33 INFORMATIVE YEARS
THE informed PARENT
ISSUE TWO 2025 A NEWSLETTER ON VACCINATION ISSUES AND HEALTH

THE NHS HAS A VACCINE PROBLEM: STAFF DON'T WANT THE JAB

SHAUN LINTERN
HEALTH EDITOR, SUNDAY TIMES

Sunday June 01 2025

https://www.thetimes.com/uk/healthcare/article/the-nhs-has-a-vaccine-problem-its-staff-dont-want-the-jab-r6ptz8fxj

EXTRACTS

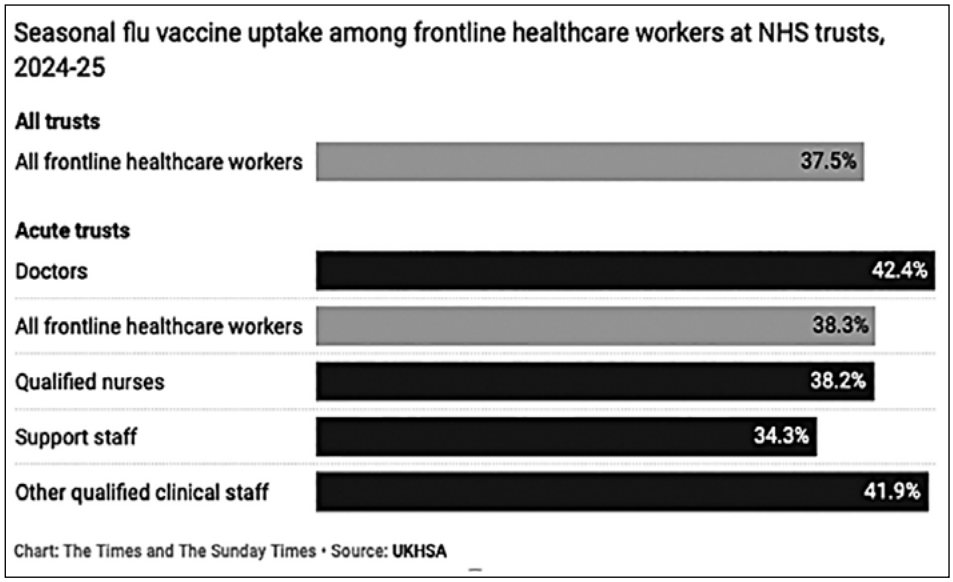
DOCTORS, NURSES and other frontline NHS staff are shunning the flu vaccine in ever-greater numbers, with almost nine in ten staff at one of England's largest hospital trusts unvaccinated last winter. Barts Health Trust, which has more than 18,750 staff working in six hospitals in east London, had the worst results in England, managing only 12.9 per cent, or 2,416, frontline staff getting vaccinated. This includes nurses and doctors working at the Royal London in Whitechapel, a major trauma centre treating some of the most seriously injured and sick patients in the capital.

The dire take-up is symptomatic of a problem on NHS wards across England. New data shows the number of NHS staff getting the seasonal flu vaccine over winter has crashed to 37.5 per cent — its lowest level in almost 15 years. This year's drop of 5.3 percentage points is the fourth consecutive year that vaccination rates have fallen since the pandemic.

The rapid fall is another sign of the wider phenomenon of "vaccine fatigue" that is being blamed for a rapid decline in vaccinations, including those designed to protect children from deadly diseases such as measles. The UK Health Security Agency said there was also complacency about the threat of some diseases and the agency was working to make sure parents were educated about the risks of not vaccinating their children.

"The number of NHS staff getting vaccinated is very low, it is worrying," said Heidi Larson, a professor of anthropology and founding director of the Vaccine Confidence Project at the London School of Hygiene and Tropical Medicine. It tracks public sentiment towards vaccines and has been running since 2010.

Larson said vaccine fatigue and wider falls in vaccination rates were being seen globally but particularly in Europe and western nations. "It's a mix of things going on," she said. Since the pandemic, people had reacted against a sense of being controlled and forced to have jabs.



'SOCIETAL PTSD'

"A lot of people were kind of bullied, almost, in a positive sense, to get the first Covid dose in the UK. It was very successful but there was this sense of control and people have said in our studies they resented taking that vaccine. Some people, maybe subconsciously, are angry about having been pushed into taking them. They feel enough is enough towards vaccines. What I see is a sort of societal PTSD and within that some people are now saying they won't get vaccinated as a reaction."

The pandemic had also made more people aware of vaccines and the science behind them and prompted more people to go online where, Larson said, they were confronted by "toxic information". Urgent action was needed to reverse the decline but she warned the NHS and government against a "top-down command and control campaign", which could make matters worse. Instead, more nuanced conversations using peer influencers and community leaders were needed.

According to the UK Health Security Agency's official statistics, released last month, 37.8 per cent of frontline health workers across hospitals and GP practices had a flu vaccination between September and February. This is the lowest since 2010-11 when 35 per cent of staff were vaccinated.

GP surgeries managed more vaccinations — with 52 per cent of staff getting the jab — but this was down 10 per cent on the year before. Among staff groups, doctors were the most vaccinated but still achieved only 42 per cent. Only 38 per cent of nurses had the vaccine and the lowest level was among support staff, with 34 per cent.

During the winter, almost 75 per cent of over-65s had a flu vaccine. The number of people with longer-term health conditions being vaccinated fell to 40 per cent. Similar falls were seen in primary school children and toddlers but coverage among secondary school children hit

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Magda Taylor

Editor's note

WELCOME to the penultimate edition of The Informed Parent newsletter. The last edition is due out at the end of December 2025.

A massive thank you to all of the subscribers who have continued to subscribe, and to some generous individuals' donations which will greatly help with the running costs and help keep the website online for the foreseeable future. Very much appreciated!

In this extended edition I have included a large extract from Mike Stone's article on the inquiry into the germ theory. Mike has an excellent and very informative site https://viroliegy.com/ which I highly recommend if you want to really delve into the virus story.

In my well-considered opinion formed over the last 34 years this is the most important area to study first!! The foundations which vaccination rests upon are far from sound. And yet this procedure has continued to be pushed worldwide on to the trusting public like a form of religion that must never be questioned, just accepted. If you are not a believer you are deemed a heretic!! From Jenner's vaccination against smallpox at the turn of the nineteenth century this unproven procedure has evolved into a massive industry with the ever-increasing number of vaccines in today's 'recommended' (or sometimes compulsory, depending on where you live in the world) schedule.

Fortunately, there has been a lot more conversation regarding vaccines in the last 5 years due to the elaborate covid story. More and more 'truth' speakers and websites have emerged which is keeping the subject in the forefront. However as I have mentioned in previous editions, there is still a reluctance/avoidance to investigate whether the germ theory is legitimate and scientifically proven. Some 'truthers' have even ridiculed the few doctors who have raised concerns and exposed the lack of good quality scientific studies surrounding germ theory, contagion, virology etc?? Why would that be? Personally, I think that there have been many storylines thrown to the public in order to steer them away from some basic simple truths. The protection of the germ theory is essential for the pharmaceutical industry and their numerous products, especially vaccines!

Living in fear of invisible microbes gives the industry the potential to keep on developing more and more vaccines for more and more alleged microbes. An invisible enemy is out there randomly targeting you or your loved ones – that is the scaremongering message the industry wants you to believe. I am not the first to liken the 'invisible microbes' story to the Emperor's New Clothes story. All the people in awe and in admiration of the emperor's invisible clothes, simply because they were told what to believe! It just took a child to shout out the simple truth.

Also, there is the term 'terrain theory' that is often brought in as the alternative to 'germ theory.' Personally, I do not see the state of your terrain as a theory. It is common sense that the state of your environment, whether internal or external will affect your well-being. Your living conditions will impact your health, what you feed your body (internal environment), the level of mental and physical stress, the level of external toxicities you are exposed, all play a role. And yet you often see articles or discussions entitled Terrain theory v Germ theory. It looks more like another divisive measure. Terrain is not a theory it is an obvious phenomenon. Regarding germ theory the opinion is that it is an unproven hypothesis for a growing number of researchers. Rather than divide people the full focus should be on whether there is properly conducted science evidencing germs causing disease, in my opinion. But this is avoided at all costs!

As usual at this time of the year, as we shift towards the new season there are more colds, and flu, ie a seasonal detox. However, since 2020 the public are told that these are outbreaks of covid, or a new variant! A way of reminding people to fear yet another invisible enemy, and this fear sadly spreads to those who are uninformed.

On a positive note, in my daily life when striking up a casual conversation I have been pleasantly surprised to find that more and more people are starting to question the official narrative!! I do hope you find the articles within thought-provoking!
Health and happiness,
Magdalene Taylor, Editor, September 2025.

almost 45 per cent — the highest yet. More than 7,750 deaths were linked to flu in 2024-25, double the number the year before. London, as a region, had the lowest vaccination rate at 31 per cent but this was more than double the performance of Barts Health Trust.

One senior consultant at Barts Health Trust, who had the jab, said they were shocked at the results and blamed apathy by some staff. They said: "I had mine from a vaccine champion who visited different clinical areas to vaccinate staff." Managers needed to do better, they said, adding: "They should be spending summer finding out why staff didn't get it, rather than just doing the same again next winter."

Caroline Alexander, chief nurse at Barts, said: "We understand that vaccine fatigue and hesitancy is a real concern for staff. While this challenge is not new and was heightened during the pandemic, we have been actively working to address it through a targeted communications campaign in collaboration with NHS England aimed at dispelling myths and building trust around vaccines."

She said the trust had offered mobile clinics and drop-in sessions in hospitals and sent trained vaccinators to wards and departments. Before next winter the trust would be highlighting the dangers of not having the flu vaccine. The best-performing trust was South East Coast Ambulance Trust, which managed a vaccination rate of 74 per cent. A spokesman there said it had a proactive campaign with vaccinators visiting workplaces with incentives such as "free coffee for a jab". It also used real-time data to track who had been jabbed to help target staff and teams with low uptake levels. Other problems include hesitancy by black and minority ethnic staff and communities towards vaccines. ***The NHS has also scrapped payments made to hospitals for encouraging more staff to have jabs. (TIP Bold type emphasis)***

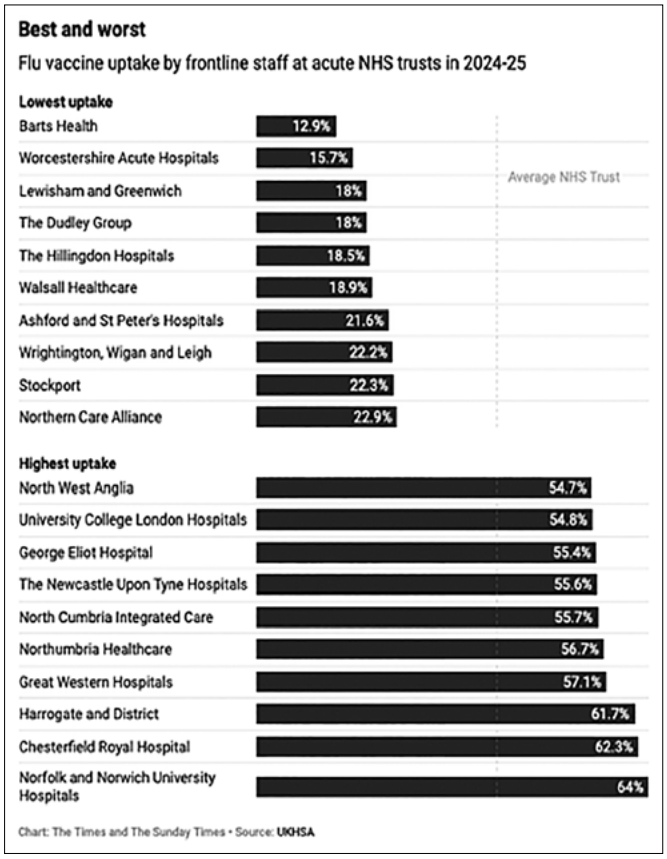
The NHS has included messages on staff pay slips to try to increase vaccinations as well as working with medical colleges to design better messaging for staff groups. Sir Stephen Powis, the NHS England medical director, said: "NHS trusts have a mandatory obligation under the NHS standard contract to make a flu vaccine offer to 100 per cent of their frontline staff every year."

TiP Editor: 'Mandatory obligation' ?? It sounds less dictatorial than saying it in plain English … ie It is not optional and there can be consequences for failing to comply. Interesting that health care professionals are questioning and declining these vaccines.

As Prof Larsen points out the decline of vaccine uptake amongst NHS professionals has been steadily falling for a number of years. Back in December 2019 at a WHO Vaccine conference Larson said 'we have a very wobbley health professional front line that is starting to question vaccines – that is a huge problem'. And that if we lose that trust in our care-providers we're in trouble.

It is highly likely, in my opinion, that the last 5 years of the covid narrative has increased scepticism amongst health care staff and that these falls in uptake are the result.

A free coffee incentive…not much of a reward for putting your health at risk, especially since there is no sound scientific evidence behind all these pathogenic virus claims.



DOUBLE-BLIND FRAUD: FRAUD IS ENDEMIC IN MEDICAL RESEARCH

IN THE MAY 2025 edition of What Doctors Don't Tell You features an article by editor Bryan Hubbard reviewing a new book entitled, 'Unreliable: Bias, Fraud and the Reproducibility Crisis in Biomedical Research' The author, Czaba Szabo, is head of pharmacology section and president of the Department of Oncology, Microbiology and Immunology at the University of Fribourg in Switzerland.

Hubbard states that Szabo 'paints a worrying picture. So-called medical research is too often a farrago of comedy, mistakes, fraud, gain and aggrandizement, and its fuel is pharmaceutical money and career advancement. Pure science is left bleeding and dying at the laboratory door.' Here are a few examples Hubbard gives:

'For instance, Szabo tells us about cell lines, the building blocks of biomedical research. Sometimes the cells come from humans, sometimes from animal. But in 5 percent of instances, the lines are mixed up – for example, what lab researchers thought were cells from the lungs of a human in fact came from the pancreas of a mouse. No going back from that, and so any results will be meaningless (not that that has ever been an impediment to a drug company pushing a new drug?)'

Another example: 'He (Szabo) has also had direct experience of fraud. One of the junior members at his lab faked images repeatedly for studies that were published in several medical journals. But fraud isn't the preserve of the junior researchers. Marc Tessier-Lavigne was promoted to president of Stanford University before it was discovered that several studies he'd published as a lab researcher contained fake data. Faced by this damning evidence, he resigned in 2023.'

And another: Then there's the Nobel Prize-winning cancer researcher who has had 13 papers retracted, all for potentially fraudulent results. The papers were "peer reviewed" before they were published, so why weren't these fraudulent data picked up then? As Szabo points out, reviewers are busy people who may be more focused on getting their own research published, fraudulent or otherwise. As reviewers don't get paid for their labor, there isn't much incentive to spend time on the work of others.'

Hubbard remarks on how the fraud may be worse even than Szabo suggests, and that whole papers have been made up according to a former editor of The BMJ, Richard Smith's article from July 2021 "Time to Assume That Health Research is Fraudulent Until Proven Otherwise".

TiP editor: Here is the link: https://blogs.bmj.com/bmj/2021/07/05/time-to-assume-that-health-research-is-fraudulent-until-proved-otherwise/

I would add that another huge fraud is the actual lack of properly controlled scientific studies in the first place! Particularly in areas of germ theory and the virus narrative.

There is no good solid evidence of pathogenic entities causing disease. This fraud is unacceptable! Fraud built on foundational frauds.

Szabo's book details:
Publisher: Columbia University Press
ISBN: 9780231216241
https://www.waterstones.com/book/unreliable/csaba-szabo/9780231216241

US FDA SAFETY LABELLING CHANGE FOR mRNA COVID-19 VACCINES

VINAY PRASAD, MD, MPH;
MARTIN A. MAKARY, MD, MPH
VIEWPOINT, JAMA 14 JULY 2025

Full article: https://jamanetwork.com/journals/jama/fullarticle/2836670

BRIEF SUMMARY OF THE ABOVE PUBLISHED ARTICLE BY TIP EDITOR, MAGDALENE TAYLOR

The article opens with:
On June 25, 2025, the US Food and Drug Administration (FDA), in conjunction with manufacturers, added class safety warnings for myocarditis and pericarditis to COVID-19 messenger RNA (mRNA) vaccines' prescribing information. The new warning expands knowledge regarding the age range and severity of myocarditis, noting that the estimated unadjusted incidence of myocarditis and/or pericarditis was approximately 27 cases per 1 000 000 (or 1 in 37 000) in males aged 12 to 24 years for the 2023 to 2024 formula of mRNA COVID-19 vaccines, and that "at a median follow-up of approximately 5 months post-vaccination, persistence of abnormal cardiac magnetic resonance imaging (CMR) findings that are a marker for myocardial injury was common." The data do not allow disambiguating risk by manufacturer.'

The authors explain that following new data from a study sponsored by the FDA, the new safety warnings have been introduced. The study included 333 patients hospitalized with myocarditis after receiving a COVID-19 vaccine where no alternative causes were considered plausible. The average age was 16 years, with 96% presenting with chest pain with a mean onset of 3.2% after vaccination.

The authors raise concerns that a follow-up (159 days on average) showed 60% of these individuals with initial LGE (late gadolinium enhancement) had persistent symptoms which raised questions about the benefit-risk assessment for COVID-19 vaccination in healthy male adolescents and young adults.

The authors point out that the link between COVID-19 vaccination and myocarditis was not immediately accepted and in late April 2021, the then - CDC director stated that she had not observed a potential causal link. Interestingly the tone of the authors is ringing some alarm bells and they are also making some admissions about vaccine safety despite claiming the usual pro-vaccine narrative of vaccines being 'both miraculous and lifesaving':

'*First, vaccines can have idiosyncratic and concerning adverse effects. Although many vaccines are both miraculous and lifesaving, the ability of an immunologic product to result in unforeseen and idiosyncratic harms remains real.*'

However, this approach of concern by the authors may be being used to simply try and regain trust from the public so that future C-19 vaccines become more accepted?

The authors state that the FDA is currently conducting benefit-risk modelling studies, and that 'the burden of proof must be high to vaccinate healthy people at low risk of severe disease.'

The article ends with this final paragraph:

'*During the COVID-19 pandemic, broad, one-size-fits-all mandates were aggressively pursued, requiring vaccines in populations with potentially net-negative benefit-risk profiles. This risk-taking approach may, in part, be responsible for widespread loss of trust in public health and medicine and growing hesitancy against all vaccination. Public trust takes decades to build, but can be forfeited in a single action. The FDA's class SLC (Safety Labeling Change) action on mRNA products represents one step toward rebuilding that trust.*'

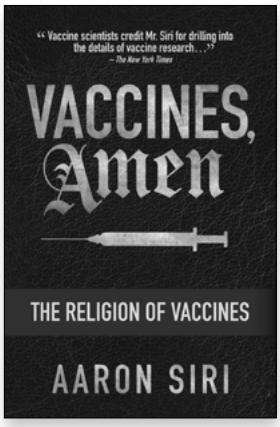
In other words, there are more mRNA products coming soon. Will these products be replacing the traditional vaccines – it seems like that is the plan?

BOOK NEWS: VACCINES, AMEN: THE RELIGION OF VACCINES

BY AARON SIRI
ISBN-13 979-8992423006

EVER HEAR "I believe in cars" or "I believe in tools"? Probably not. But people routinely say, "I believe in vaccines." This saying carries a truism because claims about vaccines often require faith. Belief. It is why challenging these claims often results in an emotional, not logical, reaction.

If you want the facts about vaccines—not beliefs and dogma—this book delivers. From the game-changing National Childhood Vaccine Injury Act of 1986 through today's post-Covid-19 landscape, Siri lays it all out based on a decade of experience deposing the world's leading vaccinologists and prosecuting over a hundred lawsuits against health agencies. On that journey, he found that common claims about vaccines are often contrary to the evidence. This book lays bare this evidence, often the result of epic legal battles. There is what medical and health authorities tell the world, and then there is what they admit under oath in a lawsuit.



If you want to learn the truth about vaccines and the secret world of vaccinology, this book injects a heavy dose of reality and reveals the power structure and facts regarding vaccines as they have never before been laid out. Once you see the evidence, you cannot unlearn the truth.

Dr Jayne LM Donegan: *'GREAT book. Every parent should read it because every doctor will not have. No waffle. No opacity - only what could be used as evidence in court, using the Health and Regulatory agencies own data.'*

VACCINE HARM IN PREGNANCY? SORRY, NOT IN THE PUBLIC INTEREST

BY SALLY BECK

The Conservative Woman, 19 May 2025

Full article https://tinyurl.com/5jxjxcdd

EXTRACTS

THE UK's drugs watchdog officials have refused to release data they collected in 2021, detailing adverse events suffered by pregnant women injected with covid vaccinations. Inexplicably, they claim it is not in the public interest, and all freedom of information requests to access full data have been denied.

