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2021 APR 14 Senior NHS Board Member Warns; Stop the Genocide or Our Children Are Next

The transcript below is of a call made to Brian Gerrish on 18 April 2021. The voice of the caller has been changed to protect her identity.

The senior NHS Board member warns that the government is now controlling the NHS, and it is the government that is actually dictating what the NHS should do during Covid emergency measures. She states that the result of the government's enforced Covid and vaccination policies can be described as genocide. Government messaging to her senior NHS colleagues is removing their capacity for rational thought, and they are effectively being mind controlled to implement policies which, in more rational moments, they would challenge as wrong. Fear prevails, and she and her board colleagues are being expected to toe an unwritten policy line, set predominantly in conference calls with no written record. She warns that if her privately troubled colleagues do not speak out, "your children will be next".

Transcript Below

Brian Gerrish: I've been contacted by an NHS professional who would like to speak to me about things happening in the NHS. So, without any ado, let's go over to our caller today.

Thank you very much for calling me. It's really been wonderful that you've had the confidence to give us a call at the UK Column.

I'm going to ask the key question: *why* have you called me today?

Whistleblower: Yes, thank you. I was listening to — I think it was [your Wednesday \[14 April\] broadcast](#), and the nurse testimony that you had on there, and it really resonated with me. My heart really hurt, and understood what she was going through. You know, she obviously had UK-wide knowledge of the NHS, and a lot of knowledge of what's going on within her job.

So, as you said, I'm an NHS professional, and I actually sit on an NHS Board.

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I guess the other reason for reaching out was that she talked a couple of times about “the next layer of management” being the Board. I think she reported in to one of the Board. You know, I just really wanted to share *my* personal story on what’s happened since last March.

Brian Gerrish: That, of course, is wonderful, because information coming directly from people who are professionals in the system is extremely valuable. I’m going to say to you straight away that I realise that doing this is an enormous pressure, so thank you, and we respect that.

So, you talk about what you feel comfortable to share with the audience.

Whistleblower: OK, thank you. So, I guess when all the Coronavirus started, and when it came into the UK — mainframing kind of March last year — obviously the conversations really were predominantly about measures to stop infection, forecasting, you know, “this is what we’re anticipating will happen”, you know, “how do we manage the services”. Kind of all that was going on, and then as we went through the summer, there started to be a little bit of talk about the vaccine development and potential treatments and things like that.

And then the treatments completely went, and the vaccine discussions ramped up, and in November it really started to be predominantly what we talked about. And, I mean, you *can’t* call it a vaccine, because it doesn’t meet the definition, so I’m going to refer to it as an injection, but I’m just making sure that everyone’s on the same page with me.

So, it became kind of clear to myself, and a few other colleagues that I know on other NHS Boards, in November that we were going to be asked to completely roll this out — and also that there really were some long-term safety issues, and stuff that we *just didn’t know*. And so it

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really took us by surprise, the *scope* and *speed* at which they were moving.

And at the time, we had a lot of discussions, as a Board, as to our concerns around this — and remember that when the NHS is in emergency measures, which it is and has been, then the Government is able to tightly control what the NHS does, and is able to dictate a lot more what the NHS does than it would be able to if it wasn't in emergency measures.

So, our Chief Executive had discussions about our concerns, and I can say other Boards had the same discussions, and in a nutshell, what we were told in December was, "If you refuse to co-operate in rolling this out, then we'll remove you." And it wasn't said explicitly, and it wasn't put in e-mails, but it was certainly very indicated that that was the case.

Brian Gerrish: So that was essentially a veiled threat. I think you'd call that a veiled threat.

Whistleblower: Yes. And the second challenge we had, very much, and central to a lot of our discussions, is that even if we didn't — if we said, "Look, we're not doing this" — then the public that we serve would be very angry, or the majority of the public that we serve: certainly not *all* of them, but the *majority* of the public that we serve, would *at that time* have been very angry and actually probably would have tried to *help* with our removal, because they *wanted* this, and how dare we try and hold that back for them!

