30+ INFORMATIVE YEARS

THE informed PARENT

ISSUE ONE 2024 A NEWSLETTER ON VACCINATION ISSUES AND HEALTH

US CHILDHOOD VACCINATION EXEMPTIONS REACH THEIR HIGHEST LEVEL EVER

https://dunyanews.tv
https://tinyurl.com/35p32ch8
10 November 2023

NEW YORK (AP) — The proportion of U.S. kindergartners exempted from school vaccination requirements has hit its highest level ever, 3%, U.S. health officials said Thursday.

More parents are questioning routine childhood vaccinations that they used to automatically accept, an effect of the political schism that emerged during the pandemic around COVID-19 vaccines, experts say. Even though more kids were given exemptions, the national vaccination rate held steady: 93% of kindergarteners got their required shots for the 2022-2023 school year, the same as the year before, the Centers for Disease Control and Prevention said in a report Thursday. The rate was 95% in the years before the COVID-19 pandemic.

"The bad news is that it's gone down since the pandemic and still hasn't rebounded," said Dr Sean O'Leary, a University of Colorado pediatric infectious diseases specialist. "The good news is that the vast majority of parents are still vaccinating their kids according to the recommended schedule."

All U.S. states and territories require that children attending child care centers and schools be vaccinated against a number of diseases, including, measles, mumps, polio, tetanus, whooping cough and chickenpox. All states allow exemptions for children with medical conditions that prevents them from receiving certain vaccines. And most also permit exemptions for religious or other nonmedical reasons.

In the last decade, the percentage of kindergarteners with medical exemptions has held steady, at about 0.2%. But the percentage with nonmedical exemptions has inched up, lifting the overall exemption rate from 1.6% in the 2011-2012 school year to 3% last year.

Last year, more than 115,000 kindergartners were exempt from at least one vaccine, the CDC estimated. The rates vary across the country.

Ten states — all in the West or Midwest — reported that more than 5% of kindergartners were exempted from at least one kind of required vaccine. Idaho had the highest percentage, with 12% of kindergartners receiving at least one exemption. In contrast, 0.1% had exemptions in New York.

The rates can be influenced by state laws or policies can make it harder or easier to obtain exemptions, and by local attitudes among families and doctors about the need to get children vaccinated.

"Sometimes these jumps in exemptions can be very local, and it may not reflect a whole state," said O'Leary, who chairs an American Academy of Pediatrics committee on infectious diseases.

Hawaii saw the largest jump, with the exemption rate rising to 6.4%, nearly double the year before.

Officials there said it's not due to any law or policy change. Rather, "we have observed that there has been misinformation/disinformation impacting people's decision to vaccinate or not via social media platforms," officials at the state's health department said in a statement. Connecticut and Maine saw significant declines, which CDC officials attributed to recent policy changes that made it harder to get exemptions. Health officials say attaining 95% vaccination coverage is important to prevent outbreaks of preventable diseases, especially of measles, which is extremely contagious.

The U.S. has seen measles outbreaks

begin when travelers infected elsewhere came to communities with low vaccination rates. That happened in 2019 when about 1,300 measles cases were reported — the most in the U.S. in nearly 30 years. Most of the cases were in were in Orthodox Jewish communities with low vaccination rates.

One apparent paradox in the report: The national vaccination rate held steady even as exemptions increased. How could that be? CDC officials say it's because there are actually three groups of children in the vaccination statistics. One is those who get all the shots. A second is those who get exemptions. The third are children who didn't seek exemptions but also didn't get all their shots and paperwork completed at the time the data was collected.

"Last year, those kids in that third group probably decreased," offsetting the increase in the exemption group, the CDC's Shannon Stokley said.

TiP Editor: How many times do medics say such things as: "'The good news is that the vast majority of parents are still vaccinating their kids according to the recommended schedule." As most of us know the vast majority do not question or investigate the subject and follow due to blind faith! However, thanks to the covid story more are turning away. In my opinion if all parents thoroughly researched this subject there would be almost zero demand!


Magda Taylor

Editor's note

SPRING IS HERE and now is a good time to spring clean our mind as well as our body, and the environment we live in. I have been listening to many interviews and podcasts etc by a variety of people who are voicing concerns or theories as to what has been going on with vaccines – particularly in recent years. I find it interesting that some researchers take a deep dive into certain areas of this subject and yet seem to miss the most vital question 'Do germs cause disease?' Perhaps it is due to them being so specialised that they only research within the professional field they have direct experience of? I do try and listen to differing angles – even if I do not presently resonate with their views, in order to be aware of other people's views. However I would highly recommend some of Doc Malik's conversations, in particular his guests #152 Sasha Latypova and #131 Graham Atkinson were thought-provoking.

An interesting article by Prof Norman Fenton, from the publication ***'Where are the numbers?'*** *recently came to my attention regarding miscarriages and stillbirths. The article entitled:* ***Laura Kenny and the vaccinated Olympic athletes*** *(19 March 2024) comments on how gold medallist, Laura Kenny (Trott) had suffered a miscarriage (Nov 2021) and an ectopic pregnancy (Jan 2022) shortly after the Tokyo Olympics. British athletes were required to be fully vaccinated to participate in the Olympics and the author links to an article from insidethegames.biz which opens with: 'The British Olympic Association (BOA) has confirmed all athletes and support staff will be fully vaccinated against COVID-19 before leaving for Japan ahead of this year's Tokyo 2020 Olympic and Paralympic Games.'*

Fenton points out in his article about the misleading data from the UK Health Security Agency: 'When Laura revealed these tragedies on 22 April 2022, I put out a twitter thread reminding people of my blog post (dated 3 March 2022) asking why UKHSA (in their covid vaccine surveillance reports) were putting out potentially highly misleading data on pregnancy outcomes by vaccine status. I also did a video explaining how misleading it could be: Instead of comparing bad outcomes (like miscarriage and stillbirths) for vaccinated v unvaccinated women they grouped all unvaccinated with those vaccinated prior to (but not during) pregnancy into a single "no doses in pregnancy" category. So, in comparing pregnancy outcomes this "no doses in pregnancy" category was used as a surrogate for "unvaccinated".'

For those who have been studying this subject it will be of no surprise regarding the manipulation of vaccination status data. It is not a new thing and has been used to distort figures ever since the 1800s!

There have been more about measles cases recently – this time in Melbourne, Australia. Yes measles scaremongering is back to replace the covid fear campaigns. In an article in news.com.au *(By Norman Schmidt, 21 March 2024) – it states:*

'Health authorities have issued an urgent warning after a person visited shops, supermarkets and a university in Melbourne's southeast while infected with measles.'

The article even lists the potential exposure sites and the times that the 'infected' case were present in a variety of shops and buses etc. along with encouraging people to be vaccinated. The Chief health officer Prof Cowie urged families to ensure they were vaccinated and that: "People can be administered MMR vaccine within 72 hours of exposure to measles to prevent infection." As with any statements these health officials make I wonder what evidence they could provide if they were required to validate them? Especially when there are many questions surrounding both the proof of specific pathogenic virus and proof of contagion!

Naturopath and researcher, Kate Sugak has recently produced another video entitled: ***The scientific method and its absence in virology*** *which you can find on* rumble.com *and other platforms. Kate is soon to release a lengthy documentary on The Truth About Measles which promises to be very informative also. You may also find my new Rumble channel of interest which features archive videos and interviews. I intend to add more soon.*
https://rumble.com/c/c-5817783

For any new subscribers who are in the early stages of researching vaccination my advice is to study the foundations first rather than the individual vaccines. They are all based on the same 'unproven' and deeply flawed science. Please continue to let others know of this newsletter – I most certainly still need more subscribers to keep the publication and website available!

With love and gratitude,

Magdalene Taylor, Editor, March 2024.
magdalene@informedparent.co.uk

NEW BOOK UPDATE: Can You Catch A Cold? Untold History & Human Experiments By Daniel Roytas (March 2024).

BOOK NEWS: THE FINAL PANDEMIC: AN ANTIDOTE TO MEDICAL TYRANNY BY DR MARK BAILEY & DR SAMANTHA BAILEY. (PUBLISHED FEB 2024)

https://tinyurl.com/mu6z4v6r

HUMANITY is under assault from pandemics but not for the reasons that the mainstream sources portray. This book examines the claims regarding alleged "contagious" disease outbreaks such as COVID-19 to shed more light on what they are, or perhaps more importantly, what they are not. The belief that germs from the natural environment (or a laboratory) are attacking us has led most of the population to go along with lockdowns, civil rights restrictions, unprecedented peacetime censorship and more vaccines. However, when the foundational science is exposed and it is understood how the cases are created, no "pandemic" looks the same ever again.

THE "LAB LEAK" DISTRACTION

BRIEF EXTRACT FROM: A FAREWELL TO VIROLOGY BY DR MARK BAILEY SEPT 2022. PAGE 54-57

Full document available here:
https://drsambailey.com/a-farewell-to-virology-expert-edition/

You here assume smallpox to be a thing, an entity. This blunder is committed by nearly all the followers of the self-styled "regular school," and it will probably be a new idea to you to be told that neither smallpox nor any other disease is an entity, but is a condition.
— Dr Montague R. Leverson, 1909.

On 19 May 2022, Jeffrey Sachs, the chair of the Lancet COVID-19 Commission, co-authored a paper with Neil Harrison entitled, "A call for an independent inquiry into the origin of the SARS-CoV-2 virus." The publication opened with the following framing of the COVID-19 situation:

Since the identification of the [sic] SARS-CoV-2 in Wuhan, China, in January 2020, the origin of the virus has been a topic of intense scientific debate and public speculation. The two main hypotheses are that the virus emerged from human exposure to an infected animal ("zoonosis") or that it emerged in a research-related incident.

However, alleging that there are "two main hypotheses" relies on the acceptance that, "the identification of SARS-CoV-2," means the particle has both a physical existence, and the specific biological properties required to fulfil the definition of a virus. That is, a transmissible replication-competent intracellular parasite that causes the alleged novel disease 'COVID-19'. As was outlined in The COVID-19 Fraud & War on Humanity, there is no evidence that either the particle or the proposed novel disease exists. Further, in this present essay there has been a more detailed breakdown of the Fan Wu et al. paper and their false claim regarding "identification" of a virus in Wuhan in early 2020. On the other hand, lab leak proponents such as Sachs and Harrison start their analysis by wholeheartedly accepting virology's unestablished premises.

In their paper they went on to cite aspects such as, "the collection of SARS-like bat CoVs from the field... [and]...the analysis and manipulation of these viruses," complaining that, "the precise nature of the experiments that were conducted, including the full array of viruses collected from the field and the subsequent sequencing and manipulation of those viruses, remains unknown." They obviously do not realise that 'SARS-like bat CoVs' are nothing more than ground up bat intestines, claimed to be "pathogenic" by injecting the muck directly into the brains of neonatal rats. Manipulation of such samples may be a way to secure some funding and impress the uninitiated but it does not change biological reality. Such experiments do not establish that their samples contain viruses or have any pathogenic properties in the natural world. If they can't even demonstrate the existence of viruses in their promoted public attempts, there is not much to worry about — it doesn't matter what goes on behind closed doors because they have no viruses to start with.

With regard to the 'SARS-CoV-2 genome' that the virologists have proffered, Sachs and Harrison stated they, "do not know whether the insertion of the FCS [furin cleavage site] was the result of natural evolution - perhaps via a recombination event in an intermediate mammal or a human - or was the result of a deliberate introduction of the FCS into a SARS-like virus as part of a laboratory experiment." They would be better advised to look into how it was established that any of the sequences or proteins they are analysing belong to a pathogenic virus. The debate over the past few years concerning the intricacies of the FCS is simply a microcosm within the wider flawed paradigm of "viral" genomics and proteomics.

Similarly, their mention of alleged virus research taking place at the University of North Carolina (UNC) or "leaked" grant proposals such as "DEFUSE" made to the US Defense Advanced Research Projects Agency are not evidence of viruses. To be clear, it is not being disputed that institutions such as UNC have been experimenting with entities such as spike proteins for decades. Some of these sequences have been patented and used in the development of injectable biological agents, recently forced onto many people under the guise of COVID-19 vaccines. However, none of this requires the existence of particles that qualify as viruses.

Unfortunately, virology's book of claims has become so convoluted that most readers do not realise that it is largely composed of nonsense. A few days after Sachs and Harrison published their article, The Intercept thought they were also on an investigative trail involving, "the intriguing theory of viral engineering." They reported on a 2016 UNC Chapel Hill study associated with Ralph Baric stating, "the scientists created a new virus using the spike of a bat coronavirus that had been isolated and characterized by the Wuhan Institute of Virology [WIV]." It can be safely assumed that the author does not appreciate how deceptively the virologists use the word 'isolated'. Additionally, Figure 1 on page 13 exposes the absurd claim that the WIV had "purified virions" that were then allegedly utilised by Baric et al. subsequently as they, "created a new virus."

There was no evidence that either lab had anything more than abnormal monkey kidney cell culture soup.

The lab leak hypothesis is simply another narrative in the COVID-19 era that keeps alive in the public's imagination the illusion of the material existence of SARS-CoV-2, as well as pathogenic viruses and microbe-related contagion in general. In recent months the fear-based narrative has continued with declarations of monkeypox outbreaks, alleged detection of polio "viruses" in London, and the COVID-19 lab leak theory even received backing from the Director-General of the World Health Organization in support of the phantom disease and pandemic he named. It seems likely there will be more "lab leak" stories in the future if they continue to capture attention so effectively.

