

"All that is necessary
for the triumph of
evil is that good
men do nothing . . ."
— EDMUND BURKE.



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MMT, GOVERNMENT DEFICITS, & DOUGLAS SOCIAL CREDIT by M. Oliver Heydorn PhD.

I recently came across a TED talk by Stephanie Kelton, a prominent MMT proponent. The talk was entitled: "The Big Myth of Government Deficits". I'd encourage everyone to view it:

https://www.ted.com/talks/stephanie_kelton_the_big_myth_of_government_deficits#t-1067

While there are significant differences between Modern Monetary Theory (MMT) and Douglas Social Credit, Professor Kelton's talk allows us to turn our attention, for a change, on some of the points of commonality.

In the first place, when it comes to the actualization of the society's useful productive capacity, what C.H. Douglas referred to as the 'real credit', Kelton emphasizes, rightly, that the most important questions, the right questions, in deciding a societal production programme are not: "Where is the money to come from?" or "How will we pay for it?" But rather: "What things are worth doing?" and "Do we have the physical capacity to deliver the goods and services that will answer to human needs?", i.e., "Do we have the real resources, the people (labour), the equipment, the raw materials and the technology to deliver these desiderata?" In other words, can we resource it and do consumers need or want it? So long as the economy is not fully employed (i.e., there is scarce capacity) on the one hand, and there exists unmet consumer demand on the other, the financial traffic light should be a green.

According to both MMT and Douglas Social Credit (DSC) then, what is physically possible can and should be financially possible. In other words, finance is or should be just an adjunct, a neutral but effective tool, that would never act as the limiting factor on our economic activity. The real world in conjunction with our legitimate needs for goods and services should determine how much money is created and issued as producer credit. To speak metaphorically, if the body of a dog were likened to the real economy, i.e., to its useful productive capacity, and the tail of the dog were likened to the financial system controlling the flow of money, the body should be able to wag its tail as, when, and where required. Money should be subordinate to the real world. At present, it is all too often the case that the real world, the useful productive capacity, is subordinate to the flow of money, which, in turn, is artificially limited or even withheld. The only exceptions to this that we see under the present dispensation are whenever there is a war or an economic crisis, such as has been induced by the restrictive responses of governments to the coronavirus over the past 20 months.

The difference between MMT and DSC, I suppose, on this particular point is that MMT seems to hold, or rather to tacitly assume, that the mechanism of government spending is the only way by means of which this additional money for the catalyzation of much-needed production can be injected into the economy. Douglas Social Credit, by contrast, envisages a system of regulation via the National Credit Authority which would make producer credit more easily available to both private and public productive agencies and activities.

A secondary difference seems to be that MMT, at least in its most common iterations, appears to abide by the axiom that all money injected into an economy should be in the form of debt or a debt-equivalent. While it makes sense to issue producer credits in the form of debt (as this introduces a much-needed discipline on productive agencies and assures the efficiency of their operations under pain of bankruptcy), it makes very little sense to insist on the "debt-only" principle when there is not enough consumer income being automatically distributed in the course of production to offset the corresponding flow of prices. Increasing the flow of consumer incomes while increasing debt is counter-productive because it contributes to inflation in the form of cost-push. To make matters worse, it doesn't yield a stable equilibrium, but lays the ground instead for future financial crises when the necessary debt-money injections cannot be afforded by lenders, borrowers, or both. *(Continued next page)*

(Continued from previous page) The second major point which Kelton makes in her speech actually constitutes the heart of her message and it might also be regarded as the ‘calling card’ of MMT: Deficit government-spending is not necessarily bad and, provided certain limits are respected, is actually helpful in staving off recession and encouraging economic prosperity and full employment. That is, deficits, when undertaken in a fiscally responsible way, are good for the economy and for society at large. Thus she states: “Instead of trying to keep the deficit in check, Congress should be trying to keep inflation in check. That’s the real limit on spending.”

