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UK MEDICINES REGULATOR (MHRA) : A "SERIOUS RISK" TO PATIENT SAFETY

DR SHEENA MEREDITH
19 Feb 2024
https://tinyurl.com/8xm77pc4

The All-Party Parliamentary Group (APPG) on pandemic response and recovery has raised "serious patient safety concerns" about the Medicines and Healthcare products Regulatory Agency (MHRA), along with other aspects of a system that, "far from protecting patients, continues to put them at serious risk".

In a letter to Health Secretary Steve Brine, APPG co-chairs Esther McVey and Graham Stringer, with 26 cosignatories, highlighted the Independent Medicines and Medical Devices Safety (IMMDS) investigation of Primodos, sodium valproate, and pelvic mesh scandals, which found the response of the healthcare system was not sufficiently robust, speedy, or appropriate, causing some patients to suffer life-changing or fatal, avoidable harm.

MHRA AT TIP OF A SIZEABLE ICEBERG OF FAILURE

Subsequent evidence "leads us to believe that serious patient safety concerns persist beyond even the findings of the IMMDS review", the APPG signatories wrote. "The MHRA is at the heart of these far wider endemic failings," and "those cited in this letter merely represent the tip of a sizeable iceberg of failure."

Medscape News UK has reported increasing concern worldwide about the degree to which medicines regulators are captured by the drug industry. A 2022 BMJ investigation found serious conflicts of interest potentially influencing health policy and approval decisions. Regulatory agency members and expert advisers had financial interests in products being licensed, including several experts on COVID-19 vaccine advisory committees with financial ties to vaccine manufacturers that regulators did not always disclose. Notorious "revolving door" arrangements mean many officials move between regulatory agencies and the companies they regulate. For example, a former MHRA chief executive arrived from SmithKline Beecham and left to serve on the board of a biotech company and advise the Gates Foundation, which has major interests in vaccines and partly funds the MHRA.

A PRIME EXAMPLE OF INSTITUTIONAL CORRUPTION

One expert cited in the BMJ described the situation as "a prime example of institutional corruption". In 2020-21, 98.5% of applications for new medicines approvals yielded positive decisions.

The APPG drew attention to MHRA chief executive Dame June Raine's statement in March 2022 that the agency had transitioned "from watchdog to enabler".

"Enabler of what?" the letter asked, saying the statement "does little to quell suspicions of conflicts, and the implications for patient safety cannot be overlooked".

Drugs passed through expedited approval processes – 36% in the UK in 2020 – are more likely to be withdrawn for safety reasons, carry a subsequent black box warning, or have dosage forms voluntarily discontinued by the manufacturer.

Moreover, the APPG said that the yellow card scheme was "failing patients", with "gross under-reporting" of suspected adverse drug reactions: only 1 in 12 patients is aware of it, and up to 98% of reactions go unreported. The MHRA has no effective processes to monitor, investigate, or follow up reports, and complaints systems are "too complex and too diffuse to allow early signal detection".


June Raine, CEO MHRA

The MHRA's lack of transparency and conflicts of interest did not fulfill its statutory duty to protect patient safety or maintain public trust, the letter said. The system is "beset by conflicts" and "often too late in detecting and acting to prevent serious harms". Hence the AstraZeneca coronavirus vaccine was suspended in other countries on 11 March 2021, but the MHRA did not publish safety advice until 7 April, after 24 million people had been vaccinated in the UK "without MHRA's pharmacovigilance system detecting a problem". MHRA withdrew the product for under 40s only on 7 May, "after further needless deaths".

PRIORITISE PATIENT SAFETY OVER COMMERCIAL INTERESTS

The letter urged the Health and Social Care Select Committee to launch "a thorough, wide-ranging and long-overdue investigation into the MHRA". It advocated mandatory reporting of industry payments, with a dedicated register of conflicts of interest, echoing a current parliamentary petition asking legislators to make the MHRA "fully transparent" to "ensure patient safety is prioritised over commercial interests".

Dr Margaret McCartney, honorary senior lecturer in medicine at the University of St Andrews and senior associate at the Centre for Evidence Based Medicine, University of Oxford, told Medscape News UK: "It's clear from decades of research that conflicts of

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Magda Taylor

Editor's note

AS WE ARRIVE at the end of 2024 I would like to thank all of you for subscribing to the newsletter, and for the kind donations sent in support of The Informed Parent. The future of the newsletter is still very uncertain as the demand continues to decline.

When the newsletter first came into publication the internet was not available and the main aim of TiP was to collate a variety of articles from a wide array of published literature to assist those parents' easy access to the information when they had limited time to do this - given the demands of parenthood, especially in the early years. This is no longer the case and new parents can access so much information at the press of a button these days. I feel that this is the main reason behind the declining number of subscribers. I will keep people updated about any changes. Please check your emails, including your Junk mail as some may not be reaching you.

However, it is good to see that more concerns are being raised across the world about the mRNA product which was pushed relentlessly during the claimed pandemic. Certainly, this has also created more questioning of all of the ever-increasing routine vaccine schedules. Naturally the authorities will continue to try and instil fear with new virus stories and variants, particularly at this time of the year. Cold weather, over-eating at Christmas time, and for some, a challenging time emotionally can create disease. Judging by comments on social media threads it appears that more of the public are not so trusting of the medical establishment. This is a good sign indeed!

