

**THEY KILL THOSE WHOM
THEY DON'T LIKE**

Mohini Hersom, MSc

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Acknowledgements

I used photos from pexels.com to make the book cover, Artists' names Negative space, Atypeek Dun, Cottonbro.

Declaration

“GEEKS” might smirk at the crude finish of this book.

Remember: thanks to the new policy created by geeks for geeks, I live in a gulag with no access of anything but women and illiteracy. I am not detained-no further details are provided. I have used epub technology to create this .epub basely solely on what google tells me without conferring with a human being. Generally I suffer from any denial of goods and services the educated would ask for. Doubtlessly, no one would want to plagiarize my book let alone read it. But Aah! Some WOMEN might want to. The two countries I [presently??] [live??]in do not want my legal deposit. I did not know how to otherwise protect my book, and lack the knowhow. This worthless book is the brainchild of MOHINI HERSOM.

Special Information

There could be a racial hygiene policy against me, which is not on grounds of my race. It is my choice that most issues in my life should be public. I am dying in a virtual gulag.

I know how all people will shun me if I say so. I however decided to brave the shunning and want to dedicate myself to telling the truth. People even ignore my offers such as my books and ideas. This shunning typically gets weaker if I go outside the current country of residence and actually goes away if I cross a language barrier.

Documents pertaining to oneself are personal property so one has the right to publish them under Data Protection.

And so I have come up with a smattering of stories. People here seem to think the whole world lies inside the underpants

of a woman, she just has to be a woman and knows nothing, and they have a fetish for “The samaritans” and “paid listeners”. I am a person in Ireland who can be deported to India where I will be on the street with nobody and nothing and this is happening to physicist because there is racial hygiene.

They cant allow me employment as I must speak only to women.

Honestly this is hellhole of torture and i will live here or be deported to India. Honestly I do not wish to live under woman support.

Honestly I have made a tryst with my creator that I shall drop dead soon to see women in tragedy especially the kind that run after me to give support. Honestly I am tired of your women and their mental health and psychology. Yes you can force rubbish on me but I have faith that something very bad is going to happen.

Because these pictures of my personal documents in this book/ebook are too small for comfort, I have provided two links where you can download or and view these online. Picture files have to ne edited to improve heir appearance, so I have also provided the original pdfs from where I got those pictures.

If both links don't work, or you want to contact the author of this book, please do so on www.papertigers.me.uk

Link1 <https://tinyurl.com/bdhkpdku>

Link2 <https://tinyurl.com/5c6wuwzy>

Dedication



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PREFACE

“They kill those who they don’t like” is a series of anecdotes. The anecdotes contain excerpts from people’s life histories, that subtly emphasize the killing concept. The book is intended to revolve around medical abuse or negligence.

However, there are many anecdotes that do not involve medical matters. These could be deemed to be off-topic. Speculatively, these non-medical stories might tell you something about the person, which can lead to them being disliked.

Part One is a story spanning the years 2011-2014, about one Regent Exeter who has died. Part Three is about the author herself and overlaps the time period of Regent’s story.

Put very simply, Mohini suggests that sometimes people will induce the death of people they don’t like, which includes doctors.

The anecdotes are real and the conclusions are speculative as to who might want to hate or kill their fellow humans.

I hope I will have readers, and that they will distinguish between the opinions of the author and reported facts. Of reported facts in general, some are provable while others are not. Reported facts can be accurate or inaccurate.

Whereas opinions are not right or wrong. They are something a person feels. Feelings do not have a physical form.

Like my other humble and reclusive creations, this book was created over time. You can see from the mood of the book that the hope of prosecution has died and complaining would be in poor taste.

The author hopes to attract readers. It was written by a victim or semi-victim and about people she cared about who had passed away.

It is not exactly a murder mystery thriller or whodunit. The skeletal biographies are in chronological order except that I have gone over, say, topic 1 of a certain period (years) followed by topic 2 of the same period. So it is a collection of stories of the same person, of which more than one could have taken place in the same period.

INTRODUCTION

Greetings

Good day ladies and gentlemen. My name is Mohini. I would like to offer my book, “They kill those whom they don’t like”, to the international public.

I’d like to be readable and to stimulate a wide audience.