So at that time, I kind of thought this through, and I thought, "Well, I can either leave, because I don't agree with it, or I can stay and put my energy into ensuring things like informed consent, ensuring that we were capturing any side effects correctly, that we were giving balanced information to the public so that they could make an informed

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decision.” And, you know, people were going to take this no matter *what* I did, but perhaps in being there and trying to focus on *these* areas, I could make a difference.

So that was my position at that time, and then, as the months have rolled by, the government pressure has mounted and mounted, and I have challenged repetitively, and most of the time it’s brushed aside; sometimes, people will be very flippant back; and sometimes, there will just be silence. But I keep trying to challenge, using the Government’s own data, using some of the policies, even looking at this huge problem of Covid takes over everything, so that all the other health services are not running as they should.

And what I’ve witnessed, really, as well, alongside this is just a massive increase in propaganda, in false statements about it, a complete lack of informed consent, side effects not being reported by patients and NHS staff, and this normalisation of “If you are in bed for two days, that’s OK”(!) And I don’t ever remember, when we had the flu jab — you know, people going for the flu jab a couple of years ago — if you were in bed for two days after having the flu jab, that wouldn’t have been considered OK! But for the Covid jab, that’s been normalised.

Brian Gerrish: That’s an extremely interesting point.

Whistleblower: Mmm. So, basically, after these discussions — I have been told on more than one occasion that I can leave if I don’t agree, and “The consensus has been there; we just need to get on with it now.” So it’s kind of moved from that concern at the beginning, and what I’ve witnessed over the months is people becoming more comfortable with this rollout, and “We just need to get on with it, and this is what we need to do.”

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And I witnessed a lot of to-ing and fro-ing from people around me. Periods of concern and then they'll get the documents down from the Government, and then it's like, "Oh, it's fine, it's fine." So almost like an internal battle happening with the colleagues around me, that is causing a lot of stress and illness for them.

Brian Gerrish: Do some of your Board colleagues have concerns about what's going on?

Whistleblower: They *did*, and they *do* at times, but what seems to happen is, it's like a rollercoaster ride. So there'll be something I'll say, or something will happen, or something will be on the news that will spring concern, but then once they've got the government line on it, it will smooth that down somewhat. And that's what I'm challenged with. It's like a cognitive dissonance where the concern rises and then somebody soothes them and says, "That's OK, no, we've got this, and it's fine." And now we're in this sort of pattern of just waiting for, "Well, what's the government line on *this*?"

I think that's really important, actually, for listeners to understand, because I think that a lot of people think that the NHS is in complete control of this, and actually don't realise that under emergency measures, they are *told* what to do.

Brian Gerrish: That's a very important point. And *how* do they get told what to do? Presumably, the policy comes in from the Government, and who does that go to? Does it go to the Chief Executives?

Whistleblower: Yes, and the Director of Public Safety or equivalent.

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Brian Gerrish: So those individuals in particular are the ones that, we'll say, the government communications come straight in to them, and *they* then have to sell that policy on into the local NHS system itself.

Whistleblower: Yes.

Brian Gerrish: And how does the instruction come in from the Government? Is that done by e-mail and letters, or is this happening with direct phone calls, for example? Well, it would be conference calls now, I suppose.

Whistleblower: Yes, so a mixture, but a lot of the detail is usually on conference calls, and there's not as much sent in e-mails, in *written* e-mails on policies.

Brian Gerrish: And just to focus things a little bit: can you just give us a summary of what your concerns are? You're describing that things are not right, you're talking about the vaccines, and you're saying people are spending two days in bed and that would have been a problem for the normal flu vaccine but nobody's taking any notice of that. Just package what your concerns are at the moment about what you're seeing going on.

Whistleblower: Yes, there's so many. I think the key ones are lack of true informed consent, lack of a balanced risk-versus-benefit ratio being given to people. I think people are told that their adverse events

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are “normal”. I *know* that the Yellow Card reporting system is *not* reflective of the amount of adverse events that are actually happening, and I’ll give you an example of that. I know of a patient who reported their extreme adverse-event side effect to a nurse, and that nurse *did not* report it to the Yellow Card reporting system. So that’s a concern, that we haven’t got an accurate reflection of what is actually happening after these injections.