It is absolutely essential for more people to direct questions along with requesting the published scientific evidence of proof for any claims made by their medical professionals. It will quickly become clear that there are huge gaps of knowledge, lack of good foundational science and sound evidence which demonstrates that specific 'germs' cause specific diseases. As I have remarked on numerous occasions bringing the spotlight on to exposing the germ theory of disease is the most important aspect in my opinion. Otherwise vaccination will continue to be pushed with more announcements of yet more deadly pathogenic germs, followed by the introduction of yet another vaccine to save humanity!

Among alternative views on this subject there are a mixture of viewpoints, even within these pages some articles are to a degree contradictory to other articles. Only you can decide what you feel is most likely. I have reached my present position after my many years of investigation and observation, and I have made it clear on many occasions. However, it is for you to look into it for yourself – your health and your children's health is your responsibility. Check the information and articles included within each edition and you will naturally begin to arrive at the health narrative that sits comfortably with you.

Good to read that an 'anti-vaccine' (the establishments labelling) doctor in Australia has recently won a case to have a medical ban lifted. He had been suspended in August 2022 after five complaints involving his 'anti-vaccine activities.' Interesting that 'Justice Bradley said he was not entering the debate about COVID-19 vaccines," and that the court was concerned only with whether the medical board decision was free from error. A debate about vaccines of any kind are avoided at all cost in courtrooms, in fact at any level of the system we live in! Full article here
https://tinyurl.com/4smcsfhx

The BMJ published an 'opinion' piece this month entitled: ***US public health would be in danger under Robert F Kennedy Jr***
https://www.bmj.com/content/387/bmj.q2791

The author, Brian Klaas warns that RFK Jr would push the US towards a conspiracy and anti-science sentiment and that 77 Nobel laureates have signed a letter urging America's senators to reject Kennedy's confirmation. There have been no published responses to his article as yet (27 Dec 2024). However, both myself and Dr Jayne Donegan submitted responses a couple of weeks ago and I feel sure there would have been many others. One can only presume that all the responses have been critical of Klaas's hit piece – so none have been published. Perhaps I will include our responses in the next edition.

May 2025 bring forth a much greater questioning population, and more courageous academics prepared to jump off the official narrative bandwagon and speak out! Good health and happiness!
Magdalene Taylor, Editor, December 2024.

interest, especially financial, are associated with poorer quality and more expensive healthcare. We need transparency. Such conflicts should not be hidden from patients or other professionals where decisions could be affected."

However, she cautioned, merely asking people to declare their interests "doesn't take away the conflict. There is a risk that by creating registers of declarations, an assumption is made that the risk has been managed, but that isn't the case. Transparency is only a first step".

Asked by Medscape News UK to comment, MHRA chief executive Dr June Raine said: "We have made significant steps to put patients at the heart of all our work.

"These include incorporating patient views and lived experience into our safety reviews, involving patients in the early stages of planning medicines development, and building a new responsive reporting system for patients to tell us about any adverse incidents. We have also led on legislative changes to strengthen surveillance for medical devices and medicines, meaning patient safety is embedded firmly into law.

"Our progress so far in making changes based on meaningful patient involvement gives us a solid base to build upon as we continue on this important journey. We are committed to enabling innovation that brings transformative medical products safely to patients."

TiP Editor: Disappointingly the APPG was dissolved at the end of May 2024 for the General Election campaign. And according to Parallel Parliament was not registered in the latest release of the 20th November 2024 and may be defunct. I might suggest that perhaps the APPG was conveniently dissolved to protect the MHRA????

PROVOKED POLIO CASES??

TiP Editor: Reproduced here are a few examples of polio cases that are reported in The Hazards of Immunisation by Sir Graham Wilson (1967) along with some of my comments in bold italic:

P273, 'Korns, Albrecht and Locke (1952) studied the histories of 2137 poliomyelitis patients in New York State in 1950, along with those of 6055 members of the patients' households and 14 170 controls from adjacent households. They found that poliomyelitis patients gave a history of receiving an immunizing injection during the preceding two months about twice as often as did the control persons of similar age. Unlike previous observers, they could find no difference in this respect between patients immunized during the preceding month and the preceding two months. There was a close association between the site of injection and the site of paralysis. The severity of the paralysis was rather more severe in the immunized than in the non-immunized group of patients.'

TiP Editor: Regarding household contacts and the 'contagiousness' of polio a doctor back in the late 1890s, Charles Caverly MD noted at the time of the first major documented polio outbreak in the US in Rutland County, Vermont that the appearance of acute nervous system disease could occur with or without paralysis. From the paper 'The 1917 Polio Outbreak in Montpelier, Vermont' by Elisha P Renne (2011), page 167, the author writes: 'Thus while Caverly considered the possibility of "an infectious origin" of polio, he did not see it as a highly contagious disease because, unknown to him and others at the time of the 1894 epidemic, a large proportion of cases were asymptomatic, with cold- or flu-like symptoms but without any signs of paralysis. ***(TiP Editor: Sounds just like the recent Covid claims!)*** In 1886 he wrote, "The element of contagion does not enter into the etiology either. I find but a single instance in which more than one member of a family had the disease, and as it usually occurred in families of more than one child, and as no efforts were made at isolation, it is very certain that it was non-contagious."