The Author of this Book lives like a Tarantula

I express myself through a book. I have been forced to live like a tarantula spider. Just in case you did not know, a tarantula is an animal that hardly moves in its lifetime and feels content to live in a man-made cage because it does absolutely nothing.

God made Mohini, He made her in the night. He made her in a hurry. He forgot to make her a tarantula.

So that’s my problem. I hope you are amused and titillated. Please have a nice day, but don’t leave just yet.

Until the Gas Bills Arrive

One of the advantages of reading this book is that it will save you money on your gas bills. That is relevant in the current Christmas season when the sun is down with the flu, and gas bills are rising.

Humans are unlike animals whose habits are seasonal. Humans indeed “the naked ape”, getting gas bills round the year.

This book will save you money on your laughing gas (nitrous oxide N₂O) bills and not on cooking gas (Liquefied Petroleum Gas).

If you read this book, you will not need to buy laughing gas or hire any type of crutches/aids that help you to laugh.

PART ONE

1-0001: THE MURDER OF REGENT EXETER

Before writing about my own life, I write about one Regent Exeter who is not a fictitious person. His death resulted from the actions of his doctor. Additional suspicious circumstances were surrounding his death that did not lead to doctors.

I wish to detail everything I know about this real-life story, of which I am a participant.

I knew Regent from August 2011 to March 2014.

My biography of him will be of that period. It is also based on what Regent told me, and what his sister told me after his death.

I met his sister and mother and all the people who were connected with his residence at The Willows in Shifnal.

I also received his medical records, starting with his childhood, 18 months after his death due to my pending complaint to the Parliamentary Ombudsman at that time.

Regent's death was not the end-product of a one-to-one relationship but a many-to-one relationship. Regent benefited the selfish interests of multiple people by dying.

At least they tried to benefit. Otherwise, he may still be alive.

Regent had a testimony about abuses he received in the psychiatric wards (where he was put unnecessarily) which never ended because he did not have a family to pull him out, or to oversee his safety.

I am saying that he was detained unnecessarily. This is at least in part, saying that he was not mentally ill. I know that people will laugh at me for expressing what should be a medical opinion. These happen to be the opinions of a layperson.

Regent Exeter's death certificate

CERTIFIED COPY
Pursuant to the Births and



OF AN ENTRY
Deaths Registration Act 1953

BAG 663210

DEATH		Entry No. 10
Registration district <u>Shropshire</u>		Administrative area
Sub-district <u>Shropshire</u>		County of <u>Shropshire</u>
1. Date and place of death <u>Twenty-sixth March 2014</u> <u>14 The Willows, High Street, Shifnal</u>		
2. Name and surname <u>Regent EXETER formerly known as Richard Francis Peterson LINDSAY</u>		3. Sex <u>Male</u>
		4. Maiden surname of woman who has married _____
5. Date and place of birth <u>Ninth October 1959</u> <u>Tunbridge Wells, Kent</u>		
6. Occupation and usual address <u>Lexicographer</u> <u>14 The Willows, High Street, Shifnal Shropshire</u>		
7.(a) Name and surname of informant <u>Crystal Frances LINDSAY</u>		(b) Qualification <u>Sister</u>
(c) Usual address <u>29 Dinham, Ludlow, Shropshire</u>		
8. I certify that the particulars given by me above are true to the best of my knowledge and belief <u>C F Lindsay</u>		Signature of informant
9. Cause of death I (a) Myocardial Infarct (b) Coronary Artery Disease II Hypertension Certified by John Penhale Ellery Senior Coroner for Shropshire, Telford and Wrekin after post-mortem without inquest		
10. Date of registration <u>Sixteenth April 2014</u>		11. Signature of registrar <u>C Kiely</u> Deputy Registrar

Certified to be a true copy of an entry in a register in my custody.

K. Thomas { Deputy *Superintendent Registrar Date 5 SEP 2014
-Registrar

*Strike out whichever does not apply

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1-0002: AN UNPOPULAR VIEW OF PSYCHIATRIC LOCKUPS

I believe that everyone should be free to express their opinion in a so-called free society.

These days some people are enjoying newly-found freedom while others are buried alive under the debris of the “progress” of a handful. The modern age spells freedom for some and chains for others.

I agree that a doctor’s opinion has the legal authority to give medical opinions. But I do not agree that people cannot have an opinion on a subject if they do not have a degree in a subject.

