Gene Therapy for British Children?

A Guide for British parents on the UK Government’s ‘non urgent offer’ of Pfizer-BioNTech mRNA medicine for 5 to 11 year olds.

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Illustration by Bob Moran, political cartoonist for The Daily Telegraph from 2011 to 2021
Trust me; I’m a Technical Writer. Our profession is, perhaps more than any other, committed to truth, safety, integrity, and unambiguous use of words and terminology. I have worked in diverse fields, from aviation to food-and-drug safety. I am one of the anonymous guys who designs and writes the manuals, the guides, the online help, the software user interfaces, the certificates of conformity, and the labels. I have worked in the life sciences and biotechnology, as I wrote in this piece a year ago, which attacks the ambitions and the reductionist scientific ideology of Moderna.

No Technical Writer worth his or her salt can be forced or coerced by his employer to sign off, certify, label, or approve anything that he knows to be unsafe or deliberately misleading. We are generally middle-aged former engineers or scientists – often bilingual or multilingual and experienced in translation management. We are often ex-military: over half the British technical writers I have worked with since the 1990s are ex-Forces (I was a RAF avionics engineer). We are necessarily confident and argumentative types who need to play devil’s advocate when diverse expert opinions conflict or, indeed, conspire. And regardless of the corporate seniority of experts, the technical writer has the last word. By way of example, a few years ago, I wrote an installation manual for product-inspection equipment destined for food factories. I incorporated a prominent warning explaining that the equipment was not certified for potentially explosive atmospheres (such as bakeries). The managing director, concerned about negative connotations, suggested that I remove the warning, on the grounds that factory managers should know that explosive atmospheres require appropriately-certified equipment. I refused, and got the experts approval to publish the warning in the manual.

In the rare instances where the technical-writing protocol fails – and the technical writer allows himself to be pressured, coerced or duped – disaster can follow, such as the marketing decision of Boeing to omit, in the pilot’s manual for the Boeing 737 Max, major changes to the fly-by-wire software in the upgrading of the Boeing 737 to the Boeing 737 Max.

The technical writing failure within Boeing is explained here, appropriately enough on the US Government’s National Institutes of Health (NIH) website, as a lesson in scientific and engineering ethics and the need for fortitude and ‘moral courage’ in the face of commercial and management pressures. We read in the NIH paper that changes to the software were deliberately ‘not identified in the original documentation/training for 737 MAX pilots’. The commercial reason for this omission is that Boeing (which was rapidly losing market share to Airbus) did not want airlines to think there was a significant enough difference between the Boeing 737 and the new Boeing 737 Max to necessitate expensive retraining of pilots, or modifications to flight simulators. We also learned, from the report from the House Committee on Transport and Infrastructure in 2020, of the ‘pernicious result of regulatory capture on the part of the FAA’ [Federal Aviation Adminstration]. In other words, the FAA was in the pockets of Boeing.

Now, personally, I will forgive Boeing, and trust that it gets its corporate governance in order, and I am likely to fly on Boeing aircraft again. But until the end of time I will avoid Pfizer products (and Moderna products, for the reasons I explained in my piece on Moderna). Pfizer’s massive rap sheet of corporate criminality and corporate scandals is too long for me to forgive.
I cannot imagine that anyone who is interested in the ethics of our corporations would buy, or knowingly use, any product from Pfizer, whose ‘pernicious regulatory capture’ is evidentially very extensive. Many of the world’s governments and health institutions including of the UK and Israel (Pfizer’s ‘world lab’) have granted Pfizer blanket legal immunity for their ‘safe and effective’ Covid-19 gene therapy.

For two years now, much of what our Pfizer-promoting NHS has been publishing in its marketing material, its direct mail, its press releases, its website, its pervasive phone calls/text messages, and its bulletins to healthcare providers, is not written to any acceptable technical, medical or scientific standard. Furthermore, the written material is profoundly unethical, and often dishonest, making claims about the mRNA medicines imported from the USA for which even the US authorities and manufacturers themselves insist there are no data. And as I wrote in this long accusatory essay to the UK Government and the NHS in January, this is despite the USA’s standards for food and drugs being historically more lax than those of the UK and Europe. Indeed, overuse and erroneous use of medicine is the third highest cause of death in the USA, admits John Hopkins Medicine, and the US Government’s National Institutes of Health. And as John Hopkins admits, medicine, not least the opioid epidemic, is the cause of reducing life expectancy in the USA, aka the Prozac Nation. Modern medicine is good, but only in moderation (and with stringent regulation, labelling, and license-to-market).

