

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



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"LETTUCE" DETERMINE THE TRUE NATURE OF INFLATION by Oliver Heydorn

In recent times we are hearing more and more, both in Australia and overseas, that inflation is on the march. The prices of almost everything are going up and each unit of currency is therefore buying less and less as its purchasing power is diminished. We know that inflation is a negative financial phenomenon, that it erodes savings, hurts those on fixed incomes, and puts increased pressure on businesses and consumers in order to make ends meet and so forth. It also undermines confidence in the stability of the economy by reducing our capacity to plan on the basis of accurate predictions. Once inflation really takes hold we have no way of knowing what prices or wages, etc., will be next year, next month, or even next week. It is imperative that inflation be slowed, if not halted entirely.

Now, if we can agree that inflation is a bad thing and that we need to address it, i.e., to neutralise it, it is likewise crucial that we can accurately discern what it is, in fact, that is causing the inflation. For there are two basic forms that inflation may take: 1) demand-pull and 2) cost-push. Just as in medicine, successful treatment most likely presupposes a correct diagnosis.

When faced with a tsunami of increasing prices, the standard or default position of many commentators is to assume that the inflation must be caused by there being "too much money chasing too few goods". This is the very definition of 'demand-pull' inflation and, for many, (far too many), it is further assumed that this is the only form of inflation possible, that demand-pull inflation IS inflation. This view is further supported by the fact that governments the world over have "printed money" (really borrowed newly created money from the central bank) in order to provide incomes and business support for people negatively affected by the last two years of coronavirus lockdowns and restrictions. The implication here is that more money has been created and spent into the economy while the supply of goods and services has remained the same or has faltered as production rates declined.

It is certainly true that this type of dynamic can cause inflation, but it is necessary to determine to what extent any of the inflation that is being observed can be traced back to excessive government borrowing and spending. For there are many indications that at least part of the inflation that we are seeing is not demand-pull in nature at all, but is rather cost-push. In the case of 'cost-push' inflation, prices have gone up because, for one reason or another, costs have increased. In order to recover the expenditures and (hopefully) make a profit, business must increase the prices they charge the public in order for them to maintain themselves in operation. Costs may increase because part of the supply has been destroyed, energy/transport costs have increased, debt-servicing costs have increased and so forth.

To take one concrete example of cost-push inflation, it was recently reported that shoppers at the IGA supermarket chains in Brisbane were confronted with heads of iceberg lettuce that were retailing for 11.99 AUD per head: <https://www.dailymail.co.uk/news/article-10899213/Why-continue-pay-12-lettuce-Australia-fruit-vegetables.html>. Is this increase in the price of lettuce to previously unheard-of levels due to the government "printing money" and "too much money chasing too few goods"? I don't think so. It turns out that, on account of the heavy rains and extreme flooding in the Lockyer Valley (where most of Australia's winter produce is grown) much of the lettuce crop was destroyed. The farmers are now charging more per unit of lettuce, not because they are aware that "there is – allegedly – more money about" and are attempting to profiteer, but because they still have the same fixed and/or historic costs which can no longer be spread amongst the full crop that was anticipated.

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They must therefore raise the unit prices of the lettuce heads that survived if they are to meet those costs. If they charged what they used to charge per head of lettuce, they would, on account of the fewer heads available to be sold, be losing money. Of course, it remains to be seen whether, at \$11.99 per head, the public demand will be sustained and the costs covered in any case. But that very fact further underscores the reality of the situation: farmers are not trying to take advantage of the public by raising their prices to mop up the “more money” that is supposedly in consumers’ pockets. They are merely trying to stay in business.

The enormous increase in iceberg lettuce prices has been paralleled, actually superseded, by stupendous increases in the prices of strawberries and blueberries, which have tripled and quadrupled respectively. The causes(!) are the same. In addition to the flooding, increasing petrol and fertiliser prices have increased costs to farmers and to transporters. The Russia-Ukraine war has driven up the price of crude oil and this has naturally had an effect on countries like Australia that must import their oil. This cost-push explanation for the increases in prices of fruits and vegetables has been widely acknowledged by industry watchers:

“Rabobank senior analyst Michael Harvey said high prices were likely to persist for fruit and vegetables.