But how is it that deficit-spending does not automatically result in demand-pull inflation? It is certainly true that money spent on additional production need not cause demand inflation. Take, for example, the case where the additional production delivers an increased flow of consumer goods and services to balance out the increased flow of incomes. But what if the production in question doesn’t do this? Additional government production of the sort Kelton has in mind: improved and expanded infrastructure, free college, expanded medicare, and so forth, do indeed distribute incomes, but they do not add an additional flow of claims on consumers if they are distributed for free. Kelton seems sure that this type of spending would not, within certain broadly defined limits, provoke demand pull inflation either. How can this be?

If the economy were in an automatic, endogenous equilibrium — if Say's law were valid — then presumably any amount of continual deficit-spending would tend to result in demand inflation in the economy, as it would increase consumer incomes (directly or indirectly) such that there would then be too much money chasing too few goods. Since MMT holds that the government can deficit spend on public works, let us say, to a very large extent before inflation becomes a problem, must they not also be tacitly admitting (and it would have to be a tacit admission) that Say’s law is not valid?

Coming at the problem from a Douglas Social Credit point of view, it has struck me that the MMT claim that the government can deficit spend up to a certain point before it will cause demand inflation presupposes the truth of the Social Credit claim that Say’s law is not valid and that there is an underlying deficiency of consumer purchasing power in the economy. You see, the existence of the gap means that the extra spending can be used to help fill the gap, either directly or indirectly, and, insofar as this spending does not exceed the gap or suddenly inflate the demand for those things that come into the range of people with increased purchasing power, there should be no demand inflation. This seems to be tacitly acknowledged by Kelton as well when she states: “When the government spends more than it taxes away from us, it makes a financial contribution to some other part of the economy.” If government spending can make a financial contribution to some other part of the economy without provoking demand inflation, doesn’t that presuppose that these other parts of the economy are in need of the extra money so that they can function properly? Doesn’t it presuppose that these other sectors are suffering from some kind of deficiency?

To put matters simply, we can afford to run a federal (or state/provincial/municipal) deficit without dislocating the economy because there is a deficit of consumer buying power. The government deficit can help make up for the consumer deficit and thus contribute to economic stability. This conventional governmental method of "filling the gap" via public production (whether useful or not) was, of course, discussed by CH Douglas at great length. And perhaps this is the single greatest bridge or point of commonality between MMT and DSC. Of course, Douglas insisted that the gap be filled instead by enfranchising the common consumer via National Dividend and Compensated Prices ... not by mandating more production and more employment. These compensatory consumer credits would be created and issued free of debt as pure credit injections into the economy. ***

SHOCKINGLY, CDC NOW LISTS VACCINATED DEATHS AS UNVACCINATED

by Joseph Mercola <https://articles.mercola.com/sites/articles/archive/2021/10/27/diabetes-pandemic.aspx>

September 15th, 2021

While public health officials and mainstream media claim the COVID-19 pandemic is now “a pandemic of the unvaccinated,”¹ we now know this claim is based on highly misleading statistics.

In a July 16, 2021, White House press briefing,² U.S. Centers for Disease Control and Prevention director Dr. Rochelle Walensky claimed that “over 97% of people who are entering the hospital right now are unvaccinated.” A few weeks later, in an August 5, 2021, statement, she inadvertently revealed how that statistic actually came about.³

New Times Survey

As it turns out, the CDC was looking at hospitalization and mortality data from January through June 2021 — a timeframe during which the vast majority of the U.S. population were still unvaccinated.⁴

But that’s not the case at all now. The CDC is also playing with statistics in other ways to create the false and inaccurate impression that unvaccinated people make up the bulk of infections, hospitalizations and deaths. For example, we now find out the agency is counting anyone who died within the first 14 days post-injection as unvaccinated.

Not only does this inaccurately inflate the unvaccinated

death toll, but it also hides the real dangers of the COVID shots, as the vast majority of deaths from these shots occur within the first two weeks.⁵ Now their deaths are counted as unvaccinated deaths rather than being counted as deaths due to vaccine injury or COVID-19 breakthrough infections!

