THE informed PARENT
ISSUE TWO 2021 A NEWSLETTER ON VACCINATION ISSUES AND HEALTH

URGENT NEED FOR ACTION ON SARS-COV-2 AND MANDATORY MEASLES VACCINATION

LETTER SENT 5 OCTOBER 2021 TO:
FEDERAL MINISTER OF HEALTH
JENS SPAHN
FRIEDRICHSTRASSE 108 10117
BERLIN

Dear Mr. Jens Spahn,
Federal Minister of Health,
In Germany, you are the main person responsible for establishing the legal corona/covid measures and the measles vaccination obligation.
The Infection Protection Act (IfSG/ InfektionsSchutzGesetz) interferes with several otherwise inalienable fundamental rights. For example, the right to life, physical integrity and freedom according to the German Basic Law (GG/GrundGesetz) Article 2 (2): "Everyone has the right to life and physical integrity. The freedom of the person is inviolable. These rights may only be interfered with on the basis of a law."

Section 1 (2) of the IfSG requires all parties involved with the review, planning, and implementation of corona/covid interventions and measles vaccination requirements to "design and support those in accordance with the respective state of medical and epidemiological science and technology."

You have omitted to check the statements of the virology about the existence claims of an alleged new SARS-CoV-2 and a measles virus for scientificity, the compliance with the rules of scientific work or to have them checked. These rules of scientific work, in order to be allowed to be called scientific, have been fixed in writing since 1998, are international and valid for all disciplines. These rules are part of the employment contracts of scientists who use taxpayers' money.

These rules of scientific work are obviously violated by virology. The mandatory control experiments to exclude errors and self-deception were never carried out and published.

This easily verifiable fact proves that the statements of virologists are not scientific, but must be called anti-scientific. Since the basis of our democracy is science in the most essential areas, this anti-scientific behavior of virology must be called anti-democratic and unconstitutional in your responsibility. I refer here to Article GG 5 (3): "Art and science, research and education are free. The freedom of science does not release from loyalty to the constitution." Science is what you and others pass off in public as scientific facts.

This leads to the logical conclusion that the requirement by the IfSG to effectively interfere with fundamental rights is not given. Since the scientificity is not fulfilled, which the IfSG demands in § 1 (2), but which has been silently, carelessly to grossly negligent assumed or claimed against better knowledge so far, all following paragraphs of the IfSG are ineffective and not binding.

This means that all Corona/Covid measures and the measles vaccination obligation have no legal force, but are unlawful, i.e. illegal. I point out to you that I have already personally pointed out these and other relevant facts to you on 17.3.2020 and subsequently.

Based on these easily identifiable and verifiable facts, I urge you to immediately withdraw all Corona/Covid measures and the measles vaccination requirement, hold the responsible national, international virologists, other "scientists" involved accountable, and take responsibility for what happened.

Due to the fact of the lack of control experiments in virology since 1954 and the fact of a purely mathematical construction of the so-called gene sequence of the alleged SARS- CoV-2 and/or due to the legally binding judgment of the Higher Regional Court of Stuttgart (Oberlandesgericht Stuttgart/OLG Stgt) of 16.2.2016, AZ: 12 U 63/15, in the so-called measles virus trial, the following applies:

It is with this finding of fact that the legal force of all Corona/Covid measures and that of the measles vaccination requirement ceases immediately, even individually.

I point out that extensive "other remedies" to which Article 20 (4) of the Basic Law calls have not yet been successful.
Comments to:
I. The existence claims of the SARS-CoV-2 genetic strand.

On Jan. 10, 2020, Prof. Zhang's research group in Shanghai published a genetic sequence, which was later named SARS-CoV-2, on a website accessible to virologists. This sequence alignment was published in the science

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Magda Taylor

Editor's note

FIRSTLY please accept my sincere apology for only just producing and sending out a copy of Issue 2 2021! Without going into detail the last few months have been extremely challenging and all my energy had to be focused on those close to me. Obviously I will attempt to send out Issue 3 in December otherwise it will be early Jan 2022 as I try to catch up with everything !! This is one of the drawbacks of running TiP single-handed. For this edition I am keeping my editorial brief to allow more space for the rest of the contents.

Covid continues to dominate the mainstream narrative although the climate story is also coming a close second. And very recently Bill Gates has been forecasting smallpox terror attacks and has called for the formation of a new billion-dollar WHO Pandemic task force. Yes it is beyond belief how this extremely wealthy individual emerged as a world leader and 'expert' in pandemic predictions.

I have been pleased to see an increase in articles and presentations bringing the 'germ theory' into question, which the vaccination story totally relies on! Personally I feel that this is the most important aspect to investigate on this subject. Whether we are talking about the alleged disease 'covid' or the childhood diseases the same questions need to be asked ie do germs cause disease and have these alleged germs been truly isolated, purified, characterised and then shown to cause disease?

For those of you who are questioning the validity of the existence of covid et al this new downloadable booklet by Thomas Cowan entitled 'Breaking The Spell – The Scientific Evidence for Ending the Covid Delusion' is very readable and can be obtained here:

https://drtomcowan.com/blogs/blog/my-new-booklet-ends-the-covid-delusion

Keep healthy and keep a healthy outlook!

Magdalene Taylor, Editor,
November 2021.

journal Nature on Feb. 3, 2020 (citation at end). After the announcement of this sequence ALL following virologists repeated this once given construction manual for the purely mathematical creation of a sequence and came to similar results. This aroused in the public and obviously also with you the impression that this result is a scientifically proven fact, the proof of the existence of a genetic strand of an alleged new virus, the SARS-Cov-2.

From reading this and all other publications that confirm the sequence strand once given, three facts clearly emerge:

1. A genetic strand that would correspond to the published sequence has never been detected. No genetic strand of a virus was found in the mixture of nucleic acids obtained from a human with pneumonia (and later from other humans). Even after the first round of artificial, extremely strong and non-specific propagation by PCR technique of millions of short fragments of nucleic acids, no sequences were ever discovered that, when put together, would match the sequence of a genetic strand of a virus finally presented to the public.

2. Based on the sequence data generated in the first round of nucleic acid propagation, short pieces of nucleic acids are biochemically generated for the propagation of nucleic acids by PCR, so-called primers. These artificially generated primers themselves yield, depending on the protocol, approximately 4-20% of the sequence alignment of what is ultimately presented, after this second step of PCR propagation, as the sequence alignment of SARS-CoV-2. This second PCR propagation step for the subsequent mathematical, called bioinformatic formation of the sequence is called, among other things, deep meta-transcriptomic sequencing. The fact that an extremely unscientifically high number of cycles of PCR is applied here (35-45, so-called Ct value), in which artificial nucleic acid sequences are automatically generated that do not exist in reality, is further proof of the anti-scientific nature of virology, but plays no role in the argumentation presented here. It is evident from points 1. and 2. that no genetic strand of a virus was ever found. Instead, existing fragments of nucleic acids were first multiplied biochemically, by means of double PCR, strongly and with an extremely high error rate. The sequences of these million-fold artificially generated nucleic acids were determined, subsequently subdivided mathematically into even much shorter sequences, and these were arbitrarily combined with each other. From the multitude of these arbitrary combination products, special software programs are used to select those that match a nucleic acid once it has been specified. The resulting mathematical construct is output as the genetic strand of a virus. This proves that it has never been possible to mathematically construct the alleged genetic strand of the alleged virus from actually existing sequences of nucleic acids. The mathematical construction of the alleged genetic strand of the alleged SARS-Cov-2 succeeds only after two rounds of unspecific and extreme propagation by PCR technique.

3. The anti-scientificness of all involved virologists is proven by the fact that in the very publication of Prof. Yong-Zhen Zhang from Shanghai, who together with his co-workers discovered and specified the alleged sequence of the viral genome of the alleged SARS-CoV-2, the compelling control experiments are missing and this striking omission was and is tolerated. The compelling control experiments here are the attempt to construct the sequence of a genetic strand of claimed or suspected new viruses using nucleic acids from healthy humans and a wide variety of organisms. They are the

requirement to be allowed to call a statement scientific. They also have the duty to recognize and avoid misinterpretations.

In none of the following publications, with which the sequence given by Prof. Yong-Zhen Zhang was repeated, control experiments are found, even the words "control" or "negative control" are missing. Not only have the virologists disproved themselves with their actions, they themselves have proven their anti-scientific nature and documented it in each of their numerous publications.

II. Verdict Oberlandesgericht Stuttgart, AZ: 12 U 63/15, 16.2.2016 in measles virus trial. The measles virus trial, initiated by me in 2011, achieved in 2017 the goal to generate a legally effective proof that the entire virology, not only measles virology, acts anti-scientifically. Since 2017, it has been part of German jurisprudence that all virology lacks scientific basis. Within the measles virus trial it has been documented that the mandatory control experiments in science have never been performed and documented since 1954. Therefore, all virologists involved have overlooked the fact that they themselves create effects they interpret as viral by means of applied techniques. Thus, as exemplified by SARS-Cov-2, typical bio-molecules are mentally assembled into virus models that do not exist in reality. In the lawsuit, a medical doctor claimed the €100,000 prize money offered for scientific proof of the measles virus. His claim was upheld in 2014 because he submitted six publications, each of which claimed to prove the existence of the measles virus. The forensic expert appointed by the court of first instance, the ruling court, the Ravensburg Regional Court, found that none of the publications submitted contained evidence of the existence of a virus. This fact was confirmed by the Higher Regional Court of Stuttgart in its judgment of February 16, 2016, which became final in 2017 and by which I was acquitted of having to pay the plaintiff the €100,000 that had been awarded.

"The logical conclusion: All statements of virology are neither practically nor legally usable, but must be rejected as self-deception and deception of others."

In the protocol of the hearing of the first court level at the Landgericht Ravensburg of 12.3.2015, AZ: 4 O 346/13 is documented that the court-appointed expert states that none of the six publications contains the control experiments mandatory in science, which are also called negative controls. Thus, the court-appointed expert has proven - which has also been confirmed by four other expert reports that I submitted - that the entire field of virology is acting in an anti-scientific manner. The logical conclusion: All statements of virology are neither practically nor legally usable, but must be rejected as self-deception and deception of others.

In addition, the oldest of the six publications, which was submitted and which was legally established as containing no evidence for the existence of a virus, has become the exclusive basis of the entire virology since 1954. This means that with the verdict of the Oberlandesgericht Stuttgart of 16.2.2016, which has become final, the entire virology, which claims the existence of disease-causing viruses, is deprived of its scientific and legal basis. The details of this can be found in my article "The Federal Court of Justice lets the belief in viruses perish" in the magazine w+ 2/2017, which is in your files since 17.3.2020 and can be found freely on the Internet, on my page https://wissenschafftplus.de/ under "Important texts".

As a human being, I ask you, as an active scientist, a virologist with a PhD, and the discoverer of a useful structure now called "giant viruses" and "viro-plankton".

I urge you, as a citizen and sovereign of the FRG (Federal Republic of Germany), I hereby insist on you as my public servant, that you immediately withdraw the Corona/Covid measures and the measles vaccination requirement. I expect you to admit your shortcomings to the population and to cooperate in repairing the damage done in your responsibility to the body and soul of the population and the economy by the unjustifiable Corona/Covid measures and by the measles vaccination obligation.

With kind regards from Lake Constance.

Dr. Stefan Lanka

Langenargen, 5.10.2021

The publication used to specify the mathematically generated sequence alignment, which is given as the hereditary strand of the SARS-Cov-2:

A new coronavirus associated with human respiratory disease in China.

Fan Wu, Su Zhao, Bin Yu, Yan-Mei Chen, Wen Wang, Zhi-Gang Song, Yi Hu, Zhao-Wu Tao, Jun-Hua Tian, Yuan-Yuan Pei, Ming-Li Yuan, Yu-Ling Zhang, Fa-Hui Dai, Yi Liu, Qi-Min Wang, Jiao-Jiao Zheng, Lin Xu, Edward C. Holmes & Yong-Zhen Zhang.

Nature | Vol 579 | 12 March 2020 | 265-269. Internet: https://www.nature.com/articles/s41586-020-2008-3 *Received: 7 January 2020. Accepted: 28 January 2020. Published online: 3 February 2020.*

I CALL ON HIGH-LEVEL OFFICIALS AND SCIENTISTS TO STOP THE INAPPROPRIATE STIGMATISATION OF UNVACCINATED PEOPLE, WHO INCLUDE OUR PATIENTS, COLLEAGUES, AND OTHER FELLOW CITIZENS, AND TO PUT EXTRA EFFORT INTO BRINGING SOCIETY TOGETHER. ~ *GÜNTER KAMPF.*

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NEW POWER VERSUS OLD: TO BEAT ANTI-VACCINATION CAMPAIGNERS WE NEED TO LEARN FROM THEM

MAGDA TAYLOR, EDITOR OF THE INFORMED PARENT

July 2021

BACK IN NOVEMBER 2019 a short essay published in the BMJ with the above title caught my attention. The authors comprised of Henry Timms and Jeremy Heimans – co-authors of the New York Times bestseller New Power: How Power Works in Our Hyperconnected World—and How to Make It Work for You (2018) and Kathryn Perera, director of NHS Horizons, a specialist team focused on supporting the implementation of large scale change across health and care.

The title pretty much sums up the intention of this 'essay' ie anti-vaccination campaigners must be quietened by scrutinizing them and finding ways of demolishing all their concerns. This continual 'us and them' narrative is purely for divisive purposes. It would have been much more encouraging if these authors wanted to learn about the subject from a wider perspective with unbiased minds. All the concerns, often evidence-based, raised by those they name call are well justified and should be acknowledged and addressed by the health establishment.

The essay opens talking about a mother, wife of a prominent Australian rugby league player, Shanelle Cartwright and how she used 'her global profile to share antivaccination stories' via social media, blogs and online interviews. They then move on to the various platforms such as Facebook who were already introducing tougher rules on sharing antivaccination content back then, and of course as we know this has increased greatly since March 2020. Now we are seeing YouTube channels being removed, Twitter accounts banned, and increasing numbers of facebook posts deleted if deemed to be breaking community standards.

The authors highlight how the World Health Organisation lists ' "vaccine hesitancy" as one of its top 10 threats to global health' due to the rapid, self-organized spread of antivaccination sentiment across the globe. As usual with these kind of articles they do not actually go into depth as to all the growing concerns, questions and sometimes life-changing experiences these vaccine 'hesitant' people have. If the authors had waited a week or two before finishing their essay they may have been fascinated by the words of Prof. Heidi Larson, of the UK based Vaccine Confidence Project when she presented to the delegates attending a WHO Vaccine Safety summit meeting. Prof Larson informed the audience how this hesitancy was even growing amongst their frontline health professionals.

"There has been NO resurgence of deadly measles outbreaks reaching the kind of numbers occurring a few decades ago."

The BMJ article continues stating an alarming resurgence of deadly measles outbreaks in countries, with UK given as one example. I wonder if these authors took the time to actually look at UK mortality rates from measles over the last 150 years? Very unlikely as if they had it should have become clear to them that the UK death rates from measles complications had gone into major decline by the 1950s, in the pre-vaccine era. There has been NO resurgence of deadly measles outbreaks reaching the kind of numbers occurring a few decades ago.

Looking at the government website for data on 'confirmed cases of measles in England and Wales from 2012 to 2020 (Updated 21 June 2021) I have listed the total for each year along with the percentage of cases in 10 year olds and upwards in brackets. Measles was considered an acute childhood illness and yet as you can see over half the cases are occurring in the over 10s.

Why the shift in the age of incidence when this acute may be more challenging to go through. What would be very revealing, and should always be included is the MMR vaccine-status of each case. This important data is not deemed by the establishment to be necessary it seems? It would surely give them an indication of the efficacy of the MMR program?