‘Consumers should be bracing for further food price rises in coming months, as the impacts of higher transport costs, supply chain disruptions and other increased input costs make their way through the system,’ he said.”^[1]

Now, my question is, apart from fruits and vegetables, what other goods and services that are presently increasing in price are doing so, not so much because of demand-pull, but primarily because of cost-push? The coronavirus ‘pandemic’ and its associated restrictions, the Russia-Ukraine war, extreme weather events (whether fires or floods, etc.) have all disrupted supply and/or supply chains all over the world, driving up costs – irrespective of how much money may be floating around in consumer pockets. To the extent that the inflation that we are witnessing is cost-push, it is not at all clear how conventional measures such as raising interest rates (which is a dubious instrument even for dealing with demand-pull inflation) is going to address the issue. On the contrary, as increasing interest rates will increase costs on existing loans, it is likely only to compound the problem and to drive up costs and hence prices even further. ***

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[1] <https://www.dailymail.co.uk/news/article-10899213/Why-continue-pay-12-lettuce-Australia-fruit-vegetables.html>

THE COLOSSAL FAILURE OF CHURCH LEADERS IN THE FACE OF THE COVID-19 INJECTIONS by Oliver Heydorn

Now that the coronavirus “pandemic” (so-called) appears to be petering itself out in most parts of the world, it’s time to take stock of how Christian leaders reacted during the course of the last two and half years. What did they do and what did they fail to do? How do they measure up to the standard set by the Gospels? Were they successful with flying colours or have they distinctly failed to present a Christian testimony in the face of lockdowns, mask and “vaccine” mandates, travel restrictions and so forth? ... or, has their response fallen somewhere in-between? The field of investigation here is wide and deep, and so I propose, for the purposes of this article, to focus on only one dimension, that of covid-19 jab mandates, and to one denomination, that of the Catholic Church (as it’s the one that I know best).

In both my home diocese of Hamilton, Ontario, and my ‘adopted’ archdiocese of Brisbane, Australia, the bishop or archbishop have mandated the jabs on their priests, diocesan employees, and have even gone so far as to demand it from volunteers and altar servers, etc. In Brisbane, this included school teachers and staff in the local Catholic school system. Let me be categorical: this was an egregious violation of the basic medical

ethical principle of informed consent/refusal. No one has the right to, in any way, force, pressure, manipulate, blackmail, threaten, bully or otherwise coerce anyone into any medical test, treatment, or procedure, etc. This basic principle of medical ethics is, quite naturally, also a principle of Catholic medical ethics. To threaten someone’s livelihood by making the taking of an injection a condition of employment is coercion of the most brutal kind.

The gravity inherent in violations of the principle of informed consent/refusal is further underscored when the medical intervention in question is experimental in nature, as is the case with the covid-19 jabs. The jabs were developed in record time, taking less than a year (officially), when it is habitual for vaccines and other drugs to be developed over the course of many years, even as long as a decade. For this reason, they were given provisional or emergency-use only authorisations in virtually all jurisdictions (because it was incorrectly assumed at the time that there were no effective therapeutics available as an alternative).

Even now these jabs remain, in most cases, unauthorised by the relevant public health authorities for general use. When an experimental treatment is deployed, it is even more crucial that people be given an opportunity to individually give or refuse informed consent to that treatment on the basis of the relevant medical information: risks, burdens, benefits, etc. For, in this type of situation, the experimental status of the intervention means that neither the efficacy, nor, more importantly, the ultimate safety of what is being forced on people, can in any way be known or guaranteed. Since severe and permanent harms and even death might follow, no one has the right to demand that anyone else should serve as a guinea pig.