How many NHS patients, in giving their ‘informed consent’, know that even today (March 2022) the US Government’s Food and Drugs Administration (FDA) is informing us that the data on the American Covid-19 vaccines ‘are insufficient to inform vaccine associated risks in pregnancy’?

How many Brits know that 20 members of FDA’s ‘Vaccines and Related Biological Products Advisory Committee (VRBPAC)’ – following an 8-hour discussion – voted 18 ‘No’ to only 2 ‘Yes’ to Pfizer’s request to the US Government to roll out a booster vaccination to all adults based on ‘available safety and effectiveness data’? VRBPAC’s decision was immediately overruled by Anthony Fauci and the White House, and President Biden announced a universal boosting program.

The UK Gov/NHS went ahead even more vigorously than the USA, boosting consenting Brits after only 3 months following their second jab, despite the FDA’s instructions in the New Year of 2022 informing us that a booster is not to be administered until after at least 6 months (under ‘emergency use authorization’), and that ‘there is no information on co-administration of [Moderna and Pfizer vaccines] with other vaccines’. Furthermore, the FDA continues to tell us that ‘information is not yet available about potential long-term sequelae [consequential health conditions]’ for any of the Covid-19 vaccines, including no data for the long-term consequences of vaccine-induced myocarditis (inflammation or damage to the heart muscle, or myocardium).

According to a recent study in Israel (the most mRNA-vaccinated nation in the world) the risk of myocarditis following vaccination is over 100x greater for the vaccinated than the unvaccinated. Another way of putting it:

- Myocarditis in vaccinated healthy young people is rare.
- Myocarditis in unvaccinated healthy young people is extremely rare.
- Hospitalisation or death due to Covid-19 in unvaccinated healthy young people is extremely rare.
The FDA's VRBPAC is a committee of some of the world’s leading experts, which surely has more access to data on the Pfizer and Moderna vaccines than any committee in the world. And VRBPAC told us there is insufficient ‘safety and effectiveness data’ to boost the healthy population. I listened to the whole recorded 8-hour VRBPAC discussion (skipping an hour of muzak in the lunch interval) in which myocarditis, and reports of post-vaccine menstrual disorders, and the lack of data for pregnant women are highlighted by several very concerned contributors. (The speaking contributors were both VRBPAC members eligible to vote, and non-voting medical and scientific contributors from around the world.)

And yet the NHS went ahead with a mass-advertising/brainwashing campaign of GET BOOSTED NOW for everyone: pregnant woman, healthy young athletes, and 16-year-old schoolchildren.

Despite the world-renowned experts of VRBPAC pleading insufficient data on safety and effectiveness of boosters, the managers of the NHS have waved their magic wand to make all Covid-19 booster vaccines, ‘safe and effective’, even if these investigational medicines are mixed and the dosages are guessed for children, adults and the pregnant. It is surely obvious to everyone that the two jabs were not effective, hence the booster, and it is obvious now that the booster has not been effective, as we can see from the UK’s official data, although no longer in Scotland, where Public Health Scotland no longer want to the public to see their dire data for vaccine and booster effectiveness.

Even today, a year since the NHS's aggressive advertising campaign targeted at pregnant women, the FDA still tells us that available data necessary to determine ‘vaccine associated risks in pregnancy’ are ‘insufficient’. See section 11.1 of this latest version of this FDA.gov technical document which can only offer data from four trials on pregnant rats. Similarly, in section 11.2 of the FDA document we read there are no data for the effects of the mRNA vaccines on the mother’s breast milk. Furthermore, myocarditis and pericarditis are now acknowledged side effects noted on the drug label, particularly for the young, for which the FDA tells us (latest update 31 January 2022) ‘information is not yet available’ on the long-term consequences caused by these forms of damage to the heart of young vaccinees.