Also please bear in mind that these cases are, according to the government website, 'laboratory-confirmed by both oral fluid IgM antibody tests or PCR and other laboratory reported cases.' As many of us have learnt in the last year or two PCR is not a diagnostic tool and cannot determine whether someone has an alleged disease. Additionally antibodies are not a sign of immunity either. This means that all these figures are questionable in the first place.

CONFIRMED MEASLES CASES
England and Wales
2012 - 2032 cases (53% > aged 10 and older)
2013 - 1836 cases (61%)
2014 - 121 cases (63%)
2015 – 91 cases (65%)
2016 – 541 cases (77%)
2017 – 283 cases (51%)
2018 – 989 cases (63%)
2019 – 808 cases (61%)
2020* – 79 cases (72%)
* Provisional totals

The essay continues with a sub-heading asking 'what can be done to combat the spread?' Once again the authors are purely focusing on stopping individuals, especially who they term 'influencers' spreading antivaccine rhetoric. They talk about the power shifting from the few to the many and that the old power held by the powerful few is undergoing a transformation to a new power which is made by many and how antivaccination leaders have worked out how to use this new power effectively and at speed to spread their message. The authors acknowledge that opposition to vaccination has existed for as long as vaccination itself but do not offer any explanation as to why? However this was not the purpose of the essay.

The essay ends with three key

steps that can be used to deal with the antivaccine movement. Firstly they encourage health professionals or interested citizens to set up social media groups on the provaccination side to counter the ever- growing antivaccine groups.

Secondly, to use real life stories rather than peer reviewed studies to win the public over. I found that rather ironic – a reversal is taking place almost. For years vaccine concerned individuals have been presenting their experiences only to be turned away by those in authority declaring them anecdotal and non-scientific. Now it seems they are happy to use 'anecdotal' stories regarding an alleged complication or death from an alleged disease to create fear and compliance.

I have observed over the years that when a heart-wrenching story is used to frighten people about, for example, a measles complication, important aspects, which may incriminate the vaccine instead, are omitted. As I mentioned earlier the immunization status of the case is not declared.

Lastly the essay ends with the following two paragraphs – with the last few lines sounding very much like a rallying of the troops before battle rhetoric:

"Lesson 3: not old power v new power; old power + new power
The point is not that old power is "bad" and new power is "good." Our world desperately needs expertise, professionalism, and institutions to thrive. But while our mainstream institutions cautiously dip their toes into the water of new power public engagement, antivaccination sentiment that is spread peer to peer through new power networks continues to grow in scale, confidence, and influence.

To date, the provaccination approach has failed to promote its narrative in a way that both resonates and spreads. This is especially important given the recent progress antivaccination forces have made in mastering old power techniques such as traditional lobbying efforts. Antivaccination campaigners are realising the potency of combining their new power with old.

It is easy to despair at, criticise, and wish away the antivaccination movement. But this movement's success is based on tactics and thinking that can and should be deployed against it. This will require courage from health and care leaders, new mindsets from public health leaders and clinicians, and cross system experimentation. We propose that the right prescription for the health and care world is a daily dose of new power."

Based on the 30 years of research and all the many interesting data, and sometimes heartbreaking real life stories from people from all walks of life, including doctors, scientists and other academics, it truly horrifies me how twisted and misleading the official narrative has become. This needs to be addressed and challenged as soon as possible – the old power or new power is irrelevant….we need truth, honesty and transparency power!

REFERENCES

1 Measles confirmed cases:
https://www.gov.uk/government/publications/measles-confirmed-cases/confirmed-cases-of-measles-in-england-and-wales-by-region-and-age-2012-to-2014

The Quanten Theory

www.pqliar.net

THE PROMISE OF A BETTER WORLD by Patrick Quanten MD

THE COVID PANDEMIC is leading us away from the known normal and into a new normal, one that we, ordinary citizens, are not supposed to know yet. On a need-to-know basis we will be told in due course. What we already have been told about the new world we are going to live in is so close to our own ideal picture of human society, it is almost too good to be true. For once, and it took a massive threat to the health of every individual on earth, the leaders of most countries on the planet are promising the following ingredients of our new society.

- Healthcare prevails over economy
- Wellbeing prevails over profit
- Green economy prevails over profit
- Essential requirements for living, such as housing, water, food, etc., are a priority
- Safety, individual and societal, is a priority
- Equality prevails over diversity

Governments will provide the very best for all citizens, on a physical as well as on a mental level, disregarding the cost for these provisions. They will look after us, take care of us, protect us and guide us by showing us the truth and by exposing the untruths, the fake.

The story of this reversal in fortunes for the ordinary citizen starts with the announcement that the global population is threatened by a terrible disease, caused by an invisible something that spreads around in ways we don't know about. In essence, we are told that massive numbers of people will die from this extremely contagious disease, which individuals may pick up from touching objects or from passing someone in the street. Because individuals are not given anything real, anything substantial, about this contagious disease, they themselves cannot verify their own safety or the level of danger they may be in and they will have to rely on expert advice to guide them through this. Experts predict large numbers of deaths and an overwhelming number of ill people requiring serious medical

Patrick Quanten MD

interventions. From here on, the story is led by experts, their opinions and their decisions. Ultimately it leads to the happy ending of a global society that is benevolent, empathic, caring, safe, earth and life preserving.

A pandemic is declared by the medical authorities, thereby opening all doors for governments to implement extreme emergency measures because it is their duty to protect the citizens from this immense danger. All barriers to question and/or expose weaknesses in governmental policy are removed, declared null and void. As governments everywhere are reacting swiftly and vigorously to this declaration the effects we observe on society, on the economy, on the planet and on the individuals are now no longer due to the impact of the disease itself but rather to a combination of the disease and the response to the supposed threat of the disease. Governments everywhere keep announcing the impacts as a direct result of the disease, thereby not taking into account the immediate effects of the measures they have implemented, which are an integral part of the effects we are observing.

Official figures about all mortality causes for the year 2020, the year of the outbreak of the pandemic, the year this highly infectious and extremely dangerous disease was unleashed on a non-suspecting population, show that nowhere in the world there is a significant rise in numbers. In 2020 there has been no significant increase in number of deaths anywhere. In fact, in most European countries the death rate for 2020 is lower than the previous two years and below average for the past 20 years, which begs the question "where is the pandemic?" So if the medical authority insists on their numbers of deaths due to the covid-infection then that simply means that almost nobody died of anything they would have died from in previous years. This indicates that the pandemic did not produce excess deaths but did produce a problem of diagnostics. Doctors caused a serious shift in their interpretation of the cause of death of individuals. Overall figures do not show anything unusual happening in 2020 with regards to the health of the population. The only unusual thing that happened was the fact that everything was diagnosed as covid, which previously was regarded as a whole array of diseases and health problems.

So we start the story of a non-visible, non-measurable threat and right from the beginning confuse matters by all kinds of interferences so that no clean data can ever be collected. Now we only have the 'experts' word for it. They can come up with whatever data they want to, whatever explanation for the data they want to and whatever prediction for the future they want to. Nobody can prove them wrong as there are no clean data about the disease itself, about the infection rate, about the way the disease spreads and who is affected most. Everything is a combination of the said infection and the measures taken to combat the infection. All we have is the experts, and all they use is a test which they claim identifies the virus within an organism. It is strange they can claim this as on the one hand no virus has ever been detected and on the other hand the test they use as their gold standard has been deemed to be unsuited for identifying this virus in a diagnostic way anyway. The gold standard the medical profession normally uses, which is a person with specific

symptoms combined with various tests results that indicate the same illness, has been abandoned overnight.

From this, we are led through extreme fear, serious restrictions on family life and businesses and the promise of a 'back to normal' life via the introduction of an unlicensed injection which is said to be a vaccine but one that doesn't protect you from getting infected and doesn't stop you from spreading the disease even further. We end up being presented with a picture of the new society in which all our old grievances and disagreements will be taken care of.

Our leaders tell us they have learned the lessons this crisis is throwing up, although in the first place it is completely obscure as to what lesson is linked to the infection and what is linked to the way they have responded to it, as everything is intertwined. They tell us they now realize that health is the most important thing in life, much more important than economy. Healthcare workers who, so our leaders tell us, have put their own lives on the line in order to save the lives of all of us that survived, need to be rewarded and their jobs need to be upgraded with better pay and better working conditions (which is economy!). All levels involved in healthcare, from doctors and nurses to cleaners and caterers, to lab technicians and computer programmers, to drivers and administrators, are worth more to society than any CEO from a production factory and so their financial reward (economics!) should reflect this learned lesson.

Our leaders tell us they now know that the old industries have no future and no place in the new world, either because they pollute the environment through the emission of CO2 or because they are labour intensive. The lockdown, not the virus, has shown how we can live with minimal contact, which we are being told is the real danger to human life, namely the contact we have with other human beings and nature (viruses can be transmitted from animals to humans!). The parts of the industry that have flourished under the extreme conditions governments have implemented is showing them the way forward for humanity. Healthcare and everything connected to it becomes the top priority, but also communication and transportation have benefitted greatly. We have stayed in touch with friends and family via the internet. We have done our shopping via the internet. We have worked from home using the internet. We have schooled the children at home using the internet. We haven't been out to restaurants but we have ordered our food on the internet. Food and shopping has been brought to our door by transport firms. In fact, there doesn't seem to be any reason for us to go outside anymore, and at least by staying indoors we are safe, safe from a possible attack by a deadly invisible not-alive something. At the same time there has been very little personal travel, which drastically reduced the use of cars and aeroplanes. Restaurants, hotels and shops have been closed which has allowed supermarkets to become the only real outlets. This has caused a major shift in the economy. Individual businesses and self-employment take a nose dive in favour of the bigger competitors. It has become clear to our leaders that this is the way forward, which will bring more efficiency and better quality control to every citizen.

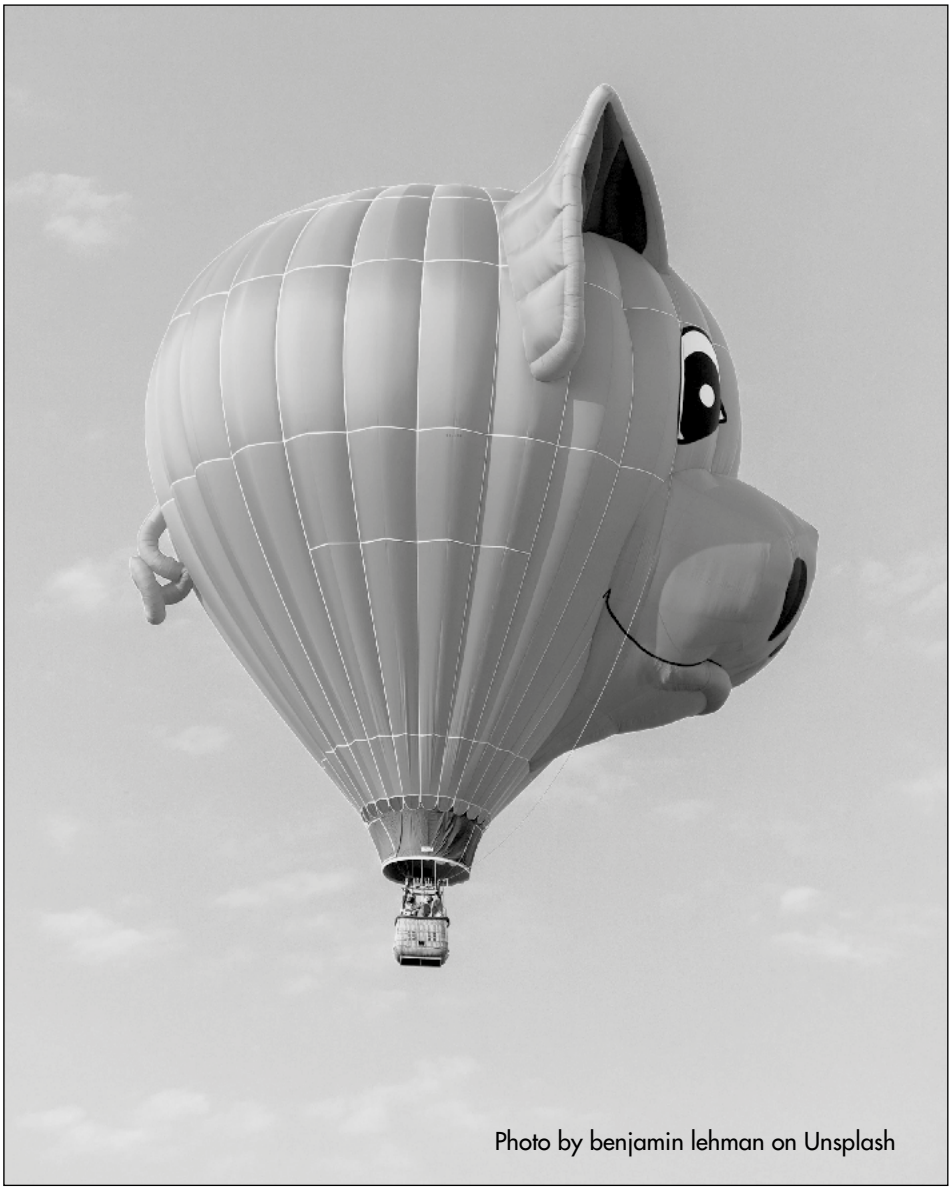


Photo by benjamin lehman on Unsplash

Our leaders tell us the crisis has shown us that we cannot rely on our own observations any longer. Only expertise and sophisticated equipment can save us from being eradicated. In the future we need to rely more on artificial intelligence, both for our safety and our efficiency.

HEALTHCARE

We need more facilities, more personnel and more research in this area. Huge investments are necessary to not just maintain but to upgrade and to expand our capability. This stands in contrast with the penny pinching every

government has been doing for the last four decades! As a Deus ex Machina a virus came to the rescue of an industry that was praised in words but gently pushed to the side for being too expensive for too few real results. Investors had been holding back and confidence in the financial performance of the NHS was waning fast. And suddenly, our leaders realize that a big mountain of money needs to be invested in this industry (economics!). Unlimited funds are being promised and budgets don't matter anymore, as the lives of every citizen is said to be worth all the money it takes to preserve it. All of a sudden, money is no object anymore when it concerns healthcare, research centres, communication infrastructures. From administration to operation, it can have all the money it is asking for, simply because it is the only way we now have to make humanity survive. We need to rely on their experts and their equipment to keep us safe and maintain our health. There is no alternative, so every penny it takes must be a penny well spent.

The health of the nation, of the world population, has become the priority for our governments. So, the medical profession sits at the top of the governmental tree and has the first pick, can decide what it needs without having to consider any other aspect of life. It is about public health, and the health of the public is made up of the health of the individual, so your personal health is therefore the priority of your government. Total healthcare should therefore be made available to every citizen, irrespective of their financial means. The public purse will fund it, for the benefit of the individual and the whole, irrespective of the financial means of the public purse.

As we now have experienced (because we have been told) that we cannot rely on our own observations about health and disease, our personal health needs to be monitored. The state will then alert you when you are in danger of falling ill. It will set in motion a procedure which will allow you to find out what is wrong with you and what you need to do about it. For this system to work well, an individual must be monitored 24/7 and all individuals must be monitored as that will alert the authorities, and therefore you personally, to the spread of anything that could be a danger to your health.

This system will bring treatment more rapidly, and thus more efficiently, to where it is needed, driving down the cost of unnecessary investigations and treatments. Hence, by spending more money the government will save money. That is their prediction; it's not a promise.