AND ON & ON IT GOES

BY DAWN LESTER

11 JUNE 2023

https://dawnlester.substack.com/p/and-on-and-in-it-goes

IT SEEMS THAT MANY people wonder why the 'no virus' issue remains important now that the 'pandemic' is over. To add to that, there are some people in the 'freedom movement' who have recently asserted that there are many aspects of the globalists' agenda that are not related to health and are far more dangerous to humanity, such as technocracy, transhumanism, digital currencies, smart cities etc.

Yes, these are important issues - **really** important issues, I totally agree - but so is the idea that 'pathogenic agents' exist because it has tentacles that reach into many aspects of our lives, so it cannot be brushed aside as if irrelevant, especially in view of the complete lack of evidence to support this idea. I would therefore recommend that people who believe in 'pathogenic agents' become aware of the various reports that claim there will be 'future pandemics'. For just one example, a 22nd May 2023 'News' item on the UN website states, "Although COVID-19 may no longer be a global public health emergency, countries must still strengthen response to the disease and prepare for future pandemics and other threats, the Director-General of the World Health Organization (WHO) said on Monday in Geneva."

There has never been a 'pandemic' due to an infectious agent and there never could be. But, whilst people believe that pathogenic infectious agents exist, they will believe in the possibility of other 'pandemics'.

Therefore, one of the answers I would provide to the question of why the 'no virus' issue is so important is: that fear of 'germs' makes people believe that 'disease' can be transmitted between people, which means that we have to continue being afraid of each other.

In fact, one of the fundamental problems with all of this is that it keeps people in a state of unjustified fear, which is disempowering. Releasing unjustified fear is empowering.

Furthermore, fear of 'germs' makes people acquiesce to measures that are claimed to be for their benefit but are far more likely to be harmful, and in many cases potentially or even actually fatal.

For example, the maintenance of a belief in pathogens permits the maintenance of a belief in the idea that STIs are real, as demonstrated by a recent BBC article Gonorrhoea and syphilis sex infections reach record levels in England,

"England is seeing record high levels of gonorrhoea and syphilis sexually transmitted infections, following a dip during Covid years, new figures reveal."

Is the claim that these STIs 'dipped' during the Covid years intended to suggest that people maintaining their distance from one another was beneficial? This point is not elaborated upon, so maybe it was not intended to imply that. Still, the point was stated, so maybe it was intended to be drawn into the sub-conscious mind.

One of the key messages in the BBC article is that people should 'practise safe sex' - whatever that means. In order to be 'safe', people are encouraged to 'get themselves tested' - does this sound familiar?

In addition, the article states that,

"The age group most likely to be diagnosed with a sexually transmitted infection (STI) is people who are 15-24."

The reason for STIs to mainly affect young people is not explained, although it is possibly because this age group is more likely to be tested, as the article indicates,

"Some of the rise will be due to increased testing, but the scale of the surge strongly suggests that there are more of the infections around, says the UKHSA."

A particularly significant comment made by the spokesperson for the UKHSA, and reported in the article, is that, **"Testing is important because you may not have any symptoms of an STI."**

Yet, according to the CDC,

"An infection occurs when germs enter the body, increase in number, and cause a reaction of the body."

In other words, an infection causes a reaction or 'symptoms', but infected people may not have symptoms. A contradiction in terms, surely!

Just to be clear, the definition of 'symptom' according to the online Merriam-Webster dictionary is, **"… subjective evidence of disease or physical disturbance."**

So, to summarise: according to the medical establishment, a symptom is evidence of disease and 'germs' are pathogens, which means they cause disease, which is defined by the presence of symptoms. Yet 'germs' are said to be able to cause an infection even in the complete absence of symptoms.

Confused? You should be, because this is all nonsense!

But it is nonsense that people are not only expected to believe without question, but are not allowed to question. Maybe it is because this is all so confusing that people are likely to just switch off their thinking, because they don't understand it, and instead defer to the so-called 'experts'. I am not being disrespectful. I do wonder, however, whether this approach may be intentional and that those in control of the narrative intentionally promote contradictory information to ensure that people are confused.

Deferring to 'experts' is however, a serious error of judgement, because it means people will believe the experts' reports about 'germs' and become trapped in a false narrative that they may have been 'infected'. This in turn will make them believe that they need to take certain drugs and act in a certain way to 'protect' themselves from other people or protect other people from them, especially people with whom they are in a loving relationship. They are made to believe the idea that they could cause harm to their partner or vice versa, and they therefore live in fear.

This fear is fuelled by a variety of statements, such as the claim in the BBC article that,

"An untreated infection can lead to infertility, pelvic inflammatory disease and can be passed on to a child during

Photo by Karolina Grabowska on pexels.com

pregnancy."

There is no evidence for this claim. Yet, this is exactly the kind of message that will encourage people to want to be tested to make sure they are 'safe'. Again, does this sound familiar?

An even deeper problem is highlighted by the comment from the Chief Executive of the Terrence Higgins Trust who is reported to have said that,

"Sexual health services and public health budgets have been cut to the bone."

This comment was followed by his statement that,

"This was exacerbated and laid bare by last year's mpox outbreak, which left sexual health clinics in the most affected areas unable to provide HIV and STI testing, HIV prevention and access to contraception due to the displacement of these core and vital services. Until sexual health is properly resourced - with an appointment easier to access than a (sic) - we won't see the number of STIs heading in the right direction."

Where do I start with this? OK, so the Terrence Higgins Trust web page About our charity states,

"We're the UK's leading HIV and sexual health charity. We support people living with HIV and amplify their voices, and help the people using our services to achieve good sexual health."

HIV is a huge topic, but the fundamental point to convey here is that there is no evidence, and there never was, that there is such a thing as a 'virus' called HIV that is the cause of a health problem called AIDS - or any other health problem for that matter.

It is abundantly clear that there is a lot at stake here. It is also crystal clear that belief in the existence of any kind of pathogenic agent is absolutely essential for organisations, such as the Terrence Higgins Trust (THT), as well as 'health' institutions, such as the WHO, CDC, NHS, and all the other alphabet agencies.

I have no idea of the motives of those who are in charge of the THT, nor do I intend to speculate on them. However, whether they know it or not, what they are promoting on their website is fully supportive of Agenda 2030 and the 'Global Goals', as the message at the foot of their website claims, **"Time is running out. Donate now and together we can end new cases of HIV in the UK by 2030."**

The 'no virus' issue - and the associated understanding that there is no proof that any 'diseases' are caused by any 'microorganism', whether bacteria, fungi or parasites ('viruses' aren't relevant in this context) - is and remains an extremely important issue; especially in view of the intended 2030 Agenda rollout of vaccines, because vaccines rely on the existence of pathogenic infectious agents. Another reason to understand its importance is because the idea that 'germs' cause illness that only the medical establishment can address supports the idea that we need a 'health service' to look after us when we become ill, which is not the case. To this, I would add a caveat that accident and emergency services ARE important and should remain in place, although those who work in that sector should receive further training to teach them how the body actually works, and how it can and does heal itself; this knowledge will certainly improve patient recovery times and outcomes.

We may not reach everyone, but the importance of the 'no virus' issue cannot be underestimated. When people lose their fear of 'germs' of all descriptions, they will be able to concentrate their efforts on all the other aspects of their lives. People can only make informed decisions when they are in possession of all the relevant information.

Dawn Lester is the co-author of the widely acclaimed book, 'What Really Makes You Ill', as well as a researcher into many different fields of enquiry, including, but not restricted to that of health.

HOW DO I FIX SOMEBODY'S HEALTH? by Patrick Quanten MD

The words in the title are very specific and we need to pay attention to them. There is the "I", as in an individual, being a therapist of some sort. "To fix" is to repair or to make whole again, and "somebody" refers to another person, a person other than myself. And that is basically the key question for all therapists and doctors.

If I wanted to fix something it would make sense that I have some knowledge of whatever it is that is broken. It would help to have knowledge about how something has been built, has been put together. Furthermore, what is the normal function of it? What does it do when it is working properly and how does it do it? I also would benefit from knowing what kind of influences are important with regards to the function and the structure of it. And last but not least, do I have knowledge about influences that can restore things back to normal? So, even when we are talking about human lives these principles should still apply, otherwise nobody should have any confidence in my ability to help others restore their lives back to normal.

Let's then begin with *the production*. A human being is first and foremost a structure that incorporates a body, a physical mass. How does matter, and therefore also the physical part of a human being, come into existence? Science has proven that all matter is in fact energy and that matter manifests as a result of an energy field that is subjected to increased pressure and/or decreased temperature. This compresses the energy field, makes it contract, which eventually "hardens" the energy so much it solidifies and it becomes matter. Hence, a human being, including the body, is energy. The whole human being consists of a human energy field, at which centre it manifests matter, a body that is a representation of the energies that are prevalent within the field itself, energies that have now contracted into matter. The physical part of the human being

Patrick Quanten MD

"The matter is quite easily held together in that particular shape, like a champagne glass for instance. However, when Ella Fitzgerald sings and hits a certain note, creates a certain frequency wave, the glass will shatter. "

is, if you like, condensed, fixed energy. It is "mass-energy" whereby the vibration, the movement of the energy wave, happens, as it were, on the spot, with a very high internal frequency without the wave making much progression through space. The human energy field, that part which is not fixed in matter, moves through space a lot easier and can be seen as the "kinetic energy" of the human being. This movement is, however, restricted in respect of its attachment, its fixation, to the matter, to the body. It is unable to move away from the structure of the body, otherwise the human being would come apart and would die. There is a constant exchange of energy between mass-energy and kinetic energy as matter is being created by the energy field when it is needed, and released back into the realm of non-matter when it is no longer needed. The material part of the human energy field creates a separate and unique entity we call an individual, who possesses a very specific internal structure.

What about *the normal function?* So, within the individual the material structure is constantly altered through an energy exchange with the kinetic part of the human being. When certain energy parts within the field become "pressurised" or "under cooled" the energy becomes heavier and eventually manifest itself in the body. Hence, the body function and its structure is determined by the non-matter of the human being, by his/her mind. Furthermore, two or more energy fields can interact with one another through what is called interference. When two waves meet each other, a third standing wave, completely different from both parents and yet inherently related to them, is born. However, it is equally possible that both waves simply cross one another without touching, without altering anything about each other. In other words, waves can coexist quite happily in the same space. An example of this are the radio waves. All the radio stations are sending out waves, programmes, at the same time and all those programmes are present in the same room. When you tune your radio to a certain frequency your can pick up one of those programmes without it being interfered with by all the other stations. Change to a different frequency and the same thing will happen. Those frequencies exist together without interference. However, the energy of an electrical storm in the area may give interference on the reception of the radio waves.

We also need to mention here that every energy field, and consequently every mass, is a complex set of frequencies that resonate in harmony. This resonant frequency, the collective sum of all internal frequencies, is its natural equilibrium. It is the point of balance, the point of rest, the form that requires the least energy to maintain. In material terms we recognise those resonant frequencies as stable material objects. The matter is quite easily held together in that particular shape, like a

Photo by Anthony Derosa on pexels.com

champagne glass for instance. However, when Ella Fitzgerald sings and hits a certain note, creates a certain frequency wave, the glass will shatter. This is because the frequency sent out interferes with a subfrequency within the structure (and the energy field) of the glass, making it vibrate way out of its norm, thereby shattering the harmonic, resonant, structure. Interference of waves can therefore alter the function and/or the structure of the energy field and/or the matter.

So, *how can this interference happen?* The energy field of the individual originates from and is engaged in the total human energy field. The information within this field is much more free flowing as it is not, as an entity, fixed in matter. Only, and this is only for very short spaces of time, small parts of that field materialise and are therefore, for that time, fixed. The rest remains free to move. It has, in other words, a high level of kinetic energy. This energy moves through, and possibly interferes with, the more fixed energies of the individuals that are manifesting at that particular time. The energies of the individuals are less flexible as they contain more mass-energy and less kinetic energy. However, information from the human field is being passed on to the individual field and from that field it may, in time, become so "accepted" that it sinks into the matter-energy of the individual. As all mass has a natural resonant frequency there are only two possible effects: either the influence of the outer wave moves the individual closer to his/her equilibrium, harmony, or it disturbs the harmony and starts to break up the resonant frequency. This will result in a more difficult functioning of the structure and the parts of the body and mind of the individual, and eventually the result will be a breaking down of the structure.

How to restore a disturbed function and/or structure? As the disturbance is always a result of interference we need to rebalance the structure and we do that by restoring the resonant frequency. Trying to "move" the physical structure in a particular way is not going to work as it is impossible to know every underlying frequency and its harmony point that makes up the whole structure and keeps it nicely balanced. The only sensible way is to stop or alter the interference so the natural tendency of the energy field to move back to harmony and resonant frequency is allowed to happen. The inner structure of a mass, as we have seen with the champagne glass, is a balance on the inside that is kept in place by non-interfering or supporting outer-energies.

Now let's put all of that together. Every human being is an energy field with a mass, fixed energy, at its centre. It has a unique inner structure which forms a harmonic unity through a resonant frequency that binds all the frequencies in an easy unit. Every human being interact with his/her environment via energetic exchanges. There is, through the fixation into mass-energy, a limit on the disturbances of the individual field

that can be tolerated without it failing in its function and later on in its structure. Only the waves in the outer world that "resonate" with the frequencies on the inside will have an interfering effect. In other words, the inner world needs to "recognise" those frequencies, or put differently, the information in the outer field has to "mean" something to the inner world. That way it can disturb the inner frequency and consequently the inner harmony.