Violations of informed consent/refusal in connection with forced experimentation are prohibited by national and international medical protocols, and by a long-list of international agreements and/or statements such as the Nuremberg Code, the Helsinki Declaration, the Universal Declaration on Bioethics and Human Rights, and so forth. What is perhaps not as well known is that forcing experimental treatment on someone is also strictly prohibited by the Catechism of the Catholic Church:

2295 Research or experimentation on the human being cannot legitimate acts that are in themselves contrary to the dignity of persons and to the moral law. The subjects' potential consent does not justify such acts. Experimentation on human beings is not morally legitimate if it exposes the subject's life or physical and psychological integrity to disproportionate or avoidable risks. Experimentation on human beings does not conform to the dignity of the person if it takes place without the informed consent of the subject or those who legitimately speak for him.

Yes, the bishops, priests, and others who have twisted arms in order to inject as many people as possible, *are at odds in their directives with the Church's own teaching.* I suppose that that shouldn't come as such a shock, since there are a variety of areas in the Novus Ordo wing of the Church - which is the greater part of the Church - where things heretical (or at least heterodox), invalid, illicit, and/or irregular are commonplace ... but I digress.

Beyond the question of mandates (which is bad enough), bishops and priests from Pope Francis on down have also strong-armed their flocks, making them feel guilty or telling them (directly or by implication) that they are not good Catholics if they refuse to conform and obey and take the experimental injections.^[1] They have also gaslighted them, telling them or otherwise implying that to refuse the “vaccine” – which is something that every human being has the right to do – is to be counted amongst “conspiracy theorists” or “right-wing extremists”, etc. Whatever their motivations, these prelates have actually endangered the physical health and the very lives of their flock by pressuring them to

take injections that have killed and maimed many people all over the world. The evidence for the immense harm that the “vaccines” are causing continues to mount day by day.^[ii] The further irony here is that evidence also continues to mount that the “vaccines” don't work for their intended purpose because they are highly ineffective in preventing infection and transmission, so ineffective, in fact, that they don't even deserve to be called “vaccines”. They are, instead, experimental gene ‘therapies’.

As if to put salt in the wound, many Church authorities have also refused to provide religious exemption letters for those whose employment in the secular world was threatened by government or employer mandates. Those letters could and should have been given for a large number of reasons:

- 1) the use of aborted cell lines in the making of the “vaccines”,
- 2) the fact that informed consent/refusal as a principle of medical ethics is also a principle of Catholic medical ethics and therefore part of the Catholic religion,
- 3) the fact that the Church specifically teaches that the use of experimental treatments must presuppose the free and informed consent of the participants, and
- 4) the fact that the Church teaches respect for conscience and for conscientious objection.

As a result of the refusal of Church leaders to co-operate with the religious exemption process (they prefer to curry favour with the secular authorities for some reason), many people have lost their livelihoods and can no longer provide for their families. Where is the common good in that? When the mouthing of the overused or incorrectly conceptualised phrase “the common good” results in individual evils, we can be sure that those who mindlessly parrot it as a slogan do not have the correct notion of the common good in mind at all.

All of the above qualifies as a form of moral and/or material extortion and indeed religious trauma/abuse. It is so egregious, so great a betrayal of Our Lord Jesus Christ and his Church, that the priests and bishops responsible should be defrocked. The problem there, of course, is the perennial difficulty with any type of earthly authority or privilege: *Quis custodiet ipsos custodes?* Who will watch the watchmen? It's time for informed laymen and laywomen to make their voices heard.

Now, while not overtly supporting the mandatory job policies of governments or employers, it has also come to my attention that even in more conservative and/or traditional circles, priests have nevertheless chosen to be “fully vaccinated”.

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It is certainly conceivable that some of these men may have taken the jab because they believed the government's official narrative, believed themselves to be at risk because of illness or age, and had themselves injected out of genuine health concerns (falsely believing that the jabs would prevent infection, transmission, or at least severe illness). They could be faulted, perhaps, for not doing their due diligence in terms of researching the real science, but it is easier to excuse this type of decision-making as that of the naïve and/or vulnerable.