Public money is being invested in a private industry in the belief society needs this industry, is totally dependent upon it and is unable to survive without it. Only allopathic medicine will be available to people, even though to date there is no scientific proof that their basic concept about health and disease is correct. Research will only be their research, aimed at underpinning any theory they put forward. There will only be money available for investigations and treatment options they favour.

Relying on measuring data and test results means that decisions about 'normal' and 'abnormal' are made by the experts selected by the system. Gathering the data is ideally done on a permanent basis. Apps on your smart phone and censors on your skin will constantly monitor your temperature, your heart rate, your breathing rhythm, whether you cough or not, muscular tension, air quality, and so on. Other smart devices will test your excretions, such as urine and faeces (smart toilets) or they will monitor what you have eaten or drank today (smart fridges), how many calories you ingested and burned up. All this information will be sent directly to a control centre where algorithms will decide what your risk factor of becoming ill is and what you need to do about it, which further investigations are needed and what treatment you require. You will be contacted when it turns out you have been in contact with someone who subsequently has become ill and you will be treated preventatively. Also, integrating the data that shows when you are stressed, happy, angry and sad with what you are doing at that time (what were you listening to or watching) will allow them to know your beliefs, your thoughts, your preferences and your needs. They now know what you are trying to keep to yourself. You may feel safe in this system but remember that not only your personal stuff (habits, preferences, choices) isn't private and personal anymore but also that you can be picked out as a source of a health danger to your fellowmen. This may lead to your removal from society without you having any recourse.

Sold under the banner of 'prevention is better than cure' it will turn out that this kind of prevention whereby people will be treated even though they are not ill will not be cost effective. In the first place, public money is being diverted into private pockets without any safeguard in place that monitors what the public is buying, is getting back in return. The community will have to pay for everything the medical profession proposes, demands. The cost of the product is set by the medical profession. The investigations and treatments are called for by the medical profession. The industry has been given carte blanche by the government. Everything will be paid for without any questions being asked, without any results being demanded, without any standards being expected by an authority balancing the cost and the benefits. The people, the country, has been sold out to the industry.

The healthcare system needs to run more efficiently, and as we are dealing with a lot more information data we need to triage the patients. Computer programmes will sort out appointments for investigations and interventions. Computer programmes can deal with prescribing straightforward prescriptions after algorithms have made a diagnosis. There will only be a need for large health centres, hospitals, where technological facilities will be available under one roof. People will either travel long distances themselves to get to these facilities or helicopters will bring others in from far afield. Nobody will have direct access to a medical facility or a doctor. Computer programmes will deal with all enquiries and health complaints. This is the new definition of 'remote healing'.

This healthcare system insists that the biggest threat to our health comes from the environment. Not only is nature fraud with potential danger, now our fellow human beings turn out to be a real danger to our health too. So, in order to save us we will need experts to control our surroundings.

We will need to learn to be selective about our contacts with nature and the elements, as well as monitoring our contacts with other people.

OUR ENVIRONMENT

Our medical system and the progress they have made in identifying potential threats to our health already warns us about the potential deadly influence from the sun, about diseases caused by air pollution (CO2 emissions), about disease caused by naturally occurring substances such as pollen, sugars, gluten, fats, and water, as well as food items that reach our table without being monitored and checked by the government, such as meat, eggs, milk. Luckily for all those, the industry has found a solution that is much better suited to our health than the naturally occurring stuff. We have found a way to block the sun reaching our inner environment without us having to give up sunbathing. We have been able to remove all potentially dangerous substrates from our food and replaced them with artificially similar stuff, which is much better as the concentration per food unit is regulated by law. We ensure that only food from regulated and approved organisations can enter our markets. The easiest and most efficient way of controlling our food and drink is through supermarkets and ceasing all local trade as that is clearly where the danger to exposure is the greatest.

Our medical system has been warning the population about the effects of polluted air with reduced oxygen content and increased carbon dioxide. This has been linked to lung and heart disease, but also to depression, to nervous disorders and metabolic problems. For a few decades now the air quality gets monitored everywhere in human society and every citizen has been made aware of the fact that our personal mechanical mobility, such as driving a car or flying to a holiday destination, is the largest contribution to this health threat. We all need to stop contributing to this problem, if we want to survive at all.

Our medical system warns us that many diseases can be transmitted from animals to humans. Limiting our contact with nature, especially wild nature, is essential in reducing this risk. We need to monitor our personal contact with animals and their environment. They harbour diseases we are not immune to and via excrements or simply being in the same neighbourhood, their natural habitat, we could become infected. They encourage us to use city parks and controlled nature spots but to stay away from the wild natural areas.

Climate changes, which include extreme weather conditions, are said to be caused by the warming up of the earth's atmosphere. This is, so we are told, caused by the fact that you and I are driving a car and want to take a holiday abroad. Nothing has been mentioned about the systems that are being used to either collect water from the atmosphere in one place so it rains on the crops of industrial agricultural land, or disperse cloud gathering (water collections) in the atmosphere

"The easiest and most efficient way of controlling our food and drink is through supermarkets and ceasing all local trade as that is clearly where the danger to exposure is the greatest."

when and where they do not want it to rain. These techniques have been well understood and have been used for several decades, thereby completely disturbing the natural balance of the atmosphere but they are not included in the analysis of climate changes.

When natural foods have become a threat to some people, not to all people, then it is the easiest option to blame the food item, even though the individual may not have had a problem with that food item in the past. It would be more daring to ask what has changed in the individual for that system to change its reaction to the normal substance. The idea that a human hand, a human mind, can improve on what nature produces is kind of weird as nature has been in this symbiotic relationship and balance for many billions of years. All of the sudden, over the last five decades, mankind is able to survive because it has (finally) found the better alternative to the natural production. Poor plants and animals that don't have that essential knowledge! Will the human race then ultimately be the only thing that survives?

Medical research confirms that artificial alternatives to sugar are carcinogenic, that fat-free products leads to the need to take fat supplements, that artificial sunblock cause skin cancer and alter the body production of vitamins and essential proteins (essential metabolic processes), thereby weakening the resistance of the body against illnesses.

Medical experts emphasize the need for our contact with nature as part of a health programme. Regular walks in the park will do us a lot of good. Yet, they decided it was best for our health to stay indoors when they saw viruses flying around, viruses we did not see.

Environmental research estimates that over 50% of all diseases contracted through contact with animals can be traced to agriculture. It disturbs the natural environment and 'releases' viruses we would otherwise not encounter. They plead for a clear separation between the natural habitat of the animals and the human environment. Our contact with nature needs to be monitored too and agricultural land needs to be limited and separated from our living quarters. It is beneficial to our health for us to be in nature but without the experts' guidance we will be lucky if we come out alive.

According to the World Health Organisation 90% of the world's population breathes air that fails to meet safety standards, causing the premature deaths of 7 million people each year. Studies have also shown that air pollution makes the person more susceptible to a whole array of diseases. It turns out that at the height of the complete lockdown there was no significant reduction in CO2 air quality in most cities in spite of virtually no flying, no car transport and a lot less consumption in general. Hence, the emissions from sources that did continue unabated such as electricity, agriculture and industry far outweigh the contributions made by the totality of personal human activity. The solution the new society is proposing is that we, the people, change our consumption behaviour. We need to 'demand' through our actions different products, made

in a 'cleaner' green economy. They do not propose to shut down industries that pollute the air. The responsibility to shut down any part of the existing manufacturing industry lies clearly with the people, not with the government who gets paid by the industry.

An increase in CO2 levels in the air stimulates the growth of green leaved plants and their activity, as the agricultural sector will confirm. These plants turn CO2 into oxygen, thereby solving the entire problem, cleaning the air from carbon dioxide. It is a natural process of supply and demand. Of course, if you keep reducing the green leaved areas on the planet by allowing corporations to continue cutting down large forests, the capacity of the earth lungs keeps being reduced. Again, although the problem is really caused by large companies the responsibility of ending it is firmly put in the hands of the consumer. We need to plant more trees and reduce our paper consumption by making everything digital, but the companies can continue increasing their profits by eliminating well established forests.

Chemical experiments in the atmosphere to successfully interfere with the local weather are never talked about. Neither are the energetic experiments that are being conducted on both the North and the South Pole, disturbing the earth's magnetic field, the force that keeps everything together on this planet. A cessation of fiddling with the very essence of the existence of life on planet earth is not part of any new world deal they are offering us. In fact, we are not supposed to know about these activities as they pretend HAARP is completely harmless.

WELLBEING

Our general wellbeing is of the utmost concern to our government. The crisis has highlighted the need for human contact, the need to feel validated as a person as well as in our work, the need to have space to ourselves. They recognize that we need to spend time together and to spend time outside of our home environment to, at least, have the impression of freedom and expansion. It wasn't the virus that created that perception. It was the fallout from the lockdown imposed by the same government that now claims to have learned the lesson. So, they recommend that we take a walk every day, best by ourselves or with a member of the household.

They now recommend the benefits to our health of social contact. As physically getting together has become a deadly pursuit we are encouraged to make use of the video chat facilities the internet offers. Chatting with family and friends on Whatsapp and other platforms gives us the confirmation we are all connected and although the experts do admit it doesn't give you the same information as being in the same room with the person you are talking to, it is something our systems will adjust to. Our brains are, apparently, so sophisticated that they soon will learn to make up the missing information by reducing the need for it. In other words, we will learn to do with less and still feel satisfied we had a full blown, all encompassing, encounter.

"Almost everything can be taught online. It saves on the operational cost of buildings, including less personnel. Class sizes do no longer matter. One teacher can have hundreds of students, which solves the staff shortage problem."

They recommend we make use of the benefits of working from home. You do not have to commute, which is responsible for so much stress and loss of time. You have more control over your own time and you are still available for any situation that may occur at home, emergency or other. You do not have to travel for meetings as they can now be done as video conferences where you simply stay at home. You are not exposing yourself to the dangers of meeting other people in an enclosed environment at work.

They recommend getting out for some time each day. This is something we all did by going to work but going out now has to be done separately. You are supposed to go out but it is recommended you do not meet up with anybody as the danger of catching a deadly disease is constantly present.

Physical contact between people is an essential part of living and of our health. We are social beings and therefore need to have that contact. It was the first thing our governments removed from our lives. All physical contact was banned, even though, as the medical authorities confirm, we become mentally and physically ill when physical contact is either denied or impossible. For our own health, they enforced physical separation between human beings, family and friends, our support systems.

Separating us from work colleagues breaks down the unity of workers. Each in their own little cubbyhole they won't be able to get to know each other. The other big advantage of making people work from home is that it will allow the authority to put in place monitoring devices. On your computer, not the company computer, apps will be installed that monitor when you are actually working, what you are working on, what you are looking at, who you are talking to, how often you frequent the toilet, what you are consuming while working, and so on. This is necessary information for your employer, which you are agreeing to in exchange for the privilege of working in your own comfortable environment. However, these devices continue sending information to a monitoring centre which collects all data about your behaviour and your travels online.

At the same time, children and students can also stay at home for their education. Almost everything can be taught online. It saves on the operational cost of buildings, including less personnel. Class sizes do no longer matter. One teacher can have hundreds of students, which solves the staff shortage problem. In this system, the students are kept safe from possible infection while they are getting the best of both worlds. They get the best teachers and they are at home, with the people that love them and support them. That is if these people are not working themselves, if there are enough computers and internet options available at home and enough physical space to separate them all into different sections of the house or flat,

so they do not disturb each other.

It is recommended that you take some time for yourself every day, away from work and home chores. So, you need to go out. But how can you be safe in the outer environment? Your smart phone is equipped with an app that will let you know if an infected or not-protected person is in your neighbourhood. That way you can be sure to avoid all contact with any possible danger. If you do come in contact with a person or situation of high risk your app will advise you on the best procedure to follow. This will allow you to minimalize the risk to your own system. By all means go out but know that you and your app will need to be on high alert all the time as you are moving through a potentially deadly zone.

GREEN ECONOMY

We need to go green. Sustainability is one thing, but a green economy, even if the cost is more than we can bear, is a must. Massive amounts of money are being pumped into the idea of a green economy. Even though the definition of what is considered to be a green economy is a bit vague, it is being pushed as the only way to live if we are going to save the planet. And that is something we need to do if we want to ensure our own survival.

We want green electricity. Essentially what is meant by this is that electricity should no longer be gained from burning fossil fuels. So electricity created by more natural means of wind, sun and water power are the alternatives that are being suggested, although nuclear power plants also classifies as a green industry as it is not emitting any CO2.

We want to shorten the supply chain. Transporting products across half the world from their manufacturing site to the consumer market must be a thing of the past. This will create a lot of local jobs and although the price of the product will increase it is a price the consumer is willing – he has no other choice – to pay. It will also mean less travel, which results in less CO2 emission.

Saving the planet, as in taking specific actions to restore a natural ecosystem, seems a bit strange inasmuch that the planet has been around for a lot longer than humanity has. It has survived on its own accord so many catastrophic events that it seems a ludicrous idea that an individual is saddled with the responsibility to save the planet. The way we are going to save the planet according to the authorities is by collectively changing our habits. Many of these habits have been put into place by the industry. Our habit of using plastics does not come from individuals but from a manufacturing industry that has flooded human society with a non-biodegradable product, and yet it now is the task of the individuals not to use plastics anymore. Not the task of the industry no longer to produce it! Saving the rain forest is a task of the individual, not of the industry. The public needs to feel responsible to rectify the damage that has been done by the industry for big profits. The profits is money the industry has taken from individuals and now the same individuals are being presented with the bill for the cleanup of the damage the industry is leaving behind.

Green power must be the future, and is per definition a much better solution than the old fossil burning way of generating power. If you don't emit CO2 whilst producing electricity it will help to save the planet. Nuclear power stations leave behind massive amounts of radioactive material which will take thousands of years to naturally deteriorate and lose their radioactive power. This material is simply dumped at the bottom of the sea or buried deep into the earth. Fracking as a way of producing gas which can be used to power our electricity plants, provides an ideal way of storing this material in the cracks and crevices that are being created by shaking the rocks beneath our feet in order to extract the gas. Dumping radioactive waste in those holes will, so the industry hopes, extend the time before the earth will fall away underneath the feet of human settlements.

The batteries that are being used to store electricity, produced by solar and wind energy, also create lots of problems. The mining of the raw materials leads to contamination of local water basins and salinization of freshwater. There are also serious issues surrounding child labour, deforestation and toxic pollution of the environment with even birth defects as a result. It turns out that, although electrical vehicles pump out less CO2 whilst driving them, the manufacturing of electrical vehicles produces significantly higher CO2 figures than its petrol counterparts. At the end of its life many parts of the batteries could, in principle, be recycled. However, that market is predicted to be very small and not attractive due to the fact that it is complicated to recycle lithium and it is highly toxic. On top of that, recycled materials are much more expensive than mined equivalents. The huge investment needed for a relative small return makes it very unlikely recycling of storage batteries will become common practice.

Shortening the supply chain looks like we are evolving in the direction of more local products and a local market chain. You may have the impression that this will benefit local people, local businesses and self-employed people. This could be true if those would still be in existence. Not the virus but the measures our governments have taken have ensured the total collapse of traditional local businesses, of local markets. You will be able to buy local products in the supermarket, virtually the only remaining outlet. Local production will then be determined by the demand of the super chains, not the demand by the customer. Only international internet companies will be able to supply you with goods from other places as they can still move products because they have their own transportation network. You will be able to order a product on the American amazon site but it will be delivered by the UK amazon site, making it look as if it is a local distribution. A regular American company will no longer be allowed to deliver to the UK as that is in breach of the trade agreement of the new world, but if you are big enough and have facilities in almost all countries you can distribute whatever you want.

