

How the CDC Lied to Keep Children in Plastic Boxes

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by [News Wire](#), [21st Century Wire](#)

July 1, 2021

Nothing illustrates the mad hysteria of pandemic theater like the bizarre “safety” measures employed by school officials. From the onset, over-zealous teachers unions and *health & safety* mavens have led a maximum pressure campaign which has all but destroyed any chance of children getting an adequate education experience in 2020 and 2021. As if forcing children to stay at home on Zoom, government ‘public health’ officials and school administrators have systematically abused children by [forcing them to wear masks](#) all day in school, or worse: [forcing children into isolation](#) either due to a fraudulent PCR test result, or from another child who tested PCR positive in their cohort, or because their *teacher* tested positive – even though the children are statistically at roughly zero risk of even getting a cough due to COVID-19. Some [teachers unions are even lobbying to have children vaccinated](#) with the unlicensed experimental jab in order for schools to be “safe for return” this fall.

But in terms of peak lunacy, nothing can match the policy of constructing [plastic boxes](#) to supposedly protect children from the virus in classrooms. In fact, there was never any actual ‘science’ to back-up this fanciful policy. While school administrators deferred to the US Centers for Disease Control (CDC) for [supposed guidance](#), but now it’s revealed that the CDC were just making it up as they went along.



Like so many other unfounded claims and pseudo science quackery surrounding the pandemic – like social distancing and masks “in order to maintain low spread,” this ‘sneeze shield’ charade was just another elaborate farce. No science ever existed which supported caging children all day in these plastic bubbles. It was also a massive money-spinner – exploding into a multi-billion dollar school PPE industry overnight – *based on a lie.*

Despite any actual evidence that the plastic shields reduce the transmission of COVID, officials still recommended masks and plastic boxes anyway, in their obsession to [separate and socially distance children.](#)

Not surprisingly, the CDC also relied on spurious anecdotal evidence and widespread rumors to support its recommendation for mandatory masks – even though their own data showed 85% of supposed confirmed COVID-19 “cases” reported they either “often” or “always” wore a mask anyway.

Dystopian: President Joe Biden visits school kids wearing masks sitting behind plastic protective shields
pic.twitter.com/tmfswzVkJNd

– *The Post Millennial* (@TPostMillennial) [May 3, 2021](#)

[Dr Mercola](#) reports...

Mid-March 2021, the CDC released new guidelines, which reduced the social distance in schools to 3 feet and removed the recommendations for barriers between school desks. Greta Massetti leads the [CDC's community interventions task force](#) and said about the plastic shields, "We don't have a lot of evidence of their effectiveness" in preventing transmission.

The new recommendations triggered a variety of responses in teachers and parents, some of whom are not comfortable sending their children to school where they may be allowed within 3 feet of another child or teacher.

The fiction surrounding all the alleged 'mitigation' and 'safety' measures touted by school officials – is largely built on top of the [myth of the asymptomatic spread](#). Despite the fact that all of the highly cited, major peer-reviewed science demonstrates that asymptomatic spreading of the virus does not exist – public health officials are still using this myth as the primary basis for all of their policies – from social distancing, to masks, plexiglass bubbles, lockdowns, travel restrictions, and even vaccinations. However, the peer-reviewed scientific literature is clear: large-scale studies have been conducted, including at the supposed epicenter of the pandemic in Wuhan, China – which **show no evidence** of any asymptomatic spreading of the 'novel' coronavirus. See the results published [here](#), [here](#), and [here](#).

Experimental Assessment of Carbon Dioxide Content in Inhaled Air With or Without Face Masks in Healthy Children: A Randomized Clinical Trial

[Experimental Assessment of Carbon Dioxide Content in Inhaled Air With or Without Face Masks in Healthy Children](#)

A Randomized Clinical Trial

by [Harald Walach, PhD](#), [Ronald Weigl, MD](#) and [Juliane Prentice, BA](#)

[JAMA Pediatr. published online June 30, 2021, doi:10.1001/jamapediatrics.2021.2659](#)

Many governments have made nose and mouth covering or face masks compulsory for schoolchildren. The evidence base for this is weak.^{1,2} The question whether nose and mouth covering increases carbon dioxide in inhaled air is crucial. A large-scale survey³ in Germany of adverse effects in parents and children using data of 25 930 children has shown that 68% of

the participating children had problems when wearing nose and mouth coverings.

The normal content of carbon dioxide in the open is about 0.04% by volume (ie, 400 ppm). A level of 0.2% by volume or 2000 ppm is the limit for closed rooms according to the German Federal Environmental Office, and everything beyond this level is unacceptable.[4](#)

Methods

We measured carbon dioxide content in inhaled air with and without 2 types of nose and mouth coverings in a well-controlled, counterbalanced, short-term experimental study in volunteer children in good health (details are in the eMethods in [Supplement 1](#)). The study was conducted according to the Declaration of Helsinki and submitted to the ethics committee of the University Witten/Herdecke. All children gave written informed consent, and parents also gave written informed consent for children younger than 16 years. A 3-minute continuous measurement was taken for baseline carbon dioxide levels without a face mask. A 9-minute measurement for each type of mask was allowed: 3 minutes for measuring the carbon dioxide content in joint inhaled and exhaled air, 3 minutes for measuring the carbon dioxide content during inhalation, and 3 minutes for measuring the carbon dioxide content during exhalation. The carbon dioxide content of ambient air was always kept well under 0.1% by volume through multiple ventilations. The sequence of masks was randomized, and randomization was blinded and stratified by age of children. We analyzed data using a linear model for repeated measurements with $P < .05$ as the significance threshold. The measurement protocol (trial protocol in [Supplement 2](#)) is available online.[5](#) Data were collected on April 9 and 10, 2021, and analyzed using Statistica version 13.3 (TIBCO).

Results

The mean (SD) age of the children was 10.7 (2.6) years (range, 6-17 years), and there were 20 girls and 25 boys. Measurement results are presented in the [Table](#). We checked potential associations with outcome. Only age was associated with carbon dioxide content in inhaled air ($y = 1.9867 - 0.0555 \times x$; $r = -0.39$; $P = .008$; [Figure](#)). Hence, we added age as a continuous covariate to the model. This revealed an association (partial $\eta^2 = 0.43$; $P < .001$). Contrasts showed that this was attributable to the difference between the baseline value and the values of both masks jointly. Contrasts between the 2 types of masks were not significant. We measured means (SDs) between 13 120 (384) and 13 910 (374) ppm of carbon dioxide in inhaled air under surgical and filtering facepiece 2 (FFP2) masks, which is higher than what is already deemed unacceptable by the German Federal Environmental Office by a factor of 6. This was a value reached after 3 minutes of measurement. Children under normal conditions in schools wear such masks for a mean of 270 (interquartile range, 120-390) minutes.³ The [Figure](#) shows that the value of the child with the lowest carbon dioxide level was 3-fold greater than the limit of 0.2 % by volume.⁴ The youngest children had the highest values, with one 7-year-old child's carbon dioxide level measured at 25 000 ppm.

Discussion

The limitations of the study were its short-term nature in a laboratory-like setting and the fact that children were not occupied during measurements and might have been apprehensive. Most of the complaints reported by children³ can be understood as consequences of elevated carbon dioxide levels in inhaled air. This is because of the dead-space volume of the masks, which collects exhaled carbon dioxide quickly after a short time. This carbon dioxide mixes with fresh air and elevates the carbon dioxide content of inhaled air under the mask, and this was more pronounced in this study for younger children.

This leads in turn to impairments attributable to hypercapnia. A recent review⁶ concluded that there was ample evidence for adverse effects of wearing such masks. We suggest that decision-makers weigh the hard evidence produced by these experimental measurements accordingly, which suggest that children should not be forced to wear face masks.

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751 More Unmarked Graves Found at Indigenous School in Canada

[751 More Unmarked Graves Found at Indigenous School in Canada](#)

“We had concentration camps here ... They were called Indian residential schools,” said the chief of the Federation of Sovereign Indigenous Nations.

by [Elias Marat](#), [The Mind Unleashed](#)

June 24, 2021

A First Nation in Canada announced on Thursday that it discovered 751 unmarked graves at the site of a former residential school in Saskatchewan province, marking the second time in less than a month that Canada’s dark and bloody

history of Indigenous genocide has been once again thrust into the light.

The Cowessess First Nation made the horrific discovery at a cemetery near the former Marieval Indian Residential School, reports [CBC](#).

The Marieval Indian Residential School operated from 1899 to 1997 in the area. Children from First Nations in southeastern Saskatchewan and southwestern Manitoba were forced to go to the schools.

The discovery comes just a few weeks after Canada and the rest of the world was shocked by the confirmation by the Tk'emlúps te Secwépemc First Nation that the bodily remains of 215 Indigenous children were found in a mass grave at the site of the former [Kamloops Indian Residential School](#) in British Columbia.

On Thursday, Cowessess Chief Cadmus Delorme noted that while this was a *"horrific and shocking discovery,"* the site near the Marieval Indian Residential School was different from the one at Kamloops.

"This is not a mass grave site. These are unmarked graves," said Delorme. *"We are treating this like a crime scene at the moment."*

She also noted that there may have been markers at the graves at some point, but that the Roman Catholic church could have removed them at some point prior to handing over control of the cemetery to Cowessess in the 1970s.

"The news that hundreds of unmarked graves have been found in Cowessess First Nation is absolutely tragic, but not surprising," tweeted Perry Bellegarde, the national chief of the Assembly of First Nations. *"I urge all Canadians to stand with First Nations in this extremely difficult and emotional time."*

The news that hundreds of unmarked graves have been found in Cowessess First Nation is absolutely tragic, but not surprising.

I urge all Canadians to stand with First Nations in this extremely difficult and emotional time.

<https://t.co/8SHEevtk71>

– Perry Bellegarde (@perrybellegarde) [June 23, 2021](#)

Roughly 150,000 First Nations children were forcibly separated from their families and communities and forced to attend the government-funded, Catholic and Protestant church-run schools which were established in the 19th century to assimilate Indigenous children.

Canada's Truth and Reconciliation Commission has confirmed that large amounts of Indigenous children fled such residential or died there, their whereabouts unknown. Former students have also testified to the horrific sexual, mental and physical abuse they suffered while enrolled at the schools. Myriad students died from preventable diseases that rapidly spread in unsanitary conditions, as well as in accidents and fires. Others disappeared when trying to escape.

The Commission has also said that the schools institutionalized child neglect and were meant to carry out "cultural genocide."

This was a crime against humanity," Bobby Cameron, chief of the Federation of Sovereign Indigenous Nations (FSIN), told *VICE News*. "The only crime we committed as children was being born Indigenous...We had concentration camps here. We had them here in Saskatchewan. They were called Indian residential schools."

Latest CDC VAERS Data for 12- to 17-Year-Olds Include 7 Deaths, 271 Serious Adverse Events Following COVID Vaccines

[Latest CDC VAERS Data for 12- to 17-Year-Olds Include 7 Deaths, 271 Serious Adverse Events Following COVID Vaccines](#)

VAERS data released today by the CDC showed a total of 358,379 reports of adverse events from all age groups following COVID vaccines, including 5,993 deaths and 29,871 serious injuries between Dec. 14, 2020 and June 11, 2021.

by [Megan Redshaw](#), [The Defender](#)

June 18, 2021

This week's number of reported adverse events among all age groups following COVID vaccines surpassed 350,000, according to data released today by the Centers for Disease Control and Prevention (CDC). The data comes directly from reports submitted to the [Vaccine Adverse Event Reporting System](#) (VAERS).

[VAERS](#) is the primary government-funded system for reporting

adverse vaccine reactions in the U.S. Reports submitted to VAERS require further investigation before a causal relationship can be confirmed.

Every Friday, [VAERS](#) makes public all vaccine injury reports received as of a specified date, usually about a week prior to the release date. Data released today show that between Dec. 14, 2020 and June 11, 2021, a total of [358,379 total adverse events](#) were reported to VAERS, including [5,993 deaths](#) – an increase of 105 deaths over the previous week. There were [29,871 serious injury reports](#), up 1,430 compared with last week.



National Vaccine Information Center
Your Health. Your Family. Your Choice.

Search Results

From the 6/11/2021 release of VAERS data:

Found 358,379 cases where Vaccine is COVID19

Table

↓	↑ ↓	
Event Outcome	Count	Percent
Death	5,993	1.67%
Permanent Disability	4,874	1.36%
Office Visit	65,621	18.31%
Emergency Room	47	0.01%
Emergency Doctor/Room	47,791	13.34%
Hospitalized	20,692	5.77%
Hospitalized, Prolonged	45	0.01%
Recovered	133,462	37.24%
Birth Defect	183	0.05%
Life Threatening	6,156	1.72%
Not Serious	140,792	39.29%
TOTAL	† 425,656	† 118.77%

† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 358379 (the number of cases found), and the Total Percentage is greater than 100.

In the U.S., [306.5 million](#) COVID vaccine doses had been administered as of June 11. This [includes](#) 128 million doses of [Moderna's](#) vaccine, 167 million doses of [Pfizer](#) and 11 million doses of the [Johnson & Johnson](#) (J&J) COVID vaccine.

Of the 5,993 deaths reported as of June 11, [23% occurred](#) within 48 hours of vaccination, [16% occurred](#) within 24 hours and [38% occurred](#) in people who became ill [within 48 hours](#) of being vaccinated.

This week's data for 12- to 17-year-olds show:

- [6,332](#) total adverse events, including [271](#) rated as serious and [seven reported deaths](#) among 12- to 17-year-olds.

The most recent [reported](#) deaths include a 15-year-old male (VAERS I.D. [1383620](#)) who reportedly died one day after receiving his second Pfizer dose, a 15-year-old male (VAERS I.D. [1382906](#)) who received Pfizer and a 16-year-old male (VAERS I.D. [1386841](#)) who reportedly suffered a hemorrhage and died four days after receiving a Pfizer vaccine. An autopsy is pending.

Other deaths include two 15-year-olds (VAERS I.D. [1187918](#) and [1242573](#)), a 16-year-old (VAERS I.D. [1225942](#)) and one 17-year-old (VAERS I.D. [1199455](#)).

- [974 reports](#) of anaphylaxis among 12- to 17-year-olds with 98% of cases attributed to [Pfizer's vaccine](#), 1.4% to [Moderna](#) and 0.2% (or two cases) to [J&J](#).
- [59 reports](#) of myocarditis and pericarditis (heart inflammation) with 58 [attributed](#) to Pfizer's COVID vaccine.
- [24 reports](#) of blood clotting disorders, all [attributed to Pfizer](#).

This week's total VAERS data, from Dec. 14, 2020 to June 11, 2021, for all age groups show:

- 21% of deaths were related to cardiac disorders.
- 51% of those who died were male, 45% were female and the remaining death reports did not include gender of the deceased.

- The [average age](#) of death was 74.4.
- As of June 11, [2,136 pregnant women](#) reported adverse events related to COVID vaccines, including 707 reports of [miscarriage or premature birth](#).
- Of the [3,516 cases of Bell's Palsy reported](#), 54% were reported after [Pfizer](#) vaccinations, 42% following vaccination with the Moderna vaccine and 267 cases, or 8%, of Bell's Palsy cases were reported in conjunction with J&J.
- [332 reports of Guillain-Barré Syndrome](#), with 45% of cases attributed to Pfizer, 40% to Moderna and 21% to J&J.
- [100,736 reports of anaphylaxis](#) with 42% of cases attributed to [Pfizer's vaccine](#), 50% to [Moderna](#) and 8% to [J&J](#).
- [6,352 reports](#) of blood clotting disorders. Of those, [2,705 reports](#) were attributed to Pfizer, [2,197 reports](#) to Moderna and [1,408 reports](#) to J&J.

CDC reschedules emergency meeting to discuss reports of young people developing serious heart issues after mRNA vaccines

The CDC's Advisory Committee on Immunization Practices (ACIP) planned to hold an [emergency meeting](#) today to discuss the benefit-risk of COVID mRNA vaccines in adolescents and young adults. The agency rescheduled the meeting late Thursday, after Congress officially established Juneteenth National Independence Day (observed today) as a federal holiday.

The meeting will now be held during a regularly scheduled ACIP meeting on June 23 – 25.

The emergency meeting was [announced](#) last week after the CDC [acknowledged](#) a higher-than-expected number of reports of heart inflammation in young people after they received a [Pfizer](#) or [Moderna](#) vaccine.

The CDC on June 10 said it was aware of a total of [475](#)

[cases](#) of [myocarditis](#) or [pericarditis](#) in patients 30 and younger. The disclosure was made during a U.S. Food and Drug Administration (FDA) [hearing](#) to consider what data the agency would need in order to extend [Emergency Use Authorization](#) of COVID vaccines for children under 12.

CDC [data showed](#) 196 reports of myocarditis and pericarditis among 18- to 24-year-olds through May 31, compared with an expected rate of between eight and 83 cases. Among 16- to 17-year-olds, 79 cases of myocarditis and pericarditis were reported through May 31. The [expected rate](#) among people in this age group is between two and 19 cases.

A search of the latest available data in VAERS revealed [1,117 cases](#) of myocarditis and pericarditis, among all age groups reported in the U.S following COVID vaccination between Dec.14, 2020 and June 11, 2021. Of the 900 cases reported, [686 cases](#) were attributed to Pfizer, [391 cases](#) to Moderna and [36 cases](#) to J&J's COVID vaccine.

Parents share horror stories of death, illness after Moderna vaccine

This week, [The Defender](#) reported on two cases of young people who developed heart complications after being vaccinated with the Moderna COVID vaccine, including a 19-year-old college freshman who died, and a 21-year-old student who is recovering.

On June 15, [The Defender reported](#) that Simone Scott, a 19-year-old freshman at Northwestern University, died of complications from a heart transplant she underwent after developing what her doctors believe was myocarditis following her second dose of the Moderna COVID vaccine.

Scott received the second dose on May 1, and on May 11, visited a doctor on campus because she wasn't feeling well. On May 16, she texted her father complaining of dizziness and fatigue. He called campus police who, when they checked in on

her, had to administer CPR.

After multiple interventions, including hooking Scott to an ECMO machine that mirrors the function of the heart so her own heart could rest, doctors determined she needed a heart replacement. She died June 11.

Scott's mother [told local media](#), "I still feel like she's here, even though I know she's not and it just feels like such a waste."

Scott's doctors have [not fully confirmed](#) the cause of her death, but they said it appears she suffered from myocarditis.

On June 15, [The Defender reported](#) that a 21-year-old New Jersey student suffered severe heart inflammation after receiving his second dose of Moderna's COVID vaccine. Justin Harrington, whose school required him to get the vaccine in order to attend classes in the fall, experienced flu-like symptoms followed by heart pain within eight to 12 hours of receiving the vaccine.

In an exclusive interview with [The Defender](#), Justin's father, Timothy Harrington, said his son felt different after the second shot. Every time his heart beat it hurt and he felt pressure," Harrington said. "Then he developed heart pain down both arms."

Harrington said his son, who has no underlying medical conditions, did not experience heart pain with his first dose of the vaccine. Although Justin has since been released from the hospital, he has to wear a heart monitor and take four different medications for six months, has to sleep propped up, can't exert himself and he's missing out on one of the most important times of his life, his father said.

As for Justin's recovery, Harrington said, "He has minor scarring on his heart and doctors hope they caught it early enough that there will be no other issues – but it's pure

conjecture at this point.”

8 fully vaccinated die of COVID in Maine, as U.S. breakthrough cases rise

As [The Defender reported](#) June 14, eight people in Maine died with COVID after being fully vaccinated, according to the latest numbers from [Maine’s Centers for Disease Control and Prevention](#) (CDC), which confirmed a total of [457 breakthrough cases](#) in the state.

Initial [data suggest](#) breakthrough cases in Maine are more common in older individuals and people with underlying health conditions – the same populations that, among the unvaccinated, are [most at risk](#) of hospitalization or death from the virus. About half of the vaccinated people in Maine who tested positive for [COVID](#) had not experienced symptoms when contacted by case investigators, according to the Maine CDC.

On June 3, Napa County California [announced](#) a fully vaccinated woman, who was more than a month past her second Moderna shot, died after being hospitalized with COVID. The 65-year-old woman had underlying conditions and tested positive for the Alpha variant.

As of June 9, the California Department of Public Health had identified more than 5,723 [breakthrough COVID cases](#). Of the 5,723 cases, at least 417 people were hospitalized and least 47 died. Approximately 48% of cases were missing hospitalization data. It is not known if the primary cause of hospitalization or death was COVID or if there were other causes.

Other states continue to report breakthrough cases, among them Texas, which recorded more than [768 breakthrough COVID cases](#) through June 1, with 8% (61 cases) resulting in death.

In Washington, the state’s Department of Health [reported 1,837](#)

[cases](#) of breakthrough infection through June 9. Of those, 10% resulted in hospitalization and 31 people died from COVID-related illness. The majority of cases occurred in the 35 to 49 age group.

Health officials push vaccines, ignore natural immunity

The CDC conservatively estimates more than a third of Americans (at least [114.6 million](#)) have been infected with SARS-CoV-2.

As [The Defender reported](#) June 16, there is ample reason to believe that in [most of these individuals](#), SARS-CoV-2 infection “induces long-term immunity.”

For example, a December 2020 [study](#) by Singapore researchers found neutralizing antibodies (one prong of the immune response) remained present in high concentrations for 17 years or more in individuals who recovered from the original SARS-CoV.

More recently, the [World Health Organization](#) (WHO) and the [National Institutes of Health](#) (NIH) published evidence of durable immune responses to natural infection with SARS-CoV-2.

Yet health authorities are largely [ignoring](#) this fact as they continue to push for everyone to get the vaccine. As the American Institute of Economic Research [reported](#), it appears in order to promote the COVID vaccine agenda, key organizations are not only [“downplaying” natural immunity](#) but may be seeking to “erase” it altogether.

New Cleveland Clinic study found people who had COVID were less likely to be reinfected than fully vaccinated individuals who never had virus—suggesting vaccine is of no benefit to people who already had COVID. #TheDefender: <https://t.co/zL66EdwTnD><https://t.co/zvQMuYwHaa>

– Robert F. Kennedy Jr (@RobertKennedyJr) [June 9, 2021](#)

102 days and counting, CDC ignores The Defender's inquiries

According to the [CDC website](#), "the CDC follows up on any report of death to request additional information and learn more about what occurred and to determine whether the death was a result of the vaccine or unrelated."

On March 8, [The Defender](#) contacted the CDC with a [written list of questions](#) about reported deaths and injuries related to COVID vaccines. After repeated attempts, by phone and email, to obtain a response to our questions, a health communications specialist from the CDC's Vaccine Task Force contacted us on March 29 – three weeks after our initial inquiry.

The individual received our request for information from VAERS, but said she had never received our list of questions, even though employees we talked to several times said CDC press officers were working through the questions and confirmed the representative had received them. We provided the list of questions again along with a new deadline, but never received a response.

On May 19, a CDC employee said our questions had been reviewed and our inquiry was pending in their system, but would not provide us with a copy of the response. We were told we would be contacted by phone or email with the response.

We've contacted the CDC numerous times since and there is no change in the status of our questions, to re-submit our questions or to callback later. It has been 102 days since we sent our first email inquiring into VAERS data and reports and we have yet to receive a response.

[Children's Health Defense](#) asks anyone who has experienced an adverse reaction, to any vaccine, to file a report following [these three steps](#).

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UK Medical Freedom Alliance: Open Letter to Professor Devi Sridhar re BBC Newsround Episode on Children's Vaccines

[UK Medical Freedom Alliance: Open Letter to Professor Devi Sridhar re BBC Newsround Episode on Children's Vaccines](#)

by [UK Medical Freedom Alliance](#)

June 14, 2021

UKMFA have sent a letter of complaint to Prof Sridhar following her claims made on BBC Newsround, which is shown in most UK schools, which made several false or misleading claims including that the Covid-19 vaccines are 100% safe, that children should have the vaccine to protect their parents, and that the benefits to children outweigh any risks.

To present such a simplified and biased message is, in our

opinion, deeply irresponsible, amounts to propaganda, and negatively impacts on the process of giving fully informed consent. We have requested that Prof Sridhar immediately retracts the entire message and issues a clear public apology for misrepresenting the facts relating to the safety concerns of Covid-19 vaccines in children.

[Download PDF](#)

14 June 2021

Open Letter from the UK Medical Freedom Alliance to:

Professor Devi Sridhar – Chair of Global Public Health /
University of Edinburgh

Re: BBC Newsround – Pfizer Vaccine for 12 – 15 year olds

We would like to share with you our Open Letter to the MHRA dated 7 June 2021 regarding Covid-19

vaccines for children.

<https://www.ukmedfreedom.org/open-letters/ukmfa-urgent-open-letter-to-the-mhra-re-emergency->

[authorisation-of-the-pfizer-covid-19-vaccine-for-children](#)

This is in response to your recent appearance on BBC Newsround, where you made several statements which are entirely unsupported by scientific evidence.

Concerns are mainly related but not limited to the following points:

1. You state the benefit of the vaccine for children would be that they then “don’t need to worry about Covid-19”.
Children are already in a position where they do not

have to worry about Covid-19, as the risk to them is close to zero.

2. You state that another benefit would be that they then are likely to not infect their parents. **Children do not play a major role in transmission**, and there is also no evidence from the regulatory trials that the vaccines prevent transmission. This is clearly a statement intended to provoke an emotional response of guilt followed by a sense of duty, and as such it is propaganda rather than factual advice.
3. You state that the main downside of getting the vaccine is that it is “another injection into your arm”. This is a gross misrepresentation of the **known and unknown risks of potential serious adverse effects of the Covid-19 vaccines for children**. We are sure you are aware that the CDC in the US is calling an emergency meeting, specifically to discuss the hundreds of cases of myocarditis that have occurred in young people after the vaccine
<https://www.dailymail.co.uk/news/article-9672233/The-Latest-WHO-warns-delta-variant-hold-Europe.html>).

Life-threatening effects and deaths have been reported in young adults and children in the US and Israel, which you do not refer to at all.

You will find the relevant references to all those points in our Open letter.

In the current situation, which is fraught with uncertainty and fear, the public is looking to professionals for balanced advice. **To present such a simplified and biased message is, in our opinion, deeply irresponsible. When it is targeted specifically at a vulnerable group of children, it is unforgiveable.**

We note that the currently accessible version of your

statement on Newsround has already been redacted, as you originally claimed 100% safety for the Pfizer-BioNTech vaccine. You must have been aware that declaring any medical intervention 100% safe undermines anyone's credibility.

Editing a feature after it has already been circulated and viewed by huge numbers of the public and children, without a publicized explanation or apology, is highly irregular. The comment at the end of the written transcript, merely noting a correction, will not reach the majority of the audience who have heard and assimilated your initial claim.

We therefore request that you immediately retract your entire message and issue a clear public apology for misrepresenting the facts relating to the safety concerns of Covid-19 vaccines in children.

We request that your retraction and apology are circulated as widely as your initial message, and specifically to all schools where this material may have been shown to children.

We are expecting a response confirming that you have taken appropriate action, or otherwise justify the reasons why you have not done so.