How CDC Counts Breakthrough Cases

According to the CDC,⁶ you're not counted as fully vaccinated until a full 14 days have passed since your second injection in the case of Pfizer or Moderna, or 14 days after your first dose of Janssen. This is how the CDC defines a vaccine breakthrough case:

"... a vaccine breakthrough infection is defined as the detection of SARS-CoV-2 RNA or antigen in a respiratory specimen collected from a person ≥ 14 days after they have completed all recommended doses of a U.S. Food and Drug Administration (FDA)-authorized COVID-19 vaccine."

In other words, if you've received one dose of Pfizer or Moderna and develop symptomatic COVID-19, get admitted to the hospital and/or die from COVID, you're counted as an unvaccinated case. If you've received two doses and get ill within 14 days, you're still counted as an unvaccinated case.

The problem with this is that over 80% of hospitalizations and deaths appear to be occurring among those who have received the jabs, but this reality is hidden by the way cases are defined and counted. A really clever and common strategy of the CDC during the pandemic has been to change the definitions and goalposts so it supports their nefarious narrative.

For example, the CDC has quietly changed the definition of "vaccine," apparently in an attempt to validate calling the COVID mRNA gene therapies vaccines. In an August 26, 2021, archived version⁷ of vaccine, the CDC defines it as a "product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease."

But a few days later, a new definition appeared on the CDC's website,⁸ which now says a vaccine is a "preparation that is used to stimulate the body's immune response against diseases." The differences in the definitions are subtle but distinct: The first one defined a vaccine as something that will "produce immunity."

But, since the COVID-19 vaccines are not designed to stop infection but, rather, to only lessen the degree of infection, it becomes obvious that the new definition was created to cover the COVID vaccines.

Different Testing Guidelines for Vaxxed & Unvaxxed

It's not just the CDC's definition of a breakthrough case that skews the data. Even more egregious and illogical is the fact that the CDC even has two different sets of testing guidelines — one for vaccinated patients and another for the unvaccinated.

Since the beginning of the pandemic, the CDC

has recommended a PCR test cycle threshold (CT) of 40.⁹ This flies in the face of scientific consensus, which has long been that a CT over 35 will produce 97% false positives,¹⁰ essentially rendering the test useless.^{11,12,13}

In mid-May 2021, the CDC finally lowered its recommended CT count, but only for patients who have received one or more COVID shots.¹⁴ So, if you have received a COVID injection, the CDC's guidelines call for your PCR test to be run at a CT of 28 or less. If you are unvaccinated, your PCR test is to be run at a CT of 40, which grossly overestimates the true prevalence of infection.

The end result is that unvaccinated individuals who get tested are FAR more prone to get false positives, while those who have received the jab are more likely to get an accurate diagnosis of infection.

Only Hospitalization and Death Count if You're COVID Jabbed

Even that's not all. The CDC also hides vaccine failures and props up the "pandemic of the unvaccinated" narrative by only counting breakthrough cases that result in hospitalization or death.

In other words, if you got your second COVID shot more than 14 days ago and you develop symptoms, you do not count as a breakthrough case unless you're admitted to the hospital and/or die from COVID-19 in the hospital, even if you test positive. So, to summarize, COVID breakthrough cases count only if all of the following apply:

- The patient received the second dose of the Pfizer or Moderna shot at least 14 days ago (or one dose in case of Johnson & Johnson's single-dose injection)
- The patient tests positive for SARS-CoV-2 using a CT of 28 or less, which avoids false positives
- The patient is admitted to the hospital for COVID-19 and/or dies in the hospital

Vaccinated Probably Make Up Bulk of Hospitalizations

If vaccinated and unvaccinated were not treated with such varying standards, we'd probably find that the vaccinated now make up the bulk of hospitalizations, making the COVID pandemic one of the vaccinated. An August 30, 2021, exposé by *The Epoch Times* reveals what's really happening on the front lines:¹⁵

"After a battery of testing, my friend was diagnosed with pancreatitis. But it was easier for the hospital bureaucracy to register the admission as a COVID case ... The mainstream media is reporting that severe COVID cases are mainly among unvaccinated people ... Is that what's really going on?"