EQUAL OPPORTUNITIES

Making education a lot less expensive through the use of internet schooling makes it look like equal opportunities for all. Financially stretched families will now be able to afford higher education for their children and they, in turn, will be able to enter the job market without

huge loan repayments around their necks.

Working from home gives the impression that even when you cannot afford a car you are able to hold down an important job 'in the city'. Or, people who need to be around for their children or ageing parents will still have the opportunity to continue being employed in a highly responsible job. People lacking social skills will no longer be excluded from responsible jobs as they no longer have to meet other people in person. The job market becomes a more even playing field.

Governments will guarantee a minimum income for every individual, irrespective of its contribution to the job market. There will be a safety net, a social security system, that will ensure that everybody has a financial opportunity to live. Medical care and social assistance will be provided by the group for the benefit of the individual. There will be solidarity amongst the entire society because nobody will be missing out on anything. All this will be financed by the government.

Nobody talks about the income of the government anymore. Various open and covert tax schemes have not been successful in balancing the books for a very long time. Even penny pinching and austerity measures did not alter that trend. The proclaimed threat to the entire world population did. Now it no longer matters what a government has to pay as long as there is the prospect - nothing more than the thought that it is possible – of saving one life. We have determined that a human life has no limited value and whatever it takes, the entire society must be ready to sacrifice it on the altar of solidarity. Anybody questioning this attitude is branded a heretic, discriminating against something or somebody.

This new society will be all inclusive. It will be offered to the citizens almost at no cost whatsoever, if we line all the promises up. And all that will be asked for in return is solidarity with your fellow citizens, with your fellow citizens of the world, except if they are Chinese or Russian or North Korean or …

If we mean by 'equal opportunities for all students' that everybody should have the opportunity to attend university or a highly specialised technical school, then the only way you can achieve that is by lowering your academic standards or your required skill standards. On the other hand, if you mean 'giving every child the opportunity to develop their talents at a time and at a pace they determine themselves', then you will have to stop putting them all together on one conveyer belt. Expanding the number of students attending one lesson from 30 or 40 to a few hundred will push them all down the same corridor, the one line of opinion, the one way of understanding life. Creating true equal opportunities, opportunities that will directly relate to individual happiness, one needs to allow a person to be themselves, not having to fit a certain profile. Every profile of any human being will work in a life where variety is the spice of life. All the same is bland, uninteresting and bound to die soon.

"You have become a commodity for the government and only by supporting the government will you be able to survive as all essentials are fully controlled by the authorities."

The job market will be ruled by the data that has been collected about you. This will include your medical records, your internet search behaviour, your habits, your preferences, your anger themes, your vulnerabilities and your strengths. They will be able to select the perfect, to them, the perfect person for the job without there being a need for a lengthy and annoying solicitation round. Whatever they want from the employee at that time in that position they will ensure they'll get. No more strikes. No more riots. No more open conflicts. It seems that everybody is happy.

Those that aren't happy, because they are not allowed in a job, will have to be happy with what they are being given. Without the social security they would not be able to live, so being grateful is appropriate here. Again nobody shows any signs of unhappiness, which means that everybody is happy.

Governments will not have to pay out the vast sums of money they hand out. People are basically being rewarded for their loyalty and although people nowadays think in terms of being paid money for their services that will no longer be necessary. If you are on social benefits the state will provide a basic living for you. This means that you get a roof over your head, some food on the table and something to do. So all the government needs to do is provide you with a kind of voucher system. If you give them some of your time and you watch and like (thumbs up) the programmes, you get to stay in the accommodation and they will deliver the food they have decided that's good for you.

Jobs will be rewarded with privileges. When the government is very happy with your performance you may be allowed to travel to the coast for a weekend or to get a pair of fancy high heel shoes. You have become a commodity for the government and only by supporting the government will you be able to survive as all essentials are fully controlled by the authorities. If you fail to be given food or water or shelter you will not find anybody who is willing to share anything with you because the solidarity only extends to 'the real people', not the rebels and hooligans. Everybody, those within the system, is equal as we all have a place to stay, food on the table and something to do. There is a definite gradation in these which will encourage some people to strive for more and better, although even that is capped and monitored by the authorities.

Everybody is part of this government society and is a stakeholder in the business, in the job they are in. They benefit from the good performance of the corporation like any investor would have in the old days. However, it will cost the company far less to keep all their employees happy than it did keeping their investors happy. Now all the investors want is to keep their power over that aspect of life their business deals with. Businesses will no longer be in competition with one another but they will form a balanced ecosystem where only camaraderie and synergy exists. Equality at that level. Equal opportunities to them. The rest are the grey masses, equal and indistinguishable from one another.

Authorities tell us that in order to maintain our health
– we need fresh air.
– we need plenty of movement.
– we need contact with nature.
– we need (physical and mental) contact with fellow human beings.
– we need to limit screen time.
– we need a purpose in life (a reason for living).

Those same authorities tell us that our health is in danger and they order us
– to wear face masks and to breathe in our own expelled air, with a CO2 level that is hundreds of times higher than what they consider to be detrimental to our health when they measure the CO2 in the atmosphere.
– to stay indoors where we have limited opportunities of sustained and prolonged movement.
– to avoid contact with wildlife.
– to avoid contact with other human beings, including family.
– to work online, to study online, to shop online, to keep in touch with others online, to basically live online.
– to close our businesses and to give up our hobbies.

Why do we believe them? Why do we still credit them with the knowledge to keep us safe when the recommendations for our survival directly oppose their own health recommendations? Because they tell us that the benefits of their recommendations, or more accurate their enforcements, far outweigh the risk to our health posed by the minor and temporary disadvantages of the safety measures they implement. It is an argument that the medical profession uses all the time. They know they are using highly toxic stuff as cancer treatment but the benefits far outweigh the risk posed by this toxicity. They admit that vaccinations cause serious damage to children and adults alike but the benefits far outweigh the risk posed by their toxicity. They know that antidepressants increase the risk of suicide but the benefits far outweigh the risk of the side-effects. So this type of reasoning is common amongst the profession that currently rules our lives.

In order to get some idea how true such a statement is we need to retrace the steps that got us to this statement.

It begins with the idea that a new infection is going around the world, infecting billions and killing millions. However, official death records show no specific increase in numbers during 'the height' of this pandemic, which begs the question whether this can truly be called a pandemic. The authorities put out figures of bed occupancy in hospitals and intensive care units, which they do not compare with figures for the same periods of the year for the past twenty years. They also 'explain' lower numbers, which actually means less pressure on the system, not more, by the fact that they have closed down wards, suspended normal hospital activity, in order to cope with the deluge of infected patients. Firstly, we cannot know whether there has been a significant difference in the figures as they do not publish those. Only figures are being pumped out during this 'crisis' and only in relation to this 'crisis'. Secondly, we cannot know the underlying reason for admissions to hospital or the illness a person is clearly suffering from because at the same time as having this infection in the world, measures have been implemented that have had serious consequences on peoples' lives, causing serious illness and distress. We can't distinguish one from the other. Add to this the fact that the world population has been living in tremendous fear of death and that factor alone will be responsible for a lot of human suffering and ill health. Again, numbers cannot be separated out from what the authority lets us know.

The reason the authorities give us for the high number of infected people is the fact that they test positive for the virus. However, a virus has never been isolated and without separating the virus from the rest of the debris from living material, nobody is able to tell what bits belong to the virus and what is part of some other cellular life. So claiming that a positive test equals an infected person is simply a lie. Besides, science has proven that there are no 'absolute' tests. This means that no test, and that includes all medical testing and measuring, gives us an absolute result. The test result is dependent upon the circumstances in which the test is taken, how the test is performed and how the data is being collected. The medical profession knows this as they know that there can be huge differences in results of standard tests done in different laboratories. They know that there are no specific antibodies to be found against any of the diseases they test for. They know that there is no specific immune reaction that can be demonstrated for any diseases they test for.

So if a positive test result does not equate to an infected person and if there is no scientific way to diagnose a disease, an infection, what is then left of the pandemic? What we can do is record people with clinical infective symptoms. We cannot prove what has caused their infection but we can, to a degree, clinically determine they are suffering from some sort of infection. If this constitutes a pandemic that then depends on whether it affects a large part of the world. Only the sheer numbers of ill people count. Well, infections happen everywhere in the world all the time, so it would be foolish to name it a pandemic if we cannot establish that all, or most, of the infected people are ill as a result of the same cause, as no test will allow us to prove such a link. Flu happens every year all across the world but is not called a pandemic. All we have left is the number of people suffering from an infection at any given time. But in order to find out if this is something unusual we need to compare it with figures of previous years in that same region. If we are unable to compare like for like, we are unable to draw any conclusions at all. From official figures published in various countries it becomes clear that nothing abnormal, deviant from previous years, has happened in 2020. No more infections than usual.

The threat of 'picking up' an infection that might possibly kill you is one thing but the question as to how big that risk is, is a far more important point. If we believe that an infection is passed on under specific circumstances or in very specific conditions, each individual can 'assess' their own risk. The authorities inform us that this new infection can be spread from human to human, even without direct contact, from animal to human and from objects to human.

Now we have to be afraid of being anywhere near another person, of being in nature in the proximity of animals and of touching objects. In other words, it is no longer possible for an individual to assess the risk themselves anymore. Hence we become totally dependent upon a monitoring system the authority is putting in place and which they tell us will keep us safe. So they require us to let them know where we all are at any given time and as they collect information about every citizens' health status on a continual basis, they can let us know if any 'at risk' person is anywhere close to us or if we enter an area that poses a high risk. This requires strict surveillance of the entire population on their movements and their contacts, which involves the individual to give up his or her right to privacy in order for the authority to keep us all under surveillance at any given time.

The actual assessment of what is and what isn't a high risk area is only made by the authorities and cannot be verified by the individual. In order to evaluate how big a risk a certain situation holds to a specific individual for that individual to fall prey to an infectious disease (given the story the medical profession tells us about the spreading of infections), one needs two important bits of information. Firstly, one needs to identify where this infectious agent actually is present and active, and secondly, we need to know how much resistance that specific individual has got against the so-called attack of this infectious agent. These pose quite a few problems.

• We have never isolated a virus and therefore cannot determine where a virus, any virus, is present.
• We have never proven a causal link between the presence of an infectious agent, be it bacteria, fungi or viruses, and the specific disease the medical profession claims they have caused.
• We have no test that evaluates the resistance an individual has against any specific disease.

To put this in a nutshell, we do not know where viruses are and what possible viruses are present anywhere at any given time. And even if we did, we do not know what effect they may or may not have on our health. No infectious disease has ever been scientifically proven to be caused by any infectious agent we hear about. There is no scientific proof of any direct involvement of any known infectious agent in our health. On top of which it is impossible for us to assess someone's vulnerability to any known disease, said to be caused by an infectious agents, as there is no test that can identify the resistance anyone has against falling ill from a specific disease.

We must conclude that, both for the individual as for the group, an assessment of risk to become infected with a specific disease is completely impossible because of the many unknowns, not in the least the fact that there is no causal link between an agent and an infection. However, a risk assessment about possible damage linked to the protective measures such as facial mask wearing, isolation of suffering individuals and vaccinations, is certainly possible. In all those situations we can establish a definite risk, which we can't as far as the risk of infection is. This makes a statement such as "the risk of infection is far greater than any possible risk caused by vaccines" a total distortion of the truth.

"The scheme is nothing more than rounding up the cattle into one big coral, and in this case they didn't even have to make use of dogs or horses to achieve it."

The promise of a new and better world begins with the destruction of the old. The old world and the principles it was built on are being taken down by governments that have built that world and are now offering to build us a new one, a better one. The governments are taking away everything individuals have believed in - they were told it by the government - and they are replacing it with something else, the government is telling them, promising that it will be better. The justification for this robbery comes from the same governments in the shape of protection. They rob you of your opportunities for your own good. And the reason, the excuse, for the robbery is a death threat to your individual life. If one begins the reasoning at this point then the new world can be built up, layer by layer, lie upon untruth. And the public wouldn't know any different because it all sounds logical, from the moment you believe that your life (your health) is in danger. From the moment you are convinced your health can be invaded by an outside invisible source without you having any defence against it, you can be taken anywhere simply by creating fear.

Your life is being threatened by something you can't detect, you can't identify and you can't demonstrate any effects from. But in order to protect you from it the government you trust tells you in great detail everything it 'knows' about this threat, everything that is effective in protecting you from it and how individuals should melt together into one solidarity group – 'if you don't do it for yourself, then do it for your fellowmen'. Stay close together and execute the orders we give you. This is a forced and enforced solidarity which allows for individual needs and suffering to be totally ignored. Humanity, whomever that may be, needs to benefit, not you, egocentric little person. And what 'benefit' actually means is something you also will be told by the same authority.

The promise of a new world is a beautiful scheme whereby the existing authority no longer has to explain itself and convince a majority of its population in order to stay in power (democratic principle). The scheme is nothing more than rounding up the cattle into one big corral, and in this case they didn't even have to make use of dogs or horses to achieve it. They simply made some noises. Simple statements, made at the right time in the right direction, brought the human cattle together.

And as with the driving of cattle, the sounds that are being used to manipulate which direction they will be led into don't have to make sense at all. They do not have to mean anything.

Hence, you can say anything you like. Truth plays no further part in this game. Control is the name of the game.

The new world has arrived, as promised. Everything will be taken care of.
– Fresh air can be produced and

circulated through our homes.
– Our movements will be monitored and regulated by constantly measuring and calculating that sufficient mobility is being maintained.
– Contact with nature will be monitored and made safe.
– Contact with people will be monitored and made safe through the identification of non-protected people and an alarm system that warns you of possible danger. If you have been exposed you will be isolated and treated in order to minimize the risk to you and the rest of the population.
– Screens will be made safe to use and will become invaluable for all our activities.
– Every individual who is not directly or indirectly employed by the authority will be used to supervise other citizens. For this service the person will be allowed access to the essentials of life.

The new world will focus on reducing the risk to the individual by monitoring everything, separating most and choosing what to call safe or dangerous. The voice of power.

The new world will be a safe haven to those who are following the instructions of governments, thereby not putting their fellowmen in any danger, as proclaimed by the government. The voice of power.

The new world will be about an enforced solidarity overriding any personal issues. People will be praised and rewarded for bringing any breaches of the rules to the attention of the government. And collateral damage is part of winning the war. It is predicted that vaccinating the world population will lead to 7 million deaths due to the vaccine (Bill Gates), but it is a price we all must pay to save humanity. Says the voice of power.

What the new world is built on are those beliefs that science has already proven wrong. Science may be slow (it's a difficult process!) in finding absolute truths but they are very efficient in finding absolute untruths. It is these that the medical profession in its entirety has been constructed on, a building plan that is now being extended to the whole of society across the entire globe.

The launch of the new world is imminent. The promises we already have; the reality we will be confronted with.

August 2021

VIRUS – TIME TO RE-EVALUATE?

MAGDALENE TAYLOR, EDITOR THE INFORMED PARENT, FIRST PUBLISHED IN AEVA, SUMMER/ AUTUMN 2020 EDITION 5

NEVER IN THE HISTORY of the world have we experienced the situation we presently find ourselves in. Since the World Health Organisation declared a coronavirus pandemic on 11 March 2020, we have been bombarded daily with the number of alleged deaths and cases from a novel disease called Covid-19. Worldwide those who are glued to mainstream media, believing every word, are placed in a state of extreme fear. We have been told that there is a virus spreading across the globe that may be fatal for some of us. Lockdowns have been insisted on in some countries, draconian restrictions have been put in place. Stay at home to prevent the spread, regularly wash your hands, wear a mask when going outside for your exercise or shopping, and adhere to social distancing of two metres and stop the spread!