Pregnant women were invited to take covid vaccines just two months into the vaccine rollout, before any of the manufacturers had begun trials in pregnant women, and before any had released reproductive toxicology reports.

Doctors began noticing serious adverse events in pregnant women and by the end of 2022, 66 doctors, scientists and clinical practitioners submitted an open letter to the Royal College of Obstetricians and Gynaecologists (RCOG), the Royal College of Midwives (RCM) and the UK Health Security Agency (UKHSA) calling for 'a halt in covid vaccination over serious safety concerns'. The authorities' silence was deafening, and the vaccine juggernaut rumbled on.

Alarming signals are being picked up all around the world but are being ignored by health chiefs and governments. In Scotland, concerned doctors presented figures to Public Health Scotland, an NHS board sponsored by the Scottish Government, that show a sharp spike in post-vaccination neonatal deaths (deaths that occur before a baby is four weeks old) from February 2021, the month they began jabbing pregnant women. The spikes in neonatal deaths increased with each subsequent vaccination and booster, reversing the trend of falling neonatal death rates. The same neonatal death trend was not seen during 2020, when covid infections went unchecked. Post-neonatal deaths increased too. These are deaths of babies between the age of four weeks and one year. Again, the number of deaths increased the more vaccinations a pregnant woman received.

A DROP IN BIRTH RATES IN MANY COUNTRIES

Turkish researchers have studied fertility in female rats and found a reduction in the sacs that hold the female's eggs, called primordial follicles, by up to 60 per cent. Primordial follicles are the foundations of fertility: if they do not develop, women cannot ovulate, and pregnancy becomes difficult or impossible without medical help. Periods become irregular or may stop with early menopause.

A recent preprint study from Czechoslovakia shows successful conceptions in the country are plunging. Dr Vibeke Manniche, a Danish MD, and mathematician Dr Tomáš Fürst, Assistant Professor of Applied Mathematics at Palacky University in the Czech Republic, tried to get their study published. Dr Fürst said: 'We were turned down by six scientific journals within two hours of submitting the paper for consideration.'

Their results, taken from official government data, show that in June 2021, unvaccinated women enjoyed an increase in successful conceptions which continued for the next six months. Throughout 2022, successful conception rates were 1.5 higher in unvaccinated women compared with vaccinated women. Overall, successful conceptions in vaccinated women were about a third lower than unvaccinated women. Again, there was no effect on successful conceptions during 2020, when covid infections were at their peak. 'Mainstream media won't report our work. The wall of censorship is firm. We've been deleted from Facebook many times. The truth will come out because the covid lies are so dense, they've overplayed their cards on such a massive scale, many people have awakened.'

THE EQUINE COMMUNITY PLEAD FOR FURTHER STUDY INTO THE HENDRA VACCINE

SUNSHINE VALLEY GAZETTE
20 Aug 2025
https://tinyurl.com/5avuuxp2

EXTRACT

A SUNSHINE COAST vet claims a horse vaccine available to prevent Hendra virus needs further study, particularly of its potential side-effects. The issue is under intense discussion in forums and social media, following the recent illness of a horse in Tin Can Bay. The horse suddenly collapsed, about 10 days after being vaccinated against Hendra virus. It was subsequently discovered the horse did not have Hendra virus, and the concern is that vaccine itself may be the cause of this horses illness. However, local vets and Equine Veterinarians Australia rejected that concern even though test results have not been finalised.Dorothea Hofman, who is also president of the North Coast Active Riders Group, said while horse owners were keen to use a vaccine to protect their horses, feels the present vaccine had not been properly assessed for its side-effects, leaving some in doubt as to whether it caused problems in the process of presenting the disease."My concern is the vaccine is causing some horses to be unwell," Ms Hofman said."Previously IMT(Immune mediated thrombocytopenia) was very rarely heard of in horses in my 30 years as a veterinarian."I now know of three horses which died from IMT one week to 10 days post-vaccination." Ms Hofman said the vaccine contained a viral protein fragment and an adjuvant, which is a component added to the vaccine to increase its efficacy. "I personally suspect it is this component that is causing the untoward reactions by over stimulating the immune system to cause some forms of autoimmune disease." "Some horses get wobbly or have nose bleeds and then progress to death. It's a huge problem," she said. "Some horses display side-effects such as nasal discharges, coat changes and colic post vaccine as well. "I have never seen such a level of severe reactions to vaccines before," Ms Hofman said. The vaccine came on the market in 2012, and while there was great urgency in developing a vaccine, Ms Hofman believes it needed more testing before its release. "It was rushed; and there is some concern about the product wording, as it refers to the disease being 'endemic', whereas it's more 'sporadic'," she said.

LONG COVID IN YOUNG CHILDREN, SCHOOL-AGED CHILDREN, AND TEENS

OVERVIEW BY MAGDALENE TAYLOR, TIP EDITOR

THE ABOVE TITLE is from an article featured on the Patient Page, JAMA Pediatrics, July 2025, Vol 179 no. 7, by Rachel Gross, MD, MS et al.

The heading caught my attention as I wondered what was meant by Long COVID and how it was being diagnosed.

I have featured many articles in recent years highlighting the lack of evidence for the alleged virus and questioning the existence of this so-called disease, you may also be asking yourself where is the evidence for long covid? It is easy for the medical world to add another disease into their ever-increasing list without proper scientific evidence, it seems.

According to this article long covid is common affecting up to 10-20% of children with a history of covid. No doubt these alleged covid cases came from the invalid PCR results which have been heavily criticised in recent years, bringing into question this alleged 'test'.

The symptoms the authors describe, have many common features but can look different across ages. They then proceed to list a broad range of symptoms which cover many typical presentations in children and teens, and conveniently place them under this alleged condition 'long covid'. The authors state:

'Infants, toddlers, and preschool-aged children are more likely to have symptoms parents can observe, such as poor appetite, sleepiness, and respiratory symptoms (eg, a cough). School-aged children are more likely to have neurologic symptoms, eg, trouble focusing, trouble sleeping, or feeling lightheaded.

"Personally, I found this article ridiculous, fear-mongering, and extremely worrying."

They may also have back or neck pain, headache, stomach pain, or vomiting. Sometimes, they have behavioral changes. Adolescents are more likely to have a change or loss in smell or taste, pain, fatigue-related symptoms, trouble with memory, and lightheadedness.'

A table of these age groups and the symptoms are also listed in an information box next to the article with a black cross at the bottom reading:

+ 'There is no cure for long COVID, but physicians may recommend medicine to help with some of the symptoms and guidance on avoiding symptom flares.'

Personally, I found this article ridiculous, fear-mongering, and extremely worrying. Parents who just accept these diagnoses without question will very likely agree to their children receiving medicines long-term also. And yet it should be clear to anyone with some common sense that these listed symptoms could all be related to, for example, the child's lifestyle, especially the use of screens and mobile phones. Over-stimulating a child with long hours of screen use could cause almost all of the symptoms indicated for the school-aged children to the adolescents.

Symptoms for the 0-2 year olds are nothing new especially given the ever-increasing vaccines now included in the first two years. These alone could set up sleep issues, poor appetite, stuffy nose and a dry or wet cough and set them up for a more chronic state of health.

A brief paragraph explaining how long covid is diagnosed then informs the reader that there are no specific blood tests for long covid and that it is 'diagnosed based on prolonged symptoms or new or worsening conditions.' In other words, they can easily just label these children with this long covid diagnosis, given the broad spectrum of symptoms, and proceed to medicate them to 'help with some symptoms'.

And what effect does this have on the child itself? Will they spend the rest of their lives carrying this label around along with receiving a cocktail of medications, which will likely cause a decline in their long term health?

Full article: doi:10.1001/jamapediatrics.2025.1415

CARDIAC MANIFESTATIONS AND OUTCOMES OF COVID-19 VACCINE-ASSOCIATED MYOCARDITIS IN THE YOUNG IN THE USA: LONGITUDINAL RESULTS FROM THE MYOCARDITIS AFTER COVID VACCINATION (MACIV) MULTICENTER STUDY

www.thelancet.com Vol 76, 102809, October, 2024.

DOI: 10.1016/j.eclinm.2024.102809

BRIEF EXTRACT:

'IN CONCLUSION, COVID-19 vaccine-associated myocarditis has a mild initial clinical course but myocardial injury as evidenced by LGE on CMR at initial presentation is common, especially in older adolescent males who present after their first or second dose of mRNA vaccines.

While mid-term clinical sequelae are rare and LGE severity decreases over time, the persistence of LGE at follow-up in most patients warrants continued clinical surveillance, additional research and longer-term studies in this subset of patients.'

(LGE - late gadolinium enhancement on CMR - cardiac magnetic resonance imaging.)

EXPANDED SPECTRUM AND INCREASED INCIDENCE OF ADVERSE EVENTS LINKED TO COVID-19 GENETIC VACCINES: NEW CONCEPTS ON PROPHYLACTIC IMMUNO-GENE THERAPY, IATROGENIC ORPHAN DISEASE, AND PLATFORM-INHERENT CHALLENGES

JANOS SZEBENI
31 March 2025
Pharmaceutics 2025, 17, 450
https://doi.org/10.3390/pharmaceutics17040450

ABSTRACT:

THE mRNA- and DNA-based "genetic" COVID-19 vaccines can induce a broad range of adverse events (AEs), with statistics showing significant variation depending on the timing and data analysis methods used. Focusing only on lipid nanoparticle-enclosed mRNA (mRNA-LNP) vaccines, this review traces the evolution of statistical conclusions on the prevalence of AEs and incidents associated with these vaccines, from initial underestimation of atypical, severe toxicities to recent claims suggesting the possible contribution of COVID-19 vaccinations to the excess deaths observed in many countries over the past few years. Among hundreds of different AEs listed in Pfizer's pharmacovigilance survey, the present analysis categorizes the main symptoms according to organ systems, with nearly all of them being affected. Using data from the US Vaccine Adverse Event Reporting System and a global vaccination dataset, a comparison of the prevalence and incidence rates of AEs induced by genetic versus flu vaccines revealed an average 26-fold increase in AEs with the use of genetic vaccines.

The difference is especially pronounced in the case of severe 'Brighton-listed' AEs, which are also observed in COVID-19 and post-COVID conditions. Among these, the increases in incidence rates relative to flu vaccines, given as x-fold rises, were 1152x, 455x, 226x, 218x, 162x, 152x, and 131x for myocarditis, thrombosis, death, myocardial infarction, tachycardia, dyspnea, and hypertension, respectively. The review delineates the concept that genetic vaccines can be regarded as prophylactic immuno-gene therapies and that the observed chronic disabling AEs might be categorized as iatrogenic orphan diseases. It also examines the unique vaccine characteristics that could be causally related to abnormal immune responses which potentially lead to adverse events and complications. These new insights may contribute to improving the safety of this platform technology and assessing the risk/benefit balance of various products.

TiP Editor: Good that these AEs are being highlighted, but given the number of people injured or have died due to these vaccines you would think the authors, in their summing up, would refer to them as serious outcomes not 'new insights'! And it always goes back to the idea of 'safer vaccines.' In my opinion, they obviously have not studied the history of this procedure and the invalid science it is based on.

FROM AN INFORMED PARENT SUBSCRIBER, MAY 2025:

MY SON WAS BORN in April 1992. We have eczema on both sides of the family. Whilst even then I was using complementary therapies it never crossed my mind to question vaccines.

Within days of the DPT jab eczema started to spread over the whole of his little body. I was very lucky to have an appointment with a doctor who suggested something must have triggered it, and the only thing in his opinion to provoke such a strong reaction would have been the DPT. He then told me about a local homeopath.

We met the homeopath, and she said she believed it was the Pertussis element of the vaccine and gave him a homeopathic dose of Pertussis vaccine. I watched incredulously as the eczema reduced until it was just a tiny spot on his chest …interestingly exactly where it had started, it just reversed out his body in the same order.

I didn't vaccinate my daughter at all and whilst I learnt to stop trying to defend my actions it was hard at times to stand up to the medical profession and other parents. Your newsletters kept reminding me why I didn't vaccinate and that I wasn't alone. Your constant reinforcement of the issues with vaccines meant that when the mRNA Covid " vaccine " was launched we all refused to take it, including my 30-year-old son. Covid magnified and exposed all the issues to do with vaccination.

The corruption, the manipulation of data, the use of fear, censorship, the punitive tyrannical tactics (where did all the human rights lawyers go to ?) and more terrifying of all the Group think from society in general. Even now when the lid is being lifted on so many aspects no one is really reporting on it and no one wants to know.

I do understand that if you are vaccinated you don't want to hear that it might not have been the right thing to do. It so frustrating that there is no balanced debate. HS

> CONTAGION IS A CONVENIENT NAME FOR THE RESULTS OF COMMON CAUSES, THERE IS NO DISEASE-SEED; THERE IS ONLY DISOBEDIENCE OF NATURAL LAW
>
> THOMAS RICHARD ALLINSON (1858-1918), AN ENGLISH PHYSICIAN
>
> **From: A System of Hygienic Medicine**

HISTORY REVISITED: Infectious Diseases and Vaccinations by Patrick Quanten MD

BEFORE WE GO on this journey that will take us through the world of medicine, through the world of science and through the world of industry, I would like you to hang on to one certainty. In order to minimalise the risk of losing our way or becoming confused by the road signs in different 'languages', we have to have this one certainty we can always rely on to bring us home again.

Science tries to build true knowledge of how the natural world works. Science provides us with 'accurate' and 'reliable' explanations, but it is not described as a search for truth. – Science studies nature and natural phenomena. Its main field of study is the outdoors. It never proclaims anything it discovers to be absolutely true.

Science uses a specific method in order to build this true knowledge.

1. *Make an observation – Ask a question about your observation*
2. *Do a background research on available knowledge – Construct a hypothesis*
3. *Do many experiments to test the validity of the hypothesis*
   - the hypothesis is not validated by all the test results – communicate this to the scientific world - rethink - reformulate the hypothesis - retest
   - the hypothesis is confirmed by all test results - construct even more tests
4. *Communicate your hypothesis and test results to the scientific world – others can now begin to test the hypothesis and communicate their result – one result that does not support the hypothesis invalidates it, excludes it from true scientific knowledge*
5. *A confirmed hypothesis becomes a scientific theory – scientific truth does not exist as new discoveries are likely to overrule an existing theory at some point in the future.*

The scientific method ensures that a wide range of researchers take a good and hard look at a hypothesis, trying to find the floor in it. Ultimately, every theory we hang onto will be shown not to be *entirely* true, so it is best to try not to adhere for too long to a belief that is withholding us from finding true knowledge.

Patrick Quanten MD

> **"Maitland was given permission by King George I to conduct an experimental study on death-row convicts, Under Lady Mary's enthusiastic endorsement, within a year variolation became a trend among the English aristocracy."**

Now that we are clear about this, we can begin our journey to find true knowledge in the field of infectious diseases and vaccinations. We will begin our journey long before vaccines, in a time where the focus of infectious diseases was mainly on smallpox.

The most successful way of combating smallpox before the discovery of vaccination was inoculation. The word is derived from the Latin *inoculare*, meaning 'to graft'. Inoculation refers to the subcutaneous instillation of smallpox virus into individuals. – *It makes it sound as if people, over two hundred years ago, knew what the cause of the disease was. While the term 'virus' originates from the Latin word, meaning 'poison', its application to infectious agents smaller than bacteria was first formally made by Beijerinck (1898). His work built upon earlier research by Dmitri Ivanovsky, who had also discovered that the infectious agent of tobacco mosaic disease could pass through filters, and therefore must be very small. Beijerinck, however, went further by recognising it as a new type of infectious agent and coining the term 'virus'.* - In contrast to Asians and Africans who inoculated by blowing dried smallpox scabs up the nose, Europeans and their American cousins tended to inoculate by inserting material into a scratch or cut on the skin, whereby smallpox material, like pus or scabs, was introduced into a healthy person's body. – *So it wasn't smallpox virus that was introduced into the individual, but simply diseased tissue, obtained from a person suffering from what was believed to be smallpox.*

It was the continued advocacy of the English aristocrat Lady Mary Wortley Montague that was responsible for the introduction of variolation (using smallpox diseased tissue) in England. Lady Montague was so determined to prevent the ravages of smallpox that she ordered the embassy surgeon, Charles Maitland, to variolate her 5-year-old son. The procedure was performed in March 1718. Upon their return to London in April 1721, Lady Montague had Charles Maitland variolate her 4-year-old daughter in the presence of physicians of the royal court. After these first professional variolation procedures, word of the practice spread to several members of the royal family. Maitland was given permission by King George I to conduct an experimental study on death-row convicts, Under Lady Mary's enthusiastic endorsement, within a year variolation became a trend among the English aristocracy. Yet despite its evident popularity in high society, variolation was not immediately embraced by the medical community at large. Infecting a healthy person purposefully seemed against nature and contrary to the Hippocratic theory of balancing the humours that prevailed in Western medical education.

LESSONS LEARNED:

1. The rulers of society implement whatever they believe to be good or true.

Edward Jenner, in the official history version of vaccinations, was the first to make the link between smallpox and

cowpox (1768). In fact, it was a common belief amongst dairymaids that they were in some way protected from smallpox, because they came in contact with cowpox.

LESSONS LEARNED:

1. The rulers of society implement whatever they believe to be good or true.

2. Being in a specific natural environment protects you against possible influences by that environment.

Jenner began to inoculate (using cowpox diseased tissue) people to provide them with protection against smallpox. Why didn't cowpox fascinate the doctors at that time in the way that it became an obsession for Jenner? In the first place, they felt that variolation with smallpox was well understood and that there was no need for a substitute. There was a second, and more compelling, reason why country doctors were not impressed by cowpox. It did not always protect against smallpox. However, Jenner persevered and history claims he was acting in a completely acceptable way *believing he was providing protection against a disease*. It reads as follows: "Since inoculation was a well-established and largely safe procedure that was widely used in England, there was no ethical issue with that part of the experiment. Inoculation would have been viewed as a necessary part of growing up for a child receiving parish support. Since cowpox was never fatal and had few systemic effects, there were unlikely to be any unexpected complications apart from failure to immunise." - *So, even though there is no evidence that a procedure is necessary, it is viewed as a failure not to proceed! The procedure is implemented because it is coupled to the help people are receiving from the parish council, from the authority.*

Edward Jenner

National Library of Medicine on unsplash.com

LESSONS LEARNED:

1. **The rulers of society implement whatever they believe to be good or true.**
2. **Being in a specific natural environment protects you against possible influences by that environment.**
3. **Writing history allows one to justify actions that are, at the time, deemed to be wrong, unnecessary.**

The smallpox history continues as follows:

1853 Vaccination in England enforced by fines. Smallpox epidemic begins in England that lasts until 1859. Over 14,000 die.

1871 In Birmingham, England, from **1871 to 1874** there were 7,706 cases of smallpox. Out of these, 6,795 had been vaccinated.

1871 In Bavaria, Germany, vaccination is compulsory and re-vaccination is commonplace. Out of 30,472 cases of smallpox, 29,429 had been vaccinated.

1871 Worldwide epidemic of smallpox begins. Claims 8 million people worldwide.

1909 New York Press, January 26,1909 publishes a report by W.B. Clark which states, "cancer was practically unknown until cowpox vaccination began to be introduced. I have seen 200 cases of cancer, and I never saw a case of cancer

in an unvaccinated person."

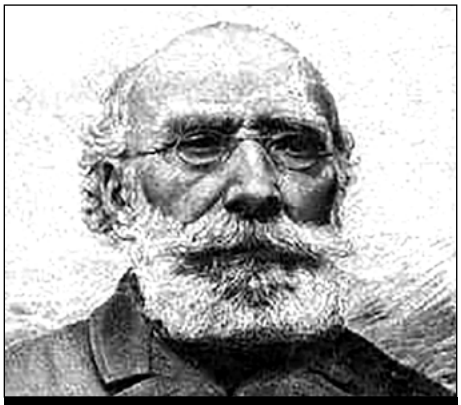
When we read the history, the word 'vaccine', and consequently 'vaccination', appears in texts relating to research done in the 18th and 19th century. Surely that is very strange, as the Centres for Disease Control and Prevention (CDC) defines a vaccine as *'a suspension of live (usually attenuated) or inactivated microorganisms (e.g., bacteria or viruses), fractions of the agent, or genetic material'.* But history also tells us about the discovery of microorganisms. The existence of microscopic organisms was discovered during the period 1665–83 by two Fellows of The Royal Society, Robert Hooke and Antoni van Leeuwenhoek. In *Micrographia* (1665), Hooke presented the first published depiction of a microorganism, the microfungus Mucor. Later, Leeuwenhoek observed and described microscopic protozoa and bacteria. These important revelations were made possible by the ingenuity of Hooke and Leeuwenhoek in fabricating and using simple microscopes that magnified objects from about 25–fold to 250–fold. After a lapse of more than 150 years, microscopy became the backbone of our understanding of the roles of microbes in the causation of infectious diseases.