It's certainly not the case in Israel, the first country to fully vaccinate a majority of its citizens against the virus. Now it has one of the highest daily infection rates and the majority of people catching the virus (77 percent to 83 percent, depending on age) are already

vaccinated, according to data collected by the Israeli government ...

After admission, I spoke to the nurse on the COVID ward ... The nurse told me that she had gotten both vaccines but she was feeling worried: 'Two thirds of my patients are fully vaccinated,' she said. How can there be such a disconnect between what the COVID ward nurse told me and the mainstream media reports?"

The heart of the problem is that the U.S. is not even trying to achieve an accurate count. As noted by *The Epoch Times*, "the Centers for Disease Control and Prevention have publicly acknowledged that they do not have accurate data."

So, when you hear that cases are rising, and that most of them are unvaccinated, you need to ask: "Are these people who have had one vaccine and gotten sick, two vaccines and gotten sick, or no vaccines at all? Without more details, it is impossible to know what is really going on," *The Epoch Times* says.¹⁶

All we do know, according to one doctor who spoke with *The Epoch Times*, is "the vaccines are not as effective as public health officials told us they would be. 'This is a product that's not doing what it's supposed to do. It's supposed to stop transmission of this virus and it's not doing that.'"

Counting Non-COVID Illness as COVID Cases

On top of all of that, hospitals are still also reporting non-COVID related illnesses as COVID. As reported by *The Epoch Times*.¹⁷

"Health authorities around the world have been doing this since the beginning of the COVID crisis. For example, a young man in Orange County, Florida who died in a motorcycle crash last summer was originally considered a COVID death by state health officials ... And a middle-aged construction worker fell off a ladder in Croatia and was also counted as a death from COVID ... To muddy the waters further, even people who test negative for COVID are sometimes counted as COVID deaths.

Consider the case of 26-year-old Matthew Irvin, a father of three from Yamhill County, Oregon. As reported by KGW8 News, Irvin went to the ER with stomach pain, nausea, and diarrhea on July 5, 2020. But instead of admitting him to the hospital, the doctors sent him home.

Five days later, on July 10, 2020, Irvin died. Though his COVID test came back negative two days after his death and his family told reporters and public health officials that no one Irvin had been around had any COVID symptoms, the medical examiner allegedly told the family that an autopsy was not necessary, listing his death as a coronavirus case. It took the Oregon Health Authority two and a half months to correct the mistake.

In an even more striking example of overcounting COVID deaths, a nursing home in New Jersey that only has 90 beds was wrongly reported as having 753 deaths from COVID. According to a spokesman, they had fewer than twenty deaths. In other words, the number of deaths was over-reported by 3,700 percent."

No Need to Fear the Delta Variant if You're Unvaccinated

In a June 29, 2021, interview,¹⁸ Fauci called the Delta variant "a game-changer" for unvaccinated people, warning it will devastate the unvaccinated population while vaccinated individuals are protected against it. Alas, in the real world, the converse is turning out to be true, as the Delta variant is running wild primarily among those who got the COVID jab.

The Delta variant contains three different mutations, all in the spike protein. This allows this variant to evade the immune responses in those who have received the COVID jabs, but not those who have natural immunity, which is much broader.

In a June 30, 2021, appearance on Fox News (video above), epidemiologist and cardiologist Dr. Peter McCullough pointed out that "It is very clear from the U.K. Technical Briefing¹⁹ that was published June 18 that the vaccine provides no protection against the Delta variant."²⁰

The reason for this is because the Delta variant contains three different mutations, all in the spike protein. This allows this variant to evade the immune responses in those who have received the COVID jabs, but not those who have natural immunity, which is much broader.

