



Vaccine Mandates for Everyone, Everywhere - A Globally Coordinated Agenda

Technocracy's endgame to use its 'science of social engineering' for the sake of total social control includes the entire field of healthcare, including globally mandated vaccines. □ TN Editor

In the United States, those who are vaccine risk-aware have much to be concerned about right now. More and more states—and many legislators from both political parties—are displaying a willingness to impose heavy-handed vaccine mandates that trample on [religious](#), [parental](#) and [human rights](#)—including the precious right to “security of person” guaranteed by Article 3 of the [Universal Declaration of Human Rights](#).

What some Americans may not realize is that the current push for mandates is playing out not just in the U.S. but in other countries as well, reflecting a broader—and indeed, global—agenda. Countries such as Australia, [Italy](#) and France have taken the lead in transitioning away from government interventions that “merely nudge or persuade individuals to vaccinate” and toward a more punitive exercise of “[coercive power](#)”—even though research suggests that “tougher stances

on the part of doctors and public health experts tend to [polarize](#) attitudes in the public.” [Australia’s](#) 2016 “no jab, no pay” law, for example, withholds thousands of dollars in childcare subsidies from parents branded as “vaccine refusers,” and some Australian states restrict unvaccinated children’s access to child care altogether.

One of the primary cover stories that governments are using to justify the fierce uptick in vaccine coercion is the argument that infectious diseases pose a threat to national security. Measles represents the [overblown](#) threat *du jour*, while around the world, officials and media keep the public in the dark about the [measles vaccine’s risks](#). In 2014, the [Global Health Security Agenda](#) (GHSA) formed to “elevate global health security as a national and global priority.” One of the eleven “Action Packages” to which GHSA stakeholders agreed was an “Immunization Action Package” that just so happens to use measles vaccine coverage as its [proxy indicator](#) for success. Considering that the Action Package’s aim is to marshal regional and global collaboration to “accelerate” vaccine coverage, how should we construe the measles hysteria that [international organizations](#), governments and the media have been fomenting ever since the GHSA’s creation?

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An interconnected global network

Although generally not in the media spotlight, the GHSA attracted high-level attention and commitments from the powerful from the get-go. Within four months of its February 2014 launch, the GHSA received a key [endorsement](#) from the G7, and in September, President Obama hosted the new entity’s first major meeting at the [White House](#). Distracting the public from the earth-shattering [revelations of CDC vaccine fraud](#) issued a few weeks earlier by whistleblower William Thompson (on August 27, 2014), GHSA meeting participants instead

solemnly declared: “A biological threat anywhere is a biological threat everywhere, and it is the world’s responsibility to respond as one.”

In late 2016, the outgoing President Obama signed an Executive Order that “cemented” the GHSA “as a [national, presidential-level priority](#)” and positioned the U.S. “as a committed, long-term catalyst” for executing the partnership’s goals. At present, the GHSA has [67 member countries](#), but—taking the concept of an “interconnected global network” to an entirely new level—all sorts of public and private “advisory partners” are also in on the push for unitary action, including various United Nations (UN) agencies, the World Health Organization (WHO), the World Bank, the African Union (AU), the European Union (EU) and even, somewhat ominously, Interpol.

The GHSA promotes [external country-level evaluations](#) to assess, among other measures, steps taken to prevent infectious disease threats—with “prevention” defined as “[high immunisation coverage](#)”—and improve surveillance (via detection, assessment and reporting of “[public health events](#)”). The U.S. was one of the [first countries](#) to step up for an assessment, conducted in [close collaboration](#) by external evaluators and the CDC. (The CDC head at the time was Thomas Frieden, [praised](#) by Obama as “an expert in preparedness and response to health emergencies” but [arrested](#) in 2018 on charges of sexual abuse.) The evaluators gave the U.S. [top scores](#) for measles vaccine coverage and “national vaccine access and delivery” while awarding lower scores for “dynamic listening and rumour management” and “communication engagement with affected communities.”

Other international initiatives buttress the GHSA, including the WHO-coordinated International Health Regulations (IHR) established [in 2005](#) (a 196-nation accord to “work together for global security”) and [Target 3.8](#) of the UN’s Sustainable Development Goals (SDGs), which promotes access to “essential medicines and vaccines for all” as part of a push for “universal health coverage” (UHC). Reflecting the globally focused zeitgeist, proponents of these [intertwined initiatives](#) are fond of celebrating “more joined-up thinking,” “merging of approaches,” “mutually reinforcing agendas” and “synergy between health system strengthening and health security efforts.”