IF ALL OF THAT IS THE CASE, WHAT CAN ONE DO?

You can observe the fields and their interference. In other words, watch the inner world, its harmony and its limits, and watch the outer world, its strengths and its information. On top of that you need to watch out for their interference. This means, keep an eye on what the information from the outer world does to the inner world. As the inner world of the person becomes disrupted disharmony occurs, which results in dysfunction and eventually collapse. If you want to change the interference you need to change one of the two fields, so that the energies no longer "meet", or "mean" something to one another. So, the first question is: Can you change your outer world? Is it possible for you to alter your environment? Maybe sometimes you think you can. Well then, please have a go. But be clever and always look at the result of your effort. Does it truly change? Is the change permanent? Very often though you will have to admit you can't really change the outer world. Can you stop the rain, just because you need it to be dry right now? Will it do that for you? If you are not sure, have a go. If you conclude that you can't make the outside world do what you need it to do when you need it to, then the next question is: Can you change the inner world? Can you change what you are doing and what you require? Well actually, you can. Providing you have enough life energy left to terminate a difficult task you can make alterations to the programmes you have been using in your life.

In wanting to stop the interference, we are after stopping the effect we are experiencing when two energy waves collide. Up till now we looked at

"For instance, if you are no longer afraid that something dreadful might happen when you notice (hear, see, feel) something specific then the occurrence of that something in the outer world can no longer disturb your inner balance, your harmony."

altering the course of either one of those, but there is still another possibility and that is altering the "sensitivity" of one of the frequencies. In other words, is it possible to stop the incoming information from "meaning" something to the inner world? Can you change the way the outer world affects you? Can you change your response to the frequency in the outer world? Is there a kind of filter in existence which can be used to divert the incoming frequency away? If you alter the meaning the information has your inner system will then respond differently. For instance, if you are no longer afraid that something dreadful might happen when you notice (hear, see, feel) something specific then the occurrence of that something in the outer world can no longer disturb your inner balance, your harmony. You can decide that getting angry at somebody's bad behaviour is not doing you any good, you can alter your response to one of smiling and feeling happy and contented. So that is something you can do for yourself, as are the other actions of changing your inner world or changing your outer world, although someone might be able to help a little with the latter one, as long as you have taken the initiative yourself and as long as you keep directing the other person to what you require. Basically it looks as if you are always in charge, no matter what!

BACK TO THE STARTING POINT THEN. HOW DO I FIX SOMEBODY'S HEALTH?

Apparently I don't fix anything; nature does it all itself. It has a natural built-in tendency to restore the resonant frequency, to balance it out, to maintain harmony. As an outsider to someone's life what can I contribute towards this process, if anything? The changes that happen deep within the structure get there by way of increasing pressure and/or decreasing temperature. Increasing pressure and decreasing temperature in the outside world, which is where I am in relation to the other person, lead to a more compact structure, more dense tissues. However, decreasing pressure and/or rising temperature will lead to a lighter structure with looser tissues, better flowing fluids, more space, more breathing. It is in this way that therapies, of whatever kind, can exercise their effect on the balance and health of another person. And only in this way, as that is the way the physical structure is constructed and functions. None of this can have a permanent healing effect as all is overruled by the decisions surrounding the filter the individual operates. What is allowed to enter the structure and what isn't? What meaning does one give to the incoming information? What importance? By lessening the burden of importance we create lightness on the inside. But that is something one can only do for oneself.

AS A THERAPIST I DO AS LITTLE AS POSSIBLE!

I encourage individuals to work on fundamentally reorganising their own structure and becoming aware of interferences. Up to a point, change who you are. And don't wait until the structure is breaking down. Become aware of the choice you have to let something affect you or not. Make a conscious decision rather then allowing your unconsciousness to continue in the old way, in the old pattern.

October 2016.

ONLY TAKES 15 MINUTES CONTACT – ACCORDING TO THE MEDICAL ESTABLISHMENT!

BY MAGDALENE TAYLOR

A FEW MONTHS AGO a letter was forwarded to me by a parent who had received this from their local health authority back in June 2023. It was headed:

Measles update: getting your child vaccinated can prevent them from being sent home from school to self-isolate. The word self-isolate was in red!

The letter stated that they were seeing an increase in measles circulating and stating now is a good time to check that your child's MMR vaccination is up to date. It then continues with the usual fear-mongering, also in red type:

'Measles is highly contagious and can lead to complications such as ear infections, pneumonia, and inflammation of the brain which require hospitalisation and on rare occasions can lead to long term disability or death.'

Further down, also in red, it states:

'Did you know that if your child is identified as a close contact to a measles case and they do not have satisfactory vaccination status they may be asked to self-isolate for up to 21 days? This could mean not attending school or childcare for up to 21 days. Children who are fully vaccinated do not need to be excluded from school or childcare. Vaccination can help keep your child in school.'

Always interesting that the unvaccinated are viewed as a threat to the vaccinated. If vaccines offer good protection then what difference would it make if unvaccinated are in contact? It is usually assumed that an unvaccinated individual develops measles first and passes it on. This assumption was held even back in the 1800s regarding smallpox, however when Prof Charles Creighton made a thorough investigation of vaccination for an article in the 9th edition of Encyclopaedia Britannica he was surprised to discover that in many outbreaks of smallpox it was in fact the vaccinated initially. A few examples of his findings regarding first unvaccinated cases were:

1870 Cologne: 174th case
1870 Bonn: 42nd case
1871 Liegnitz: 225th case

> *"Always interesting that the unvaccinated are viewed as a threat to the vaccinated. If vaccines offer good protection then what difference would it make if unvaccinated are in contact?"*

Returning back to the measles letter one sentence raised a particular curiosity in me to investigate further. It read:

'Spending 15 minutes or more in direct contact with someone infected with measles is enough to catch the infection.'

My first thought was what was this assertion based on? Where is the evidence for this? Is it based on a published study? I decided to email the health authority and ask them directly. I received a response stating that they follow National guidance and in this instance they had taken the information from the National Measles guidelines and factsheet published by UK Health Security Agency (UKHSA), and recommended contacting UKHSA for further queries.

I took their advice and emailed the UKHSA and in their response they stated:

'Measles is one of the most infectious diseases known to man and the advice that '15 minutes of direct contact with someone infected is sufficient to transmit virus' is ***widely accepted*** *by international bodies and consistent with advice given by the World Health Organization (WHO) and the US Centres for Disease Control and prevention (CDC).'* See info on CDC website here:
https://www.cdc.gov/measles/transmission.html

They also added the following:

Additional evidence can be found here:

1. Several studies have demonstrated that infection can occur without face-to-face contact with a contagious individual. Measles transmission has been documented even when the contagious person has left the room up to 2 hours before the arrival of those subsequently acquiring infection (1, 3, 9,13,15, 27-29). In a U.S. high school, one child with a vigorous cough caused an explosive single-generation measles epidemic among 69 non-immune children, many of whom had no direct contact with the index case but shared the same corridors between classes (29). bullwho00395-0075.pdf (nih.gov)
2. De Jong JG, Winkler KC. Survival of measles virus in air. Nature 1964;201:1054–5: In a closed setting the measles virus has been reported to have been transmitted by airborne or droplet exposure up to two hours after the measles case occupied the area.
3. Measles transmission in health care waiting rooms: implications for public health response - PMC (nih.gov)

I thanked them for responding and within my reply stated:

'Some of the references do not even have an abstract available and in the others there is no mention of the 'widely accepted' advice that '15 minutes of direct contact with someone infected is sufficient to transmit measles virus'. It is very concerning that this kind of advice is presented to the general public on the government website when it does not appear to have been observed and proven? I have looked on WHO site also and can find no mention of 15 minute transmission.

When I first emailed I assumed that this would be a straightforward request and that there would be published papers on how this 15 minute transmission statement was established. At present it seems like the 15 minute transmission claim may be a widely accepted assumption?'

21 Dec 2023 Their response was to send me a link to: Measles references and Studies from the CDC.

My response: 'I note that the CDC link you have sent me regarding transmission

›

appears to have no references just statements. This means I will have to contact the CDC directly for references. Presumably you have just accepted the CDC statements without requiring actual references? Does the UK Health Security Agency check the statements by the CDC, or just accept them on face value because they have been 'widely accepted'?'

Next I received an email from the enquires team, **Parliamentary and Public Accountability Team (PPAT)**, **UK Health Security Agency** supplying me with a link to the NICE site (National Institute of Health and Care Excellence) however as I waded my way through the references listed, there was no mention of this 15 minute claim. I emailed again asking them if they could simply pass on a direct link to a published paper evidencing how this 15 minute contact claim was established, and how I had expected that my query would be a straightforward and simple request.

Then on 5 Feb 2024 I received the following:

'We have sought further input from our Immunisation team. They advised that contract tracing involves a complex and resource intensive risk assessment and needs to be performed swiftly following exposure to allow post exposure prophylaxis to be directed to those most vulnerable. Parameters are therefore required to identify those most at risk of exposure. The linked paper illustrates that secondary transmission may occur amongst those in close proximity to a case, for example in a hospital setting, with exposures of at least 20 minutes.' https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3729094/.

I was back to square one as this linked paper was one of the very first links they had sent back in December 2023! The link was to a paper entitled: *Measles transmission in health care waiting rooms: implications for public health response (WPSAR Vol 3, No 4, 2012 doi: 10.5365/wpsar.2012.3.3.009)*

Reading through this paper it certainly was not a proper study it was an investigation looking at '*measles*' cases from July to October 2011 in the South Western Sydney and Sydney local health districts. Seventeen measles cases allegedly occurred during the indicated time period, of which seven, the authors claimed were infected within a health care waiting room by 5 index cases. The diagram and lists are rather vague, and there are no details about case 16?

Cases deemed infected whilst in health care setting were interviewed by a public health nurse using a standardized questionnaire. There is no mention of when these occurred precisely and interestingly it states that:

'The diagnosis of two cases was missed; they were diagnosed approximately five months later, during detailed assessment of Emergency Department's triage notes to identify possible source cases.'

This seems particularly odd that 5 months can lapse before these two cases were deemed to be measles. It does not state what their initial diagnosis was or how their final measles diagnosis was established. Perhaps they had just had some kind of rash but because there was a need to identify possible source cases 5 months later they were assumed measles?

It is also unclear how these alleged measles cases were diagnosed. The authors state that:

'The diagnosis of measles is difficult with early symptoms resembling many conditions. However, many doctors have never seen a case of measles and are unfamiliar with the more typical later features of rash, fever, cough and conjunctivitis. Continuing communication with GP and ED staff is vital to ensure that measles is considered as a possible diagnosis in persons with fever and rash, that appropriate tests are ordered and that the appropriate notification process is followed.'

The authors point out a number of factors which also throw doubt on their investigation. They state:

'This outbreak occurred in young adults, who were not vaccinated as a child or who did not know their vaccination status; no case was a conscientious objector. A high number of contacts with unknown vaccination status affected the efficiency of the investigation and may have resulted in unnecessary prescribing of normal human immunoglobulin.'

And a few lines further down:

'The information collected through this investigation was affected by recall bias: patients self-reported onset dates, date of rash appearance and activities during exposure and infectious periods. While onset and rash dates should be fairly accurate, it is possible that activities during exposure or the infectious period could have been left out or not accurately reported. This outbreak investigation relied on passive surveillance (i.e. for cases to be notified to the public health unit); therefore, cases could have been missed if they were not ill enough to seek medical care and if a doctor failed to diagnose measles.'

The authors add that it was not possible to measure exact distance between the transmission cases and their index case and that distance and exposure times were approximated. And yet in their **Conclusion** they confidently state 'In this small but well-documented series of secondary cases….'

There is no mention of 15 minutes contact they only claim in the paper that: *'all were infected following direct, proximate contact of at least 20 minutes.'* And these kind of published papers are used to back their (medical authoritative bodies worldwide) highly questionable assertions!

I would encourage you to ask to be provided with properly conducted and evidence-based studies should you receive letters of this kind. And if anyone would like a copy of this measles study, please get in touch.