Employees who work in a psychiatric ward are dishonest and corrupt. This is to be expected, as they “work with” persons with subnormal credibility, who may genuinely not have the mental capacity to report coherently, and certainly lack the legal right to make a statement under oath.

If people are not allowed to make a statement under oath, then clearly, their allegations, true or false, would not go very far. This disadvantage is consistent with the law of natural selection.

Obviously, it would be physically possible for persons detained under psychiatry to be exploited continuously and without limit, hidden from the public as time goes on. This is like having a store where there are no checks on shoplifting and no reporting of incidents, where you think there will be anything other than continuous loss. If you think so, you are lying to yourself.

People have their own reasons, which are usually self-serving, for lying to themselves. Any store where all shoplifters are protected against discovery (everyone is supposed to look the other way) and legal penalties must have a substantial and continuous stream of loss unless we can assume that 100% of the shoppers who visit each day are all lily-white angels.

My comment about dishonesty applies to psychiatrists, nurses, and restraint professionals, as well as hospital staff who call themselves solicitors, sometimes, and clinicians at other times.

If out of every ten statements made, at least one is a lie, I call that dishonest. One small lie could make a lifetime of difference, for the better, and for the worse. An individual who reports 10% lies can therefore fall under the umbrella of dishonesty.

If of every ten employees, nine are liars under the above definition, then we could generalize that members of such-and-such a profession are corrupt, or unreliable.

In the above two paragraphs, I have suggested a guideline one can use to see if it is justified that we label a particular profession as a dishonest and corrupt profession.

When I talk about dishonesty, I am talking about lying under oath, and on official documents.

Furthermore, psychiatric department employees are illiterate except for doctors. They tend to be idle people with a Kushi life whose job it is to sit in a warm lounge from 9-5 drinking cups of tea. They merely pick up the phone and say whatever the hell they like to callers over whom they have power.

Psychiatric workers hail from a socially and educationally backward social group of the race or country they come from. Their work is not that of a doctor despite frequently misrepresenting themselves as such. They make idle comments. They talk all the time about “working with” such-and-such people. This is like talking all the time about breathing. It is a sign of personal incompetence.

There is a social taboo against saying someone comes from a backward social group. I perfectly agree this does not make them a good or bad person. However, covering up such facts dampens the understanding of the public. Understanding which is the natural antidote to the psychiatric poisons.

All races and communities would have socially and educationally backward groups. White people argue that there exist no socially or educationally backward groups, just because they don't want to discriminate against anyone. I also know that the poor are commonly seen as socially backward.

But being deprived is not the same as depravity. Backwardness has more dimensions than a lack of the advantages that money buys.

The type of "work" done by mental health staff is uncomfortable for most people and favors the recruitment of developmentally backward individuals.

Anyone uncomfortable with seeing blood and bones agonized screams of persons restrained against their will; molestation of comatose people, and irresponsible passing of judgment, the pot calling the kettle black.

If these things worry you, as they appear to do most people, you are not suited to work in mental health.

It turns out that people with a special bent of mind work in places like that, and it turns out the scenario favors individuals whose upbringing was traditionally considered lowly.

Women are not guilt-free, nor are they more decent than men. They act as “secondaries” to all the brutality; they abet what goes on.

The men will restrain someone and the “sweet” woman may give an injection or pop a cookie in the victim’s mouth, or utter some cute “nurturing phrases” which are if you delve beneath the surface, superficial and counter-productive.

Mental workers are paid disproportionately for their input and competence level. After all, bribery of dastardly individuals is the only way to have staff who perform a dirty, but “important” service. This service is to rid society of unwanted people and more importantly, to rid society of “unwanted information”, so the public may stop understanding human nature as well as they used to do. This “unwanted information” is lost with time as it is directed at these staff members, instead of sprouting and spreading naturally, all over the place. And mental workers are dastardly people different from the mainstream who function as an anti-splash toilet for information dumping. They don’t giggle or have a sense of humor. They are too low to have inhibitions. Talking to them is like talking to a clot of clay. As a result what you tell them never spreads. Thinking outside of modern indoctrination, this might not be a good thing

When a particular type of problem “X” is always addressed to mental health services, it is never addressed

to a member of the public.

