

Prof. Seán Daly,
Master of the Rotunda Hospital,
Parnell Square E,
Rotunda,
Dublin 1
D01 P5W9



The Sounding Of The Alarm

For correspondence please contact:

info@wakeupeire.com

Dr Nicola Maher,
Consultant in Obstetrics and Gynaecology,
The Rotunda Hospital,
Parnell Square E,
Rotunda, Dublin 1
D01 P5W9

Ms Fiona Hanrahan,
Director of Midwifery and Nursing,
The Rotunda Hospital,
Parnell Square E,
Rotunda, Dublin 1
D01 P5W9

6th of September 2024

To whom it may concern,

We WakeUpéiRe volunteers have watched and waited and hoped that this day would not come, the day when we must take a stand to defend the pregnant mothers and babies of éiRe against the Irish medical establishment and the Rotunda Hospital that have continued to endorse and inject the dangerous Covid-19 injection since 2021. We now have more than 20,000 post-C-19-injection excess deaths, uncounted miscarriages and injured people – Ireland's unsuspecting victims off the globalist, Covid-19 eugenics scheme.

The Rotunda, Hospital for the Relief of Poor Lying-in Women, Dublin, was established in 1745, and was the first lying-in hospital of its kind in the world. Previously, in Catholic-ruled Ireland, women of all faiths were often glad to avail of the Protestant ethos in maternity practices at the Rotunda. The hospital charter of 1756 states its aims in "preserving the lives of many infants, who, in all probability, must otherwise perish". The 2024 website states that "the Covid-19 vaccine is recommended at any time during pregnancy". This hospital is now also a place of repugnant practices, of eugenics, of harms and of killing. Consider the unsuspecting woman who was medically advised to take the C-19 injection, which then killed her baby in utero and requires her to avail of post-miscarriage treatment. She is returning as a vulnerable patient to the very people who caused her miscarriage, but nobody is admitting this massive evil.

Almost every aspect of the C-19 injection scheme is anti-science and anti-medicine. And yet the science and the medicine people were fervently promoting the whole debacle. It seems that in order to work in our current medical system, it is necessary to undergo a specific type of mass-formation, a pharmocratic entrainment that destroys individuals' ethical self-awareness and erodes their natural capacity for critical thinking.

During 2020, the public was subjected to the inane frivolity of videos with dancing doctors and nurses in hospitals that appeared to be empty. The silly theatrics seemed weirdly out of step with the constant bombardment of Corona-terror propaganda. It was a time of crazy-making. While hive-minded medical professionals synchronised their thinking to align with C-19-democide dictates, we ordinary thinking people began to furiously research and educate ourselves about the power structures that rule the world. Then the silliness of the dancing doctors started to make horrible sense.

Ordinary, thinking people were becoming very alarmed and were doing the right thing by reaching out to medical professional with factual information. We were often met with scorn and belittlement from trained medics that clung fervently to dangerous, reality-denying corporate-medicine dictates. This denial of reality, of biological, scientific and medical conditions and events, is what led to 20,000 post-injection excess deaths and unaccounted miscarried babies. It has taken us a while to acknowledge the awful truth, that our medical professionals played a game of pretend plague and then carried out a real injection scheme that injured and/or killed some of us.

Doctors wash their hands frequently, but now you have so much blood on your hands that no amount of washing will ever remove. How did you deal with the extra number of women who lost their babies after the C-19 injection? Where did you compartmentalise all this evil in your mind, or what kind of deal did you do with your conscience? There is no excuse, nothing you can say in your defence, no possibility of atonement at this stage. People in your position who continued to endorse a new-technology, harmful pharma product are not fit to practice, but are fit to be tried for crimes against humanity.

By mid-Spring 2021 it was obvious to thinking people that the C-19 injection was actually a slow-release, Russian-roulette shot. It is now 2024, you have promoted this injection to date. Please, do not further defile your profession or denigrate yourself publicly by making a half-baked statement to abrogate responsibility for iatrogenocide. Now is not a good time to hide out in the customary arrogance or ivory-tower conceit typical of the Irish establishment.