"MOST SO-CALLED SCIENTIFIC FACTS ARE BASED ON A LOT OF ASSUMPTIONS DERIVED FROM INDIRECT EVIDENCE AND FAULTY REASONING. ~ **Thomas Cowan MD**"

NURTURING GOOD GUT HEALTH IN YOUR BABY AND CHILD

BY ISABELLA SURPLESS

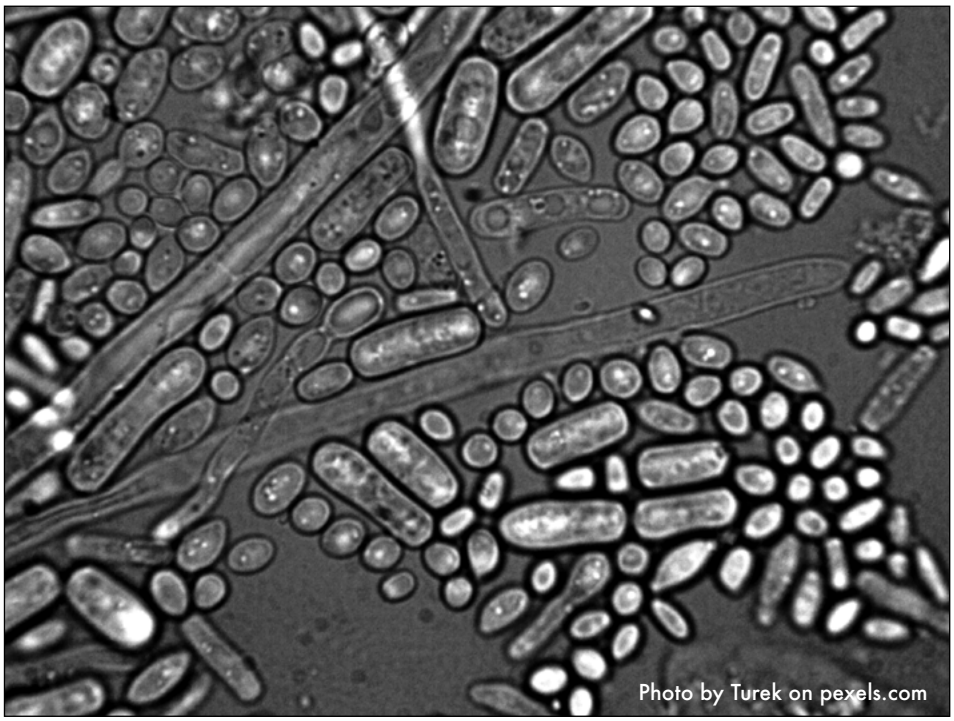


Photo by Turek on pexels.com

There are multiple different environmental and genetic pressures upon a person's health at any one time – air pollution, stress, toxicity, antibiotic exposure etc. Any element can eventually tip someone into dis-ease. But if you can develop your child's intestinal health from birth, you create a wonderful defence to buffer many of the insults to their health that they will inevitably encounter.

The intestines contain the greatest number and diversity of immune cells in the body. If you consider that 70-80% of the immune system is found in the gut it seems to be infinitely more important to focus attention here.

Babies are born with a sterile gut. A mature gut contains approximately 40 trillion microorganisms, that is more than the number of our 'own' human cells. We are in a symbiotic relationship with our microbes, we need each other.

The microbiome of our gut carries out many essential tasks that maintain our health. They produce certain vitamins (K and Bs), help feed our intestinal cells by acting on dietary fibre to produce the gut fuel butyrate acid and play a role in controlling inflammation and our weight. They are vital for our survival and health.

A baby's 'starter flora' comes from their mother's vagina at the time of birth when the baby swallows some vaginal goo on their way out of the birth canal! Excuse the graphic imagery but this is Mother Nature at her most basic and brilliant - multi-tasking at its best!

This is one of the reasons it is so important for mothers to birth via the natural vaginal route. Those babies born via C-section do not get this initial bacterial input from their mother. The starter culture that first populates these babies intestines will be those from the hospital environment. As hospital is a place of illness and disease it stands to reason that 'home-flora' is likely more beneficial for seeding gut flora. This is one of the arguments in favour of home-birthing. The gut flora is further enhanced via the nectar of colostrum and then breast milk. The longer a mother can breastfeed, the longer their baby will benefit from these healthy bacterial top ups. A review of the literature published in Nutrients 2020 by K. Lyons et al.[1] explains that breast milk is home to an array of bacterial species and constitutes "its own unique microbiome". Research testing mothers' milk has found several genera of beneficial bacteria including multiple species of Bifidobacterium and Lactobacillus, both well known for their healthful effects. It has been demonstrated that "breastfeeding not only reduces the risk of death and disease in early life but has lasting health benefits through adult life", how much the extent of the benefits of breastfeeding are due to nurturing of the gut biome is as yet unquantified but likely considerable. Research indicates that the breast milk microbiome varies for multiple reasons that are still being researched. However one could conjecture, knowing the awesome cleverness of Mother Nature, that the mother may be passing on microbes that are beneficial for their baby's immediate environment. If a mother-to-be suffers regularly from thrush, either before pregnancy or indeed during pregnancy it is an indication of likely dysbiosis and an over-prevalence of yeast (candida). Pregnancy hormones tend to exacerbate the growth of yeast in the vagina leading to the common pregnancy complaint of frequent thrush infections. If a mother-to-be suffers from this she should follow the dietary advice below and also consider using vaginal probiotic pessaries when she has thrush and also during the run up to birth, as well as taking oral probiotics. If a prospective mother is aware of her tendency to suffer with thrush she could consider undertaking a thorough candida detoxification as part of her pre-conceptual care.

Clearly the natural birthing route is vital for this initial seeding stage of gut health. However, all mother's 'starter vaginal flora' is not created equal – because the health of all mother's flora is not created equal. Those that have healthful intestinal and vaginal biomes will pass this on to their offspring. Mothers who have dysbiosis (unhealthful microbiome) themselves will pass this on. Therefore, it is vital that a mother-to-be focus attention on their gut health before giving birth, and preferably even before conceiving as part of their pre-conceptual care. The following suggestions for nurturing gut health can be applied to weaned babies, children, mothers-to-be, indeed the whole family. Many of these suggestions aim to nurture the gut microbiome, others involve preserving the structural integrity of the gut lining.

The gut-lining is only one cell thick and can be thought of as the divide between your interior and your exterior. Your gut is a long tube running through

›

your body from mouth to anus. Its purpose is to ensure only the right substances pass through to your bloodstream and body, and that the rest, the waste, is directed out of the body via faeces. However, because of many reasons, primarily poor diet, it is very common for the gut lining to become damaged over time, thus impairing gut integrity and with it health.

Once the gut mucosa (lining) is damaged it is less efficient at transporting nutrients into the bloodstream as well as keeping larger molecules of undigested foods and toxins (chemicals and heavy metals) out – this is known as 'leaky gut' or intestinal permeability. Leaky gut can contribute to many health problems, including autoimmune diseases, multiple food and chemical intolerances and systemic candida infection.

In order to maintain optimal gut health it is advisable to consume certain functional foods which promote gut integrity, while avoiding other foods that can be damaging. Functional foods that will nurture the microbiome include fermented foods such as kombucha, kimchi, sauerkraut, kefir and fermented vegetables. These are easy to source nowadays and also simple to make once you know how. Consuming a little of these every day or every meal will mean that you are regularly providing healthful bacteria for your gut. Just be careful that the products you buy do not contain added sugar. Apple or pear compote (no added sugar) is another functional food. These compotes provide ample pectin, which is soothing and healing for the gut lining. Compotes make good puddings or an addition to a breakfast. They are delicious and simple to make. Chop up apple or pears, heat on a low heat until they become a mush. Add cinnamon, vanilla or raisins for sweetness.

Bone broth is an exceptional functional food. Rich in bioavailable nutrients it also contains collagen that, like pectin, is very soothing and healing for the gut. It has been shown to improve leaky gut. When collagen breaks down it forms gelatine which contains various amino acids (arginine, glycine, glutamine, proline) which promote microbiome balance and growth as well as helping to seal any openings in the gut lining that have developed.

You make bone broth in the same way you would make a stock except that you simmer the bones, vegetables and herbs for much longer, for around 8-12 hours, thus breaking down the bones and drawing out their goodness into the liquid. You can include bone broth regularly in your cooking by adding it to soups, casseroles and risottos, glug it in anywhere you can. It is very useful for making pulses and lentils palatable for the little ones!

Considering the complexity of a microbiome that consists of over 40 trillion microorganisms it is clear that there is still a lot we do not know or understand. But what we do know is that diversity of microflora strain is important for health. Studies of healthy populations from around the world show that their intestines are populated by a wide variety of bacteria which up or down regulate as needed, depending on what toxins they are exposed to. Eating a wide variety of fruits and vegetables has been found to enhance diversity at a microbiome levels. Aim to rotate around thirty different types of fruit and vegetables over roughly a three-week period. Eating around 10 portions a day if an adult, and 8 if a child. Fruit, vegetables (including beans and pulses) and wholegrains (such as brown rice, quinoa, millet) contain both soluble and insoluble fibre. Both of which are important for enhancing gut health. Butyrate acid is an important gut fuel. It is produced when the gut microbiota ferments dietary fibre. Ensuring adequate butyrate levels improves gastrointestinal health in various ways including decreasing gut inflammation and promoting a healthy microbiome. (Gut inflammation contributes to leaky gut.)

We shall now consider factors that contribute to damaging the gut and how to avoid them. To start with the most obvious – antibiotics. They do what they are intended to do, kill bacteria. So ideally you want to avoid taking antibiotics yourself while pregnant or breastfeeding or giving them to your children, especially during the first year of life when the gut microbiome is seeding and developing. Avoiding antibiotics medication is one thing, unfortunately antibiotics also abound in our food' in our meat, dairy and any produce that has been grown using glyphosate containing pesticides. Non-organically reared meat are prophylactically administered antibiotics – in the belief that they keep potential infections at bay. Thus, non-organic meat or dairy provide a small helping of antibiotics with each bite. Glyphosate is the active ingredient in many herbicides, such as Roundup. It was originally patented as an antibiotic and acts as such when non-organic produce such as grains, fruits and vegetable are consumed. A 2022 study published by AD Castilo et al.[2] concludes that long-term Roundup exposure "leads to morphological and functional changes in the gut, which correlate with behavioural changes that are similar to those observed in patients with neurodevelopmental disorders." Keep in mind that the gut and brain are directly connected via the vagus nerve. Gut health is synonymous with mental health.

The easiest way to avoid antibiotic residues is to eat organic. Organic foods are readily available albeit more expensive than non-organic. If buying organic is not feasible at least wash fruits and vegetable thoroughly in water and apple cider vinegar or bicarbonate of soda, this will hopefully remove some of the pesticide residue.

Some foods are more prone to irritating the gut than others. Gluten and dairy are the most common culprits. Gluten causes micro-tears in the gut which are quickly healed. However, over time these micro-tears can permanently damage the gut reducing digestive capabilities and gut integrity. Gluten is found in wheat, rye, barley and oats. It is easy to find good gluten free alternatives in most supermarkets these days.

It can be argued that raw dairy is a health food as it is nutritious and contains probiotics. This makes sense as it is essentially cows breastmilk. However, the dairy that is found in supermarkets is not in its natural raw state. It has been homogenised (heated at high temperature) so that it is no longer a true natural food. It is estimated that 70% of the population finds dairy difficult to digest. Considering how many times a day most people expose their gut to gluten and diary it is easy to imagine how the integrity of the gut could suffer,

damaging digestion and reducing its immune function via the development of leaky gut. While you still have your children at home all of the time I would advise avoiding both gluten and 'industrial' dairy. Organic butter is the exception as it is around 98% fat and therefore does not contain a significant amount of lactose or casein, the culprits that tend to cause issues. Organic butter is also a safe cooking oil and contains essential fatty acids.

It is difficult to come across an article on nutrition and not read about sugar and alas I am afraid this article is no exception. Sugar contributes to ill health in multiple ways. As regards gut health sugar feeds microbes that contribute to dysbiosis. Yeasts and in particular candida thrive on sugar. If you pair candida overgrowth with a leaky gut a systemic candida infection could arise causing multiple health disorders. Sugar also contributes to gut inflammation which exacerbates leaky gut. Sugar is found in all the places you might expect sweets, chocolate, cakes and biscuits. But you must also avoid refined carbohydrates (white rice, white bread & pasta) and ultra-processed foods more generally to protect your gut from the effects of sugar.

Chewing is a very underestimated occupation and a much-underrated aspect of health. But it is so important - and free! Chewing allows food to be mechanically broken down and mixed with digestive enzymes in the saliva, thus ensuring that the small intestine has much less work to do. This is particularly important when eating protein, such as meat, which is harder to digest. Large chunks of undigested food irritate the gut lining causing inflammation and damage the villi and micro-villi that are key to absorbing nutrients. You could encourage some sort of chewing game at mealtimes - who can chew each bite for the longest. or get the children to notice how the flavour and texture of the food changes the more they chew.

Speaking of family mealtimes that reminds me of stress! Stress of all types, mental and physical, will cause the digestive system to shut down. Digestion is not required to face an immediate threat and therefore the body downregulates its importance during times of stress, reducing hydrochloric acid production and peristalsis (gut movement). I remember feeding my three when they were very little and relaxing it most certainly was not. However, try to provide at least a mealtime routine and as much relaxation as possible. Sitting together around a table without the distraction of gadgets or television. Perhaps playing some relaxing or classical music or taking a moment to thank Mother Nature or God for your food or starting the meal with a brief breathing exercise. Eating early before the witching hour madness sets in can help, it is always possible to give a pre-bedtime snack if the little ones get hungry again later. The gut and by extension the diet is the bedrock of our health. It is vitally important to establish good gut health from an early age. I hope that this article has provided a helpful overview of the most important considerations and how to begin.

Isabella Surpless
Natural Mothers Mentor and Nutritionist
https://www.laurellifestyles.com
isabellasurpless@gmail.com
Tel: 07483837036.

REFERENCES

1. *Nutrients. 2020 Apr; 12(4): 1039 Breast Milk, a Source of Beneficial Microbes and Associated Benefits for Infant Health KE Lyons, CA Ryan, EM Dempsey, RP Ross, C Stanton*

2. *International Journal of Molecular Science 2022 May; 23(10): 5583. Lifelong Exposure to a Low-Dose of the Glyphosate-Based Herbicide RoundUp® Causes Intestinal Damage, Gut Dysbiosis, and Behavioral Changes in Mice I Del Castilo, AS Neumann, FS Lemos, MA De Bastiani, FL Oliveira, ER Zimmer, AM Rego, CCP Hardoim, LCM Antunes, FA Lara, CP Figueiredo, JR Clarke*

DRAMATIC DECLINE IN COVID VACCINATION UPTAKE

BY IAN KERMODE, ISLE OF MAN.