With time knowledge of the fact that someone could have such a problem, “X” is deleted from the minds of the public. The public loses their ability as time passes of understanding people, as years roll by with the mental health system in place.

They now see a person with the problem “X” as someone without that problem, as they don’t know about the problem.

This will mostly result in the public seeing that person as taller than what they really are. But they will see them under the blanket definition “suffers from mental health problems”.

Whether this looks good on the person or not, there is an unending drive to remove the stigma against mental patients. If this drive is successful, people will respect that individual who “suffers from mental health problems” like they would respect someone who has got a cold and fever.

Their “problem X” remains a secret forever.

This is supposed to bring advantage to the “mental person” who has “X” except no one will know.

In that case, the employees of the mental system serve to boost the public images of certain people who would otherwise not be respected by the general public, based on their deeds. Their lying under oath results in detaining the person longer or making them seem more “disabled” than they are.

Assuming this type of “ virtual personality boost” is good for a person who has “Problem X” (which it may not be), there are two sides to each story where one small lie wins a huge war.

You see, it may be human nature to fake it, but there are persons on the opposite side of the fence who would be better off if the concealment of persons who have “Problem X” were to be exposed.

It is understandable, for example, that some people would like to present fake qualifications at a job interview, but the interviewer would rather he or she found out.

You see, mental health is a money-making business, served by people who don’t appear to have anything better to do.

I think they do not have enough work to do. If they were honest, most of them would get laid off and the lockup facilities downsized.

But they try to keep folks detained as long as possible, to keep those dreaded psychiatric lockup facilities running.

Psychiatric detainment is a virtual body bag. You shouldn't be surprised if you end up in a real body bag if you are locked up in places like that. They have a high death rate even when they deny being death-machines, where they drug you out of your consciousness, to maximize your potential to act and seem like a fool.

No? Did your Doctor say No, there is no "death manufacturing" in psychiatric facilities? Well, then trust him, and check into one if your doctor tells you to. I am sure they will take good care of you.

All mental health professionals, whether educated or illiterate, are harbingers of death whose "health procedures" would sometimes serve as a distraction technique from underlying issues that may not be medical.

If you have a cardiac event because of the injections medical staff gives you, they may just not resuscitate you if you are in a psychiatric ward. In a non-psychiatric ward, you would have a much better chance of survival if you get cardiac arrest from an injection.

If you die, they will not only get away with it, but life will continue to be milk and honey for the ward staff

and injecting staff. They are like the bastard waves of an unforgiving ocean that causes death and goes on lapping. A psych ward is a special place with an altered perspective of right and wrong. Human society is guilty because they let it be like that.

A psychiatric ward is an unsafe place of high death probability where a person is subject to involuntary medicines.

I have said plenty of dismal things about a subject most people would not like to hear. These are my opinions, but if you want the truth, try to do your diligence, assuming you have access to first-hand verification.

Most people who have been in psychiatric lockups lack the mental capacity to know if the actions of the doctor were morally right or wrong, like an infant that cannot judge if a parent's spanking was appropriate. This is also known as the inferior ego, or one person's conscience being SUBJECT to another.

Most people in captivity commit "spiritual suicide", or start to obey and respect their captors without resentment.

Also, we realize any people under lockup may grumble from time to time. So why should we take them seriously? After all, they are deemed by "experts" to be mentally incompetent.

Who are the “experts”? Aren’t free, proud, and wealthy people also mentally incompetent?

The UK authorities say in the media that psychiatric lockups are good places. They probably believe what they say, as they have had no first-hand experience.

Among laypeople in the UK, most women feel that psychiatric lockups are “sugar spice and everything nice”. That is, counting only those who did not have first-hand experience.

Women (other than any type of casualties) live a charmed life knowing nothing, but with supreme self-confidence.

They are a bit like the historical figure Marie Antoinette, who said “If they don’t get bread, give them cakes.”

She was the queen of France at the time of the French revolution. She was the wife of Louis the XVIth, who did not understand that the subjects of the French empire were starving.

She was guillotined (put to death) by the angry people along with her husband. But history shows that, like many royal family members, she herself was a victim of circumstances.

Her father was King of Austria, and he had forced her to marry the French king at 14. She was afraid of her husband and literally a prisoner in his house. She had received no education and knew nothing.