Even so, the Delta variant is far milder than previous variants, according to the U.K.'s June 18, 2021, Technical Briefing.²¹ In it, they present data showing the Delta variant is more contagious but far less deadly and easier to treat. As McCullough told Fox News:

"Whether you get the vaccine or not, patients will get some very mild symptoms like a cold and they can be easily managed ... Patients who have severe symptoms or at high risk, we can use simple drug combinations at home and get them through the illness. So, there's no reason now to push vaccinations."

Contrast that with the following statement made by President Biden during a CNN town hall meeting in Cincinnati, Ohio, in late July 2021:²²

"We have a pandemic for those who haven't gotten a vaccination. It's that basic, that simple. If you're vaccinated, you're not going to be hospitalized, not going to the ICU unit, and not going to die. You're not going to get COVID if you have these vaccinations."

However, Dr. Leana Wen, an emergency doctor and visiting professor of health policy and management at George Washington University's Milken School of

Public Health in Washington, D.C., contradicted the president, saying he had led the Americans astray by telling them you don't need a mask if you're vaccinated, or that you can't get it or transmit it.

As reported by CNN Health:²³

"In particular, Wen took issue with Biden's incorrect claims that you cannot contract Covid-19 or the Delta variant if you are vaccinated. 'I was actually disappointed,' Wen said. 'I actually thought he was answering questions as if it were a month ago. He's not really meeting the realities of what's happening on the ground. I think he may have led people astray.'"

CNN added that Wen had told their political commentator Anderson Cooper that "many unknown answers remain related to Covid-19, and that it is still not known how well protected vaccinated individuals are from mild illness ... [or] if you're vaccinated, could you still be contagious to other people."

Vaccinated Patients Flood Hospitals Around the World

The U.K. data showing the Delta variant is far milder than previous SARS-CoV-2 viruses deflates the claim that avoiding severe illness is a sign that the shots are working. Since the Delta variant typically doesn't cause severe illness in the first place, it doesn't make sense to attribute milder illness to the shot.

But if Delta is the mildest coronavirus variant yet, why are so many "vaccinated" people ending up in the hospital? While we still do not have clear confirmation, this could be a sign that antibody dependent enhancement (ADE) is at work. Alternatively, it could be that vaccine injuries are being misreported as breakthrough cases.

Whatever the case may be, real-world data from areas with high COVID jab rates show a disturbing trend. For example, August 1, 2021, the director of Israel's Public Health Services, Dr. Sharon Alroy-Preis, announced half of all COVID-19 infections were among the fully vaccinated.²⁴ Signs of more serious disease among fully vaccinated are also emerging, she said, particularly in those over the age of 60.

A few days later, August 5, 2021, Dr. Kobi Haviv, director of the Herzog Hospital in Jerusalem, appeared on Channel 13 News, reporting that 95% of severely ill COVID-19 patients are fully vaccinated, and that they make up 85% to 90% of COVID-related hospitalizations overall.²⁵

In Scotland, official data on hospitalizations and deaths show 87% of those who have died from COVID-19 in the third wave that began in early July were vaccinated.²⁶

In Gibraltar, which has a 99% COVID jab compliance rate, COVID cases have risen by 2,500% since June 1, 2021,²⁷ and in Iceland, where over 82% have received the shots, 77% of new COVID cases are among the fully vaccinated.²⁸

Data from the U.K. show a similar trend among those over the age of 50. In this age group, partially and fully "vaccinated" people account for 68% of hospitalizations and 70% of COVID deaths.²⁹

A CDC investigation of an outbreak in Barnstable County, Massachusetts, between July 6, 2021, through July 25, 2021, found 74% of those who received a diagnosis of COVID19, and 80% of hospitalizations, were among the fully vaccinated.^{30,31} Most, but not all, had the Delta variant.