There is however a very big problem with this story – a virus is not a living organism. The vast majority of us have grown up with the belief that germs are our enemy and that we must either destroy them or protect from them. That these germs can randomly invade our bodies, infect us and lead to specific diseases. From when we are small – adverts on TV are telling us about products that will kill 99% of all known germs – dead!

We are also told that these germs are bacteria, fungal or virus, the latter being just very tiny germs – much smaller than the other forms. One very important aspect that is NOT generally indicated about virus is that they do not have any functions of life. Bacteria are living organisms and can move, digest, excrete, reproduce etc., whereas a virus has none of these abilities. Why would scientists and medical professionals believe in the existence of a vast number of species of virus, if they are not alive? The word 'species' gives the impression of something living.

Let's first take a glance into the established belief system held by modern medicine, which is based on the germ theory of disease.

Most people have heard of Louis Pasteur and his germ theory, but most are not aware that he had many critics and throughout the twentieth century books have been published exposing his fraudulent science. On 16 May 1995 the New York Times reported sensational discoveries in the diaries of Pasteur. Professor Geison of the Historical Institute at the University of Princeton, USA, after reviewing over 10,000 pages of Pasteur's diaries, reported that if the results of Pasteur's experiments did not live up to his expectations, he modified his experiments until they provided the outcome desired to prove his ideas. This meant that Pasteur had deliberately falsified scientific experiments to suit his own purpose.

Interestingly at around the same time there was another French scientist, Antoine Béchamp who held a very different theory regarding disease. Based on his observations and experimentation he reached the terrain theory of disease. To put it in a nutshell Béchamp arrived at the conclusion that disease arose due to the state of the inner terrain. In other words it started from within the host organism due to unhealthy conditions. This could be as a result of many things; primarily living conditions, lifestyle, lack of sanitation, before supply of clean water, poor nutritional state, even emotional stress. Rather than looking for drugs and vaccines to kill or protect from the supposed invading germ, Béchamp's theory required people to address all those areas that influenced the state of their inner terrain, and hence their health.

Going back to Pasteur, apparently when he could not find the presence of bacteria in some disease situations eg rabies, he came to believe that the disease was caused by invisible agents too ›

small to be seen with the microscope. Decades later with the advancement of the electron microscope these supposed miniscule particles of disease termed 'virus' were observed (although not purified and isolated), and assumed to be the infective agents of a variety of diseases where no bacteria are present. Even though it is acknowledged that viruses are not living cells and that they are in fact tiny packets of genetic material the assumption by science was, and still is, that they somehow hijack living cells in order to reproduce and infect the cells leading to a viral disease. Science did not consider any other explanation due to the ingrained dogma from the accepted theory of infection by a specific invading germ. Germ and virus theory are both heavily protected areas of medicine that anyone who dare question them are met with hostility and censorship, and usually experience a change in direction as regards to their career. Many prefer to keep a low profile even if they have doubts, due to fear of the repercussions alongside the ridicule from their professional colleagues.

WHAT IS A VIRUS, IS THERE PROOF THAT THEY EXIST?

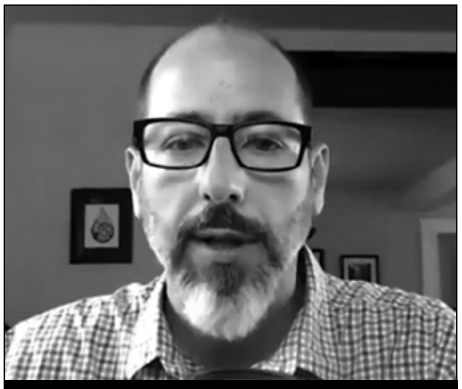
Going back to, for example, the ninth century Rhazes, an important figure in the history of medicine studied in particular, smallpox and measles, two presently accepted viral diseases. However Rhazes viewed these conditions as the body eliminating impurities from within to cleanse the internal terrain and apparently did not attach much importance to the idea of contagiousness. It is interesting that the term virus comes from the Latin for poison. Even during the nineteenth century many of the diseases such as typhus, scarlet fever, measles and smallpox came under an umbrella term 'zymotic' disease or fevers and were viewed as cleansing efforts by the body to purge the system of impurities. It is also interesting to read that during the first major documented polio outbreak in the US, Rutland County, Vermont in 1894 Dr Charles Caverly who was apparently one of the first physicians to recognise that polio could occur with or without paralysis stated the following regarding contagium:

"The element of contagium does not enter into the etiology either. I find but a single instance in which more than one member of a family had the disease, and as it usually occurred in families of more than one child and as no efforts were made at isolation, it is very certain that is was non-contagious."

However apparently Caverly's view began to change after 1909 when it was claimed by 'science' that the poliovirus had been isolated as the cause. Science had declared there was a virus and as usual most doctors accepted this without question even if they had made very different observations previously.

A paper entitled: 'Viruses and Koch's Postulates' was published in the Journal of Bacteriology in 1937 by Thomas M Rivers (from The Rockefeller Institute for Medical Research, New York). Rivers indicated that there was not full agreement as to a virus-causing disease as the evidence did not meet with all the conditions laid out by scientist Robert Koch. Koch's four postulates were used to prove that any suspected infectious agents caused disease. All four conditions had to be met for proof of infection by a specific germ. This however could not be met particularly with viral illness, as virus could not be cultivated on ordinary lifeless media. The author comments on how the blind adherence to Koch's postulates may act as a 'hindrance' especially for virus. In other words when the desired outcomes are not being observed then these postulates need to be altered. Given the fact that virus are non-living it is hardly surprising that this non-living material could not be cultivated on a lifeless media.

It is no wonder that the samples of assumed virus had to be grown on living cells eg monkey kidney cells. This brings into question what exactly is being grown in labs? Non-living virus, along with other material that is present due to the virus not being totally purified and isolated is introduced into a petri dish of living cells from eg another species, or even cancer cells (eg HeLa cells), which also contain impurities. Anti-biotics and other ingredients are likely to be added too. These cultivations then go on to be used in the development and production of vaccines and introduced by injection into the human system, from young babies to the elderly. Do you feel reassured that these experts know what they may be creating?



DR Andrew Kaufman

"Kaufman states that it has been observed in experiments that some exosomes take up toxic substances outside our cells and protect us from the effects of those toxins. Essentially they are a response to disease not the cause."

In very recent times Dr Andrew Kaufman, a US medically-trained doctor, has emerged into the public arena raising many concerns on germ and viral theory that most scientists or doctors have blindly accepted. Initially Kaufman hesitated to speak out publicly, however due to not being beholden to any academic institution where he has to maintain the paradigm that is held by that institution, he has been able to speak relatively freely given all the censorship that is taking place at present. As you can guess YouTube have been actively removing many of his interviews – critical thinking is becoming looked upon as a crime these days.

Dr Kaufman has given numerous interviews over the last couple of months detailing how not only is there a complete lack of evidence that there is presently a coronavirus causing excess mortality or some kind of illness, but more importantly that there's actually no real evidence of any disease-causing virus when you start to delve into the published literature. Coronavirus are a family that were 'identified' decades ago, however Kaufman points out that the methodology to identify any virus and all the assumed virus strains is questionable and that they have

never been individually isolated and purified nor have they met with the established criteria for proving that a virus of any kind causes any disease.

He also goes on to suggest that there is a great deal of indication that the relatively recent discovery of tiny particles called exosomes (1983) share astounding similarities to what mainstream scientists have identified and called virus particles. Kaufman states that it has been observed in experiments that some exosomes take up toxic substances outside our cells and protect us from the effects of those toxins. Essentially they are a response to disease not the cause. However due to exosomes being recognised as originating from our own cells whereas virus are assumed to infect our cells, the very notion that they may be the very same thing has not been investigated by scientists. And who would fund such studies as it would not be in the interest of modern medicine if these particles are the same. It certainly would not be welcomed by the vaccine industry given all the vaccines that are on the market supposedly protecting us from a variety of alleged viral diseases.

By now you may be wondering how then is this coronavirus infecting people worldwide?

We are being told worldwide that cases and deaths occurring from Covid-19 are vast. Daily updates broadcast all kinds of worrying figures, whereas prior to this pandemic most people had no idea how many deaths normally occur each month let alone every 24 hours. Yet throughout this period there have been doctors pointing out that the vast majority of deaths are in those who are elderly and mostly with more than one serious pre-existing health condition.

It has been asked a number of times - are these patients dying WITH Covid-19 rather than from it? Others are indicating that they are not noticing anything much different to a normal flu outbreak. Not surprisingly, these individuals are not being interviewed by the established media channels or press at all.

Prof. Püschel, head of forensic medicine at the University Hospital Hamburg-Eppendorf and his colleagues are responsible for autopsying all those who allegedly died of Covid-19 in Hamburg. In a video interview for RAIR Foundation USA, 7 May 2020 he stated that in his opinion fear of the virus is being exaggerated and that it is a comparatively harmless disease and that labelling it a killer virus is inappropriate and creating fear. He went on to say that not one person had died from C19 alone – that they had at least one or even several serious diseases such as cardiovascular disease, heart attack, enlarged heart, COPD, liver disease, diabetes - and with an average age of 80 years old. During autopsies Püschel is finding pneumonia and other complications – super bacteria infections, nosocomial infections (conditions due to hospital or undergoing medical treatment) also present.

Some doctors are reporting that Covid-19 death certificates are being manipulated. Dr Annie Bukacek in Montana, who has been filling out death certificates over 30 year period, stated at a meeting that few people know how much individual power is given to the physician, coroner or medical examiner signing the certificate. She also talked about how autopsies are often not performed, and that even when they are, physicians have to make their best 'guesstimate' to complete the form. The inaccurate data is then used for statistical analysis! This data then becomes accepted as factual information even though much of it is false.

Death certificates are based on assumptions and educated guesses that go unquestioned. There is also no universal definition of a Covid-19 death, and for example in the US the CDC accept both confirmed and presumed deaths. Other doctors such as Dr Scott Jensen in Minnesota also raised similar concerns on how they are being advised to diagnose C-19 on the death certificate if that individual had been recently in contact with someone who was found to be positive even if there is no sign of C-19.

These are only two examples and this highlights how all data on what is truly going on at present is highly questionable and grossly inaccurate and unreliable. The more you investigate, the more you may start to ask does this pandemic exist or is this a well-orchestrated story closely resembling The Emperor's New Clothes.

And what a very convenient time to declare a pandemic – the timing fits nicely with one of the annual peak periods we experience with these type of conditions. I wonder if the second wave that is being insisted on will be at the other normal peak time in late September? I can only urge you to start investigating and come to your own conclusions.

Finally to sum up about coronavirus could it be that all these different cold and flu viruses that we are told annually infect us are simply the body encapsulating and throwing out poisons from our cells, cellular debris, a strand or two of RNA or DNA, and so on. In other words are these viral particles tiny packages of cellular rubbish? Whilst we produce this kind of activity daily to different degrees, there are annual peaks for a 'detox' around the time of the spring and autumn equinox as we enter or leave the winter period. This would explain why many people display similar symptoms at similar times. Also individuals all exposed to a poison such as polluted air in a specific area could also result in a clustering of cases.

If these expressions are allowed to run their course, not suppressed by medications, would we see an increase in health? And for those considered less healthy can we assist them through this cleansing operation by boosting their health with vitamin C therapy, for example? Suppression of our body's action by medication and inappropriate medical procedures may result in chronic or degenerative conditions or worse. Recent reports by health professionals indicating that the use of ventilators are resulting in many patient deaths is another grave concern. Some are speculating that there will be more deaths due to the lockdown rather than any alleged virus.

Is it time to let go of questionable theories of the past and start looking at the marvels of our body's own intelligence and supporting it through a required cleansing action? Modern medicine has long been in the pocket of the pharmaceutical industry and this is not a healthy state of affairs.

And as for virus... perhaps one day it will be recognised as the exosome process?

For more on virus theory please check out Stefan Lanka's presentations E.G. https://tinyurl.com/yzh48ezb.

HAYFEVER? REFERRED IN MORE RECENT TIMES AS A VARIANT OF COVID?

HOWARD BEARDMORE DO

I HAVE BEEN an Osteopath in the UK for the last 23 years and what always interests me is why people are not in good health, not why are they ill!

You may think that is the same thing, but it isn't. People are conditioned to think that when they have symptoms they might be ill. The idea that the body is trying to tell you something, or is actively in the process of trying to fix something - rarely is considered.

Many people who get told they have 'hayfever' believe that they are 'allergic' to something, the body's immune system is over-reacting to some foreign body and as such the 'treatment' is to turn off that dammed immune system.

They head for the anti histamines and then have to cope with the side effects of lethargy and tiredness. Stronger versions advise not to operate heavy machinery!

With any patient who is taking an 'immune system disabler', my first port of call is to look it up. The first time I did this with anti-histamines was when I was told on a survival course that histamine was a 'dehydration responder'. In lay terms that means if you are dehydrating, the correct response of your body is to release histamine to make all of the mucous membranes in your body thicken the mucous. It does this to stop you losing more water. Being dehydrated is dangerous because the blood thickens and neuro-endocrine activity is put under threat.

Histamine also makes any inflammation in your body 10x worse, so that an on/off dodgy knee can just be the result of shifting in and out of dehydration during the day.

SO WHAT IS THE LINK BETWEEN SEASONAL HAYFEVER AND POLLEN?

Well in order to 'fly' pollen needs the air to be dry and the temperature hot enough to facilitate movement of pollen, ie convection and air movement. These days are often the first days that people decide that winter is over and they spend the day outside, less clothing, running about and getting slowly dehydrated.

If pollen caused hayfever why do we not all have it? Some can remember having 'hayfever' as a child but not now, they grew out of it, or never had it but now get it! If hayfever comes and goes in some people some other action must be in effect other than pure allergy? It is logical to assume it may be the hydration status of the sufferer at least. Some people have always suffered badly from hayfever and may be taking a lot of anti-histamines which is not safe for extended periods. It leads to more systemic changes and certainly in most cases a worsening of the general health.

Itchy eyes, itchy noses, itchy everything and general discomfort all round are common presentations during the misery of hayfever.

WHAT IS WRONG WITH JUST TREATING THE SYMPTOMS AND CARRYING ON?

This is like taking the oil warning light out of the dashboard and driving on. Thick blood and poor neuro- endocrine secretions affects the healthy functioning of the body, it effects elimination from the kidneys, bowels and good lung function too. Chronic dehydration can put you at risk of something more serious like organ failure, heart attacks and strokes.

In all my years of practice seeing patients with chronic back problems, atopy, bowel disorders, endocrine disorders, cardio vascular issues, skin conditions - chronic dehydration has often been a key in obstructing the health of the patient.

Often during taking the case history, any patient with hayfever episodes gets a pint of re-hydration whilst we are writing the notes. Oral dehydration is just as quick as intravenous hydration, as long as you are awake of course! These patients will always remark, within 10 mins or so, that their presenting pain is already feeling less, and not radiating so far and much easier. As the rehydration kicks in, the histamine levels start falling and the body inflammation will fall by up to a factor of 10x. The spinal discs are at least 80% water and many sciatica patients can notice a reduction in symptoms in as little as 20 mins.

It takes two weeks to properly rehydrate and put that histamine overload away, patients who are on a lot of anti-histamines have to gradually reduce under guidance, as they start a programme of re-hydration.

It is not enough just to drink plain water you need a little bit of sea salt to facilitate transport into the tissues. Too much plain water will just stress the kidneys and you will just urinate it out. The pinch of sea-salt helps the body absorb the water.

REVERSING THE TREND

A typical approach to doing this would be a 'pinch', not a teaspoon please, of sea salt in half a pint of water, half an hour before and after every meal. Don't forget and drink 3 pints at the end of the day, its little and often. Avoid table salt because it is too specific.