The microscope did not dominate early science as it might have done, but the instrument did become popular in the homes of the wealthy. It became a sort of sophisticated toy to impress visitors along with one's family paintings and cabinet of curiosities. Better and much more powerful microscopes did eventually revive the scientific use of the instrument. Isaac Newton predicted "that instruments magnifying three or four thousand times might bring atoms into view" (Gleick, 94). The microscope returned to the forefront of science in the mid 19th century, which means that nobody busying themselves with inoculations or variolations before that time could have been 'vaccinating' anybody, not when we use the established definition of a vaccine. They would not have established any microorganism within the diseased tissue. And a vaccine simply is a suspension that can only be produced in a laboratory, made for the purpose to manipulate purified microorganisms and genetic material.

On the 16th of October, 1816, at Bassing, in the department of Bas-Rhein, (France, since ceded to Germany), was born a child by whose name in the nineteenth century came to be known as Antoine Béchamp, He should have been recognised in the same way as Copernicus, Galileo and Newton. Unfortunately the magnitude of what professor Béchamp's decades of research had to offer was buried and discredited by a jealous and flamboyant student named Louis Pasteur.

In 1856 Béchamp showed that moulds transformed cane sugar into invert sugar (glucose) in the same manner as does the inverting ferment secreted by beer yeast. These moulds under the microscope are seen to be formed by a collection of molecular granulations which Béchamp named 'microzymas'. Béchamp established that they were living beings capable of inverting sugar and some of them to make it ferment. He also showed that these granulations under certain conditions evolved into bacteria. Pasteur never understood either the process of digestion nor that of fermentation, A good analysis of who Pasteur was and what the value of his work was to the scientific community of his day, is to be found in the book *"Louis Pasteur, Ses plagiats chimiel-physiologiques et Medicaux"* (Chemical-physiological and medical plagiarism).

Béchamp – In 1854 he was appointed Professor of Chemistry at the University of Strasbourg. Béchamp received a Doctor of Science in 1853. In 1856, after receiving his medical degree, Béchamp took a position at the University of Montpellier, where he remained until 1876 when he was appointed Dean of the Catholic Faculty of Medicine at University Lille Nord de France. Ultimately he moved to Paris, where he was given a small laboratory at the University of Sorbonne. On April 15, 1908 one of the greatest scientists who ever lived passed away at the ripe old age of 91. Upon his death, it took eight entire 8-1/2"x11" pages of the French Moniteur Scientifique to list just the titles of his professionally published studies. That magazine was the equivalent publication to that of our National Academy of Sciences.



Antoine Béchamp

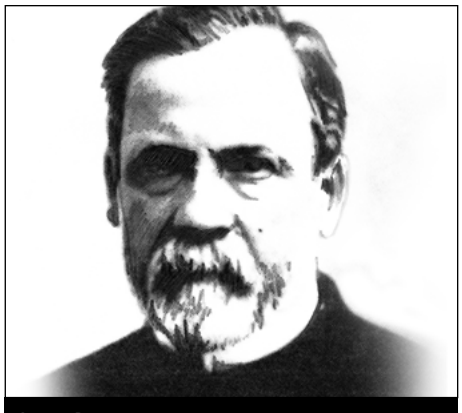
Pasteur – He earned a bachelor of arts degree (1840) and bachelor of science degree (1842) at the Royal College of Besançon. Pasteur obtained his master of science degree in 1845 and then acquired an advanced degree in physical sciences. He later earned his doctorate in sciences in 1847. Pasteur was appointed professor of physics at the Dijon Lycée (secondary school) in 1848 but shortly thereafter accepted a position as professor of chemistry at the University of Strasbourg, where he was replaced by Béchamp in 1854. On May 29, 1849, he married Marie Laurent, the daughter of the rector of the university.

Science *- Pasteur concluded that each kind of pathogen produces one specific fermentation, while Béchamp proved that a microorganism might vary its fermentation effect in conformity with the surrounding medium. Bechamp's assertion that these microforms, under varying conditions, might even change their shape was later proved conclusively by Felix Loehnis and N.R. Smith of the U.S. Department of Agriculture in 1916.* – This means that microorganisms adapt their behaviour and conform to their surrounding circumstances, and not as Pasteur claimed that each variation produces a specific ferment that makes them into a different microorganism all together. The scientific truth has been turned on its head by Pasteur.

Béchamp: "All-natural organic matters (matters that once lived), absolutely protected from atmospheric germs, invariably and spontaneously alter and ferment, because they necessarily and inherently contain within themselves the agents of their spontaneous alteration, digestion, dissolution." These 'microzymas' were later described in pleomorphic terms

and renamed by such scientists as Gunther Enderlein, Ernst Almquist, Albert Calmette, Royal Raymond Rife, Lyda Mattman, E.C. Hort, Felix Lohnis, and more currently re-described and photographed by Gaston Naessens. Béchamp was able to show that all animal and plant cells contain these tiny particles which continue to live after the death of the organism and out of which microorganisms can develop. – This means that when tissue dies, microorganisms can spontaneously develop out of the disintegrating tissue material. - *Béchamp claimed that microzymas routinely become forms normally referred to as bacteria, and that bacteria can revert or devolve to the microzymian state. This laid the foundation for the principle of pleomorphism, which is central to understanding the appearance of 'infectious' and degenerative disease symptoms in the body. This school of pleomorphic biology was in direct conflict with monomorphic theory, supported by Louis Pasteur.*

Today most microbiologists have been trained within the monomorphic doctrine. They accept that, apart from minor variation, each bacterial cell is derived from a previously existing cell of practically the same size and shape. Cocci generally beget cocci, and rods give rise to rods. The monomorphic view is that by binary fission most bacteria divide transversely to produce two new cells which eventually achieve the same size and morphology of the original. In the same way, a single spore germinates to give rise to a vegetative cell essentially the same as the cell from which the spore originated. Exceptions to this rule are reported in certain so-called higher bacteria, but most pleomorphic observations are ignored and generally regarded as diagnostically insignificant staining artifacts or debris. – This means that scientific observations are being ignored in order to be able to stick to an accepted belief. The choice between a pleomorphic and a monomorphic view of life was made over one hundred and fifty years ago, when Pasteur was chosen over Béchamp. References to pleomorphism disappeared in biology textbooks starting in the 1920s up to the present date. The medical world, read '*industry*', had made their choice as to what suited their aims and goals, rather than choosing what was true.



Louis Pasteur

WHY PASTEUR AND NOT BÉCHAMP?

Hold their views up against the light of infectious diseases and 'the fight against' those diseases. - *Pasteur claimed that diseases come from outside the body, while Béchamp said that diseases arise from inside the body. Pasteur promoted the idea that microorganisms are the primary cause of disease. Béchamp, on the other hand, claimed that the deterioration of the host body caused disease.* - If the disease is caused by an alteration inside the host body, nobody except the host himself can 'fight' the disease. If the disease is caused by an outside factor, such as a microorganism, this microorganism can be fought. - *Pasteur believed that every disease is associated with one particular microorganism, while Béchamp countered that every disease is associated with a particular condition within the body.* – Pasteur's version means that there is potential to do battle with an almost limitless number of 'disease causing agents', while the version of Béchamp doesn't offer any scope for a possible outside interference. - *Pasteur's 'germ theory' states that the body is sterile, and disease is caused by external germs (microbes). For Béchamp, microbes naturally exist in the body and it is the disease that reflects the deteriorating condition of the host and that changes the function and even the structure of the microbes.* - During Béchamp's and Pasteur's time, in the 1800's, no one really knew the cause of disease, because they had no way of evaluating the effects of microorganisms being present in the tissues.

Science – *In order to identify a disease-causing-agent as the real cause of that disease, Professor Koch put forward four postulates, following the scientific method, that needed to be concurred with (1890).*

1. *The microbe is present in each case of the disease and never in a healthy person.*
2. *The microbe can be taken from the infected host and grown independently.*
3. *The disease can be produced by introducing a pure culture of the microbe into a healthy host.*
4. *The microbe can be isolated and identified from the host infected in step 3.*

To this day, nobody has been able to comply with these requirements in any study regarding infectious diseases or any named disease-causing microbial agents. In fact, even Professor Koch admitted it appeared impossible. The response from the medical 'scientific' community has been, and still is, that these postulates are no longer necessary.

Added to this, we must never forget that viruses have never been isolated, never have been purified, in a scientific way. And if you don't have a pure culture, you can't proceed with Koch postulates either.

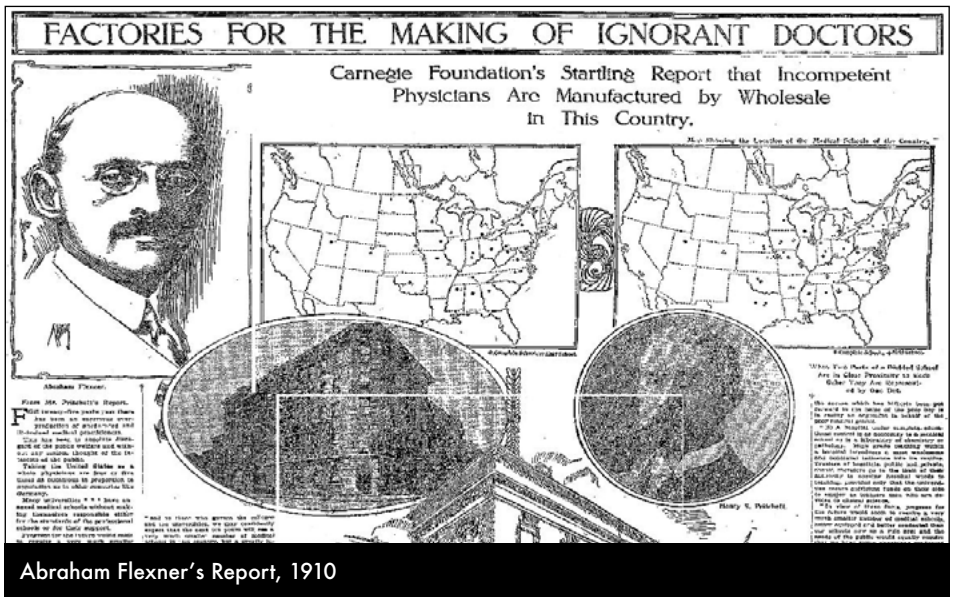
A significant choice in history was made, which is affecting the daily lives of ordinary people even to this day. Pasteur was chosen over Béchamp. What does history tell us about the man Pasteur?

A more realistic description of this character has emerged, such as that offered by Patrice Debré, qualifying Pasteur as unfair, arrogant, haughty, contemptuous, dogmatic, taciturn, individualist, authoritarian, careerist, flatterer, greedy, and ruthless with his opponents. This was illustrated when he was administrator and director of scientific studies at the prestigious 'École Normale Supérieure' (ENS), which educates teachers and professors. His authoritarianism, his inflexible temperament, and his conflicting relationships with the students ended in the resignation of 73 students. This required the intervention of the Minister of Education and led to Pasteur's resignation. But he was always well aware of what the social impact was of his claims and his demeanour. The aristocracy plays a significant role in lobbying the government. The French government, recognising the economic and practical implications of Pasteur's work, provided funding and support for

his research, particularly after his work on wine diseases. The public also rallied behind his discoveries, as evidenced by the widespread adoption of pasteurisation and other preventative treatments. The economy and practical implications of Pasteur's work are of course the potential for industry and profit making. Soon this became the clear and powerful driving force behind the choices that were made.

At the bottom of what happens next lays a superb growth in the state funding for biomedical research, new psychiatric hospitals, and asylums, along with increasing health care support through company-based plans and state welfare insurance corporations emerging in the 'American Progressive Era' since the 1890s. These initiatives also included additional monetary support for biomedical research and medical education, and they were made possible by philanthropic foundations such as the Rockefeller Foundation and the Carnegie Foundation for the Advancement of Teaching in New York City. These foundations paid for hospitals, care centres, laboratories, insurance companies, universities, and for the formal education of doctors. Very philanthropic, but what did they get in return? On the instigation of John D. Rockefeller a US science administrator and politician Abraham Flexner published a report (1910) to put the final nail in the coffin of all traditional therapies that were still available on the Canadian and American market, such as naturopathy, traditional homoeopathy, chiropractic, osteopathic medicine, and eclectic forms of therapy. Flexner became adamant in his strive and polemics against all training facilities that offered education and postgraduate work in the above-mentioned fields and advocated for the closing of nearly eighty percent of all the contemporary programmes in homeopathy, naturopathy, eclectic therapy, physical therapy, osteopathy, and chiropractic. He had listed these programmes in his report under the pejorative titles of the 'medical sects' and stated that he openly aimed to 'antagonise' them through the publication of his report, since he saw no firm juridical way to discard these non-biomedical approaches on the American medical and psychiatric market. It was to be 'biomedical' or nothing!

Flexner, commissioned by Rockefeller, determined what medical schools would be approved, what the requirements were for entering the medical training programme and how long the training was going to last. They determined that medical schools should be part of university research centres, which would give them access to state funding. In addition, Flexner envisioned clinical teaching in academically oriented hospitals. There were demands for rigorous laboratory-based training in medicine. All of this also reflected broader social and political trends, such as an increasing utilitarianism in American society, the necessity to economise social subsidiaries in the health care system, and the strengthening of the performance of science and medicine in the USA for applications in industry, the agricultural sector, and the military. Governments everywhere agreed and willingly adopted the Flexner report into their policies. Effectively, only people trained by the medical schools approved by the American Medical Association would have the knowledge to oversee and manage the new medical system, while it was the task of the government to keep all other treatment modalities locked up under the premise that they were dangerous to the individual and the population.


FACTORIES FOR THE MAKING OF IGNORANT DOCTORS

Carnegie Foundation's Startling Report that Incompetent Physicians Are Manufactured by Wholesale In This Country.

Abraham Flexner's Report, 1910

The American Medical Association (AMA) was founded in 1847 with the goal of advancing medical science, improving medical education, and promoting public health. What that means in practice became obvious right from the start.

- One of the first major actions was the adoption of a national code of medical ethics, aiming to establish professional standards and to guide physician behaviour.
- The AMA actively worked to combat quackery and promote scientific medicine through education and advocacy.
- The organisation played a key role in advocating for and implementing reforms in medical education, including setting standards for medical schools and residency programmes.
- The AMA has been a powerful lobbying force, influencing healthcare policy and advocating for physician interests.

The Flexner report was the next step to establish a medical monopoly in the healthcare business, but one without any outside control or influence. A completely separate power unit that is capable of manipulating national policy and controlling policy making. Founded in 1947, the World Medical Association aimed to ensure the independence of physicians and promote high ethical standards in medical care. In general, medical associations worked to standardise medical education and training, ensuring a consistent level of competence among practitioners. They developed codes of conduct to guide medical practice. Medical associations played a role in advocating for public health measures and promoting public awareness about health issues. Medical associations were granted regulatory

powers, overseeing the licensing and conduct of medical professionals. In short, they train and control their flock; they tell people what health is and how to gain it; and they license their own activities.

LESSONS LEARNED:

1. **The rulers of society implement whatever they believe to be good or true.**
2. **Being in a specific natural environment protects you against possible influences by that environment.**
3. **Writing history allows one to justify actions that are, at the time, deemed to be wrong, unnecessary.**
4. **A new ruler of society has emerged – Now they can implement whatever they believe to be good or true.**

The foundation has been laid for a world ruling faction that supersedes national governments and that is free of any controlling system. The population will be told what to believe and what to do with regards to the health of all individuals. A choice has been made, in name of every individual, that diseases are caused by outside interferences by invisible animals and invisible poisons, in spite of the scientifically proven fact that this is not the case. A choice has been made and measures are put in place to ensure all information that contradicts the chosen belief is suppressed and forbidden.

The next chapter in the history of infectious diseases is called the Polio Story. And this is where a version of the assumed story begins. Flexner and Lewis established a filterable virus as the causal agent in 1909, but more detailed study of this organism was hampered by the fact that monkey's and chimpanzees were, for a long time, the only susceptible animals in which the disease could be experimentally induced.

In 1824 the English scientist John Cooke stated: "The fumes of metals, such as lead, arsenic and mercury, or the receptance of them in the stomach often cause paralysis." In 1878 the link between metal poisoning and palsy was strengthened by the work of Alfred Vulpian. The Russian Popow demonstrated in 1883 that the same

"Dr Charles Caverly reported that it was caused by toxin rather than a microorganism. Further epidemics occurred in Massachusetts, but in spite of the evidence that exposure to toxins was the cause, the investigating health officials overlooked the newly introduced pesticides."

paralysis could occur as a result of ingesting arsenic. Since 1870, an arsenic-based pesticide, Paris Green, had been used widely to stop Codling moths ruining the apple crop. In 1892, Paris Green was replaced by an even more toxic pesticide, lead arsenate, in Massachusetts. Two years later the first recorded epidemic of infantile paralysis (polio) struck in the neighbouring state of Vermont. Dr Charles Caverly reported that it was caused by toxin rather than a microorganism. Further epidemics occurred in Massachusetts, but in spite of the evidence that exposure to toxins was the cause, the investigating health officials overlooked the newly introduced pesticides. These were considered to be essential in their war against bacteria and viruses, and to the financial health of the agricultural industry.

The World Health Organisation still credits Landsteiner and Popper (Austria 1908) with having found the polio virus. One year after their dubious experiment, Flexner and Lewis claimed the virus as the infectious agent causing infantile paralysis. - We know that viruses are quite diverse. Unlike all other biological entities, some viruses have RNA genomes and some have DNA genomes. Further, some viruses have single-stranded genomes, while others have double-stranded genomes. Their structures and replication strategies are equally diverse. Viruses, do, however, share a few features: First, they generally are quite small, with a diameter of less than 200 nanometres. Second, they can replicate only inside a host cell. Third, no known virus contains ribosomes, a necessary component of a cell's protein-making translational machinery. In other words, viruses, compared to all other biological entities, do not possess a normal structure, nor do they function normally. So much so, that they must be an anomaly of nature, so small that it is impossible for anyone to have done experiments with it over a century ago.- Flexner and Lewis reported: "We failed utterly to discover any bacteria that could account for the disease (paralysis). The infective agent of epidemic poliomyelitis probably belongs to the class of the minute and filtrable viruses that have thus far not been demonstrated with certainty under the microscope." – When the oracle says it is so, then it must be so! Who needs proof?

LESSONS LEARNED:

1. **The rulers of society implement whatever they believe to be good or true.**
2. **Being in a specific natural environment protects you against possible influences by that environment.**
3. **Writing history allows one to justify actions that are, at the time, deemed to be wrong, unnecessary.**
4. **A new ruler of society has emerged – Now they can implement whatever they believe to be good or true.**
5. **Science has been hijacked. – Scientific research aims to disprove a theory, while medical research aims to prove a theory.**

US President Franklin D Roosevelt, himself a victim of infantile paralysis, set up in 1938 the National Foundation for Infantile Paralysis (NFIP). Its focus was on raising money for vaccine research by releasing horror stories of the disease. The advertising drive was very successful in terms of raising money and spreading fear. By the end of 1930s the vaccine scientists had tested various 'virus isolates' but when they were fed orally to monkeys the animals failed to fall ill. Very puzzling! In 1941 Dr John Toomey reported in the Journal of Paediatrics that it was not passed between individuals 'no matter how intimately exposed'. If the disease was non-infective then it could not be caused by a virus (or any other infectious disease causing agent, for that matter) and no vaccine could ever be effective against the disease. But they raced on! And another snag appeared. Soon they discovered that it was possible

for many different viruses to be present in the damaged nerve cells. If toxins caused the disease, this would be easy to explain. But that didn't help their cause!

By 1954 Salk had his polio vaccine ready for testing. The theory was that children would gain immunity to living polio virus if dead polio virus was injected into them. – Nobody had ever come across a polio virus, dead or alive, but they pretended to be able to kill the virus and inject it into healthy human beings. – To kill the virus he poisoned it with formaldehyde. Only 112 children who received three jabs contracted the disease. He judged his experiment a success. But his safety test results omitted all cases of children who became paralysed after one or two doses, or within two weeks of receiving the third dose. These were all judged to be polio cases in the non-vaccinated. It is also not known if Salk even checked if children were already immune before he vaccinated them.