Yours sincerely

UK Medical Freedom Alliance

www.ukmedfreedom.org

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World Health Organization New Guidelines Are Vital to End Coercive Psychiatric Practices & Abuse

[World Health Organization New Guidelines Are Vital to End Coercive Psychiatric Practices & Abuse](#)

WHO report vindicates CCHR and the many groups that have fought worldwide for the recognition of psychiatric human rights violations, including involuntary commitment and forced electroshock and other biomedical, including drug treatments.

by [Jan Eastgate](#), [CCHR International](#), [Mental Health Industry Watchdog](#)

June 11, 2021

The World Health Organization (WHO) has released a damning report that lashes out against coercive psychiatric practices, which it says “are pervasive and are increasingly used in services in countries around the world, despite the lack of evidence that they offer any benefits, and the significant evidence that they lead to physical and psychological harm and even death.”[\[1\]](#) It points to the United Nations Convention on the Rights of Persons with Disabilities (CRPD) which in essence, calls for a ban on “forced hospitalization and forced

treatment.” [2]

Citizens Commission on Human Rights International welcomes the report not just for its recognizing psychiatric abuses and torture as being rife, but also as a vindication of CCHR’s efforts since 1969 and other groups that have fought for the recognition of patients’ rights violations that WHO now acknowledges. CCHR’s [Mental Health Declaration of Human Rights](#), written in 1969, includes many of the rights that the W.H.O. report now addresses. [3]

For example, WHO points to a series of UN guidelines and Human Rights Council resolutions that have called on countries to tackle the “unlawful or arbitrary institutionalization, overmedication and treatment practices [seen in the field of mental health] that fail to respect... autonomy, will and preferences.” [4] People who are subjected to coercive practices report feelings of dehumanization, disempowerment and being disrespected, WHO further states. [5]

CRPD says patients must not be put at risk of “torture or cruel, inhuman or degrading treatment or punishment” and recommends prohibiting “coercive practices such as forced admission and treatment, seclusion and restraint, as well as the administering of antipsychotic medication, electroconvulsive therapy (ECT) and psychosurgery without informed consent.” [6]

Coercive Practices Create Harm

Psychiatry has failed to take responsibility for the fact that its own coercive practices have caused the stigmatization which [drives medical students and patients away from it](#), while it tries to blame this on its critics. WHO says stigmatization exists among the general population, policy makers and others when they see those with mental disabilities as being “at risk of harming themselves or others, or that they need medical treatment to keep them safe”—a psychiatric mantra—which

results in a general acceptance of coercive practices such as involuntary admission and treatment or seclusion and restraint.[\[7\]](#)

Abusive practices CCHR has documented include:

- In the U.S., children—who are too young to consent to electroshock—are subjected to it, even at the age of five or younger. American psychiatrists are administering it despite W.H.O. reporting sixteen years ago that “There are no indications for the use of ECT on minors, and hence this should be prohibited through legislation.” Yet the American Psychiatric Association has called for greater use of this brain-damaging, barbaric practice on minors.[\[8\]](#)
- Many patients are forcibly detained and drugged under U.S. involuntary commitment laws, and with telepsychiatry now available, psychiatric hospitals are using this to incarcerate people against their will for their insurance.
- Recent reports of the troubled teen industry in the U.S. highlight how coercive restraint use in psychiatric and behavioral facilities is common, despite leading to deaths of youths, without accountability. Teenagers gasping for air, crying out that they “can’t breathe” have died undergoing restraint to control their behavior.[\[9\]](#)
- In New Zealand, a Royal Commission Inquiry into Child Abuse begins its investigation on June 14 into the torture of children with an electroshock device at the now-closed state psychiatric institution, Lake Alice. Children were not anesthetized but punitively shocked directly to various body parts, including genitalia.[\[10\]](#)
- Despite a March 2020 Food and Drug Administration ban on a similar shock device used at the Judge Rotenberg Center in Massachusetts for behavior modification, the torturous procedure is still being used.[\[11\]](#)

- Until recently, psychiatrists such as Patrick McGorry in Australia, pre-drugged patients in the Brave New World theory that this could prevent them from becoming psychotic, yet the antipsychotics prescribed for this list psychosis as a side effect. Similar practices are researched in the U.S. [\[12\]](#)

Many U.S. states allow electroshock to be given to involuntary patients against their will, constituting torture, as UN agencies have clearly stated. The WHO report specifically highlights the problem that “coercive practices are used in some cases because they are mandated in the national [or state] laws of countries.” [\[13\]](#)

Further, coercion is “built into mental health systems, including in professional education and training, and is reinforced through national mental health and other legislation.” [\[14\]](#)

These laws need to change, similar to those enacted in Australia where criminal penalties are enshrined in several mental health laws, should certain psychiatric treatments be administered, violating patients’ rights.

Countries must also ensure that “informed consent” is in place and that “*the right to refuse admission and treatment is also respected.*” [\[15\]](#) “People wishing to come off psychotropic drugs should also be actively supported to do so, and several recent resources have been developed to support people to achieve this,” WHO says. [\[16\]](#)

No Accountability: No Funding

WHO sees community mental health as the alternative to egregious hospitalization and the biomedical paradigm—psychotropic drugs, electroshock and psychosurgery—for treating people’s emotional and mental problems. This would require a massive injection of funds. However, the checks and balances do not exist to prevent

abuses occurring in the community. Greater accountability, including criminal penalties are needed.

The same funding limitations also apply to psychiatric research, which the WHO highlights have been dominated by a biomedical model—neuroscience, genetics and psychopharmacology. It quotes the astounding admission from Thomas Insel, former director of the National Institute for Mental Health (2002 to 2015), who said: “When I look back on that, I realize that while I think I succeeded at getting lots of really cool papers published by cool scientists at fairly large costs—I think US\$ 20 billion—I don’t think we moved the needle in reducing suicide, reducing hospitalizations, improving recovery for the tens of millions of people who have mental illness.” [\[17\]](#)

We cannot keep flooding more money into a failing and harmful mental health system, when accountability either doesn’t exist or is so ineffective that perpetrators can get away with murder.

Abolish Involuntary Hospitalization

In the U.S., in the wake of acts of senseless violence, psychiatrists have called for greater rights to involuntarily commit individuals—the antithesis of what the WHO is advocating. In fact, it debunks the idea that involuntary admission is necessary under so-called grounds such as “dangerousness” or “lack of insight.” [\[18\]](#) Or that the person is “‘at risk of harming themselves or others, or that they need medical treatment to keep them safe,’” with WHO saying that such practices lead to an “over-emphasis on biomedical treatment options and a general acceptance of coercive practices such as involuntary admission and treatment or seclusion and restraint.” [\[19\]](#)

“Although challenging, it is important for countries...to eliminate practices that restrict the right to legal capacity, such as involuntary admission and treatment,” it says. [\[20\]](#)

The late Dr. Thomas Szasz, professor of psychiatry, a fellow of the American Psychiatric Association, and co-founder of CCHR, stressed this point sixty years ago. Indeed, he was more forthright in stating: "Involuntary mental hospitalization is like slavery. Refining the standards for commitment is like prettifying the slave plantations. The problem is not how to improve commitment, but how to abolish it." Further, "The most important deprivation of human and constitutional rights inflicted upon persons said to be mentally ill is involuntary mental hospitalization..."[\[21\]](#)

CCHR will continue to monitor and document psychiatric abuses and with this WHO guideline against involuntary treatment, refer this to attorneys who may be able to seek charges of torture where forced treatment is administered. Until laws enact the necessary protections, more pressure is needed to bring abuses to account through the courts.

[Report psychiatric abuse to CCHR.](#)

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[\[2\]](#) *Ibid.*, p. 4

[\[3\]](#) <https://www.cchr.org/about-us/declaration-of-human-rights/>

[\[4\]](#) *Op. cit.*, World Health Organization, p. 5

[\[5\]](#) *Ibid.*, p. 8

[\[6\]](#) *Ibid.*, p. 7

[\[7\]](#) *Ibid.*, p. 3

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[10] <https://www.cchrint.org/2021/03/09/cchr-us-should-mirror-nz-child-shock-treatment-inquiry-to-ban-therapy/>

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[14] *Ibid.*, p. 8

[15] *Ibid.*, p. 6

[16] *Ibid.*, p. 201

[17] *Ibid.*, p. 215

[18] *Ibid.*, p. 7

[19] *Ibid.*, p. 3

[20] *Ibid.*, p. 6

[21] <https://www.cchrint.org/about-us/co-founder-dr-thomas-szasz/quotes-on-involuntary-commitment/>

As Drug Makers Set Sights on Vaccinating 5-Year-Olds, Latest VAERS Data Show Number of Injuries, Deaths Continues to Climb

[As Drug Makers Set Sights on Vaccinating 5-Year-Olds, Latest VAERS Data Show Number of Injuries, Deaths Continues to Climb](#)

VAERS data released today showed 329,021 reports of adverse events following COVID vaccines, including 5,888 deaths and 28,441 serious injuries between Dec. 14, 2020 and June 4, 2021.

by [Megan Redshaw, The Defender](#)

June 11, 2021

This week's number of reported adverse events among all age groups following COVID vaccines surpassed 329,000, according to data released today by the Centers for Disease Control and Prevention (CDC). The data comes directly from reports

submitted to the [Vaccine Adverse Event Reporting System](#) (VAERS).

[VAERS](#) is the primary government-funded system for reporting adverse vaccine reactions in the U.S. Reports submitted to VAERS require further investigation before a causal relationship can be confirmed.

Every Friday, VAERS makes public all vaccine injury reports received as of a specified date, usually about a week prior to the release date. Today's data show that between Dec. 14, 2020 and June 4, a total of [329,021 total adverse events](#) were reported to VAERS, including [5,888 deaths](#) – an increase of 723 deaths over the previous week. There were [28,441 serious injury reports](#), up 3,082 compared with last week.

Among 12- to 17-year-olds, there were [59 reports](#) of heart inflammation and [19 cases](#) of blood clotting disorders.



Search Results

From the 6/4/2021 release of VAERS data:

Found 329,021 cases where Vaccine is COVID19

Table

↓	↑ ↓	↑ ↓
Event Outcome	Count	Percent
Death	5,888	1.79%
Permanent Disability	4,583	1.39%
Office Visit	58,798	17.87%
Emergency Room	44	0.01%
Emergency Doctor/Room	43,848	13.33%
Hospitalized	19,554	5.94%
Hospitalized, Prolonged	43	0.01%
Recovered	123,573	37.56%
Birth Defect	175	0.05%
Life Threatening	5,884	1.79%
Not Serious	128,896	39.18%
TOTAL	† 391,286	† 118.92%

† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 329021 (the number of cases found), and the Total Percentage is greater than 100.

In the U.S., [299.1 million](#) COVID vaccine doses had been administered as of June 4. This [includes](#) 126 million doses of [Moderna's](#) vaccine, 162 million doses of [Pfizer](#) and 11 million doses of the [Johnson & Johnson](#) (J&J) COVID vaccine.

Of the 5,888 deaths reported as of June 4, [23% occurred](#) within 48 hours of vaccination, [16% occurred](#) within 24 hours and [39% occurred](#) in people who became ill [within 48 hours](#) of being vaccinated.

This week's data for 12- to 17-year-olds show:

- [5,367](#) total adverse events, including [165](#) rated as serious and [four reported deaths](#) among 12 to 17-year-olds. The [youngest deaths](#) reported include two 15-year-olds (VAERS I.D. [1187918](#) and [1242573](#)), a 16-year-old (VAERS I.D. [1225942](#)) and one 17-year-old (VAERS

I.D. [1199455](#)).

- [773 reports](#) of anaphylaxis among 12- to 17-year-olds with 98% of cases attributed to [Pfizer's vaccine](#), 1.8% to [Moderna](#) and 0.5% (or four cases) to [J&J](#).
- [59 reports](#) of myocarditis and pericarditis (heart inflammation) with 58 [attributed](#) to Pfizer's COVID vaccine.
- [16 reports](#) of blood clotting disorders, all [attributed to Pfizer](#).

This week's total VAERS data, from Dec. 14, 2020 to June 4, 2021, for all age groups show:

- 20% of deaths were related to cardiac disorders.
- 51% of those who died were male, 45% were female and the remaining death reports did not include gender of the deceased.
- The [average age](#) of death was 74.5.
- As of June 4, [2,012 pregnant women](#) reported adverse events related to COVID vaccines, including 666 reports of [miscarriage or premature birth](#).
- Of the [3,211 cases of Bell's Palsy reported](#), 53% were reported after [Pfizer](#) vaccinations, 42% following vaccination with the Moderna vaccine and 253 cases, or 8%, of Bell's Palsy cases were reported in conjunction with J&J.
- [310 reports of Guillain-Barré Syndrome](#) with 45% of cases attributed to Pfizer, 41% to Moderna and 21% to J&J.
- [92,929 reports of anaphylaxis](#) with 41% of cases attributed to [Pfizer's vaccine](#), 50% to [Moderna](#) and 9% to [J&J](#).
- [5,907 reports](#) of blood clotting disorders. Of those, [2,482 reports](#) were attributed to Pfizer, [2,017 reports](#) to Moderna and [1,367 reports](#) to J&J.

CDC to hold emergency hearing after identifying 226

cases of heart inflammation in young people

As [The Defender reported](#) today, the CDC on Thursday announced plans to convene an [emergency meeting](#) of its advisers on June 18 to discuss higher-than-expected reports of heart inflammation following doses of Pfizer and Moderna COVID vaccines.

As [The Defender reported](#) Thursday, before the announcement, the CDC on June 1 had quietly updated its website to acknowledge a higher-than-expected number of cases of myocarditis among young teens after the second dose of an mRNA COVID vaccine.

Based on a [May 24 report](#) from the CDC's Advisory Committee on Immunization Practices COVID-19 Vaccine Safety Technical Work Group, the CDC on June 1 added [new language](#) to its guidance:

"Data from VAERS [Vaccine Adverse Events Reporting System] show that in the 30-day window following dose 2 mRNA COVID-19 vaccination, there was a higher number of observed than expected myocarditis/pericarditis cases in 16–24-year-olds."

The updated language differed significantly from the CDC's [statement two weeks earlier](#), which said rates of myocarditis were not higher among vaccinated people.

During a [Thursday meeting](#) of advisors to the U.S. Food and Drug Administration, CDC officials presented data showing a total of [475 cases](#) of myocarditis or pericarditis [were recorded](#) in patients 30 and younger following mRNA vaccines.

The CDC identified 226 reports that might meet the agency's "working case definition" of myocarditis. The majority of those affected have recovered, but 41 had ongoing symptoms, 15 are still hospitalized and three are in the intensive care unit.

On June 10, [The Defender reported](#) the Oregon Health Authority said it was aware of at least 11 cases of myocarditis

or [pericarditis](#) – inflammation of the sac surrounding the heart – in all age groups following COVID vaccination. One of the cases is a 15-year-old teen in Beaverton, Oregon, who was hospitalized for heart inflammation after receiving his second dose of the [Pfizer](#) vaccine.

“The hallmark symptom of myocarditis and pericarditis is chest pain or shortness of breath,” Jonathan Modie, an Oregon Health Authority spokesperson, [said in an email](#). “In rare cases, it can also present in the form of heart palpitations. Anyone suffering from unexplained chest pain should contact a medical provider or seek immediate emergency care.”

A search of the latest available data in VAERS revealed [900 cases](#) of myocarditis and pericarditis, among all age groups reported in the U.S following COVID vaccination between Dec.14, 2020 and June 4, 2021. Of the 900 cases reported, [533 cases](#) were attributed to Pfizer, [331 cases](#) to Moderna and [32 cases](#) to J&J’s COVID vaccine.

Experts tell FDA for kids, benefits of COVID vaccines don’t outweigh the risks

As [The Defender reported](#) June 11, an FDA advisory committee held a [virtual meeting](#) Thursday to discuss what data would be needed to vaccinate children under 12 against COVID under Emergency Use Authorization (EUA) or licensure.

Several experts spoke out against the plan, saying the benefits don’t outweigh the risks for young children. Peter Doshi, Ph,D, associate professor University of Maryland School of Pharmacy and senior editor of The BMJ, [said](#) during the open public hearing session, there is no emergency that would warrant using EUA to authorize COVID vaccines for children.

[Kim Witczak](#), an FDA consumer representative, expressed great concerns over the premature approval of COVID vaccines for children. Witczak said data shows children are neither in danger or dangerous and questioned the timing of last Friday’s

CDC announcement of the [rise in children being hospitalized](#) with COVID.

Dr. Cody Meissner, director of pediatric infectious diseases at Tufts University School of Medicine, [said](#) children are at low risk of severe disease from the virus and more study is needed about safety in younger age groups.

Witczak and Doshi were two of 27 researchers and clinicians around the world who [launched a citizen's petition](#) demanding the FDA withhold full approval of COVID vaccines until efficacy and safety measures are met.

The members of the FDA's Vaccines and Related Biological Products Advisory Committee were not asked to provide specific advice or to vote during the meeting.

Moderna, Pfizer push to vaccinate kids as young as 5 by September

Moderna this week asked the FDA to expand emergency use of its COVID vaccine for adolescents aged 12 to 17. The vaccine maker said its COVID vaccine was 100% effective in a study of 3,700 12-to-17-year-olds.

Moderna and Pfizer both this week said they expect to make their vaccines available to children as young as 5 by September.

As [The Defender reported](#) this week, Pfizer is advancing late-stage clinical trials of its COVID vaccine, in lower doses, on children ages 5 to 11 years old and expects to apply for approval early this fall. The study will enroll up to 4,500 children at more than 90 clinical sites in the U.S., Finland, Poland and Spain, the company said.

Based on [safety, efficacy and tolerability data](#) from the 144 children included in Pfizer's phase 1 trial, the company will use 10 micrograms of each vaccine dose for kids between the ages of 5 and 11 in phase 2/3 trials, and 3 micrograms of each

dose for those 5 and younger.

Moderna [said](#) it also expects its COVID vaccine will be available for kids as young as 5 by early fall. CEO Stéphane Bancel [said](#) Monday he thinks the data will become available sometime in September.

New Cleveland Clinic study shows vaccine provides no added benefit to those who already had COVID

A [new preprint study](#) by the Cleveland Clinic found people previously infected with SARS-CoV-2 were less likely to be reinfected than fully vaccinated individuals who never had the virus – suggesting the vaccine is of no benefit to people who already had COVID.

As [The Defender reported](#), the study, available on medRxiv, provides insight into how the immune system protects the body once a COVID infection is confirmed.

The clinic studied 52,238 employees. Of those, 49,659 never had the virus and 2,579 had COVID and recovered. Of the 2,579 who previously were infected, 1,359, or 53%, remained unvaccinated, compared with 41%, or 22,777 who were vaccinated.

Of all [infections during the study period](#), 99.3% occurred in participants who were not infected previously and remained unvaccinated. In contrast, 0.7% of infections occurred in participants who were not previously infected but were currently vaccinated. Significantly, not one of the 1,359 previously infected subjects who remained unvaccinated had a SARS-CoV-2 infection over the duration of the study.

Pfizer skipped critical testing, documents reveal

New documents obtained by [TrialSite News](#) suggest routine quality testing issues were overlooked in the rush to authorize use of Pfizer's COVID vaccine, and that U.S. and other governments are conducting a massive vaccination program

with an incompletely characterized experimental vaccine.

As [The Defender reported](#) June 7, regulatory documents revealed Pfizer didn't thoroughly examine biodistribution and pharmacokinetics issues relating to its vaccine before submitting the vaccine to the European Medicines Agency (EMA) for review.

Pfizer also did not use the commercial vaccine (BNT162b2) for all of its studies, but instead relied on a "surrogate" mRNA that produced the [luciferase protein](#).

According to TrialSite News, it's standard practice for the EMA to disclose its assessment of investigational new drug submissions. In the case of [Pfizer's vaccine](#), the EMA assessment included a summary of the agency's evaluation of the non-clinical vaccine distribution studies reported to EMA by Pfizer – but the EMA [did not disclose](#) the results of Pfizer's biodistribution studies in its public EMA summary.

95 days and counting, CDC ignores The Defender's inquiries

According to the [CDC website](#), "the CDC follows up on any report of death to request additional information and learn more about what occurred and to determine whether the death was a result of the vaccine or unrelated."

On March 8, [The Defender](#) contacted the CDC with a [written list of questions](#) about reported deaths and injuries related to COVID vaccines. After repeated attempts, by phone and email, to obtain a response to our questions, a health communications specialist from the CDC's Vaccine Task Force contacted us on March 29 – three weeks after our initial inquiry.

The individual received our request for information from VAERS, but said she had never received our list of questions, even though employees we talked to several times said CDC press officers were working through the questions and

confirmed the representative had received them. We provided the list of questions again along with a new deadline, but never received a response.

On May 19, a CDC employee said our questions had been reviewed and our inquiry was pending in their system, but would not provide us with a copy of the response. We were told we would be contacted by phone or email with the response.

On June 4, the CDC employee we contacted said nobody had responded to our inquiries. We were advised to submit our questions again, which we have done numerous times.

It has been 95 days since we sent our first email inquiring into VAERS data and reports and we have yet to receive a response.

[Children's Health Defense](#) asks anyone who has experienced an adverse reaction, to any vaccine, to file a report following [these three steps](#).

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Dr. Vernon Coleman: Lies on

the BBC Will Result in Children Dying

[Lies on the BBC Will Result in Children Dying](#)

by [Dr. Vernon Coleman](#)

June 10, 2021

Over the years the medical establishment has acquired a well-deserved reputation for ignoring good discoveries (which would make a dramatic difference to human health) and continuing with useless practices (which do more harm than good) long after they should have abandoned them. The medical profession, or, rather, perhaps I should say 'the medical establishment' has always been slow to accept and assimilate new ideas – and slow to see the obvious.

I have long thought that the main problem with modern medical education is that it is largely based upon learning by rote and upon eliminating all original thought. This is deliberate since the aim of an orthodox modern medical education is to help maintain the status quo (and preserve the position of the pharmaceutical industry). Right from the very beginning, young students are made to learn long lists of information. They learn the names of the bones, the arteries, the nerves and the veins in the body. They learn the names of the muscles and they learn the histology of the various organs. They then learn lists of clinical signs and symptoms. And they learn lists of drugs. At no point are students encouraged to think for themselves.

As a result it is not surprising that after graduation most doctors continue to do as they are told. The average doctor is strangely incapable of critical thought. Given the

indoctrination they have undergone it is hardly surprising that doctors readily accept everything they are told by the drug companies (which more or less control post graduate education) and equally readily reject alternative medicine – something which never makes much of an appearance in the undergraduate syllabus.

There is nothing new about this.

The greatest thinkers – the ones who have, in the end, contributed most to medicine and human health – have always been scorned or ignored (or preferably both) by the medical establishment. The establishment has always manipulated the truth to suit its own political, religious or commercial purposes. Simple truths which are inconvenient have always been suppressed. It happened in the past, it will happen in the future and it is happening now.

Few medical stories illustrate the way the medical establishment works better than the story of how scurvy was discovered and how the treatment for it was ignored for centuries.

In 1535, Jacques Cartier sailed from France to Newfoundland with a crew of 110 men. Within six weeks a hundred of his men had developed scurvy. Luckily for Cartier and his men a native told them to drink the juice from the fruit of local trees. The men recovered in days. From that time on wise sea captains made sure that their men were given regular supplies of orange or lemon juice. In a book called *The Surgeons Mate*, published in 1636 John Woodall recommended that these juices be used to prevent scurvy. But the medical establishment was slow to accept this sensible suggestion.

It wasn't until two centuries later, in 1747, that the idea was reintroduced by James Lind, who conducted a proper clinical trial and proved that scurvy could be prevented with the right diet. It was Lind's work which enabled Captain Cook

(he was a Lieutenant at the time) to sail around the world without a single case of scurvy.

The admiralty and the medical establishment continued to ignore all this. In the Seven Years War, from 1756 to 1763, approximately half of the 185,000 sailors involved died of scurvy. In 1779 the Channel Fleet had 2,400 cases of scurvy after a single ten week cruise.

Eventually, in 1795 the medical establishment (and the navy) succumbed to common sense and lemon juice became a compulsory part of every sailor's diet. This breakthrough took well over two centuries to be accepted.

Then there is Paracelsus.

There is no doubt that Paracelsus (Aureolus Theophrastus Bombastus von Hohenheim to his friends) is the father of modern medicine. He tore into the precepts of established medical thinking with all the zeal of a missionary. He revolutionised medical thinking throughout Europe and scandalised the medical establishment by claiming to have learned more from his contact with witches and midwives than from his study of ancient and well-revered medical texts. No idea or theory was too bizarre to be studied and considered and no belief, no practice and no concept too sacred to be rejected. He was the first man to associate mining with chest disease, to use mercury in the treatment of syphilis, to advocate allowing wounds to drain instead of smothering them with layers of dried dung and to argue that some foods contained poisons which harmed the human body. Paracelsus scandalised the establishment by claiming that he was interested more in pleasing the sick than his own profession. He was, not surprisingly, rejected by the medical establishment and widely and persistently persecuted for his beliefs. It was years after his death that his ideas were recognised.

And there is Vesalius.

In the sixteenth century Andreas Vesalius achieved contemporary notoriety and eternal fame as the author of the first textbook of human anatomy, 'De Humanis Corporis Fabrica'. Up until Vesalius medical students had studied anatomy using texts prepared by Galen. Since Galen used pigs not human corpses for his studies his anatomical notes were, to say the least, rather misleading.

Vesalius's frank rejection of many of Galen's anatomical claims earned him considerable disapproval. The medical establishment still firmly believed that Galen could do no wrong. They weren't interested in anything as superficial and irrelevant as evidence.

Like so many original thinkers before and after him, Vesalius was unable to cope with the outcry. He burnt his remaining manuscripts, abandoned his study of anatomy and took a job as court physician to Charles V in Madrid.

Vesalius wasn't the only anatomist whose work was rejected. In the 17th century, British doctor William Harvey spent eight years researching the circulation of the blood – and getting it right. His patience was rewarded with ridicule. He received nothing but abuse. He lost many friends and his practice shrank.

When Ambrose Pare, the great French surgeon, first started work as an army surgeon it was accepted practice to stop a haemorrhage by sealing a wound with a red hot iron. Amputations were performed with a red hot knife and the wounds which were left were sealed with boiling oil. One day Pare ran out of boiling oil and used a mild emollient to dress the wounds of the men he was treating. He worried all night about what he had done but the next day he found that his patients were not only healthy but that they were also in less pain than the men whose wounds had been sealed with boiling oil.

Pare was wise enough to learn from this and from that day on he started dressing wounds with an emollient rather than boiling oil. He also introduced ligatures, artificial limbs and many surgical instruments. Inevitably, Pare met the usual fate of innovators and reformers (who get a rougher ride within the world of medicine than anywhere else). He was denounced by other surgeons as dangerous and unprofessional. Older surgeons banded together to oppose him and in their attempts to discredit him they attacked him for all sorts of things – for example, his ignorance of Latin and Greek. Pare eventually succeeded because the soldiers he treated trusted him and wanted to be treated by him. They weren't interested in the views of the French medical establishment.

A look back at hospitals is also revealing.

When Tsar Paul came to power in Russia in 1796 he was so horrified at the state of the hospital in Moscow that he ordered it to be rebuilt. In Frankfurt in the 18th century physicians considered working in hospital to be equivalent to a sentence of death.

In 1788, Jacobus-Rene Tenon published a report on the hospitals of Paris which shocked city officials. He described how the Hotel Dieu (the magnificent looking hospital next to Notre Dame) contained 1200 beds but up to 7,000 patients – with up to six patients crammed into each bed. The stench in the hospital was so foul that people who entered would do so holding a vinegar soaked sponge to their noses. Very few patients escaped from the hospital with their lives. When reformer John Howard toured European hospitals he angrily reported that no fresh air, no sunlight, straw as bedding, no bandages and a milk and water diet supplemented with weak soup were standard. The reports of Tenon and Howard were ignored and dismissed for years and it took decades for the medical establishment to make any real changes.

In the 18th century the treatment of the mentally ill was

abysmal. Daniel Defoe, best remembered for his story of the adventures of Robinson Crusoe, wrote a vicious attack on mental hospitals. 'Is it not enough to make anyone mad,' he asked, 'to be suddenly clap'd up, stripp'd, whipp'd, ill fed and worse us'd? To have no reason assigned for such treatment, no crime alleged or accusers to confront? And what is worse, no soul to appeal to but merciless creatures who answer but in laughter, surliness, contradiction and too often stripes?'

No one took much notice and medical practitioners continued to treat mentally ill patients without respect or care.

At the Bethlem Royal Hospital half naked patients were kept chained in irons. Physicians bled their patients once a year and the more troublesome patients were put on a tranquillising wheel. Until 1770 visitors could pay a penny to see the 'fun' at Bedlam. John Wesley, founder of the Wesleyan Church, who considered himself a benefactor of the mentally ill, suggested pouring water onto the heads of the mentally ill and forcing them to eat nothing but apples for a month. Wesley was one of the first men to use electricity in the attempted treatment of the mentally ill. Despite the protests of reformers such as Philippe Pinel (who shocked the establishment in the late 18th century by claiming that the mentally ill were sick and needed treatment) mental hospitals were, well into the 19th century, still quite unsuitable for people needing medical treatment.

There was never any evidence to show that it did any good but blood-letting was a favourite therapeutic tool for centuries. The fact that removing blood from a patient made him or her quieter was regarded as proof that it was doing some good. (This is no dafter than the rationale used to explain some modern treatments.) Blood-letting was easy to perform and it was something to do. Doctors have always felt the need to do something to their patients. (Possibly because it is difficult to explain away a big fee if all you do is give advice.) Leeches were hugely popular in the 19th century. In 1824, two million leeches were imported into France. In 1832, the figure

had risen to 57 million a year.

In 1843, the American poet, novelist and anatomist, Oliver Wendell Holmes, read to the Boston Society for Medical Improvement a paper entitled 'On The Contagiousness of Puerperal Fever'. He argued that the disease could be carried from patient to patient by doctors. He suggested that surgeons should consider changing their clothes and washing their hands after leaving a patient with puerperal fever. His lecture annoyed the medical establishment and his advice was ignored completely.

A similar fate befell Ignaz Philipp Semmelweiss who, in 1846, at the age of 28, became an assistant in an obstetric ward at the Allgemeines Krankenhaus in Vienna. Semmelweiss noticed that the number of women dying in his ward was higher than the number dying in other wards. It wasn't difficult to notice this. Women would beg, in tears, not to be taken into Semmelweiss's ward.