Until two years ago, I used to trust – in the main – British medical doctors, GPs, the NHS, the British Medical Journal, the British institutions of science (such as the Royal Society and SAGE)... Today, I no longer trust – in the main – these individuals and institutions. I no longer trust the ‘safe and effective’ NHS. There are of course many good people employed by the NHS, and I have been supporting the NHS100k group, which represents the 100,000-plus NHS employees on the front line of opposing mandatory gene therapy. Many doctors have signed this urgent open letter to the UK Government calling for a moratorium for mRNA vaccination of children, on the grounds that it is all risk and no benefit. My own GP has openly challenged the Government and the health secretaries Matt Hancock MP and Sajid Javid MP and 'vaccines minister’ Nadhim Zahawi MP (with the support of our influential constituency MP Sir Graham Brady). She has garnered support from colleagues, such as in this open letter to the House of Lords concerning forced mRNA injections for health staff, published in this article The Conservative Woman.
The NHS has willingly put its name to schemes such as the Government's 'kebab for a jab scheme', thereby not only ignoring its own protocols for inoculation, but breaking the law, which demands the NHS gives proper informed consent. Why have so few doctors spoken out against these tactics of coercion? So many institutions and doctors have now broken the law on immunisation that the law is effectively rendered useless, and sanctions impossible. Indeed, as this article in The Conservative Woman explains, the British courts have washed their hands of the problem, giving the Health Secretary a free hand to take advice from the experts (including, no doubt, Big Pharma lobbyists) he chooses to. As with the Boeing scandal, we are witnessing the ‘pernicious result of regulatory capture’.

Similarly, whereas the USA allows (to its detriment) direct-to-consumer advertising of drugs, direct-to-consumer advertising of drugs was forbidden in the UK and Europe, until a year ago. The Government/NHS has given the mainstream media £billions for direct-to-consumer marketing of Pfizer’s and Moderna's drugs despite that fact that they are 'not licensed for any indication'. And the Social Media barons (owners of Google, Facebook, Twitter, etc.), and the mainstream media are in symbiotic relations with the Government. Although the Telegraph has allowed Allison Pearson to criticise lockdowns from the outset, the Telegraph sacked its excellent cartoonist Bob Moran for challenging the Government's ‘science’ and public health messaging. See here Bob Moran in a moving interview last week with Mark Dolan on GB News.

Abuse of Language and Terminology

‘When I use a word,’ Humpty Dumpty said in rather a scornful tone, ‘it means just what I choose it to mean — neither more nor less.’

Through the Looking Glass, Lewis Carol

War is Peace, Freedom is Slavery, and Ignorance is Strength.

1984, George Orwell

Language and terminology management are my bread and butter. I have had more arguments about terminology and translations into foreign languages – invariably with fellow technical writers – than I care to mention. Furthermore, I am a Christian for whom language is sacred, centred on Truth, and the hallowed Name in the Holy Language. Language is everything. Although George Orwell was an atheist, he admired the King James Bible as the indispensable yardstick of English language and culture, and he understood that to destroy language is to destroy truth and civilisation. Last August, I wrote a piece for The Conservative Woman on the grave dangers of post truth that has entered much Western politics, not least the UK and PM Boris Johnson's Cabinet.

For two years now, Governments around the world have been lying in synchronisation, and parroting the same slogans (such as 'Build Back Better'). They have also changed terminology in synchronisation, as in 1984, in order to pass off lies as truth.

There is an obvious global political movement to push the mRNA injectables, and mandates, and digital 'vaccine passports', and future gene editing and other forms of 'human augmentation'. This is, of course, how George Orwell pessimistically envisioned technologically-advanced global tyrannies would manipulate the masses. Today, America and ‘Oceania’ are acting in lockstep to the diktats of the World Economic Forum (in cahoots with Bill Gates's Foundation and John Hopkins medicine) and its ‘Build Back Better’ ideology, which is Communism (or what the Communists called ‘scientific atheism’) by another name.

An example of changing terminology is ‘gene therapy’. In several articles in the past 12 months I have referred to the Covid-19 vaccines as 'gene therapy', because that is what they are according to any
sensible definition, and, indeed, formal definition. I have been surprised and alarmed that, almost overnight, the long-standing technical definition of ‘gene therapy’ changed (as explained below), as did the long-standing technical definition of ‘vaccination’, as did the long-standing definition of ‘gain-of-function research’ or GoFR, which I also explain below.