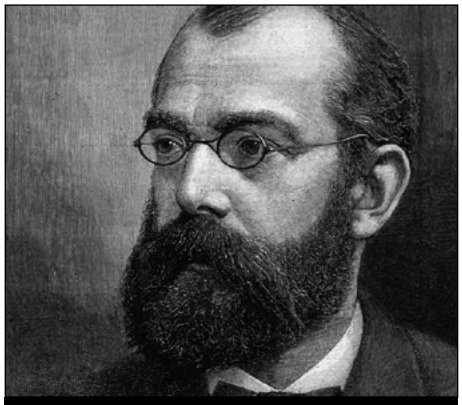
1954 – General vaccination programmes against polio begin in the United States.
1954 – Reward of $30,000 offered to anyone who proves polio vaccine is not a fraud. Not one person was able to claim the reward.
1955 – American Cancer Society advertising circular states "cancer will strike one of every four persons now living. More children from 3 to 15 years of age die of cancer than from any other disease." (50 years before, cancer was unheard of in children).
1955 – Vermont reports a 266% increase in polio since vaccinations began in 1954.
1955 – Rhode Island reports 454% increase in polio since vaccinations in 1954.
1955 – Massachusetts reports 642% increase in polio since vaccinations began in 1954 with vaccination of 130,000 children. In response, the National Foundation for Infantile Paralysis states that the increase in cases was due to the fact that "no children were vaccinated there". Massachusetts bans the sale of Salk vaccine.
1956 – US government appropriates $53.6 million to 'aid states in providing free vaccine to people under 20 years of age'.
1972 – World Health Organisation (WHO) Bulletin No.47 refers to the creation of an immune virus and suggests that a useful way to study the effects would be 'to put it into a vaccination programme and observe the results'. It is theorised that WHO used the smallpox vaccination programme in Central Africa for this study, since the spread of HIV infection coincides precisely with the most intense and recent smallpox vaccination campaigns. Information on the Central African countries most infected with HIV precisely matches WHO figures indicating the number of people vaccinated in these areas.
1976 – Dr. Jonas Salk, creator of the polio vaccine, says that analysis indicates that the live virus vaccine in use since the 1960's is the principle, if not the sole, cause of all polio cases since 1961.

The medical authorities claim to be trustworthy and efficient because their approach to health issues is 'evidence-based'. What they fail to emphasise is the fact that they choose what evidence to use.

- Experimenters have incubated cold viruses, placed them directly on the mucous lining of the nose, and found that their subjects came down with colds only 12% of the time. These odds could not be increased by exposing the subjects to cold drafts, putting their feet in ice water to give them chills, or anything else that was purely physical.
- Swine flu is a known viral infection, which was considered non-dangerous and normal, but for an unknown reason during an outbreak in the spring of 1918 in the US it mutated into a severe form that killed a large number of people. The medical authorities were pressurised into developing a vaccine in order to stop the spread of this now lethal disease. They conducted experiments on volunteers, which they recruited from a military prison on Deer Island in Boston harbour. The prisoners were promised complete pardon if they survived a series of rigorous tests. In order to infect the volunteers with the deadly virus they were injected with infected lung tissue taken from the dead. If this failed they had their eyes, nose and mouth sprayed with infectious aerosols. After that, they had their throats swabbed with discharges taken from the sick and dying. If all else failed, they were required to sit open-mouthed while a gravely ill person was sat up slightly and made to cough into their faces. There were sixty-two chosen volunteers. Not a single one caught the flu. The only person who did was the doctor who died soon afterwards.

Stories taken from their own archives. Observations that should tell us something about infections and the agents we are blaming it on. The idea of a virus causing an infectious disease is nothing more than an extension of the theory that a microbe from our environment invades the body and causes an infection. To start with, these theoretical microbes were unseen and unproven. When the microscope appeared on the scene, nobody was interested in actually using this tool to see if they could detect the villain. One hundred and fifty years past! But then they saw them and confirmed that the perpetrator was caught red-handed. He was, mostly, present within the diseased tissue. Now all they had to do is to provide evidence that the microbe present at the crime scene effectively committed the crime. They failed every time. Even worse, on many occasions they are unable to locate the named disease-causing-agent at the scene of the infection it is accused of having caused. And this is when the theory of a virus causing all this devastation really took roots in the medical thinking. A new unseen, so small it couldn't be detected, 'microbe' was theorised to invade the body and cause infections. Whether detected or not, an invading 'microorganism' of some sort just had to be the cause of the disease. Why? Because they needed us to believe that. If the population ever became aware of the scientific truth, known for nearly two hundred years, the medical empire and the world domination dream would simply implode.

More research is needed, so they said. There are no independent laboratories. They are all owned by the medical industry and their research is aimed at finding proof, anything at all, that they are right. No evidence is considered when it indicates anything else, and no investigation is launched into any other possible explanation. Viruses are the prerogative of the medical research centres. Everything we know about



Robert Koch

viruses is what they have told us. The only thing science can do is to, now and again, point out where the medical research is contradicting science, and even those voices are drowned out. Here is a short selection of important scientific points made.

- Medical: A virus cannot survive outside a host cell. – How can it then be transferred via objects (as mentioned in AIDS, Covid) or floating water droplets?
- Koch's Postulates: The disease-causing-agent must never be found in a healthy person. – How can a healthy person then be a disease carrier?
- A virus is not alive, as it doesn't perform any of the basic functions of a living organism (eating/breathing, digesting/absorbing, excreting, procreating) and it doesn't possess the necessary organelles for any of these functions either. - In other words, it hasn't got a metabolism and it doesn't possess the capacity for a metabolism.
- What has been called a virus has been photographed (electron microscopic pictures) around cells, seemingly attached to cells and inside cells.
  – These structures are called exosomes (outside the cell) and endosomes (inside the cell). These bubbles are known to contain broken bits of genetic cellular material that are being moved out of the cell, that are being disposed of. This effect is seen in tissues struggling to maintain a healthy function, whereby the cell is trying to clear up as much of its own debris as it can, in an effort to survive.
- Identification of a virus is done in a laboratory and can never be part of a medical consultation. Identification is a search for specific genetic sequences within cellular debris, whereby a specific sequences is, theoretically, linked to a virus. – If what is called a virus is in fact a small waste bag filled with short sequences of broken off cellular genetic material then the chances are one will find a particular sequence in tissue where many cells are breaking down. All one has to do is to keep looking for those 'bits'.
- The virus load is the highest in the early stages of the disease, rapidly falling to very small numbers. – This is contradictory to a festering infection producing more and more viruses that spread around quickly and infect more and more cells. It is, however, consistent with the expulsion of lots of exosomes in a last ditch effort to save the cell.
- Medical research talks about viruses as if they meet up with them every day. Truth is that nobody has even managed to isolate or purify a virus, even though they made the claim as was done with regards to HIV and AIDS. Years later, Dr Luc Montagnier and others admitted they never truly isolated the virus, but that they thought they had.

Medical science serves a real purpose, and that is serving the demands of its owners. The medical system has been constructed with a particular short term aim, making large profits, and a particular long term aim, controlling the world. Its power reaches far beyond any national government. Its method is not scientific but mind manipulation. Controlling the narrative creates dependency. If the oracle is the only source of the right answer, then everybody must hear what the oracle has to say. The line of thinking is the line of action. The oracle subsidises the 'right' actions. After a while, people will demand that other people will follow the oracle too, and the tables can magically be reversed. The oracle now serves the demands of the people! What the people want, is what you told them they needed, wanted.

If you are interested, you take home the lessons we have learned today.

LESSONS LEARNED:

1. **The rulers of society implement whatever they believe to be good or true.**
2. **Being in a specific natural environment protects you against possible influences by that environment.**
3. **Writing history allows one to justify actions that are, at the time, deemed to be wrong, unnecessary.**
4. **A new ruler of society has emerged – Now they can implement whatever they believe to be good or true.**
5. **Science has been hijacked. – Scientific research aims to disprove a theory, while medical research aims to prove a theory.**

If you are interested, you can also take home some useful knowledge about infections and vaccinations.

- Infections are not caused via the invasion of the body by an outside microorganism. The tissues become ill, start to disintegrate, which may give rise to a microbe lifeform. The disintegration of the tissues is likely connected to some sort of poisoning of the tissues.
- Vaccinations against any organism will never work because the microorganism isn't involved in causing the infection. Hence, no form of vaccination is ever required in any health matter.
- Viruses are an excuse for everything the medical research refuses to investigate. They are, very likely, simply small bags of cellular genetic waste, being expelled from an already diseased cell.
- Sequences of genetic material can be found, but their origin is always obscure because there is no such thing as a 'purified' viral culture. Sequences of genetic material will be found everywhere one cares to look for it. All it says is: "A living cell was here!"
- Medical research stubbornly continues to look for explanations in places that have already proven to be barren of useful information.
  This indicates that they are driven by a different agenda, looking for something different from what they want you to believe they are looking for. They are looking to ensure your dependency upon their system, in the same way that any manufacturing industry needs you to believe you desperately need their products.

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VACCINATION FOR ANIMALS & PETS

ROGER MEACOCK BVSc MRCVS has been at the forefront of quantum veterinary medicine in the UK for the last 25+ years. His practice, Natural Healing Solutions, offers a referral and 2nd opinion veterinary service throughout the UK and internationally.

Here follows a shortened version of his overview of vaccination.


Roger Meacock BVSc MRCVS

OVERVIEW

Vaccination has been a contentious issue both within human and veterinary medical fields for years. Pharma recognised many years ago that prophylactic use within the whole population was a brilliant business model for them. If you read *Turtles All the Way Down* and/or other well-researched books of a similar ilk, and do your own research to confirm it, you'll realise that the human diseases that are often stated to have been eradicated by vaccines were already well on the way out prior to vaccination as a result of improved hygiene and better nutrition, the latter of which has deteriorated significantly from what was largely a meat and 2 veg diet to one full of sugar and processed foods. Kibble and unnecessarily processed foods for animals are similarly a huge step backwards in health compared with a proper species-appropriate diet. An inappropriate diet sets an individual up for disease, but vaccination is not the answer.

There now seems to be an idealistic belief that it will be possible to vaccinate for a myriad of diseases from Grass Sickness in horses through to Cancer. This is unrealistic and fails to recognise that many diseases are multi-factorial and/or can have a number of aetiologies behind the same end result. There is also a failure to consider past lessons from veterinary medicine where over-vaccination in the poultry and pig industries brought about populations of birds and pigs respectively with seriously compromised immune systems.

This was brought home to me just after I left conventional farm practice in 2000 to start Natural Healing Solutions. My then boss did most of the routine pig work in the practice although I did all the export work, so I knew the staff pretty well and one of the sows with a very bad burn injury was my first patient using Scenar. My boss was very much into vaccination and this one farm used a strict regime of hygiene, disinfection and every pig vaccine available in an attempt to minimise disease and maximise health and production. It was all done with the best of intentions from a health perspective, but it was expensive.

The struggle to keep head above water was eventually deemed too much and the farm stopped farming pigs. The head pigman moved to another farm where they weren't so strict about disinfecting between batches moving around, didn't vaccinate and let nature take its course. I met up with him again when I was out treating his wife's horse and he said to me that he found it amazing how his new farm seemed to get away with not doing all the supposed high health practices he'd done in his old job. It just shows what an amazing job innate immunity can do and how adaptive individuals and groups are to their environment when everything is allowed to find its balance.

Coming back to vaccines, there are a number of fundamental problems with them as follows.

1. Vaccines are less tested than other medications because the concept of vaccination is accepted and considered to be safe. They are not reassessed in light of new and emerging science. The new mRNA jabs are a prime example of where their intended veterinary use has been declared but seemingly without proper understanding of them and despite their dubious safety history.

2. Single vaccines can only have a maximum of 3 strains of the chosen equine influenza virus in horse flu jabs. Consequently, a committee decides which strains it predicts are and will be the most prevalent circulating strains in advance.

Different manufacturers will include different strains at times which means that not all "fully" vaccinated horses have the same levels of protection against all strains, "Success" depends on which predictions and strain inclusions were correct or not. Different countries are likely to have different prevalent strains that will determine what strains the vaccines cover in that country. Horses meeting and mixing at international FEI competitions will not therefore having identically matching vaccination status, and it is possible that a horse can asymptomatically carry a strain against which it has been vaccinated but others from other countries haven't been. It's maybe more by luck than by design that horses cope, or maybe the immune system of horses that are regularly in the equestrian circuit are that much more accustomed to adapting and keeping a much wider range of antibodies at higher levels of alert and readiness?!

The system of guessing/choosing which strains to include in vaccines led to a situation in Nov 2013 where Dr Janet Daly, a virologist at the University of Nottingham's School of Veterinary Medicine and Science, concluded in her paper published in the Equine Veterinary Journal that "vaccines could be administered more strategically and should contain currently circulating strains of virus."

At that time "None of the vaccines on sale in the UK contain the most recently recommended strains", she said, "and only one vaccine in the US does." This situation spanned a number of years. Despite rectifying this inappropriate strain inclusion in recent years (as far as I know), only retrospective analysis can really tell how appropriate a certain vaccine was/is. Given the ability of viruses to mutate, it is likely to be only a matter of time before there is another outbreak of a novel strain that escapes vaccine cover similar to what happened in Newmarket in 2003.

3. Adjuvants are included in vaccines to

amplify the immunological response to the antigen.

Nature has a predictable habit of mutating in unpredictable ways! As we know from the Equine Flu outbreak in Newmarket in 2003 where all vaccinations on racing yards are strictly kept up to date, there was no protection against a novel strain of virus. The veterinary response to increase the frequency of vaccination to quarterly did not confer protection which is no surprise given that they hadn't provided advance protection in the first place! Repeating an already failed solution fits Einstein's definition of madness – to do the same thing and expect a different result!

Contrary to the intended outcome, there is evidence that suggests this stimulation of the immune system to increase production of antibodies already proven to be ineffective compromised the resources of the immune system to generate its own effective response. Subsequent retrospective statistical analysis of that outbreak demonstrated that 2 year old horses were less affected by that strain of flu on the whole than older horses. It suggests that horses given multiple flu vaccinations in the past were less immunologically capable in the face of a novel strain than those that had received significantly fewer vaccinations.

If vaccines really improved immune function, the opposite should have occurred. The age factor here is significant because all flat-racing horses are young enough that theoretically they should all have similar immune capabilities. It also demonstrates that it doesn't take many vaccinations in the course of a life to significantly compromise immune capability. This age difference in immune capability would not be apparent if 7 year old horses were compared with 8 year olds assuming full vaccination had been ongoing throughout their lives. In essence they would all be compromised to roughly the same degree.

Logically, you would expect 2 year old horses to be more stressed in a racing yard due to their physical immaturity, new environment and new training regime than 3 year olds in their second season of training. It is well known that stress reduces immunity and thus it would be expected that 2 year old horses should have been the more affected age group. They weren't. Back in 2003, the vaccination regime was annually. Many competition horses now receive 6-monthly "boosters" which must surely compromise immunity twice as quickly, and possibly even faster.

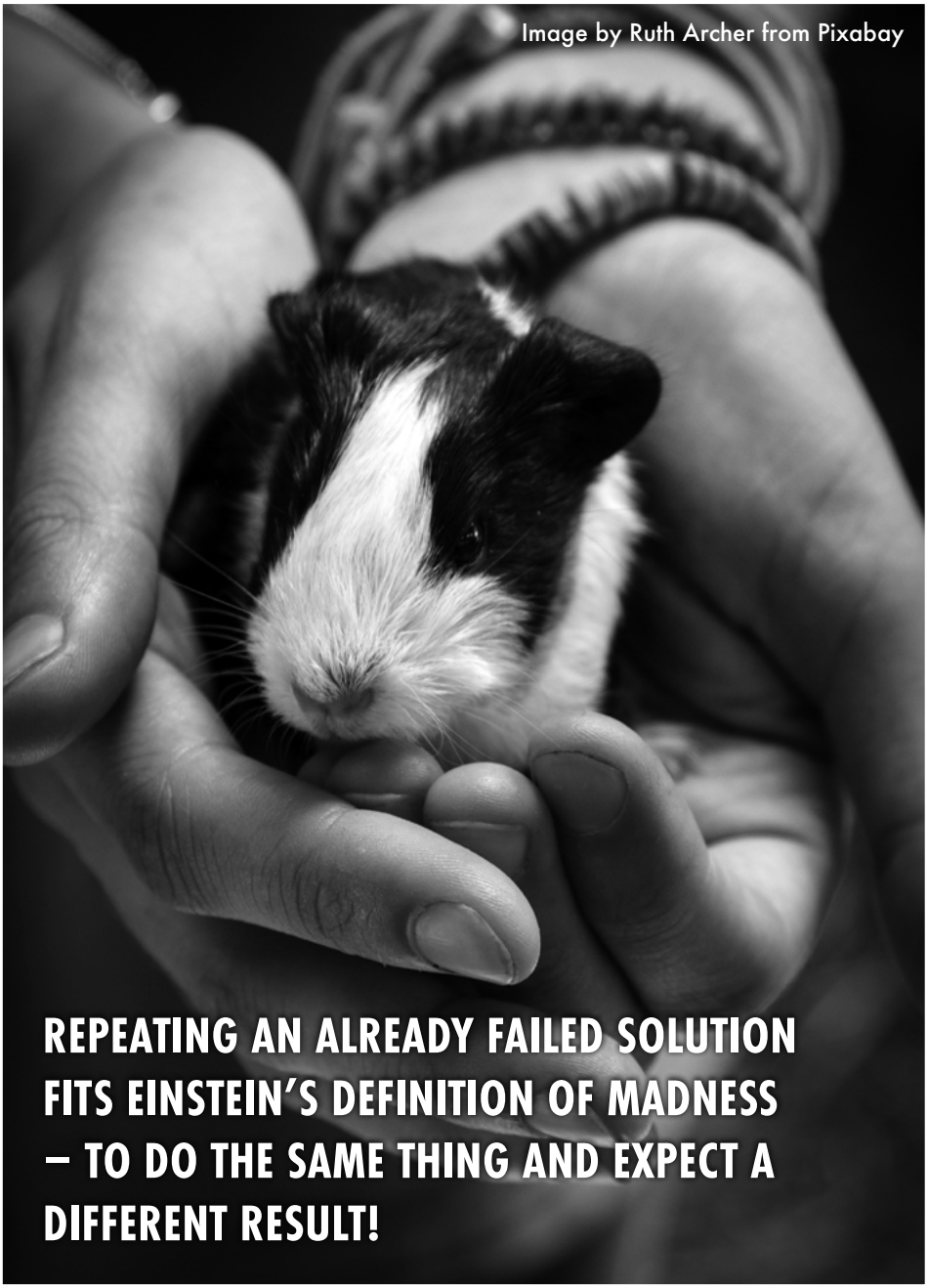

Image by Ruth Archer from Pixabay

REPEATING AN ALREADY FAILED SOLUTION FITS EINSTEIN'S DEFINITION OF MADNESS – TO DO THE SAME THING AND EXPECT A DIFFERENT RESULT!

4. Vaccines are often given by a different route from which natural infection would be achieved, and in many cases stimulate a different branch of the immune system to that which would have to deal with a future challenge. A healthy immune system supported by good quality nutrition and a minimally stressed lifestyle remains the best way to stay healthy and enable the body to generate antibodies to diseases when challenged.

5. Vaccines contain adjuvants which are considered necessary to stimulate and amplify the immune response to the viral/bacterial component of the vaccine, but unfortunately have unintended consequences more frequently than perhaps is generally recognised than the more overtly obvious. Given that many of the common adjuvant ingredients are known toxins, we shouldn't really be surprised, but the vast majority of clinicians from both the human and veterinary fields it seems are …?!!

Adjuvants containing aluminium hydroxide and/or mercury in the form of thimerosal have been used for many years. Both aluminium and mercury have been known to cause their own health problems for over 100 years in the form of neurotoxic effects ranging from

muscular pain and paralysis to CNS and behavioural changes. This may be amplified if both types of adjuvant are used together. With the advent of supposedly milder vaccines using recombinant viruses, the use of more aggressive oil-based adjuvants has been proposed to ensure an immune response.

Suggested options include those previously thought to be too potent to be used in the past given that oil-based adjuvants are used to induce auto-immune diseases in experimental animals in order to test pharmaceuticals. Squalene is one such adjuvant that has been suggested and has already been used. Journalist Gary Matsumoto wrote after thoroughly researching the subject,

"When an oil is injected, the immune system responds to it not only specifically, but with heightened intensity because the oil adjuvant resembles so closely the natural oils [lipids] found in the body. A 'cross reaction' then happens, sending the immune system into chaos destroying any oils [lipids] found anywhere in the body that resemble the adjuvant oil. Demyelinating diseases akin to multiple sclerosis are an example of this destructive autoimmune process."