The CDC also found that fully vaccinated individuals who contract the infection have as high a viral load in their nasal passages as unvaccinated individuals who get infected.³² The same was found in a British study, a preprint of which was posted mid-August 2021.^{33,34} This means the vaccinated are just as infectious as the unvaccinated. Interestingly, a *Lancet* preprint study³⁵ that examined breakthrough infections in health care workers in Vietnam who received the AstraZeneca COVID shot found the "viral loads of breakthrough Delta variant infection cases were 251 times higher than those of cases infected with old strains detected between March-April 2020." What's more, they found no correlation between vaccine-induced neutralizing antibody levels and viral loads or the development of symptoms. According to the authors:

"Breakthrough Delta variant infections are associated with high viral loads, prolonged PCR positivity, and low levels of vaccine-induced neutralizing antibodies, explaining the transmission between the vaccinated people."

Not All Vaccinated Are Confirmed Vaccinated

As if all of that weren't enough, there's yet one more confounder. Just because you got the COVID shot does not mean you've been confirmed as having gotten the shot. You're only confirmed "vaccinated" if your COVID injection is added to your medical record, and this sometimes doesn't happen if you're going to a temporary vaccination clinic, a drive-through or pharmacy, for example. As reported by CNN:³⁶

"If you are among the countless people who didn't get the doses at a primary care doctor's office, there may not be any record of the vaccination on file with your doctor."

To actually count as a "confirmed vaccinated" individual, you must send your vaccination card to your primary care physician's office and have them add it to your electronic medical record. If you got the shot at a pharmacy, you'll need to verify that they forwarded your proof of vaccination to your doctor. Primary care offices are then responsible for sharing their patients' immunization data with the state's immunization information system. Patient-recorded proof of vaccination is only accepted for influenza and pneumococcal vaccines, not COVID-19

injections.³⁷ What this all means is that, say you got the shot several weeks ago at a drive-through vaccination clinic and get admitted to the hospital with COVID symptoms. Unless your COVID shot status has actually been added into the medical system, you will not count as “vaccinated.” This too can skew the statistics, because we know the CDC ascertains vaccination status by matching SARS-CoV-2 case surveillance and CAIR2 data using person-level identifiers and algorithms.³⁸ As noted by John Zurlo, division director of infectious disease at Thomas Jefferson University, “the lack of reliable vaccine records complicates efforts to precisely understand vaccine effectiveness and determine how many local hospitalizations and deaths are resulting from COVID-19 breakthrough infections.”³⁹

We’re in the Largest Clinical Trial in Medical History

In closing, it’s worth remembering that the COVID injection campaign is part and parcel of a clinical trial. As noted Dr. Lidiya Angelova in a recent Genuine Prospect article:⁴⁰

“Many people are unaware that they are participating in the largest clinical trial test of our times. It is because World Health Organization, healthcare authorities, politicians, celebrities, and journalists promote the experimental medical treatments (wrongly called COVID-19 vaccines) as safe and efficient while in fact these treatments are in early clinical research stage. It means that there is not enough data for such claims and that the people who participate are test subject.”

As shown in a graph on Genuine Prospect, under normal circumstances, clinical research follows a strict protocol that begins with tests on cell cultures. After that comes tests on animals, then limited human testing in four phases. In Phase 1 of human testing, up to 100 people are included and followed anywhere from one week to several months. Phase 2 typically includes several hundred participants and lasts up to two years. In Phase 3, several hundred to 3,000 participants are tested upon for one to four years. Phase 4 typically includes several thousand individuals who are followed for at least one year or longer. After each phase, the data is examined to assess effectiveness and adverse reactions.

The timelines for these stages and phases were not followed for the COVID “vaccines.” Most Phase 3 trials concluded by the end of 2020, and everyone who got the shots since their rollout under emergency use authorization is part of a Phase 4 clinical trial, whether they realize it or not.⁴¹ And since the trials are not completed, you simply cannot make definitive claims about safety, especially long-term safety. As noted by Angelova:⁴²

“When I worked at the National Institute of Allergy

and Infectious Diseases (NIAID) ... I went to the course Ethical and Regulatory Aspects of Clinical Research ... The first rule we learnt was ‘Clinical research must be ethical’ ... All ethical aspects of clinical research are dismissed with the COVID-19 vaccines. People should know that nobody can require such to participate in everyday activities like using public transportation, shopping, going to school and even hospital. People should know that they should not be punished for refusing to take the experimental medical treatments. COVID-19 vaccines mass use and COVID-19 measures are an infringe[ment] of the Articles 2, 3, 5, 9, 11, 12, 13, 18, 20, 25, 27, 28 of The Universal Declaration of Human Rights (UDHR).”