No accident

At the end of 2014, the EU made a point of declaring vaccination an important public health tool, which the European public health community interpreted as “a crucial step to [strengthen EU action](#) supporting Member States...to implement effective immunization policies and programs.” With this groundwork laid, Italy—a G7 member—volunteered to [spearhead](#) the GHSA’s Immunization Action Package and also became one of the first countries to ramp up its own vaccine mandates. With massive investments by [GlaxoSmithKline in Italy](#), where better to start than on the home front? Although a change in government initially delayed implementation of the 2017 compulsory vaccination decree, in [early 2019](#), citing a “surge in measles cases,” the government told Italian parents not to bother sending their youngest (under age 6) children to school if unvaccinated, and promised to impose fines of five hundred euros for older unvaccinated children attending school. Likewise, in France, “non-vaccinated children [cannot be admitted](#) to any kind of collective institutions such as nurseries, kindergarten, schools or any social activity if they have not complied with the vaccine mandates.”

With the “fortuitous” measles headwinds at their back, there is little doubt that decision-makers view mandated vaccination for school attendance as a [winning strategy](#) and that use of this strategy is [growing](#). The WHO has done its part to help the global effort by placing measles front and center in declaring “vaccine hesitancy”—the “reluctance or refusal to vaccinate”—one of the world’s [top ten health threats for 2019](#). Clearly, it is “game on” for those seeking to override national idiosyncracies with a one-size-fits-all global vaccination agenda.

Legislators who are contemplating new mandates but are still willing to exercise a modicum of independent judgment should recognize that we are in a situation with “echoes of WMD”—“there is no international emergency” and “[policy is being hi-jacked](#).” Here are a handful of critical questions that legislators also should consider:

- **First, measles symptoms can arise from either wild-type measles or [vaccine strains](#)—and the [laboratory testing](#) that**

is necessary to tell the difference between the two is rarely done. How can experts make consequential policies without more complete information about the proportion of measles cases caused by the vaccine?

- **A related point is that sizeable proportions of individuals affected by “outbreaks,” whether of measles or pertussis, are fully vaccinated.** One study (albeit critical of those who do not vaccinate) showed that [55% to 76%](#) of the individuals involved in five large pertussis incidents were fully vaccinated, as were 41% of measles cases reviewed. Study after study documents waning immunity “[despite high vaccine coverage.](#)” How can pronouncements about vaccine effectiveness ignore these critical facts?
- **Third, vaccine mandates have spillover effects on the social fabric.** What are the ramifications of turning school and day care center administrators into “[enforcement agents](#)” who must “pass information about non-compliance to authorities”? What does it mean for a child’s right to an education when mandates exclude unvaccinated children from school “for the duration of their education”?
- **Finally, what about the health care providers who find themselves caught between the proverbial “rock and a hard place”?** A study of [Michigan nurses](#) who provide vaccine education to parents requesting nonmedical exemptions found that many nurses had far more “complex and nuanced...evaluations of parents’ judgments and feelings about vaccines” than vaccine mandates would allow, in addition to “consistent commitments to respect parents, affirm their values, and protect their rights.” Vaccine mandates shut down the potential for respectful health care interactions.

Pro-vaccine [critics](#) of France’s decision to impose harsher vaccine mandates noted at the time that mandates actually fuel further “vaccine hesitancy.” Moreover, by offering significant benefits to “[compliers](#)” that are denied to “non-compliers,” policy-makers contribute to a divide-and-conquer environment that pits one group against another. As international researchers recently [wrote](#), “[P]olitical and ethical

considerations matter.... Vaccine mandates are not only a population health instrument, but a political one.” The GHSA’s disrespect for individual and national sovereignty promises to worsen these problems while doing little to improve children’s health.

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Smackdown: Swiss Revolt

Against 5G Over Health Fears

Ponder the phrase, 'nationwide revolt'. Switzerland is the latest nation to give 5G providers a major setback, following other European nations. Most importantly, Technocracy is taking a huge hit. □ TN Editor

Switzerland was among the first countries to begin deploying 5G, but health fears over radiation from the antennas that carry the next-generation mobile technology have sparked a nationwide revolt.