(Full article see link below.)

13 NOVEMBER 2023

https://www.ik.im/wp-content/uploads/2023/11/13.11.23-Dramatic-decline-in-Covid-vaccination-uptake.pdf

EXTRACTS

We recently submitted a Freedom of Information request to Manx Care about Covid19 vaccination uptake on the Isle of Man.

Covid-19 vaccination has been offered on the Island since January 2021.

The Island is a largely self-governing Crown Dependency with a population of 84,069(as at 30th May 2021 Census).

Covid vaccines were initially offered to IOM residents aged 18 or over before being broadened to every person aged over 6 months old.

The first and second doses were offered in early 2021, the third in autumn 2021, the fourth in spring 2022, the fifth in autumn 2022 and the sixth in spring 2023. A seventh dose is currently being offered this autumn to Island residents

(supposedly in relation to the new Covid variant named Pirola).

In its FOI response dated 20th September 2023, Manx Care revealed some quite remarkable statistics as follows:-

i) 1st dose – 71,849.
ii) 2nd dose – 68,716.
iii) 3rd dose – 53,715.
iv) 4th dose – 25,541.
v) 5th dose – 8,740.
vi) 6th dose – 6,245.

In other words, from a high of 85.5% of the entire population receiving one dose of a Covid vaccine, there has been a very steep decline to a low of only 7.4% of the population accepting a sixth dose.

WHY HAS THERE BEEN SUCH A DRAMATIC COLLAPSE IN COVID VACCINE UPTAKE?

Is it because of one or more of the following reasons?

(Extracts. To read all 79 points please go to link below headline.) :-

1. Many people now fundamentally understand that Covid-19 (and variants) is just another respiratory illness like seasonal flu, causing only mild flulike symptoms for most people and is not the invisible, terrifying and lethal threat to every man, woman and child as first

asserted by governments.
3. Citizens have lost faith in the media and public health messaging and believe that coercive and highly alarmist information was presented by governments about Covid-19.
4. Individuals now appreciate that Lateral Flow Tests (LFTs) and PCR testing for Covid has been discredited as being unreliable and inaccurate. For example, Gate Acre School, Belle Vale, Liverpool had to write to parents in June 2021 to warn them that children were bunking off school by obtaining false positives on LFTs. Apparently, crafty kids had somehow worked out that by placing Coca-Cola or apple juice (or something with an acidic pH) droplets on the LFT device, a positive result (2 red lines) would be displayed. The canny youngsters could then skive off school for 5 days.
5. People now know that routine testing of healthy asymptomatic individuals is wholly unnecessary and indeed counterproductive, leading to unwarranted time off work and school.
9. It has alarmed and distressed many people to find out that the AstraZeneca vaccine uses a host cell line called HEK-293, which are clones of cells taken from the kidney of an aborted human foetus (HEK stands for Human Embryonic Kidney).
10. Importantly, citizens now realise that some doctors did not provide sufficient information to enable patients to give true and informed consent, as required under medical ethics such as the Nuremberg Code 1947.
12. The UK Government's Medicine and Healthcare Products Regulatory Agency (MHRA) monitors the safety of Covid-19 vaccines through its Yellow Card scheme. This is a scheme whereby members of the public and health professionals can report suspected vaccine side effects. A similar reporting scheme is run by the European Medicines Agency (EMA). As at 15th June 2022 there had been a staggering 1,789,943 (nearly 1.8 million) officially reported incidents of adverse reactions/ harm linked to Covid vaccines in the UK and the EU.
18. In addition, as at 31st July 2022 there had been a horrifying official total of 26,593 reactions with reported fatal outcomes i.e. deaths shortly after the Covid-19 vaccination in the UK, EU and the USA (2,213 in the UK, 10,992 in the EU and 13,388 in the USA).
28. It is now better understood that PREVENTATIVE measures can significantly reduce the seriousness of any respiratory illness including Covid-19. **29.** A healthy and positive lifestyle includes drinking a sufficient amount of clean water, taking daily outdoor exercise and moderate amounts of sunshine, getting adequate sleep, eating plentiful fruit and fresh vegetables, vital wholegrains and nuts, oily fish and fermented foods whilst at the same time reducing stress, consumption of alcohol, salt, refined sugars, processed food and stopping smoking.
39. It is now obvious that much of the government and established media messaging around Covid was unjustifiably based on fear. Consider for instance the disgracefully cynical messages sent by the Health Secretary Matt Hancock in December 2020 suggesting that a so-called new Kent variant could be publicised specifically to scare people into complying with government requests.
40. Leaked WhatsApp messages include the following Machavellian exchange on 13th December 2020. Matt Hancock: "We frighten the pants off everyone with the new variant". Civil Servant replies "Yep, that's what will get proper behaviour change". Matt Hancock contemptibly responds: "When do we deploy the new variant?" The very next day, 14th December 2020, Mr Hancock announced that a new Covid variant (the Kent variant) had been identified.
41. Citizens now regard the labels "Covid-19", "Kent", "Omicron" and "Pirola" as being nothing short of laughable.
52. It may sound counter intuitive but there are some persons who believe that a respiratory illness is a positive thing, a cleanse which eliminates toxins therefore leading to improved health. For example, many naturopaths know from personal experience that colds and flus are a healing crisis in which the body raises its temperature to thin the lymph and produces mucus in order to eliminate toxicity.
53. Accordingly, it is understood that for sufficiently robust persons (not the frail or clinically vulnerable), a natural cleanse can ultimately leave the body stronger, healthier and more resilient. For example, a well known book "Philosophy of Natural Therapeutics" by the late Henry Lindlahr MD is widely regarded as a seminal work on naturopathic principles and espouses the benefits of a healing crisis.
76. It has also been noted with concern what is termed the "revolving door" of government employees leaving official positions only to join private businesses which operate in the same areas where the individuals were previously State employees. For example, Professor Jonathon Van-Tem, England's deputy chief medical officer, took up a role in May 2023 with Moderna as a senior medical consultant.
77. It is worth noting that Professor Van-Tem was a member of the UK Government's Vaccine Taskforce which made decisions on vaccine supply contracts, including the purchase of 77 million doses of the Moderna Covid vaccine. There is no suggestion of any impropriety or illegality and Professor Van-Tem left his government role in March 2022. Although Moderna has insisted that the appointment was made in accordance with government rules for officials taking up jobs in the private sector, the perception of overlapping roles and interests persist.
78. It is also now in the picture that government bodies such as the MHRA actually receive fee income from pharmaceutical companies as well as money from entities which support vaccination such as the World Health Organisation. Interestingly, a UK Freedom of Information reply dated 31st January 2022 revealed that the Bill and Melinda Gates Foundation had donated $3 million to the MHRA.
79. People are also increasingly asserting their human rights including bodily autonomy under Article 8 European Convention on Human Rights (right to respect for private and family life). In effect, "My Body, My Choice", and are refusing to be dictated to by government as to what is put in one's own body.

"There is nothing concealed that will not be known or brought out into the open". Luke 8:17

A STRANGE CHAPTER OF MEDICAL HISTORY: ANOTHER INSTALMENT

FOLLOWING ON FROM The previous two editions of this newsletter, here are some further extracts from 'Jenner and Vaccination' by Charles Creighton (1889) which I thought you would find interesting. Having now finished reading this most fascinating and eye-opening book, I will, no doubt, be starting on another one of the historical texts in my possession!

PAGE 311-313

(The following remarks are by the first anti-vaccinist, Dr Benjamin Moseley in 1798 on Jenner's novel doctrine. (NB lues bovilia means bovine disease)

"The smallpox and the cowpox are not analogous, but radically dissimilar. . . . Can any person say what may be the consequences of introducing the lues bovilia, a bestial humour, into the human frame after along lapse of years? . . . The doctrine of engrafting distempers is not yet comprehended by the wisest men; and I wish to arrest the hurry of public credulity until the subject has undergone a deep, calm, and dispassionate scrutiny; and to guard parents against suffering their children becoming victims to experiment." ……

…… Eight years after, when a good deal of experience had been gained, a writer in the Edinburgh Review expressed surprise that Moseley, in 1798, should have declared against cowpoxing "on the basis of theory," although at that time " he had neither read nor seen anything that was not decidedly in its favour." To this Moseley replied: "It must indeed seem supernatural to ignorant people that I should, solely on the ground of analogy and pathology, have produced a publication foretelling all the horrid events which have since taken place." He had made up his mind upon a scientific book after reading it between the lines ; he had judged it just as if it had been open to scrutiny like a business project, or to criticism like a literary production, putting his foot down and calling out, as if he had been Dr Johnson, "The thing is a fraud, and there's an end on't."

PAGE 316

About the year 1803 they were talking actually of burning down the London Smallpox Hospital, or of selling it for another use. They knew so little of the very rudiments of epidemiology, or had so lost their heads, that they mistook one of the ordinary lulls of epidemic smallpox for its total disappearance before the cowpox protective, which had been applied to a mere handful of the infancy and childhood of the country. But it would be a mistake to ascribe these extravagant enthusiasms to more than the immediate following of Jenner. In the profession at large the craze was over; and the outbreak of a new epidemic of smallpox in 1804 gave an opportunity to the more candid and independent medical men to apply to the evidence that reasonable and common-sense scrutiny of which we find hardly any trace in their first reception of it.

The epidemic of 1804-5 was severely felt both in London and in various parts of the country, including Wales and Scotland. The Smallpox Hospital, happily preserved from demolition, soon filled with patients and continued full for months. The sprinkling of vaccinated children in the population at large were now for the first time (in England, at least) subjected to the real trial of epidemic contagion. The result must have been the same that has often been experienced and accurately recorded on a larger scale in later times ; but for that epidemic, there is little record of it left beyond the evidence that widespread doubt and delusion as to the new protective had arisen in the professional mind.

PAGE 318

Goldson's pamphlet appeared in June, and the Medical and Physical Journal published a long abstract and review of it in the number for July. The author's concluding sentence had evidently touched the editor to the quick: " To suffer zeal for the discovery, to shut their eyes to conviction, and, by deeming

Dr Benjamin Mosely

every failure spurious, to conceal it, is beneath the dignity of the profession."

PAGE 327-328

The scheme, as proposed by Rose to the House of Commons on the 9th of June, 1808, was for a National Vaccine Establishment, to be administered by the College of Physicians and the College of Surgeons. The proposal gave rise to a debate, in which the appeal to constituted medical authority carried the day, as it always does, sixty voting for the Establishment and five against.

The most notable speech was made by Sir Francis Burdett, who characterized vaccination as "a failing experiment," and warned the House not to "prop up what might prove to be pernicious error." Cobbett, who must have known something of cowpox in the country, and believed the Jennerian doctrine to be pernicious error, protested strongly, in the Political Register of 18th June, against this interference of authority in a matter which ought to be left to the common sense of the country.

PAGE 330

The National Vaccine Establishment, although Jenner was excluded from it, was really the best defence of his "failing experiment" that could have been devised. From the day of its starting, it was never anything but an instrument of thorough-going vaccination apologetics. In 1811 a new epidemic of smallpox brought the question again prominently under public scrutiny, and fashionable society was startled by the case of the Hon. Robert Grosvenor, son of Earl Grosvenor, who acquired confluent

smallpox, although he had received the vaccine protection as an infant in 1801 from Jenner's own hands. As Jenner truly said, this famous case was "a speck, a mere speck on the page which contains the history of vaccine discovery;"

but the page was getting a good deal speckled over and obscured, witness the numerous cases published in 1809 by Thomas Brown, of Musselburgh.

PAGE 332

Although vaccination had now a powerful corporation interest behind it. its public credit was much impaired, and it received no very hearty support from the profession outside the circle of officials. Even Pearson, one of its earliest and most enthusiastic votaries, would seem to have lost faith in it, if we may trust a letter of Jenner's (18th November, 1812), in which he speaks of Pearson's "insinuations that vaccination is good for nothing."

PAGE 334

Another severe epidemic of smallpox in 1817, 1818, and 1819, extending to many places in England and Scotland as well as on the Continent, made the Jennerian cause to look more hopeless than ever. This was the first occasion on which medical opinion abroad showed signs of wavering. In Scotland, according to Dr John Thomson, more of the vaccinated than of the unvaccinated were attacked by the epidemic;

PAGE 335

Vaccination in1818 stood in great need of some excuse for failure; hence the ingenious doctrinal fiction of "modified"

Sir Francis Burdett

smallpox. Cobbett, in his Advice to Young Men, speaking with the freedom of a layman, said of this new development: "Quackery has always a shuffle left. Now that cowpox has been proved to be no guarantee against smallpox, it makes it milder when it comes. A pretty shuffle, indeed, this !"

PAGE 336

In July, 1817, a medical journal in London wrote: "However painful, yet it is a duty we owe to the public and the profession, to apprise them that the number of all ranks suffering under smallpox, who have previously undergone vaccination by the most skilful practitioners, is at present surprisingly great.

PAGE 337

Unhappily the dearest interests of humanity had to give way before the dearest interests of the medical character. The credit of the profession was at stake. A surrender in Jenner's lifetime would have been too humiliating, seeing that Parliament had been induced to vote him £10,000 in 1802, and £20,000 in 1807, upon the warrant of medical evidence.