‘Anti-vaxxer’ has come to mean anti-gene-therapy, and everyone who maintains the right to informed consent, i.e. everyone who opposes mandatory drugging of the human body.

The term ‘vaccinated’ has also been changed when used with the Covid-19 inoculations, in order to skew the data. For instance, the Government’s Office of National Statistics (ONS), when publishing deaths of hospitalised Covid-19, classifies the single-jabbed as ‘unvaccinated’. And even after two jabs, two weeks are allowed for the therapy to take full effect before the vaccinee is classed as vaccinated. Therefore those who die after the first jab are classed as unvaccinated, despite all the evidence of negative effectiveness of the jabs. See for instance the ‘cases reported’ (rates per 100,000) columns in Table 13 in this report by the ONS, which reveals that the triple-jabbed are three times more likely to be Covid-19 infected than those of us who have eschewed the gene therapies, or ‘the unvaccinated’.

Gain-of-function research (GoFR) is a highly dangerous methodology authorised and funded by the US and Chinese governments, whose laboratories create mutations of natural viruses, with augmented infectivity and lethality, ostensibly to better understand pandemics. See here, in this 8.5 minute video, an exchange between Senator Rand Paul (a qualified medic) and Dr Anthony Fauci on GoFR. At about 6 minutes in, Fauci admits US funding of the Wuhan lab but denies funding GoFR, quoting the Office of Science and Technology of the White House. Rand Paul points out that ‘coincidentally, the new [White House] definition of GoFR appeared on the same day that the NIH [National Institutes of Health] admitted there was GoFR in Wuhan’. Paul further explains on his website how Fauci and the US Government have lied about the definition of GoFR here in order to deny their involvement in it.

A similar Orwellian overnight change of terminology has been done on ‘gene therapy’.

On June 30 2020, Moderna filed a 120-page document to the US Securities and Exchange Commission explaining to investors its (then) loss-making financial position, and the potential for Moderna through its mRNA product for ‘the treatment of SARS-CoV-2’. Moderna informs its investors and potential investors that (my emphasis):

"Currently, mRNA is considered a gene therapy product by the FDA... In addition, because no product in which mRNA is the primary active ingredient has been approved, the regulatory pathway for approval is uncertain. The number and design of the clinical trials and preclinical studies required for the approval of these types of medicines have not been established, may be different from those required for gene therapy products, or may require safety testing like gene therapy products.

"...the association of our investigational medicines with gene therapies could result in increased regulatory burdens, impair the reputation of our investigational medicines, or negatively impact our platform or our business.

"As a potential new class of medicines, no mRNA medicines have been approved to date by the FDA or other regulators. Adverse events in clinical trials of our investigational medicines or in clinical trials of others developing similar products and the resulting publicity, as well as any other adverse events in the field of mRNA medicine, or other products that are perceived to be similar to mRNA medicines, such as those related to gene therapy or gene editing, could result in a decrease in the perceived benefit of one or more of our programs, increased regulatory scrutiny, decreased confidence by patients and clinical trial collaborators in our investigational medicines, and less demand for any product that we may develop..."

"In the European Union, mRNA has been characterized as a Gene Therapy Medicinal Product".
I think we see evidence here, as with Boeing, of ‘regulatory capture’. No doubt the Office of Science and Technology of the White House realised that a hurdle to ‘warp speed’ is the regulatory definition of gene therapy. Furthermore, the US Government’s Centers for Disease and Control and Prevention (CDC) has changed the regulatory definition of vaccine in order to pass off investigational gene therapy as, simply, ‘vaccination’.

The FDA requires long term follow-up (LTFU) of between 5 and 15 years for gene therapy products before they can be approved. The FDA’s definition of human gene therapy product is:

‘FDA generally considers human gene therapy products to include all products that mediate their effects by transcription or translation of transferred genetic material or by specifically altering host (human) genetic sequences. Some examples of gene therapy products include nucleic acids (e.g., plasmids, in vitro transcribed ribonucleic acid (RNA)), genetically modified microorganisms (e.g., viruses, bacteria, fungi)… when such products are applicable to the prevention, treatment, or cure of a disease or condition of human beings’.