And I think the long-term safety effects of these injections is *still* not known, yet we can see that the short-term impact is huge. And we’re now moving into a territory where we are going into healthy, younger, fertile individuals, and — God forbid — children. And that, quite frankly, terrifies me.

Brian Gerrish: Yes, and I think there are other people who feel this as well, because they could say, “Well, OK, we know there’s adverse effects at the moment.” Still, if we were to take the position that the number and the nature of the adverse effects to date is acceptable against the benefits (whatever we think those benefits are), they key bit that the public does not know is what any future adverse reactions will be.

Whistleblower: Yes, that’s exactly right. And I think that is used to say, “Well, look, we haven’t had that many adverse events versus the millions that we’ve vaccinated” — but it’s not a true representation, and so you can’t really draw those parallels.

Brian Gerrish: How do the working staff — you principally talked about the reaction from quite a senior level in the NHS — how is all this affecting the doctors and nurses on the ground, in the wards? The people who are having to deal with adverse reactions, but people who are also having to give the vaccinations: how is it affecting them?

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Whistleblower: This is where I agreed with your caller on 14 April. Most people are just following what they're asked to do, and — even at Board level — don't know what's in these injections. I've tested that theory and found it to be true. What we're seeing at the moment is, from my perspective, a very exhausted workforce which is told different things constantly.

I'll give you an example, too, that I was extremely concerned about recently. People with dry, cracking hands from the amount of hand-washing that they're having to do; constant face mask wearing, causing huge skin problems; massive headaches; a lot of people off sick — and the pressure that is going into the system is huge.

Brian Gerrish: Effects that you're describing, of people who are ending up with sore, cracked hands (and I've heard about this from many other people in the NHS): I know that the sanitising gels that they're using can have different effects, but one of the key ones is they tend to dry people's skin out, and if you're using them all the time, you end up with cracked skin. Of course, if you've got cracked skin, that's going to make you very vulnerable as an additional path to infection, with the people you're dealing with as a healthcare professional.

What about who would deal with this? Health and Safety Executive, or who's responsible in the NHS for responding to those sorts of concerns about the wearing of masks and what's happening to people's hands as a result of the sanitisation?

Whistleblower: Well, the department that will oversee that on the wards is Infection Control. And that will then go up into the Medical Board.

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Brian Gerrish: And are they producing any reports? Are they doing their job and it's then being squashed, or are they simply not doing their job?

Whistleblower: I couldn't say precisely, but from what I've understood, a lot of people are complaining about it but it's not being logged officially. So I look at my cracked hands, but it's not being logged officially. And I think there is *fear* about logging these things, and there is a mind control, almost, about "Well, you've *got* to do it, because otherwise you could be responsible for *this* spread of this infection, or *this* person dying." I feel that the pressure is *huge*.

Brian Gerrish: I don't want to put any words in your mouth, because you are here to tell your experience, so I'll phrase things very carefully. At the beginning, when *the pandemic* was declared, how did that affect people?

Whistleblower: I think there *was* a level of fear, but actually, I feel like the fear has *increased*, because the propaganda and the news outlets and the pressure from the Government has increased. It's almost like you're seeing the fear and pressure increase at the *same time*. So, if you said to me, "How did people react in April last year versus how are people now?", they're *much* worse now in terms of their overall health, their mental wellbeing, and their fear levels.

Brian Gerrish: That is a very sad and serious state of affairs. What comes into my mind immediately is the [SPI-B 22 March 2020 paper](https://www.ukcolumn.org/video/senior-nhs-board-member-warns-stop-the-genocide-or-our-children-are-next) that was put into the SAGE board meeting, whatever they call it, where it <https://healthimpactnews.com/2021/senior-nhs-board-member-warns-stop-the-genocide-or-our-children-are-next-as-pfizer-seeks-permission-in-uk-and-us-to-inject-12-to-15-year-olds/> and <https://www.ukcolumn.org/video/senior-nhs-board-member-warns-stop-the-genocide-or-our-children-are-next>

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specifically said that the idea was that the fear factor was going to be ramped up in the population as a whole. It said, "People are *not fearful enough*; we need to make them *more fearful* in order to effectively get the policy into place."