Deciding that he wasn't that bad a doctor, Semmelweiss looked for an explanation and came to the conclusion that the major difference was that patients on his ward were looked after by medical students whereas the patients on other wards were looked after by midwives. Semmelweiss then discovered that the students came straight to the ward from the dissecting room where they had had their hands stuck into the corpses of women who had died from puerperal fever. The midwives never went near to the dissecting room. Semmelweiss instructed the medical students that they should start washing their hands in a solution of calcium chloride after coming from the dissecting room. The remedy produced a dramatic drop in the death rate on his ward.

Predictably the medical establishment was not well pleased – even though Semmelweiss had proved his point very dramatically. The unfortunate young doctor couldn't cope with the rejection. He became an outcast and died in a mental

hospital a few years later. The medical establishment had scored another hollow victory. Once again the patients were the losers.

You might have thought that the medical establishment would have welcomed anaesthesia. After all, before anaesthetics were available, surgeons had to get their patients drunk or knock them out with a blow to the head. Surgeons would often operate with the patient held down by four strong men. The first operation under anaesthesia was performed at the Massachusetts General Hospital in 1846. But the establishment was not going to accept this new-fangled nonsense lying down. The main objection was that anaesthetics were being used to help women who were in labour. And that, said the establishment, just wasn't acceptable. It was, said the wise men, unnatural and unhealthy for women to deliver babies without suffering pain. 'In sorrow thou shalt bring forth children,' says the Bible. However, the religious barbarians were eventually overcome by Dr James Simpson who trumped the Bible quoters with this quote: 'And the Good Lord caused a deep sleep to fall upon Adam and he slept; and He took one of his ribs and closed up the flesh instead thereof.' The opposition to anaesthesia was finally quelled when Queen Victoria gave birth to Prince Leopold while under the influence of chloroform.

In 1867 Joseph Lister published a paper in *The Lancet* entitled 'On the Antiseptic Principle in the Practice of Medicine'. Lister had found a solution to the age old problem of post-operative infection. But the medical establishment doesn't like change, even if it means keeping patients alive. And Lister found himself being attacked by doctors who ignored the evidence but disapproved of his new techniques simply because they were new. It was decades before the 'antiseptic principle' was accepted.

One of the reasons why hospital infections are so commonplace today is that doctors and nurses seem to believe that they can use antibiotics instead of washing their hands. Incompetence,

carelessness and ignorance mean that the quality of cleanliness in the average modern hospital is little better than it was in a hospital in the Middle Ages.

Until surprisingly recently, it was routine for surgery on babies to be performed without anaesthesia on the grounds that babies are incapable of feeling pain. There was no evidence for this claim (one which any mother would be able to oppose with credible if anecdotal evidence) but anaesthetists were taught that babies had immature nervous systems and so didn't need painkillers.

Above I have described just a few of the hundreds (probably thousands) of examples I could give to illustrate the way that the medical establishment, in recent years allied with the drug industry, has always opposed original thought and has protected the status quo – regardless of the effect on patients.

The medical establishment has acted in the interests of the profession but against the interests of patients, and thoughtful and creative individuals have always had a hard time. The value of serendipity has also been ignored, of course. Both penicillin and X-rays were the result of serendipity.

The real tragedy is that absolutely nothing has changed for the better. Indeed, things have arguably got worse.

The medical establishment is still responsible for protecting and promoting medical procedures which do not work and have never worked (and which expose patients to great risk) while at the same time it opposes and suppresses treatments which do work and have been proved to work.

Today, anyone in the medical profession who dares to offer thoughts or warnings which don't fit in with the specific requirements of the medical establishment will get the Semmelweiss treatment. They will be laughed at and suppressed.

Nothing has changed.

As I and others have discovered to our cost.

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Adapted from [How to stop your doctor killing you](#) by Vernon Coleman. There is more about medical history in [The Story of Medicine](#) by Vernon Coleman.

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**UKMFA Urgent Open Letter to
the MHRA re Emergency
Authorisation of the Pfizer
Covid-19 Vaccine for Children**

[UKMFA Urgent Open Letter to the MHRA re Emergency Authorisation of the Pfizer Covid-19 Vaccine for Children](#)

by [UK Medical Medical Freedom Alliance](#)

June 8, 2021

UKMFA has sent an Open Letter to the the MHRA in which we raise grave concerns about this emergency authorisation, citing evidence of known and potential harms to children that may result and the serious ethical issues this decision raises.

Given that these vaccines will have virtually no benefit to the children themselves, it is profoundly unethical and indefensible to vaccinate children, especially with an experimental vaccine using novel technology, in what appears to be a misguided attempt to protect adults and achieve herd immunity. We call on the MHRA to exercise caution and immediately reverse their decision.

[Download PDF copy of the letter](#)

URGENT Open Letter from the UK Medical Freedom Alliance to the Medicines and Healthcare products Regulatory Agency (MHRA)

- **Dr June Raine CBE – Chief Executive Office**
- **Mr Stephen Lightfoot – Chair**
- **Professor David Webb – Deputy Chair**

Re: Covid-19 Vaccination in Children – Emergency Use Authorisation and Rollout in Schools

The UK Medical Freedom Alliance (UKMFA) is an alliance of UK medical professionals, scientists and lawyers campaigning for Medical Freedom, Informed Consent and Bodily Autonomy to be preserved and protected.

It is with the gravest of concern and utter incredulity that we assimilate the decision by the MHRA to grant regulatory approval for emergency use of the Pfizer-BioNTech Covid-19 vaccine in 12- to 15-year- old children [i]. **We wish to notify you of the multiple factors indicating that most likely your decision will have devastating consequences for a significant number of children in the UK and their families.**

We are adding our voice to doctors and experts around the world, including groups in the UK [ii] [iii], US [iv] [v] and Israel [vi], who have raised serious ethical and safety concerns, and demanded that Covid-19 vaccines are not rolled out to children.

We previously outlined our arguments against giving Covid-19 vaccines to children in an Open Letter to the MHRA, JVICI and Government Ministers, dated 25 February 2021 [vii]. Considering new and mounting evidence of harm caused by Covid-19 vaccines, we wish to urgently re-enforce our appeal to reverse this latest decision immediately and halt all plans in relation to administration of Covid-19 vaccines to children.

Ethical and Safety Concerns

1. In the UK, **evidence-based medicine** has been the basis of all clinical practice. Medical professionals are educated to critically appraise scientific evidence and ensure recommendations and guidelines rest on robust foundations. The implementation of the Covid-19 vaccination program is in complete incongruence with this concept, and

this has never been more obvious than in relation to young people and children.

Rather than referring to peer-reviewed science, recommendations have been based only on interim analyses of clinical trials that have not been completed. Completion of the adult trials has already been compromised by offering the vaccine to participants in the placebo groups, thus removing the control arm [viii]. Trials to establish efficacy and safety of the Covid-19 vaccines are not conducted by independent research teams but by the pharmaceutical companies, who stand to gain financially from the sale of their products. Raw trial data are not yet accessible to be scrutinized. Instead, interim analyses and claims are communicated by press release, without peer review, and instantly assimilated into advice to the public. The Pfizer-BioNTech clinical trials involving children and teenagers only commenced in 2021 and are underpowered for obtaining meaningful safety data (there were only 1131 12–15-year-olds in treatment arm). Only 2 months' worth of interim data was provided to the MHRA, giving extremely limited short-term and NO long-term safety profile. Safety cannot be established if due scientific process is not adhered to.

2. The justification for the enhanced timelines and the irregular process for **temporary emergency use** authorization of Covid-19 vaccines has been the urgency of the ongoing pandemic. There is no historical precedent where a pandemic was successfully ended or mitigated by vaccinating the entire population. Indeed, concerns have been raised that this approach may prolong the pandemic and risk promotion of more virulent variants [ix]. French virologist and Nobel Prize winner Luc Montagnier recently highlighted and warned about this potential issue [x] [xi]. As the concept of ending a pandemic by vaccinating the entire population has no basis in science, there is no imperative to vaccinate

children.

3. The last time a vaccine was developed and brought to market on an emergency basis, was in an attempt to halt the swine flu epidemic in 2009-2010. Tragically, this resulted in significant, unexpected injuries, with over 1000 cases of life-changing narcolepsy in children and teenagers across Europe, and the eventual withdrawal of the Pandemrix vaccine [xii] [xiii]. We have an **obligation to exercise caution** to prevent a re-occurrence of serious and unforeseen side-effects of an inadequately tested product in children [xiv].

4. The benefits of Covid-19 vaccines for children are close to zero, yet they carry known and unknown risks. Experts are stating that vaccinating children is neither necessary nor justified:

- The minutes of the **Joint Committee on Vaccination and Immunisation (JCVI)** dated 16 February 2021 note “little impact of vaccinating children once all other adults were offered vaccine” and “that modelling results on the impact of vaccinating children were considered highly uncertain” [xv].
- Other experts have argued that “**Covid-19 vaccines for children should not get emergency use authorization**” [xvi] and that this would be “hard to justify right now for most children in most countries” [xvii].
- **Professor of Paediatrics and member of the JCVI, Adam Finn**, said in an interview on the 20 May 2021 that it was “*an open question as to whether we need to immunise children at all*” and “*if we can control this virus without immunising children, we shouldn’t immunise children as a matter of principle*”.

5. Below, we set out specific issues regarding Covid-19

vaccines in children – each sufficient to justify not proceeding any further with this proposal.

a. The risk of Covid-19 to children is miniscule. The infection fatality rate in this age group is close to zero, and most remain asymptomatic or experience mild symptoms only [xix] [xx] [xxi] [xxii]. This has been reiterated by the Government [xxiii] and by Professor of Paediatrics, Adam Finn [xviii]. Even the low records of children hospitalized with Covid-19, may be an over-estimate, according to a recent study [xxiv]. The number of children and teens under the age of 20 without pre-existing conditions who have died in England with a positive Covid- 19 test, as of 13 May 2021, is in single figures [xxv]. Mortality in children in the UK in 2020/21 has in fact been significantly lower than in previous years [xxvi] [xxvii]. **As the emergency does not, therefore, apply to children, there can be no justification to authorize any product for emergency use in the paediatric population.**

b. The absolute risk reduction by Covid-19 vaccines is around 1% (0.84-1.3%) [xxviii]. This applies to the healthy adult trial participants and cannot be extrapolated to children, who are already at extremely low risk from the disease. **The potential benefit to an individual child of receiving a Covid-19 vaccine is statistically zero.**

c. Children play an insignificant role in transmission of Covid-19 [ix] [xviii] [xxix]. Living with children may even reduce the risks of the disease [xxx]. Transmission in schools has not been significant [xxxii] [xxxiii]. Trials have not demonstrated whether Covid-19 vaccines reduce asymptomatic infection or transmission [xxxiv]. **There is therefore no demonstrable benefit to the wider society in vaccinating children.**

d. In a population cohort at minimal risk of severe disease, such as young people and children, **acquiring natural immunity will serve a better purpose**, as this will be more comprehensive, longer lasting, and cover a broad range of virus variants. Vaccine- induced immunity does not cover the full spectrum of protection (mucosal immunity, IgA, and T-cell immunity to the whole virus) and may only be short-lived. Acquiring natural immunity will therefore also benefit the wider population, contributing to herd immunity [xxxv] [xxxvi] [xxxvii] [xxxviii] [xxxix].

e. All Covid-19 vaccines used in the UK are based on **completely new gene-based technologies** (mRNA / DNA vector technology) [xl], that have never received full regulatory approval for mass rollout in humans. They have not been licensed and remain **experimental** until Phase 3 trials have been completed [xli]. Thus, we cannot infer long-term safety without observing the impact on human health in those who have received the vaccines over the next few years.

f. There is currently no data to indicate whether **dose adjustment may be necessary in children**. This would appear relevant as side-effects in initial phase 1 dose-escalation trials were more significant with higher dosage [xlii].

g. **Covid-19 vaccines work completely differently to established childhood vaccines**. Traditional, live vaccines work using attenuated virus strains to prompt antibody development. Covid-19 vaccines introduce a synthetic gene which induces the recipient's own cells to produce spike proteins. **Spike proteins appear to contribute significantly to the pathogenicity of SARS-CoV-2**, and there are studies suggesting that they have the potential to cause pathology on their own [xliii] [xliv]. It is unknown how much spike protein will be

produced by an individual, and it is plausible that younger, healthier people may produce higher quantities, potentially increasing the risk of side-effects. **The safety of this approach needs to be thoroughly investigated and firmly established** prior to full licensure in adults and prior to any use in children.

h. At this stage, **medium- and long-term effects** of Covid-19 vaccines are **completely unknown** and unpredictable, due to the short duration of the Phase 3 safety trials, which are ongoing and not due to complete until 2023. This is most relevant for young people and children. Before giving Covid-19 vaccines to children, **potential adverse, long-term, effects on fertility, carcinogenesis, and children's developing neurological and immune systems MUST be completely ruled out**, as is done with other drugs and vaccines. This may take years or decades to fully establish.

i. **Serious adverse events and vaccine-related deaths** have been reported in the UK [xlv], the US [xlvi] and Europe [xlvii]. In the report published by the MHRA on 13 May 2021, there were 822,078 adverse reactions in the UK, including seizures, paralysis, blindness, strokes, blood clots and acute cardiac events. There were **1178 reports of fatalities**.

j. **Some life-threatening effects, such as blood clots** [xlviii] **and myocarditis** [xliv], **have been reported specifically in children and young adults** [l] [li]. Government advice has recently been amended to avoid the AstraZeneca vaccine in young people due to a concern regarding the risk of rare blood clots (now considered to be around 1:100,000). The new term **"vaccine-induced immune thrombotic thrombocytopenia"** acknowledges the causality of the vaccine in these events, often presenting as ischemic strokes [lii]. It

is possible that this reaction could be a **class effect caused by spike proteins** and therefore not specific or limited to the AstraZeneca vaccine [liii]. Of the 4347 events of thrombosis and embolism reported to the MHRA as of 13 May 2021, 770 occurred following the Pizer-BioNTech vaccine [xlv]. According to the US VAERS reporting system, several children under the age of 18 have died following a Covid-19 vaccine [liv].

k. Vaccine manufacturers have requested and been granted **complete exemption from liability** for any injuries or deaths resulting from their products [lv] [lvi]. A spokesperson for AstraZeneca acknowledged the potential for unexpected long-term side-effects, stating that as a company, they *“simply cannot take the risk if in ... four years the vaccine is showing side-effects”* [lvii]. **If the risk is significant enough for manufacturers to anticipate economic loss, children must not be expected to take the same risk to their long-term health.**

6. **Informed consent** is the cornerstone of good, ethical medical practice and is firmly enshrined in the code of conduct issued by the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC). Unless factually accurate information is made available, detailing risks as well as benefits, it is not possible for anyone, let alone children, to make a fully informed decision and give informed consent to Covid-19 vaccination. **Gillick Competence cannot be assumed under current circumstances, where the vaccines are based on novel technologies, and no long-term safety data is available.**

We are alarmed at the targeting of the public, and more recently schoolchildren [lviii] [lix], with material conveying a one-sided and simplified message, without reflection or consideration for individual circumstances, or disclosure of the known and unknown risks we have

outlined.

Multiple resources are being made available that appear to be aimed at modifying behaviour to reduce “vaccine hesitancy”. These appear to rely not on the strength of scientific arguments but on techniques of persuasion [lx] [lxi] [lxii]. Recent reports, suggesting that **the use of peer pressure to increase uptake of the vaccine in children has been condoned by some school leaders, were very disturbing** [lxiii]. This is not consistent with ethical and lawful practice of medicine and indeed constitutes a violation of Informed Consent, as required by the GMC, the NHS Constitution, and the Montgomery ruling [lxiv].

7. In the UK, post-marketing surveillance is carried out via the **Yellow Card System**, a passive reporting system that requires all members of the public and all doctors to be aware of its existence, and compliant with filling in reports of all potential side-effects observed, to be effective at recognizing unexpected adverse events and signals of safety concern. In fact, there is poor awareness of, and compliance with, this scheme among both doctors and the public, **potentially leading to a significant underestimate of the true number of adverse events and deaths connected with these vaccines.**

Conclusion and Request

We have presented evidence that **children are at no substantial risk from Covid-19, but face known and unknown risks from Covid-19 vaccines, including significant, life-changing injury and death.** Some of the serious reported injuries, such as blood clots and myocarditis, have specifically occurred in young people and children. In addition, children have a lifetime ahead of them and we have **no idea of the impact of these novel, gene-based vaccines on their health or fertility in 5-10 years’ time.** Considering these facts, we cannot comprehend how the review by the MHRA can be described as

rigorous, with a conclusion to grant regulatory approval.

We are already seeing **reports of deaths and injury in children in the US and Canada**, where vaccines are being trialed and rolled out to children. Even with rare risks (1:10,000 to 1:100,000), if these vaccines are rolled out to around 10 million UK children, it seems certain that we will see deaths and serious injuries in a significant number of children who would never have been harmed by Covid-19, devastating families and communities. **There may be healthy UK children who will not live to see another Christmas if Covid-19 vaccines are rolled out in schools over the summer/autumn.** This would be an unforgiveable act of completely avoidable harm, for which you would be responsible, individually and collectively.

We implore the MHRA to immediately reverse the decision to authorize the Pfizer-BioNTech Covid-19 vaccine for children and abide by the Hippocratic oath to “First do no Harm”.

The UK public trusts and relies on you not to expose their children to unnecessary risk.

We thank you for taking the time to read this letter and consider its contents. We request that you kindly acknowledge this letter and all the references within, and either confirm that emergency authorization for use of Covid-19 vaccines in children will be withdrawn or otherwise lay out the reasoning for your considered actions.

UK Medical Freedom Alliance

www.ukmedfreedom.org

Cc:

Rt Hon Boris Johnson – Prime Minister

Rt Hon Matt Hancock – Secretary of State for Health and Social Care

Professor Chris Whitty – Chief Medical Officer

Rt Hon Nicola Sturgeon – First Minister of Scotland
Rt Hon Mark Drakeford – First Minister of Wales
Rt Hon Arlene Foster – First Minister of Northern Ireland
Prof Andrew Pollard – Chair of the Joint Committee for
Vaccination and Immunisation (JCVI)
Rt Hon Nadhim Zahawi – Minister for Covid-19 Vaccine
Deployment

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<https://www.telegraph.co.uk/news/2021/05/02/schools-back-mass-vaccinations-children-headteachers-say-peer/>

lxiv <https://www.supremecourt.uk/cases/docs/uksc-2013-0136-judgment.pdf>

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40+ Doctors Tell UK Drug Regulators: Vaccinating Kids for COVID is ‘Irresponsible, Unethical and Unnecessary’

[40+ Doctors Tell UK Drug Regulators: Vaccinating Kids for COVID is ‘Irresponsible, Unethical and Unnecessary’](#)

In an open letter to the Medicines and Healthcare Products Regulatory Agency, more than 40 doctors, medics and scientists in the UK say children are more vulnerable to the potential long-term effects of COVID vaccines.

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

June 1, 2021

A group of more than 40 doctors, medics and scientists is calling the UK government's plan to vaccinate children for COVID "irresponsible, unethical and unnecessary."

In an [open letter](#) addressed to the Medicines and Healthcare Products Regulatory Agency, the group said no one under 18 should be vaccinated for [COVID](#) because evidence shows the virus poses almost [no risk](#) to healthy children.

The letter was written in response to leaked [documents](#) from the UK National Health service detailing how UK health authorities plan to give COVID vaccines to children over 12 years old.

According to the documents, children as young as 5 years old could be vaccinated as early as July – a move the government said may be necessary to keep COVID cases down as lockdowns lift across the country.

The authors of the letter said the [risk of death](#) from COVID in healthy children is 1 in 1.25 million. COVID vaccines, however, are linked to strokes due to cerebral venous thromboses in people under 40 – a [finding](#) that "led to the suspension of the [Oxford-AstraZeneca](#) children's trial," the authors said.

The letter states:

"Children have a lifetime ahead of them, and their

immunological and neurological systems are still in development, making them potentially more vulnerable to [adverse effects](#) than adults.”

Read “COVID-19 Child Vaccination: Safety and Ethical Concerns – An Open Letter From UK Doctors to Dr. June Raine, Chief Executive, MHRA”:

We wish to notify you of our grave concerns regarding all proposals to administer COVID-19 vaccines to children. Recently [leaked Government documents](#) suggested that a COVID-19 vaccine rollout in children over 12 years old is already planned for September 2021, and the possibility of children as young as 5 years old being vaccinated in the summer in a worst-case scenario.

We have been deeply disturbed to hear several Government and SAGE representatives calling in the media for the COVID-19 vaccine rollout to be “[turning to children as fast as we can](#)”. [Teaching materials](#) circulated to London schools contain emotionally loaded questions and inaccuracies. In addition, there has been disturbing language used by teaching union leaders, implying that coercion of children to accept the COVID-19 vaccines through [peer pressure](#) in schools was to be encouraged, despite the fact that coercion to accept a medical treatment is against UK and International Laws and Declarations. Rhetoric such as this is irresponsible and unethical, and encourages the public to demand the vaccination of minors with a product still at the research stage and about which no medium- or long-term effects are known, against a disease which presents no material risk to them. A summary of our reasons is given below and a more detailed fully referenced [explanation](#) is available.

Risks and benefits in medical treatments

Vaccines, like any other medical treatment, come with varied risks and benefits. Therefore, we must consider each product,

individually, on its merits, and specifically for which patients or sections of the population is the risk/benefit ratio acceptable. For COVID-19 vaccines, the potential benefits are clear for the elderly and vulnerable, however, for children, the balance of benefit and risk would be quite different. We are raising these concerns as part of an informed debate, which is a vital part of the proper, scientific process. We must ensure that there is no repeat of any past tragedies which have occurred especially when vaccines are rushed to market. For example, the swine flu vaccine, Pandemrix, rolled out following the pandemic of 2010, [resulted in over one thousand cases of narcolepsy](#), a devastating brain injury, in children and teenagers, before being withdrawn. Dengvaxia, a new vaccine against Dengue, was also rolled out to children ahead of the full trial outcomes, and [19 children died](#) of possible antibody dependent enhancement (ADE) before the vaccine was withdrawn. We must not risk a repeat of this with the COVID-19 vaccines, which would not only impact on the children and families affected, but would also have a hugely damaging effect on vaccination uptake in general.

No medical intervention should be introduced on a 'one size fits all' basis, but instead should be fully assessed for suitability according to the characteristics of the age cohort and of the individuals concerned, weighing up the risk versus benefit profile for each cohort and the individuals within a group. This approach was outlined last October, by the head of the Government Vaccine Task Force, [Kate Bingham, who said](#) "We just need to vaccinate everyone at risk. There's going to be no vaccination of people under 18. It's an adult-only vaccine, for people over 50, focusing on health workers and care home workers and the vulnerable."

Children do not need vaccination for their own protection

Healthy children are at almost no risk from COVID-19,

with [risk of death](#) as low as 1 in 2.5 million. No previously healthy child under the age of 15 died during the pandemic in the UK and admissions to hospital or intensive care are [exceedingly rare](#) with most children having no or very mild symptoms. Although Long-Covid has been cited as a reason for vaccinating children, there is little hard data. It appears [less common](#) and much [shorter-lived](#) than in adults and none of the vaccine trials have studied this outcome. The inflammatory condition, PIMS, was listed as a [potential adverse effect](#) in the Oxford AstraZeneca children's trial. [Naturally acquired immunity](#) will give broader and better lasting immunity than vaccination. Indeed, [many children](#) will already be immune. Individual children at very high risk can already [receive vaccination](#) on compassionate grounds.

Children do not need vaccination to support herd immunity

Already, [two thirds](#) of the adult population have received at least one dose of a COVID-19 vaccine. Models that assume vaccination of children is required to reach herd immunity have failed to account for the proportion who had immunity prior to March 2020 and those who have [acquired it naturally](#). Recent modelling suggested that the UK [had achieved](#) the required herd immunity threshold on 12 April 2021.

Children [do not transmit](#) SARS-CoV-2 as readily as adults, moreover adults living or working with young children are at lower risk of severe COVID-19. Schools [have not been shown](#) to be the focus on spread to the community, teachers have a lower risk of COVID-19 than other working age adults.

Short-term safety concerns

As of 13th May, the MHRA22 has received a total of 224,544 adverse events, including 1,145 deaths in association with SARS-CoV-2 vaccines. Reports of strokes due to cerebral venous thrombosis were initially in low numbers but as awareness

increased, many more reports led to the conclusion that AstraZeneca vaccine should not be used for adults under 40 years of age and this unpredicted finding has also led to the suspension of the Oxford AstraZeneca children's trial.

Similar events have been noted with Pfizer & Moderna vaccines on the US [adverse reporting system](#) (VAERS) and it is likely that this is a class effect related to production of spike protein. New UK [guidelines](#) on managing Vaccine-Induced Thrombotic Thrombocytopenia (VITT) include all COVID-19 vaccines in their advice. The possibility of further unexpected safety issues cannot be ruled out. In Israel, where the vaccines have been widely rolled out to young people and teenagers, the Pfizer vaccine has been linked to several [cases of myocarditis](#) in young men and concerns have been raised about [reports](#) of altered menstrual cycles and abnormal bleeding in young women following the vaccine.

Most concerning with regard to possible vaccination of children, is that there have now been a number of deaths associated with vaccination [reported to VAERS](#) in the US, despite the vaccines only being given to children within trials and a very recent rollout to 16-17 year olds.

Long-term safety concerns

All Phase 3 COVID-19 vaccine trials are ongoing and not due to conclude until late 2022/early 2023. The vaccines are, therefore, currently experimental with only limited short-term and no long-term adult safety data available. In addition, many are using a completely [new mRNA vaccine technology](#), which has never previously been approved for use in humans. The mRNA is effectively a pro-drug and it is not known how much spike protein any individual will produce. Potential late-onset effects can take months or years to become apparent. The limited children's trials undertaken to date are totally underpowered to rule out uncommon but severe side effects.

Children have a lifetime ahead of them, and their

immunological and neurological systems are still in development, making them potentially more vulnerable to adverse effects than adults. A number of [specific concerns](#) have been raised already, including autoimmune disease and possible effects on placentation and fertility. A recently published paper raised the possibility that mRNA COVID-19 vaccines [could trigger](#) prion-based, neurodegenerative disease. All potential risks, known and unknown, must be balanced against risks of COVID-19 itself, so a very different benefit/risk balance will apply to children than to adults.

Conclusion

There is important wisdom in the Hippocratic Oath which states, "First do no harm". All medical interventions carry a risk of harm, so we have a duty to act with caution and proportionality. This is particularly the case when considering mass intervention in a healthy population, in which situation there must be firm evidence of benefits far greater than harms. The current, available evidence clearly shows that the risk versus benefit calculation does NOT support administering rushed and experimental COVID-19 vaccines to children, who have virtually no risk from COVID-19, yet face known and unknown risks from the vaccines. The Declaration of the Rights of the Child [states that](#), "the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection". As adults we have a duty of care to protect children from unnecessary and foreseeable harm.

We conclude that it is irresponsible, unethical and indeed, unnecessary, to include children under 18 years in the national COVID-19 vaccine rollout. Clinical trials in children also pose huge ethical dilemmas, in light of the lack of potential benefit to trial participants and the unknown risks. The end of the current Phase 3 trials should be awaited as well as several years of safety data in adults, to rule out, or quantify, all potential adverse effects.

We call upon our governments and the regulators not to repeat mistakes from history, and to reject the calls to vaccinate children against COVID-19. Extreme caution has been exercised over many aspects of the pandemic, but surely now is the most important time to exercise true caution – we must not be the generation of adults that, through unnecessary haste and fear, risks the health of children.

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“Take These Masks Off My Child”: Children All Over the World Are Being Abused

[“Take These Masks Off My Child”: Children All Over the World Are Being Abused](#)

by [Michael J. Talmo](#), [Global Research](#)

May 18, 2021

Under the banner of fighting COVID-19 children all over the world are being abused and exploited in ways that would have been unthinkable over a year ago. The title of this article is

part of a [powerful speech](#) condemning this abuse at the Gwinnett County School Board in Georgia by Courtney Ann Taylor, a mother of three small children. Here is part of her stinging rebuke:

“Every month I come here, and I hear the same thing: ‘social emotional health.’ If you truly mean that, you would end the mask requirement tonight...My six year old looks at me every month before I come here and she says ‘are you gonna tell them tonight. Tell them I don’t want to wear this anymore’...forcing five, six, seven, eight, and nine year old little children to cover their noses and their mouths where they breathe for seven hours a day every day for the last nine months...that is not in their best interest and this has to stop...Every one of us knows that young children are not affected by this virus...And that’s a blessing...But as the adults what have we done with that blessing? We’ve shoved it to the side and we’ve said, ‘we don’t care. You’re still going to have to wear a mask on your face every day...You still can’t play together on the playground like normal children...We don’t care. We’re still going to force you to carry a burden that was never yours to carry.’ Shame on us.”