What I find inexcusable is the following: many conservative and/or traditional prelates took the jabs not out of genuine health concerns (many of them are young and, by all appearances, healthy) but in order to achieve some practical end, such as being able to travel internationally, to maintain access to hospitals and nursing homes, to keep schools operating, and so forth. Such pastoral ends are certainly worthwhile and even noble, but can they morally justify being injected with a Coronavirus "vaccine"?

The "vaccines", being experimental, had ZERO long-term safety-data when they first came out. As time goes on, we are learning more and more of the damaging effects of the shots in terms of serious health problems and even deaths. It will be many years yet before the full carnage of the shots will be laid bare. Since, according to the official narrative, infection with the SARS-COV2 virus had a survival rate of 99.75% even before it mutated into the even less dangerous 'omicron' variant, a simple cost-benefit analysis made with the available facts would have favoured not taking the shots in the vast majority of cases. So what will happen if these priests die or are incapacitated by these "vaccines" at some point in the future? What use will they then be to anyone?

But we can go beyond mere calculations involving potential consequences. One of the foundational principles of Christian ethics is that "the end cannot justify the means". In other words, even a worthwhile and noble end (like being able to visit the sick) does not and indeed cannot justify an intrinsically evil means. I would argue that, given what we know about the nature of the shots themselves and also their political use as a tool of coercion, freely taking the shots does fall – objectively speaking – into the category of consenting to an "intrinsic evil". There is no moral judgement here regarding anyone's conscience or moral standing (which can depend on many factors such as knowledge and freedom of the will, etc.), but only of the objective appropriateness of the act.

If a priest or a pastor took the injections, not because of genuine health concerns, but because the government would not otherwise have allowed him to do x, y, or z, then he has acceded to government transgression of the

natural law and to government tyranny. He has, in fact, become an accomplice, a tyranny-enabler. For the only way, apart from violence or armed revolution, to get the governments to back down on these immoral "vaccine" mandates would have been for a sufficient number of people to stand together in "united non-compliance" and to have refused to bow down before government diktat. They can't jail, fine, fire, etc., everybody. By taking these injections, these Church leaders have complied with immoral demands and have simultaneously thrown many of their own parishioners under the bus ... parishioners who lost jobs, livelihoods, homes, etc., because they, rightly, would not allow the government to violate their natural rights to informed consent/refusal, to bodily integrity, and to bodily autonomy.

As far as the shots themselves are concerned, there are some experts and studies which assert that the experimental mRNA gene therapies can, *via* the process of reverse transcription, produce a DNA copy within the cells of injected individuals, and that this DNA might even be incorporated into their genomes and passed down to offspring. If any of this is true, we have uncovered yet another argument for the claim that the injections are intrinsically evil: they mar God's creation by turning people into Genetically Modified Organisms or GMO's. It gets worse: GMO patent holders often claim ownership of any organisms that have been modified directly or indirectly using their technology. Would this extend to humans who have been modified in this way? Have the injected thereby – according to some interpretation of law – surrendered their human dignity and rights? In any case, by consenting to these types of alterations in the name of 'health', Church leaders are embracing transhumanism in the most frightful and practical way possible: the genetic modification of their own being. This sets a very bad precedent. When it comes time for the introduction of the Biblical "Mark of the Beast", will they roll over just as easily when Big Brother demands it? One would think that if they were going to draw the line somewhere and rein Caesar in, they would have drawn it a long time ago already and put Caesar in his due place. ***

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\$3.2 BILLION TAXPAYER-FUNDED DEAL WITH PFIZER WILL 'ENRICH SHAREHOLDERS OF MOST PROFITABLE INDUSTRY IN HISTORY'

Article Source: <https://greenmedinfo.com/blog/32-billion-taxpayer-funded-deal-pfizer-will-enrich-shareholders-most-profitable-in/>

The Biden administration on Wednesday announced a \$3.2 billion deal to purchase 105 million doses of Pfizer's COVID-19 vaccine for a fall vaccination campaign, with options to buy up to 300 million doses

The Biden administration on Wednesday announced a \$3.2 billion deal to purchase 105 million doses of Pfizer's COVID-19 vaccine for a fall vaccination campaign, with options to buy up to 300 million doses.