Now, most people that we've circulated and broadcast that document to, of course, read it as a member of the public, and they look at it that that was the government message as to how to deal with *the public* — but I think it's not unreasonable to say that these psychological policies were also directly injected into the NHS, and indeed other parts of the Government and civil service. But if we just focus on the NHS, this applied psychology was brought directly into the NHS, and we have been given (and we've found for ourselves) quite a few documents within various NHS Trusts in England describing how they're going to use applied behavioural psychology to progress the Covid and vaccination care programme within the hospitals.

So this deliberate applied psychology policy was *not* just for the general public; it's come in through the NHS as well, it seems to me.

Whistleblower: Yes, and I think those types of things aren't completely obvious, but I can certainly give you examples where I've had very rational conversations with my peers and then we can sit down a couple of days later and that rational conversation has *gone*. And I'm having an *irrational* one that doesn't make sense; it's based on fear or emotions or something that's changed — from what they have been told in other meetings, or what's gone on in briefings.

So I can't comment on that directly that it's so *visible*, but it certainly seems that there's evidence that — I just feel like most people in the NHS seem very irrational in their choices and what they're choosing to continue to do. And that's not an excuse for them, by any manner of means, but, you know, even at a very senior level in the NHS, people are *not* thinking rationally, and they definitely are having an element of psychology that's been driven behind this.

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Brian Gerrish: If we take the case of people in the NHS who've already had the vaccine, when they had their vaccine, were they actually aware of the true detail of the adverse effects via the Yellow Card system? Do people inside the NHS know more about the vaccines, when they're vaccinated, than, say, an ordinary member of the public would?

Whistleblower: This was the other thing that resonated with your Wednesday caller. No, they *don't*. I have asked multiple people, from people actually injecting to people that sit on the Board, and they *don't* know what's in the vaccines, and they *don't* really understand the risks. I'd also say that most people that I speak to in a senior management position in the NHS have said, "I was fifty-fifty about whether to take it or not."

So, at some level, there is a subconscious belief that it might not be safe, in my opinion, because there's a lot of fifty-fifty, but as time has worn on, they've taken it. So a lot of people have taken it later, rather than in the first wave, when it was being offered to healthcare professionals. And, of course, now they sit in that bucket of people that would potentially not want to know about adverse events for *themselves*, because they've taken that injection.

Brian Gerrish: One would have thought that inside the NHS system, particularly as you go up the management chain, people would absolutely know about the Yellow Card adverse reaction records. It's on the Government website; the NHS does make an oblique reference through to the Yellow Card system through their own part of the public NHS website, but even when you get to the MHRA part, you've really got to look for the [datasheets](#) themselves. I still find it incredible, the idea that people in in the NHS have not actually seen those sheets themselves!

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Whistleblower: Yes, exactly, and when I have brought up and presented on these things, and tried to get some movement, the thing that comes back a lot is, "Well, yes, you know, there's only a few, there's this, there's that, but actually, we're vaccinating millions of people." Now, even if you take into account that the reporting isn't accurate, when we think about any other drug in history that has gone through the NHS, it would *not* be acceptable for that many people to die, full stop. And yet, in this circumstance, for some reason, it *is* acceptable.

Brian Gerrish: Well, it's put across as acceptable.

Whistleblower: Absolutely. I mean, it's not, but yes.

Brian Gerrish: The other caller raised the issue that patients were not being fully informed, and the Patient Information Leaflets were not being given, so people didn't really get *anything* when they got their vaccination. Possibly, they got something *after* they were vaccinated, but they weren't being given information *before* which would enable them to make that all-important informed choice. Have you also been seeing, or are you aware of the fact, that the public are being vaccinated without being given the full information? I think you did mention that earlier in this conversation, so apologies if I'm getting you to repeat that, but I think it's an important thing.

