

YESHIVOS UNDER ATTACK

URGENT!!! DO NOT TEST FOR COVID!

The Yeshivos are being Blackmailed.

If we don't stop it now - It may bring the end of our Yeshivos as we know them.

The Government's next plan to take over our Yeshivos

Many months ago, Agudath Israel proudly announced that some of its key members had been appointed by various Governors as members of the reopening task force. In New York, Governor Cuomo appointed Chaim Dovid Zwiebel, and in New Jersey, Governor Murphy appointed both Avi Schnall and Dr. David Freidman (CEO of CHEMED). Lest one think that that these governors needed Agudah's input on how to safely reopen the state, one needn't look further than what actually transpired in NY, where Agudah has filed a lawsuit against Governor Cuomo... *twice!* In reality, these appointments were just access points to our communities and the governors knew that Agudah would be a good lackey. Every public health handbook is replete with tactics on gaining the trust of minority groups and religious communities and focuses much attention on harnessing trusted voices within the community.

In this age of science and data, many assume the hard numbers we hear to be the truth and nothing but the truth. But the real truth, however, is that nothing lies like numbers. If we want to get a real grip on the way COVID is affecting our communities, we could do that in the same manner that we assess other diseases. COVID-19 itself during its heyday (March-May) was analyzed with the same approach. We look at the rates of hospitalizations, mortality, patient visits and other such metrics. Never before has it been suggested to test asymptomatic people and count them as cases of a disease.

We must understand what the government seeks to accomplish by having the entire population tested so frequently and repetitively. The PCR test, which is most commonly used, is notorious for its inaccuracy. The PCR positivity rate directly depends on the amount of times that the specimen is replicated. So much so, that the inventor of the PCR test said himself that it would not be useful in an application as such^[1], and this is seconded by the CDC^[2]. The PCR test is assumed to return a false positive result in 2.3% of cases.^[3]

In the case of Lakewood schools, with 40,000 children being tested, this would result in 920 children falsely being diagnosed with COVID. In addition, according to the plan, this wouldn't be a one-time event. This testing would be ongoing and frequent. Obviously, there would be a large segment of children who would constantly be in isolation or quarantine, together with whatever *ruchniyusdik*, emotional, psychological and physical trauma this entails. It's not just the 920 children being in isolation, but it's their entire family and contacts who are placed in quarantine. Many families have five children or more. We can quickly see that this isn't quite the solution that we are seeking. This is more than mere speculation. It's going on right now. At one point, my son's class had *five* boys in quarantine *in one class*...all from separate 'exposures,' with none being sick.

Without going any further, this is already an unacceptable concession made in the name of "working with the government." The fact that Jewish schools conceded to test healthy children and risk deeming them "diseased" Jews simply because a government mandates it sounds eerily similar to something that we have experienced before in the not too distant past.

Furthermore, once we willingly give the government numbers to manipulate, depending on the narrative that the government wants to contrive, the data can be fixed in a number of ways. False positives are not necessarily reported with the background positivity rate. Rather, these can be reported as absolute positive cases. For example, in the case of the schools, children aren't known to get sick from this virus, but if 920 children test positive per testing cycle, instead of reporting that 2.3% of students became ill, this would be reported as close to 1,000 new cases. Obviously, this would be solid grounds for a continuous, never-ending shutdown.

We still haven't answered the original question, though. Why would the government want prolonged testing?. When one goes to a mechanic and is recommended a repair that is clear the vehicle doesn't need, it is nothing but foolhardy not to second guess the sleazy mechanic before parting with one's hard-earned money. Similarly, when a politician not well known for his scruples demands worthless testing[4]. If something doesn't make sense at face value, usually there is something else at play.