Owners of animals being given a vaccine are unlikely be told which adjuvant it contains - not that they'd have a choice other than to opt out of the vaccination altogether. Whatever adjuvant is used is a potential time-bomb ticking away. One research paper linked thimerosal adjuvant dangers to human astrocyte mitochondria. If it can adversely affect these cells in the human brain, why can it not similarly affect our animals especially as this is all too frequently still used on an annual or more frequent basis? If it can affect mitochondria in astrocyte's why not mitochondria in other cells too? Mitochondria are the powerhouse of every cell and vitally important to energy metabolism and function.
https://www.researchgate.net/publication/229326804_Thimerosal-Derived_Ethylmercury_Is_a_Mitochondrial_Toxin_in_Human_Astrocytes_Possible_Role_of_Fenton_Chemistry_in_the_Oxidation_and_Breakage_of_mtDNA

In the USA, such was the frequency of injection site fibrosarcomas (a type of locally invasive cancer) in pets, that vets started giving vaccinations under the skin in limbs and tails because fibrosarcomas don't readily metastasise (spread) and limbs and tails could be more easily amputated than attempt surgical removal from the traditional site of cat/dog vaccination into the scruff of the neck where it wasn't clear if all affected tissue had been removed. There is a certain twisted logic to the reasoning, but at the risk of replaying the same record on repeat, if nutrition were properly recommended and fed then our pets' immune systems and health would be that much better and resilient. There would of course be a huge implication for income revenue if such a change were to occur.

In line with the increasing use and number of vaccinations, the number of allergies in animals and people has risen in parallel too. In all cases there will be a multifactorial background resulting in chronic inflammation. Over-vaccination, poor nutrition, air pollution and EMFs etc must all be considered significant factors amongst others no doubt too. Because it can take a number of years and repeat "boosters" to develop the more mild but chronic conditions, the link to vaccinations is rarely considered by many clinicians. When a significant proportion of a veterinary practice's income relies on "routine" vaccinations and other work from the visits that regular vaccinations/checks generates, the incentive to consider it a factor in chronic disease is significantly reduced, especially when the narrative from all other branches of medicine (and Pharma) is that vaccination is generally considered to be safe.

"When a significant proportion of a veterinary practice's income relies on "routine" vaccinations and other work from the visits that regular vaccinations/checks generates, the incentive to consider it a factor in chronic disease is significantly reduced, especially when the narrative from all other branches of medicine (and Pharma) is that vaccination is generally considered to be safe."

It has been stated that it takes the immune system up to 6 months to fully recover (if it really ever does) from a vaccination. The more vaccinations given together at a young age, the greater the difficulty in recovering, especially in the smaller breeds of dog where puppies weighing only a couple of kilos are often given the full adult dose considered sufficient for an adult 80Kg Great Dane. There is less size variation when it comes to cats on the whole, but a kitten is still much smaller than an adult. Foals are significantly smaller than adult horses too.

The 6-monthly vaccination programme now required for horses regularly competing at FEI level, means the immune system is constantly in recovery from vaccination. These horses are in danger of being permanently damaged at ever younger ages, especially as many are over-worked too young and are therefore competing in FEI competitions at younger ages too which multiplies the overall stress logarithmically. Nobody knows categorically whether there are adverse epigenetic impacts from vaccination that can be passed down through the generations, but it would be one potential vector and explanation for ongoing deteriorating health that sets the baseline ever lower over time. Pottenger proved it can happen with poor nutrition, so why not? I think it highly likely.

AUTOIMMUNITY

A team at Purdue University School of Veterinary Medicine conducted several studies to determine if vaccines can cause changes in the immune system of dogs that might lead to life-threatening immune-mediated diseases. They discovered that the blood of all the vaccinated dogs contained significantly elevated concentrations of antibodies directed against proteins that are present in commercial vaccines as contaminants of the production process. None of the unvaccinated control dogs had a similar increase in these antibodies. These proteins are typically of bovine origin since foetal calf serum is used to grow the viruses for vaccine production.

The close similarity in structure of the bovine proteins to dog proteins results in a situation whereby the antibodies produced by the vaccinated dogs may cross-react with dog tissue proteins in a

process similar to autoimmunity. Contaminant calf collagen was stimulating antibody production that cross-reacted with the dog's own collagen which could potentially explain so many degenerative diseases such as arthritis and heart valve disease to name but two, where the body's own collagen fails. I wonder how significant this might be in cruciate ligament injuries and degenerative joint diseases, along with the contaminant glyphosate often found in grain-based feeds? Glyphosate is very similar in structure to glycine and it has been postulated that glyphosate can replace glycine thereby weakening the collagen. This idea was refuted by culturing mammalian breast cells with glyphosate which found no substitution, but whether that justifies extrapolation to all cells and collagen is debatable. I bet if the result had been the opposite, that extrapolation would not have been considered valid and acceptable!

The researchers concluded that further research should be carried out. Although collagen is arguably the most important protein in the body on the wrong end of an auto-immune response due to its ubiquitous distribution throughout all connective tissues, Purdue found other auto-immune issues in vaccinated dogs that weren't present in unvaccinated ones. The full list included fibronectin, laminin, DNA, albumin, cytochrome C, cardiolipin as well as the collagen.

Considering the potential severity of these auto-immune conditions, the practice of annual vaccination in the UK is still occurring even though there is no scientific basis for this interval and continued vaccination increases the likelihood of these adverse auto-immune effects developing. Annual vaccination also flies in the face of current WSAVA recommendations that vaccinations should not be performed more frequently than every 3 years in adult dogs for core vaccinations as set out by Prof. Day in his practical guidelines. To make this clear, this is the **minimum** recommended interval.

https://wsava.org/wp-content/uploads/2020/01/Small-animal-vaccination-a-practical-guide-for-vets-in-the-UK-Michael-Day.pdf

Given that there is 98% cover when a puppy/kitten vaccine is given at 16 weeks old, a single booster 6 months or a year later (to cover the 2%) with a modified live virus (MLV) vaccine is all that should be required for life-long protection. Of course, if a dog/cat lives in an area where they are more frequently exposed to a natural challenge, then the immune system is already being regularly reminded, but more on this in the discussion on titres.

If another MLV vaccine were to be given a year later, the antibodies from the first vaccine neutralise the antigens of the second vaccine and there is little or no effect. The titre is not "boosted", nor are more memory cells induced. Not only are annual boosters unnecessary, but they subject the pet to increased potential risks.

There has never been a study to show that annual vaccines are needed for any of the core vaccines in cats or dogs. However, there are plenty of studies to show that the duration of immunity is much longer than we are being told. Supporting this point is the fact that more than half the dogs, and even more of the cats in the UK are greater than 4 years behind with their boosters (source: Intervet mailing). Yet where are the large-scale outbreaks? They just don't happen as the scaremongering predicts. This is likely to be because immunity is frequently established in the "unvaccinated" and lifelong.

HOMEOPATHIC NOSODES

Homeopathic nosodes are sometimes wrongly referred to as a homeopathic vaccine. Although nosodes are homeopathic preparations of the pathogen, this does not stimulate the immune response in the same way as a traditional vaccination.

Nosodes will cover the individual in the face of an outbreak of disease so that they will asymptomatically seroconvert in response to meeting the disease pathogen. The natural immune response will result in antibodies and memory cell production, but it is as a result of being challenged by the pathogen itself and not as a result of the nosode. People who have given nosodes where a future titre test has shown antibodies present have mis-interpreted the meaning of this and have assumed that the nosode stimulated the immune response because they haven't witnessed the pathogen challenge that occurred during the nosode course because it was asymptomatic.

If an individual receiving a nosode does not encounter the pathogen at the same time, they will not seroconvert and will not have an immune response that conveys future cover. It is entirely possible therefore for an individual that has received homeopathic nosodes but not seroconverted to meet the pathogen in later life and become ill with that disease. It is not a failing of the nosode itself - just a failing of the individual to meet the pathogen whilst they were receiving the nosode. Hopefully, this clears up a common misunderstanding.

When it comes to the efficacy of nosodes, the Cuban study looking at Leptospirosis nosode use in humans proved that they work. If we are prepared to use animal efficacy as an indicator to human efficacy within vivisection models for developing pharma drugs for use in people, then we are obliged to recognise the reverse situation in this case.

Widespread use of nosodes would potentially have a huge impact on improving animal welfare because they can be used for conditions where there are not currently any vaccines and would be far cheaper too, helping farmers whose margins are squeezed dry by supermarkets.

TITRE TESTING

Titre testing is becoming more popular as more owners realise it is available. However, there are some misunderstandings about what titre tests really mean. In order to understand them, you need to know what the immune system does in response to infection and/or vaccination.

When a pathogen/antigen (eg usually bacterial or viral) is encountered, the immune system responds in 2 ways

1. It produces antibodies that directly attack the pathogen.
2. It produces memory cells that can very quickly divide and gear up to produce large amounts of antibodies.

When the pathogen is no longer present and challenging the individual, it is a waste of resources to continually produce antibodies that aren't required, so the body doesn't. If challenged again, then the memory cells are very quickly upregulated and stimulated to produce antibodies.

Titre tests measure the presence of antibodies **only**. A positive titre test means there are antibodies present with a higher number indicating a recent or ongoing higher level of challenge. A low positive titre result means the current challenge is low. It is not an indication about how quickly the body can gear up to produce more antibodies if challenged again.

A negative titre test means there are no antibodies currently circulating which either means there has been no challenge recently or ongoing or there is no immune cover. It is impossible to distinguish between these latter scenarios because the titre test tells us nothing about the memory cell status. If the titre test is negative but there are memory cells, then the individual still has the ability to generate antibodies to provide defence against the pathogen. If there are no antibodies and no memory cells then the individual has no immune cover and no ability to switch on antibody production.

THE IDEAL IMMUNE STATUS EVALUATION

In order to distinguish between a negative antibody titre test with or without memory cells the only way is to have done a titre test a couple of weeks post vaccination (as used to happen with the rabies vaccination when it first came out) or post nosode course to test for antibodies. If antibodies are present, then the individual has seroconverted, and it is safe to assume that memory cells will also have been produced. Future titre tests are therefore more indicative of the current challenge at the time of testing than the absolute immune status/ability of the individual.

Bear in mind that it takes time to generate antibodies from memory cells so cover will be slightly delayed if there are no currently circulating antibodies, but they do gear up quickly.

Once a positive antibody response has been measured post vaccination or nosode course then the individual has immune cover. There is evidence to suggest this can last anything up to 7 years or life-long. There is no need to revaccinate after a low positive titre test, or even after a negative one provided the initial titre test to prove seroconversion was positive IMO.

NB: There is always a degree of risk whatever you decide to do. There is no guarantee that immune cover however generated, whether by vaccine or natural infection covered by nosode will protect against all strains, especially new mutations which may be more pathogenic. The potential to gear up the immune system also requires the individual to have that ability which will be impaired if concurrently immunocompromised through illness and/or in some older individuals, or if taking immunosuppressive drugs such as steroids. There is evidence to suggest that regular vaccination impairs the immune system response over time too. The choice is yours! It's up to you where you draw your proverbial risk line in the sand.

NON-MEDICAL REASONS

Despite the latest published guidelines by the World Small Animal Veterinary Association on vaccination regimes saying that no dog should need vaccinating more frequently than 3-yearly, there are some non-medical reasons why you may be required to get annual titre tests done in order for your vet to sign your vaccination certificate to confirm your dog has immune cover which is ultimately the whole point of the exercise. Signing just because an injection has been given does not take into consideration that not all dogs will seroconvert.

Local authorities in the UK are mostly well behind the times when it comes to understanding the real science and altering legislation in line with current medical good practice. Boarding kennels, doggy day care, groomers, walkers, and anybody working with animals in a professional capacity who need to be licensed by their local authority may find that their licence stipulates that they limit their work only to those animals that have a signed vaccination certificate within 12 months previously. Local Authority licencing is not required by all paraprofessionals, and is not uniform across all Local Authorities either, so it's up to you to know what your personal situation requires in relation to what you need to be able to do with your animal when you need to go away, and where you can't take your animal with you. It may also be a requirement of someone's professional indemnity insurance too.

Animal insurance policies are likely to exclude cover for losses and fees arising from a disease that your animal isn't vaccinated against but could be. If you are "up to date" and still contract a diseases against which your animal is supposed to be covered then insurance is still valid and the vaccine manufacturer should be notified too. They will no doubt try to wriggle out of any liability on the basis that vaccinations aren't 100% guaranteed to lead to protective seroconversion, but may pay veterinary fees as a "goodwill gesture".

Annual vaccinations originally came about because a group of vets somewhere thought it was a good idea to check over animals yearly, and what better way to get them in than for a vaccination booster?...

Vet practices may refuse to hospitalise animals not fully vaccinated. Whilst this might seem OTT it is unfortunately a sign of the times that people are far more likely to become litigious if their beloved family member contracted a serious illness whilst an inpatient from another unvaccinated inpatient.

Similarly, if vaccine data sheets specify a set gap between "boosters", vets who do not follow this regime will effectively remove the liability of the manufacturer for any adverse reaction and take on that liability themselves. Unfortunately, when common sense and up to date scientific understanding is missing, it is the animals who inevitably suffer by having scientifically unnecessary vaccinations just to satisfy a legal situation.

Having defended my colleagues on one level, I have to acknowledge that as a profession, vets have done precious little to discuss the real science, address the anomalies, and properly standardise the whole issue including legislation within Local Authorities etc.

In summary, there's no such thing as no risk, but at least if you have the information then you can decide what is best in your situation for your animals.

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AN INQUIRY INTO THE LOGICAL BASIS OF THE GERM THEORY

EXTRACT FROM MIKE STONE'S ARTICLE: 'AN INQUIRY INTO THE LOGICAL BASIS OF THE GERM THEORY. THE GERM "THEORY:" A SCIENTIFIC FOUNDATION OR A LOGICAL FALLACY?' 11 JULY 2025

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TO THOSE FAMILIAR with my work, it comes as no surprise that I take great interest in highlighting the forgotten voices from the formative years of germ "theory" and virology—those who examined the rise of these pseudoscientific fields with critical eyes. These individuals had front-row seats to history, and they witnessed first-hand the unscientific, contradictory foundations that shaped our modern beliefs about health, disease, and wellness. They recognized the manipulation by vested interests and warned against the manufactured acceptance of germ "theory" by a fearful, uninformed public. And they spoke out—attempting to avert what they foresaw as a grave disaster.

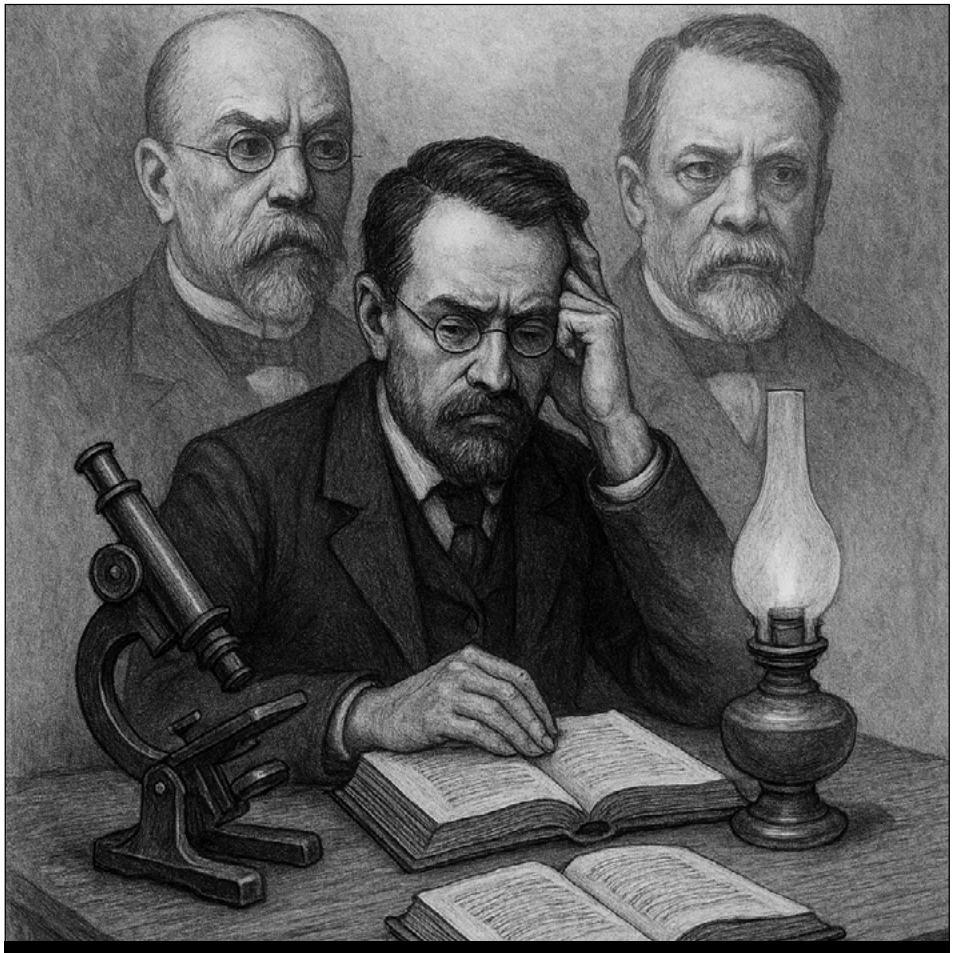
Amongst the earliest of these voices was the great French chemist Antoine Béchamp, a rival of Pasteur and proponent of the competing terrain theory. He astutely recognized how the public had been misled in the preface to his 1867 publication La Théorie du Microzyma (translation from Béchamp or Pasteur: A Lost Chapter in the History of Biology):

"The general public, however intelligent, are struck only by that which it takes little trouble to understand. They have been told that the interior of the body is something more or less like the contents of a vessel filled with wine, and that this interior is not injured – that we do not become ill, except when germs, originally created morbid, penetrate into it from without, and then become microbes.

The public do not know whether this is true; they do not even know what a microbe is, but they take it on the word of the master; they believe it because it is simple and easy to understand; they believe and they repeat that the microbe makes us ill without inquiring further, because they have not the leisure – nor, perhaps, the capacity – to probe to the depths that which they are asked to believe."

Decades before germ "theory" reached mainstream dominance, American physician Dr. Edward P. Hurd raised concerns about its flawed logic. In his 1874 paper On the Germ Theory of Disease, Hurd questioned whether germs were truly the cause of disease rather than mere by-products of it. He specifically criticized the fallacy of affirming the consequent—the mistaken belief that if cause A (a germ) is always found with effect B (a disease), then A must have caused B. Hurd pointed out that simply showing a germ is always present with a disease does not prove causation. To establish a valid causal link, one must introduce the germ into a healthy environment and observe whether the disease follows—something germ theorists had failed to do:

"There is no proof that all that have as yet been found are not accompaniments, or effects, and not causes of the diseased conditions with which they are found associated. Halber has not yet completed the cycle of proof necessary to establish the causal nexus between one single disease and the micrococcus found with that disease. He has relied exclusively on what logicians call the method of agreement—the method of difference he has not tried. It is of little account for him to show that the supposed cause A always exists with the disease B, and hence B is the effect of A. Into a pre-existing set of circumstances where B does not exist he must introduce A and produce the disease. This he has not attempted, and hence his speculations



Antoine Béchamp, Montague Leverson and Robert Koch

are of little worth."

Another outspoken critic was Lionel S. Beale, pioneer of the microscope for medicine, who warned in 1878 how speculative claims—like germs causing disease—can rapidly gain traction through repetition and institutional backing. A few "authorities" assert, others repeat, officials endorse, and suddenly the world believes what was never proven:

"It is curious to observe how very easily in these days an untenable doctrine may be forced into notoriety, and taught far and wide as if it were actually demonstrated truth. A few authorities perhaps in Germany graphically portray what they please to call the results of observations, and after marshalling before the reader certain facts and arguments, remark that the evidence is perfectly conclusive in favour, say, of the view that certain contagious diseases are due to microzymes. Papers, with "new observations," soon follow, and confirm the original statement in every particular. Pupils, friends, admirers, accept and diffuse the new doctrine. Abstracts and memoirs multiply, and the conclusions arrived at abroad are supported and promulgated here, under the patronage of a government official, and published in a blue book. Those unacquainted with the art and mystery of transforming arbitrary assertions into scientific conclusions are easily convinced that the whole scientific world is agreed upon this one question at any rate, while in point of fact the speculative and far-fetched arguments would not have withstood careful and intelligent examination."

Renowned British surgeon Dr. Lawson Tait, considered the greatest abdominal surgeon of his time, openly dismissed the fear of germs, once stating he would prefer a mass of germs over a wet sponge during surgery. In the 1887 paper An Address on the Development of Surgery and the Germ Theory, he declared:

"Let me only say that the best of all proof of the fallacy of their assertions is the fact that every attempt to elevate the germ facts of putrefaction into a germ theory of disease has miserably failed, and has failed nowhere so conspicuously as when obtruded into the realms of the treatment of disease."