PAGE 339

The medical profession itself, about the year 1818, was not far from handsomely owning that it had made a mistake. But for the establishment and endowment of the Vaccine Board, and the inertia of corporation interests thereby brought to bear, it is highly probable that such an acknowledgment would have been made.

PAGE 342

A few months after, an anonymous writer in the Medical Gazette, "Scrutator," who is honoured with large type and a prominent position, published a series of letters of a strongly anti-vaccinist tone. "It is not enough for the thinking part of the profession," he wrote, "that a few who have the management of this branch should be wedded blindly to a particular belief. However much our wishes may incline us to favour vaccination, we must not be like the advocates of the Old Bailey, determined to bring off our client victorious, whether deserving or not; because truth will have its way at last; and it may be doubted whether the practitioners of the next century will not laugh at the manner in which we have been misled by Dr Baron." That was among the last anti-vaccinist protests that were allowed to appear in an English medical journal down to quite recent days. Henceforth the dogmatism hardens, and intolerance reaches a height which it had hardly ever before touched, even in the most bigoted period of the Paris Galenists.

PAGE 350

Is the unvaccinated residue really a nidus for smallpox to settle in and propagate itself? Is not all this terrific logic about checking the liberty of omissional infanticide merely an ingenious super-structure upon a radically unsound basis? No answer to the question, by those who had the official means of answering it, was ever given or attempted, until the results of the great epidemic of 1870-1872, particularly of the German portion of it, proved once for all that the unvaccinated residue were not what the Epidemiological Society's Committee had said they were; that is to say, they were not a nidus for smallpox to settle in and propagate itself, they were not a collection of combustible materials, they did not put the lives of their neighbours in jeopardy.

PAGE 353

The public at large cannot believe that a great profession should have been so perseveringly in the wrong. The present attitude of the public may be said to illustrate the truth of a maxim of Carlyle's: "That no error is fully confuted till we have seen not only that it is an error, but how it became one." The task which I set before me when I began this book was to explain to myself how the medical profession in various countries could have come to fall under the enchantment of an illusion. I believe that they were misled most of all by the name of "smallpox of the cow," under which the new protective was first brought to their notice. For that grand initial error, blameworthy in its inception, and still more so in the furtive manner of its publication, the sole responsibility rests with Jenner.

COMMON MISCONCEPTIONS ABOUT MEASLES

DR JAYNE LM DONEGAN MBBS DRCOG DCH DFFP MRCGP
Naturopath & Homeopath,
Retired NHS GP

"It should always be borne in mind, when thinking of complications, that they too often wait, not upon the original disease, but upon the treatment of it."
Harry Clements, Doctor of Naturopathy

1. GETTING THE MEASLES WILL KILL YOUR CHILD

- No it is a normal developmental milestone. Incorrect medical treatment will kill you child. When your child gets ill, open the window, don't feed them unless they are starving, give them plenty of fluids and let them rest. Tuck them up on the sofa. Don't heat the room to more than 15°C – have a room thermometer to check it. If they are cold, put on a beanie hat, a scarf, a fleecy blanket round their head and shoulders and a nice warm duvet – all things they can throw off if they get too hot and pull back on again if cold - and cosset them.

Do not measure their body temperature with a thermometer – you need to look at the child, not the numbers. Do not give them paracetamol, ibuprofen or antihistamines, there are far better ways of relieving distress. Do give them lots of pure, clean water and honey, lemon and ginger to drink to support elimination and externalisation (for more details please see free A4 download 'General Measures for Nursing Children' & ebook 'Nursing Children Supportively through Acute Illness. http://www.jayne-donegan.co.uk/articles

In a country where people do not have the *'basic requirements for health'*: clean water, adequate food, ventilated housing, someone to love and look after them, fresh air and sunshine and exercise - measles can certainly be a killer disease. As are many other otherwise harmless diseases. It is not the diseases that are the problem but the lack of the *'basic requirements for health.'* If a child in a developed country dies of measles it is due to medical mismanagement.

2. YOU MUST KEEP THE TEMPERATURE DOWN WITH ANTIPYRETICS (PARACETAMOL & IBUPROFEN)

– No. Quite the opposite. 2003 Heinz Eichenwald, Professor of Paediatrics at the South Western Medical School, University of Texas, stated in the Bulletin of the World Health Organization: *"Fever represents a universal, ancient, and usually beneficial response to infection, and its suppression under most circumstances has few, if any demonstrable benefits. On the other hand, some harmful effects have been shown to occur as a result of suppressing fever. It is clear, therefore, that the widespread use of antipyretics should not be encouraged either in developing countries or in industrial society."* **2013 (updated 2019)** The NICE Guidelines say to give antipyretics for 'distress', only as long as there is 'distress', not to give paracetamol and ibuprofen together, only to consider giving the other if the "distress" returns before the next dose of the first is due. Nothing about 'treating' fevers or 'high fevers'. You will see that the NHS websites do not even follow their own (NICE) guidelines.

3. TREATMENT WITH ANTIPYRETICS (PARACETAMOL & IBUPROFEN) STOPS FEBRILE CONVULSIONS – No, the NICE Guidelines 2013 updated 2019 state:

"Antipyretic agents do not prevent febrile convulsions and should not be used specifically for this purpose."

4. AND ANTIHISTAMINES

– No, absolutely not. The skin discomfort in measles is helped by soaking in lukewarm baths with a cup of bicarbonate, or water run through oats in an old pair of tights tied round the tap, or a pot of chamomile tea – or all three - then patting dry. Calamine lotion is often recommended. This is more ineffective than harmful. If you want to use Calamine get the AQUEOUS CREAM BP version, NOT the lotion, which contains phenol.

5. MEASLES MAKES YOU GO BLIND – No, not if you have the 'basic requirements for health'


DR Jayne L.M.Donegan

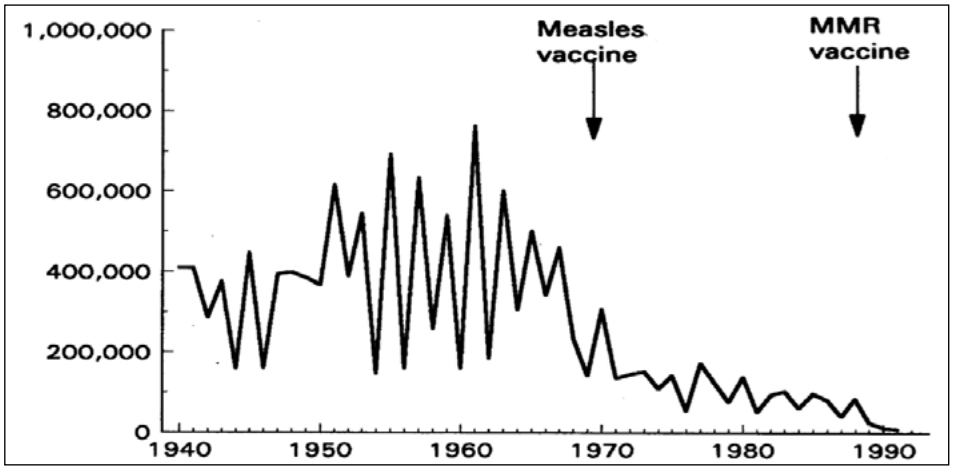
and you manage the fever correctly and see below re: vitamin A.

6. VITAMIN A IS IRRELEVANT IN MEASLES MANAGEMENT AS IT IS NOT MENTIONED BY THE NHS, FDA (Food and Drugs Agency), CDC (Centers for Disease Control) and NIH (National Institutes for Health) in their management advice

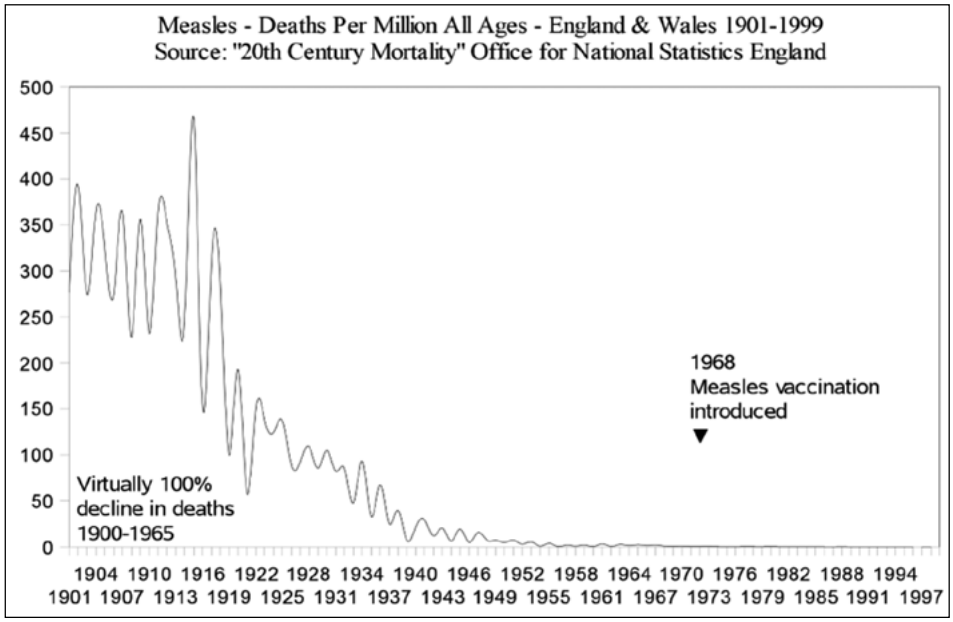
– No! The NHS does not mention it in its management advice and the FDA, CDC, NIH do not actually give any measles management advice - they just state measles is vaccine preventable – so bad luck if you are a vaccine failure, meaning you have had the vaccine and are not immune. However the World Health Organization states that in *developing countries*, oral high-dose vitamin A supplementation is definitely recommended for the treatment of measles. 200,000 IU (International Unit) at the time of admission, and one day and one month after admission when over 12 months old. For those six to 12 months, 100,000 IU is given using the same schedule. The rationale is that Vitamin A has an effect on both the ocular (eye) complications of measles and *immunity to measles infection.* Vitamin A is effective in the healing of corneal ulcers. In countries without the *'basic requirements for health'* Vitamin A *reduces the risk of death from measles by 87% in children younger than 2 years.* Low Vitamin A predisposes you to a worse case of measles AND measles itself depletes Vitamin A stores – including in well-nourished children, - to less than levels in non-infected malnourished children." I do not recommend such high doses for children in developed countries. BioCare Nutrisorb Vitamin A

in olive oil provides 2500iu per drop. One drop age 1-5y; half of a drop below one year. ACD baby drops from the community health clinics contain 700IU (plus fructose) in 8 drops per day.

Vitamin A is found abundantly in dairy products: butterfat, cream and cheeses from cows eating green grass; eggs from free range hens; liver; fish, shellfish, cod liver oil. The best plant sources of beta-carotene are yellow/orange vegetables and fruits like carrots, sweet potatoes, pumpkins, apricots, nectarines, peaches cantaloupes, papayas, mangoes, sour cherries, prunes, plums; and dark green leafy vegetables: spinach, broccoli, endive, kale, chicory, watercress and beet leaves, turnips, mustard, dandelion, asparagus and peas. In order to be absorbed, vegetable sources requires fat, so serve them with butter, coconut or olive oil. Chopping and puréeing also enhance their bioavailability. In 1932 a controlled trial of 600 English children hospitalised with measles [Ellison [1932] showed that giving *cod liver oil reduced mortality by 58%."*



7. HOMEOPATHIC REMEDIES DO NOT HELP – No. The NHS website states, *"there's no good-quality evidence that homeopathy is effective as a treatment for any health condition."*. This would be funny, if not so tragic, coming from the people who forced the population to be masked, quarantined and to take an experimental injection on no good evidence, certainly no long term placebo, and that was not even tested to see if it stopped transmission. The FDA reports, *"studies estimate that 6.7% of hospitalized patients have a* ***serious adverse drug reaction (ADR)*** *with a fatality rate of 0.32%. If these estimates are correct, then there are more than 2,216,000 serious ADRs in hospitalized patients, causing over 106,000 deaths annually. If true, then Hospital based* ***ADRs are the 4th leading cause of death in the USA****—ahead of pulmonary disease, diabetes, AIDS, pneumonia, accidents, and automobile deaths,"* And that's just *inside* hospitals – outside of hospitals there are even more. **There is a good tradition for the use of homeopathy** in childhood illnesses despite not being recommended by the NHS, FDA, CDC NIH and such remedies *are certainly far safer than anything you can get from your doctor.* The measles nosode is MORBILLINUM. This can be taken at beginning of the disease if you diagnose it early on – in a 30c potency, am, pm and next am. In the first stage with mild fever, sore eyes and cough you can give PULSATILLA 30c if the discharges from eyes and nose are bland. If the eyes burn use EUPHRASIA 30c one dose three times daily. A drop of EUPHRASIA mother tincture, added to a 10ml bottle of normal saline (and shaken hard) can be dropped in the eyes 3x/day (discard bottle after 4 weeks). In the second stage when the temperature rises again and the rash appears, you can give BELLADONNA 30c three times daily. If your child is hot and thirstless and the disease appears to be going *'in'* there may be high pitch cry and reduced level of consciousness – generally because they have not had enough fluids and the room is too hot - give APIS 30c as well as taking the child to the GP.