Truer words were never spoken. Unfortunately, most people tend to blindly trust government officials and other so-called experts instead of their own common sense.

The History of “Eugenics”

Nazi Germany was obsessed with racial purity partly due to the pseudoscience of [eugenics](#) which was a popular ideology throughout the world at the time. Shortly after Hitler took power in 1933, the Nazis began to purge Germany of what they considered undesirables via sterilization and euthanasia programs. The [victims](#) of these horrible and inhumane programs included the mentally ill, the disabled, epileptics, the deformed, those with genetic diseases, alcoholics—anyone considered to be a burden on society, “life unworthy of life,”

“useless feeders.”

The Euthanasia program was known as “Aktion T4,” code name for [Tiergartenstrasse 4](#), (the street address of the coordinating office in Berlin). Its first victims were infants and toddlers. But soon older children were included as well as teenagers.

Starting in 1939, hospitals and homes for the disabled began the [systematic killing](#) of infants and small children. While doctors decided who would live or die, it was the nurses, usually women, there were some male nurses, who carried out those orders. The children were either killed by lethal injection, starvation or hypothermia from exposure, and in some cases, [medical experimentation](#), and physical abuse. Imagine killing an infant by one these methods. We’re not talking about aborting fetuses within the first three months of conception here, but fully formed out-of-the-womb already born babies. I can’t comprehend how anyone could be so heartless and so cruel that they could do something so monstrously evil.

Many nurses did refuse to participate in this kind of genocide, but many didn’t. But those who refused [weren’t punished](#) in any way—they were simply transferred to another hospital or ward. So, the nurses who killed children and later adults in these institutions were doing so of their own free will.

Another method of execution was to tell children they were going on a picnic. A picnic lunch was provided and a nurse would help them onto a bus. But they didn’t know that it was a sealed bus that had been converted into a mobile gas chamber. The exhaust pipes were placed inside. The bus drove off, the exhaust fumes filled the bus, and by the time it got back to the hospital the children were dead. [ABC News](#) pointed out that this was the prototype for the gas chambers that would later be used to murder millions of Jews, gypsies, Poles, and others

deemed undesirables in infamous concentration camps like Auschwitz and Buchenwald—the “Final Solution”—the Holocaust.

Naturally, parents wouldn't take kindly to their children being executed so the government did what governments do best—[they lied to them](#). Parents were encouraged to put their sick and disabled children into institutions that would supposedly provide them with the best medical care. The children would then be moved to another institution much farther away and contact between parent and child would cease. A few months later the parents would receive a letter saying that the child died of pneumonia or some other illness and that they could come and collect their ashes and pay for the funeral. The ashes weren't even [the ashes](#) of their children, but were from multiple bodies that were cremated together. However, the brains of the dead children were removed prior to cremation for further study. Some these [preserved brains](#) remained in private collections into the 21st Century.

An estimated [275,000-300,000](#) innocent men, women, and children were killed under the Aktion T4 program. And although the euthanasia program was suspended in 1941 due to public pressure, it was impossible to keep such a program totally secret forever, German medical professionals and healthcare workers secretly resumed the killings the following year and continued them until the end of the war with the help of local authorities.

But that was the Nazis, some will argue—we Americans would never do that. The US is the land of the free and home of the brave—the leader of the free world—a Christian nation. Oh, really?

The Role of Big Pharma

Medicine is a healing art and a profession. But it is also a business—the biggest business in the US at just under four trillion dollars which makes up [18%](#) of our [22.2 trillion](#)

[dollar](#) 2020 GDP (Gross Domestic Product). Medicine is also part of the government. As such, the CDC, FDA, NIH, and state health departments are just as corrupt and subject to influence peddling as the rest of the government. Because of this, the treatment modalities for various diseases and conditions usually aren't what's best for the patient, but what is most profitable for pharmaceutical companies and other for-profit corporate interests. This corruption has been reported numerous times in the scientific literature.

Example: Journal of Law, Medicine & Ethics, 2013, Abstract: "The pharmaceutical Industry has corrupted the practice of medicine through its influence over what drugs are developed, how they are tested, and how medical knowledge is created. Since 1906, heavy commercial influence has compromised congressional legislation to protect the public from unsafe drugs."

The fact that doctors and public health bureaucrats wield enormous power adds to their corruption and arrogance. British historian and Politician [Lord Acton](#) (John Emerich Edward Dalberg-Acton 1834-1902) summed it up best:

"Power tends to corrupt and absolute power corrupts absolutely. Great men are almost always bad men, even when they exercise influence and not authority: still more when you superadd the tendency or the certainty of corruption by authority...Official truth is not actual truth..It is easier to find people fit to govern themselves than people fit to govern others...Men cannot be made good by the state, but they can easily be made bad. Morality depends on liberty."

Child Abuse In The Name of Public Health

A lot of people like to think that doctors and nurses are noble people who have our best interests at heart. This simply isn't true in most cases. In fact, Nazi doctors and nurses at the Nuremberg Trials tried to defend their gruesome practices by pointing out the inhumane experiments doctors in the US

carried out, and continued to carry out long after WWII. This is in spite of the fact that [The Nuremberg Code](#) which came about as a result of Nazi genocide, the United Nations [Universal Declaration of Human Rights](#) as well as [Federal policies](#) and state laws prohibit experimenting on people without their knowledge or consent. Granted, the Nazis took things to a much higher level. But what we did wasn't anything to brag about. Here are but a few examples:

St. Vincent's Home for Orphans, Philadelphia, PA 1908: researchers studying tuberculosis conducted a series on diagnostic tests on over a [100 children](#) under 8 years old by placing a tuberculin formula in their eyes. Some children were [blinded](#) for life as a result of this unethical, immoral experiment.

Rockefeller Institute for Medical Research, Manhattan, New York City 1911: Dr. Hideyo Noguchi (1876-1928) injected [146 children](#) with [luetin](#), an extract of Treponema Pallidum, the causative agent of syphilis in order to develop a skin test for the disease. The kids and other adult subjects [didn't know](#) that they were being used in an experiment. The parents of some of the children [sued](#) Noguchi alleging that their children had contracted syphilis.

Tuskegee Institute, Macon County, Alabama 1932-1972: on May 16, 1997, President Bill Clinton apologized to the victims of the [Tuskegee Syphilis Experiment](#). The government lied to hundreds of poor Black men infected with syphilis who thought they were getting free medical care. In reality, their syphilis went untreated so medical researchers could study how the disease progressed. Why didn't they already know? Syphilis had been around for centuries. By 1947 penicillin was known to cure syphilis, but the men in the study didn't get it. The result: 28 men died of syphilis, 100 others were dead from related complications, at least 40 wives were infected, and passed the disease on to 19 children at birth.

Vanderbilt University, Nashville, Tennessee 1946: [829 pregnant women](#) were given “vitamin drinks” that researchers told them would improve the health of their unborn babies. But unknown to them the concoctions contained radioactive iron. The purpose of the research was to find out how fast the radioisotope crossed into the placenta. In the women, this resulted in rashes, bruises, anemia, hair loss, tooth loss, and cancer. At least 7 of their babies died from cancers and leukemia. These kind of perverse radiation experiments (from 1944-1974 there were [over 4,000](#) of them) were driven by the US government’s obsession with chemical warfare, and atomic weapons due to the Cold War with the Soviet Union.

Bellevue Hospital, New York City 1940-1953: Dr. Laretta Bender (1897-1987), a child psychiatrist [experimented](#) on anywhere from 100 to 500 children (reports vary) between 3 and 12 years of age using electroshock therapy after diagnosing them with “autistic schizophrenia.” She would sit a child in front of a large group and apply [gentle pressure](#) to their head. If the kid moved Bender claimed that this was an early sign of schizophrenia. A 1954 [study](#) of 50 of bender’s child subjects showed that nearly all were worse off and that some had become suicidal. Bender continued her experiments on children at Creedmoor Hospital, also in New York City, from 1956-1969 which included [using LSD](#) on them.

Willowbrook State School, Staten Island, N.Y. 1955-1970: Dr. Saul Krugman (1911-1995) deliberately infected [over 700](#) mentally disabled, but healthy children [ages 3-10](#) with hepatitis which was rampant at the institution due to poor sanitation and overcrowding. He infected the children by spiking their food and chocolate milk with strains of the disease synthesized from the [poop](#) of patients who had it. Yuck! The purpose of this unethical research, approved by the state and federal government, was to develop a vaccine. The children became sick, but fortunately none of them died. Reporter Geraldo Rivera did an [expose](#) on the horrible conditions at

this school in 1972 by sneaking onto the grounds. He saw children neglected, naked, smeared in their own feces, and banging their heads against the wall. Rivera said he still cries when he thinks about what he saw. The school was shut down in 1987.

Edmonston-Zagreb high-titre (EZ-HT) measles vaccine 1989-1991: the CDC (Centers for Disease Control and Prevention) injected thousands of babies in Third World countries with experimental EZ-HT vaccines. [Clinical trials](#) conducted in Africa and Haiti like the [Senegal study](#) published in the Lancet showed that child mortality was much higher in babies who received the EZ-HT vaccines. In spite of this, the CDC irresponsibly gave EZ-HT vaccines to over 1,500 minority babies in Los Angeles, California without telling the parents it was experimental, unlicensed for use in the US, and potentially dangerous. The CDC [admitted](#) that "A mistake was made," but claimed "there was no ill intent." Fortunately, none of the babies suffered any immediate ill-effects from the EZ-HT vaccines. But the Senegal study states that "little is known about the long-term effects of high-titre live measles vaccines given early in life." How lovely.

All of the aforementioned atrocities and irresponsible experiments happened many years ago. But to this day children are still being used as guinea pigs by the government and Big Pharma. For example, millions of children are on psychiatric medication. The [majority](#) of kids who went on a shooting rampage between 1988 and 2013 were taking psychiatric medication. That's not counting kids who had been on these medications in that past and the cases where the medical records had been sealed.

Numerous studies have been done on how harmful psychiatric drugs can be. Ten of them can be [accessed here](#). Of course, it's more fashionable to blame guns, video games, and porn for mixed up, violent kids. And now that the COVID-19 vaccines have been rolled out they want to use all of us as lab rats.

Child Abuse In The COVID Era

[UNICEF](#), April 2020:

“Unless we act now to address the pandemic’s impacts on children, the echoes of COVID-19 will permanently damage our shared future... COVID-19 has the potential to overwhelm fragile health systems in low and middle-income countries and undermine many of the gains made in child survival, health, nutrition and development over the last several decades.”

[Human Rights Watch](#), April, 2020:

“For many children, the COVID-19 crisis will mean limited or no education..More than 91 percent of the world’s students are out of school, due to school closures in at least 188 countries...Added family stresses related to the COVID-19 crisis—including job loss, isolation, excessive confinement, and anxieties over health and finances—heighten the risk of violence in the home...Child abuse is less likely to be detected during the COVID-19 crisis, as child protection agencies have reduced monitoring to avoid spreading the virus, and teachers are less likely to detect signs of ill treatment with schools closed.”

[Bloomberg](#), September, 2020:

“Increasing numbers of American children and young adults died by suicide in recent years, and the Covid-19 pandemic threatens to continue the trend...Rates more than doubled in New Hampshire, and the majority of states showed an increase between 30% and 60%... Recent research has documented increases in serious psychological distress, major depression, and suicidal thoughts and attempts among youth. A survey conducted by the Centers for Disease Control and Prevention found that more than one-quarter of young adults reported having seriously considered suicide in the 30 days before completing the June 24-30 questionnaire.”

[Save the Children](#), September, 2020:

“The COVID-19 pandemic has had a deep impact on children, families, communities, and societies the world over. The coronavirus is tearing children’s lives apart..”

Again, keep in mind, it’s not any pandemic or virus that’s causing the crisis our world is facing—it’s the oppressive and stupid actions of governments. Even if COVID-19 were a real pandemic, it isn’t, none of this authoritarian nonsense would do a damn bit of good. The very policies that governments have enacted to protect children not to mention adults have done nothing but harm them.

Here are some examples:

School children are being forced to exercise and play sports in masks—something professional athletes aren’t required to do. It’s bad enough they have to wear masks for hours at a time in class, but while engaging in athletic activities is sheer lunacy.

Parents, coaches, and the kids themselves in [Minnesota](#), [Illinois](#), [Michigan](#), and other parts of the country have reported that being **forced to wear masks while engaging in strenuous physical activities** has resulted in difficulty breathing, exhaustion, poor vision, injuries, and passing out. The parents of kids who play hockey said they are being put at a greater risk for concussions because the masks force them to look down and restrict their peripheral vision and that some “are hitting the ice without their mouth guards in because the mask blocks the strap that attaches it to helmets.” In Minnesota, parents even brought videos to state legislative committees of kids in sporting events running into each other and collapsing.

And what do government officials do when they hear this stuff and see it on video with their own eyes? They deny reality and

keep repeating insane talking points from the CDC. They just don't give a tinker's damn. For example, a public health official in Minnesota [asserted](#) that there is no evidence that wearing masks while engaging in athletic activity is harmful to children or causes sports injuries. Apparently, this idiot never read what the WHO (World Health Organization) has to say [here](#) and [here](#). Adults and children should not exercise or engage in sports with a mask on—it is unhealthy and dangerous.

COVID19 restrictions on school children in this country and in many places throughout the world are a draconian nightmare. In addition to being forced to wear masks, children in many cases, depending on the school, are not allowed to hug or touch each other, can't play together, must stay away from each other, and be surrounded by plexiglass barriers. Talking might not be allowed and they might have to keep their masks on while eating—lowering it to put food in their mouth and then raising it back up while they chew and swallow.

Numerous studies in the scientific literature show how important play and peer interaction is for children and adolescents.

Porto Biomedical Journal, September-October 2017: [Introduction:](#)

“Through play, the child can experiment, solve problems, think creatively, cooperate with others, etc., gaining a deeper knowledge about his/herself and the world. From an early age, the possibility to experience several opportunities for unstructured play, in which the child can decide what to do, with whom and how, promotes positive self-esteem, autonomy, and confidence.”

The Lancet, June 12, 2020: [Summary:](#)

“Adolescence (the stage between 10 and 24 years) is a period of life characterised by heightened sensitivity to social

stimuli and the increased need for peer interaction. The physical distancing measures mandated globally...are radically reducing adolescents' opportunities to engage in face-to-face social contact outside their household...social deprivation in adolescence might have far-reaching consequences. Human studies have shown the importance of peer acceptance and peer influence in adolescence."

In a recent [interview](#) on the first segment of The HighWire hosted by Del BigTree, [Laura Centner](#), founder of Centner Academy explained why she flat-out refuses to subject the children in her school to oppressive COVID-19 restrictions which she described as "worse than solitary confinement. They treat prisoners better than they're treating our children. And the thing that really, really infuriates me and just hurts my heart is that I see schools all over the world that are blindly following the CDC when there isn't any evidence or any justification to do what they're doing...all of the reports show the psychological damage that's being done to children during the lockdowns, during the strict measures are hurting them far greater than COVID will ever hurt them."

Speaking of harm, how about **forcing pregnant woman to give birth with masks on**, putting [masks](#) and [face shields](#) on newborn babies, and not allowing support partners in the delivery room.

October 13, 2020 Daily Mail [article](#): last year, hospitals in France started forcing pregnant women to give birth with masks on. The scientific literature is filled with [studies](#) that show proper breathing is vital to reducing anxiety and having an easier time in the delivery room. Not so in the upside down Bizarro world of COVID-19. French mothers reported on the extreme stress and trauma that they experienced giving birth with the masks on leaving them vomiting and unable to breathe. They also said that if they refused to wear masks doctors threatened to leave the delivery room and that they would have

to give birth alone. After a flood of complaints, the French Government stepped in and [declared](#) that pregnant women cannot be forced to wear masks during childbirth. And in spite of what one of the articles says, some hospitals in the US are forcing women to give birth in masks.

In New York State some hospitals [wouldn't allow](#) women to have visitors during childbirth including their partners until the Governor put a stop to it. The WHO [supports](#) allowing women to have support partners in the delivery room. But as [reported](#) in Medical Xpress last March, the practice is still going on in many countries. The Medical Xpress article also reported that in a survey that involved 62 countries, two-thirds of health workers wouldn't support "Kangaroo Mother care" (KMC). This is a life-saving technique involving early, prolonged skin-to-skin contact for preterm babies and exclusive breastfeeding by the mother. But if mothers have a positive or unknown COVID-19 test status they are separated from their mothers which increases their chances of dying.

Is it any wonder that a March 2021 [study](#) in the Lancet concluded: Interpretation:

"Global maternal and fetal outcomes have worsened during the COVID-19 pandemic, with an increase in maternal deaths, stillbirth, ruptured ectopic pregnancies, and maternal depression."

All of these oppressive and idiotic policies are being driven by the idea that COVID-19 is being spread by asymptomatic carriers. This is a myth exposed by COVID czar Anthony Fauci himself at a Health & Human Services [press conference](#) back in January 2020 when he said,

"...if there is asymptomatic transmission, it impacts certain policies that you do regarding screening, et cetera. But the one thing historically people need to realize that even if there is some asymptomatic transmission, in all the history

of respiratory borne viruses of any type asymptomatic transmission has never been the driver of outbreaks. The driver of outbreaks is always a symptomatic person. Even if there's a rare asymptomatic person that might transmit, an epidemic is not driven by asymptomatic carriers."

And let us not forget that Fauci the flip-flopper was among the so-called experts who climbed all over Dr. Maria Van Kerkhove of the WHO when she echoed his words at a June 2020 [press conference](#) that asymptomatic transmission of the COVID-19 virus is "very rare." As a result, Van Kerkhove quickly walked back on her statement. Can't disrupt the phony narrative now can we.

At a roundtable [discussion](#) on public health in Florida last April chaired by Governor Ron DeSantis that included Dr. Scott Atlas, Dr. Jay Bhattacharya, and Dr. Sunetra Gupta, **Dr. Martin Kulldorff**, professor of medicine at Harvard Medical School pulled no punches regarding COVID-19 policies: **"This is the biggest public health mistake or the biggest public health fiasco in history."**

The roundtable discussion was censored by YouTube. Why?

The Real Agenda

Our world has been conquered by a tiny cabal of perverted psychopaths who control obscene amounts of wealth. Unlike despots of the past who tried to capture the world via military force, these slimy, slithering cowards conquer through bribery and corruption. Their goal: enslavement and control of the entire human race. Make no mistake people, with modern technology at their disposal It isn't just our freedom that is at stake: our very humanity is on the line like it has never been before.

The encyclopedia Britannica defines [brainwashing](#) as a

"systematic effort to persuade nonbelievers to accept a

certain allegiance, command, or doctrine...any technique designed to manipulate human thought or action...By controlling the physical and social environment, an attempt is made to destroy loyalties to any unfavorable groups or individuals, to demonstrate to the individual that his attitudes and patterns of thinking are incorrect and must be changed, and to develop loyalty and unquestioning obedience to the ruling party...isolation from former associates and sources of information...strong social pressures and rewards for cooperation; physical and psychological punishments for non-cooperation."

Masks, social distancing, sanitizing everything in sight, stay-at-home orders, and travel restrictions are about social control. They have absolutely nothing to do with public health. They are designed to break your spirit, stifle your independence, condition you to obey orders, keep you in a constant state of fear, and make you dependent on government and experts for salvation. They are designed to turn you and your children into slaves.

Two recent articles in [Vogue](#) and [USA Today](#) explained that once people got used to engaging in COVID-19 rituals like wearing masks they became a habit—a conditioned reflex. They compulsively keep doing the ritual and feel anxiety and discomfort if they don't.

I'm getting physical therapy for an old shoulder injury. My physical therapist continues to wear a mask even though there are no more mask mandates or ordinances in our area. She told me that she is afraid she will lose customers if she ditches the mask. This is intellectualizing her conditioning. Wearing a mask has become a habit. I never wear a mask in her clinic as well as a number of other people. None of the patients who wear masks cringe in our presence yet she continues to wear the mask.

The architects behind the fake COVID-19 pandemic are the epitome of what psychiatrist Wilhelm Reich (1897-1957) called the [“emotional plague.”](#) People with this affliction are control freaks. They can't let people alone. They can't tolerate anything in their environment that disrupts their unhealthy way of thinking and living because it causes them enormous discomfort and anxiety.

People like **Bill Gates**, **Klaus Schwab**, head of the World Economic Forum, and **Rajiv Shah**, president of the Rockefeller Foundation are emotional plague characters. They are the puppet masters who pull the strings of governments. Thanks to them the world's [2,153 billionaires](#) “are wealthier than 60% of the earth's entire [population](#) combined.” They envision a near future when [chips](#) will be implanted in our skin or in our brain that will enable us to [merge](#) with the digital world without considering what could go wrong. When I look at them I see a black hole of greed and a lust for power that will devour all love, liberty, beauty, and joy if we let them. In my opinion they are the Darth Vaders and Lex Luthors of the real world—they are the dark side.

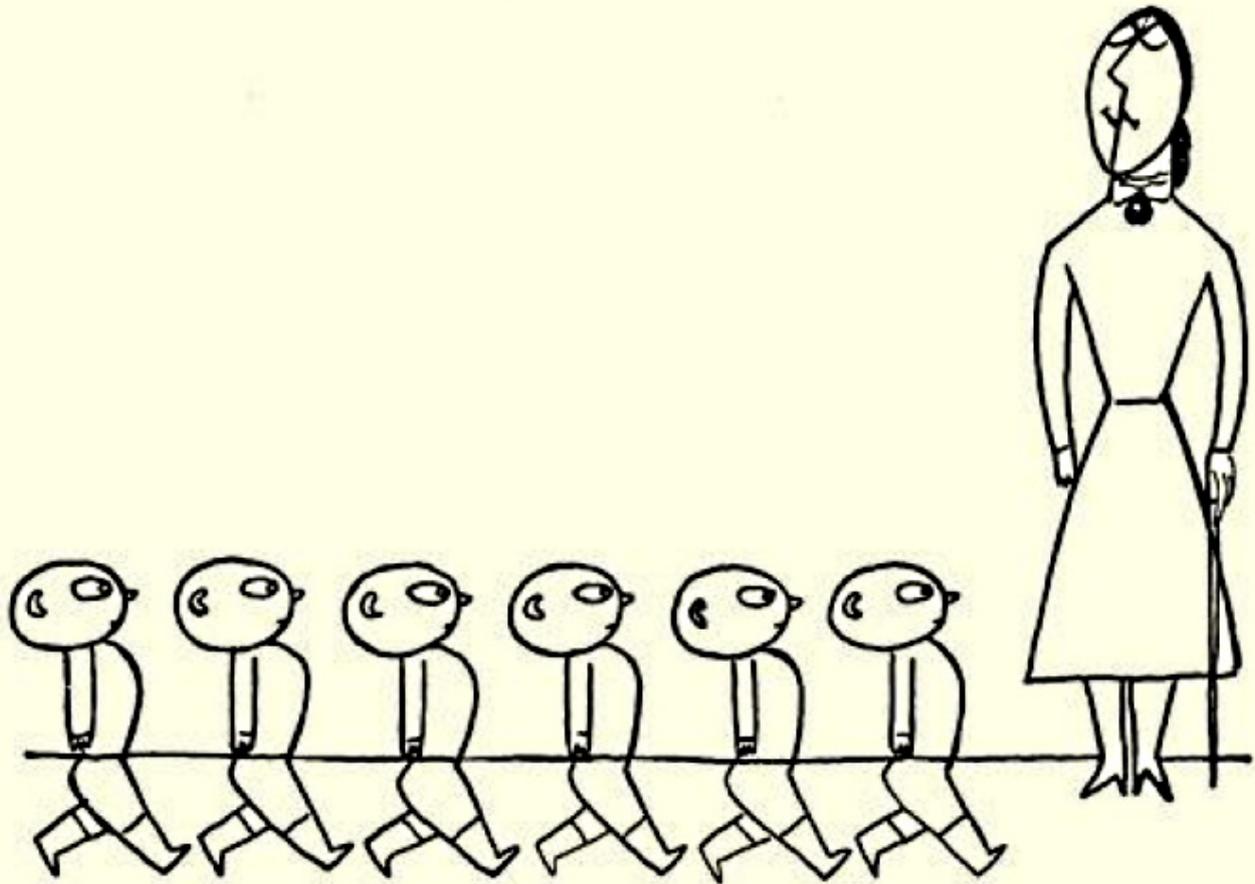
Over the years, I've heard more than a few people say that they would have resisted the Nazis if they had lived in Germany under Hitler. People who say this aren't displaying any courage because they aren't risking anything. Talk is cheap. Adolf Hitler (1889-1945) and the old Nazi regime are long gone. It's easy to say what you would have done after the fact. The true test of courage is to resist tyranny when it is happening now, and is popular with the public, and part of your own government.

And don't buy into the sleazy propaganda ploy that people who refuse to wear masks or get vaccinated are selfish. This is an attempt to turn submission to tyranny into a virtue. There is nothing virtuous about obeying unjust laws and edicts folks.

Anyone who has been brainwashed by fear, refuses to educate

themselves, and tries to force others to participate in their fear is selfish. If you aren't willing to get out of your comfort zone and stand up to injustice then you are selfish. If you know that masks are useless and are being used as a political tool but wear them anyway to appease family and friends or to show that you're a respectful and virtuous person then you are selfish.

Wilhelm Reich taught us that love flows freely and naturally from every small child. It is we who corrupt and stifle that love. **So, to parents everywhere I say: take those stupid masks off of yourselves and your children.** Stop allowing schools to indoctrinate and brainwash them even if you have to home school them. Stop participating in this ritualistic COVID death cult. Say "hell no" to the new normal.



*When I think of your children,
how you torment the life out of them,
trying to make them "normal" like yourself . . .*

From Wilhelm Reich's book "Listen Little Man" (Source: Michael J. Talmo)

[Connect with Global Research](#)

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

Massachusetts Statewide “Let Children Breathe” Sit Out & Local Protests

[Massachusetts Statewide “Let Children Breathe” Sit Out & Local Protests](#)

[End Mask Mandates in Massachusetts Schools](#)

by [Richard Hugus](#), [End Massachusetts Medical Mandates](#)

May 17, 2021

LET THE KIDS BREATHE

Statewide Sit Out & Zoom Out



This is a call for all parents/guardians in MA to pull the kids out of school, and let teachers/administrators know that they won't be returning until all covid-19 restrictions are lifted.



WHY?

- Per the Stanford Study, masks are not effective, but harmful.
- Mask wearing affects mental health and social cues.
- Masks are not required while seated in restaurants.
- Mask wearing can cause dental issues/gum disease

For more research and information, check out
<https://www.thesmileproject.global>

Take the masks off!

Pull the kids out of school until the restrictions are lifted!

Let The Kids Breathe and [the smile project](https://www.thesmileproject.global) is a national initiative supported by Cape Cod Against Medical Mandates

Protest Calls:

When: **Monday May 24, 2021 7:45 AM – 9:45 AM**

Where: Nauset School Administration, 78 Eldridge Park Way, Orleans, MA

Stand with Nauset parents in support of bodily autonomy, parental choice, and medical freedom in our schools.

When: Tuesday May 25, 2021 at 8 AM (not 10 AM as previously posted)

Where: Department of Elementary and Secondary Education, 75 Pleasant St, Malden, MA

Stand with all Massachusetts students. The 'Let The Kids Breathe' main demonstration will take place at the Department of Elementary and Secondary Education in Malden because this is where the statewide "orders" for schools are handed down. Organizers are calling for a boycott of schools until all restrictions are lifted. They are suggesting people bring noisemakers (buckets and sticks).

Making kids wear masks is a form of child abuse. Masks inhibit the intake of oxygen which children need for their developing brains. They force people to re-breathe the carbon dioxide that they exhale. There is little evidence that masks help to prevent the spread of viruses, and plenty of evidence that wearing them is physically and mentally harmful.

Further, children have now come to think it is normal for everyone to wear a mask, and they are being deprived of the ability to understand other people by reading the expressions on their faces. Parents have been so intimidated by "pandemic" fear that they have essentially allowed the state to abuse their children.

Children are not able to understand what is being done to them, and parents, who are in a position to understand, have failed to protest health mandates being blatantly used for political, not health, reasons.

On May 13, 2021 medical tyrant [Anthony Fauci said](#) that “children too young to be vaccinated will still have to wear masks when they are indoors and around others, even if older kids and adults are free to take off face protection once they are fully vaccinated. “

Adults have been held hostage with mask and social distancing rules in order to force them to get the covid injection. Now our children are being held hostage for the same reason. Children are at very low risk of harm from whatever the illness is that has been called covid 19. Adverse effects so far reported among those age 16 and up who have gotten the jab make it a certainty that if the injections are forced on children, they will cause more and much worse harm than the illness.