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Bill van der Zalm's speech read at the Common Ground Magazine's Nuremberg Trials Anniversary Peaceful Protest in Vancouver, British Columbia, as read by Odessa Orlewicz on Liberty Talk Canada:

<https://www.youtube.com/watch?v=1ooV2XEpRvM>

Bill van der Zalm was one of the last Social Credit Premiers of British Columbia

“Your gathering here today is not questioning the serious of Covid. Your gathering is all about truth and freedom. A message from Bill van der Zalm.

“Greetings to all the people gathered here today!

A special thanks to my friend and super-organizer best known as common ground Joseph. A humungous thanks to my former premier colleague, Brian Peckford. Brian, I wish I could be with you and all the great people there ... but when you get to my age, even though I look younger, you'll understand why I have to cut back on even local travel.

“To all you great people gathered here. It matters not whether you've had the vaccine or not had the vaccine. That was your choice, a choice that we've have always had and what made our province and country special and desirable. The freedom to choose is what really sets us apart from dictatorship and communism.

“We are now seeing the first step towards communism. It has been imposed on all of us without the people having a say. A freedom taken from us through fear and coercion. Your gathering today is not questioning the seriousness of Covid. Your gathering is all about truth and freedom. If we allow them to take this freedom, it is only the beginning. You will lose even the little everyday freedoms that we took for granted. You will lose everything to the billionaire pandemic swindle pack.

“There is a God, a God that provides a lesson and a possible good in most everything that happens. The lesson here is that for too long we have taken our freedom for granted and by the use of fear and coercion

it can be taken away from us overnight. By accepting some, we will lose it all. It is the only way the population growth control globalists can establish a communist global government. We will all become the slaves of the billionaire manipulators.

“A lesson is recognizing that all we've seen so far is not controlled by the people, not even by the media. No political party, provincially or federally, questioned our objective. When pushed, they all caved. The politicians can barely manage their own responsibilities, let alone oversee or question the rules. A prime example is taking an airplane today. You'll get to the airport and stand in a line six feet apart for your ticket. You'll go to the waiting lounge and sit six feet apart with empty chairs in-between. Then you will board the plane and practically sit on someone's lap. Take away the carrots from power-hungry, money-loving people like Soros, Bill Gates, some Presidents and some Prime Ministers, and we'll end up with a totally different pandemic.

“I, as a young person in Holland, lived through Second World War under Hitler's dictatorship, had my first real taste of salt to prevent scurvy and lice in 1944, and watched my mother prepare tulip bulb bread soup just to keep us alive. I now for the first time since then fear for our young people and for the next generation. If we allow our constitutional and legal rights ..., like the freedom to move and participate, with so-called mandatory health passports, we'll have taken our first steps to dictatorship. The next step will be banning gatherings like this and jailing freedom fighters. God bless you people and all that you do to keep our freedom alive.”

*Bill van der Zalm, prior Premier, BC, Oct, 21st 2021, at the 75th Anniversary of the Nuremberg Trials. ****

**THE ONGOING CAMPAIGN AGAINST HUMAN FREEDOM
NIGEL JACKSON comments on some of the latest manifestations.**

I... On 16th September Rob Harris for *The Sydney Morning Herald* reported online that Education Minister Alan Tudge had called on the federal government to formally endorse the International Holocaust Remembrance Alliance's working definition of anti-Semitism. Although the definition is said to be “legally non-binding”, the minister had added: “From my perspective, I'm determined to see it implemented as government policy, and I'd like to see that cascaded down to key institutions, including universities.”