Demonstrators against the technology are due to fill the streets of Bern later this month, but already a number of cantons have been pressured to put planned constructions of 5G-compatible antennae on ice.

The technology has been swept up in the deepening trade war between China and the United States, which has tried to rein in Chinese giant Huawei — the world's leader in superfast 5G equipment — over fears it will allow Beijing to spy on communications from countries that use its products and services.

But far from the clash of the titans, a growing number of Swiss are voicing alarm at possible health effects from exposure to the electromagnetic rays radiating from the new antennae, and are threatening to put the issue to a referendum in the country famous for its direct democratic system.

It wasn't supposed to be this way.

In February, Switzerland took a big step towards deployment when it attributed 5G frequencies to three major operators, Swisscom, Sunrise and Salt, allowing the country to rake in revenues of nearly 380 million Swiss francs (\$384 million, 350 million euros).

High on their success, the operators raced to trumpet on television advertisements and billboards that the cutting-edge technology would be available this year in cities, in the countryside and even in mountainous regions.

By early July, 334 antennae stations for 5G were operational across the

country, authorities told AFP.

But the rollout has run into some serious hurdles.

Several cantons including Geneva have buckled to pressure from online petitioners demanding a halt to construction of the 5G infrastructure.

But while no new antennae are being built in parts of the country, the operators are still converting existing 4G antennae for 5G use — something they can do without authorisation.

National carrier Swisscom thus says it expects 90 percent of the population to have 5G access by the end of the year.

Opponents meanwhile warn that 5G poses unprecedented health and environmental risks compared to previous generations of mobile technology, and are urging authorities to place a full-fledged moratorium on the rollout.

They will organise a large protest on September 21 in front of the government buildings in Bern, and are also working towards putting the issue to a popular vote.

“I think we have most citizens on our side,” Coco Tache-Berther, of the organisation Fequencia, told AFP, saying Switzerland’s rapid roll-out of 5G was “ultra-shocking”.

Olivier Pahud, who regularly demonstrates against 5G in front of the UN in Geneva, agreed, insisting the technology will have “impacts on health, on the environment, on people’s capacity to think.”

And for people like him, who suffer from “electromagnetic hypersensitivity”, the new technology will be devastating, he said.

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Technocrat Feds Seeking Data On All Grocery Stores In America

Requirement #3 from the 1934 Technocracy Study Course states: *“Provide a continuous inventory of all production and consumption.”* Technocrats in 2019 are casting their dragnet. □ TN Editor

The Agriculture Department wants access to comprehensive data across all America’s food retailers—with specific details down to the individual store level—to assess issues around the viability and availability of the nation’s nutritional resources and inform the agency’s future research efforts.

“In recent years, concerns about the availability of healthful, affordable foods by households in low-income neighborhoods has resulted in the need for detailed information on the kinds and locations of retail food stores in relation to such vulnerable populations,” agency officials said in a recently published sources sought [solicitation](#). “More broadly, detailed store-level data and information are needed to assess the economic performance of the food retailing industry and its ability to serve the

changing needs of consumers.”

For deliverables, the agency wants data and an all-inclusive list of supermarkets that span the country, including those that have annual total sales of \$2 million or more, “suprettes” or stores that make between \$1 and \$2 million in annual sales, mass merchandisers, wholesale clubs, drug stores and convenient stores that are not associated with gas stations.

More specifically, for each defined location, Agriculture wants detailed information on a variety of elements including the stores’ names and addresses, geographic identifiers, annual sales, size of selling areas, information on the items that they sell and market area identifiers. The agency is also particularly interested in specific “entry and exit” insights on the new stores that are entering the market for the first time, as well as the stores that have shut their doors and closed for good. Changes of ownership are also of interest to Agriculture.

Vendors will also be expected to provide information on their data sources, collection procedures, estimation methods, data dictionary, data quality and limitations and other relevant components.

Agency insiders are especially interested in using the data to study how firm characteristics and entry and exit influence households’ shopping preferences.

“[Agriculture] will use the data for projects that support economic and policy research,” the solicitation also notes. “The research projects are often undertaken in collaboration with external experts, including but not limited to economists, researchers, and survey and data methodologists at non-governmental organizations.”

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