The contract includes a combination of adult and pediatric doses, and supplies of a re-formulated booster shot that will contain the original Wuhan variant and BA.4 and BA.5 Omicron subvariants.

The U.S. Food and Drug Administration (FDA) on Thursday advised COVID-19 vaccine manufacturers to produce the updated booster vaccine -- which has not yet undergone human clinical trials -- for this fall.

"This agreement will provide additional doses for U.S. residents and help cope with the next COVID-19 wave," Sean Marett, chief business and chief commercial officer of BioNTech, said in a statement. "Pending regulatory authorization, it will also include an Omicron-adapted vaccine, which we believe is important to address the rapidly spreading Omicron variant."

The announcement followed Tuesday's meeting of the FDA's Vaccines and Related Biological Products Advisory Committee, which recommended including an Omicron component in future COVID-19 booster vaccines.

"Vaccines have been a game-changer in our fight against COVID-19, allowing people to return to normal activities knowing that vaccines protect from severe illness," said Xavier Becerra, secretary of the U.S. Department of Health and Human Services (HHS).

"The Biden-Harris Administration is committed to doing everything we can to continue to make vaccines free and widely available to Americans -- and this is an important first step to preparing us for the fall."

However, U.S. taxpayers will fund the \$3.2 billion campaign, just as they also paid \$1.95 billion for the original 100 million doses obtained under Operation Warp Speed, and \$19.50 per dose for 500 million more doses obtained through the government's option contract.

"Earlier this month, in the absence of additional COVID-19 funding from Congress, the Administration was forced to reallocate \$10 billion in existing funding, pulling billions of dollars from COVID-19 response efforts in order to pay for additional vaccines and treatments," HHS said in a statement. "The funding for this new Pfizer contract is being paid for with a portion of that reallocated funding."

"The White House has dropped all pretense that this is about protecting public health," said Robert F. Kennedy, Jr., chairman and chief legal counsel for Children's Health Defense. "This is an unsheathed, corporate welfare project to further enrich the shareholders of the most profitable industry in history."

"It's almost as if these states -- and their citizens -- are paying for these vaccines twice over: once to bankroll much, or nearly all, of the research itself, then again to buy back the products of this public-funded research," Quartz reported last month. "Pharma corporations benefit hugely from this model."

Pfizer said in May it expects about \$32 billion in COVID-19 vaccine sales for 2022, but the figure was based on agreements signed before the new contract announced this week.

Pfizer on June 23 approved a quarterly cash dividend of \$0.40 per share.

Under the new Pfizer deal, the U.S. government is set to pay more than \$30 per dose on average, which is significantly higher than the \$19.50 it paid in its initial Pfizer contract.

As early as Feb. 26, 2021, Pfizer was planning for a "potential rapid adoption" of its COVID-19 vaccine to allow for the development of booster vaccines within weeks. This "regulatory pathway" is already established for other infectious diseases, such as influenza, Pfizer said in a statement.

Pfizer CEO Albert Bourla said the company was "making the right investments and engaging in the appropriate conversations with regulators" to help position the company to "potentially develop and seek authorization for an updated mRNA vaccine or booster if needed."

During a February 2021 earnings call, Bourla told analysts, big banks and investors the company could make significant profits as demand for its COVID-19 vaccine subsidies by charging higher prices and implementing routine booster doses for new variants of the virus.

During the Barclays' Global Health Conference in March 2021, former Pfizer CFO Frank D'Amelio said the company doesn't see this as a one-time event, but "as something that's going to continue for the foreseeable future."

"Every year, you need to go to get your flu vaccine," Pfizer CEO Bourla said. "It's going to be the same with COVID. In a year, you will have to go and get your annual shot for COVID to be protected." ***

LETTER TO THE UK GOVERNMENT FROM 76 DOCTORS

by Richard Miller (London)

Reproduced below is a letter signed by 76 doctors in the UK, to the Medical and Healthcare products Regulatory Agency (MHRA) and other U.K. Government officials.