When the recent Scally Report identified that a gynaecology consultant had remarked to a patient's relatives that "nuns don't get cervical cancer", there was a shudder of recognition through the general public; yes, unchecked hubris is not uncommon in the Irish medical establishment. Some of us still remember Dr Neary, who performed an alarmingly high number of unnecessary hysterectomies over a 25-yr period. The Irish medical and legal system jumped through hoops to protect his name and finances, despite obvious wrongdoing. Three top-level consultants refused to state that he should have been removed, the presiding judge did not find intent to harm. Reports stated that wrongdoing was permitted under "a culture of respect and fear". The midwives who did the right thing and stated their concerns were treated with "resentment towards the whistleblowers". In 2006, the presiding judge openly stated that she felt sorry for him...the man who had ruined women's lives.

Ireland has one of the highest obesity rates in Europe, also because many Irish people do not take enough personal responsibility for their health. Our doctors are accustomed to some patients behaving like children and unquestioningly following advice without vigilance towards the business-model ethos of the system. Medical examinations can present a degree of vulnerability and transparency that is hard to find anywhere else in life. Given our relative passivity, doctors in Ireland are accustomed to having a huge degree of power in the patient-doctor relationship. This is a red-flag situation, one which doctors criminally abused during the Covid scheme, especially in view of the enormous Covid-endorsing payments they received from 2020 onwards.



Our medical system is still rooted in an Irish post-colonial mentality of deference to establishment puissance. Irish GPs are businesspeople whose incomes generally increase with a rise in patients' health problems or prescription requirements. Unhealthy people generate business profits, and our establishment calls this healthcare. The Irish economy is greatly inflated by the large number of top FDA-authorized pharma corporations here. The Irish medical system is unusual in Western Europe; other European nations have by now lived with three generations of fully-free public medical care. In the 1950s, Dr Noel Browne, who had worked also in the Rotunda, worked tirelessly to break the Church-medicine stranglehold on Irish services, but failed. His plans for free medical care to mothers and children were vehemently opposed by the Church and a medical cartel whose doctors were earning at least 70% of their income from treating young children (1). Nowadays we endure regular media bulletins about the numbers of people on trolleys in hospitals. These bad-news items instil fear and distrust of the public system, which in turn supports the entrenched two-tier system, where 47% of the population pay for private medical insurance. First do no harm to the profits of corporate and medical businesspeople.

Ivory towers do not have any material substance. They are composed of nothing more than social constructs and outdated notions of privilege that persist only as long as there is enough social inertia to permit their endurance. The C-19-injection horrors exploded that social inertia, we are now at a critical juncture. Your ivory towers will soon be castles in the air.

In future, when we have justice, and when we restore more dignity and integrity to the system, we must have a vetting method to ensure that individuals who chose jobs that give them a high degree of personal power over others do not do so for financial reasons. We will also require a system for establishing if a person possesses a level of emotional, psychological and moral self-knowledge and maturity which would prohibit them from projecting their unexamined shadow self onto others. We need to safeguard against greedy professionals whose aberrant minds permit them administer a dangerous product to patients.

As WakeUpéiRe volunteers came together to write this letter, it became obvious that we were dealing with unspeakable evil. On one day it happened that two people became physically sick and were vomiting bile in reaction to what we were coming to recognise. And this is the very point of it all. This is psychological warfare, the truth is in our gut, in our bellies, and every aspect of society is being engineered to brainwash people into avoiding the awful truth; that a previously unimaginable banality of evil is lurking around every medical corner in Ireland now.

It may take time for the general public to come to terms with the entrenched degree of evil involved, but there is no way that the big lie can persist. There will be a seismic kickback, an uprising of dignity, of care, of rigour and intelligence that by its very nature will crash down the current corporate pharma ranks of our medical system and its mercenaries. Eventually the public will come to a level of disgust for mainstream medicine that could easily nudge us towards an elimination of people in medicine and usher us towards a system run by Artificial Intelligence. This may be one of the overall objectives of the globalist-orchestrated C-19 scheme.

If we continue the code of silence on such genocide-abuse dynamics, we are compounding the trauma and internalised shame in many women for having taken the injection in the first place. Doesn't it all sound so like the cruelties of old Ireland...Many young, injected women are now lying to potential partners about their injection status because they know that the injection affects fertility. The ivory tower of our medical establishment is so hideously and so dangerously out of touch with the realities of the people of éiRe.