The definition asserts in its ancillary explanations that “it is anti-Semitic to draw comparisons of contemporary Israeli policy to that of the Nazis” and that anti-Semitism “includes traditional stereotypes such as regarding Jews

as having inordinate power over media, financial systems or governments.” This is plainly a head-on attack on free speech, and on free speech that is especially needed to combat the current widespread corruption of political institutions.

Then on 15th October Bert Doherty for *The Guardian* reported that our Prime Minister, Scott Morrison, had stated that Australia “as a people and as a nation” would adopt the definition. The Prime Minister was exceeding his brief. He can speak for himself, MPs can speak for themselves and the Parliament can speak for itself, but they have no authority to speak in this context on behalf of other Australians, many of whom almost certainly oppose the move.

This proposed endorsement of a contentious definition which has aroused opposition in many respectable quarters is suspect as being in reality a calculated step to bring our nation into a state of subservience comparable to that at present suffered by the German nation and several other European nations. In those unhappy countries condign punishment awaits any who publicly challenge the veracity of the Holocaust story, including severe fines, loss of employment, damage to reputation and even jail. It is certain that the majority of Australians – the large majority – do not support such naked tyranny; so subterfuge is being used to sneak enabling legislation in. Hence the peculiar lack of discussion of the matter in our major public forums.

Endorsement of the definition also takes us a step nearer to the imposition of mandatory teaching of that story in our schools, an inclusion in our curricula that would definitely not allow free debate on the story and fair presentation of revisionist critiques.

II... On 2nd October I sent the following letter to *The Australian*. “It is outrageous and morally horrifying that German authorities are in the process of trying, for a ‘crime’ allegedly committed over sixty years ago, a woman aged 96 who is a resident in a care home (“Nazi camp typist, 96, flees trial”, 2-3/10). This is inhumanity and wicked cruelty on the grand scale.

“What did Irmgard Furchner do in 1943-45? She worked in a concentration camp, during wartime, as a typist who prepared execution warrants and deportation lists. To argue from this that she is responsible for 11,000 murders is preposterous.

“Judicial personnel who proclaimed her fit to stand trial and others who upheld the bogus and artificially created ‘legal principle’ that ‘staff who demonstrably knew about the murders happening around them are complicit’ have brought shame on the German judicial system.

“What is the real purpose of these show trials and whom can we hold guilty of having introduced them?”

Well, my answer would be that the intention is to enforce a view of Nazi history that evidently fears it cannot defend itself successfully in public debate, and also to frighten would-be critics of the power elite behind this travesty of justice. Meanwhile there does not seem to have been anything like an adequate discussion of the matter in our mainstream public forums. It is especially worrying that those prominent intellectuals who are usually only too ready to defend free speech are silent in these contexts. My impression is that a great fear holds our land in intellectual bondage.

III... And a third matter of concern is the unwelcome intrusion of politics into international sport, in the form of demands that players “take the knee” to show their opposition to “racism”. South African cricketer Quinton de Kock made an attempt at defiance (“Shame on keyboard warriors labelling de Kock as a ‘racist’”, *The*

Australian, 30-31 October), but seems subsequently to have caved in quickly. Properly interpreted, “taking the knee” should be seen as a passing below the yoke of a new tyranny. Anti-racism is a weapon to deprive peoples of their peoplehood.

Opponents of endorsement include 500 academics from all around the world (15 of whom are Australians) who accused Glasgow University of betraying the principle of academic freedom by apologising for an article on pro-Israel advocacy and stigmatising it wrongfully as hate speech. Here was another example of passing below the yoke. In an attempted justification of its action, the university referred to its previous endorsement of the contentious IHRA definition of anti-Semitism. (The statement by the 500 was published online by David Irving in his daily newsletter.)

In boyhood (1946-1951) I was apprised of the Nazi and Communist tyrannies and subsequently embarked on a lifetime mission of defence of intellectual freedom, the indispensable bulwark against tyrants. Alas, a third tyranny is afoot and needs to be named openly and opposed firmly.

*Nigel Jackson is a Melbourne poet and commentator on public affairs. ****

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