beginning of the damage.
- In 2007 they extended their patent filing and in that patent filing sought to actually patent the virus, which is against 35 US Code Section 101.
 - In 2013 and 2018 they worked to use international sources and take the research on gain-of-function, which was determined by the National Institutes of Health in 2013 to be unethical.
 - They decided to take it offshore and work with the Wuhan Institute of Virology so that they could get around the ethical and legal implications of the work being done here in the United States. And they did that willfully.
 - So that at September 2019, in the publication *World at Risk* from the World Health Organization, **Dr. Anthony Fauci** and the members of the committee, that actually are **affiliated with the Bill and Melinda Gates Foundation**, could make a recommendation that a respiratory-based pathogen simulation must be run with no Institutional Review Board review, with no independent physician certifying that their actions were legal – therefore, getting them out from the exclusions of Section 50.242 of the 21 Code of Federal Regulation.

*They decided to start a clinical trial that **you have become an unwilling participant in.***

And the damages that you have, the damages that are your loss of livelihood, your loss of access to health, your loss of access to Liberty, the costs associated with your shutdown,

the fact that you have not been able to work, the fact that you have not been able to deal with child care – every one of those facts is now a financial liability under the Standard Form 95 submission to the US Department of Health and Human Services.

Now here's what it's going to get fun.

They are required by law to respond to you. And the best thing about it is there's a time limit on it. They have to respond within 90 to 180 days depending, on whether they get some wiggle room. But here's the other part of that.

You have two years from the date of the injury or from the date of the civil claim or from the date of the crime – you have two years to do this filing.

...I want the office of the general counsel of the Department of Health and Human Services to be overwhelmed with millions of claims.

I want every person who has filed an unemployment claim, I want every one of those people to fill out a form 95 and send it to the office of the General Counsel. I want the Department of Health and Human Services to know that their violation of their own rules, which led to the destruction of your life and your livelihood, I want them to know that it comes at a cost.

... my goal, thirty million individual forms of claims for benefits for an illegal clinical trial.

*And the specifics on the clinical trial, just so you get it right, are you have been forced to an experiment in which you **did not give consent**. And the experiment was called **social distancing and face mask wearing**. That's the experiment. There is **no institutional review board**, there is **no independent doctor**, and it is up to you now to take a stand.*

...Remember in the Stanley case, one courageous veteran – one courageous veteran – stood against the tyranny of the Department of Defense’s experimentation with LSD and stood against the tyranny of the CIA’s investigations with LSD. One veteran stood alone and that got Congress to act in 1986 and 1987.

Please understand, ladies and gentlemen, if a million of us act, if 30 million of us act, if a hundred million of us act, we will be heard. Because they have no recourse. Because they wrote the rules and they didn’t follow them.

...I want to see 35 million of us standing together and actually sending the bill for this crime to the place that it started– the United States Department of Health and Human Services.”



**In the event that the original video is censored and deleted
by the source social media platform,
[link here to a mirrored copy on Truth Comes to Light Bitchute
channel.](#)**



Use These Documents to Assert Your Rights Against Forced Vaccination & Medical Tyranny

Editor’s Note:

Several readers sent us links to [FreedomTaker](#) website where they share downloadable documents to assist us in asserting our rights to freedom. Please note that this is **not legal advice**. These are tools offered by an anonymous site, apparently created as an act of service to other freedom defenders. The documents are downloadable in word format at [FreedomTaker](#). We have provided three of the documents in pdf format below.

[Refusal of Vaccination](#)

[Vaccination Notice, Conditional Acceptance](#)

[Refusal of Medical Testing](#)

FreedomTaker also has an [EMF Help Center](#) for assistance with issues around Smart Meters, utility meter trespass and utility company misconduct.

You'll also find a notice for census takers and other suggestions for asserting your freedom at the [FreedomTaker](#) site.

Know Your Rights: Rutherford Institute Issues Guidelines for Parents to Protect Their Children From TSA Patdowns

During Holiday Air Travel

[The Rutherford Institute](#)

December 20, 2018

PDF DOCUMENTS

[KNOW YOUR RIGHTS: Protecting Children from Airport Patdowns](#)

[FREEDOM RESOURCE BRIEF: Parents' Rights to Protect Their Children from TSA Patdowns](#)

✘ CHARLOTTESVILLE, Va. – Seeking to protect parents' rights and empower families who are traveling this holiday season, The Rutherford Institute has issued guidelines on how parents can protect their children from excessive, intrusive, inappropriate and overtly intimate screening procedures and pat-down searches by Transportation Security Administration (TSA) agents. Earlier this month, the Institute called on the TSA to revamp its screening and pat-down protocols for children citing the case of a Texas family who alleged a TSA agent groped their 13-year-old daughter during an unwarranted pat-down search in August 2018. The Rutherford Institute's Freedom Resource Brief, "Parents' Rights to Protect Their Children from TSA Patdowns," advises parents on how they can defend their constitutional rights when their family members pass through airport security screening. The Institute has also made available a concise "Know Your Rights" primer on the topic.

"No American should be subjected to a virtual strip search or excessive groping of the body, or have their underage children

touched intimately by strangers as a matter of course in boarding an airplane when there is no suspicion of wrongdoing,” said constitutional attorney John W. Whitehead, president of The Rutherford Institute and author of [*Battlefield America: The War on the American People*](#). “In both word and deed, the TSA operates as if members of the public and their children have no rights and no defense against the agency and its employees even if an agent assaults them, wrongfully detains them, or fabricates criminal charges against them. However, parents do not forfeit their rights when they travel by air with their children.”

In its new Freedom Resource Brief, “Parents’ Rights to Protect Their Children from TSA Patdowns,” The Rutherford Institute advises parents that neither they nor their children lose their Fourth Amendment right to privacy when they enter airport screening. Additionally, parents have a constitutional right to the custody and care of their children which entitles them to protect their children during screening. According to Rutherford Institute attorneys, current TSA procedures for child screening show indifference to the emotional well-being of children and disregard for the constitutional rights of parents to be directly present during any pat down of a minor in order to the reassurance and comfort a child needs during this intrusive procedure. Institute attorneys cite several instances which undergird the need for security protocols that better respect the right of parents. For example, earlier this year, a Texas family asked The Rutherford Institute to intervene after one of their children suffered emotional trauma in the course of a TSA screening that included a pat-down of the young girl’s body. In August 2018, The Rutherford Institute was contacted by the McAdams family regarding a disturbing incident involving TSA screening at Reagan National Airport in which the family’s 13-year old daughter was ordered by TSA agents to submit to a pat-down search even though the daughter and her parents asked that she be allowed to be screened using the scanner. Surveillance video obtained

through a Freedom of Information Act request shows that the daughter was taken away from the area where her parents were and subjected to a full-body pat-down in which the TSA agent ran her hands over the entirety of the girl's body, including extremely sensitive areas on her legs and chest. All of this was done despite objections by the girl's parents, who made it clear to the agents that she had not previously experienced this kind of physical contact with a stranger and feared it could have a negative psychological impact upon her.

The Rutherford Institute, a nonprofit civil liberties organization, provides legal assistance at no charge to individuals whose constitutional rights have been threatened or violated and educates the public on a wide spectrum of issues affecting their freedoms.