



Medicine – the third-biggest killer in the world

Description

DISEASE caused by prescribed drugs and medical errors, known as iatrogenesis, has been well documented as the third leading cause of death in the developed world, after cardio-vascular disease and cancer. How many people think about the broader implications of that information and apply it as a filter through which to scrutinise medical advice and recommendations?

Some time back, before the plandemic, I heard a radio advertisement for prescription services which stated that 52 per cent of people in this country were on permanent medication. I do not know if this astounding statistic is accurate, but if it is anywhere near that figure, it is deeply disturbing. It indicates that illness is considered the norm, and good health the out-of-the-ordinary, particularly in the over-65 age group. What must now be the percentage of people on permanent medication following the multi-billion-pound campaign to render populations drug-dependent?

A great part of that campaign, as we know, has been psychological and mental manipulation, and one of the tools in the arsenal is the distortion of language, designed to remove rational thought.

The Oxford English Dictionary defines the word therapy as ‘the treatment of physical or mental disorders, other than by surgery’. Therefore, so-called prophylactic interventions such as vaccines should not be described as therapy, or therapeutics, as they target healthy people who, by definition, do not have disorders and so do not need therapy. Combined with the word gene, as in ‘gene therapy’, it suggests that our genes are somehow defective and consequently in need of therapy, which most people would agree is an abomination. This is why language matters, and why we need to choose our own words to express ourselves rather than those chosen for us.

Another part of the brain-washing campaign has been to convince people they are born fundamentally flawed and cannot survive without continuous pharmacological interventions from the cradle onwards. This, of course, is the perfect business model for the supply chain of these infinite interventions.

‘The poor die from a lack of medical attention, and the rich from an excess of medical intervention’ is the view of Spanish doctor Juan Gervás who co-authored a book with Mercedes Pérez in 2013 entitled *Sano y Salvo* – Safe and Sound. The book challenges the public health model of wealthy, developed

countries which, he contends, is driven by an insatiable quest for preventive medicine that risks becoming the undoing of good health.

Several explanations have been offered as to why doctors and scientists have been willing participants in this fraud, or are so obtuse they are unable to recognise it. These range from fear of loss of livelihood and prestige if they go the ethical route, to having received a training so deeply indoctrinating of the superiority of pharmacology that their ability to perceive inconvenient truths is all but obliterated.

When this system crumbles, as it is doing under its own weight, and the renaissance begins, doctors will have to retrain and learn instead about health. Meanwhile, we must continue to challenge the fact-resistant institutions, from the Medical and Healthcare products Regulatory Agency (MHRA) to Parliament, to respond to the multitude of different sources of data corroborating the damage caused by mRNA 'vaccines'.

In summary:

1. We have Pfizer clinical trial data indicating serious harm, prised out of the FDA (the US Food and Drug Administration) by court order following the legal challenge made by Public Health and Medical Professionals for Transparency.
2. We have national and international pharmacovigilance data (such as the Yellow Card Reporting System in the UK) showing extraordinarily high levels of reports of serious harm and fatalities following Covid-19 vaccination.
3. We have clinical observational data of previously healthy people presenting in A&E and to their GPs with illness and injury following vaccination.
4. We have national and international statistical data showing high levels of excess deaths in the months and years following the mass vaccine roll-out.
5. We have data from life insurance companies showing high increases in payouts for death and disability following the vaccine rollout, as well as data from funeral homes showing no increase in deaths in 2020, but a massive surge following the vaccine roll-out in 2021/22.
6. We have medical-scientific data on the mechanisms of the experimental 'vaccines' which can cause harm to all the body's systems, as well as on the damaging effects of some of the adjuvants in the 'vaccines'.
7. We have autopsy data from fatalities over a broad range of ages following 'vaccination'.

Any one of these sources of data on their own is alarming enough. Collectively they show a composite picture of iatrogenesis on a mass scale.

by Serena Wylde

Category

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- 4. Main
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