Is that a good thing for UK women who are so ignorant, to be so opinionated? It was not a good thing for Marie Antoinette, who got guillotined for that innocent but ignorant comment.

Although we don't want to guillotine the standard British female, she always annoys those on the other side of the fence, through her positive outlook on punitive procedures carried out on members of the same sex or race.

The standard British female is a classic example of a secondary ego, which is subject to the political views of the state. These heavily protect her only mission in life: to have sex and children. So she does not worry about anything, which is normal for a human female, who does not really concern herself with world affairs, only with family.

Now post-internet people have redefined reality, and no longer believe that the difference between a man and a woman is that the woman is not concerned with the external world.

However, you can see the sprouting of a culture riddled

with leaflets agencies and organizations that mirror every human need, and there are literally 1000s of women advisers who work in those agencies and organizations.

These women advisers do not have the ability to give advice and are coached by learning leaflets by rote-leaflets printed by the state whose words and ideas they are instructed to repeat. This habit serves as a cover for low ability.

When you have 100 employees working as advisers let is say 80 females and 20 males have been employed. The advice given by those 100 people is mostly an illiteracy crutch, but most advice-seekers do not understand that. Not understanding that they are illiterate and unintelligent boosts the self-esteem of the illiterate public.

In addition to giving illiterates some of the advantages of educated people through agencies they can use, they are protected from understanding that they are illiterate. They are made to feel it is normal to receive help for each and every issue in life.

Feeling no one is better than you adds quality to your life. This quality is of the kind enjoyed by kings, which is given to you artificially by society. Like the old man that chases girls but cannot remember why, a society filled with help agencies forgets over time the concept of an ignoramus. Your illiteracy and infirmity needs are provided before you can blink, or anyone can say

“cheese”.

A third advantage of the system is of course the advice-seekers are getting as a figure of speech, every crack filled. The fact there is a basic difference on average between a man and a woman. Women are less able to think or act independently compared to men. This difference has been with humans since the Stone Age. They have masked it in “developed” countries by introducing the mental health system, agencies, and organizations.

If we assume most of the 80 female “advisory employees lack the the mental capacity to give the advice they give, without the government-provided leaflets as a crutch. And that most of the 20 males do not lack it. All 100 employees are required to obey identical rules. All are required to repeat off the leaflets pretty much without variation, as a condition for employment. This results in masking of the difference between a man and a woman.

A man will lose his job if he fails to mask his nature as per rules. Failing to obey those rules means a man will disrupt that cleansed environment of equality. He is obliged to behave exactly like a woman to keep that idealized environment going. This policy of the government ensures that with time, the public will forget that men are more intelligent than women. This way of escaping from the truth globally gives women a better quality of life as they are not lesser than men. It gives men a better quality

of life as there is “scientific” proof their mates are equal, and will eventually become the treasure pot at the end of the rainbow.

Herds of advisory automatons who cannot think have been created by the state(s) for “woman boosting”. There is lifelong spoon-feeding of persons in charge, although these persons are really boosted menials. They do not exist on higher levels of the government.

“Diversity policy” in the UK says the service-seeker has no right of preference. You have to hook yourself up to whichever advisor they assign you. If you develop any sense, you won’t bother to complain. The “support” of agencies is devoid of the human aspect. If this policy was scrapped, often service-seekers would ask for men as they are better at giving advice and more responsible. But when men are complaint with diversity policy as described above, they come across as having a sociopathic personality.

The boosted woman is not a child pampered by Daddy or her husband. She is an adult child who is a housewife to the state which has awarded her several “man-made lollipops” and “man-made credentials” that are not based on merit. It is based on the merit that the state feels you ought to have.

1-0003: THE MURDER OF REGENT EXETER CONTINUED

The reason I mentioned the historical figure Marie Antoinette in the previous section, is that people, in general, don't understand subjects I am discussing. These subjects are directly relevant to the abuse of my good friend Regent (who lacked help from relatives when he was inside) which culminated in his death.

I also claim Regent was one of the sanest people around, so without further repetition I leave it to the reader to assess my controversial comments for credibility.

Regent had oratory skills. He could perform as a comedian. He made crowds laugh on the streets. Everyone liked him, He spouted his poetry extempore. In his personal life, he was a fat laughing ball of fun with a heart like driven snow.