According to this definition, the Oxford–AstraZeneca Covid-19 vaccine is also gene therapy, because it is a genetically modified chimpanzee adenovirus, i.e. a ‘genetically modified microorganism’ injected into the human body.

And so it seems, ‘the science’, the White House, the UK Government, the NHS, the Royal Society, the MHRA, the UKHSA, the JCVI… have changed the definition of gene therapy to allow the mainstream media and ‘fact checkers’ to deny that these medical products are gene therapy, such as the BBC here and Reuters here.

Needless to say, the definition of ‘informed consent’ has been totally trashed. The public has not been correctly informed, and coercion and bribery are not consent.

Finally, on terminology, consider FDA’s approval of the Pfizer-BioNTech product, despite its being still in Phase 3 clinical trials, and emergency-use authorisation. Accompanying the approval is a dense 21-page Letter of Authorization from the chief scientist of the FDA with seems to me (as a scientific technical writer) to be deliberate obfuscation to blur the legal definitions of emergency use authorisation and approved to describe the same product. We are told the product branded ‘COMINARTY’ is legally distinct with certain differences that do not impact safety or effectiveness [and] can be used interchangeably without presenting any safety or effectiveness concerns. The gene therapy in the product labelled COMINARTY is the same as Pfizer-BioNTech. This FDA memorandum tells us that only the formulation of the ‘buffer’ has been changed to improved shelf life in refrigeration (page 34). The same memorandum (page 38), tells us, ‘the risk of vaccine associated myocarditis/pericarditis among children 5-11 years of age is unknown at this time’. This so-called approval is in fact a legal sleight of hand that the US Government hoped would overcome ‘vaccine hesitancy’ and the legal hurdles to mandating unapproved vaccines. Furthermore, neither brand of the Pfizer product is approved in use for children, as you can see from the latest revision of the FDA factsheet for healthcare providers (latest revision being 31 January 2022 at the time of my writing). The product is still emergency use only for individuals under 16 years of age.

I am deeply concerned that British parents make the wrong decisions when considering the UK Government’s offer of Covid-19 vaccination for their young children, because they are not being properly informed. The terminology is constantly changing and being obfuscated always with a view, it seems, to overcome ‘hesitancy’ and encourage take-up. As for the the UK’s Joint Committee on Vaccination and Immunisation (JCVI), I see no good reason to trust its members, and its ‘non urgent offer to parents’ to allow experimental gene therapy on their 5 year-olds.
See this article by investigative journalist Sonia Elijah (with whom I have exchanged ideas on Covid-19). And see Sonia's interview with former NHS surgeon Dr Tony Hinton. And above all, see Sonia’s interview on Pfizer’s request for ‘emergency use authorisation’ for gene therapy for children with Dr Robert Malone, the very inventor of personalised gene therapy as a form of inoculation (the interview is with Malone is over an hour long, but regarding child vaccination, do listen for 5 minutes from 24 minutes into Sonia’s interview).

The US drug is still experimental for children, and has only ‘emergency use authorisation’ for children. There is no Covid-19 emergency today in the UK, and so why would a parent accept a ‘non urgent’ offer for their 12-year old, let alone a 5-year old?

According to the UK Government’s own data (released 23 February), around 90% of UK children now have antibodies to Covid-19. In other words the virus has passed through them and not harmed them. The virus is no longer ‘novel’; it is endemic.

I think that one day we will look back on the Covid-19 pandemic and see that it began with GoFR in Wuhan. ‘The science’ responsible for this panicked, and wanted to rush through the technology developed from GoFR, which hasn’t worked, as we can now see from Israel, the leader in vaccine rollout, which has in the past year variously been the most Covid-diseased nation in the world. We see the same pattern in other nations that led the race to vaccination, such as Seychelles, Gibraltar, Iceland and Singapore. Similarly, in the UK, triple-vaccinated people (at the time of writing) are now three times more likely to get the Covid-19 disease than the unvaccinated. This article in Daily Sceptic summarises the latest data from the UK Health and Security Agency (UKHSA).