The letter sets out reasons why the Covid vaccinations of infants and young children must not happen in the UK.

I understand that nothing like this resistance is occurring among doctors in Australia.

Disappointing indeed, but predictable.

[https://rwmalonemd.substack.com/p/letter-to-the-uk-gov-from-76-](https://rwmalonemd.substack.com/p/letter-to-the-uk-gov-from-76-doctors?utm_source=substack&utm_medium=email)

[doctors?utm_source=substack&utm_medium=email](https://rwmalonemd.substack.com/p/letter-to-the-uk-gov-from-76-doctors?utm_source=substack&utm_medium=email)

“Children’s Covid Vaccine Advisory Council

We are writing to you urgently concerning the announcement that the FDA has granted an Emergency Use Authorization for both Pfizer and Moderna COVID-19 vaccines in preschool children.

We would urge you to consider very carefully the move to vaccinate ever younger children against SARS-CoV-2, despite the gradual but significant reducing virulence of successive variants, the increasing evidence of rapidly waning vaccine efficacy, the increasing concerns over long-term vaccine harms, and the knowledge that the vast majority of this young age group have already been exposed to SARS-CoV-2 repeatedly and have demonstrably effective immunity. Thus, the balance of benefit and risk which supported the rollout of mRNA vaccines to the elderly and vulnerable in 2021 is totally inappropriate for small children in 2022.

We also strongly challenge the addition of COVID-19 vaccination into the routine child immunization program despite no demonstrated clinical need, known and unknown risks (see below) and the fact that these vaccines still have only conditional marketing authorization.

It is noteworthy that the Pfizer documentation presented to the FDA has huge gaps in the evidence provided:

- The protocol was changed mid-trial. The original two-dose schedule exhibited poor immunogenicity with efficacy far below the required standard. A third dose was added by which time many of the original placebo recipients had been vaccinated.
- There was no statistically significant difference between the placebo and vaccinated groups in either the 6–23-month age group or the 2-4-year-olds, even after the third dose. Astonishingly, the results were based on just three participants in the younger age group (one vaccinated and two placebo) and just seven participants in the older 2–4-year-olds (two vaccinated and five placebo). Indeed, for the younger age group the confidence intervals ranged from minus-367% to plus-99%. The manufacturer stated that the numbers were too low to draw any confident

conclusions. Moreover, these limited numbers come only from children infected more than seven days after the third dose.

- Over the whole time period from the first dose onwards (see page 39 Tables 19 and 20), there were a total of 225 infected children in the vaccinated arm and 150 in the placebo arm, giving a calculated vaccine efficacy of only 25% (14% for the 6-23 months, and 33% for 2-4s).
- The additional immunogenicity studies against Omicron, requested by the FDA, only involved a total of 66 children tested one month after the third dose (see page 35).

It is incomprehensible that the FDA considered that this represents sufficient evidence on which to base a decision to vaccinate healthy children. When it comes to safety, the data are even thinner: only 1,057 children, some already unblinded, were followed for just two months. It is noteworthy that Sweden and Norway are not recommending the vaccine for 5-11s and Holland is not recommending it for children who have already had COVID-19. The director of the Danish Health and Medicines Authority stated recently that with what is now known, the decision to vaccinate children was a mistake.

We summarize below the overwhelming arguments against this vaccination.

1. Extremely low risk from COVID-19 to young children

- In the whole of 2020 and 2021, not a single child aged 1-9 died where COVID-19 was the sole diagnosis on the death certificate, according to ONS data.
- A detailed study in England from March 1st 2020 to March 1st 2021 found only six children under 18 years died with no co-morbidities. There were no deaths aged 1-4 years.
- Children clear the virus more easily than adults.
- Children mount effective, robust, and sustained immune responses.
- Since the arrival of the Omicron variant, infections have been generally much milder. That is also true for unvaccinated under-5s.
- By June 2022 it is now estimated that 89% of 1-4-year-olds had already had SARS-CoV-2 infection.
- Recent data from Israel show excellent long-lasting immunity following infection in children, especially in 5-11s.