According to neurologist [Dr. Margarite Griesz-Brisson](#), *“For children and adolescents, masks are an absolute no-no. Children and adolescents have an extremely active and adaptive immune system and they need a constant interaction with the microbiome of the Earth. Their brain is also incredibly active, as it is has so much to learn. The child’s brain, or the youth’s brain is thirsting for oxygen. The more metabolically active the organ is, the more oxygen it requires. In children and adolescents every organ is metabolically active. To deprive a child’s or an adolescent’s brain from oxygen, or to restrict it in any way, is not only dangerous to their health, it is absolutely criminal. Oxygen deficiency inhibits the development of the brain, and the damage that has taken place as a result CANNOT be reversed. The child needs the brain to learn, and the brain needs oxygen to function. We don’t need a clinical study for that. This is simple, indisputable physiology. Conscious and purposely*

induced oxygen deficiency is an absolutely deliberate health hazard, and an absolute medical contraindication. “

According to psychologist [Jack Dresser](#), “Children are closely attentive to both the facial expressions and voice intonations of their caretakers and surrounding adults. Deprivation or attenuation of these psychologically essential cues constitutes child neglect, which can affect brain development and be more psychologically damaging than overt abuse.”

[Emily Burns](#), founder of **the smile project** (banner above), had this to say about our taking any further orders from a tyrannical public health establishment:

“As John Ioannidis has said, ‘medicine has now become the enemy of health.’ In order to remedy this, public health officials must resume their rightful position as public servants who provide information and guidance, rather than dictates and punishments. Restoring this balance will restore trust in public health, and improve health outcomes. In the current modality, where un-elected public health officials have been given god-like power and prestige, there is no incentive for them to provide accurate information. They do not guide, they rule. Rulers don’t give information, they give commands. To the extent they give information, it is to justify their commands. This is exactly how the CDC has behaved since March. In the absence of the ability to compel, you must inform. Thus, in order to get the CDC and other public health organizations to begin accurately informing us, we must strip them of their power to command us. The moment this is done, we will all have better information, and a public health apparatus that serves us—not the other way around.”

[Attached](#) is a [downloadable word file] plea for sanity on masks in schools written by a mother of three school-age children in Tempe, Arizona, addressed to the school administrators enforcing the abusive masking policy common to

most public schools across America. The arguments in this letter apply equally to all students forced to wear masks in schools on Cape Cod. The argument is simple: parents need to stand up to protect their children.

###

Update: Mask rules are due to be lifted in Massachusetts on May 29, 2021, but not in schools. The updated order of [May 17, 2021](#) is that public school students and adults must continue to wear masks indoors.

[Connect with Richard Hugus at End Massachusetts Medical Mandates](#)

Notice of Liability for Harm and Death to Children Served on all Members of the European Parliament

[Notice of Liability for Harm and Death to Children Served on all Members of the European Parliament](#)

by [Doctors for Covid Ethics](#)

May 19, 2021

On May 18, 2021, with COVID-19 vaccines for children aged 12–15 expected to gain approval from the European Medical

Regulator, [notices of liability for vaccine-related harms and deaths to children](#) were served on all Members of the European Parliament. The full list of recipients can be viewed [here](#).

All Members of the European Parliament received the following notice:

NOTICE OF LIABILITY

<<Name>>

May 18, 2021

This Notice of Liability has been SERVED to you personally.

You may be held personally liable for harm and death caused by LEGISLATION, which is designed to coerce widespread acceptance of EXPERIMENTAL VACCINATION OF CHILDREN. If you take further action supporting such LEGISLATION, and if you take no steps to mitigate your past actions supporting such LEGISLATION, you may be held personally liable for resulting harm and death.

Severe illness and death in children and young adults caused by SARS-CoV-2 is extremely rare. It is absurd to claim that any measure can or will protect against a danger that does not exist. The claims that these experimental vaccinations induce production of protective antibodies are fundamentally flawed. Antibodies in the blood cannot prevent entry of air-borne viruses into cells of the lower respiratory tract. Secretory IgA antibodies are also known to be unable to efficiently prevent viral pneumonia. Severe adverse effects occur at high frequency following application of all gene-based agents. Children have already joined the tragic list of victims.

Attached as appendices and as integral parts of this Notice of Liability are the documents: Urgent Open Letter from Doctors

and Scientists to the European Medicines Agency Regarding COVID-19 Vaccine Safety Concerns; Reply from the European Medicines Agency to Doctors for Covid Ethics; Doctors and Scientists Accuse Medical Regulator of Downplaying COVID-19 Vaccine Dangers; Rebuttal Letter to European Medicines Agency from Doctors for Covid Ethics; Doctors for Covid Ethics Signatories; COVID Vaccines: Necessity, Efficacy and Safety.

Furthermore, you may be held personally responsible for supporting CRIMES AGAINST HUMANITY, defined as acts that are purposely committed as part of a widespread or systematic policy, directed against civilians, committed in furtherance of state policy.

Please respond to this NOTICE OF LIABILITY within 14 days from the DATE OF SERVICE to:

DOCTORS FOR COVID ETHICS Doctors4CovidEthics@protonmail.com

Cc: Rechtsanwaltskanzlei Dr. Reiner Fuellmich

Appendices

1. [Urgent Open Letter from Doctors and Scientists](#) to the European Medicines Agency Regarding COVID-19 Vaccine Safety Concerns
2. [Reply from the European Medicines Agency](#) to Doctors for Covid Ethics
3. [Doctors and Scientists Accuse Medical Regulator](#) of Downplaying COVID-19 Vaccine Dangers
4. [Rebuttal Letter to European Medicines Agency](#) from Doctors for Covid Ethics
5. [Doctors for Covid Ethics Signatories](#)
6. [COVID Vaccines: Necessity, Efficacy and Safety](#)

Military Bases Housing Migrant Children Plagued by Serial Sexual Abuse Claims

Military Bases Housing Migrant Children Plagued by Serial Sexual Abuse Claims

“Particularly concerning is the assertion made by Fort Bliss leadership when they dismissed Randall Hughes’ horrific sex crimes because “this is how it is”. If Hughes’ ghastly behavior, which later included the rape of a minor, was deemed as such by Fort Bliss leadership, how can those same authorities be trusted with the safety and well-being of thousands of unaccompanied and vulnerable children?” ~ Whitney Webb

[Military Bases Housing Migrant Children Plagued by Serial Sexual Abuse Claims](#)

by [Whitney Webb](#), [Unlimited Hangout](#)

April 16, 2021

Over the first few months of 2021, the migrant crisis at the US-Mexico border has exploded. Due to the policies of the

Obama, Trump and now Biden administrations, many of those migrants, particularly unaccompanied minors, remain housed in increasingly controversial “overflow facilities.”

Despite promises to reverse the policy, the Biden administration instead has taken the unprecedented step of now housing thousands of these unaccompanied minors on US military bases, a jolting move that hardly generated any attention from either the mainstream or independent media. This is true even for left-leaning outlets that spent much of the Trump era railing against and calling for the closure of these detention facilities as well as the increasing militarization of the US-Mexico border. The only exceptions have been [those few outlets](#) that covered the dangerous environmental contamination present at some of the bases now involved.

Currently, unaccompanied minors are being housed at two military bases in Texas and one in California. While there was media coverage of the decision to house children and teens at these bases, there was little journalistic interest in looking deeper into the issues of these particular bases, some of which are known for extremely unsanitary conditions or for allowing “serial rapists” to serve on base for years despite numerous reports about their crimes to base leadership. One of these bases has the highest rate of sexual assaults out of any joint base in the entire Department of Defense.

Not only that, but the US military’s computer network [has consistently ranked](#) among the top internet service providers for the trafficking of child pornography, further underscoring why military bases, particularly *these* military bases, are unsuitable for children.

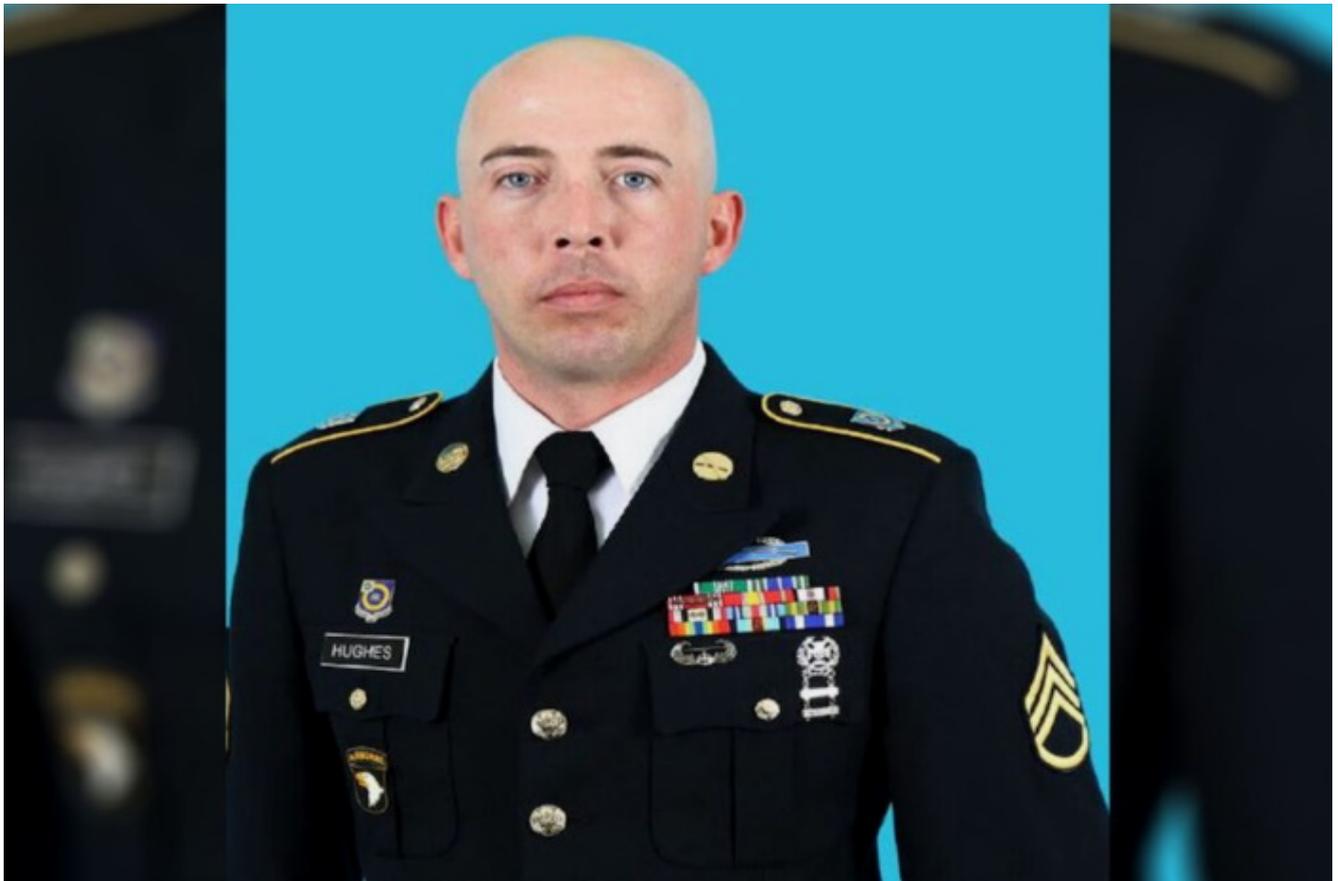
Also concerning is the fact that US officials [refuse to say](#) how many children are being sent to these bases. HHS currently has more than 13,000 kids in their custody. That number is only projected to grow, with Customs and Border Protection now [projecting that](#) 184,000 unaccompanied minors

could end up in government custody by this time next year.

In addition, these bases have not yet released photos of where the minors are kept and [have even banned soldiers](#) on these bases from photographing the areas where the children are being held. The tents they are housed in are said to be able to house 1,000 people each, implying that each base has received thousands of migrant children in recent weeks.

In recent years, prior to the current spike in the severity of the border crisis, thousands of migrant children that were placed into this system of “overflow facilities” and detention centers [have been “lost”](#) by the government and some have reported [acts of physical and sexual abuse](#) inside these facilities. These children’s reunification with their families can [take months or years](#) and, for many, it doesn’t happen at all. Now, with the opening up of these specific military bases to these unaccompanied children, it seems clear that these new, military-run enclosures are likely to be even more unsafe and are hardly a solution to the current situation on the US’ Southern border.

The Texas Bases: Fort Bliss and Joint Base San Antonio



Army Staff Sgt. Randall Hughes was allowed to serve at Fort Bliss for over a decade despite being known as a “serial rapist” to Base leadership. Source: US Army Photo

Texas’ Fort Bliss and Joint Base Sant Antonio have both become notorious for their disturbing and frequent sexual abuse claims, overshadowed only by another Texas military base – Fort Hood. In 2017, [a Pentagon study](#) found that Joint Base San Antonio had the highest rate of sexual assault reports out of all the other joint base installations in the entire Department of Defense, registering 881 cases from 2013 to 2017. Before that period, Lackland Air Force Base, part of Joint Base San Antonio, [saw 62 cadets](#) allege that more than 30 training instructors on the base had sexually abused them in some way. The figures at the base are likely much higher given that most sexual abuse cases go unreported in the Armed Forces, with media reporting in 2014 that only 3,300 reports [were filed out](#) of a total of 26,000 reported instances of unwanted sexual contact or sexual abuse that year.

In the case of Fort Bliss, the base has counted among its ranks particularly egregious sexual criminals who were known to base leadership for years and were allowed to continue to prey on other soldiers, their spouses and even their own children. In just the first few months of 2021, there have been two deeply disturbing cases surrounding Fort Bliss that were recently prosecuted. The first was made public with the [January arrest](#) of Pfc. Christian Alvarado on three allegations of sexual assault as well as charges of aggravated assault and making false statements to military investigators. One of Alvarado's alleged victims was Pfc. Asia Graham, who was found dead in her barracks room nearly a year to the day that Alvarado had raped her. Her manner of death [has not been disclosed](#) by Fort Bliss.

The second is even more disturbing and provides a clear example of how Fort Bliss leadership have turned a blind eye to sexual abuse of both adults and children for decades. Just last week, Army Staff Sgt. Randall Hughes was sentenced for multiple rapes and sexual assaults, including the rape of his own daughter last year. Troublingly, it wasn't until Hughes' daughter, who was 16 at the time, reported her father for drugging and then raping her that Army leadership began to scrutinize the lengthy record of rape accusations against him that [date back to 2006](#).

One of the claims involved the wife of a soldier under Hughes' charge, who was raped by Hughes in her own house after he got her husband so drunk that he passed out. That particular accusation against Hughes was investigated, but Hughes [was not prosecuted](#) and instead had a General Officer Memorandum of Reprimand added to his personnel file. The victim later [told the Army Times](#) that "I was told CID [the Army's Criminal Investigative Division] had enough evidence to believe it happened, and Fort Bliss still didn't do anything. They just told me the command said **this is what it was – this is how it is.**"

After violently raping his then-girlfriend and cutting her with a broken bottle, Hughes moved to a different base in New Jersey after gaining custody of his teen daughter while at Fort Bliss. Thus, Fort Bliss leadership had shockingly allowed Hughes to bring a minor on base to live with him despite his history of violent sexual assaults. In March 2020, he would drug and rape his daughter, Lesley Madsen, [later pleading guilty](#) to the sexual abuse and assault of a child. The leadership at New Jersey's Fort Dix took action against Hughes and prevented him from preying on others, unlike the leadership of Fort Bliss, whose inaction led to the horrific assault of Hughes' young teen daughter.

In addition to their disturbing track record with both high rates of abuse claims and a "cover-up" culture, both of these bases are also known to be contaminated with dangerous pollutants and chemicals that put the lives of soldiers, and now minors, at risk. In the case of Fort Bliss, the base's [history of contamination](#) with cancer-causing compounds is well-documented and has been home to at least 80 toxic sites over the course of its operation. Even the sites at the base that have now been deemed safe by the Environmental Protection Agency (EPA) continue to be dangerous, with one "cleaned" site found to contain more than 19 times the legal limit of arsenic in its soil.

At Joint Base San Antonio, the water is [heavily contaminated](#) due to chemicals from toxic firefighting foam that has been used on base for decades. In addition, as some journalists and environmental watchdogs have noted, Joint Base San Antonio has some of the worst air pollution in the entire United States.

[Read the rest of this article at Unlimited Hangout](#)

Maddie's Story: 12-Year-Old Seriously Injured in COVID Vaccine Trial

Maddie's Story: 12-Year-Old Seriously Injured in COVID Vaccine Trial

[Maddie's Story](#)

by [WhatsHerFace](#)

April 15, 2021

Covid vaccine trials have begun on children. This is the story of Maddie and the horrors she has endured and continues to endure following her inoculation. Please share her story so parents can see the dangers this vaccine poses to their children. With enough awareness maybe we can prevent another tragedy from happening and eliminate so much unnecessary suffering.

Follow [WhatsHerFace](#) on [Odysee](#) and [Rumble](#)

Kids, Schools and COVID Tests – What Are the Risks?

[Kids, Schools and COVID Tests – What Are the Risks?](#)

Researchers warn of brain injury risks for millions of children who are now going to routinely undergo nasal swab tests administered by nonexperts – in some cases, by schoolchildren themselves.

by [Alliance for Natural Health International](#)

March 22, 2021

Kids in the UK returned to school this month – the first step in a painfully slow easing of restrictions [tabled to last months](#). However, this is only on the grounds that children undergo regular [COVID-19](#) testing and follow mask mandates now extended into classrooms as well as common areas. All of which comes at a cost, both to the health and wellbeing of the children as well siphoning a [whopping £78 million](#) from taxpayers money.

But are these restrictions necessary? Research scientists from the Department of Infectious Disease at Imperial College, London, suggest not, because of the [extremely low SARS-CoV-2](#) transmission rates in schools.

Kids – fancy poking your brains?

Some people are rightly concerned that the improper use of nasal swabs used in [PCR](#) or lateral flow testing may result in damage to the delicate membrane protecting the brain. But if you were to [believe the fact-checkers](#), you'd assume this is nothing more than a conspiracy theory. But as has been demonstrated in many other instances, the fact checkers have got it wrong again.

There is a risk – and that risk gets greater as more and more untrained people (now including children) administer their own swabs.

In October 2020, [a case report](#) was published in JAMA Otolaryngology-Head & Neck Surgery detailing the case of a woman whose brain membrane was pierced by a COVID test swab resulting in the leakage of cerebrospinal fluid. A second woman in the U.S. recently had [a similar experience](#). Assessing the use of nasal swabs, [researchers publishing in JAMA Otolaryngology-Head & Neck Surgery](#) issued warnings about the risks for the millions who are now routinely going to undergo tests, especially from ineptly administered nasal swabs.

And who's administering the nasal swabs in schools? The [schoolchildren themselves](#)! Let's hope that when kids do it wrong, it's because they don't go deep enough – not too deep. What no one seems to be being told is that the cribriform plate, the significant part that separates the brain from the nasal cavity is a delicate, soft, honey-comb or sieve-like structure that is thin and narrow with tiny perforations. This is why it's a perfect site for endoscopic transnasal skull-based surgery. But clearly it's proven nonsense to suggest someone inept at wielding a nasal swab can't push their swab into their brain.

Why lateral flow testing in schools is deeply misleading – and a waste of public money

Nearly 57 million [lateral flow test \(LFT\) kits](#) have been delivered to schools in the UK.

Concerns have been leveled at their accuracy due to the number of [false positive results](#) they return. Conversely, there are also concerns over the high levels of false negatives, although this is less of an issue as true negative rates are far lower than is generally thought. Views around the use of mass testing to detect SARS-CoV-2 are mixed with concerns that mass testing [does not prevent transmission of the virus](#).

Confusion [reigns](#) in terms of positive tests. If a child tests positive at home and a subsequent PCR test comes back negative that child can return to school.

However, if a positive LFT test has been undertaken on school premises the pupil and their contacts [will have to self-isolate](#) whether or not they have a negative PCR test as the government considers the chances of the LFT test being a false positive as minimal.

We have previously discussed the problems with [PCR testing](#) and the significantly increased likelihood of a test returning a positive result when prevalence of the virus in the community is low. The same problem applies to lateral flow tests. To illustrate this we plugged in the sensitivity and specificity data (77.8% and 99.68% respectively) from the [Innova rapid flow test](#) into the [MedCalc Diagnostic test evaluation calculator](#). The aims were to calculate the positive predictive value (PPV) (i.e., the probability that SARS-CoV-2 is present when the test is positive) and the negative predictive value (NPV) (i.e., the probability that SARS-CoV-2 is not present when the test is negative) taking into account the low prevalence (amount) of infection in a given population.

This is important because, as we explained in our [‘Casedemic’ piece that critiqued PCR tests](#), Bayesian theory makes it essential that we take into account prevalence when considering the false positive and negative rates of any diagnostic test. A key fact that the UK’s health minister, Matt Hancock, just [can’t seem to wrap his head around](#) – or chooses not to.

We’ve used three prevalence rates: 0.14% (taken from [NHS Test & Trace data](#)), then halved that (0.07%) and doubled it (0.28%), to take into account variation, as prevalence is something of a moving feast.

At these prevalences, you’ll find much lower positive

predictive values (PPVs) than claims around accuracy being made by the government.

For the three prevalence rates, 0.07%, 0.14% and 0.28%, the chances of a positive test successfully indicating the presence of the infection is 15%, 25% and 41%, respectively. That's something school kids, parents and their teachers are just not being told.

The Royal Statistical Society's COVID-19 taskforce has [also raised concerns](#) over the risk of 'positive' tests when infection prevalence is low. Isn't it odd that no one seems to be listening? We'd ask again: where is the cost/benefit analysis showing that this massive purchase using taxpayers money of 57 million lateral flow test kits was justified for schools?

Spit or swab?

Nose and throat swab testing can not only potentially harm the person being tested, it's also downright unpleasant. Is there a better way of testing? Actually there is, but we're not hearing much about it. It involves the plethora of saliva tests that [appear to be as effective](#) as the lateral flow tests – and far easier to administer. A [recent study](#) published in the New England Journal of Medicine found that a far higher number of saliva samples were positive for up to 10 days following diagnosis of COVID-19 compared to swab samples.

Saliva tests are becoming increasingly available, but have yet to be utilized by governments.

Here are some details:

USA

- [SalivaDirect](#) – developed by Yale School of Public Health was [approved for use](#) by the U.S. Food & Drug Administration in August of last year.
- Scientists at Washington University have [announced the](#)

[development](#) of a saliva test they hope could be used at scale.

- [DxTerity](#) has added a saliva based SARS-CoV-2 test to its portfolio.

UK

- [Covguard saliva tests](#) are available to UK citizens.
- Vatic Health is another UK based offering created by a team of scientists, engineers and designers.
- And if you're looking for saliva tests that also fulfill 'Fit to Fly' requirements then take a look at [Fitness Genes](#) and [Hydro-x](#).

Australia

- A team at the [University of Technology, Sydney](#) has developed a very sensitive saliva test for SARS-CoV-2 antigens that can deliver results in under 15 minutes.

Originally published by [Alliance for Natural Health International](#).

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Six-Year-Old Boy Arrested, Forced to Go to Court for Picking a Flower at His Bus

Stop

[Six-Year-Old Boy Arrested, Forced to Go to Court for Picking a Flower at His Bus Stop](#)

by [Matt Agorist](#), [The Free Thought Project](#)

March 22, 2021

North Carolina – “Should a child that believes in Santa Claus, the Easter Bunny and the tooth fairy be making life-altering decisions?” asked New Hanover County Chief District Court Judge Jay Corpening. This is a question which has come up repeatedly in the state of North Carolina as dozens of children as young as six are being processed into the criminal justice system. The latest case involves a 6-year-old boy who was arrested and forced to go to court because he picked a flower while waiting for the bus.

Attorney Julie Boyer’s child client was on trial for injury to real property after he stopped to pick a flower from a yard near his bus stop, according to [The Herald-Sun](#). Illustrating the ridiculous nature of sending a child to court for picking a flower is the fact that he had no idea what was going on.

Boyer said she had to give the boy some crayons and a coloring book during the proceedings because he did not have the mental capacity to understand what was happening to him.

“I asked him to color a picture,” she said, “so he did.”

This is a serious problem and speaks to the archaic nature of the law in the state of North Carolina. Currently, the state’s juvenile system has the lowest minimum age in the world to enter the court system – which is six.

Advocates for children have been trying unsuccessfully for

years to change the law but to no avail. This is worrisome as statistics show the earlier a child is brought into the system, the chances that they remain in that system increase drastically.

"A 6-year-old ... we're talking about someone that's in kindergarten, first grade. They don't understand the process, they don't understand what's going on, they probably don't even know their address," Lyana Hunter, a New Hanover County public defender's office employee told [WECTNews](#). "The earlier that you introduce a child to the criminal justice system, the higher the chances are that they will remain in the criminal justice system."

Hunter explained that representing children under 9 is a common practice, illustrating how widespread the problem is. "I think the youngest I actually had in a trial... they were eight. Some were.. seven, eight, maybe a 9-year-old. Literally their feet... they're just swinging from the chairs because they couldn't reach the floor," said Hunter.

Luckily for the flower-picking kindergartner, the judge dismissed the case after the boy's mother "couldn't make the intake meeting," according to The Herald-Sun. Unfortunately, even though the case was thrown out, the process of being brought into the criminal justice system could change the boy's life forever. "He gets served with papers. His mom gets served with papers," Boyer explained. "It was just appalling." Sending a little boy to court for picking a flower is most certainly appalling but the fact that this is not an isolated incident should shock the conscience.

"A 6-year-old cannot comprehend what is taking place in court, but probably will never forget being labeled a delinquent," Satana Deberry, district attorney for Durham County wrote in an email.

Equally as egregious as arresting and trying a 6-year-old little boy for picking a flower is that this not only happens often but it happens mostly to children of color. According to

a [report](#) from the Winston-Salem Journal:

From 2015 through 2018 nearly 7,300 complaints were filed against children age 6 to 11 years old, according to numbers from the state Juvenile Justice section.

Of those complaints, 47% were against Black children, 40% were against white children and 7% against Hispanic or Latino children.

In general, 22% of the state's population is Black, 70% is white and 10% is Hispanic.

Roughly 82% percent of the complaints were against boys.

“It is a suspected statistic,” said Yakob Lemma, 17, an Enloe High senior and co-founder of the Wake County Black Student Coalition. “This is just proof that we have been criminalized since we’re young, since we are little kids, and we have to grow up all our lives like that, with being criminalized and being actively targeted.”

Childhood mistakes should never be criminalized but in case after case, situations like this unfold in other states as well. Earlier this month, TFTP reported on the state of Wisconsin in which children are being fined hundreds of dollars for [missing online classes](#). If they cannot afford the fines, these children have to work them off in community service.

[Connect with Matt Agorist at Free Thought Project](#)

Dr. Vernon Coleman: Vital Revelations About How Masks Damage Children (Permanently)

[Vital Revelations About How Masks Damage Children \(Permanently\)](#)

by [Dr. Vernon Coleman](#)

March 6, 2021

Original video is available at Dr. Vernon Coleman [BrandNewTube](#) 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.]

[Free PDF of 'Proof That Face Masks Do More Harm Than Good' by Dr. Vernon Coleman](#)

Transcript:

The lowlight of recent days has been the way schools everywhere have been planning to destroy the minds and bodies of their pupils by forcing them to wear masks.

I recently saw a long letter from the head a school in the UK which caters to children aged 11 and upwards. The letter is the most repulsive piece of crap I have ever seen emerge from any orifice belonging to a school-teacher. I speak, I should remind you, as a former GP who has seen more than his fair

share of excrement.

Before I start I should remind you that a recent survey showed that school teachers are less likely to catch covid-19 than other adults. Also, the infection is so rare among children, and so harmless to fit and active school-children, that any child who becomes seriously ill with covid-19 will probably find themselves lead item on the next BBC news bulletin.

Here's what this gibbering head has to say about what the pupils can expect when they return to what was presumably once called a school but which should now be referred to as some sort of concentration camp.

The head buffoon starts by announcing that during their first day in school healthy students will undertake a lateral flow test for covid-19 at the school's test centre. This, of course, is entirely pointless because the biggest scientific study I've ever seen showed that asymptomatic spread of covid-19 does not occur. If you think about it, this makes sense. Like all varieties of the flu this disease is spread by coughing and sneezing. If you're not coughing or sneezing..

The worst bit of this long and intensely boring and unnecessary letter however, is the bit that states that 'unless medically exempt, students must wear a face mask at all times', though presumably not when eating or drinking.

Presumably, they must, therefore, continue to wear masks if they are unable to breathe or if they are, for some reason, vomiting. No mention of not wearing masks when exercising even though a number of children have definitely died while wearing masks during exercise. I assume the school will have an undertaker on constant call to deal with this eventuality.

Students are also told that they must take with them a bottle of water and some sanitising hand gel.

Oh and windows and doors will be open and in colder weather students can wear coats in classrooms with the permission of their teacher. This is a parody of lunacy, or is it lunacy itself?