Every cup of tea and coffee will make you urinate at least 2 cups of water through its diuretic action. Being dehydrated makes you feel tired, many people find once they rehydrate they feel more awake and then don't need the artificial lift of tea and coffee every hour.

So instead of telling someone to just stop drinking so much tea and coffee, rehydrate them and they will do it themselves!

OXYGEN, WATER AND THEN FOOD

That is the order of importance of life sustaining proximate principles and it is pointless attempting to treat any patient if the symptoms of any kind of dehydration are not recognised and addressed as the first port of call for a healthy therapeutic and a healthy patient. In 23 years I have never lost a case of hayfever.

If you like this narrative and would like to explore more - please visit: Biometherapy.co.uk

CONSENT AND DESTRUCTION OF THE FAMILY IN ENGLAND PART II

BY Dr JAYNE LM DONEGAN, MBBS DRCOG DFFP DCH MRCGP MFHOM GP & HOMEOPATH

THE FIRST PART of this article looked at the ways some doctors and hospitals use the threat of child safeguarding and social services referral along with intervention by the judicial system - legislation and guidance ostensibly introduced to protect children - to abrogate the right of parents and their children to a family life and the sacred duty parents have to love and nurture their family. The seemingly laudable aims of such legislation and guidance is being used particularly by doctors, in pursuit of ends that that would appear the opposite to those for which such measures were introduced. The National Health Service was introduced in the UK in 1948 with the promise of health care available to all and free at the point of delivery. Who would have thought, 73 years on, this would lead to 'health care' becoming mandatory when it was not wanted and often unavailable when it was.

This is no longer just a problem for children but for every person in the United Kingdom. However, nowhere is it so glaring as with those in care homes. Here it is not only parents fighting for the right to love and care for their children the way they think best, but children fighting for the right to carry out this solemn duty for their parents.

Will COVID vaccination become mandatory in the UK or England? Who knows?. What is certain, is that in areas where GPs and Clinical Commissioning Groups (CCGs) decide to ignore the wishes of the families of people in care homes who lack capacity (a legally defined term) to consent, and take the remarkable and oppositional step of applying to the Court of Protection to force COVID vaccination on these people, the result will be the same: the Court of Protection will order vaccination. The honourable judges will do this based on suppositions that are not based on science, but which they nonetheless lay out as facts in their

DR Jayne L.M.Donegan

approved judgements. These 'facts' are provided by the honourable judges themselves or by GPs many of whom have not even read the package insert. Judges also rely, as does the Government, on the Medicines Healthcare products Regulatory Agency (MHRA) which has a long standing practice, it appears, of assiduously not investigating reported adverse reactions and refuses to release any data on reported cases to independent authorities.

Why would GPs not give accurate information?

Because many of them no longer do any independent research into the policies they implement as NHS practitioners. Indeed, in many ways, it is folly to do so. If there is a clash between the best interest of your patient and NHS policy, if you want to work in the NHS (and pay your mortgage or your children's school fees) you need to follow NHS Policy. This was made clear to me in a meeting with senior NHS England officials in 2019. I subsequently removed myself from the NHS performers' list.

Where ignorance is bliss, 'tis folly to be wise.

COVID vaccines are not vaccines but for simplicity's sake will be referred to as such in this article.

Some facts about COVID vaccines

of which you need to be aware before looking at the Court of Protection cases. The vaccines are not licenced or approved, they only have emergency authorisation because of the declared pandemic. All current recipients are actually part of a trial. The short-term initial trials were not designed to show if they saved lives and have not done so. In addition to being of very short duration, most were looking at efficacy – did they stop disease - over a few weeks?, and not safety. The small numbers of animal trials also concentrated on efficacy. None of the raw trial data are available for independent scrutiny - only what the manufacturers choose to hand out.

Please read the excellent articles on this subject by Peter Doshi, associate professor of pharmaceutical health service, University of Baltimore and senior editor, British Medical Journal: *'Will covid-19 vaccines save lives? Current trials aren't designed to tell us',* and updates.

To date there is no credible evidence that COVID vaccines significantly stop: infection; transmission (so cannot contribute to herd immunity); death; ITU admission; hospital admission or severe disease. Cases went down in 2021 the same as they did in 2020 – because it was summer. The 90% and 95% efficacy figures are for stopping mild disease within a few weeks of having the vaccine, not long term, hence talk, only a few months into the roll-out, of boosters. In the Pfizer trial of 43,548 participants, the 95% efficacy figure is derived from only 181 people. That is the number of people who displayed any symptom, eg a cough, and had a positive PCR result. 5% of the 181 were vaccinated and 95% were not. But vaccinated or unvaccinated only 0.4% had any symptom however mild, accompanied by a positive PCR test. Meanwhile there were thousands of people who had symptoms of COVID and would have been diagnosed with COVID in the epidemic but had a negative PCR test and so were not included in calculations of efficacy. It can be argued that the vaccine would not be expected to stop non COVID disease but anyone who had any understanding of PCR tests will know that the tests are incapable of distinguishing COVID 19 debris from any coronavirus or even from 'flu.

As only people with symptoms were

tested to see if they were positive, it is possible that if they had tested all 43,548 participants many would also have been positive as that is the nature of seasonal viral associated conditions, where most people have no symptoms at all. There would then very likely have been no difference between the vaccinated and unvaccinated groups. Bear in mind also that most winters most people get no seasonal respiratory illnesses at all, and those that do are carrying out a detox. (please see 'Nursing People Supportively Through Acute Viral Illness including COVID-19' lecture). The vaccines were not tested on people over 55 years [AstraZeneca (AZ)], over 65y [Pfizer], nor in immunocompromised people, pregnant women or children.

We will now look at the four cases that have been adjudicated to date in the Court of Protection in England – protection, a classic example of doublespeak. Some of the judges comments are related in detail so that you can see exactly what type of thinking underpins these life and law changing decisions, made over the heads of families, by judges, doctors and public health officials, who are complete strangers or have only passing acquaintance with those involved. Please read the cases in full, the links are at the end.

CASE No 1. 20 Jan 2021 This was heard by Mr Justice Hayden, Vice-President of the Court of Protection. It involved a West Indian woman who was in care because her previous arrangements: living at home with an extensive care package, day centre and support by her son, broke down when she was admitted to hospital in 2018 and had not been reinstituted since. The judge mentions this was due to lack of cooperation by the son who had been dissatisfied with many aspects of her residential care, *'a conspiracy of neglect and ill-treatment,'* he called it. I have personal and professional experience of such cases and can empathise with the son. In this case several factors were against the son in his making a case against his mother's receiving a COVID vaccine: being a black male, being unhappy with the services provided to his mother by professionals and disagreeing with the white, middle class judge's own views on the subject. I have looked at several of Mr Justice Hayden's judgements and have noted that he has an almost overwhelming capacity to be '*impressed*' by hospitals, health care staff and health professionals and appears to lack any insight into the reasons why any person could possibly take a different view – which begs the question: why do we need a Court of Protection if all these institutions and their officers are always correct? Save to rubber stamp the views and make them 'legal'. He was the Judge in the Charlie Gard case, the subject of the third article in this series.

Mr Justice Hayden lays out his case (*italics*) for the danger posed by COVID disease. The mother is Mrs. E

Judge: *"I recognise that the world faces the challenge of an alarming and insidious virus."* - 'COVID' deaths are inaccurate as doctors were told to put COVID as cause of death on death certificates before there were tests and for any death within 28 days of a positive PCR after there were tests, even though knowingly filling in the wrong cause of death on a death certificate is a criminal offence. If the pandemic is as serious as stated, the total death rate, standardised for age, should be enormous. Death, irrespective of the cause, is generally reported accurately by doctors. Office for National Statistics figures for 1990-2020 show that the death rates in 2020 were only the NINTH highest in the last 20 years and the NINETEENTH highest in the last 30 •. So not really an *alarming and insidious virus*, more than many other 'normal' years.

Judge: *"Nobody can possibly have missed the well-publicised and statistically established vulnerability of the elderly living in care homes"* – this is a particularly egregious statement. Why did so many people die in care homes? Because UK Government, NHS and public health policy was to throw old people out of hospitals to clear beds, send them to care homes, tell 999 ambulances and GPs not to answer calls and to make them all 'Do Not Attempt CPR'. This also happened to many old and not so old people in hospital, with deaths increased by ventilation not being the correct management and killing people by that intervention as well as withholding cheap, efficacious drugs that could have saved them. What the Judge is blaming on the virus was caused by UK Government, NHS and public health policy not any virus.

Judge: *"For the avoidance of doubt and though no epidemiological evidence has been presented, I take judicial note of the particularly high risk of serious illness and death to the elderly living in care homes."*

No epidemiological evidence indeed – see previous column •.

Judge: *"In stark terms the balance Mrs E, aged 80, must confront is between a **real risk to her life** and the unidentified possibility of an adverse reaction."* - the vaccine only stops **mild** disease… if that, and it is crucial to take into account that Mrs E is a survivor. She did not die in the first 'wave' in March 2020 nor the second 'wave' in September 2020. She is not at real risk to her life otherwise she would already be dead.

Judge: *"This **risk matrix** is not, to my mind, a delicately balanced one. It does not involve weighing a small risk against a very serious consequence. On the contrary, there is for Mrs E and many in her circumstances a **real and significant risk to her health and safety** were she not to have the vaccine administered to her."* - the manufacturers submitted that they only stop mild disease

Judge: *"It is a fact that Mrs E lives in a country which has one of the highest death rates per capita, due to Covid-19, in the world."* – due to deliberate policy see above.

Judge: *"By virtue of her vulnerabilities, the prospects for her if she contracts the virus are not propitious; it is a risk of death, and it is required to be confronted as such."* - see above. NB we are all at risk of death. I think he means premature death.

Judge: *"The vaccination **reduces that risk dramatically** and I have no hesitation in concluding that it is in her best interests to receive it."* - Reducing risk of death is not what any COVID vaccine manufacturer claimed in their submissions for emergency authorisation

Take note of the '***Risk Matrix***' invented by Mr Justice Hayden above, based on faulty premises, that he then uses as a pivot of justification for himself and other judges to force vaccination in subsequent cases.

Objections by Son: *He is deeply sceptical about: (a) the efficacy of the vaccine; (b) the speed at which it was authorised; (c) whether it has been adequately tested on the cohort to which his mother belongs; (d) whether the tests have properly incorporated issues relating to ethnicity."*

These sound cogent, reasonable and relevant to me, but not to the judge.

Judge: *"re Objections by Son: "…. they strike me as a facet of his own temperament and personality and not reflective of his mother's more placid and sociable character. It is Mrs E's approach to life that I am considering here and not her son's. Mrs E remains, as she must do, securely in the centre of this process."*

Here the Judge sees himself as knowing the mother better than the son himself.

Outcome: Forced Vaccination ordered.

CASE No 2. 10 Feb 2021 Also heard by Mr Justice Hayden, This case was actually brought by the daughter proactively to stop her mother having COVID vaccination as the GP and the home manager were insisting. It is quite a sad story. The mother was an immigrant to the UK from Poland. She had one daughter whom she brought up on her own in great hardship. She worked as a waitress many long hours to give her daughter the best life and educational opportunities she could, so that the daughter should not experience the hardships her mother had had to endure. She was very successful in this endeavour, giving the world a successful, articulate, confident and resourceful young woman. Unfortunately, under the burden of all this the mother took recourse to alcohol and as a consequence of that developed Korsakoff's Syndrome, a B1 deficiency associated with alcoholism which can lead to irreversible brain damage, as happened here. Factors against the daughter in this case: being white, middle class, intelligent, well researched and articulate – all the things her mother sacrificed her life for – and disagreeing with the judge's own views on the subject, including his 'Matrix of Risk'. Here is the Judges reasoning. The mother is V.

Judge: *"The **matrix of risk** I identified above **(E (Vaccine) {2021} EWCOP 7 (20 January 2021))**, applies, in my judgement, with equal force to the circumstances that have arisen here."*

Judge: *"If V were to become infected with Covid-19, she possesses a number of characteristics which make her particularly vulnerable to severe disease or death. She is 70 years of age, she carries significant excess weight, and she has dementia resulting from her Korsakoff's syndrome."* - The AZ vaccine was not tested over age 55y and the Pfizer not over 65y. No COVID vaccines were tested in people with Korsakoff's syndrome or in the immunocompromised.

Judge: *"most importantly, she lives in a care home. It is an inescapable fact that in the UK, more than a quarter of the deaths due to Covid-19 have occurred within care home settings."* – blaming the disease for the effects of Government, NHS and public health policy

Judge: *"V has been described as 'a wanderer', though far less frequently of late. In consequence of her short-term memory problems, it is impossible for V to follow the principles of social distancing and preventative hygiene measures…..she is very sociable, and it would not be feasible within the setting of this care home for her to self-isolate if she contracted Covid-19."* – The Judge wants it both ways to justify V being vaccinated 1. if she gets covid it will kill her. and 2. if she gets covid she may wander around socialising with it. How serious is it if he thinks V's going to be able to wander about?.

Judge: *"Every member of staff, and every other resident of V's care home, has now been vaccinated. Mr A told me that, while they are not free from the risk of contracting Covid-19 until we are all free from that risk, because no vaccine is 100% effective, this fact nevertheless will result in the care home's residents having greater contact with the outside world in due course... Accordingly, just as the risk to all other residents of the home diminishes, V's risk of contracting the virus will elevate as the outside world gradually returns."* - There is no 'safety' and rationale for opening up the homes when the vaccine does not stop infection or spread. Mr A is a carer in the home. He has worked in the care home all of his adult life – 20 years – and has been looking after the mother for nine years, almost daily, unlike her daughter who lives abroad.

Judge: *"He is not related to her and is not, in any biological sense, her family, but like so many carers of his calibre, he has filled a void generated by the pandemic. His views on whether a vaccine would be in V's best interests are therefore important, and I do not think [the daughter] disagrees."* ***He is manifestly concerned about V's enhanced vulnerability if she does not receive the vaccine,*** *and I take this into account, as part of the overall picture, when determining her best interests."* - Why? It does not stop infection or spread and only stops mild disease.

Judge: *"What it is important to emphasise here, as in so many areas of the work of the Court of Protection, is that **respect for and promotion of V's autonomy** and an **objective evaluation of V's best interests** will most effectively inform the ultimate decision."* - The concerns of V's highly educated, well researched and articulate daughter, who, as her mother regressed, had many times to take over as parent in the relationship, are trumped by Mr A, who is unlikely to have had the same opportunities for educational advancement given that he has spent all of his working life as a carer in a residential home, in terms of having the necessary tools or incentive to research the issue on his own – that said he seems to have done at least as well as the honourable judge. The talk of autonomy is nonsense. The mother has none. Neither does her only child on her mother's behalf. It is the judge, the doctors and the home who will decide.

The mother had a flu vaccine every year, unbeknown to her daughter until she refused the Covid vaccine on her mother's behalf. As her mother lives in a home, she is institutionalised. She complies with whatever is set out for her – meals, medications, clothes, and vaccines. The judge even took the fact that the mother joined the queue with the other residents for the vaccine as a sign that she wanted to have it – she just queued up like she does every day, ›

for everything.

Judge: ***"It is V's voice that requires to be heard*** *and which should never be conflated or confused with the voices of others, including family members however unimpeachable their motivations or however eloquently their own objections are advanced."* - What is he talking about?

Judge: *"In cases such as this there is a* ***strong draw towards vaccination*** *as* ***likely to be in the best interests of a protected party."*** - Indeed.