2. Poor vaccine efficacy

- In adults, it has become apparent that vaccine efficacy wanes steadily over time, necessitating boosters at regular intervals. Specifically, vaccine efficacy has waned more rapidly against the latest Omicron variants.
- In children, vaccine efficacy has waned more rapidly in 5-11s than in 12-17s, possibly related to the lower dose used in the pediatric formulation. One study from New York showed efficacy against Omicron falling to only 12% by 4-5 weeks and to negative values by 5-6 weeks post second dose.
- In the Pfizer 0-4s trial, the efficacy after two doses fell to negative values, necessitating a change to the trial protocol. After a third dose there was a suggestion of efficacy from 7-30 days but there is no data beyond 30 days to see how quickly this will wane.

3. Potential harms of COVID-19 vaccines for children

- There has been great concern about myocarditis in adolescents and young adults, especially in males after the second dose, estimated at one per 2,600 in active post-marketing surveillance in Hong Kong. The emerging evidence of persistent cardiac abnormalities in adolescents with post-mRNA vaccine myopericarditis, as demonstrated by cardiac MRI at 3-8 months follow up, suggests this is far from 'mild and short-lived'. The potential for longer term effects requires further study and calls for the strictest application of the precautionary principle in respect of the youngest and most vulnerable children.
- Although post-vaccination myocarditis appears to be less common in 5-11-year-olds than older children, it is, nonetheless, increased over baseline.
- In the Pfizer study, 50% of vaccinated children had systemic adverse events, including irritability and fever. Diagnosis of myocarditis is much more difficult in younger children. No troponin levels or ECG studies were documented. Even a vaccinated child in the trial, hospitalized with fever, calf pain and a raised CPK, had no report of D-dimers, anti-platelet antibodies or troponin levels.
- In Pfizer's 5-11s post-authorization conditions, it is required to conduct studies looking for myocarditis and is not due to report results until 2027.
- Of equal concern are, as yet unknown, negative effects on the immune system. In the 0-4s trial, only seven children were described as having "severe" COVID-19 – six vaccinated and one given placebo. Similarly, for the 12 children with recurrent episodes of infection, 10 were vaccinated against only two who received placebo. These are all tiny figures and much too small to rule out any adverse impact such

as antibody dependent enhancement(ADE) and other impacts on the immune system.

- Also unanswered is the question of Original Antigenic Sin. It is of note that in a large Israeli study, those infected after vaccination had poorer cover than those vaccinated after infection. In the Moderna trial, N-antibodies were seen in only 40% of those infected after vaccination, compared with 93% of those infected after placebo.
- There is evidence of vaccine-induced disruption of both innate and adaptive immune responses. The possibility of developing an impaired immune function would be disastrous for children, who have the most competent innate immunity, which by now has been effectively trained by the circulating virus.
- Totally unknown is whether there will be any adverse effect on T-cell function leading to an increase in cancers.
- Also, in terms of reproductive function, limited animal bio-distribution studies showed lipid nanoparticles concentrate in ovaries and testes. Adult sperm donors have showed a reduction in sperm counts particularly of motile sperm, falling by three months post-vaccination and remaining depressed at four to five months.
- Even for adults, concerns are rising that serious adverse events are in excess of hospitalizations from COVID-19.

4. Informed consent

- For 5-11s, the JCVI, in recommending a "non-urgent offer" of vaccination, specifically noted the importance of fully informed consent with no coercion.
- With the low uptake in this age group, the presence of 'therapy dogs', advertisements including superhero images and information about child vaccination protecting friends and family all clearly run contrary to the concept of consent, fully informed and freely given.
- The complete omission of information explaining to the public the different and novel technology used in COVID-19 vaccines compared to standard vaccines, and the failure to inform of the lack of any long-term safety data, borders on misinformation.