The answer why the governor wants testing should be fairly obvious at this point. If all other metrics show that the virus has abated, the only way to prolong the virus is to have continued testing with false positives. Why various governors may want to prolong the virus's impact is anyone's guess, but the facts show that the deaths have nearly flatlined[5]. With no good data to work with to keep up the façade, the jig would be up. By implementing a testing program on a "rolling basis", *we are* successfully working with the government but are not aware of the end points desired. While I will not digress to what the government actually wishes to accomplish, I will point out the obvious fact that we are being lied to. Can we all agree that the original noble goal of a fifteen-day lockdown was "to flatten the curve"? The idea was that herd immunity was to be reached, but we couldn't afford for the health care system collapse in the interim. However, New Jersey was the state with the most strained hospital system during the climax of the outbreak and only had 40% of its capacity reached. Months later we are still in lockdown... is there another narrative that we are missing?

Not broaching the topic directly, as some will claim as conjecture, the end result is far, far more troubling than the testing itself. The truth is that the desired goals are far from speculation as it has been stated both in print and in oral statements many times by those who [think that they] wield the authority to implement it.

Equally concerning was the consent forms that students were sent home with. Ostensibly just a consent to collect a saliva sample, the consent (in part) read as follows: "I request...medical providers, including physicians, technicians, nurses,... to perform evaluation and treatment services and procedures that may be necessary in accordance with the judgement of the treating medical practitioner(s). I acknowledge that no guarantee can be made by anyone concerning the results of treatments, examinations and procedures... I hereby authorize that photocopies of this form to be valid as the original."

No expiration date is printed on the form and withdrawing won't help as copies are valid as original. More than the question of what it says on the consent, is *where did this consent come from?* It's plainly obvious that the anonymous author of the waiver had other things in mind than just procuring a saliva sample. When questioned, the schools replied that the form was the standard form for this particular testing facility. Far from standard, the fact is that this facility does little else than test for COVID-19. The fact that this form enables children to join clinical trials or undergo *any medical intervention* without parental consent is quite troubling.

On Friday, October 16, a Robocall circulated around Lakewood scaring parents about forced quarantine centers. This notion was strongly rejected by New Jersey Agudah Director Avi Schnall by stating "I live in the world of reality." While definitely not a comfortable topic, this must be addressed. In a widely circulated clip, Dr. Robert Levin from the Ventura County Health Department (CA) boldly claimed that in order to isolate people "we'll be moving people [from their homes]." He further stated that this is taking place in all other states. On May 12th Bertha W. Henry from the Health Department in Broward, Florida, also stated the need to go into family homes and move people out... However, she added that the directive was coming from Dr. Fauci himself. The fact of the matter is that the Ocean County Health Department has identified and entered into contract with at least eight locations in Point Pleasant, Toms River, and Seaside Heights to be used as isolation and quarantine facilities.[6] The notion that these facilities were contracted for no reason at all seems a bit preposterous. More curious though was that these contracts weren't made with these facilities until *mid-August*, long, long after the apex of the outbreak! So, while it's anyone's guess if students who test positive will suffer such, the stories of run-ins with CPS should be enough to jar everyone back to reality that government overreach *is* possible. And yes, our children do sometimes get entangled in bureaucracy, even when designed to "protect" our children. To summarize the last point, I am not suggesting the FEMA camps are deliberately being designed to haul off our children, but we must fend off the possibility of a government gone awry.

At this point in time we must galvanize. We now call upon the *tzibbur* to band together .

[1] https://youtu.be/WF37L_z0vwM?t=2915

[2] <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-testing.html> “Data currently suggest that some individuals test persistently positive due to residual virus material but are unlikely to be infectious.”

[3] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/895843/S0519_Impact_of_false_positives_and_negatives.pdf

[4] <https://matzav.com/lakewood-mosdos-if-we-dont-test-the-governor-will-shut-us-down/> ““In summation, if we do not comply with their request to test, they will shut us down so long as there are positive cases in Lakewood.”

[5] <https://insight-editor.livestories.com/s/v2/mortality-%7C-ocean-county-nj/4ffe24dc-02c7-4c05-88c8-281132120066> Notice that the chart is deceptive. It only charts dates that have deaths but leaves out all the spaces where no activity occurred. Hence, April, May and June have about eight data points per month, but from August onward there are only one or two datapoints per month.

[6] OCHD Resolution 219(20), August 12, 2020