The lactating female body automatically tailors breastmilk immunological components to fit the constantly changing needs of the infant. This is a biologically generated, custom-made medicine. It is free of cost and requires no doctor or medical instruction. The hand that rocks the cradle rules the world. Regimes that want to subdue populations know that it is important to first subordinate the sex that rocks the cradle, the women, the ones with wombs, the ones designed to gestate, birth and feed our young. Last-century Ireland was a theocracy, where the establishment supported a series of control-punishment systems for disobedient people, and particularly for women whose wombs were not synchronised with Church dictates. There were forced-labour camps, such as Magdalene Laundries, for women who fell afoul of Church authority. And there were gulag-style mother and baby homes, that also ran lucrative black markets in babies for adoption and permitted doctors and pharmaceutical companies to conduct medical trials on residents.

The Vatican occupied a colossal power base in our society. When Vatican power receded, the vacuum was filled by Corporations and by Big Pharma, with teams of consultants, doctors and nurses. In 2020, the pharmocratic establishment stepped forward to assert dominance in our society and introduced a series of control-punishment systems for anyone who fell afoul of Corona dictates. Discerning, and cautious individuals who did not take the experimental injection were officially shunned from normal indoor social activities and were often subjected to slurs, vilification and hysterical anger from others. The entire country was now under the rule of the mass-formation and mind control of the corporate-medical-establishment. It is evident that some medical professionals got rich and some also got high on their new-found power under this extremely oppressive regime.

Nowadays women are not locked up, rather the establishment offers routine pharmacological control of healthy adult females. The underlying ethos is the same: control women's bodies and subdue their biological intelligence. It starts in puberty with the controversial HPV vaccine, then at 17 girls are offered free pharma contraception, general maternity services are highly medicalised, and there is now talk of free HRT for menopausal women. In the 1960s, women were sold the pill as a method of liberation. We normalised a situation where females with healthy reproductive systems take a pharma product or device designed to disrupt their body's healthy functioning, to dumb down their biologically generated intelligence. The control mechanisms are now in our very bodies and because we actually chose them, we often do not see how we are being controlled. Media and education provide restricted information on ovulation awareness, breastfeeding and non-medicalised birthing to deter women from knowing and working independently with their own biological rhythms and processes.

Church-generated attitudes about propriety and women's bodies are culturally inherited. Ireland has one of the lowest breastfeeding rates in the world. So many of our babies come into this world through mothers who are drugged during birthing. The baby's first breath, or their first sensation of air on their skin is a pharma-mediated event. They did not give consent to this. Their sense of self through their biological experience is being corrupted, their vitality and vibration is being dumbed down, neutered and prepped for bio-digitally controlled living. That is how you rule the world nowadays, you drug the body of the hand that rocks the cradle. As the writer Aldous Huxley stated in his 1960 address to medical students in California, this is the dictatorship achieved through "brainwashing enhanced by pharmacological methods".

The new and exponentially profitable market of gender-identity medicine, with its castration practices and accompanying lifelong pharma dependency, presents another pharma-medical attack on the body female. Medical systems are promoting the cult of transgenderism, which operates like a supremacy movement, where boys and men get to appropriate female sex characteristics and assert dominance as synthetic-sexed females in real world activities. This fuels the market for assisted fertility and seeks to normalise previously unimaginable gestating/birthing conditions, while paving the way for artificial wombs. Corporate medicine is wielding unchallenged power in designing and editing human beings. This is pharmocracy, and it is driving us towards transhumanism, which also involves the Internet of Bodies (IoB) and bio-digital control grids for human activities, Metaverse living and all that sort of thing.

Normal pregnancy and birth are healthy processes. In Holland 30% of births are home births and 10% of birthing women receive pain relief. The Irish medical cartel discourages such healthy practices. Our maternity services are notoriously skewed so as to prioritise GP/obstetric-led, medicalised and hospital-centred care, which in turn marginalises women-centred, midwife-led care, and disempowers women. The power and the money stay with the doctors, as they did in 1979, when access to contraception became accessible exclusively through a GP's prescription. Charles Haughey, Minister for Health, in reference to the contraception issue in éiRe, said in person to a party of Irish doctors, "I'm going to get more money for you doctors yet" (2). The masters of Dublin maternity hospitals are currently among the highest paid civil servants in Ireland. The government looks after those entrusted to look after expectant and birthing mothers, the ones whose hands rock the cradles. Specialisation in obstetrics and gynaecology is particularly lucrative in éiRe, especially in private practice, given that the medical system is rigged to support the two-tier model.