In the 1894 paper A Criticism of the "Germ Theory of Disease," Based on the Baconian Method, Dr. Tait wrote that the germ "theory" wasn't a theory or even a hypothesis. It was just a jumble of facts—some true, many false— with no coherent explanation behind them. No working hypothesis. No actual theory. It was simply dogma:

"The germ theory of disease is not a theory at all. It is not even a hypothesis. It is a mere congeries of facts some truly stated, but mixed up with a far greater bulk inaccurately (indeed, untruly stated), upon which not even a working hypothesis has yet been suggested, far less a theory built."

In 1913, Dr. Herbert Snow—a surgeon, medical writer, and cancer researcher—published the article The Germ Theory of Disease (which I reprinted with additional commentary here) in which he exposed the lack of scientific proof that any microbe causes disease. His opening remarks are scathing:

"The Germ Theory of Disease, so prominent in medical literature and practice, began with the efforts of the chemist Pasteur to apply to human, maladies—which, not being a doctor, he only knew academically—deductions drawn from the phenomena he had observed in fermentation. There has never been anything approaching scientific proof of the casual association of micro-organisms with disease; and in most instances wherein such an association has been pretended, there is abundant evidence emphatically contradicting that view. Yet most unfortunately this lame and defective theory has become the foundation of a very extensive system of quackery, in the prosecution of which millions of capital are embarked, and no expense spared to hoodwink the public with the more credulous members of the Medical Faculty. It may then not be out of place to survey, as fiducially as may be, the position in which the Germ Theory now stands; with the ill consequences very conspicuously resulting from its premature adoption as a proven axiom of Science."

By the 1920s, cracks in the germ "theory" narrative were becoming harder to ignore. In Principles and Practice of Naturopathy (1925), Dr. E.W. Cordingley, M.D., N.D., A.M., observed

"I claim that disease germs are utterly incapable of successfully assailing the tissues of the living body; that they are the results and not the cause of disease; that they are not in the least inimical to the life or health of the body; that, on the contrary, it is their peculiar function to rescue the living organism, whether of man or beast, from impending injury or destruction. They accomplish this by bringing about the decomposition of that obstructing matter which constitutes predisposition to disease, and cause it to be passed out by the blood."

that the germ "theory" of disease was weakening and due to be thrown away:

"Medical doctors are working on the germ theory of disease...But the germ theory is already weakening and is due for being thrown aside. Dr. Fraser of Canada and Dr. Powell of California have experimented with billions of germs of all varieties, but they have been unable to produce a single disease by the introduction of germs into human subjects. Dr. Waite tried for years to prove the germ theory, but he could not do so. During the World War an experiment was conducted at Gallop's Island Massachusetts, in which millions of influenza germs were injected into over one hundred men at the Government hospital, and no one got the flu. Germs are scavengers."

Dr. Cordingley referenced the experiments of Dr. Thomas Powell and Dr. John B. Fraser, both of whom experimented on themselves and others with billions of pure cultures of the most "dangerous" germs of all varieties, and were unable to produce a single disease through these efforts.

Dr. Powell—who asserted he was in direct opposition to "the greatest delusion of the world's history" and that "scientists of the world are at fault in their germ theories"—stated:

"Before going into the details of my experiments with the germs of virulent

diseases. I want to preface my statements with the explanation that I do not declare the germs to be harmless in all cases. What I do say is that a person to whom the germs of a particular disease are likely to prove dangerous must have a predisposition towards that particular disease, such predisposition being either hereditary or acquired. Given a man or woman with no such predisposition, and I claim that the deadliest germs are powerless to harm them. They can enter the sick chamber without fear of contracting disease, or even do as I have done, take the living germ into their system and suffer no harm. My experiments have proved the truth of my theory. "I claim that disease germs are utterly incapable of successfully assailing the tissues of the living body; that they are the results and not the cause of disease; that they are not in the least inimical to the life or health of the body; that, on the contrary, it is their peculiar function to rescue the living organism, whether of man or beast, from impending injury or destruction. They accomplish this by bringing about the decomposition of that obstructing matter which constitutes predisposition to disease, and cause it to be passed out by the blood."

Dr. Fraser, through his experiments a few decades later, came to a similar conclusion: germs were the result of, and not the cause of, disease:

"If you examine the standard works on bacteriology you find no positive proofs given, that germs, if taken in food or drink, are harmful."

"The assumptions that because germs are found with disease they are the cause of it, and that if injected germs will cause disease, inhaled or ingested germs will do the same, is surely a "foundation of sand."

Dr. Fraser presented a summary of the facts:

1. That germs follow the onset of disease.
2. That many diseases have a chemical origin.
3. That germs may be inhaled or ingested without harm.

In the 1933 book The Golden Calf: An Exposure of Vaccine Therapy, author Charles W. Forward argued that no other hypothesis had ever been built on a flimsier foundation than the germ "theory" of disease. He claimed it had destroyed medicine as an art, failed to re-establish it as a science, and instead transformed it into a commercial enterprise that systematically exploited both sickness and the fear of sickness for profit:

"It is doubtful if any superstructure in the shape of hypothesis has ever been raised upon flimsier basis of fact than the theory of the specific "germ" as the causative factor in disease, the theory that each disease has its own particular bacterium, and that, in the words of Florence Nightingale, as quoted by Tyndall, the matter of each contagious disease reproduces itself as rigidly as if it were dog or cat."

"This so-called "Germ" Theory has brought about a revolution in medical treatment. It has destroyed medicine as an art, and failed to re-establish it as a science. By means of it medicine has become commercialized, and sickness and the fear of sickness are systematically exploited for pecuniary profit."

American physician Dr. William Howard Hay offered a similar critique in his 1940 essay Who Are The Quacks?, an eight-page exposé critically examining the medical industry while challenging the germ "theory" of Pasteur and Koch. He pointed out that not a single germ had ever fulfilled Koch's Postulates—the widely accepted criteria required to establish a microbe as the cause of a specific disease—and argued that Pasteur's promotion of germ "theory" had set medical science back by sixty years:

"This theory of germs as the cause of disease was analysed by Prof. Robert Koch, who formulated a dictum, accepted by the scientists of his time, that must be met in order to fix on the germ as a cause of disease.

According to this dictum if the germ caused the disease it must be present in every case of this disease; it must not be present except in conjunction with the disease, it must be susceptible of separate cultivation in proper media outside the body, and finally, it must be susceptible of transplantation again in the human body, where it must infallibly produce the same disease.

The germ theory does not meet a single one of these conditions infallibly, the germ frequently being absent from diseased conditions which are attributed to it; being generally present in bodies in which the disease attributed to it is most conspicuous by its absence! And while germs are susceptible to cultivation outside the body, in suitable media, yet they are subject to mutation as the medium is changed in character, and, if again introduced into the body, they do not always infallibly cause the disease they are supposed to cause, generally not causing disease of any kind whatsoever.

Pasteur has already set us back sixty years by his advertising of the germ theory, and if we go back to the teachings of Béchamp, recognizing the microzyma as the prime cause, and the germ as a development of a biochemical nature, result of the condition of the body, transformed into a necessary scavenger to remove from the body objectionable matter, we will perhaps regain the ground lost for over sixty years, and be able to concentrate our attention on the soil conditions in the body, not on the harmless germ scavenger."

In the book The Medical Mischief, You Say !: Degerminating the Germ Theory, a 1947 passage from The Homeopathic Review by Royal E. S. Hayes, M.D was reprinted. Hayes did not hold back, describing germ "theory" as "the greatest travesty on science," "a ghastly medical farce," and "the biggest

KOCH'S POSTULATES

1. The microorganism must be found in abundance in all cases of those suffering from the disease, but should not be found in healthy subjects.
2. The microorganism must be isolated from a diseased subject and grown in pure culture.
3. The cultured microorganism should cause the exact same disease when introduced into a healthy subject.
4. The microorganism must be reisolated from the inoculated, diseased experimental host and identified as being identical to the original specific causative agent.

hoax" the medical profession ever embraced:

"The germ theory of disease is the greatest travesty on science that was ever stumbled over during this semicivilized age; the most ghastly medical farce in which the human mass ever played its part; the biggest hoax the medical profession ever took in after with little hesitation and no mastication."

Even within mainstream science, doubts persisted. By the 1950s, prominent immunologist René Dubos—himself a supporter of germ "theory"—warned against its overreach in his essay Second Thoughts on the Germ Theory (which I examined here). Dubos argued that the "theory" was oversimplified and rarely aligned with the actual facts of disease. He likened it to a cult—one that ignored inconsistencies and showed little concern for weak or contradictory evidence. He also noted how historians often glossed over the fact that many clinical observations by physicians and hygienists could not be fully explained by the germ "theory" of disease:

"The germ theory of disease has a quality of obviousness and lucidity which makes it equally satisfying to a schoolboy and to a trained physician. A virulent microbe reaches a susceptible host, multiplies in its tissues and thereby causes symptoms, lesions and at times death. What concept could be more reasonable and easier to grasp? In reality, however, this view of the relation between patient and microbe is so oversimplified that it rarely fits the facts of disease. Indeed, it corresponds almost to a cult-generated by a few miracles, undisturbed by inconsistencies and not too exacting about evidence.

Historians usually give a biased account of the heated controversy that preceded the triumph of the germ theory of disease in the 1870s. They barely mention the arguments of those physicians and hygienists who held that clinical observations could not be completely explained by equating microbe with causation of disease. The critics of Louis Pasteur and Robert Koch pointed out that healthy men or animals were often found to be harbouring virulent bacteria, and that the persons who fell victim to microbial disease were most commonly those debilitated by physiological disturbances. Was it not possible, they argued, that the bacteria were only the secondary cause of disease-opportunistic invaders of tissues already weakened by crumbling defences?"

Likewise, in 1968, Dr. Gordon T. Stewart, professor of Epidemiology and Pathology at the University of North Carolina—and himself a proponent of the germ "theory" of disease—wrote in his article Limitations of the Germ Theory that it was a gross oversimplification, unable to account for exceptions and anomalies. Over time, he warned, it had become an unquestioned and uncritically accepted dogma:

"The germ theory of disease—

"The germ theory of disease – infectious disease is primarily caused by transmission of an organism from one host to another is a gross oversimplification. It accords with the basic facts that infection without an organism is impossible and that transmissible organisms can cause disease; but it does not explain the exceptions and anomalies."

infectious disease is primarily caused by transmission of an organism from one host to another—is a gross oversimplification. It accords with the basic facts that infection without an organism is impossible and that transmissible organisms can cause disease; but it does not explain the exceptions and anomalies. The germ theory has become a dogma because it neglects the many other factors which have a part to play in deciding whether the host/germ/environment complex is to lead to infection. Among these are susceptibility, genetic constitution, behaviour, and socioeconomic determinants."

These are but a few examples of voices that spanned a century, and there are many others that have been uncovered. They were not fringe thinkers, but trained scientists, physicians, and observers who questioned the legitimacy of a "theory" that quickly became dogma. They warned—correctly—that correlation was mistaken for causation, that authority replaced evidence, and that this error would reshape medicine for profit rather than for healing. Their words remain as relevant now as ever.

DR. MONTAGUE R.LEVERSON

One important voice I've deliberately left out of the previous quotes is that of Dr. Montague R. Leverson—not because his contributions were minor, but because they merit closer attention. While many of the individuals quoted above offered sharp and insightful critiques of germ "theory," Dr. Leverson played a unique and indispensable role in preserving the work of one of its most formidable scientific challengers: Antoine Béchamp.

It is largely thanks to Dr. Montague Leverson that Béchamp's achievements—and the controversy surrounding Pasteur's appropriation of them—are known at all today, particularly in the English-speaking world. Upon encountering Béchamp's writings in New York, Leverson immediately recognized their significance and, as revealed in the preface of his subsequent translation of Bechamp's The Blood And Its Third Element, began a regular correspondence with the French chemist regarding his research and remarkable discoveries. He eventually travelled to Paris with the specific intention of meeting Professor Béchamp in person—just weeks before the latter's death.

There, over the course of fourteen days of nearly daily conversations, Leverson heard directly from Béchamp about the plagiarism committed by Pasteur and the deeper scientific truths that had been buried by the rise of germ "theory." Deeply moved by what he learned, Leverson became committed to restoring Béchamp's rightful place in history and to sharing the suppressed insights he had received with the world.

His meticulous notes from these meetings were originally intended to serve as a special chapter in his own comprehensive work, Inoculations and Their Relations to Pathology, a book he had been researching and writing exclusively for over fourteen years. However, after Béchamp's death, Dr. Leverson concluded that it would better

Dr. Montague R. Leverson

serve the English-speaking public if Béchamp's discoveries were published more directly, alongside translations of his original work.

Following Béchamp's funeral in Paris in 1908, Leverson relocated to England, where he met Ethel Douglas Hume a few years later. He spoke at length with her about Béchamp's scientific achievements and the fraud he believed had been committed by Pasteur. These conversations sparked Hume's interest and led her to investigate the matter further.

Eventually, Mr. A. H. H. Lupton shared Dr. Leverson's unfinished manuscript with Hume—a disorganized collection of quotations from Béchamp's writings, presented without references or structure. Though the material was not publishable in its original form, Hume agreed to take on the task of editing it. The project ultimately evolved into her own widely read book, Béchamp or Pasteur: A Lost Chapter in the History of Biology—still the most thorough English-language work on the subject.

In this way, Dr. Leverson served as the critical link between Béchamp and Hume. Without his initiative and dedication, much of Béchamp's work may have remained buried in obscurity, and the historical record even more distorted. His role was not only that of a messenger, but of a bridge between generations—preserving a suppressed legacy so it might be rediscovered in our time.

Just as Dr. Leverson preserved the legacy of Antoine Béchamp for a new generation of truth-seekers, I hope to do the same for Dr. Leverson. His own writings—particularly An Inquiry into the Logical Basis of the Germ Theory—deserve renewed attention. In presenting his work here, along with supplemental commentary, I aim to highlight the clarity and depth of his reasoning. Leverson didn't merely reject the assumptions of germ "theory"—he dismantled them through methodical, logical critique that remains strikingly relevant in an age where belief still too often overshadows proof. Like Béchamp's, his voice was nearly erased. But truth has a way of resurfacing—and now is the time to let it speak again.

Montague Leverson was already a vocal critic of the germ "theory" of disease long before he became a physician. On December 2, 1885, he was appointed secretary of the newly incorporated Anti-Vaccination Society of America. A true Renaissance man, Leverson had previously been a Colorado rancher, a California state assemblyman, and a leading figure in the Brooklyn Anti-Compulsory Vaccination League. Remarkably, he earned his medical degree from Baltimore Medical College in 1893 at the age of sixty-three—bringing to the field not just academic training, but a lifetime of critical thinking and civic engagement. Armed with both medical training and a long-standing skepticism of mainstream dogma, Leverson was uniquely positioned to confront the "theory" on its own terms. In April 1898, he did just that—presenting a paper before the Homoeopathic Union of Brooklyn challenging the logical basis of the germ "theory" of disease.

What initially drew me to this paper was Dr. Leverson's direct and unapologetic focus on logic—or more precisely, the absence of it—in the germ "theory" of disease. Anyone familiar with my work knows that I continually emphasize the importance of sound reasoning when evaluating germ "theory" and modern virology. I owe a debt of gratitude to the brilliant Dr. Jordan Grant for helping me hone this crucial line of critique, which continues to reveal the pseudoscientific foundations on which these claims rest. Pointing out logical fallacies is not mere pedantry; it is essential for exposing when a claim lacks genuine explanatory power. Without logical consistency, any model becomes unfalsifiable, unscientific, and ultimately indistinguishable from superstition.

This is precisely what makes Dr. Leverson's approach so powerful: he didn't merely argue from experience, intuition, or anecdote. Nor did he stop at pointing out inconsistencies or failed experiments. He approached the germ "theory" on its own terms, holding it accountable to the very logic it claimed to uphold. This is the mark of a serious thinker—someone who understood that if a theory collapses under the weight of its internal contradictions, it requires no external refutation. It fails on logical grounds alone.

One particularly important logical benchmark for evaluating any claim of causation in "infectious" disease is the satisfaction of Koch's Postulates—a set of logical criteria seeking to establish whether a specific microbe actually causes a specific disease. Popularized by Robert Koch in the 1880s, these postulates became the gold standard for proving microbial causality. Dr. Leverson understood this well. In fact, the entire premise of his 1898 paper, An Inquiry into the Logical Basis of the Germ Theory, is to investigate whether the germ "theory" holds up when judged by the very criteria it is said to rest upon.

To do this, Leverson turned to a summary of Koch's Postulates found in the 1891 edition of Dr. Fraenkel's Text-Book of Bacteriology, translated by Dr. J. H. Linsley. He used this version because it claimed to present the "fixed and definite rules" of germ causation with "exactness and precision." It is from these explicit rules that Dr. Leverson launched his methodical dismantling of the germ "theory."

TiP Editor: This only a part of a very in-depth article which I would highly recommend reading to discover how unsound the germ theory truly was, and still is. This is the biggest foundational lie that vaccination rests and relies upon. Full article here: https://tinyurl.com/vjc28r86

VACCINE DECISION DISCORD

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

I AM OFTEN CONTACTED by people who are in the alarming situation of having procedures thrust upon their children with which they are not in agreement.

This was sent to me over the summer.

"Dear Jayne, I have a friend who has a 9 month old (not jabbed) her partner is adamant on getting little one vaccinated. His response is below. How can I help her in this vulnerable time?"

This is what the father said:

FATHER'S RESPONSE

I've spent the past few evenings going through this. I've gone through every point you raised, re-read Dissolving Illusions and Turtles All the Way Down, and then checked what the peer-reviewed science and UK public-health bodies actually say. Below I set each of your concerns next to the evidence that overturns it, with direct links so you can tap and read the originals. Every link is from a journal, the NHS, MHRA, WHO or a university hospital—sources that use the scientific method and publish raw data. In contrast, the two books are self-published, never peer-reviewed and contain documented numerical and citation errors, so they can't guide life-changing decisions for Johnny.

1. Why the two books don't carry the same weight as the real science

No peer-review & multiple errors. ***Dissolving Illusions and Turtles All the Way Down*** *were self-published; nothing in them went through journal referees or the MHRA/EMA review system. Both books plot mortality (which sanitation & antibiotics cut) instead of incidence (which vaccines cut).* ***independent epidemiologists*** *have shown they crop graphs, mis-quote papers and repeat basic maths mistakes (see Joel Harrison's line-by-line review of Dissolving Illusions and Frank Han's 10-part dismantling of Turtles).*

Harrison review → https://sciencebasedmedicine.org/wrong-about-polio-a-review-of-suzanne-humphries-md-and-roman-bystrianyks-dissolving-illusions-part-1-the-long-version/

Han review → https://sciencebasedmedicine.org/part-1-10-the-grand.../ https://sciencebasedmedicine.org/part-1-10-the-grand-debunk-of-the-antivaxxer-book-turtles-all-the-way-down/

Suzanne Humphries left clinical practice to run alternative-medicine retreats; Mary Holland is now legal counsel for Children's Health Defense (RFK Jr.'s group). Neither group discloses funding or conflicts of interest in the books or on Amazon.

2. "There are no double-blind placebo studies"

Claim: *Childhood jabs were never properly tested.*

Evidence: **Actually there are dozens.** *One phase-III RCT of the 6-in-1 infant jab followed 6 800 UK/EU babies; it produced protective antibodies in > 98 % with no extra serious side-effects. Similar trials exist for every shot on the UK schedule.*

Hexavalent trial → https://pubmed.ncbi.nlm.nih.gov/32750261/

Every jab on the UK schedule was licensed only after double-blind, placebo-controlled or active-controlled trials. That alone answers the claim that "no placebo studies exist."

3. "Nobody has checked long-term safety"

Claim: *We don't know what multiple jabs do over years.*

Evidence: *They have—on a national scale. Denmark tracked 657 461 children for ten years; MMR showed no rise in autism, ADHD, seizures or hospital stays.*

Danish cohort Hviid et al → https://pubmed.ncbi.nlm.nih.gov/30831578/

Aluminium worries? A 2022 BMJ meta-analysis covering 26 457 people found no increase in serious events or deaths.


DR Jayne L.M.Donegan

Aluminium meta-analysis → https://pubmed.ncbi.nlm.nih.gov/35738649/

SIDS claim reversed. *A meta-analysis of 9 studies shows vaccination halves the risk of cot death.*

SIDS meta-analysis → https://pubmed.ncbi.nlm.nih.gov/17400342/

4. "Too many shots will overload the immune system"

Claim: *Baby immunity can't handle today's schedule.*

Evidence: *The classic paper "Do Multiple Vaccines Overwhelm or Weaken the Infant's Immune System?" (Pediatrics, Offit et al.) calculates that a baby's immune system could handle ~10 000 antigens at once; today's entire schedule contains < 200. Trials give new vaccines side-by-side with existing ones before approval, and surveillance hasn't found any hidden problems with same-day dosing.*

Offit & colleagues, Pediatrics → https://pubmed.ncbi.nlm.nih.gov/11773551/

5. "Toxic ingredients" in context

First, remember that the dose makes the poison. An infant dose of the 6-in-1 vaccine contains about 0.5 mg of aluminium salt. By comparison, a breast-fed baby swallows roughly 7 mg of aluminium in the first six months of life, so the jab adds only a tiny fraction of what nature already provides. Children's Hospital of Philadelphia fact-sheet: https://www.chop.edu/sites/default/files/vaccine-education-center-vaccine-ingredients.pdf

There is also up to 0.2 mg of formaldehyde in the same dose, but a single pear contains around 50 mg. Our own bodies make far more formaldehyde every day as part of normal metabolism, and we break it down quickly (CHOP

fact-sheet: as above).