Both the drugs that killed Regent - Depakote (sodium valproate) and Flu-penthixol are illegal and banned in various countries as they had the highest death rate.

Regent belongs to a minority that did not commit spiritual suicide under prolonged captivity, which would have made him incapable of raising a finger (mentally) against his captors.

He simply did not lose a clear understanding of the human rights abuses being done to him.

People who have a clear sense of right and wrong regarding harming others can probably not (under stress from a threat to one's survival), be deceived into trusting their captor as respectable.

Regent's doctor just waited on God to kill Regent once the debilitating effect of drugs had brought on heart failure.

Whereas he was fat like an elephant, his breathing was soft as a baby's. Not enough breath to support his bulk. All this was done to a slim and healthy guy before the forced administration of the above-mentioned two controversial drugs.

Regent's doctor made a secret of his diagnosis of high blood pressure, which was guaranteed to kill in due course of time if not treated.

A couple of months before his death, Regent alleged his doctor was giving him something to make all his symptoms worse.

The doctor of course denies the allegation. We will never know what happened. Regent lived (and died) at 14, The

Willows, in Shifnal, Shropshire.

His sister Miss C, said she found different tablets by his bed where he was found dead by police. These could have been the tablets that were allegedly given to make him worse. She didn't want them investigated through. She and her partner also did not want an inquest, which should always be there when there are suspicious circumstances.

Miss C said she felt guilty about not calling an ambulance on that fatal morning when he confided in her at 5am that he could not breathe, but she had rolled back and gone to sleep.

Regent and Miss C had just fought for their mother's will. Their mother Anne, getting over 85, had Alzheimer's and was not competent when her will was written on her behalf by Miss C and her uncle, Anne's brother.

Regent, who was a middle-aged male, told me (before he died) that the previous occupant of his flat was (also) a middle-aged male.

And Regent said that before that guy, there had been another middle-aged male in the flat. Both the former occupants had lived 1-2 years in that flat, #14, The Willows, and died suddenly of a heart attack.

When Regent told me this, he had just moved into the flat which was vacant due to its occupant's death, in August 2011. A similar thing happened to Regent himself when he died there in March 2014.

They had all taken psychiatric medication over the long term. They all died between the ages of 50 and 60. Shifnal is a pretty small place and had one (at the most two) medical surgeries, and all of them met their end in their flat while under the care of Doctor B and Doctor S.

During our time together, Regent would occasionally talk about his death.

He must have suspected that he would die. No one could know for sure or predict the time of one's death exactly.

Regent would say his ghastly cough was due to smoking, and that it was sure to kill him. I saw no evidence of smoking.

I found out Doctors B and S just allowed that cough to fester. Anyone could tell it was serious. Doctors B and S did not enter the cough into his medical records.

Regent had one of those contraindicated symptoms, called "Elongated QT waves" in the ECG(Electro-cardiograph), which would lead to death. He took a class of drugs called

neuroleptics which caused “Elongated QT waves” and he was given these non-stop throughout his adult life.

Everybody who takes neuroleptics continuously from their 20s will die between 50 and 60 or at least get “Elongated QT waves” [which I am sure doctors knew better than anyone else in Regent’s case]

The medical records showed that Dr. B wrote to a cardiologist about Regent’s “Elongated QT waves” in January 2014. The cardiologist asked him in a reply to stop the Flu-penthixol and that these would almost certainly get better.

Dr. B also told him he was going to give Regent medicine for high blood pressure. But he did not do so, right up to the time of his death in March 2014. Medical records showed Regent was prescribed Amlodipine a day or two before his passing.

When I met him in January 2014, he greeted me when I got off the train and hugged me. He had become even fatter.

He had developed itchy purple spots all over, but it was brushed aside by his Doctor B. Those purple spots were the last stages of dying from long-term use of Flu-penthixol.

My last two visits to him were in January 2014 and March 2014, the latter being a week before his death.

In the new year of 2014, Regent spoke of all his symptoms getting worse. He kept remarking that Doctor B was giving him “new stuff” which he said was designed to get him worse.

He told this story of how Doctor B wrote, instead of his monthly prescription for Flu-penthixol, a strange code, a string of alphanumeric characters which Regent was to take to the village pharmacist.

Regent had asked Doctor B what he was prescribing. Dr. B had said the meaning of the code was top secret, and that no human could understand it but himself and the village pharmacist.