If students use school or public transport they must wear a face mask. No mention here of exemptions. The school instructs that face masks should be washed each evening. So pupils will presumably be wearing their masks all day long – regardless of the generally accepted medical view that masks should not be worn for more than two hours and definitely not for more than four hours. Forcing children to wear masks for eight hours a day is pretty nearly as daft as hitting them over the head with a cricket bat for eight hours a day. It's child abuse and should be punished accordingly. When politicians and doctors are tried and convicted, teachers will be tried and convicted for mass child abuse.

There will be a major epidemic of bacterial pneumonia among schoolchildren as a direct result of the stupid mask wearing. And children will develop dementia in a few years' time. That's not theory. The medical evidence is available. Take a look at the free pdf of my small booklet Proof that masks do more harm than good. It's available on vernoncoleman.com, vernoncoleman.org and the lightpaper.co.uk. And take a look at my other videos and articles about masks – I seem to have been warning about these damned things for decades.

And, anyone who loves masks must hate the environment. As I have reported previously billions of discarded masks, paper and cloth, are turning up in the countryside and in the sea. You can't care about the environment if you wear a mask. It is something of a sick joke that the people who opposed plastic bags and straws now promote face masks. The hypocrisy is staggering.

And I wonder, incidentally, how many of the schools which insist on masks being worn also use WIFI – despite the clear

evidence of the harm this does to children.

Next, what the hell happens to the brave children who turn up to school without masks because they have an illness which makes mask wearing particularly dangerous? In America an astonishing 8.4% of school children have been officially diagnosed as suffering from asthma. For a variety of reasons which have nothing to do with children or their health the percentage is probably a little lower in the UK. But even if only 5% of children have asthma then that means that 5% of children cannot possibly wear masks. Add in other disorders which make mask wearing absurdly dangerous and it's safe to say that one in ten children must not wear masks. For teachers who aren't good at maths, that's three children in a class of thirty. And what about children who wear spectacles which will steam up – preventing them from seeing the blackboard? And children who rely on lip reading will be stuffed.

I've seen one head teacher say that children who don't wear masks must stay at the back of the class and not mix with other pupils. They will be officially ostracised. That's discrimination and I'm pleased to say that it's still illegal in most countries – though I've no doubt that the Agenda 21 and Great Reset enthusiasts will see that that's changed. Teachers should have the guts to stand up and refuse to carry out these cruel and fascist orders.

Who the hell are these teachers who promote masks? Where did they train? Are they left over guards trained at Dachau or Auschwitz? Any teacher who treats non-mask wearing children differently should be sacked immediately. Even the BBC has reported that teachers are not at significantly higher risk of death from covid-19 than the general population.

Let me be blunt for a change. Not my style, I know, but this makes me truly furious.

The bottom line is that any teacher who insists on children wearing masks is evil and should be locked up for child abuse. Six of the best with a used plimsole is nowhere near enough. Permanent incarceration in an institution of ill repute is the only sensible solution. There is no need to try the bastards because there can be no doubt about their guilt. Just lock them up and then force them to swallow the key.

My message to parents is simple – threaten to sue any teacher who wants to force children to wear masks.

My message to children who don't wear masks – for whatever reason – is simple. You have courage and my respect. You may suffer discrimination and even abuse – but remember, every month that goes by you will gain several percentage points, both physically and mentally, on your mask wearing school mates.

Evidence shows that those who wear masks become physically debilitated and mentally weaker. And this is more true of children than of adults.

So the child who wears no mask will gradually climb towards the top of the class in both physical and mental terms.

Copyright Vernon Coleman March 6th 2021

**Johnson & Johnson to Test
Experimental COVID Vaccine on**

Infants

[Johnson & Johnson to Test Experimental COVID Vaccine on Infants](#)

Days after the FDA approved J&J's COVID vaccine for emergency use, the company announced plans to test the vaccine on newborns, despite the vaccine's risks and strong evidence that COVID poses virtually no risk to healthy children.

by [Megan Redshaw, J.D.](#) , [The Defender](#)

March 2, 2021

On Friday, the U.S. Food and Drug Administration (FDA) [granted](#) Emergency Use Authorization for Johnson & Johnson's (J&J) [COVID vaccine](#), paving the way for the one-shot vaccine to be administered beginning this week.

The Centers for Disease Control and Prevention (CDC) also [recommended](#) the vaccine for people 18 and older. On Sunday, J&J [revealed plans](#) to test its one-shot vaccine on infants, including newborns, pregnant women and the immunocompromised. The expanded clinical trials were laid out in the company's application for emergency use approval and in [briefing materials](#) provided to the FDA and discussed briefly during the meeting.

According to the [New York Times](#), the plan for expanded clinical trials met the approval of Dr. Ofer Levy, director of the [Precision Vaccines Program](#) at Harvard's Boston Children's Hospital and a member of the FDA's advisory committee that reviewed the company's vaccine data.

When Levy saw the outlines of the planned trials, he [said](#): "They did not get into a lot of detail about it but did make

it clear they will be pursuing pediatric and maternal [coronavirus](#) immunization studies.”

A spokesperson for Janssen Biotech, a J&J subsidiary, [confirmed](#) the company plans to extend clinical trials to children — first to children between the ages of 12 and 18, and immediately after to newborns and adolescents, then to pregnant women and immunocompromised individuals.

Levy [noted](#) vaccinating children will help the country reach [herd immunity](#), echoing comments made by Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, during [Sunday’s Meet the Press](#):

“Vaccinating young people will be necessary to approach herd immunity and significantly slow the spread of COVID-19 in the United States. While they typically have fewer symptoms than adults with COVID-19, children can still spread the disease.”

[Children’s Health Defense](#) President and General Counsel Mary Holland disagreed, stating that decades of intensive effort [“have not attained herd immunity](#) for any childhood disease.” Holland has conducted [extensive research](#) on the history of vaccine policies.

Immunologist Tetyana Obukhanych, Ph.D., and others [agree](#) that officials use the [concept of herd immunity](#) as a “trump card to justify any measures, often at odds with personal freedom of choice, aiming to increase vaccination compliance,” [The Defender reported](#).

Most of the world’s vaccine market is pediatric vaccines, [according](#) to the Times, so it’s not surprising that J&J would be looking to capitalize on a relatively untapped market for its coronavirus vaccine. As [The Defender reported](#) in February, Bill Gates [set the stage](#) for a pediatric push last year, declaring his desire to make COVID-19 vaccines “part of the routine newborn immunization schedule” despite the fact that 99.997% of young people ages 0-19 survive COVID-19

with [most experiencing](#) either mild or no symptoms at all.

A study published in the [European Journal of Pediatrics](#) showed only a rare subset of children – mostly children with serious underlying medical conditions – experienced hospitalization or worse from COVID.

The [CDC](#) states: “COVID-19 is uncommon in newborns born to mothers who had COVID-19 during pregnancy. Some newborns have tested positive for COVID-19 shortly after birth, but it is unknown when they may have been exposed to the virus. Most infants and newborns who tested positive for COVID-19 had mild or no symptoms and recovered.”

According to the [Mayo Clinic](#), “While all children are capable of getting the virus that causes COVID-19, they don’t become sick as often as adults. Most children have mild symptoms or no symptoms.”

The potential adverse effects of J&J’s experimental vaccine remain relatively unknown. Unlike [Moderna](#) and [Pfizer’s](#) COVID-19 vaccines that rely on new [mRNA technology](#), J&J [utilized](#) a disabled [adenovirus](#) in their vaccine. Existing adenovirus vaccines [include](#) the controversial Ebola vaccine and respiratory syncytial virus.

“Do we really want to enlist our children in the war against an infectious disease when they are at little or no risk of getting COVID,” asked Lyn Redwood, RN, MSN, director and past president of Children’s Health Defense.

“After all, these vaccines are medical interventions that the U.S. Supreme Court [has recognized](#) as being unavoidably unsafe. We have to ask ourselves this difficult question: Is the potential risk to infants or children worth the potential benefit for society?”

The FDA [found](#) J&J’s COVID vaccine to be only 67% effective in preventing moderate to severe symptoms at least 14 days after

vaccination, and 66% effective in preventing moderate to severe symptoms at least 28 days after vaccination.

Although Moderna and Pfizer-BioNTech COVID vaccines are [purportedly](#) 95% and 94% [effective](#), these vaccine-makers have less aggressive plans to test their vaccines in younger age groups, [reported](#) the Times.

Two more COVID vaccines from [AstraZeneca](#) and [Novavax](#) are completing phase 3 clinical trials and are [expected to apply](#) for FDA authorization in the spring.

Biden's administration announced today that J&J has partnered with pharmaceutical giant [Merck](#) to produce its COVID-19 vaccine, a senior administration official [confirmed](#) to CNBC News.

The [announcement](#) comes as the administration works to ramp up production of J&J 's vaccine. In January, Merck [scrapped plans](#) to develop its own COVID vaccine after a clinical trial showed its shot was ineffective.

cover image credit [PublicDomainPictures](#) / pixabay

Another Woman's Brain Lining Punctured While Being Nasal Swabbed for COVID

[Another Woman's Brain Lining Punctured While Being Nasal Swabbed for COVID](#)

by [B.N. Frank](#), [Activist Post](#)

March 1, 2021

Last fall a woman's [brain lining was punctured](#) during a COVID nasal swab test. The injury caused brain fluid to drip down one of her nostrils.

In December, it was reported that [saliva tests](#) for COVID are as accurate as nasal swabs. Nevertheless, nasal swabs are still being used for testing and another woman's brain lining was penetrated in the process. This caused fluid to drip down her nose too.

From [Fox San Antonio](#):

San Antonio woman leaks spinal fluid after receiving Covid nasal swab

SAN ANTONIO – A San Antonio woman is still in shock after she says a Covid nasal swab test went horribly wrong.

“It hurt, it was an immediate instant migraine,” says Chari Timm. “I’ve never had a migraine ever in my life.”

Chari Timm says the swab was inserted in her nose and she instantly felt pain.

Chari was in need of a heart diagnostic test and protocol states she had to test negative for Covid before they could run any tests. She says the swab was inserted in her nose and she instantly felt pain.

“It started from the back of my head and just extend it to the front of my head and my entire brain was an extreme pain,” she says. “Instantly fluid just was leaking out of my nose.”

Chari was leaking spinal fluid.

A neurologist from Methodist and an ear, nose and throat doctor diagnosed her with pneumocephalus days later.

Pneumocephalus is when there has been a rupture in the dural membrane, or the lining that's around the brain, which allows air to enter the space that's normally occupied by the head.

Experts say it's rare, but they aren't surprised it happened.

[Read full article](#)

Also read shocking comments about this procedure on the [KABB Fox 29 News, San Antonio Facebook page](#)

Chari's [GoFundMe is here](#) with more details.

[Find more by B.N. Frank at Activist Post](#)

cover image credit pixabay

Gov Funded Transgender Surgery for Kids?! – A Week In News

[Gov Funded Transgender Surgery for Kids?! – A Week In News](#)

by [JP Sears](#), [AwakenWithJP](#)

March 1, 2021

Original video available at [AwakenWithJP YouTube](#) channel.

Should the government be able to fund sexual reassignment surgery for transgender kids?

Should they be able to provide them with puberty blockers, even without the parents consent?

Find out the latest with Biden's assistant health secretary pack as well as a full lying to your face news update on what's happening around the world this week.

[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.]

Covid Vax Newest Guinea Pigs

[Covid Vax Newest Guinea Pigs](#)

by [Del Bigtree w/ Jefferey Jaxen](#), [The HighWire](#)

March 1, 2021

Original video available at [The HighWire BitChute](#) channel.

Covid-19 vaccine testing is now expanding to children as young as six in AstraZeneca trials in the UK, and Moderna will soon follow suit in the US.

With #Covid19 related death rates in children almost nonexistent, and injuries and deaths from the vaccine stacking up, why would we risk our children's health for this experimental vaccine?

Teacher: I Won't Force Kids to Wear Masks & I Won't Wear One Either

[Teacher: I Won't Force Kids to Wear Masks & I Won't Wear One Either](#)

by [Richie Allen](#)

February 24, 2021

The Telegraph newspaper, to its credit, has published an opinion piece by a secondary school teacher who is based in Essex. The teacher believes that forcing kids to wear masks in the classroom is “Dystopian and abhorrent.”

The teacher has been reading “The Handmaid’s Tale with Year 11’s and described a class full of masked children as “like something out of Gilead.” Expressing concern that masks would make it seem to youngsters that schools are not safe when they desperately need some normality the teacher wrote:

They are already being flooded with messages in the media and the outside world which fill them with fear on a daily basis. The government’s whole campaign is built on fear and children have absorbed that. They have also faced a year of

disruption to their learning and been kept apart from their friends. What sort of message does it send to them if we then make them wear a mask in the classroom too?

As well as being physically uncomfortable, it's going to be almost impossible for them to communicate with me as their teacher. It will have a detrimental impact on their confidence, make them even more reluctant to put their hand up in class to ask questions and engage in the lesson. Many of them, especially those who were already struggling, have fallen massively behind during lockdown and will find it difficult or even impossible to catch up.

I've also seen very little evidence to suggest that masks are effective anyway. I am cynical about this idea of asymptomatic transmission. Schools aren't necessarily the cleanest places in the world but children are meant to be exposed to a few germs to build up their immune systems.

The teacher is absolutely right. It's dystopian and disturbing in the extreme. Of course it will unsettle children but it will also do them serious harm. Wearing masks for eight hours a day may have a seriously detrimental effect on their physical health. Dozens of studies have found that masks make breathing more difficult, especially for children.

The National Institutes of Health (NIH) found that:

inhaling high levels of carbon dioxide (CO₂) may be life-threatening. Hypercapnia (carbon dioxide toxicity) can also cause headache, vertigo, double vision, inability to concentrate, tinnitus (hearing a noise, like a ringing or buzzing, that's not caused by an outside source), seizures, or suffocation due to displacement of air.

Parents wise up and wise up fast. You must not allow your children be forced to wear a face covering when they return to the classroom.

[Connect with Richie Allen](#)

EPA Approves Chemical ‘Air Treatment’ Against COVID, Despite Known Health Hazards

[EPA Approves Chemical ‘Air Treatment’ Against COVID, Despite Known Health Hazards](#)

Georgia and Tennessee are first states to gain approval to diffuse a chemical known to trigger asthma and other serious respiratory illnesses throughout schools, healthcare and food processing facilities and intrastate transportation.

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

February 18, 2021

In mid-January, the U.S. Environmental Protection Agency (EPA) [approved](#) requests from two southern states (Georgia and Tennessee) asking for an emergency exemption that would allow them to aerosolize selected indoor spaces with an antiviral “air treatment” called [Grignard Pure](#).

Grignard Pure is a nanoparticle-based product. Its active ingredient is a substance called [triethylene glycol](#) (TEG).

The EPA’s approval slid in under Section 18 of the [Federal Insecticide, Fungicide and Rodenticide Act](#) (FIFRA), which

allows the agency to green-light pesticides for [unregistered uses](#) in defined geographic areas for up to a year during public health emergencies deemed “urgent” and “non-routine.”

Grignard Pure contains TEG as a standalone chemical compound, but TEG is also a component of some [polyethylene glycol](#) (PEG) compounds (those of [low molecular weight](#)).

Since [last summer](#), [Children’s Health Defense](#) (CHD) has raised [urgent questions](#) about the presence of PEG in the nanoparticle-based [mRNA vaccines](#) developed by [Pfizer](#) and [Moderna](#), authorized by the U.S. Food and Drug Administration (FDA) for [emergency use](#) against [COVID](#).

In a Dec. 14 [press release](#) and in letters to leaders at the [Department of Health and Human Services](#) (HHS), the [FDA](#) and the National Institute of Allergy and Infectious Diseases (NIAID), CHD warned about PEG’s known association with [adverse immune responses](#), including [life-threatening anaphylaxis](#).

An estimated 72% of the general population has [anti-PEG antibodies](#) (including elevated levels in 8% of Americans) that can set those individuals up for [adverse reactions](#) when later exposed to PEG-containing substances.

[Pharmaceutical](#) and biotech companies, acutely aware of the correlation between anti-drug antibodies and increased adverse effects, [acknowledge](#) that the phenomenon poses a “vexing” and “serious” clinical problem – one that has come into sharp relief as recipients of COVID mRNA injections experience [severe allergic reactions](#).

In light of the interrelationship between PEG and TEG, the planned diffusion of nanoparticle-based TEG in public spaces – including through building heating, ventilation and air conditioning (HVAC) systems – introduces important new questions: Could individuals already sensitized to PEG go into anaphylaxis when they inhale TEG? Or conversely, might people who are exposed to aerosolized TEG then become sensitized to

PEG – and run the risk of an adverse reaction when they subsequently encounter a PEG-containing mRNA injection or another “[PEGylated](#)” drug?

The newest kid on the block: ‘atmospheric viricides’

The Grignard company [describes itself](#) as “an innovative leader in specialty chemical solutions for every industry need,” ranging from precision cleaners and wastewater treatments to “atmospheric effects” for the entertainment industry. In fact, the company’s [Grignard FX](#) branch is North America’s “largest producer of theatrical fog and haze fluids” for movies, stadium concerts and theater, as well as being the manufacturer of stage blood promoted as “so realistic they will freak out.”

The company now intends to parlay its extensive theatrical experience into the realm of [atmospheric viricides](#), promising “a light atmospheric haze throughout an indoor space that inactivates enveloped viruses such as the novel coronavirus on non-porous hard surfaces and in the air.”

According to the EPA, the Grignard Pure product has the ability to “permeate and kill. . . [over 98 percent](#) of COVID-19 [virus] particles.” [Dispersal](#) of Grignard Pure is proposed “via a building’s HVAC system, or using conventional haze/fog machines typically deployed in entertainment venues and in fire training.”

In an example of the revolving regulator-industry door, a four-decade veteran of EPA pesticide regulation is now a leading consultant for Grignard, helping the company [market](#) the anti-COVID fluid as the solution to a “critical challenge.”

Meanwhile, outgoing EPA Administrator Andrew Wheeler touted Grignard Pure as a “first-of-its kind” tool to “help fight the spread of the novel coronavirus,” [vowing](#) in the agency’s press release that “There is no higher priority for EPA than

protecting the health and safety of Americans.”

Respiratory irritant

EPA’s emergency go-ahead permits Georgia and Tennessee to diffuse Grignard Pure continuously in “breakrooms, locker rooms, bathrooms, lobbies, elevators, eating areas and food preparation areas” in [government, health care and food processing facilities](#) as well as intrastate transportation – anywhere “where people are conducting activity deemed essential by the state.”

The EPA endorsed the product’s emergency use in food preparation and eating areas despite warnings in the triethylene glycol [safety data sheet](#) not to store TEG “near food, foodstuffs or potable water supplies.”

Did the EPA conduct an objective assessment of benefits versus risks? The agency’s press release does not say, nor does it include any warnings other than a one-sentence statement that “TEG may be an irritant for sensitive populations.” (Canadian fog and smoke safety [guidelines](#) for the live performance industry, on the other hand, specify that high-risk individuals – such as children, pregnant women and people with asthma or serious illnesses – should avoid exposure).

But if the EPA is unconcerned about the known [short-term effects](#) of exposure to glycol-containing fluids (including symptoms that sound a lot like COVID) or the potential for longer-term harm, the American College of Allergy, Asthma & Immunology (ACAAI) is much more up front about the risks. Addressing [glycol-reliant fog machines](#), the ACAAI states:

“In people with asthma and airways hyper-reactivity, the irritant effect of short-term exposure to water-based fog machines – particularly when the chemical glycol is used – could trigger acute asthma symptoms including cough, wheeze, chest tightness and shortness of breath. Even in a person without asthma, short term exposure to glycol-containing fog

machines can be associated with headaches, dizziness, drowsiness, and eye irritation. Prolonged exposure to this substance in a person with asthma could trigger even more severe respiratory difficulty and could cause bronchitic symptoms even in those without asthma. Long term exposure to smoke and fog can result in upper airway and voice symptoms as well, while extended (multi-year) exposure ... has been associated with both short-term and long-term respiratory health problems.”

Confusingly, the [TEG safety data sheet](#) warns that “repeated excessive aerosol exposures may cause respiratory tract irritation and even death” but reports “no relevant information found” pertaining to respiratory toxicity. This may be because most TEG toxicity studies have focused on [oral or dermal](#) exposures, rather than inhalation, and primarily have studied reproductive endpoints or carcinogenicity.

The EPA undoubtedly is aware that inhalation exposures can produce different results than oral or dermal routes of administration. A [2007 study](#) of TEG toxicology – though premised on the now obsolete assumptions that “aerosol exposure is not a usual exposure mode” and that TEG exposure is “mainly occupational” – concluded that “repeated exposures to a TEG aerosol may result in respiratory tract irritation, with cough, shortness of breath and tightness of the chest.”

Another [study](#) conducted in 2019 reported that rats exposed to an aerosol combination of TEG and a disinfectant (benzalkonium chloride) for two weeks exhibited severe respiratory symptoms as well as “significant ulceration and degenerative necrosis ... in the nasal cavities.”

A [mouse study](#) found that mice exposed to “respirable aerosols” of TEG also manifested a number of “nonspecific indications of toxicity,” including irritation, fluid imbalance, liver dysfunction and decreased body weight, along with “unexplained mortality” in female mice two to three days after exposure to

the highest concentration of TEG.

What about the nanoparticles?

In September 2020, Brazilian researchers [published](#) an extensive discussion of nanotechnology “for COVID-19 virus management.” Although eager to play up nanotechnology’s current and potential anti-COVID applications – including in disinfectants, personal protective equipment, nano-based sensors, “enhanced activity” drugs and nano-based vaccines – the authors also acknowledged some “bottlenecks,” one of the major ones being to ensure nanomaterials’ safe use!

A key observation by the Brazilian authors is that most studies only evaluate nanoparticle biocompatibility in vitro (that is, in a petri dish), rather than in vivo (in actual animals or humans). They state that without high-quality in-vivo studies, it is impossible to fully understand “the toxicokinetic behaviour of the nanoparticles in the body, especially for long-term exposure.”

Elaborating, the Brazilian researchers said: “Due to the multifaceted interactions between nanomaterials and biological systems (in vivo), it is very challenging to foresee the behaviour of these materials under physiological conditions,” particularly given that “[t]he fate and behaviour of nanomaterials in the body can ... change when they reach blood circulation”

These interactions – critical to the production of adverse events – are, as yet, poorly understood.

As far as scientists in the burgeoning field of [nanotechnology](#) are concerned, the sky’s the limit for nanotech applications. However, these same experts also [freely admit](#) that nanoparticles have [toxic effects](#) that are “a strong limiting factor” hindering their wider use:

“The small size of NPs [nanoparticles] allows them ... to be

carried by the bloodstream and lymph stream to different organs and tissues, including the brain, heart, liver, kidneys, spleen, bone marrow, and nervous system ... Experiments modeling the toxic effects of NPs on the body have shown that NPs cause thrombosis ... , inflammation of the upper and lower respiratory tracts, neurodegenerative disorders, stroke, myocardial infarction, and other disorders. Note that NPs may enter not only organs, tissues, and cells, but also. . . mitochondria and nuclei; this may drastically alter cell metabolism and cause DNA lesions, mutations, and cell death.”

Unanswered questions

TEG is not a new substance. In the late 1940s and [early 1950s](#), for example, doctors working on infant hospital wards explored the use of triethylene glycol vapors as “a method of disinfecting air in closed and heavily contaminated spaces.”

Reporting on [one study's disappointing results](#), which deemed TEG ineffective in preventing airborne transmission, the clinicians concluded that glycol vaporization in public buildings was “not yet ready for general use.”

Thanks to 21st-century developments in polymer chemistry and nanotechnology, TEG has now circled back around in the form of Grignard Pure – although the latter likely bears scant resemblance to the TEG vapors used in the 1950s.

Unfortunately for the Georgia and Tennessee residents who are about to be continuously exposed to Grignard Pure (with [Nevada](#) possibly being next in line due to heavy lobbying by Las Vegas entrepreneurs), neither Grignard nor the EPA are addressing the thorny safety issues of potential TEG-PEG cross-reactivity, toxic buildup of nanoparticles in the body or synergistic toxicity from TEG-nanoparticle interactions.

It is unclear whether the EPA provided an opportunity for public comment before rushing to approve Grignard Pure. Regardless, concerned citizens may wish to ask the agency some

pointed questions about which safety data did – or did not – factor into its decision and how it plans to protect the health and safety of Americans.

No Masks for Kids: Gathering Evidence of Harm Done to Your Children by School Mask Mandates

[No Masks for Kids: Gathering Evidence of Harm Done to Your Children by School Mask Mandates](#)

by [Patrick Wood](#), [Citizens for Free Speech](#)

sourced from Citizens for Free Speech newsletter

February 11. 2021

Many parents are asking what they can do for their school-age children who are being forced to wear face masks in school. Schools are not listening to parents and are refusing to accommodate those who physically cannot or don't want to wear masks.

We have received some anecdotal stories that wearing a mask at school is causing physical or psychological harm to some children. We want to dig deeper, and ask you to help.

If you have a **first-hand story** that you can share, CFFS has set up a new web site to collect such reports.

By first-hand, we mean that you must be directly involved with

the student and are not making a second-hand report of something you have heard from someone else. Reports for any other reason or topic will be deleted without notice or apology.

[Visit No Masks for Kids to Share Your Story](#)

If you know other parents who have experienced problems with their own students, please tell them about our new site.

For Liberty,

Patrick Wood
Executive Director

<http://www.citizensforfreespeech.org/>

cover image credit pixabay

Pure Evil: The Boys and Girls Being Sold for Sex During COVID-19 and the Super Bowl

[Pure Evil: The Boys and Girls Being Sold for Sex During COVID-19 and the Super Bowl](#)

By [John W. Whitehead & Nisha Whitehead](#), [The Rutherford Institute](#)

February 02, 2021

[“Children are being targeted and sold for sex in America every day.”](#)—John Ryan, National Center for Missing & Exploited Children

Even in the midst of a COVID-19 pandemic, there’s no stopping this year’s [Super Bowl LV showdown between the Kansas City Chiefs and the Tampa Bay Buccaneers](#).

While the winner of the Vince Lombardi Trophy is up for grabs, we already know the biggest losers: the hundreds of young girls and boys—[some as young as 9 years old](#)—who will be bought and sold for sex, as many as [20 times per day](#), during the course of the big game.

[“The Super Bowl is kind of deemed as the weekend to have sex with minors,”](#) said Cammy Bowker, founder of Global Education Philanthropist.

It’s common to refer to this evil practice, which has become the [fastest growing business](#) in organized crime and the [second most-lucrative commodity traded](#) illegally after drugs and guns as child sex trafficking, but what we’re really talking about is rape.

[Adults purchase children for sex at least 2.5 million times a year](#) in the United States.

It is estimated that the number of children who are at risk of being bought and sold for sex [would fill 1300 school buses](#).

Yet as shocking as those numbers may be, this [COVID-19 pandemic has resulted in even greater numbers of children being preyed upon by child sex traffickers](#).

According to a recent study on human trafficking during the pandemic by Thomson-Reuters and the Massachusetts Institute of Technology, school closures due to the pandemic, which have

forced children out-of-school and [subjected them to more online exposure](#), have made them especially vulnerable to sexual predators.

The internet, with its web cams and chat rooms—a necessity for virtual classrooms—has become the primary means of pimps targeting young children. “[One in five kids online are sexually propositioned through gaming platforms and other social media](#). And those, non-contact oriented forums of sexual exploitation are increasing,” said researcher Brian Ulicny, who co-wrote the Thomson-Reuters study.

It’s not just young girls who are vulnerable to these predators, either.

According to a *USA Today* investigative report, “[boys make up about 36% of children caught up in the U.S. sex industry](#) (about 60% are female and less than 5% are transgender males and females).”

Consider this: [every two minutes, a child is bought](#) and sold for sex.

In Georgia alone, it is estimated that [7,200 men \(half of them in their 30s\) seek to purchase sex with adolescent girls each month](#), averaging roughly 300 a day.

On average, a child might be [raped by 6,000 men during a five-year period](#).

It is estimated that [at least 100,000 to 500,000 children—girls and boys—are bought and sold for sex in the U.S. every year](#), with as many as 300,000 children in danger of being trafficked each year. Some of these children are forcefully abducted, others are runaways, and still others are sold into the system by relatives and acquaintances

Child rape has become Big Business in America.

This is not a problem found only in big cities.

It's happening everywhere, right under our noses, in suburbs, cities and towns across the nation.

As Ernie Allen of the National Center for Missing and Exploited Children points out, "[The only way not to find this in any American city is simply not to look for it.](#)"

No doubt about it: this is a highly profitable, highly organized and highly sophisticated sex trafficking business that operates in towns large and small, [raking in upwards of \\$9.5 billion a year in the U.S. alone](#) by abducting and selling young children for sex.