Finally, the emulsifier polysorbate 80 appears at roughly 0.05 mg per infant jab. An ordinary scoop of ice-cream delivers about 13 000 mg—literally a quarter-million times more—yet no one worries about fertility after dessert (CHOP fact-sheet: as above).

(For peace of mind: the preservative thimerosal, which contains mercury, was removed from UK childhood vaccines back in 2005.)

6. "Diseases were already disappearing thanks to sanitation"

What the books claim: Deaths were falling anyway, so vaccines were pointless.

Why the evidence says otherwise: Deaths fell partly thanks to sanitation, but infection cases plummeted only after jabs began.

Sanitation (better plumbing) cut deaths, but only vaccines cut cases. Measles reports in England & Wales ran at 160-800 k a year before 1968; within a decade of the jab they fell below 1,000. After the measles jab started in 1968, UK cases crashed from hundreds of thousands a year to under a thousand. NHS still warns 1 in 5 kids who catch measles need hospital and 1 in 15 suffer serious complications.

NHS/UKHSA press release → https://www.england.nhs.uk/london/2023/09/07/more-than-32000-children-across-london-at-risk-of-catching-measles-as-new-school-term-gets-underway/

https://sciencebasedmedicine.org/wrong-about-polio-a-review-of-suzanne-humphries-md-and-roman-bystrianyks-dissolving-illusions-part-1-the-long-version/

Wild polio has fallen > 99 % worldwide since mass vaccination began—plumbing didn't do that. Plumbing didn't change that suddenly. https://sciencebasedmedicine.org/part-1-10-the-grand-debunk-of-the-antivaxxer-book-turtles-all-the-way-down/

WHO polio fact-sheet → https://www.who.int/news-room/fact-sheets/detail/poliomyelitis

7. "Yellow Card and VAERS prove millions of injuries"

The Yellow Card scheme is an early-warning net where anyone can file a report. The MHRA explains these databases collect suspected events to spot patterns; a report is not proof of causation. Signals that matter trigger extra studies; most turn out to be coincidence.

MHRA guidance → https://yellowcard.mhra.gov.uk/

8. "The £120 000 Vaccine Damage Payment shows jabs are dangerous"

The one-off payment exists because zero-risk medicine doesn't exist. Successful claims run at fewer than 2 per million doses—that's transparency, not a smoking gun or hidden danger.

DHSC fact-sheet → https://healthmedia.blog.gov.uk/2023/05/09/vaccine-damage-payment-scheme-media-fact-sheet/

9. Real risk vs vaccine risk—three examples

Measles – 1 in 5 un-jabbed children ends up in hospital (NHS press release, Sept 2023); jab side-effect ≈ 1 short-lived fever fit per 1 150–1 700 doses. Cochrane review → https://pmc.ncbi.nlm.nih.gov/articles/PMC8607336/

Polio – 1 in 200 infections causes lifelong paralysis and 5–10 % of those people die; the UK now uses only the killed (IPV) vaccine, which cannot cause polio. (WHO Fact-sheet)

Whooping cough in newborns – > 50 % hospitalised if infected; vaccine reactions are usually just mild fever and a sore leg or arm.

Bottom line for Johnny

Every answer above comes from journals or official bodies that publish their data and methods. Self-published books full of errors and no peer review can't out-weigh large rigorous trials, decade-long national cohort studies and open transparent government monitoring. When we're making decisions about our son's health, we owe it to him to rely on sources that follow the scientific method.

The trustworthy evidence shows vaccines prevent diseases that are far more dangerous than the tiny, closely-watched risks of the vaccines themselves. I'm happy to bring this sheet and all your questions to the GP so we get professional answers face-to-face, but based on the data above I want Johnny to have the full UK schedule."

MY ANALYSIS OF THE FATHER'S RESPONSE

I must praise the father for reading all the way through 'Dissolving Illusions' and 'Turtles all the Way Down' more than once. Disappointingly he appears to have dismissed the information because it conflicts with his prior beliefs.

I have cleaned up his links as they all included the tracking data which showed that most of them were obtained from facebook. I am not on facebook but it is not unlikely that there are groups there dedicated to debunking legitimate vaccination safety and efficacy concerns for two reasons: a one-sided medical ideology and the billion-dollar vaccine industry that funds it.

Going through each point

1. He says **the two books don't carry the same weight as the real science because no peer-review & multiple errors.** He then goes on to quote two authors – Joel Harrison and Frank Hans - who review/ dismantle Dissolving Illusions and Turtles all the Way down, in an online blog - https://sciencebasedmedicine.org/ This is also not peer reviewed. Yet he seems to believe two pro-vaccinators on a blog are more reliable than the two extensively researched books also by medical professionals with no axe to grind. Why do they have no peer reviewed papers criticising vaccination? This is what happens when you speak up about what you have learned. You get targeted. Once-upon-a-time most of us supported the vaccination program. But as we learned more and carried out own research, spending hours, weeks, months, years reading dusty old papers and text books – long before the internet – we realised that people ought to know that the issue was not so black and white as it is portrayed; so they could give real informed consent: a legal requirement. It has done little for our careers, but at least we can sleep at night.

Regarding Evidence based medicine and sacred peer review, the father would do well to read what Richard Smith Editor of the BMJ and chief executive of the BMJ Publishing group

1991-2004 and Angell, executive editor then interim Editor-in-Chief of the New England Journal of Medicine from 1999-2000, say about the value of that process; before criticising honest doctors and scientists who have had to go outside of the system to get information to parents to help those parents make decisions that align with their values, beliefs and judgements. We have seen too many people after the event who cry, *"Why did no-one tell me? I didn't know."*

Richard Smith has notably said that a large proportion of what is published in peer-reviewed journals is flawed or *"rubbish."* In one editorial and various statements, he has questioned the value and reliability of peer review, suggesting that much published research can be untrustworthy or even fraudulent, and has called for more scepticism in how research findings are treated.

Smith R. Peer review: a flawed process at the heart of science and journals. J R Soc Med. 2006 https://pmc.ncbi.nlm.nih.gov/articles/PMC1420798/

Marcia Angell similarly expressed concern about the reliability of biomedical research. Angell has stated that much clinical research is "biased, flawed, or sometimes outright fraudulent."

Angell M. The Truth About the Drug Companies: How They Deceive Us and What to Do About It https://www.amazon.co.uk/Truth-about-Drug-Companies-Deceive/dp/0375760946/

The father comments, *"Suzanne Humphries left clinical practice to run alternative-medicine retreats,"* and questions her credibility, noting a lack of declared conflict of interest. But the situation is more nuanced. Dr Humphries, then working as a kidney specialist, became concerned after observing a number of patients going into renal failure shortly after receiving the routine flu vaccine.

When she declined to continue administering the vaccine under these circumstances, the hospital refused to adjust its policy, citing the importance of meeting institutional vaccination targets. Unable to reconcile this with her clinical judgment, she chose to leave her post.

2. The father debunks the idea that **"There are no double-blind placebo studies,"** He questions the claim that vaccines are not properly tested saying there are dozens of such trials and then cites a randomised NOT placebo controlled trial where a new 6 in 1 vaccine (Hep B, Diphtheria, Tetanus, Polio Pertussis, Hib) was compared to several other 5 in 1 vaccines in premature babies and the adverse reactions, up to 15 days were not very different. Safety and immunogenicity of a fully-liquid DTaP-IPV-Hib-HepB vaccine (Vaxelis™) in premature infants https://pubmed.ncbi.nlm.nih.gov/32750261/

Why does the father offer this as an example of a placebo controlled trial when it is clearly vaccinated babies vs vaccinated babies? Regarding the 'conflict of interest' charge he levelled against Dr Suzanne Humphreys, he omits to mention that the trial was conducted by Merck & Co., Inc . USA, the manufacturers of the new Vaxelis vaccine. Nor the fact that 6 babies died in the Vaxelis group and one on the Pentacel group, all seven deaths being decreed, 'not related to vaccination'. (see my lecture, Vaccination the Science')

The father quotes antibody levels as measures of efficacy (whether the vaccine works to prevent disease), this not the same as 'not getting the disease'. It's worth noting that vaccines are typically licensed based on the levels of antibodies they generate, rather than on direct evidence of disease prevention. This approach is faster, simpler, and more cost-effective than conducting long-term studies to see whether the vaccine actually stops children from developing disease.

For this reason, many vaccines are designed to trigger a strong—sometimes excessive—antibody responses, effectively hyper-stimulating the immune system to meet regulatory benchmarks. While this may satisfy licensing criteria, it can also lead to unintended effects over time.

Importantly, antibodies are not the same as immunity. They represent only one arm of the immune system's complex defence network. It's entirely possible to have high antibody levels and still fall ill—or to have no measurable antibodies and remain completely asymptomatic. Immunity is more than just numbers on a test; it's a dynamic, multifaceted process. Antibodies do not equal immunity. However, once a product is licensed—and in the case of childhood vaccines, shielded from legal liability for any injuries it may cause—what meaningful incentive remains for the manufacturer to prioritise safety beyond the minimum required?

"Every jab on the UK schedule was licensed only after double-blind, placebo-controlled or active-controlled trials. That alone answers the claim that "no placebo studies exist."

Definition of placebo in the medical context: *"An inactive substance or preparation used as a control in an experiment or test to determine the effectiveness of a medicinal drug."* Inactive. https://www.thefreedictionary.com/placebo

The claim that there are "dozens" of placebo-controlled trials demonstrating vaccine safety is simply not true. That said, we should be charitable to the father for his misunderstanding. Dr Andrew Riordan, former chairman of the UK Joint Committee on Vaccination & Immunisation (JCVI), made a similar argument when critiquing my lectures. He presented a list of ten so-called "saline placebo-controlled trials," but upon closer inspection, these were either not true placebos or were unrelated to the UK childhood vaccination schedule.

One particularly striking example was his citation of the trial for the 4-valent Gardasil HPV vaccine as a saline placebo-controlled study (I cover this in detail in my *HPV Vaccine and Fertility* lecture). The approval of the 9-valent version was based entirely on data from the 4-valent trials, without new safety studies—even while Dr Riordan was a member of the JCVI.

It took him 15 years after the

original study's publication—and 16 months after he had cited it uncritically against me—to admit that he had only ever read the abstract, not the full paper. He did not therefore notice that the "saline" placebo used in the trial contained Polysorbate 80, the substance found in the AstraZeneca COVID vaccine that is known to cause anaphylaxis and has been linked to ovarian disruption in animal studies.

This example highlights the concerning lack of oversight exercised by the UK bodies responsible for approving vaccines for children and young people—the very institutions we trust to act in the best interests of our families.

Resinger et al 2007 Safety and persistent immunogenicity of a quadrivalent human papillomavirus types 6, 11, 16, 18 L1 virus-like particle vaccine in preadolescents and adolescents https://pubmed.ncbi.nlm.nih.gov/17484215/

So please, cite these 'dozens' of trials – or even one.

3. "Nobody has checked long-term safety" Father says: They have—on a national scale. Denmark tracked 657, 461 children for ten years; MMR showed no rise in autism, ADHD, seizures or hospital stays.

The study was specifically set up to address the concern that MMR vaccination might trigger autism in specific groups of presumed susceptible children, however the study defined genetic susceptibility narrowly as merely having a sibling diagnosed with autism before the child entered the study. This excluded many children who might have had genetic or environmental susceptibilities but no siblings or whose siblings were diagnosed later.

Nearly half the population had no siblings and thus were classified as not genetically susceptible, so the definition lacked scientific rigor and is misleading.

The study excluded 620 children diagnosed within their first year of life with genetic disorders that have higher autism co-morbidity (like Fragile X, Down syndrome, tuberous sclerosis). These exclusions likely removed the most genetically susceptible children, which contradicted the stated study aim to examine susceptibility.

Although the total study population was large (657,461), only 838 children met the study's narrow genetic susceptibility criterion, representing just 0.13%. This small subgroup limited the power to detect any true association in genetically susceptible children.

Worst, in my opinion, the authors have refused, since 2019, to release the underlying data which has prevented independent verification or reproduction of their findings. See the detailed analysis in: Hviid et al. 2019 Vaccine-Autism Study: Much Ado About Nothing in the peer reviewed Journal of Biotechnology and Biomedicine https://cdn.fortunejournals.com/articles/hviid-et-al-2019-vaccineautism-study-much-ado-about-nothing.pdf

The father says: **Aluminium worries? A 2022 BMJ meta-analysis covering 26 457 people found no increase in serious events or deaths.** The paper, Krauss et al 2022 'Aluminium adjuvants versus placebo or no intervention in vaccine randomised clinical trials: a systematic review', concludes: *"Based on evidence at very low certainty, we were unable to identify benefits of aluminium adjuvants, which may be associated with adverse events considered non-serious."*

They also say: *"The mechanism of action of aluminium, like for most adjuvants, is only partially understood. Its biological or physiological role is unknown."* If it is not known what the adjuvants actually do, this does not leave one in a good position to monitor adverse reactions.

"The theory that aluminium adjuvant is responsible for symptoms following specific vaccine formulation is impossible to refute or prove based on the data from current clinical trials. For example, aluminium adjuvant has been administered to both the experimental and control groups in the vast majority of randomised clinical trials on HPV vaccines, thus masking aluminium adjuvant's potentially harmful effects."

"Our systematic review has several limitations. Despite our inclusion criteria being broad, we could only find phase I or II trials that met our inclusion criteria."

"We chose to merge multiple groups in those trials that used vaccines with different antigen concentrations. In so doing, we were unable to conclude whether the effect of aluminium adjuvants is correlated to the effect of different antigen concentrations." This is not a study capable of making robust conclusions. To reiterate the authors, *"The mechanism of action of aluminium, like for most adjuvants, is only partially understood. Its biological or physiological role is unknown."*

Nonetheless the public and doctors reassure us that aluminium and other adjuvants have been robustly tested for safety and efficacy. How can that be when we know the clinical trials themselves admit to such fundamental uncertainties and limitations? It's clear that more rigorous, transparent research is needed before we can confidently claim aluminium adjuvants are fully understood and unquestionably safe

The father says: **SIDS claim reversed. A meta-analysis of 9 studies shows vaccination halves the risk of cot death.** The study by Venneman et al 2007 Do immunisations reduce the risk for SIDS? A meta-analysis. They conclude: *"Immunisations are associated with a halving of the risk of SIDS. There are biological reasons why this association may be causal, but other factors, such as the healthy vaccine-effect, may be important. Immunisations should be part of the SIDS prevention campaigns."* When discussing limitations they state: *"Firstly there is considerable clinical diversity in the studies. The studies come from many developed countries, and include different immunisation schedules. The studies were undertaken both before and after the "back to sleep" campaigns, which have resulted in changes in the epidemiology."*

The main limitation of meta-analyses—where many studies are combined to give an overall result—is summed up by the phrase, "garbage in, garbage out." If the individual studies are of poor quality, then combining them only produces a flawed conclusion. For example, this particular study even spanned the period of the 'Back to Sleep' campaign, which dramatically reduced cot death rates, adding a significant confounding factor.

Unfortunately, the father, along with ›

many, many doctors, shows no understanding of how to read and assess reliability of papers/studies in journals. Hence the need for the study by Montori et al 2004, Users' guide to detecting misleading claims in clinical research reports https://pmc.ncbi.nlm.nih.gov/articles/PMC526126/pdf/bmj32901093.pdf

"The discussion section of research reports often offers inferences that differ from those a dispassionate reader would draw from the methods and results."

4. The father dismisses the claim that *"too many shots will overload the immune system"* by citing Paul Offit of the Children's Hospital of Philadelphia and his paper, 'Addressing Parents' Concerns: Do Multiple Vaccines Overwhelm or Weaken the Infant's Immune System?' https://pubmed.ncbi.nlm.nih.gov/11773551/

Offit compares the thousands of antigens a child naturally encounters daily through their nose and mouth with the antigens introduced by vaccination, without noting that injections bypass the body's natural barriers designed to protect sterile areas.

Offit's own rotavirus vaccine, RotaTeq, was tested in trials described as 'placebo controlled'. Placebos' are invariably the liquid minus the antigens and again, in this case, it contained Polysorbate 80, the same compound mentioned earlier.

Across clinical studies, there were 52 deaths reported—25 among RotaTeq recipients and 27 among placebo recipients. **Package-Insert-RotaTeq-1.pdf.** As adverse events were similar between the groups, the vaccine was deemed safe, despite the "placebo" not being an inert substance which completely invalidates the claims for safety. Why are real eg saline placebos not used? The answer is obvious.

Offit famously wrote a New York Times op-ed titled 'What Would Jesus Do About Measles?' https://www.nytimes.com/2015/02/10/opinion/what-would-jesus-do-about-measles.html Implying that Jesus would have supported vaccination. While his views are influential, some argue they lack nuance and reveal a clear partisan stance in the vaccine debate.

"Aluminium salts have no use in the body because they are always toxic. Indeed this is very reason they are put in the vaccines as adjuvants to 'help' body make an immune response to the vaccine. Precisely because they are always toxic, the body always makes an immune response to them. The body is intelligent – a normally functioning one will only make an immune response to toxins."

5. The father says "Toxic ingredients" must be in context. First, remember that the dose makes the poison. Yes, precisely, the dose.

Aluminium in vaccines

There is no safe dose aluminium to inject. Just think about what you are not allowed to give BY MOUTH to baby below six months of age – wheat, nuts, citrus, unmodified milk.

No table salt before the age of one year by mouth, the kidneys said not to be able to cope - even though table salt, sodium chloride, is a natural constituent of body and if a baby has diarrhoea and vomiting it has to be included in rehydration solution. But parents are advised that it is OK to inject aluminium salts, into the baby with immature kidneys – the kidneys which are necessary to excrete and get rid of aluminium. Aluminium salts have no use in the body because they are always toxic. Indeed this is very reason they are put in the vaccines as adjuvants to 'help' body make an immune response to the vaccine. Precisely because they are always toxic, the body always makes an immune response to them. The body is intelligent – a normally functioning one will only make an immune response to toxins. The father quotes Paul Offit's CHOP resources which again are unable to distinguish between the effects of oral and injected administration.

A further example of lack of transparency regarding aluminium: Merck's proprietary adjuvant, amorphous aluminium hydroxyphosphate sulfate (AAHS), used in Gardasil, has not been shared with any independent researchers for evaluation. Christopher Exley, Ph.D., reported that despite repeated requests, *"the only adjuvant they could not get access to was AAHS"* A peer-reviewed review further noted that Merck appears to have *"prevented independent studies of AAHS"* and even misrepresented its nature to regulators by equating it with aluminium hydroxide.

Remember, the aluminium adjuvants used in vaccines were developed before the 1938 Food Drug and Cosmetics Act. This was when Congress drew a legal distinction between "new drugs," and so-called "old drugs." Old drugs, those that entered medical use before 1938, were "grandfathered," and considered exempt from retroactive safety testing.
https://www.everycrsreport.com/files/20010601_RL30989_4882f00223da6f69b300ce79b99a7c6f0e088d1d.pdf

This means that they have never been subject to any pre-licencing testing and any subsequent adjuvants – aluminium or otherwise – and are only ever tested with the whole vaccine. Not alone. As the FDA states: *"How does FDA evaluate adjuvants for safety and effectiveness? When evaluating a vaccine for safety and effectiveness, FDA considers adjuvants as a component of the vaccine; they are not approved separately."*

https://www.fda.gov/vaccines-blood-biologics/safety-availability-biologics/common-ingredients-fda-approved-vaccines

Neomycin in MMR vaccine

British National Formulary says, *"too toxic for parenteral administration"*. Which means by injection.

Formaldehyde in vaccines

A study of formaldehyde in vaccines carried out at Imperial College London concluded: *"Although our findings highlight adverse effects, formalin inactivated vaccines have been administered to millions of people world wide with excellent protective results* (this is a standard phrase in the conclusion of

many studies and is unreferenced). *Our data show, however that the induction of carbonyl groups on vaccine antigens by formalin treatment may profoundly affect immunogenicity, changing the balance between protective and deleterious immune responses."*

The father, along with the oft quoted Dr Paul Offit seem not to be able to understand the difference between swallowing a substance into the gut which has its own set of defences – 80% of immune cells are produced in the gut)- and injecting a substance with direct access to the blood stream...by whichever route it is injected, intramuscular or subcutaneous. They all bleed.