8. PARENTS USED TO BE TERRIFIED WHEN THEIR CHILD HAD MEASLES IN THE 1950'S – No. **1959:** Beckenham, Kent "Many mothers have remarked *"how much good the attack has done their children,"* as they seem so much better after the measles."

9. PARENTS WHERE TERRIFIED WHEN THEIR CHILD HAD MEASLES IN THE 1990'S – No. **1997/8:** Outbreak in a Steiner community, Gloucester, England. "Most parents reported a strengthening and maturing of their child both mentally and physically afterwards. *"supporting the notion that measles is not a severe illness in most children,"* although the author pointed out that the cases were in, *"fit, well-nourished children from a community that advocates a healthy lifestyle."* GPs do not generally inform parents that the health or diet of their child can make any difference.

10. EVERYONE STOPPED DYING FROM MEASLES BECAUSE OF VACCINES – **No. This is an enormous misconception propagated by all heath authorities and governments**

in the world and promoted with graphs such as this in the UK Immunisation against Infectious Diseases Handbook (the Green book). But it only goes back to 1940…… When I went to the Office for National Statistics and made graphs myself from the figures there, that went much further back, I found a different story, not that the above one is untrue – it just misses out the previous crucial four decades! The current update – 2019 - only starts in 1950! Whether you think vaccines are good or bad, you can see that it was not vaccines that stopped people dying from measles.

11. EVERYONE STOPPED DYING FROM MEASLES BECAUSE OF ANTIBIOTICS – **No. These were introduced in the 1940s** and you can see from the graph that the deaths from measles had largely ceased before that time also.

12. MEASLES VACCINE PROTECTS YOU FROM MEASLES – **No. It gives you measles in 5% of vaccine recipients.** CDC and Public Health Agency of Canada scientists state, *"approximately 5% of recipients of measles virus-containing vaccine experience rash and fever which may be indistinguishable from measles."* **The same team reported that 38% of all the measles cases reported in the USA in 2015 were from the vaccine**. And this vaccine-associated measles has been confirmed as long as *five weeks* after immunisation.

No, if you are a 'primary vaccine failure', which means the vaccine did not stimulate enough antibodies at the time of vaccination

No, if you are a 'secondary vaccine failure', which means the vaccine stimulated enough antibodies and then they wore off.

1987 • Texas school outbreak - *'Measles outbreak in a fully immunized secondary-school population'. "We conclude that outbreaks of measles can occur in secondary schools,* ***even when more than 99 percent of the students have been vaccinated and more than 95 percent are immune."***

2016 • USA *'High Concentrations of Measles Neutralizing Antibodies and High-Avidity Measles IgG Accurately Identify Measles Reinfection Cases'* "In the United States, ***approximately 9% of the measles cases reported from 2012 to 2014 occurred in vaccinated individuals."***

2017 • Israel *'Measles Outbreak in a Highly Vaccinated Population - Israel, July-August 2017',* ***"nine measles cases in a population with high measles vaccination coverage.*** *All measles patients had signs and symptoms consistent with* ***modified measles*** *(i.e., less severe disease with milder rash, fever, or both, with or without other mild typical measles symptoms.)"*

13. THE MEASLES YOU GET WHEN YOU ARE VACCINATED IS LESS SEVERE – **No. Less severe disease with milder rash, fever, are not a sign of mildness.** They are a sign that the body is not processing the disease properly with a proper measles rash. It is a sign that the immune system is not functioning properly after the vaccine. See Rønne 1985, further on.

14. IF YOUR CHILD IS NOT VACCINATED THEY WILL GET MEASLES – **No. Meeting another child with measles is no guarantee you child will get it.** Indeed I was contacted by an irate mother in Switzerland in 2011, enraged to find that she had been sent a *'Lettre d'Eviction en cas de rougeole'* demanding that her son be removed from school for 2 $^{1}/_{2}$ weeks as he had been in contact with a vaccinated child at school who had measles. Her son was unvaccinated and healthy. She was looking for help in overturning the decision. I replied that while I understood her frustration with misuse of power and insistence on vaccines that are not very effective anyway and have unquantified short and long term adverse reactions, I had to say, from the point of view of being a home educator, that I thought being allowed to have your child off school for 2 1/2 weeks without being hounded by the authorities for non-attendance could only be regarded as a bonus! And that with any luck her child would get the measles and would then have antibodies which could be measured and shown that next time there was a similar scare. I recommended she hunt out children with measles see if her son couldn't get a dose - not that meeting the measles is any guarantee of catching the disease - it will only occur if it is correct, developmentally, for that stage of his life. She wrote back several weeks later saying, *"Ultimately I passed a nice couple of weeks with my son, who was very tired at the end of the school year anyway!! Sadly he did not get the measles, but will try to find someone with it!"*

15. THERE ARE NO BENEFITS TO GETTING MEASLES – **No. On the contrary, there are definite benefits in having correctly managed measles with a good rash.** Childhood exanthems (red spotty rashes) and fevers not only help children go up a developmental step, they also improve their overall health. Natural measles is good for you.

1985 *'Measles virus infection without rash in childhood is related to disease in adult life'* A study conducted by the Danish epidemiologist Tove Rønne, found that having measles with a typical rash was associated with a lower incidence of developing immunoreactive diseases, sebaceous skin diseases, diseases of bone, cartilage and certain tumours in adult life, unlike the 'atypical,' 'modified' variety with suppressed rash that occurs in people with immune disorders - this is what happens after vaccination.

1996 *'Measles and atopy in Guinea-Bissau'.* Having measles was associated with a reduction in risk of skin testing positive to house dust mite at age 14-21 years

2000 *'Childhood exposure to infection and risk of adult onset wheeze and atopy'.* Early exposure to measles and family size may be associated with a lower risk of adult onset, doctor diagnosed, asthma.

2006 *'Frequency of allergic diseases following measles'.* Sensitivity to house dust mite was less frequent in children with a history of measles than in those without. A history of nebulized salbutamol use in the Emergency Room in the previous 12 months was less frequent in the measles group. Inhaled corticosteroid use was more common in the group without measles (these all indicate lower incidence of asthma in the measles group).

2009 *'Allergic disease and atopic sensitization in children in relation to measles vaccination and measles infection'. "A statistically significant inverse association between measles vaccination and atopic (allergic) sensitization was found in relation to allergen-specific serum IgE level of 3.5 kU/L.23"* (meaning those with measles had less allergy)

2015 The Japan Collaborative Cohort

(JACC) study looked at 100,000 people over the ten years 1998-9 to 2009. Conclusions: *"Measles and mumps, especially in case of both infections, were associated with lower risks of mortality (death) from atherosclerotic Coronary Vascular Disease."*

16. MMR VACCINES ARE EXTENSIVELY TESTED FOR SAFETY – No. They are not even tested for something so crucial as their effect on your child's fertility.

The two versions available in the UK, MMRVaxpro and Priorix, state in their summaries of product characteristics (Electronic Medicines Compendium): *"M-M-Rvax-Pro has not been evaluated in fertility studies."* **Merck Sharp & Dohme (UK) Limited;** *"PRIORIX has not been evaluated in fertility studies."* GlaxoSmithKline UK. To understand how really very poor the process is of bringing a vaccine to market, please attend my lectures on 'HPV vaccine and Fertility' and 'Vaccination the Science'.

17. IF YOU DON'T VACCINATE YOUR CHILD YOU WILL KILL IMMUNOCOMPROMISED CHILDREN – No. See Dr Meryl Nass MD's excellent paper

in which she investigates immunocompromised children and their infectious risks from the unvaccinated. Reviewing the most common infections seen in those at highest risk: stem cell (bone marrow) transplant recipients, leukemia patients, patients with solid organ transplants and those under immunosuppressive treatment for autoimmune disorders, it turns out that the great majority of dangerous infections that these immunocompromised people develop cannot be prevented by vaccines anyway, *because there are no vaccines for most of them* – even if they worked. These children are not all dying from contact with unvaccinated children, they are becoming ill from contracting diseases such as Herpes simplex.

DOES ANY OF THIS MATTER?

- Yes! Because measles represents a detoxification of the body. a developmental leap and leads to quantifiable and non-quantifiable health benefits. Why on earth would you want to stop this happening? Even if there were a totally safe and effective vaccine, and there is no such vaccine in existence. Keep in mind the old immunological adage: *"Autoimmunity is the price paid for eradicating infectious diseases."*

WHAT TO DO?

The Government wants us to give our children a vaccine that by stopping a mild childhood illness – when managed correctly - makes them more likely to get asthma, eczema, allergies, cardiovascular disease. Not a good exchange.

Measles, like all childhood rashes involves cellular breakdown and elimination – out with the old, in with the new. When a child has measles the elimination that occurs is particular to measles, the cells breaking down are particular to measles and produce the characteristic RNA fragments which are called measles virus. The outcome of any acute feverish illness all depends upon **how you manage the fever.** Suppress the fever with paracetamol & ibuprofen; dry up the cough with antihistamines and adrenaline-like compounds; take non-indicated antibiotics which wipe out the nice bugs and leave the nasty ones to overgrow; keep the window closed; stuff your child up with food - especially formula, cow or soya milk - when they are not hungry, you push the process *in* – into the skin: severe bacterial infection; into the ears: ear infections; into the lungs: pneumonia, into the kidney: nephritis, into the brain: meningitis or encephalitis, or into the blood stream: septicaemia, which is more deadly than meningitis. These are all forms of **invasive** disease. If you stick with measles and all the other healthful, healing, strengthening fevers that your child may develop in the course of their maturation and you manage their fevers correctly you will watch your child grow into a strong, healthy adult. You may have to take a bit of time off your paid work to do this but making the decision to have children involves hands on parenting. Looking after a sick child is actually a form of love, bonding and source of immense satisfaction, especially when you see the reward for your efforts. As I said in the Chicken pox article, raising healthy children, including nursing them through their childhood fevers, is the biological reason for our existence.

Remember, fresh air is your friend. JAH Brincker the Principal Medical Office of the London County Council stated *"A child attacked [by measles] should receive proper care and attention, and if these cannot be obtained in the home it is far better for the child to be admitted to a fever hospital where it can be treated as far as is possible under open-air conditions."*

"The best treatment to prevent complications is the open-air method, and that consequently a child is better in hospital than at-home; that the causes of death are the complications following on measles and not the disease itself."

Come to my Tuesday evening online lectures to learn how to manage fevers – and get your children to watch too, it's never too late to learn correct habits!

Dr Donegan, a retired NHS GP, practises as a Homeopathic and Naturopathic Practitioner registered with Homeopathy International and the Association of Naturopathic Practitioners.

She is a member of the British Society of Ecological Medicine and a patron of the College of Naturopathic Medicine
For appointments and telephone consultations please email: jaynelmdonegan@yahoo.com
For articles and other resources please visit her website https://www.jayne-donegan.co.uk/articles/ To attend her regular online lectures please visit: https://www.jayne-donegan.co.uk

Join - HINT - Homeopathy International - https://hint.org.uk/

Frontrunner in defending Homeopaths & Homeopathy – or become a 'Friend.'

RESOURCES

1. MEASLES OUTBREAKS - THE SONG REMAINS THE SAME https://www.jayne-donegan.co.uk/measles-outbreaks/

2. *An excellent resource by Health Freedom Ireland* https://healthfreedomireland.com/vaccines/diseases/measles/

3. *The ebook 'Mumps, Measles, Rubella, Chicken Pox & Other Childhood Exanthems (red spotty rashes)' with much practical information on what to do is available here* https://www.jayne-donegan.co.uk/articles/

4. *Nass, M 2015 Updated 2019 Immunocompromised children: what are their infectious risks from the unvaccinated?* https://ahrp.org/immunocompromised-children-what-are-their-infectious-risks-from-the-unvaccinated/

TIP ARCHIVE

WHY I AM AN ANTI-VACCINIST

PRIZE ESSAY, REPRINTED FROM REYNOLDS'S NEWSPAPER, NOVEMBER 29TH 1908.

BY JOSEPH P SWAN, AUTHOR OF THE VACCINATION PROBLEM.

TiP editor: Imagine this kind of article considered a 'Prize Essay' these days! Personally, I admire the straightforward and fearless manner of Swan's words.

1. Because Vaccination is a "Grotesque Superstition."

Amid the many uncertainties that surround the vaccination controversy, this much at least is clear – there is no science of vaccination. Not one tittle of scientific evidence can be produced to prove that vaccination (or cowpoxing as it should be more truthfully called) has ever prevented or mitigated a single case of smallpox. Even the cause of smallpox itself is still – to the disgrace of the medical profession – an unsolved problem, and, notwithstanding the reward of £1,000 offered by the Grocers' Company, pro-vaccinist vivisectors are still busy perpetrating hideous cruelties on innumerable animals in useless efforts to discover the germ of cowpox.

The doctors have no exact knowledge of the nature of smallpox or cowpox, and, so far from the two diseases being identical, as is blindly assumed by pro-vaccinists, some of the most expert modern investigators of the subject incline to the view that cowpox is allied to syphilis. But, whether this be so or not, it is certain that vaccination has no more scientific basis than the veriest quack medicine in the market, and, consequently, the public are being deluded by a sort of vaccine confidence trick. When vaccination is performed, it is always described and paid for as a scientific and efficient specific, but, when its failure to protect is patent, the credulous dupes are coolly told that it could not have been "properly done," or that it was too old or too new, or that the marks were too few, or too small, or too faint. Such is the "science" of cowpoxing.