In other words, the GoFR science failed catastrophically in Wuhan, and the warp-speed science based on the very same GoFR has also failed catastrophically. The extent of the catastrophe caused by vaccination is not yet known to anyone. The long-term data necessary to license a medicine following its cycle of clinical trials cannot be done at ‘warp speed’.

In this bulletin – Myocarditis and pericarditis after COVID-19 vaccination: clinical management guidance for healthcare professionals - GOV.UK (www.gov.uk) – quietly published on Gov.uk in late 2021, healthcare professionals are given guidance for aftercare of vaccinees who suffer from damage to the heart (myocarditis and pericarditis). We read that ‘the long-term consequences of this condition secondary to vaccination are yet unknown, so any screening recommendations need to be balanced against the frequency and severity of the disease with the aim to prevent complications, in particular of myocarditis (arrhythmias, long term myocardial damage or heart failure)’.

Myocarditis is a rare mRNA medicine side effect now acknowledged by health authorities in all nations (since the causal link was first discovered in Israel). It is more common in the young. It is one of the main reasons that hundreds of NHS doctors have got behind the campaign: PAUSE – Doctors Say No.

Why?

Why, we might we ask, is the World Economic Forum member Savid Javid MP so keen to get everyone, including children, injected with investigation mRNA gene therapy?

Why is Javid promoting an emergency-use only drug to children as a non-urgent offer when there is no emergency? Perhaps he has changed the definition of ‘emergency’?

Ignorance is Strength
Emergency-use is non-urgent
Various vested interests have now got involved, seeing Covid-19 as their ‘window of opportunity’, such as the World Economic Forum (WEF), ID2020, the World Health Organization (WHO) and various super-rich transhumanist ideologues of Biotech and Silicon Valley, not least Bill Gates and the founders of Google, Facebook and other social media. The social media barons have the power and wealth to persuade scientific institutions, commercial corporations, mainstream media, and indeed national governments to override the scientific process and ‘follow the science [sic]’, in order to accelerate any immature science they happen to like. And they have the power to cancel other scientists – some of whom are world-renowned experts in their field. The precedent to this situation is Lysenkoism of the mid-20th century, when the Soviet Union suppressed and executed any scientist who disagreed with the state-sanctioned biology of Trofim Lysenko. Indeed, as I have argued elsewhere, the WEF is neo-Communism/scientific atheism.

The WEF-manipulated UK Government envisions what the UK Government formally and enthusiastically describes here as ‘a fusion of technologies – such as artificial intelligence, gene editing and advanced robotics – blurring the lines between the physical, digital and biological worlds’. See also the UK Government’s more recent publication on ‘Human Augmentation’, which also promotes human gene editing. And see here on UK.gov Matt Hancock MP in 2017 presently WEF head Klaus Schwab to UK Parliament. 2017 was also in the year in which Schwab boasted that his organisation had ‘penetrated the cabinets’ of many of the world’s governments.

It is almost impossible for the general public to have enough informed knowledge to make good decisions. Furthermore, these mRNA therapies are the result of novel and experimental biotechnology and systems biology, in which the present generation of medical doctors are not educated.

I believe, in any case – as I wrote in my piece about Moderna – that the whole approach of gene therapy is scientifically and philosophically flawed and absurdly reductionist (reducing life to software that can be reprogrammed). Last summer I was discussing the novelty of this technology with a young-doctor friend who is part way through his speciality training, and who wanted to know why I hadn’t been Covid-19 vaccinated. I told him that these novel medicines were highly experimental and based on what I see as a flawed, reductionist, and transhumanist philosophy of life-as-software. He shrugged his shoulders and simply said, ‘that’s the way biology is going’.

If you are a parent, and you have read this far, I hope my guide helps. Finally, if your child does suffer injury by taking up the emergency-use-only-non-urgent-offer of the UK Government, and you subsequently want to claim financial compensation from the UK Government, good luck with that: an appeal can take up to two years, and 98% of claims are rejected. But in any case, no amount of financial compensation is as good as doing no harm in the first place, by not allowing experimentation on your children.

Trust me, I’m not a doctor, most of whom, in today’s NHS, seem to be uncritically parroting ‘safe and effective’, and all the other slogans of ‘the science’ and spurious public health messaging.