Regent had taken Flu-penthixol for years and knew what his daily tablets looked like. Regent said the pharmacist to whom Regent took the strange prescription gave him something looking very different from what he was used to.

Sometimes tablets can be of different colors and shapes because they are of a different brand. We will never know what actually happened.

There is no evidence Doctor B was administering something to shorten his life. Pharmacists may sometimes make up mixtures and preparations that are not marketed by mixing them on-site. They can make up special concoctions for clinical trials or special needs.

The “altered preparation” was a capsule. However, it would have been child’s play for a pharmacist to open a capsule and pour out the powder and fill it with a different powder.

I suppose we do not expect a doctor to have things like that done, to shorten our lives.

In 2012 and 2014, I tried to change Regent’s doctor.

Both times my wishes were overruled by Regent himself, but I feel guilty that I was not forceful enough.

The only excuse is that as I am not a doctor, I did not have a clue his problem was serious enough to lead to death.

In 2014, with Regent’s consent, I had also phoned a lawyer in Shropshire about whether one could take legal action regarding Regent’s psychiatric medication.

The law firm told me they had been approached about the same matter before, but suing about overdosing

with psychiatric medication was not possible in the UK, although in theory, it is possible. “That sort of thing just cannot happen in the UK.”, they said.

I did not know about Regent’s heart trouble and long QT waves until after his death. Long before meeting Regent I had heard that in the US many people sued their doctor over having developed elongated QT waves (a side-effect of certain psychiatric medications) and were able to successfully get a payout.

I did not know about heart failure, nor that cough is one of the symptoms. These days there are a lot of treatments to improve people’s lives and make them live longer. I mean, heart failure is not a death sentence anymore unless, as in his case, the doctor wanted to let him die.

At the time of his death, Regent weighed an unhealthy 18-22 stone.

I was told by Regent’s social worker Kevin that all Willows residents had a coughing and gagging problem because the psychiatric medication made their saliva more solid which irritated their throats constantly.

Regent had already approached a solicitor to take action against his sister, Miss C, who was going to put his share of his mother’s will in a trust because she felt he was mentally incompetent. He had the law on his side, and

would win. he had said.

Regent could not fight against the psychiatrists during the first part of his life - his youth. He lacked family members who were able and willing to help him, once he was holed up in the psychiatrists' gulags.

I myself feel unwanted in human society. I know very well how most people will consider me to be "pure garbage" just for saying I am treated like garbage. But people do not believe such an allegation can be true. They feel it is all my mental illness.

1-0004: MY PERSONAL EXPERIENCE OF DEPAKOTE (SODIUM VALPROATE) INJECTIONS IN THE UNITED STATES AS IMMIGRATION DETAINEE

You see, I had been dosed with Depakote and Zyprexa (Olanzapine) in the US after going on a hunger strike asking to be released from immigration detention.

At this time, I had also complained extensively about detention staff. They sent me to a special place to be medicated. They claimed they were about to lose their jobs because of me, and they could not let that happen.

In that special institution, I was sent off and on from 2001 to 2003, and I was there during 9/11.

This special institution located in the state of South Carolina has subsequently become listed on one of the USA stock exchanges like I understand that sometimes, brothels and funeral homes do.

In this special place where I often traveled in the elevator with dead bodies alongside, they gave injections as punishment to make me go for smokes with “the females”

who were the “baddest” girls in America.

Under US law, they do not have to follow a legal procedure for the involuntary committal of immigration detainees. Only US citizens are protected from detention without a charge under their human rights law.

Therefore, forced drugging of aliens is allowed without the rigor of two doctors seeing you certifying you as mentally insane or gravely disabled, in order to satisfy requirements for involuntary committal. A much lower standard is required for forced drugging and detainment of aliens. This means they can just grab you and lock you up or medicate you. They are not obliged to release medical records to non-citizens.

Luckily, this would only happen infrequently.

I guess the weight gain caused by Depakote would vary from person to person and would also depend on dose and duration. The doctors kept fussing over my weight gain, not disclosing it was a side effect of Depakote.

They’d say in Texas, “You are now 45 and unless you put on weight, it would be bad for your self-esteem”.

There was a permanent shift in my BMI (body mass index). I have not lost those extra pounds in 20 years.