"However, ***this will not always be the case, nor even presumptively so."***

Judge: *"Whether V is offered the Pfizer/BioNTech or the Oxford-AstraZeneca vaccine, both have been* ***rigorously tested*** *and are* ***fully approved*** *for use by the Medicines and Healthcare products Regulatory Authority ("MHRA")."* - See earlier in text. Neither rigorously tested nor approved

Judge: ***"The minimal risk identified, of any common side effects****, was taken into account by V's GP, when making the recommendation that it would be in her best interests to receive the vaccine."* - See further on just what GPs know about vaccines.

Judge: *"I explained to [the daughter] that it is not the function of the Court of Protection to arbitrate medical controversy or to provide a forum for ventilating speculative theories. My task is to evaluate V's situation in light of the* ***authorised, peer-reviewed research*** *and* ***public health guidelines****, and to set those in the context of the wider picture of V's best interests."* - Except he did not do that

Objections by Daughter: *"While she does not question the integrity and commitment of the medical profession or the existence of the Covid-19 virus, she nevertheless believes that her mother is being compelled "to take part in a trial" against her will, and in which her autonomy is being suborned" "[the daughter] has stated that the available vaccines for Covid-19 are to be regarded as still in preliminary trials, which are unlikely to produce what she identifies as reliable data for some time; when pressed, she suggested not before February 2023." "This drives her to conclude that it would not be in V's best interests to be vaccinated until what she views as a* ***safe, effective*** *and* ***properly trialled*** *vaccine is available. In particular she considers the research should specifically focus on patients who, like her mother,* ***suffer from dementia or organ damage."***

These sound cogent, reasonable and relevant to me, but not to the judge.

Judge: *"Self-evidently, these are [the daughter]s views, V is no longer able to organise her thoughts in such a way." "although strongly held views, by well-meaning and concerned family members, should be taken into account* ***they should never be permitted to prevail."*** *- But strongly held views by the medical profession even if not based in science or morality must always be permitted to prevail. In addition the honourable judge's own strongly held views about a person he never even knew before this case and does not know now* ***are permitted to prevail."*** – again, he knows more about what is best for the mother than her daughter. He again uses his eponymous 'Matrix of Risk' as justification to override the views of the well-educated daughter. Surely the mother would have wanted her daughter to use the education she struggled so hard to give her to argue for the best interests of that very mother. But no.

Outcome: Forced Vaccination ordered.

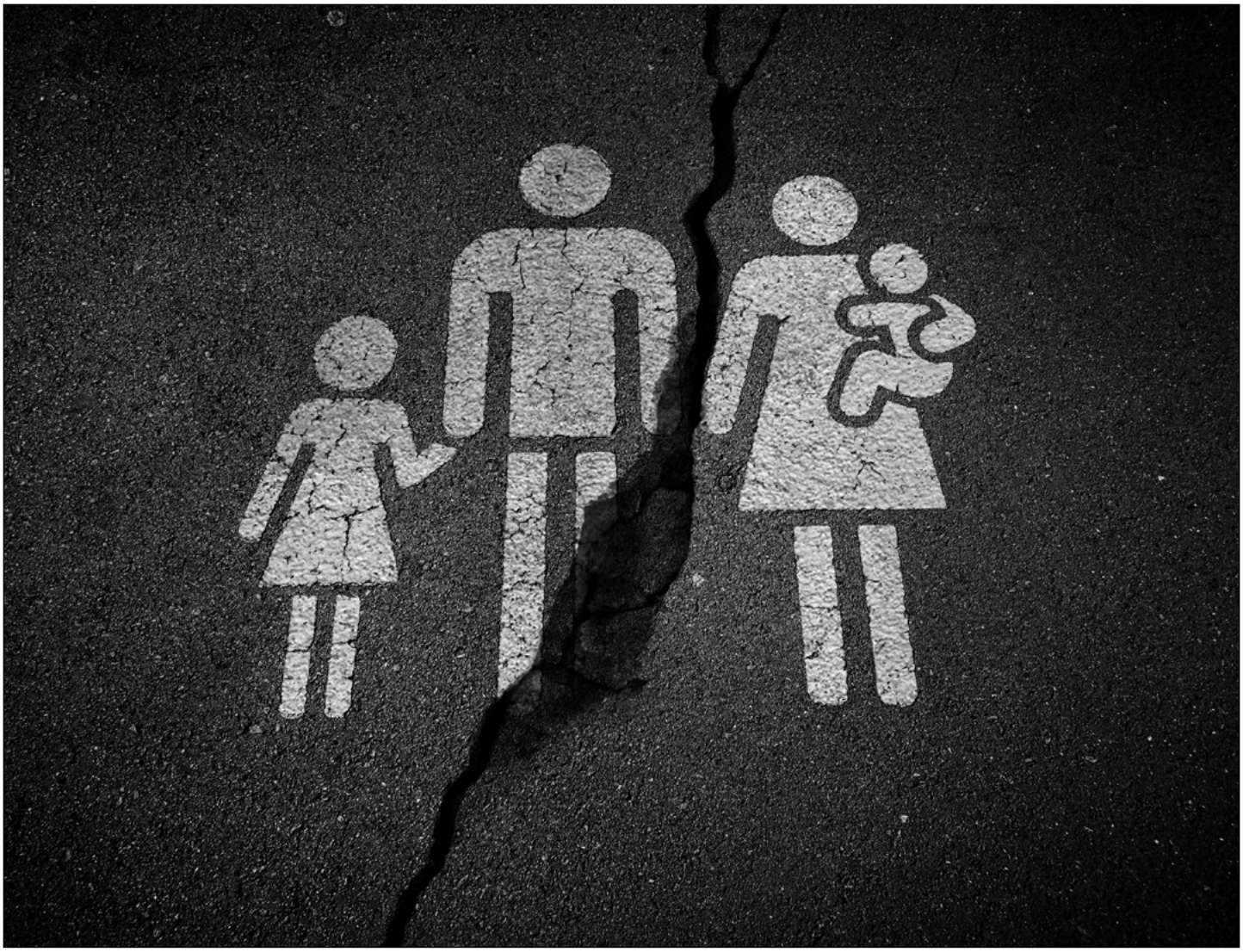
CASE No 3. 12 Mar 2021 Heard by a different judge - **His Honour Judge Butler In The Manchester County Court Court Of Protection.** CR had only been living in the care home for seven weeks, from 03 Jan 2021, before the CCG made an application to the court to force COVID vaccination on him against the wishes of his parents and twin brother. This is even though it is not currently known if he will be staying in the care home permanently. CR is 31 years old. He has epilepsy, autism, severe learning disability and is overweight. Hence why was he in residential care in the first place? Because after he had an MMR vaccine as a child he became autistic and developed such severe epilepsy that he was unable to live independently. Since that time he has not had any other vaccine. Factors were against the father in his making a case against CR receiving a COVID vaccine: being that the family even entertains the idea that their son's autism stemmed from the MMR vaccine and disagreeing with the judge's own views on the subject.

Ranged against the non medically qualified and therefore automatically disadvantaged father were the professionals who *"share the opinion that it is now his best interests to be vaccinated."* - A GP, a clinical psychologist, a community learning disability manager, the care home manager, his 'personal representative' and the author of a witness statement employed by the CCG and quoting Government Guidance. CR's father spoke for CR's mother and twin brother when he objected to CR's having the COVID vaccine. Are his points reasonable?

Objections by Father: *His son has: (a) background health issues; (b) these are severe learning and behavioural difficulties, epilepsy, attention deficit hyperactive disorder and autism; (c) the vaccine is not mandatory; (d) it has not been tested sufficiently; (e) it does not stop a person contracting covid 19; (f) the long term side effects upon people with severe health issues are unknown; (g) there is a concern that the vaccine may modify DNA/RNA;" (h) some people have died after having the vaccine; (i) some people who have had the vaccine are now saying that it should not be administered; (j) the period of testing of the vaccine was less than 12 months, and which is to be contrasted with 7 years as the most rapid period of testing for any other vaccine (k) there are 200,000 doctors, nurses and carers who have refused to have the vaccine (and thus, it would appear, a body of professional opinion who are opposed to the vaccine NB many of these have now themselves been forced to take the vaccine or lose their jobs. Not a ringing endorsement); (l) the survival rate of those who do not have the vaccine but who contract Covid 19 is 98% (and thus, it would appear the risks outweigh the alleged benefit); (m) there has been no testing on patients such as CR (that is to say patients with the conditions that he has); (n) there is no information as to the contents of the vaccine (this is certainly available but many health professionals are unable to supply this information when requested); (o) the latter makes it unlawful for the vaccine to be administered.*

These sound cogent, reasonable and relevant to me, but not 'objective ' enough for the judge who did not appoint anyone to answer the father's points, rather countered with his own:

Judge: *"The vaccine has MHRA approval."*– False. It has emergency authorisation. It is neither licenced nor approved.



Judge: *"There are no contra-indications for the use of this vaccine which apply to CR."* - There are no contraindications except prior anaphylactic reaction to one of the constituents of the vaccine. As with all vaccines, the contraindications have been narrowed down to almost zero to increase uptake.

Judge: *"Astra Zeneca vaccines* ***significantly reduce the risk of sustaining serious illness requiring hospitalisation*** *(an 80% reduction in those* ***over the age of 80****) (cf The Lancet 3.2.21)* – I eventually found this study which is not in the Lancet but by a team from Public Health England and is not peer reviewed. There is no data to see. Amongst other things, it shows that in the first nine days after having the vaccine the risk of getting COVID disease increases by one and a half times. This known reduction in overall immunity in the first two weeks after the vaccine makes people susceptible to all infections and is the reason for the massive number of deaths in care homes in January following the rollout of the COVID vaccines from late December. CR is not over the age of 80.

Judge: *"a 75% reduction of asymptomatic infection (University of Cambridge 24th February 2021)"* – this is more headline reading by the judge or his advisors. Healthy hospital staff, now called asymptomatic, were tested regularly for COVID. When the vaccine was introduced, vaccinated staff were compared with unvaccinated for two weeks. 0.8% of the unvaccinated became test positive – not ill, just test positive – compared to 0.2% of the vaccinated. This is, indeed, a 75% reduction in relative risk. **But the absolute risk of getting a positive test is less than 1% vaccinated or unvaccinated!** That should have been the headline.

These false premises were used in the Court of Protection to force vaccination upon an already, allegedly, vaccine injured young man against the wishes of his whole family, because NHS doctors say it is in his best interest and the judge concurs.

Judge: *"However, the reasons for opposing the administration of the vaccine have* ***no clinical evidence base****. In particular the objections (and this is* ***subjectively*** *understandable) are based on objection to this vaccination for his son as a result of what [his father] believes were the consequences of the MMR injection and the autism of his son."* - The honourable judge is sure the father is quite wrong because the same scientific dogma that states that everyone should have a COVID vaccine regardless of miniscule risk of the disease in many groups, and withholds cheap effective treatments to severely ill patients, preferring to watch them die, is the same quasi religious dogma that states that vaccination is not associated with brain injury in some children, despite the heavy burden of

eyewitness accounts of pro vaccination parents who brought their babies to be vaccinated and saw what happened afterwards.

Judge: *"Objectively, however, this is based upon the discredited theories of Dr Andrew Wakefield (advanced in 1998) and which were (a) found to have no basis in science; (b) were formally retracted by Dr Wakefield in 2020, c) resulted in Dr Wakefield being struck off the Medical Register."*

(a) In the USA there have been many court cases where the judge has found that brain damage occurred after MMR vaccines. The studies used by the Department of Health un the UK to 'prove' MMR vaccine is safe are all epidemiological and are incapable of 'proving' causality one way or another, hence their rejection by the 2005 and 2012 Cochrane reports on MMR vaccination and its safety ' (b) Plain false (c) Yes, that would have happened to me also were it not for my second legal team that my defence organisation had initially refused to allow me, having been given up on by the first. This sends a large signal to any other doctor who might wish to use his capacity for research and analysis to observe, think and investigate what is best for his patients – DON'T DO IT! The discrediting of Wakefield appears to be part of the grooming of the public to accept the situation we are now in without protest

Judge: *"The views of [the father] (and which are apparently shared by his mother and twin brother) are **genuinely held.**"*
- 'Genuinely held' is one of the stock usages in the judges' bag of patronising phrases used to discredit and dismiss people's opinions with a veneer of kindness, which is anything but.

Judge: *"He spoke to me at Court with **conviction** and with **great clarity**."*
- This is a pointless observation as the judge does not listen to any information, no matter how presented, that does not accord with his preconceived notions and those given him by health care staff who follow public health policy with no independent research and irrespective of whether it is to the detriment of those for whom they have a duty of care.

Judge: *"I have no doubt whatsoever that his objections are founded on a love for CR and a wish to ensure that he comes to no harm as a result of another vaccination and until there is greater clarity in terms of medical science."* - Indeed. Why does he ignore them? Maybe because he appears to have an almost craven attitude to the professionalism of doctors and other healthcare workers who push a vaccine about which they know almost nothing (see further), and certainly not more than any well informed person who takes the trouble to do a little reading.

Judge: *"His objections were not intrinsically illogical. They were certainly not deliberately obstructive. They were made upon the basis as to what he regards as being in the best interests of CR. That concern for his son does him credit, in my view."* - 'not intrinsically illogical', so why ignore them? More phrases from his patronising bag. It may do him credit but has no sway with the Judge who thinks he knows more about his son than the young man's father.

How is this a Court of Protection? There are many doctors in the UK who do not agree with the medical opinions and decisions of such doctors in the UK. These are doctors who listen to and respect the opinion of the family and do not thrust their treatments on patients or against the wishes of those nearest who care most for people without capacity. You do not hear of these cases because they do not reach the Courts. In addition, such doctors are never called as experts.

Judge: *"However, the reasons for opposing the administration of the vaccine have no clinical evidence base."*

This from an honourable judge who is making life altering decisions based on newspaper headlines/ press conferences and doctors doing the same. If any of them had looked at any rigorous, evidence base studies, as had the father, the ruling would have been to defer to the parents and family authority

As the honourable Mr Justice Hayden said in the last case: *"although strongly held views, by well-meaning and concerned family members, should be taken into account **they should never be permitted to prevail.**"* - Unless they are those of doctors, public health officials or judges.

Judge: *"In my judgment, the 'relevant circumstances' in this case must include the specific vulnerability of this man (notwithstanding his relatively young age), together with the overwhelming objective evidence of the **magnetic advantage of a vaccination.**"* - 'Magnetic'? It is unbelievable that this is the calibre of the thinking process being used in the Court of Protection in the twenty-first century. Here we see again Mr Justice Hayden's faulty '***Matrix of risk***' brought into play by another Judge to condemn the already neurologically injured young man to forced vaccination with only the proviso that he should not be physically restrained.

Outcome: Forced Vaccination ordered but without physical restraint.

CASE No 4. 30 APR 2021 A glimmer of hope. This case was heard by Mr Justice Hayden.

This is a case about an 86 year old woman, SS, who never married and has no children. She lived with her parents all her life. Since she has had dementia, she believes she is still living with them at home. The judge noted that although she had regularly sought medical help in the past, in the form of blood tests, X-rays, ultrasounds, endoscopy, walk in clinics and outpatient appointments, she had always refused 'flu and pneumococcal vaccinations when offered them by the practice. However her own barrister, pointed out that this had to be placed, *"in the context of medical records which signal a history of co-operation and engagement with medical professionals."* As if to counter SS's unambiguously expressed refusal of vaccines offered to her – with a friend like that, who needs enemies?