It is essentially establishment racketeering, and we people of éiRe have for many years tolerated it all with gritted teeth, but now medical professionals have gone too far. We have a duty to bring you all, each and every one of you, to justice. You are all personally and professionally responsible for your actions and omissions, and also answerable under Divine Law.

The maxim, 'If it isn't written down it didn't happen', is not actually true. It is merely a statement that is drummed into medical professionals so that they subordinate their duty of care and mould their working practices to the fear-conditioned notion that they could be held accountable for a mishap that occurs on their watch. This functions so as to make workers heavily compliant with Big-pharma groupthink. The British Medical Journal, in March 2024, printed the following statement, "the funding that pharma provides to universities, departments and individual doctors [...] ensures that the industry agenda often becomes the perceived course for such institutions and individuals to follow".

It is common knowledge that patients who receive a trial pharma product must be monitored very closely, and that vital observations are the key indicators of product safety and efficacy. We WakeUpéiRe volunteers can only imagine the absurd level of important omissions, doublethink and fact avoidance that were recorded in narrative notes in patients that received the trial C-19 product. We can imagine scenarios where doctors opted to instruct nurses verbally about patients rather than leave written records.

It is common knowledge that pregnant and lactating women must be cautious about what they put in their bodies, and that it is wise to limit medicines to nothing more than a paracetamol. In 2021 the C-19 injection was a new-technology, prophylactic medicine still in trial product phase. How could you even think of promoting this to pregnant women? This is eugenics thinly disguised as medicine.

In the late 1950s the slogan 'Safe and Effective' was used to market Thalidomide. Pregnant women took the drug for morning sickness and this severely damaged 10,000 babies in utero. The Thalidomide disaster was a watershed, and forced regulatory bodies to provide evidence that drugs marketed to pregnant women were clinically safe for pregnant women. It is a perverse and evil deceit to use precisely the Thalidomide term 'Safe and Effective' to push this new-technology, experimental and harmful product on pregnant women.

Regarding C-19-injection gynaecological reactions, we heard of our elderly women having periods or others experiencing rectal bleeding. We noticed that we could not get high-absorbency tampons in shops. Young women were talking to each other about terrible disturbances to their cycles and ovarian problems as well as disgusting arrogance from gaslighting doctors. There were adverts for post-miscarriage counselling services. It was obvious that this harmful injection was targeting reproductive systems of the sex whose hands rock the cradles. The As iatrogenic harms and excess deaths (15%) were rising dangerously in the summer of 2021, we were told that the HSE had suffered a cyber-attack and services were disturbed. Later on in the summer, it was noticeable that many women were complaining of new gynae problems post injection, and so RTÉ's Joe Duffy radio show swooped in to capture and channel this talk under the heading of menopause. Our national broadcaster dedicated two weeks' programming to the awful pain's women must suffer during 'the change'. The injection did not figure in these heated discussions.

Everyone trained in medicine has studied the Nuremberg Code. But Nuremberg One was just a public display to nail the middlemen, the medical professionals. Many of the top-level perpetrators were let off the hook and even sailed off to South America to live new lives. Today's top-level perpetrators are the international parasite class, the ones who devised the C-19-genocide scheme. You are the middlemen, the ones who carried out the eugenics scheme, who ignored the fundamental distinctions between right and wrong, as well as rudimentary professional and personal ethical codes of practice. The GPs, pharmacists, consultants and others who recorded substantial extra income from the C-19 eugenics scheme now look like sitting ducks for Nuremberg Two.

The Big Pharma companies that orchestrated the genocide have indemnity. It has all been rigged so that the middle people take the hit. We expect the higher echelons of the medical regime to scurry behind legacy privilege trenches and to let the lower ranks take the hit. This is not wise. Now is not the time for statements that could in any way resemble 'Let them eat cake'. The French Revolution was horrifically violent. As the public becomes more informed and more angry, we need to work to ensure we avoid as much extra suffering as possible. Medical professionals may need much more than mere training in MAPA (Management of Actual or Potential Aggression). This holocaust crime is not going to go away or be brushed under the carpet. We the people need justice and a complete overhaul of all our establishment organisations and systems. The sooner you start to speak truth the easier this will be for everyone.