Whistleblower: Yes, that was one of the things that I felt that if I stayed, I could maybe have an influence on: ensuring that that is happening. And I think that, to a certain extent, my calls *have* been heard on that, but it's still woefully inadequate. People are often given <https://healthimpactnews.com/2021/senior-nhs-board-member-warns-stop-the-genocide-or-our-children-are-next-as-pfizer-seeks-permission-in-uk-and-us-to-inject-12-to-15-year-olds/> and <https://www.ukcolumn.org/video/senior-nhs-board-member-warns-stop-the-genocide-or-our-children-are-next>

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the leaflet twenty minutes, fifteen minutes, before they have the injection. They're already in the vaccination centre. It's a very slick operation. They're told it'll just be OK. You know, there's no time for deep reflection or questions.

Brian Gerrish: Are you able to say anything about pregnant women? Pregnancy has been one of the hot topics, and of course pregnant women are particularly vulnerable, the child is vulnerable. Have you got anything you can tell us about that, or are pregnant women going through the system and being vaccinated along with everybody else?

Whistleblower: I don't have any knowledge of that, no.

Brian Gerrish: Well, you've been very brave in speaking out, and it's wonderful, because of course every time somebody speaks out, somebody's listening, and says, "Oh, my goodness, I know about this," and so they are prepared to also speak out. So, I very much hope that what you've done with us today will trigger that response in somebody else.

If you had a magic wand, what would you like to see happen at the moment to help resolve what's going on?

Whistleblower: If I had a magic wand, it would just *stop*. It would stop *now*, before we hurt anybody else. That would be amazing. That would be the best day ever, because every day I wake up, I think about how I can find that golden nugget to try and wake up the people around me to the *damage* we are causing. We are causing — I mean, we heard the word 'genocide' from the lady on Wednesday. I don't disagree with that statement. And it's terrifying, and it saddens me, and the <https://healthimpactnews.com/2021/senior-nhs-board-member-warns-stop-the-genocide-or-our-children-are-next-as-pfizer-seeks-permission-in-uk-and-us-to-inject-12-to-15-year-olds/> and <https://www.ukcolumn.org/video/senior-nhs-board-member-warns-stop-the-genocide-or-our-children-are-next>

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reason I'm staying where I am for now is to try and make a difference in whatever way I can, but — like she said, and I would absolutely agree with this — I want to see that judgment day. I *will* give evidence.

And also, I will take whatever comes to me for still staying and being part of that, but I will continue where I can to try and make any small gains that I can for the public that we're serving, because to give up and walk away isn't going to get the right outcome either. And so, if I can make little differences until I can stand it no more, then that's what I will do.

Brian Gerrish: Thank you for sharing that with us. And — I'm going to put it in professional terms — if we could do the right things and get the whole process to stop at the moment, am I right in saying that would be the opportunity that we could — as a nation, as the NHS — have a pause, draw breath, and then actually look at what has been happening, analyse it properly, and really decide whether the policies that have been enacted were mistaken or whether they have been deliberately put into being; are they malicious? That we can have a *full* analysis of what's happened.

Whistleblower: Yes, that's right, that's right. And I think the danger, as well, here is that for a segment of the population, they will bundle this in with, you know, "All vaccines are bad", or "All this is bad" or "All that is bad". And there are *amazing* things happening in the NHS each and every day that *does* save lives. People are committed and caring. And so, you could lose *all* of that with what's going on, and we *need* that stop and to really, really re-evaluate.

And, you know, the other thing is, we need to find *each other*. The people that are desperately trying to make a difference and desperately trying to scream at the top of our voices, "Please, please stop!" We need to find each other, and it's very difficult, because we're quite spread out,

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we're demonised, we're told to shut up, in *every* job, and that makes the process a lot more challenging.

Brian Gerrish: Well, I can only thank you, but I really mean it, because it *is* difficult to speak out. You have given a really comprehensive run through what you've seen happening, and your summing-up at the end there, I think, is just wonderful, because, yes, we need to bring people together.