It was concluded by the GP that SS did not have the capacity to give informed consent. This is interesting as SS *"is recorded as having been compliant with her medical regime when she first arrived at the care home. However, as has become clear from several sources, there came a point when she discovered a newspaper article which she read as arguing that medicine "did more harm than good"*. And since then had resisted forcefully any attempts to give her any, so she was not entirely *non compos mentis.*

Judge: *"I was told that there was no*

question of SS being supine or passive if she recognised that the vaccination was being given against her will. One of the carers noted that those involved in attempting any "gentle restraint" had better be "kung fu experts" Her nephew had suggested telling SS that her father had requested that she take the vaccine.

A Dr Prabhakaran, consultant Psychiatrist was engaged to assess her. He recommended the use of

*"sedative medication such as Lorazepam (0.5 mg – 1 mg) orally as a single dose approximately one hour before the proposed injection. ...**Physical restraint** should it be required, would need to be proportionate, performed in conjunction with use of appropriate communication and **de-escalation methods** by experienced staff. It is likely that SS will manifest with irritability and possibly agitation and a degree of hostility, during the process and in the subsequent period. Staff that SS has a positive relationship and familiarity with should be available to support her during this period."* - How? By holding her down?

"She may also require continued treatment with anxiolytics for a few days following the injection – More lorazepam? Other supportive measures such as analgesics and anti-inflammatory medications may be required for general side effects."

Here is a member of the medical profession allying himself with a plan to trick, sedate and physically restrain an elderly woman who does not want any intervention much less a vaccine according to her previously stated wishes. The judge then made a remarkable volte face, on his judgement in CASE No. 2, and said:

Judge: ***"She is at very low risk of infection** from the other residents, all but one of whom has been vaccinated.*

*As care homes finally open up to more visits from family and friends, an identifiable risk is presented which has to be negotiated. This large care home makes provision for compulsory lateral flow test to visitors, many of whom will themselves be fully vaccinated. - compare CASE No. 2 "**Mr A** told me that, while they are not free from the risk of contracting Covid-19 until we are all free from that risk, because no vaccine is 100% effective, this fact nevertheless will result in the care home's residents having greater contact with the outside world in due course. Accordingly, just as the risk to all other residents of the home diminishes, V's risk of contracting the virus will elevate as the outside world gradually returns." Where the same judge ordered forced vaccination.* He continued:

Judge: *"There is a further risk presented by staff members. The team leader in the care home has told me that 77 of the 100 members of staff have been vaccinated. Of the 23 who have not been, a few have declined for recognised medical reasons. **The remaining individuals resist the vaccine in principle, some believe that it is, as yet, insufficiently tried and tested. By this, as I understand it, they are contemplating some unidentified adverse reactions which have yet to be exhibited."*** This is a flippant remark not worthy of the judge. Aren't strokes, heart attacks, serious neurological events and death in health care workers at minimal risk for having severe COVID by virtue of their age and pre-existing health not sufficient reason to wait? Not that they have a choice now as the Government has made vaccination mandatory or lose your job.

The day was, however, saved by the star of this case, Ms Christine Fisher, Care Home manager. She really is a commendable woman. Regarding her staff, the judge stated *"having manifestly given the matter very deep consideration, Ms Fisher told me that ultimately, though she would wish all staff to be vaccinated, she **considered the decision to have the vaccination to be an exercise of personal choice."***

Regarding the plan which *"involves both sedation and restraint contemplated the carers' involvement."* Ms Fisher did not think that was appropriate. *"She told me that she thought that SS would look to her carers for help. They would not be able to intervene; that would be distressing for both parties. Moreover, in Ms Fisher's analysis it would most likely dismantle the tentative trust that had been established over the months and in consequence of sensitive and determined professional effort."* Please read the whole judgement.

Thanks to the testimony and opinion of this brave and humane woman the judge found "this reasoning to be measured and persuasive." In addition, *"The Local Authority and the Accredited Legal Representative on SS's behalf both submitted that when evaluating welfare in the broader sense, it could not be said to be in SS's best interests."* Good for them. And the Honourable Mr Justice Hayden agreed with them.

This is not because he changed his position on COVID vaccination, indeed he said: ***"Certainly, nobody could sensibly doubt the efficacy of the vaccination programme.** The National Health England statistics, almost daily updated in the public domain, **tell their own explicit success story."***

Outcome: No Forced Vaccination ordered.

So far in the Court of Protection it is 3:1 Three have had forced vaccinations against the wishes of the family and one not. If 95% of care home residents are vaccinated and 320,000 of 400,000 have dementia (2013 figures) then 5% of 320,000 = 16,000 residents not vaccinated. Even if the 5% not vaccinated do not all have dementia, it must include at least a few thousand, The fact that only four cases have come before the Court of Protection means that in the vast majority of cases, GPs, other doctors and health professionals respect the family and the likelihood – which has always been the expectation until recently - that these family members will have the best interests of their son, daughter, mother, father, aunt, uncle at heart and are the people best placed to make important decisions.

HOWEVER, as English law is based on case law, anyone who looks at the cases – four – will conclude that when a case regarding COVID (or any other vaccine) comes before them, they should rule in favour of enforcing vaccination. This will then be reflected in clinical guidelines and before long, those decent, ethical, health professionals who respect the family unit will start to think that they also should be referring case to the court.

Dr Donegan's latest lectures - please share with others who might be interested.

https://www.eventbrite.co.uk/o/dr-jayne-lm-donegan-30030351200

References available on request.

WHAT DO DOCTORS KNOW ABOUT COVID VACCINES? - WHO ARE THE EXPERTS? By Dr Jayne Donegan

Who could answer the 13 questions composed by a patient looking for information? A 77 year old company director recently diagnosed with leukaemia was told by all his team that he must have the AZ COVID vaccine. He did some research and formulated 13 questions:

1. What are the ingredients in Astra Zeneca vaccine?
2. Does it have heavy metals in it?
3. Can Polysorbate 80 open the blood brain barrier?
4. Has the vaccine been tested on immunocompromised people?
5. What age group has it been tested on?
6. Has it been tested on animals?
7. How long has it been tested for?
8. Is it an experimental vaccine?
9. What are the possible adverse reactions?
10. Could I be at a higher risk of adverse reactions due to currently being immunocompromised (short-term and long-term)
11. What happens if I have a serious reaction? Who is liable?
12. Why am I being encouraged to take a vaccine that the manufacturers say:
• Do not stop infection and they don't stop transmission which means they cannot contribute to herd immunity?
• Do not stop death, ITU admission, hospital admission or serious disease and
• Which the manufacturers say their 95% figure is only for mild disease and
• This is from a manufacturer that has complete indemnity for any injury caused by the vaccines
13. Have you had the vaccine?

On his next oncology appointment his consultant told him he must have COVID, 'flu and pneumococcal vaccines. On being asked to answer the 13 questions the oncologist put up his hand and said, "I cannot answer these. I am not a vaccine expert. What I know is that you must have the vaccine." On consulting an ENT specialist whom he had known for a long time about an ear problem, he proffered the same sheet of questions with the same response, "I cannot answer these. I am not a vaccine expert. What I know is that you must have the vaccine." So he went to his GP who said, "I am not an expert in vaccination. What I know is that you must have the vaccine." This is a remarkable statement. GPs deliver the national vaccination program to babies, children, teenagers, adults, pregnant women, the elderly. If they are not vaccination experts then who is? And if GPs cannot answer simple questions about vaccination how can they properly fulfil their legal obligation to obtain informed consent?

Another person who had been pressurising him to get the COVID vaccine was a woman from the Oxford trial who phoned him every week. He asked her the questions. She correctly said that she was not a clinician but that she would ask the experts on the Oxford team for the answers and would contact him in a week. These are the answers she produced, bless her, she was the only one who tried. I do not think they were from the Oxford experts, if they are, then they are certainly not very expert.

1. What are the ingredients in Astra Zeneca vaccine? MSS 9, L-histidine, gelatin, sorbitol, sugar, lactose, MSG, thiomersal (preservative) NO antibiotics/ steptomycin/ neopmycin/ kanamycin/ egg protein/ Acidity regulators. The crossed out compounds are not in it
Actual list of ingredients: (ChAdOx1-S recombinant) 5 × 1010 viral particles (vp) = Recombinant, replication-deficient chimpanzee adenovirus vector encoding SARS-CoV-2 Spike (S) glycoprotein, produced in genetically modified human embryonic kidney (HEK) 293 cells, genetically modified organisms (GMOs), L-Histidine, L-Histidine hydrochloride monohydrate, Magnesium chloride hexahydrate, Polysorbate 80, Ethanol, Sucrose, Sodium chloride, Disodium edetate dihydrate, Water for injection.
EMC SmPC
2. Does it have heavy metals in it? Aluminium (preservative). I was a little surprised by this as I thought there was none, so I went back to the package insert – it's in the lid of the bottle!!
3. Can Polysorbate 80 open the blood brain barrier?
Could not answer. The answer is YES
4. Has the vaccine been tested on immunocompromised people? Could not answer. The answer is NO, as is clearly stated in the package insert where it adds that it expects the response to the vaccine to be lower in those people
5. What age group has it been tested on? 11,700 in clinical trials 18-55 >55 12%. BAME 17%, 39% male, 62% efficacy after 14 days – no COVID – By which they mean no symptoms plus positive test – note, 14 days
6. Has it been tested on animals? Yes by law in consultation with PETA
7. How long has it been tested for? Could not answer
8. Is it an experimental vaccine? Would not say that it was
9. What are the possible adverse reactions? Aching arm, 'flu like symptoms, headache 1-2 days
10. Could I be at a higher risk of adverse reactions due to currently being immunocompromised (short-term and long-term) Said to talk to GP
11. What happens if I have a serious reaction? Who is liable? Could not answer
12. Why am I being encouraged to take a vaccine that the manufacturers say:
- Do not stop infection and they don't stop transmission - which means they cannot contribute to herd immunity?
- Do not stop death, ITU admission, hospital admission or serious disease and
- Which the manufacturers say their 95% figure is only for mild disease and
- This is from a manufacturer that has complete indemnity for any injury caused by the vaccines.
No Comment
13. Have you had the vaccine? Yes

Regarding the reliance honourable judges place on doctors' knowledge of the vaccines.

What do doctors know about COVID vaccines? On this straw poll – NOTHING - except that you should have one.

COVID-19: RESEARCHER BLOWS THE WHISTLE ON DATA INTEGRITY ISSUES IN PFIZER'S VACCINE TRIAL

BMJ INVESTIGATION: REVELATIONS OF POOR PRACTICES AT A CONTRACT RESEARCH COMPANY HELPING TO CARRY OUT PFIZER'S PIVOTAL COVID-19 VACCINE TRIAL RAISE QUESTIONS ABOUT DATA INTEGRITY AND REGULATORY OVERSIGHT.

BMJ 2021;375:n2635 |
DOI: 10.1136/BMJ.N2635
PUBLISHED 2 NOVEMBER 2021
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INVESTIGATIVE JOURNALIST

EXTRACTS

In autumn 2020 Pfizer's chairman and chief executive, Albert Bourla, released an open letter to the billions of people around the world who were investing their hopes in a safe and effective covid-19 vaccine to end the pandemic. "As I've said before, we are operating at the speed of science," Bourla wrote, explaining to the public when they could expect a Pfizer vaccine to be authorised in the United States. But, for researchers who were testing Pfizer's vaccine at several sites in Texas during that autumn, speed may have come at the cost of data integrity and patient safety. A regional director who was employed at the research organisation Ventavia Research Group has told The BMJ that the company falsified data, unblinded patients, employed inadequately trained vaccinators, and was slow to follow up on adverse events reported in Pfizer's pivotal phase III trial. Staff who conducted quality control checks were overwhelmed by the volume of problems they were finding. After repeatedly notifying Ventavia of these problems, the regional director, Brook Jackson, emailed a complaint to the US Food and Drug Administration (FDA). Ventavia fired her later the same day. Jackson has provided The BMJ with dozens of internal company documents, photos, audio recordings, and emails. Jackson told The BMJ it was the first time she had been fired in her 20 year career in research.

CONCERNS RAISED

In her 25 September email to the FDA Jackson wrote that Ventavia had enrolled more than 1000 participants at three sites. The full trial (registered under NCT04368728) enrolled around 44,000 participants across 153 sites that included numerous commercial companies and academic centres. She then listed a dozen concerns she had witnessed, including:

- Participants placed in a hallway after injection and not being monitored by clinical staff
- Lack of timely follow-up of patients who experienced adverse events
- Protocol deviations not being reported
- Vaccines not being stored at proper temperatures
- Mislabelled laboratory specimens, and
- Targeting of Ventavia staff for reporting these types of problems

OTHER EMPLOYEES' ACCOUNTS

In recent months Jackson has reconnected with several former Ventavia employees who all left or were fired from the company. One of them was one of the officials who had taken part in the late September meeting. In a text message sent in June the former official apologised, saying that "everything that you complained about was spot on."

One said that she had worked on over four dozen clinical trials in her career, including many large trials, but had never experienced such a "helter skelter" work environment as with Ventavia on Pfizer's trial.

"I've never had to do what they were asking me to do, ever," she told The BMJ. "It just seemed like something a little different from normal—the things that were allowed and expected."

HEALTH MINISTRY TO CONSIDER ASKING NEWLY VACCINATED TO AVOID WORKING OUT

BY MAAYAN JAFFE-HOFFMAN
OCTOBER 7, 2021
https://www.jpost.com

THE HEALTH MINISTRY may ask newly vaccinated people to avoid exercise for a week due to a small number of myocarditis cases.

Individuals vaccinated with the Pfizer coronavirus vaccine may be asked to avoid strenuous exercise and other physical activity for one week after receiving each dose due to cases of myocarditis that were detected in a small percentage of vaccinated people, The Jerusalem Post has learned.

In a slide deck prepared for the Health Ministry's advisory committee for epidemic control and coronavirus vaccines, which the Post reviewed, some health officials in the Epidemiology Division of the Health Ministry are recommending that individuals "avoid strenuous activity for one week after their second dose of the mRNA COVID-19 vaccines."

Casual walking, stretching, working while standing and housework would all be acceptable. If accepted, the guidelines that are given to vaccinated people after getting the jab would be updated.

The recommendation comes on the heels of a study published late Wednesday night showing that one dose of the Pfizer vaccine increased the risk of heart inflammation – however, cases were usually mild and the majority were among young males.

"We recommend that everyone, in particular adolescents and young men aged under 30 avoid strenuous activity, such as intense exercise, for one week after the first and second doses," the slide deck said. It defined high-intensity exercise as circuit training, vigorous forms of weight training, sprinting and swimming longer distances. The officials said that high-functioning athletes that would be concerned about losing their conditioning could consider "downgrading their level of exercise" to a low intensity.

A member of the vaccine panel told the Post that although the matter would be discussed at the next meeting, most committee members are currently opposed to it.

HOMEOPATHY INTERNATIONAL (HINT)

A new homeopathy body supporting the profession has released a position statement regarding vaccination and informed consent. They are looking to engage with government bodies to find out why the NHS has not been keeping doctors up to date about their professional liability regarding informed consent. Their statement can be found at: http://www.hint.org.uk

AIMS & OBJECTIVES OF THE *informed* PARENT GROUP

1. To promote awareness & understanding about vaccination in order to preserve the freedom of an informed choice
2. To offer support to parents regardless of their decisions
3. To inform parents of the alternatives to vaccinations.
4. To accumulate historical & current information about vaccination & to make it available to members & interested parties.
5. To arrange & facilitate local talks, discussions and seminars on vaccination, childhood illnesses & the promotion of health.
6. To establish a nationwide support network and register (subject to members permission).
7. To publish a newsletter for members.
8. To obtain, collect and receive money and funds by way of contributions, donations, subscriptions, legacies, grants or any other lawful methods; to accept and receive any gift of property and to devote the income, assets or property of the group in or towards fulfilment of the objectives of the group.

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