But perhaps the utterly absurd character of the whole business is best illustrated by the ridiculous fashion in which the modern pro-vaccinist assumptions destroy each other. Here are a few random examples:-

(a) If only recent and "efficient" vaccination is protective, the primary vaccination of last century (recently denounced by Mr Walter Long as "almost a farce by itself") cannot have caused the reduction of smallpox attributed to it in pro-vaccinist literature, as only a fraction of the child-population had at any time been recently "cut," and even those had not been "properly done," according to modern ideas.

(b) If vaccination really prevents small-pox, the unvaccinated cannot be a danger to their neighbours, because the latter may save themselves by getting "protected." On the other hand, if the operation simply mitigates without preventing smallpox, as some doctors illogically assume, the vaccinated must be as much a danger to the community as the unvaccinated. In either case the compulsory law is reduced to an absurdity.

(c) If cowpox and smallpox are identical, and if susceptibility to the one implies susceptibility to the other (as people are told when they get "beautiful arms"), the fact that the vaccine disease may generally be "taken" again and again, within very short periods, proves that it is not a protection against itself, and that is cannot, therefore, be a protection against the more virulent disease of smallpox, Even Jenner, the "immortal" founder (but not the discoverer) of the cowpox fetish, was shrewd enough to see this, and he, quite logically, repudiated the necessity for re-vaccination.

Enough, surely, has been said, though more might be added, to justify Dr Charles Creighton's historic description of cowpox inoculation as "a grotesque superstition."

2. Because a Century's Experience of Cowpoxing has Proved it to be Worse than Useless.

Out of the many unimpeachable facts which could be quoted to prove the complete failure of cowpoxing, from its inception onwards, space forbids more than a bare reference to the following:-

(a) The greatest epidemic of the 19th Century (1871-2), which killed over 44,000 people in this country alone, came at a time when the population was never better vaccinated.

(b) Smallpox epidemics usually attack the vaccinated first, and cases and deaths are recorded at all intervals after vaccination and revaccination. Moreover, the percentage of vaccinated attacks has progressively increased with the increase of vaccination, until, now-a-days, the vaccinated constitute the vast majority of the patients in the smallpox hospitals, and, in certain limited outbreaks, only "protected" persons have been attacked.

(c) The percentage of fatal cases, amongst vaccinated and unvaccinated combined, is practically the same now as before vaccination was introduced, thus proving that the alleged mitigating effects of the operation are quite imaginary.

(d) The experience of the revaccinated British and German soldiers, as shown by the following official figures, is alone sufficient to knock the bottom,

	Revaccinated Smallpox Cases.	Revaccinated Smallpox Deaths.
German Army, 1834-1887.....	7,505	291
British Army, 1860-1888	3,053	391

top, and sides out of the pro-vaccinist case.

Further confirmation of the uselessness of cowpoxing is found in the fact that (despite an increasing neglect of vaccination) the greatest decline of smallpox has taken place since the passing of England's Municipal Charter of Sanitation (the Public Health Act, 1875), thus emphasizing the universal experience that *"for the permanent avoidance of epidemic disease cleanliness is the sole safeguard" (Dr J Simon).* Fortunately, this is now generally recognised, even by the vaccinators themselves, and however much they may try to scare the public and puff vaccination by the issue of alarmist photographs and absurdly fallacious hospital statistics, they take care never to trust to the sale of cowpox alone as a means of preventing the spread of smallpox. In fact, where "*isolation and vaccination have been carried out in the face of an epidemic, it is isolation which has been instrumental in staying the outbreak, though vaccination has received the credit." – Professor Crookshank*.

I am an anti-vaccinist in the second place, therefore, because the belief in the vaccination delusion has delayed, instead of accelerating, the small-pox decline – which had set in before cowpoxing was introduced – by distracting the attention of the medical profession and the public form the only real remedies – sanitation, cleanliness, disinfection, notification, and isolation.

3. Because Pro-vaccinist Statistics are Unreliable and Fallacious.

The pro-vaccinist case depends largely upon certain hospital statistics, which are designed to show that unvaccinated, or "imperfectly " vaccinated patients suffer more severely from smallpox than those who have been "efficiently" cowpoxed, and that revaccinate persons, especially doctors and nurses, enjoy a special immunity.

In the first place I would point out that these statistics are vitiated as a whole by the fact that there is no authoritative definition of what "perfect" or "efficient" vaccination is, and hence there is "an ever open door" of escape for the pro-vaccinists when smallpox attacks the vaccinated. All they have got to do is to say that those cases could not have been "properly done," and accordingly exclude them from their statistics of "vaccinated" cases. Under this beautiful arrangement it is obvious that a "properly done" person can never take smallpox.

The following are other and more specific reasons for believing that the statistics in question are unworthy of credence:-

(a) Because they are not true of well-vaccinated and badly-vaccinated towns taken as a whole.

(b) because they show a fatality rate (thirty to sixty per cent.) amongst the unvaccinated, ridiculously in excess of that (twelve to eighteen per cent.) which prevailed amongst smallpox patients generally before Jenner brought out his crazy cowpox concoction and before men knew how to build a decent hospital.

(c) Because in severe cases of smallpox it is practically impossible to see the vaccination marks, hence there can be little doubt that many vaccinated deaths from smallpox are classed by the hospital officials as "unvaccinated." It has been shrewdly remarked that these cases are not booked as dying because they are unvaccinated, but as unvaccinated because they die.

(d) Because there is reason to believe that vaccinated children dying from smallpox are not infrequently certified as dying from "chicken pox." The medical text-books are all agreed that true chicken pox is "never fatal," and yet no less than 2,111 deaths of children under five were certified as being due to "chicken pox" in England and Wales during the twenty years 1881 to 1900!

(e) Because smallpox picks out the weaklings for attack (the general death rate from all causes is never adversely affected even by epidemic smallpox), and it is to be expected, therefore, that where the unvaccinated section of the community includes all the weaklings, it should show greater attack and fatality rates than the vaccinated or healthy section.

(f) Because there is no evidence that the children who have been exempted from vaccination under the Conscientious Objectors' clause of the act of 1898, are any more liable to take smallpox than vaccinated children, or in fact even as liable.

(g) Because the "marks" statistics, which are made to show that the more numerous and larger the marks the greater the immunity, are based on a pure assumption, as no one can possibly say whether any well-marked patient would have been worse or better if unvaccinated. Moreover, if vaccination is equivalent to an attack of smallpox, it is obvious that the large marks which follow bad arms indicate susceptibility to the disease, and, conversely, that small sores and slight marks are an evidence of comparative immunity. Yet, when the latter cases take smallpox it is blamed upon the faintness of the marks, and this despite the fact that the general tendency of modern vaccination methods is to produce faint marks.

(h) Lastly, because evidence can be produced to show that when revaccinated doctors and nurses take smallpox the particulars are not always divulged to the public. In any case their alleged immunity proves too much, seeing that the operation does not afford a like protection to other equally well-vaccinated sections of the community – eg, the Army and Navy.

I could readily advance ample evidence in support of each of the fore-going reasons did space permit. Those who desire to look further into the matter, however, are advised to apply to the National Anti-Vaccination League, 50 Parliament Street, SW, who will, I doubt not, be willing to supply any inquirer with a handful of literature for a few coppers.

4. Because the Practice is Fraught with serious Dangers to the Life and Health of the People.

Vaccination, at its best, attempts the everlastingly impossible task of sowing disease and reaping health. The dangerous character of the operation, at its worst, though recklessly denied in former years, was proved up to the hilt by the revelations made to the Royal Commission, and contained in a special volume of their Report, one of the blackest documents ever compiled. In addition to that evidence, the Registrar-General's Returns show that during the twenty years 1881-1900, no fewer than 948 deaths were admitted by honest doctors to be due to cowpox and other effects of vaccination, though there is grave reason to fear that the actual number was much greater, as it is known that deaths due to vaccination have been certified as caused by some other disease, in order to "preserve vaccination from reproach." Moreover, if so many have been done to death by the operation, what must be the number of those who, escaping death, are more or less seriously injured?

It is, however, contended that the use of "pure calf-lymph" (which, by the way, is neither "pure" nor is it "calf-lymph," but cowpox matter or virus) has now obviated the risk of injury. Nothing is further from the truth. There is ample evidence that cattle-virus is as dangerous in its quality as the humanized variety; in fact, some pro-vaccinist doctors aver that it is more dangerous, being liable, amongst other things, to produce results indistinguishable from syphilis.

The changed virus has simply the changed character of the risks. For example, the germs of several serious inoculable cattle diseases, such as cancer have not yet been discovered, and there is therefore no known test by which their absence from the virus can be determined. Nor does the officially banned, and then officially blessed, glycerination of the "lymph" lessen, if indeed it does not increase, its dangers; hence, doubtless, the present efforts of medical experts to find a different medium and so add another item to the long list of vaccination blunders with which a fallible profession has hitherto succeeded in deluding a gullible public. Once more, therefore, I am an anti-vaccinist because the deliberate injection of a mass of unknown disease germs into the blood of the people, under aseptic surgery, is a dangerous and unparalleled absurdity, and also because *"to forbid perfect health is a tyrannical wickedness, just as much as to forbid chastity or sobriety. No law-giver can have the right. The law is an unendurable usurpation, which creates the right of resistance."*
– F W Newman.

5. Because the Compulsory enforcement of such a Grotesque, Useless, and Dangerous Superstition, whether by Parliament or Employers, is a Tyrannical Interference with the Rightful Liberties of the People.
Not the least significant feature of the legal dissemination of vaccine disease is that its supporters dread discussion, and refuse, whenever possible, to allow their statistics to be independently checked. They wish to be counsel, judge and jury in their own case. Some even advocate the stifling by law of all anti-vaccinist criticism. Their favourite arguments are 20s. and costs, or, in default, distraint or imprisonment, and whilst these "arguments" fall lightly upon the rich, they inevitably inflict special hardship upon the poor. It may be answered that the law now grants to the latter a measure of relief.

True, the absurdly-drafted conscientious objectors' clause was apparently intended by Parliament to be a "measure of relief," though it allows only Englishmen and Welshmen to have a conscience on the question for four months, refusing Scotchmen and Irishmen any conscience at all. But it needs not to tell the readers of Reynolds's that numerous prejudiced and stupid Magistrates (both Stipendiary and lay) availing themselves of the apathy of public opinion, have not thought it beneath their "dignity" to stultify the intentions of Parliament by twisting this "measure of relief" into a further weapon of persecution. Equally scandalous also is the action of those employers who have taken advantage of their position and power to force their conscientiously objecting servants to barter their bodies or accept dismissal. There are hopeful signs, however, that these "outrages of sacred human rights" will not be much longer endured. The number of doctors (including Dr Charles Creighton, Professor Crookshank, Sir W J Collins, Dr Scott Tebb, and Dr W R Hadwen) who have had the great courage to rise superior to professional orthodoxy, and range themselves on the side of the anti-vaccinists, is gradually increasing. Other factors likely to accelerate the disestablishment and disendowment of the vaccine trade are the opposition of such weighty and unprejudiced thinkers as Herbert Spencer, Tolstoy, and Alfred Russel Wallace, and the heroic passive resistance to the Vaccination Acts which has been steadily displayed for years past by anti-vaccinists in Leicester and other enlightened towns up and down the country.

Space forbids further reasons for associating myself with these disease-hating and freedom-loving stalwarts, but I cannot do better than conclude my brief confession of unbelief by saying, in the fearless words of one of the doughtiest of these antagonists, that I am an anti-vaccinist because *"the successive Vaccination Acts were passed by means of allegations which were wholly untrue, and promises which have all been unfulfilled. They stand alone in modern legislation as a gross interference with personal liberty and the sanctity of the home; while as an attempt to cheat outraged nature, and to avoid a zymotic disease without getting rid of the foul conditions that produce or propagate it, the practice of vaccination is utterly opposed to the whole teaching of sanitary science, and is one of those terrible blunders which, in their far-reaching evil consequences, are worse than the greatest of crimes."*
– Alfred Russel Wallace.
Joseph P Swan, 55 Bedford Road, Walton, Liverpool.

HOMEOPATHY INTERNATIONAL (HINT)

A new homeopathy body supporting the profession has released a position statement regarding vaccination and informed consent. They are looking to engage with government bodies to find out why the NHS has not been keeping doctors up to date about their professional liability regarding informed consent. Their statement can be found at: http://www.hint.org.uk

AIMS & OBJECTIVES OF THE *informed* PARENT GROUP

1. To promote awareness & understanding about vaccination in order to preserve the freedom of an informed choice
2. To offer support to parents regardless of their decisions
3. To inform parents of the alternatives to vaccinations.
4. To accumulate historical & current information about vaccination & to make it available to members & interested parties.
5. To arrange & facilitate local talks, discussions and seminars on vaccination, childhood illnesses & the promotion of health.
6. To establish a nationwide support network and register (subject to members permission).
7. To publish a newsletter for members.
8. To obtain, collect and receive money and funds by way of contributions, donations, subscriptions, legacies, grants or any other lawful methods; to accept and receive any gift of property and to devote the income, assets or property of the group in or towards fulfilment of the objectives of the group.

THE INFORMED PARENT COMPANY LIMITED. REG.NO 3845731 (ENGLAND)

THE INFORMED PARENT, WORTHING, WEST SUSSEX, UK
tel: 01903 212969 • web: www.informedparent.co.uk • email: magdalene@informedparent.co.uk