Every year, the ages of the girls and boys being bought and sold get younger and younger.

The average age of those being trafficked is 13. Yet as the head of a group that combats trafficking pointed out, "Let's think about what average means. That means there are children younger than 13. That means 8-, 9-, 10-year-olds."

["They're minors as young as 13 who are being trafficked,"](#) noted a 25-year-old victim of trafficking. "They're little girls."

This is America's dirty little secret.

But what or who is driving this evil appetite for young flesh? Who buys a child for sex?

[Otherwise ordinary men](#) from all walks of life. "[They could be your co-worker, doctor, pastor or spouse,](#)" writes journalist Tim Swarens, who spent more than a year investigating the sex trade in America.

Catholic and Protestant churches have been particularly singled out in recent years for harboring these sexual predators. Twenty years after the clergy sex abuse scandal rocked the Catholic Church, hundreds of sexual predators—priests, deacons, monks and lay people—continue to

be given work assignments in proximity to children. In many cases, the [abuse continues unabated](#).

Although much less publicized, the sex crimes within the Protestant Church have been no less egregious. For instance, an expose into the Southern Baptist Church leaders by the *Houston Chronicle* documents over 700 child sex victims “who were [molested, sent explicit photos or texts, exposed to pornography, photographed nude, or repeatedly raped by youth pastors](#). Some victims as young as 3 were molested or raped inside pastors’ studies and Sunday school classrooms.”

And then you have national sporting events such as the Super Bowl, where sex traffickers have been caught selling minors, [some as young as 9 years old](#). Yet even if the Super Bowl is not exactly a “windfall” for sex traffickers as some claim, it remains a lucrative source of income for the child sex trafficking industry and a draw for those who are willing to pay to rape young children.

According to criminal investigator Marc Chadderdon, these “buyers”—the so-called “ordinary” men who drive the demand for sex with children—represent a cross-section of American society: [every age, every race, every socio-economic background, cops, teachers, corrections workers, pastors, etc.](#)

And then there are the *extra-ordinary* men, such as Jeffrey Epstein, the hedge fund billionaire / convicted serial pedophile [who was arrested on charges of molesting, raping and sex trafficking dozens of young girls](#), only to die under highly unusual circumstances.

It is believed that Epstein operated his own personal sex trafficking ring not only for his personal pleasure but also [for the pleasure of his friends and business associates](#). According to *The Washington Post*, “several of the young women...say they were [offered to the rich and famous as sex partners](#) at Epstein’s parties.” At various times, Epstein

ferried his friends about on his private plane, [nicknamed the "Lolita Express."](#)

Men like Epstein and his cronies, who belong to a [powerful, wealthy, elite segment of society](#) that operates according to their own rules, skate free of accountability by taking advantage of a [criminal justice system that panders to the powerful, the wealthy and the elite.](#)

Still, where did this appetite for young girls come from?

Look around you.

Young girls have been sexualized for years now in music videos, on billboards, in television ads, and in clothing stores. Marketers have created a demand for young flesh and a ready supply of over-sexualized children.

"In a market that sells high heels for babies and thongs for tweens, it doesn't take a genius to see that [sex, if not porn, has invaded our lives,](#)" [writes Jessica Bennett for Newsweek.](#) "Whether we welcome it or not, television brings it into our living rooms and the Web brings it into our bedrooms. According to a 2007 study from the University of Alberta, as many as 90 percent of boys and 70 percent of girls aged 13 to 14 have accessed sexually explicit content at least once."

This is what Bennett refers to as the "[pornification of a generation.](#)"

Indeed as I documented in an earlier column, [the culture is grooming these young people to be preyed upon by sexual predators.](#)

Social media makes it all too easy. As one news center reported, "Finding girls is easy for pimps. [They look on ... social networks.](#) They and their assistants cruise malls, high schools and middle schools. They pick them up at bus stops. On

the trolley. Girl-to-girl recruitment sometimes happens.” Foster homes and youth shelters have also become prime targets for traffickers.

Rarely do these girls enter into prostitution voluntarily. Many start out as runaways or throwaways, only to be snatched up by pimps or larger sex rings. Others, persuaded to meet up with a stranger after interacting online through one of the many social networking sites, find themselves quickly initiated into their new lives as sex slaves.

[Debbie](#), a straight-A student who belonged to a close-knit Air Force family living in Phoenix, Ariz., is an example of this trading of flesh. Debbie was 15 when she was snatched from her driveway by an acquaintance-friend. Forced into a car, Debbie was bound and taken to an unknown location, held at gunpoint and raped by multiple men. She was then crammed into a small dog kennel and forced to eat dog biscuits. Debbie’s captors advertised her services on Craigslist. Those who responded were often married with children, and the money that Debbie “earned” for sex was given to her kidnappers. The gang raping continued. After searching the apartment where Debbie was held captive, police finally found Debbie stuffed in a drawer under a bed. Her harrowing ordeal lasted for 40 days.

While Debbie was fortunate enough to be rescued, others are not so lucky.

According to the National Center for Missing and Exploited Children, [nearly 800,000 children go missing every year](#) (roughly 2,185 children a day).

With a growing demand for sexual slavery and an endless supply of girls and women who can be targeted for abduction, this is not a problem that’s going away anytime soon.

For those trafficked, it’s a nightmare from beginning to end.

Those being sold for sex have an average life expectancy of

seven years, and those years are a living nightmare of endless rape, forced drugging, humiliation, degradation, threats, disease, pregnancies, abortions, miscarriages, torture, pain, and always the constant fear of being killed or, worse, having those you love hurt or killed.

Immigration and customs enforcement agents at the Cyber Crimes Center in Fairfax, Va., report that when it comes to sex, the appetites of many Americans have now changed. What was once considered abnormal is now the norm. These agents are tracking a [clear spike in the demand for harder-core pornography on the Internet](#). As one agent noted, "We've become desensitized by the soft stuff; now we need a harder and harder hit."

This trend is reflected by the treatment many of the girls receive at the hands of the drug traffickers and the men who purchase them. A common thread woven through most survivors' experiences is being [forced to go without sleep or food until they have met their sex quota of at least 40 men](#).

As David McSwane recounts in a chilling piece for the *Herald-Tribune*: "In Oakland Park, an industrial Fort Lauderdale suburb, federal agents in 2011 encountered a brothel operated by a married couple. Inside 'The Boom Boom Room,' as it was known, customers paid a fee and were given a condom and a timer and left alone with one of the brothel's eight teenagers, children as young as 13. A 16-year-old foster child testified that he acted as security, while a 17-year-old girl told a federal judge she was forced to have sex with as many as 20 men a night."

One particular sex trafficking ring catered specifically to migrant workers employed seasonally on farms throughout the southeastern states, [especially the Carolinas and Georgia](#), although it's a flourishing business in every state in the country. Traffickers transport the women from farm to farm, where migrant workers would line up outside shacks, [as many as 30 at a time](#), to have sex with them before they were

transported to yet another farm where the process would begin all over again.

This growing evil is, for all intents and purposes, out in the open.

That so many children continue to be victimized, brutalized and treated like human cargo is due to three things: one, a consumer demand that is increasingly lucrative for everyone involved—except the victims; two, a level of corruption so invasive on both a local and international scale that there is little hope of working through established channels for change; and three, an eerie silence from individuals who fail to speak out against such atrocities.

Unfortunately, while the government's war on sex trafficking—much like the government's war on terrorism, drugs and crime, which I describe in greater detail in my book [*Battlefield America: The War on the American People*](#)—has become [a perfect excuse for inflicting more police state tactics \(police check points, searches, surveillance, and heightened security\) on a vulnerable public](#), it has done little to protect our children from sex predators.

Like so many of the evils in our midst, sex trafficking ([and the sexualization of young people](#)) is a cultural disease that is rooted in the American police state's heart of darkness. It speaks to a sordid, far-reaching corruption that stretches from the highest seats of power (governmental and corporate) down to the most hidden corners and relies on our silence and our complicity to turn a blind eye to wrongdoing.

Class Warfare: Students in Anchorage Will Be Forced to Kneel for Hours, No Recess

[Class Warfare: Students in Anchorage Will Be Forced to Kneel for Hours, No Recess](#)

by [Suzanne Downing](#), *Must Read Alaska*

sourced from [DavidIcke.com](#)

January 19, 2021



Update: Due to road conditions, in-person classes will not begin today in Anchorage.

Some of the youngest students returning to classes today in Anchorage will enter a dystopian classroom world, where they must kneel for hours on end on the floor while masked, and have no recess or art or physical expression.

Pre-K-2, K-6, self-contained special needs programs, and the Whaley School are returning to in-person learning at Anchorage School District classes on Tuesday, Jan. 19.

Parents who viewed the classroom their students will be returning to expressed shock: All desks have been removed. Students will kneel on gardening pads and use chairs as their desks for 5.5 hours.

Rather than lockers, they will have to bring a five-gallon utility bucket to store their lunch, jackets, and supplies in. The parents were told all students will be masked over their nose and mouth.



Another parent has sent in this photo of her child's classroom in Anchorage.

"We wouldn't allow terrorists to be treated like this," said one concerned parent, who asked to be kept anonymous.

The new classroom design represents one solution to keeping children apart so they do not spread the COVID-19 virus.

Some of these young students have never been to school before, so they may not see the situation as abnormal. Anchorage schools have been closed due to the coronavirus since last March.

In at least one Ohio school, the desks are in place, but plastic barriers have been placed around each one, to contain moisture coming from students as they breathe through their masks, as shown from this parent's photograph:



Grades 3–6 will continue with current Zoom and online classes for now in Anchorage. The District has a goal of bringing them back “as soon as possible after our first tier of students.”

Select middle and high school students who need extra support will also begin in-person, small-group classes for 5.5 hours each day on Jan. 19. All middle and high school students will return to in-person learning at the beginning of the fourth quarter, the District says.

“It may be hard to remember what ‘school in school’ was like. That’s okay! We will transition to a new routine together. We are paving the way for a new approach to learning in-person. The District is prepared with [Individual School Safety and Mitigation Plans](#) that are in line with CDC guidelines and customized by school principals and staff to ensure the mitigation works for each unique schools’ building and culture,” the district said.

Meanwhile, Anchorage Education Association, the union for teachers and staff, has sent highly detailed instructions to all of its members telling them exactly how to document their discontent with returning to in-person learning, so that they may file a successful grievance against the school district.

AEA has already filed its first grievance, demanding that teachers may refuse to carry out orders that they feel threaten health. The letter to teachers points out the dangerous situation that will occur when students remove their masks to eat and drink in the classrooms:

“With many students returning to buildings next Tuesday, many of you will have difficult decisions to make regarding your health and safety. The District’s position is that they have plans in place that mitigate and minimize exposure to COVID-19. AEA is focusing on student and staff safety as we return to face-to-face learning.

“AEA has filed a grievance asserting violations of Article 421B: ***“A member may refuse to carry out an order that threatens health (excluding normal childhood diseases including but not limited to colds, flu, mumps, measles, chicken pox) or physical safety; or which is a violation of federal or state statutes. If the member refuses, the member shall have the burden of proof.”*** Page 48 in the AEA Contract.

“This grievance includes any members who refuse to carry out an order that they believe threatens their health or physical safety. The specific safety violations are in these areas:

- “Classrooms are being set up that do not have six feet of distance between students.
- “Student are being allowed to remove masks and eat in the classroom.
- “SEL mask breaks in buildings do not comply with CDC guidelines.
- “Classrooms may not meet CDC, OSHA, or other regulatory requirements for proper air circulation and filtration to minimize COVID-19 exposure.”

The entire union letter to teachers and staff is at this link:
[AEA-Instructions-to-teachers](#)

Children of the Great Reset

[Children of the Great Reset](#)

by [Jeff Censored!](#)

December 16, 2020

Original video available at [Jeff Censored! YouTube](#) channel.

[As a service to protect truth from censorship & 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.]

James Corbett: What NO ONE Is Saying About the Lockdowns | “If You Are Advocating for Lockdowns...You Are Complicit

in Murder”

[What NO ONE Is Saying About the Lockdowns](#)

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

November 24, 2020

Watch on [Archive](#) / [BitChute](#) / [LBRY](#) / [Minds](#) / [YouTube](#)

If you are advocating for lockdowns, you are complicit in tearing families apart. You are complicit in inflicting untold suffering on millions of people around the world. You are complicit in casting the poorest and most vulnerable in our societies into even further grinding poverty. You are complicit in murder.

TRANSCRIPT

This is James Corbett of [corbettreport.com](#).

In 2006, a 15-year-old high school student from Albuquerque, New Mexico won third place in the Intel science and engineering fair for [her project on slowing the spread of an infectious pathogen](#) during a pandemic emergency. Using a computer simulation that she developed with the help of her father, she argued that in order to slow the spread of the disease, governments should implement school shutdowns, keep kids at home and enforce social distancing.

Incredibly, that third place high school science fair project [can be tied directly](#) to the lockdown policies being implemented by governments around the world today. You see, that father that she developed her computer simulation with was no average doting dad, but a senior researcher at Sandia National Laboratories who at that time was working on pandemic

emergency response plans for the US Department of Homeland Security. [His proposal](#) to implement school shutdowns and, if need be, workplace shutdowns in the event of a pandemic emergency was developed at least in part in response to his daughter's high school project.

Now those advocating for lockdowns have seen the destruction and death that those policies have wrought this year and we are living through that right now. Not only are people being deprived of their livelihoods and forced into grinding poverty as a direct result of these shutdowns, but now the undeniable truth is that if you are advocating for lockdowns, you are advocating for some portion of the population to be consigned to death.

This is no longer debatable. It is even openly admitted—although months too late by the World Health Organization.

DAVID NABARRO: I want to say it again: we in the World Health Organization do not advocate lockdowns as a primary means of control of this virus. [. . .] We may well have a doubling of world poverty by early next year. We may well have at least a doubling of child malnutrition because children are not getting meals at school and their parents and poor families are not able to afford it.

This is a terrible, ghastly global catastrophe, actually. And so we really do appeal to all world leaders: stop using lockdown as your primary control method. Develop better systems for doing it. Work together and learn from each other. But remember, lockdowns just have one consequence that you must never, ever belittle, and that is making poor people an awful lot poorer.

SOURCE: [The Week in 60 Minutes #6](#)

This is the point at which, no doubt, I'll be expected to

produce the data to back up the non-controversial observation that lockdowns kill, even though that data will do precisely nothing to penetrate the consciousness of those who have already decided that they occupy the moral high ground for advocating locking billions of people around the globe as prisoners inside their own homes. But persevere I will.

I'll point, for example, to [the letter](#) signed by hundreds of doctors calling the lockdowns themselves a "mass casualty incident" and exhorting politicians to end the shutdowns.

I'll point to the research that shows that [thousands of people will die](#) because of delays to cancer surgery treatments as a result of the medical shutdowns.

I'll point to the research of the Well-Being Trust showing that [75,000 Americans are expected to die](#) deaths of despair—including alcohol and drug misuse and suicide—this year alone as a result of the lockdowns.

I will point to the research of The Lancet showing that [265 million people](#) are expected to be thrown into severe food insecurity as a result of these lockdowns.

I will even point to the research showing [125,000 children](#) are expected to die from malnutrition as a result of these lockdowns.

But, as I say, none of *these* deaths will matter to those who have already decided that they are right and virtuous for advocating locking vast swathes of the human population inside their own homes to starve to death in the name of slowing the spread of a disease that even the epidemiologists who have been wrong about everything this year tell us will kill less than one percent of the infected.

Yes, slowing the spread, not stopping the spread. This was never about stopping a pandemic. Even the lockdown advocates never advocated that. But somehow that has been forgotten and

“15 days to flatten the curve” has turned into a never-ending carte blanche for the biosecurity state to implement any number of draconian policies on its population, any number of policies on the checklist of the would-be dictator. Not only locking people inside their own homes, but constant surveillance of the population through the contact tracing and tracking apps that are increasingly being implemented around the globe, and, inevitably, the proposals for mandating the experimental vaccines which agents of the state will forcibly inject into people against their will.

This is not acceptable.

We cannot allow this to stand.

If we forsake *this*, our most basic right—the right to step foot outside of our own homes—then we forsake our humanity itself. An important part of what makes us human is being taken away from us in the name of stopping the spread of COVID-19.

But there is good news for those who have managed to retain their sanity in the time of insanity. We do not need a complicated plan in order to subvert this agenda. We do not need special deputization or to ask permission from the government. We do not need to join any particular political party or even any particular protest movement.

All we have to do is disobey these unlawful “orders.”

CASSIE ZERVOS: The persistent anti-lockdown protesters said they will not forget Melbourne’s strict 112 day measures as they took to the steps of Parliament. They carried signs saying “Don’t trust the government” and chanted for police to join them in their rally.

[SOURCE: Melbourne anti-COVID lockdown protest turns ugly outside Parliament House](#)

BUSINESS OWNER: I've lost friends who've killed themselves. I've seen clients die because they've lost their livelihood.

HEALTH INSPECTOR: I'm sorry to hear that.

BUSINESS OWNER: I know you are and i'm just a—I'm asking for you to guys have some compassion.

SOURCE: [Buffalo, New York Business Owners Stand Up to Cuomo Lockdown Orders](#)

ASHLEY DRIEMEYER: Can he arrest us all? Because, from what I am gathering, in this area we are all banding together and going against our governor.

SOURCE: [Illinois restaurant owner will defy new state restrictions](#)

[CROWD BANGS POTS AND PANS DURING PROTEST]

SOURCE: [Protests in Denmark – Epidemic law and mandatory vaccines – EPIDEMILOV](#)

BUSINESS OWNERS: Get out! Get out! Get out! Get out! Get out!

SOURCE: [Buffalo, New York Business Owners Stand Up to Cuomo Lockdown Orders](#)

If you have managed to retain your sanity during this time of widespread insanity, I applaud you and wish to assure you that you are not alone. Many, many people all around the world are defying orders. They are protesting against these lockdowns. They are standing up. They are disobeying.

But of course the corporate controlled press don't want you to know that disobedience is an option on the table and they will not report on this. But disobedience is an option. Open your business. Leave your home. Do not ask for permission. Disobey.

To those who are still advocating for lockdowns, I encourage you to do so to the face of those parents who have lost their teenage children due to suicide as a direct result of the shutdowns and tell them that *their* child's death doesn't matter because it wasn't listed as being due to COVID-19. Or do so to the face of the tens of thousands of others who have already lost loved ones as a direct result of these shutdown or the hundreds of thousands more who will die as long as these lockdowns endure.

If you are advocating for lockdowns, you are complicit in tearing families apart. You are complicit in inflicting untold suffering on millions of people around the world. You are complicit in casting the poorest and most vulnerable in our societies into even further grinding poverty. You are complicit in murder.

A line is being crossed right now. Which side of history are you on? Make your decision now and make it wisely, because your actions during these times will not be forgotten.

You have been warned.

**Sixth Grader Suspended,
Reported to Police for
Displaying Toy Gun During
Zoom Class as Part of**

Assignment to Look ‘Scary’

[Sixth Grader Suspended, Reported to Police for Displaying Toy Gun During Zoom Class as Part of Assignment to Look ‘Scary’](#)

by [The Rutherford Institute](#)

November 19, 2020

PDF Files:

[The Rutherford Institute’s letter to Socrates Academy](#)

[“Parental Reservation of Rights – Remote Learning Surveillance” opt-out letter](#)

MATTHEWS, N.C.— The Rutherford Institute has come to the defense of a North Carolina student who was suspended from school and reported to police for possessing a look-alike weapon and making a threat after he displayed a toy gun during a virtual class as part of a Halloween assignment to “look scary.” In a [letter](#) to the principal of Socrates Academy in Matthews, N.C., Rutherford Institute attorneys are demanding that the weapons charges be removed from the child’s school records. 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 (at home) while taking part in virtual schooling, The Rutherford Institute has also made available to parents 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.

“While the COVID-19 pandemic has undoubtedly introduced

significant challenges for the schools, as they vacillate between holding classes online, in-person or a hybrid of the two, remote learning (by way of online or virtual classes) should not be used to justify the expansion of draconian zero tolerance policies to encompass so-called 'violations' that take place in 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](#). "This incident should serve as a cautionary tale for the rest of the nation's public schools on what *not* to do when similar circumstances arise as they undoubtedly will: students would be better served if school officials opted to employ some common sense and did *not* overreact, overstep and overreach."

Like many other schools around the country since the COVID-19 pandemic struck, Socrates Academy conducts virtual classes using the Zoom meeting application. For at least part of their schooling, students remain at home and receive instruction and participate in classes at a webcam-enabled computer where they see and are seen by their teacher and classmates. On October 27, a sixth grader at Socrates Academy was participating from home in a Chinese class via Zoom when the teacher asked students to make a scary face when asked "Trick or Treat" as part of a Halloween activity. When this particular sixth grader's turn came, he wordlessly pointed a broken toy gun at the computer screen as his scary gesture. It was the only time the toy appeared during the class. Afterwards, the teacher reported the incident to the Academy's principal. School officials subsequently suspended the boy until November 2 for violating school policies banning weapons and threatening another student. The incident was also reported to the police, who visited the child's home to conduct a "safety check." In its [letter demanding that the weapons charge be expunged](#) from the child's record, Rutherford Institute attorneys point out that state law forbids application of school disciplinary policies to off-campus conduct unless the conduct has a direct

impact on the safety of individuals in the school.

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.

Case History

[September 17, 2020 • Rutherford Institute Issues 'Opt Out' Letter for Families to Preserve Privacy Rights at Home in the Presence of Virtual Classroom Surveillance](#)

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Child Abuse Allegations in the Behavioral-Psychiatric Industry: Universal Health Services (UHS)

[Child Abuse Allegations in the Behavioral-Psychiatric Industry: Universal Health Services \(UHS\)](#)

"In the minds of those abused in the behavioral/ psychiatric system, they've suffered child abuse, punishment and torture. Many of them are silenced, however, out of fear, or because of damage—too scared to speak out. This is exacerbated by the

lack of oversight and accountability.”

by [CCHR International](#), *The Mental Health Industry Watchdog*
October 30, 2020

Diagnosing (pathologizing) troubled children as mentally disordered is a huge industry—whether incarcerating them in behavioral or psychiatric facilities, wilderness camps or subjecting them to psychological behavior modification programs. In the minds of those abused in this system, they’ve suffered child abuse, punishment and torture. Many of them are silenced, however, out of fear, or because of damage—too scared to speak out.

This is exacerbated by the lack of oversight and accountability in the behavioral/psychiatric industry—putting children’s welfare at risk, traumatizing them, then labeling that normal reaction to an abusive abnormal situation as “Post-Traumatic Stress Disorder.” Approximately one-third of UHS’s Behavioral Division’s revenues are derived from taxpayer dollars, such as Medicare, TRICARE, and Medicaid, with the remaining two-thirds from commercial payers.[\[1\]](#)

In July 2020, *Modern Healthcare* reported that 19 individual complaints were made public after being kept under seal throughout Federal Department of Justice fraud case that alleged Universal Health Services’ psychiatric hospitals had a range of techniques to “Maximize payment by admitting as many patients as possible and keeping them as long as possible.” “Each describes a methodical scheme whereby administrators pressured staff to admit patients even when it wasn’t necessary and hold them for as long as their insurance paid out. From there, the allegations detail a hodge-podge of contrasting methods and effects on patients and government

programs.”[2]

When such practices involve children, it is even more egregious. The following is but a small example of abuses documented from Universal Health Services (UHS), with similar abuses found in other chains of behavioral facilities. It shows patient sexual abuse, suicides and restraint assault, even death. Some of the facilities were shut down, but too many still remain open.

An October 2020 lawsuit against UHS’s Cumberland Child and Adolescent behavioral hospital in Virginia exemplifies such risks: Twenty former patients from the hospital alleged sexual abuse, physical assaults and attempts to deceive public and state health officials. Seeking \$127 million in damages, attorneys for the plaintiffs alleged that Dr. Daniel N. Davidow, the former medical director of Cumberland since 1996 inappropriately touched young female patients during routine medical exams and that employees and fellow patients physically struck or sexually abused other residents.[3] Twelve female patients alleged sexual abuse, including some as young as nine.[4] It was reported that Davidow was under police investigation.[5] Herschel C. Harden III, a former psychotherapist at Cumberland was also indicted on two counts of object sexual penetration by force of a former patient in 2018 and 2019 while Harden worked at the hospital.[6] [See entry October 2020]

[Read the full, well-researched article at CCHR International](#)

One in Every 16 Irish Boys

has Autism: Crisis Worse than COVID-19 and Nobody Cares

[One in Every 16 Irish Boys has Autism: Crisis Worse than COVID-19 and Nobody Cares](#)

by [Robert F. Kennedy, Jr.](#), Chairman, [Children's Health Defense](#)
May 28, 2020

According to [National Health data released last week](#), autism incidence among Irish children is now at 4.3%, an 82% rise in five years. One in 16 boys is affected. [US rates](#) trail Ireland's slightly only because [CDC lies to minimize the crisis](#).

In 2016, [Judith Pinborough-Zimmerman](#), CDC's Principal Investigator for the Autism Monitoring Network (ADDM) filed a federal whistleblower suit charging that CDC routinely forces its investigators to falsify data to hide the Autism Pandemic. "The autism explosion is an acute embarrassment to CDC so they fix the numbers."

The autism crisis dwarfs COVID-19. Bill Gates' Institute for Health Metrics predicts [81,766 deaths](#) from COVID. The [average age of death](#) is 75. In contrast, autism attacks infants presaging a [lifetime of nightmarish agony](#). Half will never go on a date, write a poem, hit a baseball, join the military, pay taxes, cast a vote, run for office, speak, or use a toilet. Their [cost of care](#) is over 1/4 trillion U.S. dollars annually and rising.

EPA scientists say [the epidemic began in 1989](#), the year the CDC [dramatically expanded the childhood vaccine schedule](#), multiplying infant exposures to neurotoxins like mercury and aluminum. [CDC's massive 1999 study of the VSD](#)—America's

largest medical database—showed that children receiving the Hep B vaccine in their first 30 days had an [1135% increased risk for an autism diagnosis](#). CDC and Pharma knew at that moment that vaccines were causing the epidemic.

They hid the VSD study, closed the database to independent scientists and commissioned a sketchy cabal of tobacco scientists, grifters, [felons](#) and Pharma biostitutes to gin up dozens of [fraudulent vaccine studies](#) purporting to “prove that vaccines don’t cause autism.” They blocked studies of all vaccines given to children under six months. Tony Fauci played a key role in the cover up. Fauci distributes [\\$5 billion annually in research grants](#) and assured that studies of autism’s environmental causes never get funded. When in 2008 NIH’s Autism Coordinating Committee voted \$16 million to [study the links between autism and vaccines, Tom Insel killed those studies](#). Fauci and Insel have committed some of the most consequential criminal conspiracies in history. Children’s Health Defense will bring these criminals to justice.

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

When the Blood Boils: Vaccines and Autism

When the Blood Boils: Vaccines and Autism

by [Jon Rappoport](#)

January 21, 2020

Lies passed around like conjured pieces of gold. Medical liars speaking their messages with straight faces, from their pulpits of influence.

We've watched them work. We've experienced the inner sensation of blood boiling; outrage.

Who are these people? Where did they come from? How did they attain their positions of power? Are they a different species?

And like you, I have watched the passive faces of audiences as they take in these lies, as they know something is wrong, as they refuse to act.

If you control the meaning of words like "evidence," "cause," "relationship between," you own the playing field. You can manipulate outcomes and conclusions, and you can define science itself.

Your power derives from ownership of those simple words.

Suppose a healthy baby with all his faculties intact receives a barrage of vaccines at 15 months. Then, three days later, his temperature soars to 105, he has seizures, he screams, and then he goes silent. He withdraws from the world, from his parents. In the ensuing months, he doesn't speak. He doesn't laugh. He shows no interest in life around him. He doesn't recover from this. He doesn't regain his former health.

In what sense can it be said that the vaccines caused his condition? That may seem like an absurd question to be asking, but scientists claim it is important. So do judges and government officials. So do drug companies who make and sell vaccines.

They claim it's very important, because they want to maintain control over the concept of "cause." It's their protection in the racket they are running.

Can we track the path, step by step, of these vaccine

ingredients as they are injected into a baby and make their way through his system? Can we observe every reaction they produce, in sequence, all the way into and through the recesses of the nervous system and the brain?

Of course not.

By such an impossible standard, everyone falls short.

If perverse officials and scientists suddenly invoke that standard, can anyone fulfill it? No.

But make sure you understand that scientists and bureaucrats judge their own work by far looser principles.

They assert, for example, with psychotic arrogance that the underlying cause of autism is in the genes, although their research has only given them the foggiest of reasons for even beginning to crawl out on that limb—where they crouch and lie and ask for more research money.

They say ADHD is created by certain brain abnormalities, even though their scans produce on-again off-again evidence—which, finally, is no evidence at all.