What advice would you give to somebody who is thinking about having the vaccination — that's my first question — and the second question is, what advice would you have for somebody who's already had the vaccination?

Whistleblower: I think the advice for the first question is, "Do your own research." I think, as a nation, we're over-reliant on our healthcare professionals. And that's not a get-out clause, but, you know, you're asking me how we empower somebody to really take control — because it's their body, right, it's *their* body — and absolutely, the NHS is there to support them, but *do your own research, and do it wide*. If you don't know how to look at the clinical studies, find somebody that does, and ask for support.

Challenge the people that ring you up and offer you a vaccine. Challenge them, and ask them questions. We need to keep at critical thinking for ourselves. That would be the biggest thing. *I'm* not going to tell you what to do. People ask me, and I'm *not* going to tell them. I *am* going to say, "Look, this has *no* long-term safety data, and there *may* be some challenges with it. You've got to weigh up the risk-benefit ratio. Go and do your own research as well!" I think that's a key point.

If people aren't able to do that, then I often just give them a few areas they could go and look at, and I always try to be balanced in that,

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because I think that's important. You know, people need to make their own minds up with this.

Brian Gerrish: So the second group is obviously people who've had vaccines. We *know* that there are a *lot* of people, a *lot* of people: they've had vaccines, if they've had an adverse reaction, they are really on the uptake of looking for the information and trying to find out why, so they're *very* motivated people. But people who've had the vaccine maybe didn't have any adverse effects at all. Should they go ahead and take a second vaccine?

Whistleblower: Again, I can't tell them what to do, but what I would say is, I'm seeing more and more traffic that is questioning the safety after they've had the first dose, because of the things that are in the news, and I have experience of people who have *had* adverse events but haven't spoken up. And what I would say, on both counts, is: if you have an adverse event, *please* report it, *please* speak up. *Don't* take no for an answer. For *you*, and for others behind you. You know, you have the *right*, and you *should* stand up and say, "This isn't good enough, and I *need* to report it, and you need to ensure that people are being held to account for this as well."

I think, for the second piece of that, so if people haven't got any effects and they're worried, then I would advise them to *talk* to somebody. Don't sit in silence. Talk to somebody, talk it through, do your research. That's certainly what I would do, and I would encourage anybody else to do that as well.

Brian Gerrish: Well, that's extremely helpful, because of course in bringing these issues to light, we don't want to add to this overall stress and anxiety that people are suffering, and I can imagine that if you've

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had a vaccine and then you are hearing about adverse effects, that could really be weighing on your mind.

Whistleblower: Yes, of course.

Brian Gerrish: So I fully understand: what you're saying there is, do your research so that you are happy in your own mind.

Whistleblower: Yes.

Brian Gerrish: Is there anything else you'd like to add? What you've given has been extremely interesting and informative.

Whistleblower: No, I think the only thing I'd like to add is: let's get talking to each other and supporting each other more. You know, let's move out of the fear place, and try and — I think a lot of people that have had the vaccines are sitting at home, they're scared and they're worried, they don't know what to do, and they're looking at the main news or they're looking at their NHS leaflet. And actually talking to people and getting support and looking at a wide variety of information is just so important for people, and it'll make them feel like they have more control about what happens to them, their body and their lives.

Brian Gerrish: And one thing that's come into my mind while you were talking there, so just allow me one very last one: what advice, or what

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would you say to your NHS colleagues, to encourage them to think about what's going on?

Whistleblower: Honestly, what comes to mind is, "Your children are next." And that is terrifying, and it makes me well up when I think about it. So if you *won't* speak up because you've had the vaccine, or you won't speak up because you're scared (I understand that), or you won't speak up because you don't want to lose your job (and I totally understand that), just know that this doesn't stop until we all stand up and say, "Stop." And we're getting younger and younger here now, and our time's running out.

Brian Gerrish: Thank you very much for joining me, and it's been extremely helpful hearing the information that you've got to put across. I know it's taken a lot of courage, so thank you very much.

Whistleblower: Thank you.

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