5. Effect on public confidence

- Vaccines against much more serious diseases, such as polio and measles, need to be prioritized. Pushing an unnecessary and novel, gene-based vaccine on to young children risks seriously undermining parental confidence in the whole immunization program.
- The poor quality of the data presented by Pfizer risks bringing the pharmaceutical industry into disrepute and the regulators if this product is authorized.

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In summary, young healthy children are at minimal risk from COVID-19, especially since the arrival of the Omicron variant. Most have been repeatedly exposed to SARS-CoV-2 virus, yet have remained well, or have had short, mild illness. As detailed above, the vaccines are of brief efficacy, have known short- to medium-term risks and unknown long-term safety. Data for clinically useful efficacy in small children are scant or absent. In older children, for whom the vaccines are already licensed, they have been promoted via ethically dubious schemes

MASS IMMIGRATION ENDED AUSTRALIA'S CHRISTIAN CULTURE by James Reed

Alex Walsh in the Spectator.com.au, has presented a tremendous article, dear to one of my pet themes pursued over my writing time at Alor.org, even before the internet stuff, back in the days of paper, that mass immigration has been a factor undermining Australia's traditional culture. The focus is upon Christianity, which has declined during the time of mass immigration since the 1970s from around 86 percent, now down to 44 percent, and falling, making Christians a minority in a land founded upon Christianity. Running with this, the Census reported that around half of the population (48.2 per cent) had at least one overseas-born parent and 27.6 per cent of the population was not born in Australia. Walsh shows that these changes are the product of mass immigration, especially from non-European sources which really kicked into gear under so-called conservative John Howard.

Conservatives, Christians and monarchists need to start seeing the signs.

“The first tranche of results from the 2021 Census, released last week, confirmed that Australia is experiencing a revolution in its demographic and cultural character. For the first time in Australia's history, those identifying as Christian are now a minority. Whereas 86.2 per cent of Australians listed a form of Christianity as their religion in 1971, by 2016, that was down to 52 per cent. In 2021, it had plummeted to 44 per cent, a decline of over 15 per cent in a mere five years. Christianity arrived on these shores with the first British settlers and profoundly influenced the development of Australian society. It has been *argued* that Christian churches did ‘more than any other institution, public or private, to civilise Australians’. For previous generations of Australians, Christianity was not simply a matter of private faith but a major ingredient in Australian public life, shaping our laws, politics, and culture. The unfashionable truth is that Christian tenets helped furnish us with a common moral and ethical framework.”

to the potential detriment of other, and vital, parts of the childhood vaccination program.

For a tiny minority of children for whom the potential for benefit clearly and unequivocally outweighed the potential for harm, vaccination could have been facilitated by restrictive licenses. Whether following the precautionary principle or the instruction to First Do No Harm, such vaccines have no place in a routine childhood immunization program. ***

Signatures with source material: <https://blog.alor.org/letter-to-the-uk-government-from-76-doctors-by-richard-miller-london>

But that common framework is disappearing. As The *Australian's* Paul Kelly observed:

‘Churches have moved from the centre of our public life, religious figures are accorded diminished attention and the Christian faith is challenged in the public square... The consequence is apparent: Australia is more divided on the pivotal moral issues, once seen as the bedrock for a stable cultural order.’

Migrants helped build this country, of course, but the successive waves of European immigration brought together people who were not as dissimilar as those arriving now. The bulk of new migrants to Australia now come from the non-Western world. While we call them minorities here, they are from countries that are vastly larger than Australia in terms of population. They also have strongly-defined cultures and belief systems, which are in some cases very different to the Western tradition. In the past, new migrants were encouraged to assimilate into the Australian mainstream and become unhyphenated Australians (periodic slowdowns in immigration assisted with this process). But now, under the policy of multiculturalism, migrants are encouraged to retain their ancestral cultures, identities and, indeed, loyalties. At the same time, Australia has seemingly lost all confidence in itself and its heritage. ***

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