1. The father acknowledges that, *"Diseases were already disappearing thanks to sanitation,"* but he points out that *'Vaccines reduce cases.'* If he were a doctor he would know how little doctors like notifying cases and how bad we are at distinguishing between one spotty rash and another.

And for goodness sake who cares about incidence? They are acute childhood developmental milestones. They are part of growing up, and just need to be correctly managed – which Dr Paul Offit, Paediatrician, seems not to know how to do, given the example which he and his colleagues gave in their handling of the 1991 measles outbreak in which nine children died. Unbelievable.

It is one thing dying of measles in a place where children and adults drink sewage, are on the edge of starvation and live in damp, under-ventilated housing. If it happens to children who have access to clean water, adequate food, ventilated housing, someone to love and look after them, fresh air and sunshine this is due to medical mismanagement, most particularly in not following the UK NICE guidelines on fever management as regards paracetamol and ibuprofen use (use only for distress, not the height of the fever and not to lower it). This is not only the UK but also USA, Australian Department of Health and Irish College of GP guidance. It is also unlikely anyone is given any advice on increasing Vitamin A intake, or the supreme importance of not giving paracetamol or ibuprofen and getting fluids into children with fever. Food is not necessary except in a small baby. The father quotes, *"NHS still warns 1 in 5 kids who catch measles need hospital and 1 in 15 suffer serious complications."* Yes, because of standard, incorrect, non-following of the NICE guidelines, medical treatment and advice. He also quotes the non-peer reviewed sciencebasedmedicine.org blog again

NB It is death and disability that we want to avoid, not normal childhood developmental milestones – see below.

But really, how can the poor father be expected to understand the difference between a disease detox and death or disability when most doctors have no idea either.

The father claims *"Wild polio has fallen > 99 % worldwide since mass vaccination"* referring to the non peer reviewed sciencebasedmedicine.org blog he likes again.

He says that wild paralytic polio has gone – it has not, it has just been redefined.

The massive rise in non-polio acute flaccid paralysis (NPAFP) cases in India and elsewhere suggests that paralysis hasn't disappeared—it's just not being called "polio" unless specific viral particles are detected. The narrowing of the case definition to include only wild poliovirus–cases of paralysis, excludes thousands of vaccine-related or idiopathic cases. Cases may have dropped for wild polio virus which is said by the W.H.O. to have fallen > 99 % worldwide since mass vaccination but not for total cases of polio-like paralysis, which have risen in some regions following intensive Oral Polio Virus vaccine use. Global eradication programs often simplify messaging to secure funding and political support. That leads to omission of complex or inconvenient data, like: vaccine associated paralytic polio (VAPP), circulating vaccine derived polio (cVDPV) outbreaks and non-polio acute flaccid paralysis NPAFP) like Guillain Barré Syndrome. This is not unique to polio. Similar patterns appear in other areas of medicine: diseases renamed, endpoints redefined, side effects dismissed, etc., especially when a "war on" framing is used (e.g., war on cancer, eradication of smallpox, etc.).

That is why they carefully say 'wild' polio – but to a parent of a paralysed child they do not care the cause – they just don't want their child to be paralysed.

https://www.who.int/news-room/fact-sheets/detail/poliomyelitis

https://pubmed.ncbi.nlm.nih.gov/22591873/ Vashisht N, Puliyel J. Polio programme: let us declare victory and move on

7. The father debunks *"Yellow Card and VAERS prove millions of injuries"* - Most doctors don't even know the yellow card system exists.

If they do they don't use it because it is time consuming, like disease notifications, and they are scared of losing their jobs if anyone spots them breaking ranks.

There is no access to the MHRA information for independent research except by unwieldy and very slow freedom of information requests – I know, I have tried.

The USA VAERS system is much better in that respect. In studies of vaccines VAERS is hailed as being a very good source of continuing surveillance of vaccine safety. Until red flags emerge and then these data are ignored. The fact that there are only adverse reactions logged – but we do not know how many shots are given - ie there is no denominator – means there is no way to calculate frequency of reactions per vaccine, which also reduces it's usefulness.

The W.H.O. frequently makes non-evidenced claims about vaccine safety, such as *"Over one billion doses of*

"The father debunks "Yellow Card and VAERS prove millions of injuries" - Most doctors don't even know the yellow card system exists. If they do they don't use it because it is time consuming, like disease notifications, and they are scared of losing their jobs if anyone spots them breaking ranks."

Hepatitis B vaccine have been used since 1981 with an outstanding record of safety and efficacy." WHO Press release WHO/67 **1998**

How would they know? Even six years later in 2004, Lankinen and his team publishing in W.H.O.'s own bulletin say: *"The resources for development and management of vaccine safety systems should be urgently improved."* https://pubmed.ncbi.nlm.nih.gov/15640918/

If you still think such bold assertions must be true, see the W.H.O. former Chief Scientific Officer Dr Souyma Saminathan in her 28 Nov 2019 promotional video:

"Vaccines are very safe WHO Global vaccine Safety - Ensuring vaccines do no harm," in which she asserts:

"That's why there are robust vaccine safety systems (that) allow health workers and experts to react immediately to any problems that may arise."

"They can examine the problem rigorously and scientifically look at the data and then promptly address the problem."

"Vaccines are one of the safest tools we have to prevent disease,"

Only *five* days later at the 03 Dec 2018 *'W.H.O. Global vaccine safety conference - W.H.O. Works to Ensure Vaccinations are Safe'* she says:

"I think we cannot over-emphasize the fact that we really don't have very good safety monitoring systems in many countries and this adds to the miscommunication and misapprehensions because we are not able to give clear cut answers when people ask questions about the deaths that have occurred due to a particular vaccine and this always gets blown up in the media.. One should be able to give a very factual account of what exactly has happened and what the cause of deaths are but in most cases there is obfuscation at that level and therefore there is less and less trust in the system." The father does not need to take my word for it – he can see for himself https://www.youtube.com/watch?v=2DudhNvr1AU He should actually listen to the whole conference.

8. The father explains that **zero-risk medicine doesn't exist.** That is a very fair comment. He goes on to say, *"Successful claims run at fewer than 2 per million doses—that's transparency, not a smoking gun or hidden danger."* Please note:

Firstly, £120.000, the maximum amount you can be awarded for the destroyed life of yourself or your child is wholly inadequate amount for an injured child with a destroyed life. Also, you have to be 60% disabled before you get a penny. For your child to be 10% disabled is dreadful, 20% and 30% are worse - but you get not a penny of help in those brackets – if your child is even 59% disabled – not a farthing.

Secondly, he should try going to the UK vaccine payment unit. People vaccinate their children in good faith and when they are injured the UK Government puts every possible obstacle in their path to stop them getting any help, dragging cases out for years while parents desperately try to care for their disabled child, to fight the system that disabled him, while at the same time being accused of fabrication, being *'anti vax'* ...if they had been 'antivax' the child would never have had the shots in the first place. In some cases the family even get threatened by social services with having their child taken away if they persist in saying the injury was caused by vaccines.

"Firstly, £120.000, the maximum amount you can be awarded for the destroyed life of yourself or your child is wholly inadequate amount for an injured child with a destroyed life. Also, you have to be 60% disabled before you get a penny. For your child to be 10% disabled is dreadful, 20% and 30% are worse - but you get not a penny of help in those brackets – if your child is even 59% disabled – not a farthing."

Thirdly, you have to *prove* it was the vaccine which injured him.

Be aware that the adverse reactions listed in the package inserts do not denote 'causality'. The manufacturers say, *"Those are just things that people reported after the vaccine. We didn't check them out."* This means that the pharmaceutical companies with all their billions of dollars, laboratories, people in white coats need do no research at all into whether any of what they list in their product information is caused by their vaccine.

The result being that you can't just go along and say, *"Well this happened to my son and it's in the package insert so it must have been the vaccine." "Oh no," they say, "you have to prove it,"*

This means that you, with no billions, no laboratories, no white coated workers, in addition to trying to do your best to care for a severely injured child have while being broken down by an adversarial legal system trying to crush you, have to somehow produce the science that the manufacturers are not required to do - and this is even though they do not have to pay out a penny in damages.

No, our tax payers money pays for that.

As part of his continuing education the father should compare, in the studies he quotes, the criteria and time limits for the acceptance adverse reactions as being due to vaccines - short - compared to the far longer periods of time they use for removing participants from second doses and further involvement. Also the exclusion criteria from accepting babies and children on a trial in the first place are legion.

Those with congenital anomalies, chronic heart, liver, lung, kidney disease, developmental problems are all excluded yet these are the *very* children that healthcare staff say are most vulnerable and need to have the vaccines – but the vaccines have not been trialled on them, to see if they are safe and effective.

It is hard critically assessing studies for reliability. The father finds that difficult and his GP will not be able to help him, although the GP has no excuse.

9. The father then suggests **Real risk vs vaccine risk—three examples** quoting the disease risk of measles, paralytic polio and whooping cough. Disability

and death are not the clinical progression of any childhood illness when the child has access to the necessities of life, someone to love and look after them and *crucially* the fever is managed appropriately. Disability and death are complications of these childhood diseases and they are all invasive.

If they invade the lung – pneumonia; the brain – meningitis; the blood stream - septicaemia.
How do you stop that happening? Allow the body to externalise the process by supporting the fever and helping the body to eliminate. Open the windows - fresh air is free! Plenty of clear fluids, no food unless starving, rest in bed or on the sofa, in the garden in the summer. No paracetamol, ibuprofen, antihistamines that fight the symptoms, fight the body and put the child in danger.

Regarding the supposed better outcomes of vaccines over getting the disease using adverse reaction data – we already know from Kari Lankinen in Finland and Dr Saminathan of the W.H.O. that there are no robust systems for collecting adverse vaccine reactions. The same is true with all adverse drug reactions. Dr Peter Fletcher of the Post Marketing Surveillance Unit Queen's Square, London commented back in 1991, that the data suggest that under-reporting by the spontaneous systems may be as high as 98% for several clinical events believed to be associated with drug treatment. https://pubmed.ncbi.nlm.nih.gov/2061900/

Other studies have calculated that between one in ten and one in a hundred – including vaccine – adverse events go unreported.

The 2015 Harvard Pilgrim study found a very high percentage of vaccine adverse reactions not being reported by doctors to VAERS. The problem is not going away any time soon. https://pubmed.ncbi.nlm.nih.gov/26060294/

10. One of the things the father has not quoted in his document is a list of the *benefits* of correctly managed childhood illnesses. He has probably not heard that there are any. Here are some:

- Italian recruits with antibodies for hepatitis A (regarded as a marker for exposure to 'dirt') had a lower incidence or atopic disease, asthma and eczema. Matricardi et al, 1997 Cross sectional retrospective study of prevalence of atopy among Italian military students with antibodies against hepatitis A virus, https://pmc.ncbi.nlm.nih.gov/articles/PMC2126410/
- A 2011 case-control study by Dr Jonathan Silverberg and colleagues at the State University of New York of children who had natural chicken pox showed that they had a lower incidence of atopic dermatitis/ eczema and asthma compared to those who had not had chickenpox. This advantage persisted for ten years. Even those who developed eczema had milder cases and required fewer physician visits. There are other studies supporting this finding. The Government wants us to give our children a vaccine that by stopping a mild childhood illness makes them more likely to get asthma - and shingles. Not a good exchange. Silverberg JI, et al. 2010 Association between varicella zoster virus infection and atopic dermatitis in early and late childhood: a case-control study. J Allergy Clin Immunol. https://pubmed.ncbi.nlm.nih.gov/20624648/
- A carefully designed study by Dr Raymond West published in 1966, concluded that having clinical mumps with recognisable parotid swelling had a protective value against getting ovarian cancer in later years. 1 (West, 1996). Subsequent studies which are cited as disproving this finding have used a different study population, namely subjects with laboratory (antibody) evidence of mumps infection rather than clinical mumps with recognisable parotid swelling. A reduced incidence of ovarian cancer is clearly desirable, not least, because ovarian malignancies generally have a very poor prognosis due to their being diagnosed so late. West RO, 1996 Epidemiologic study of malignancies of the ovaries, https://pubmed.ncbi.nlm.nih.gov/5939299/
- A study conducted by the Danish epidemiologist Tove Rønne and published in the Lancet in 1985, 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' variety with suppressed rash that occurs in people with immune disorders and after vaccination. Rønne T, 1985 Measles virus infection without rash in childhood is related to disease in adult life. https://pubmed.ncbi.nlm.nih.gov/2856946/
- Having measles was associated with a reduction in risk of skin testing positive to house dust mite at age 14-21 years. Shaheen et al 1996 Measles and atopy in Guinea-Bissau https://pubmed.ncbi.nlm.nih.gov/8667923/
- Early exposure to measles and family size may be associated with a lower risk of adult onset doctor diagnosed asthma. Bodner et al 2000 Childhood exposure to infection and risk of onset wheeze and atopy. https://pubmed.ncbi.nlm.nih.gov/10770819/
- 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 A&E 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). *"We observed a statistically significant positive association between measles vaccination and rhinoconjunctivitis."* Kucukosmanogluet al 2006 Frequency of allergic diseases following measles. https://pubmed.ncbi.nlm.nih.gov/16854347/
- *"Measles infection was inversely associated with any allergic symptom or physician's diagnosis of allergy, whereas there were no associations with measles vaccination."* Rosenlund H et al,.2009 Allergic disease and atopic sensitization in children in relation to

measles vaccination and measles infection. https://pubmed.ncbi.nlm.nih.gov/19255001/

- Japan Collaborative Cohort (JACC) study. 100,000 people followed up from 1988-9 to 2009 *"Measles and mumps, especially in the case of both infections were associated with a lower risk of mortality from atherosclerotic cardiovascular disease."* Kubotaet al JACC Study Group. 2015 Association of measles and mumps with cardiovascular disease: https://pubmed.ncbi.nlm.nih.gov/26122188/
- Hence the old clinical adage, *"Autoimmunity is the price paid for eradicating infectious diseases."* Wilson & Duff 995 Genetic traits in common diseases, https://pubmed.ncbi.nlm.nih.gov/7787582/

Nor does he mention the measles outbreaks in fully vaccinated populations or that mumps outbreaks are occurring on US navy ships amongst navy personnel many of whom have had as many as three MMR vaccines already and had to be given more. *'A US warship hit hard by the mumps is finally virus-free after being quarantined at sea for months'* https://www.businessinsider.com/mumps-outbreak-on-us-warship-is-over-after-5-months-quarantined-at-sea-2019-5 Pickrel.

Nor that you can 'get' measles from the MMR vaccine as did 38% of total reported measles cases in the USA in 2015 as shown in a 2017 CDC study, none of which scientists give evidence about this fact in the hearings at the California Legislature where the religious and philosophical exemptions were swept away. Roy et al 2017 Rapid Identification of Measles Virus Vaccine Genotype by Real-Time PCR. https://pubmed.ncbi.nlm.nih.gov/27852670/

11. Indemnity – This is a very important point for you to consider in your risk benefit analysis. None of the vaccine manufacturers have any liability for ANY injury that occurs to a child who receives their vaccine. Would the father drive a car, buy a buggy or even a phone for which the manufacturer was protected by law from any liability? I think not. Any sane person would surely ask why this is the case? No other drug is treated in this way – although pesticide manufactures in the USA are lobbying the Government to give them the same protection.

12. Dose. The dose of Diphtheria toxin that is given to a 2 month old 5kg baby is 15 times higher (30 IU vs 2 IU) than would be given to a 120 kg man. The rest are approximately the same. Is this logical or safe? Indeed the indefatigable Viera Scheibner PhD has a long standing challenge to the Australian Department of Health, asking them to send one of their representatives to be injected on live TV with what a baby would receive at one visit – scaled up to their weight, so for a 70kg man that would be 14 phials of each vaccine. Over more than three decades no-one has ever volunteered, despite the expressions of despair about falling vaccine uptake – I wonder why?

14. It's an obvious fact of life, yet one often overlooked, that before choosing to have children with someone, it is vital to understand their values. Because once you bear their child you are—in many ways—at their mercy. And if you intend to raise your child in any way that deviates from the mainstream, the Courts, Government, and Social Services will stand firmly with the other parent against you.

A mother does not need to read a single book, cite a single study, or scroll through a single website to know what is best for her child. This knowing is not taught—it is inherited, just as surely as the colour of her hair, the shape of her eyes, or the curve of her nose.

What she may lack with a first child is not maternal instinct, but experience—the practical application of what she already carries within her. Yes, the baby carries genes from both parents, but it is the mother who carries that child in her womb, who gives birth, who breastfeeds—who remains, in those early months and years, biologically and emotionally closer to them than anyone else on earth.

She knows what to do—so long as she listens to her gut, not the noise in her head. It is the head, stirred by fear and fuelled by scaremongering, that leads her away from what is often already known, quietly and instinctively, within.

It is a telling sign of our times that many men who speak of feeling emasculated are, in truth, experiencing the consequences of stepping away from their traditional callings—provider, protector, builder, guardian, explorer, rock of ages. Rather than embracing these time-honoured responsibilities—duties that are not only foundational but deeply rewarding—some instead seek control where support is needed, aiming to override or second-guess the one person who most requires their steadiness: the mother of their child.

All mothers are vulnerable after giving birth. To be pressured or undermined in that sensitive period—rather than supported and honoured for the deep instinctual wisdom they carry—is not leadership. It is a devastating betrayal of trust.

03 September 2024

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.

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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.'

DR DONEGAN'S LECTURES

Dr Jayne LM Donegan MBBS DRCOG DCH DFFP MRCGP. www.jayne-donegan.co.uk

More detailed and scientific information about Whooping Cough and the other childhood illnesses and vaccines can be found in: **Childhood Vaccinatable Diseases and Their Vaccines** is available for download at: https://www.jayne-donegan.co.uk/childhood-vaccinatable-diseases-and-their-vaccines. This report has been peer reviewed by four experts over two years and a three week GMC case in which it was found that I had not failed to be 'independent, objective and unbiases in the reports I put before the court' but again, 16 years later, in 2023, with a four year run in the GMC panel and their expert failed to find fault – and they tried vey hard – in the information I deliver un my lectures and publications.

TURTLES ALL THE WAY DOWN: VACCINE SCIENCE AND MYTH

Most of authors re anonymous in order not to be attacked 2022

https://www.amazon.co.uk/Turtles-All-Way-Down-Vaccine/dp/9655981045/

DISSOLVING ILLUSIONS: DISEASE, VACCINES, AND THE FORGOTTEN HISTORY 2013

Suzanne Humphries MD, Roman Bystrianyk

https://www.amazon.co.uk/Dissolving-Illusions-Disease-Vaccines-Forgotten/dp/1480216895/

DISSOLVING ILLUSIONS: DISEASE, VACCINES, AND THE FORGOTTEN HISTORY 10TH ANNIVERSARY EDITION

Roman Bystrianyk, Suzanne Humphries MD.

https://www.amazon.co.uk/Dissolving-Illusions-Vaccines-Forgotten-Anniversary/dp/B0CZ61XLXH/ 2022

DISSOLVING ILLUSIONS: DISEASE, VACCINES, AND THE FORGOTTEN HISTORY 10TH ANNIVERSARY EDITION

Companion and Reference 2024 Roman Bystrianyk, Suzanne Humphries MD.

https://www.amazon.co.uk/Dissolving-Illusions-Forgotten-Anniversary-Companion/dp/B0CZ5Y96XL/

FORTHCOMING ONLINE LECTURES

HPV VACCINATION & SAFETY - FIND OUT HOW VACCINES ARE LICENSED

18 Nov 2025, Tuesday Evening. To book: https://www.eventbrite.co.uk/e/1355981861249

VACCINATION - THE QUESTION: INFORMATION YOU CAN USE FOR INFORMED CONSENT

16 Dec 2025, Monday Evening. To book: https://www.eventbrite.co.uk/e/1448246727949

***FREE* DAVID & GOLIATH SPECIAL - DR DONEGAN'S GMC CASE 2004-7 & 2019-23 POLITICAL SHOW TRIAL**

22 Dec 2025, Monday Evening 7.30-9.30pm.

To book email: jaynelmdonegan@yahoo.com - So good Eventbrite have censored it from their site!

VACCINATION THE SCIENCE - HOW TO READ SCIENTIFIC PAPERS

13 Jan 2026, Tuesday Evening. To book: https://www.eventbrite.co.uk/e/1513842767469

WILL YOUR CHILD BE TAKEN INTO CARE IF YOU DON'T VACCINATE?

16 Mar 2026, Tuesday Evening. To book: https://www.eventbrite.co.uk/e/1366062823679

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.

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