Prof. Seán Daly, Master of the Rotunda Hospital — it was your responsibility to ensure that the Rotunda Hospital provided safe and accountable care to patients. What have you done by blindly endorsing a new-technology, experimental drug to pregnant women? Mr. Daly, you were given an Irish first name, and now you have acted grievously against the people of éiRe. Even if you do have a South American-type escape route planned, did you not consider the accumulative anger and hatred that shall be directed at people in mainstream medicine for what they have done to their own people?

Dr Nicola Maher, Consultant in Obstetrics and Gynaecology — you have a degree in pharmacy, with a special interest in medicine use in pregnancy. You actually made YouTube videos advising pregnant women to take this new-technology experimental pharma product, even though there were no long-term safety data. Its beggars' belief. It would seem that you, Ms. Maher, were purposely chosen for that role, your face is on public display, to take the hit of the ensuing outrage.

To the midwives of the Rotunda Hospital — the avoidable death by sepsis of Savita Halappanavar resulted in the introduction of the National Early Warning System (NEWS) to support the recognition of, and response to, a deteriorating patient in acute hospital settings. In 2017 The NEWS system was absorbed into the Deteriorating Patient Improvement Programme (DPIP), with a National Clinical Guideline which is "relevant to all healthcare professionals working in acute settings". The document is prefaced by a "Disclaimer" that states "National Clinical Guidelines do not replace professional judgment on particular cases...". Basically, medical professionals must use primarily their own clinical judgement, in line with their professional code of conduct and ethics, to determine what actions to take. The DPIP provides a set of guidelines, not regulations.

All HSE documentation in relation to nursing care identifies that you are to do the right thing according to your nursing intuition and assessment before you consider other specific policies. Many experts are saying that the Novel Corona virus has not been properly isolated. A nurse utilises EWS to screen for sepsis. A patient with potential sepsis (score 4 or higher) was to be screened for sepsis before being treated for a novel virus, that possibly does not exist. The duty lies with nurses, even if they followed doctors' spoken orders. This is important. That old maxim, "If it isn't written down, it didn't happen", may become a double-edged sword to those who were just doing what they were told to do, and did not lodge official objections if core practice principals were ignored

Midwives were all educated and made fully aware of recognition of an acutely ill patient. Have you forgotten this? Did you forget that you are the patient's advocate while they are under your care, and it is primarily your clinical concern based on your nursing assessment that should trigger a call to medical staff, irrespective of the EWS score?

The Code of Conduct and Ethics for Irish nurses states you should be dedicated to life-long learning with personal and professional development. It is your duty to be aware of current, new and incoming information and trends in nursing.

In May 2019, before the Corona outbreak, the Medical Independent reported that Prof. Seán Tierney of RCSI expressed concerns that there was a "danger that the Patient Safety Bill & Open Disclosure could lead to the criminalising of medical error", whereas the responsibility for Open Disclosure "should be with the healthcare provider and organisation and not with the individual practitioners". Doctors with significant influence have been dedicating time and energy to their indemnity for many years.

Given the huge number of C-19 iatrogenic deaths in Ireland, people will be looking for justice. Is our medical system rigged to protect the people higher up in the system? It is easy to envisage a scenario where doctors would be pardoned somewhat, but that such protection or leniency will not be offered to nurses and midwives.



WakeUpéiRe would like to firmly remind each and every single one of you that you are responsible for your actions and omissions, what you have done and are continuing to do, and as is clearly visible now, what you have failed to do. The question to be answered now is: why did you follow orders that sometimes violated the core principals of your training?

It did happen and it will be written down. In the future, when the people of éiRe and of the world actually come to grips with the psychological warfare, the candy-coated eugenics and iatrogenocide of our era, we will have holocaust museums in every country. Seán Daly and Nicola Maher of the Rotunda Maternity Hospital, there are already place markers in the future museum with your names on them.

To all those employed in the Rotunda Hospital — it did happen, and you were the ones that made it happen. And now it falls onto us, and others like us, to be the ones to make it stop.

Lay down your needles and surrender.

(1) The Economic and Social Review, Vol. 43, No. 3, Autumn, 2012, pp. 377–395

Change in Maternity Provision in Ireland: "Elephants on the Move"

Patricia Kennedy, University College Dublin.

(2) Andrew Rynne - Finné | An Irish Solution for an Irish Problem | TG4, YouTube.

Signed on behalf of the volunteers of WakeUpéiRe.