In fact, for every one of the 297 so-called mental disorders that are named and defined and described in the official bible of psychiatric literature, there is not one, not one lucid diagnostic test to back up, biologically, their disease labels and descriptions and definitions.

It's a game. *"We may hold you to an impossible standard. We hold ourselves to no standard at all."*

So you should be aware that, if you choose to enter this game, for whatever reasons, you are playing against a monumentally stacked deck.

The powers-that-be will do everything they can to subvert, deny, and destroy THE STORY OF ONE PARENT ABOUT ONE CHILD.

Why? Because the story is too convincing. It's too obvious. It's too real. It's too DEVASTATING. It's too dangerous.

"My child was healthy. He was vaccinated. Then he collapsed. He never recovered."

With that, you are setting dynamite on the rails of the medical princes.

And you are also waking up other parents whose stories are essentially the same. You are igniting a fire in their heads.

Can you imagine what would happen if you said, "Look, my child was hit by a cluster of vaccines delivered when he was fifteen months old, and he was never the same after that, and THAT is what I'm seeking compensation for, and that is ALL I'm seeking compensation for. I don't care what you call it, what name you give to it."

And the government said, "Well, all right."

The ensuing flood would drown them. And would drown the vaccine manufacturers, too.

You must be stopped.

And the way they will stop you is by manipulating the word "*cause*." That's all. That's their entire policy and program. They execute it on an arcane and pseudo-technical level, employing models and constructs and numbers in their private little universe, while they polish their credentials.

They don't want YOUR STORY to stand naked in front of the public.

Of course it is obvious that, when health turns to tragedy, the vaccines were at fault, just as when a blow to the head causes memory loss. Of course everyone concerned knows the truth.

But they say: science is not done this way. We must have “evidence of causation.” They occasionally throw a few crumbs to parents whose child was brain-damaged by a vaccine. But in the main, they conjure up a version of pseudo-science and use it to obfuscate the otherwise unpardonable reality of what the vaccine has done.

And how does this conjured and manufactured science work?

It starts with the owned and operated definition of a disease or disorder. In the case of autism, the old behavioral criteria are dragged out. Here they are. I’m sorry for loading the full display on you, but I want you to see it in print:

The following is from Diagnostic and Statistical Manual of Mental Disorders: DSM IV

(I) A total of six (or more) items from (A), (B), and (C), with at least two from (A), and one each from (B) and (C)

(A) qualitative impairment in social interaction, as manifested by at least two of the following:

1. marked impairments in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body posture, and gestures to regulate social interaction
2. failure to develop peer relationships appropriate to developmental level
3. a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people, (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people)
4. lack of social or emotional reciprocity (note: in the description, it gives the following as examples: not actively participating in simple social play or games, preferring solitary activities, or involving others in activities only as tools or “mechanical” aids)

(B) qualitative impairments in communication as manifested by

at least one of the following:

1. delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
2. in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
3. stereotyped and repetitive use of language or idiosyncratic language
4. lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

(C) restricted repetitive and stereotyped patterns of behavior, interests and activities, as manifested by at least two of the following:

1. encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
2. apparently inflexible adherence to specific, nonfunctional routines or rituals
3. stereotyped and repetitive motor mannerisms (e.g hand or finger flapping or twisting, or complex whole-body movements)
4. persistent preoccupation with parts of objects

(II) Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years:

- (A) social interaction
- (B) language as used in social communication
- (C) symbolic or imaginative play

(III) The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder

And now you have the full and complete definition of autism from the official manual. There is no other definition. There are no physical tests or blood tests or brain scans. There is only this menu of behaviors.

And there are many so-called related disorders, and each one has its similar complex behavioral definition. These depictions overlap. But no matter. As far as the psychiatrists and pediatricians and medical bureaucrats are concerned, autism is defined. Engraved on tablets.

Does, in the judgment of a doctor, your child fit the definition or doesn't he? The word is given from on high. The decision is rendered. And we are then one step removed from the reality of the simple and brutal destroying effects of the vaccines. This is good for them. They are now in familiar territory. **Protected land.**

Now they can say, "Your child, who at fifteen months collapsed, has autism."

This is the bridge to the next giant step. Which is:

"We have determined that vaccines are not the cause of autism."

"We know this."

"We have proved this."

Therefore, you're trapped. Your child has been painted with the label "autism"—and perhaps you were actually hoping for that, because you knew something was terribly wrong, and the designation confirms you were correct. **But as far as making a link to the vaccines, you're suddenly at their mercy.**

If they decide to compensate you through [the federal vaccine compensation system](#), they will say, "Well, your child actually is suffering from encephalopathy and has autism-like symptoms." But far more frequently, they will fall back on their pronouncement that vaccines and autism are unconnected, [and you will get nothing](#).

How did these medical experts and their bureaucratic partners determine that vaccines are not the cause of autism?

They examined studies. And the studies “found no link.” In particular, there is the key Verstraeten study, published in two phases. Three HMOs’ records of babies were considered by Verstraeten and his colleagues.

I’m going to quote from the study and then comment:

“Results. In phase I at HMO A, cumulative exposure at 3 months resulted in a significant positive association with tics (relative risk [RR]: 1.89; 95% confidence interval [CI]: 1.05–3.38). At HMO B, increased risks of language delay were found for cumulative exposure at 3 months (RR: 1.13; 95% CI: 1.01–1.27) and 7 months (RR: 1.07; 95% CI: 1.01–1.13). In phase II at HMO C, no significant associations were found. In no analyses were significant increased risks found for autism or attention-deficit disorder.”

“Conclusions. No consistent significant associations were found between TCVs and neurodevelopmental outcomes. Conflicting results were found at different HMOs for certain outcomes. For resolving the conflicting findings, studies with uniform neurodevelopmental assessments of children with a range of cumulative thimerosal exposures are needed.”

First of all, notice how far away we are from that basic fact that vaccines were delivered to your child and your child *collapsed and never recovered*. We are miles from that. We’re now discussing correlations between vaccines containing mercury (thimerosal) and various indicators and labels: tics, language delay, autism, attention-deficit disorder, neurodevelopmental outcomes.

We now have a complex situation. First of all, in order to conclude that mercury-containing vaccines are correlated with autism or attention-deficit disorder, the researchers would have to have observed, in these children’s medical records, reports detailing all the behavioral criteria THE RESEARCHERS ASSUME add up to a positive diagnosis of these two INVENTED

disorders—neither of which even exists on the basis of actual biological or chemical tests of any kind.

So essentially, if we make the translation from psychiatric-speak to basic English, we have this: *“There is no convincing correlation between mercury-containing vaccines and those disorders we invented by slicing and dicing human behavior into compartments and giving them disease-labels.”*

This is staggering when you think about it.

Continuing: In the first HMO records, Verstraeten and his colleagues found a significant correlation between the vaccines and tics. As in facial tics. Why is that important? Because tics can be a sign of motor brain damage. They have a name for that: tardive dyskinesia. But it means brain damage.

However, if you look at the concocted definitions of the concocted disorders called autism and ADD, you’ll find no mention of tics or tardive dyskinesia. Therefore, an increased risk of tics doesn’t bring the researchers any closer to connecting vaccines and autism—simply because autism wasn’t defined that way. It wasn’t invented that way.

Perusing the records at the second HMO, Verstraeten found an increased risk of language delay. The babies didn’t start speaking when normally expected to. This is one of the listed criteria for a diagnosis of autism, but of course it is not enough, by the concocted rules of the game, to rate a placing of the invented label, autism, on any of those children.

At the third HMO, which was investigated as a separate phase 2 of the study, researchers found no significant associations—meaning no tics, no language delay...nothing that would rate a diagnosis of autism or suggest the presence of any of the invented symptoms of autism.

All in all, Verstraeten and his colleagues found no reason to conclude that mercury-containing vaccines were correlated with

autism or other signals of neurological problems.

He played off one HMO against another: "In this one, we found X. But in the other one, we didn't. We found Y instead. And in the third one, we found neither X nor Y." Why didn't he simply use all three HMOs as one reservoir? Possibly because he was trying to guard against the possibility of biased records at one HMO. Who knows?

And why didn't he conclude, "All in all, we discovered some evidence of harm from the vaccines."

Again, notice how far we are from the actual event of vaccines causing brain damage in a child.

The study decides that there is no increased risk, from vaccines, for autism or ADD. And that's that. "Further research" is needed.

A child harmed by vaccines could have a tiny brain lesion or severe immune deficiency or a rewired connection somewhere deep in the recesses of the brain—undetected—but none of this matches up to the invented criteria for a diagnosis of autism.

But millions of people actually believe that autism is a distinct entity which was "discovered," like a pre-set embedded pattern of errant pathways in the brain. And when those people are told, by experts, that vaccines don't cause it, the PR value is enormous. For doctors who give the vaccines, for drug companies, for public-health agencies.

This is all a ruse. It's a fabrication, and the studies that follow from it serve to mask the facts of vaccine damage.

They invent define the disorder, they have no definitive diagnostic tests for it, they conclude that vaccines don't cause it. It's one fantasy after another.

It's as if you drew a map of a gold mine that doesn't exist, and then you passed a law forbidding people from searching for

it.

There are various degrees and events of tragic and lasting impact-damage that are laid upon children. The causes are multiple. One significant cause is vaccines. There is no such thing as autism. It is a construct ultimately designed to get certain people off the hook. And to make profit. And to engender money for research.

They will never find a cure for autism, because it doesn't exist, except as a menu of behaviors wrapped inside their fantasy. Of course, if they were in the world, the world you live in, they would acknowledge that vaccines do cause brain and neurological damage, and they would compensate for that. They would act in a straightforward and honest fashion.

I spoke to one psychiatrist off the record, who said, "A genetic cause for autism? Are you serious? Autism is an artifact to begin with. So how do you find a gene that causes a fairy tale?"

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Vaccine Woman

[Vaccine Woman](#)

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

July 3, 2018

there was no way to deny it or get around it

her little boy started screaming after the shot
and then 2 days later
the world shut down

he sat in a corner
he lay in his bed
he didn't speak

the doctor huffed and puffed in back of his steady blank eyes
he assured her this had nothing to do with the shot
it was a predisposition or a genetic trait or a precondition

he smiled now and then
he said autism could have emerged on its own just after the
shot was given
as if the universe rearranged itself
at that moment

she saw she was talking to a psychopath
he had been a machine for a long long time

she went into the darkness and pled her case before a
government committee
they sat like ancient high priests
and listened and glanced at documents
and when they had permitted her the allotted time they handed
down their judgment:

no

she went home and took her boy in her arms
he was still
he didn't look at her
he didn't speak

she consulted a lawyer
who told her
the manufacturer was protected by an iron wall
he would continue to make the vaccine and sell it

and pocket billions

*the long night was closing in
the storm was here
the silent boy was sitting in its eye*

rage was burning in the middle of her chest

a rage the public would see as insanity

*from a distance, the moon and the stars might know
what was going on
but people in their everyday straitjackets
would lash out at her
because they needed a target
they needed to ridicule a defector from their own slave-
shuffle*

*they obeyed all the small print
they were neutered in their cores
paralytically*

*but she wields
the two-edged sword in the empire*

*that cuts away the web
and comes to the spider*

*no matter what defamation
the intermediary whores
lay at her door*

*lady liberty, liberty from the living death...Vaccine Woman
She and her family are pre-civilization, civilization, and
Post-civilization*

And she will go to the ends of the earth

To bare the innards of the crime

Her enemies will never know

What it means to have her mission, her eternal mission

But she knows

Vaccine Woman

Love in her breast for her own is one answer

Justice is the other

She has a two-edged sword in the Empire

That cuts through the web

And comes to the spider

Vaccine Woman...

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The Psychiatric Agenda Destroys Creative Children

The Psychiatric Agenda Destroys Creative Children

by **Jon Rappoport**, *No More Fake News*

June 23, 2017

“Take a child who wants to invent something out of thin air,

and instead of saying no, tell him he has a problem with his brain, and then stand back and watch what happens. In particular, watch what happens when you give him a toxic drug to fix his brain. You have to be a certain kind of person to do that to a child. You have to be, for various reasons, crazy and a career criminal.” (The Underground, Jon Rappoport)

First, here are a few facts that should give you pause:

According to NAMI (National Alliance on Mental Illness), “More than 25 percent of college students have been diagnosed or treated by a professional for a mental health condition within the past year.”

NAMI: “One in four young adults between the ages of 18 and 24 have [we claim] a diagnosable mental illness.”

According to healthline.com, 6.4 million American children between the ages of 4 and 17 have been diagnosed with ADHD. The average age for the child’s diagnosis is 7.

BMJ 2016;352:i1457: “The number of UK children and adolescents treated with antidepressants rose by over 50% from 2005 to 2012, a study of five Western countries published in European Neuropsychopharmacology has found.”

Getting the picture?

Children are being diagnosed and dosed with toxic drugs at a staggering rate.

But, as I have shown in many past articles, NO so-called mental disorder is based on a lab test. No blood, saliva, genetic, brain test. ALL 300 or so official mental disorders are defined by menus of behaviors concocted by committees of psychiatrists.

On that foundation, the diagnoses and the drugs are handed out.

Let's look at just one of the drugs: Ritalin (or any similar ADHD medicine). After a creative child is seen fidgeting in class, looking bored, studying what he wants to study, ignoring classroom assignments, focusing on what interests him, he is diagnosed with ADHD. Then comes the drug.

In 1986, The International Journal of the Addictions published an important literature review by Richard Scarnati. It was called "An Outline of Hazardous Side Effects of Ritalin (Methylphenidate)" [v.21(7), pp. 837-841].

Scarnati listed a large number of adverse effects of Ritalin and cited published journal articles which reported each of these symptoms.

For every one of the following (selected and quoted verbatim) Ritalin effects, there is at least one confirming source in the medical literature:

- * Paranoid delusions
- * Paranoid psychosis
- * Hypomanic and manic symptoms, amphetamine-like psychosis
- * Activation of psychotic symptoms
- * Toxic psychosis
- * Visual hallucinations
- * Auditory hallucinations
- * Can surpass LSD in producing bizarre experiences
- * Effects pathological thought processes
- * Extreme withdrawal
- * Terrified affect
- * Started screaming
- * Aggressiveness
- * Insomnia
- * Since Ritalin is considered an amphetamine-type drug, expect amphetamine-like effects

- * Psychic dependence
- * High-abuse potential DEA Schedule II Drug
- * Decreased REM sleep
- * When used with antidepressants one may see dangerous reactions including hypertension, seizures and hypothermia
- * Convulsions
- * Brain damage may be seen with amphetamine abuse.

Under this chemical assault on the brain, what are the chances that a creative child will go on in life to become an innovator, rather than a victim of psychiatric drugging?

Make a list of your favorite innovators. Imagine them as bored distracted children sitting in classrooms...and then diagnosed, and then hammered with drugs prescribed by a doctor.

This is happening now.

The institution of psychiatry is making it happen.

What about the consequences of diagnosing clinical depression in larger numbers of young children? What about the antidepressant drugs?

Here is just a sprinkling of information about antidepressants, from a huge body of literature:

Psychiatrist Peter Breggin: February 1990 American Journal of Psychiatry (Teicher et al, v.147:207-210) reports on "six depressed patients, previously free of recent suicidal ideation, who developed 'intense, violent suicidal preoccupations after 2-7 weeks of fluoxetine [Prozac] treatment.' The suicidal preoccupations lasted from three days to three months after termination of the treatment. The report estimates that 3.5 percent of Prozac users were at risk. While denying the validity of the study, Dista Products, a division of Eli Lilly, put out a brochure for doctors dated August 31, 1990, stating that it was adding 'suicidal ideation' to the adverse events section of its Prozac product information."

An earlier study, from the September 1989 Journal of Clinical Psychiatry, by Joseph Lipiniski, Jr., indicates that in five examined cases people on Prozac developed what is called akathisia. Symptoms include intense anxiety, inability to sleep, the "jerking of extremities," and "bicycling in bed or just turning around and around." Dr. Peter Breggin comments that akathisia "may also contribute to the drug's tendency to cause self-destructive or violent tendencies ... Akathisia can become the equivalent of biochemical torture and could possibly tip someone over the edge into self-destructive or violent behavior ... The June 1990 Health Newsletter, produced by the Public Citizen Research Group, reports, 'Akathisia, or symptoms of restlessness, constant pacing, and purposeless movements of the feet and legs, may occur in 10-25 percent of patients on Prozac.'"

The well-known publication, California Lawyer, in a December 1998 article called "Protecting Prozac," details some of the suspect maneuvers of Eli Lilly in its handling of suits against Prozac. California Lawyer also mentions other highly qualified critics of the drug: "David Healy, MD, an internationally renowned psychopharmacologist, has stated in sworn deposition that 'contrary to Lilly's view, there is a plausible cause-and-effect relationship between Prozac' and suicidal-homicidal events. An epidemiological study published in 1995 by the British Medical Journal also links Prozac to increased suicide risk."

When pressed, proponents of these SSRI antidepressant drugs (Prozac, Zoloft, Paxil, etc.) sometimes say, "Well, the benefits for the general population far outweigh the risk." But the issue of benefits will not go away on that basis. A shocking review-study published in The Journal of Nervous and Mental Diseases (1996, v.184, no.2), written by Rhoda L. Fisher and Seymour Fisher, called "Antidepressants for Children," concludes: "Despite unanimous literature of double-blind studies indicating that antidepressants are no more

effective than placebos in treating depression in children and adolescents, such medications continue to be in wide use.”

In wide use. This despite such contrary information and the negative, dangerous effects of these drugs.

There are other studies: “Emergence of self-destructive phenomena in children and adolescents during fluoxetine treatment,” published in the Journal of the American Academy of Child and Adolescent Psychiatry (1991, vol.30), written by RA King, RA Riddle, et al. It reports self-destructive phenomena in 14% (6/42) of children and adolescents (10-17 years old) who had treatment with fluoxetine (Prozac) for obsessive-compulsive disorder.

July, 1991. Journal of Child and Adolescent Psychiatry. Hisako Koizumi, MD, describes a thirteen-year-old boy who was on Prozac: “full of energy,” “hyperactive,” “clown-like.” All this devolved into sudden violent actions which were “totally unlike him.”

September, 1991. The Journal of the American Academy of Child and Adolescent Psychiatry. Author Laurence Jerome reports the case of a ten-year old who moves with his family to a new location. Becoming depressed, the boy is put on Prozac by a doctor. The boy is then “hyperactive, agitated ... irritable.” He makes a “somewhat grandiose assessment of his own abilities.” Then he calls a stranger on the phone and says he is going to kill him. The Prozac is stopped, and the symptoms disappear.

For money, for profit, for status, for control, there exists a professional class called psychiatrists. They approach children—particularly creative children who refuse to fall into lock-step with a regimented program of learning—as outliers, as ill, as strange, as maladjusted, as threats to the system. And this professional class takes action. Diagnose the children, drug them, bring them back into line, make them

“normal,” reduce their curiosity and independence and drive and will power.

Instead of using overt physical force, they use relatively invisible chemical force.

Under the banner of caring, they perform, on the young, a scientific ritual of sacrifice, a rite of passage into the dead world where they, the elite rulers, exist.

Parents: The Most Loyal Agents for the Torture Control Matrix

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by [Willem Felderhof](#)

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Following absurd and fake disorder labels like ADHD and ADD, the ignorant “mental specialists” recently invented another pseudo diagnose called ODD (Oppositional Defiant Disorder). In other words anyone who still has the natural, and thus normal, inherent reflex of opposing any form of evil. Let it be crystal clear; the real patients here with a disorder are not the children but the ones making the fake diagnoses and are doing the toxic prescription jobs. These agents of death are nothing less than order followers because they as well have a neo-cortex that is in an imbalanced, or total shut down mode.

Otherwise they would apply their knowledge and conscience and refuse to commit these immoral actions.

What we are witnessing here is a relentless mind control assault on a precious and highly gifted generation that is being neutralized in the global war on humanity and consciousness.

That might sound charged and cause some unpleasant emotions, but it still is the Truth. The armies of pseudo psychologists, scientists, and youth workers that are labeling and poisoning the tsunami of children with psychological "problems" have been mind controlled into a severe brain imbalanced and fragmented mental state themselves as a result of their own common core style dumbing down programming.

Symptoms in hell diagnosed as disease

Even more shocking is that the facilitators and with that the causal factors of this massive emotional and physical child abuse are the presumed guardian angels of the child; the parents. In this time of information they willfully ignore the fact that their child is showing symptoms that are absolutely normal reactions from the exposure to the multidirectional assaults on their minds. It might sound strange to unaware parents or left brained "specialists" but living in a microwaved, immoral, toxic, torture society or in short, HELL, can cause some side effects. These are NORMAL and need not be treated but used for the understanding process of the causal factors.

Before attacking the messenger here; I speak from knowledge and experience as a father, and as a former ADHD/ADD/ODD "patient". My youth was destroyed like most of us because my parents served as agents themselves and the cycle repeats on and on. I was kicked out of all the schools I went to and had (still have) extreme difficulties with "authority". And of course I took it on myself because I was labeled as a problem child. The result; self-loathing, fear disorders, addictive

behavior; the complete six flags fun package.

50 years later I more and more understand how normal I am. What a waste.

Refined mind control for the final stage

So I decided that this would never happen to my child, but I failed. I could not avoid and protect my son going through a similar kind of hell because the social engineers have refined their sick programming to unimaginable levels. Luckily my son is blessed with a powerful spark of consciousness, just like so many of his fellow generation members, but he is still battling on getting his mind back.

The vicious mind control attacks by killing any aspect of Morality and Truth with disgusting and relentless dumbing down tv programming, satanic computer gaming, or empty drugs, sex and alcohol driven "social" activities have largely demolished the sacred masculine and feminine aspects of Willpower and Care in the next generation.

When my son did not go to school, and for very good reasons, we were forced to look for "help" in the Dutch youth care. What we experienced there during that period was literally sickening. What I found there were numerous pseudo psychologists who do not know anything about human consciousness, EMF radiation, nutrition, the workings of the brain or the physical body in general, and most of all know nothing about the devastating health effects of the compulsory Nazi/Marxist model "education" system with it's outcome based education (OBE) doctrine.

And yet despite this blatant ignorance on all levels, these infant pseudo psychologists have the "authority" to prescribe the most disgusting types of medication in this "health" swamp.

In the Netherlands alone more than 100.000 children are

zombified by mind & body poisoning medication regimes. And in other countries it is even worse.

Most of the children (and their parents) do not have a strong free Will to reject that madness and are completely at the mercy of the agents of the satanic control system. Ignorant parents and pseudo psychologists are enforcing the identification of the child with their so-called problem, thereby pushing the child further into an engineered structural state of psychological stress and self-loathing.

Willfully ignorant parents are evil parents

Any parent, who still continues to offer their children to these mind destruction factories without any significant resistance, is willfully facilitating the destruction of the authentic true Self and mind of his/her child. The compulsory "education" system is nothing less than a worldwide network of concentration campuses for mind destruction. The extent of the mind destruction of our youth is also reflected in increased rates of mental illness, suicide, violent crime, and further child abuse. Suicide in the Netherlands amongst youngsters between the age of 18 till 25 is the number one cause of death. Not a word about the effects of the education system of course. But again, it is the parents who willfully dump the pure beings of consciousness in these conveyor belt zombie factories, despite the overwhelming evidence that is in the open today for anyone who CARES, of what exactly the current education system is, where it comes from, who created it and for what reasons and most important; what the dramatic effect on the children is.

Child Abuse in the Classroom

[John Taylor Gatto](#) is a well known former school teacher who taught in the classroom for nearly 30 years. He devoted much of his energy to his teaching career, then, following his resignation, authored several books on modern education, criticizing its ideology, history, and devastating

consequences. He is best known for the underground classic *Dumbing Us Down: the Hidden Curriculum of Compulsory Schooling*. He was named New York City Teacher of the Year in 1989, 1990, and 1991, and New York State Teacher of the Year in 1991.

He states in an article under the title "The Public School Nightmare, that ALL compulsory education systems are copied from the Prussian 19th century system with the objective to produce:

- 1) Obedient soldiers to the army;
- 2) Obedient workers to the mines;
- 3) Well subordinated civil servants to government;
- 4) Well subordinated clerks to industry;
- 5) Citizens who thought alike about major issues.

The 7 lesson teacher

In another article Gatto confesses to being "the 7-lesson schoolteacher." To keep his job as a teacher he is compelled to teach the seven lessons:

Confusion. Gatto admits that everything he teaches is out of context.

Class position. Children must know their place and stay in the class where they belong. "The children are numbered so that if any get away they can be returned to the right class."

Indifference. "Nothing important is ever finished in my class nor in any class I know of."

Emotional dependency. Gatto says that he teaches children to surrender their will to the chain of command, using "stars and red checks, smiles and frowns, prizes, honors and disgraces."

Intellectual dependency. The most important lesson. Children must wait for the expert authority to make all the important decisions, to tell them what to study. There is no place for

curiosity, only conformity.

Provisional self-esteem. Because it is so difficult to make self-confident spirits conform, children must be taught that their self-respect depends on expert opinion. They must be constantly tested, evaluated, judged, graded, and reported on by certified officials. Self-evaluation is irrelevant – “people must be told what they are worth.”

You can't hide. Children are always watched. No privacy. People can't be trusted.

According to Gatto, these are the consequences of the seven lessons:

- The private Self is almost non-existent; children develop a superficial personality borrowed from TV shows.
- Desperate dependence.
- Unease with intimacy or candor; dislike for parents; no real close friends; lust replaces love.
- Indifference to the adult world; very little curiosity about anything; boredom.
- A poor sense of the future; consciousness limited to the present.
- Cruelty to each other.
- Striking materialism.
- The expectation to fail; the idea that success has to be stolen.

Only moral right action embodies awakening

The evidence of the disastrous effects of the destruction of the minds and the abuse on multiple levels as a result of the “education” system is overwhelmingly present and in the open, as are the effects of the EMF's, vaccines and the rest of the weapons used on our children and ourselves. It is really a choice to stay ignorant of the facts and ignorance in the presence of information is evil. Even more so, if one is

informed and aware of the information but does not follow up on those dynamics in consciousness with actions based on Truth and morality, then that is the refusal of the arisen moral obligation to act upon ones thoughts feelings and emotions based on fear.

If there was such a thing as a global awakening visible we would have seen a massive and exponentially growing number of global disobedience, especially by parents who protect their children as a result of their knowledge, and actions accordingly. Because it is not the knowledge that is the measure of wisdom, it is solely the actions or lack of, that determine the quality of the manifestation of any awakening. And we don't see a massive shift like that happening in society. Only in the minds.

The engineered happy slave

The ongoing fear based obedience and belief in authority of the parents globally have produced the rise of "new" human beings that were largely "raised" by the state-run trauma based mind control education factories, television/computer, and "pop" culture. They have been conditioned by these systems to behave in ways that are complacent, immoral, compliant, unquestioning, unthinking, and narcissistic.

They absorb huge amounts of television programming and/or computer gaming, consume poisonous genetically modified foods, are obsessed with escapist pursuits, conduct only vapid, inane conversations, and express an extreme lack of concern or interest in real world issues.

If they are confronted with someone who questions authority or addresses immoral behavior they will react either with apathy, aggressively, or will collectively ridicule the person that is expressing the normal moral behavior. The fear of being different is engineered through the compulsory education system that enforces traumatic abandonment issues by creating further separation from the parents, and through television

programming and other media tools. The new human beings are the absolute dream of the social engineers.

Sacrificing the false ego identified self for Truth and Morality

Fact is that we already live in a fully operational fascist socialist system. When I was Gestapo style interrogated together with my son and his mother by a NAZI style youth police officer because my son did not go to school, I was again confronted with that harsh reality. The aggressive female police officer asked my son if he really thought that he was smart enough to judge for himself whether he should take medication or not while just being at the age of 16 at that time.

Might it be possible that the millions of drugged and zombified sensitive and gifted ADHD/ADD and ODD labeled children are in fact an army of potential rebels for morality and real freedom, and who can still act from conscience and the sacred dynamics of Care and Willpower to help save humanity from yet another downfall? It is time for the parents to grow up, become an adult and take responsibility and more important; appropriate ACTION.

There is a war going on against YOU, accept it, get over it and act accordingly. Our children have waited way to long and we have a moral obligation to make up for the decades of being in a state of apathy and obsessed with self serving trivialities while the dark occultists, the social engineers, had the time of their life.

WE have facilitated the almost complete manifestation of their dream of irreversible total control in a pitch dark world order by our own ignorance and lack of Care and Willpower. WE must sacrifice everything for the rest of our lives until we see REAL freedom and REAL order coming into manifestation. We must save the highest gift of the Universe to humanity, our Free Will, from extinction. If only for our children and the

World.



[Willem Felderhof](#) is a former commercial airline pilot and was a whistleblower on the presence of toxic elements in aviation generally known as "[the Aerotoxic syndrome](#)".