> *"Of the 355 paralytic cases falling into this category, 222 had completed a primary course of immunizing inoculations or had received a reinforcing dose. In 132 of these 222 patients paralysis had come on 1-28 days after inoculation, mainly in 11 to 17 days."*

Sadly, Caverly began to change his view after 1909 when Landsteiner and Popper declared isolation (not the isolation the public would expect!) of the poliovirus, and research from Sweden by Wickman apparently showing that asymptomatic and "abortive" cases contributed to the spread of the disease. As with many physicians they drop their previous observations and views when the latest established science declares otherwise. And it helps their career too if they adhere to the mainstream narrative.

Back to Sir Graham Wilson text, P273-274 'Working on the London County Council figures, Benjamin and Gore (1952) calculated that during 1949 the risk of contracting poliomyelitis was nearly four times as high in children of 9-24 months who had received an injection of combined diphtheria and pertussis vaccine within the previous six weeks as in a control uninoculated group.'

TiP Editor: Please visit my archive library – there is an interesting file to download and read about provocation polio: https://tinyurl.com/3v6uvbrx

'Grant (1953) at Gateshead studied a small series of cases occurring in the south Tyneside area in 1952 and found that paralysis was more frequent in children who had been recently inoculated with APT or PTAP, alone or combined with pertussis vaccine, than in children not recently immunized, and that paralysis was commonest in the injected limb.'

'Finally a committee of the Medical Research Council (Report 1956c) undertook a special investigation in an endeavour to ascertain the degree of risk incurred by children submitted to immunization in England and Wales. Between 1951 and 1953 all cases of paralytic poliomyelitis in children under 15 years of age were personally investigated when the patients had had an injection of diphtheria or pertussis vaccine or had been vaccinated against smallpox within the preceding twelve weeks. Of the 355 paralytic cases falling into this category, 222 had completed a primary course of immunizing inoculations or had received a reinforcing dose. In 132 of these 222 patients paralysis had come on 1-28 days after inoculation, mainly in 11 to 17 days.'

TiP Editor: Note that it says 222 out of 355 paralytic cases had completed a primary course. Perhaps the other 133 cases were in those who had only received one or two doses? You would have thought they would have stated the others were unvaccinated otherwise???

I would also urge everyone to start investigating whether the varying symptoms that are deemed a polio case are actually a result of some kind of poisoning rather than an alleged virus.

"MULTIPLE VACCINES ON THE SAME DAY SHOULD NOT BE GIVEN. THE EXAMPLE OF THE HARDY COLONEL WHO INSISTED ON BEING VACCINATED AGAINST SMALLPOX, TYPHOID FEVER, DIPHTHERIA AND TETANUS ALL ON THE SAME DAY AND DIED THE SAME NIGHT IS NOT ONE TO EMULATE."

~ SIR GRAHAM WILSON, MD, LLD, FRCP, DPH. FROM THE HAZARDS OF IMMUNISATION (1967) P223

DEBUNKING THE DEBUNKER

BY DAWN LESTER
28 September 2024
https://dawnlester.substack.com/

AN ARTICLE WAS recently brought to my attention that is claimed by the author to not only 'debunk' the idea that 'viruses' are not the cause of disease, but to also 'prove' that SARS-CoV-2 was indeed the causative agent of a condition called 'Covid-19' that produced a 'pandemic' throughout the world beginning in early 2020. The article, entitled Covid Misconceptions Debunked is dated 13th October 2021, so it is not a recent piece. Although I am known as holding a strong view on the 'no virus' position, I am nevertheless open to considering any genuine evidence that demonstrates this position to be incorrect, although so far I have yet to find any such evidence. However, as this article was cited as a reliable source of such evidence, I decided to read it to see if any of us had missed a vital piece of information in our research. Having read through it, I felt it incumbent on me to address the problems, or some of them at least, with the claims the author makes in his article.

So, where to start? The very first paragraph provides a good overview of the author's approach, *"The main problem with the alternative media's response to the covid crisis was that they confused contrarianism with critical thinking. When it was announced in early 2020 that there was a pandemic - the alt media en masse simply took the stance - "no there isn't - if the TV and the MSM News says there is, then it stands to reason that the opposite is true."* - This is not critical thinking, it's not even free thinking - it's a mantra." I would point out that those of us who spoke out on various 'alt media' channels, did not do so from a position of contrarianism, we spoke out from a position of our research findings. What he writes is not an accurate description of what happened, nor is it an accurate depiction of the 'alt media', because it is not a single 'entity' that acted in unison, unlike the mainstream media.

In addition, the 'alt media' did not immediately refute the claims about a pandemic simply because the mainstream media claimed this to be the case. I would add that there are many elements within the 'alt media' that still refuse to address the 'no virus' issue, so the blanket claim that THE alternative media refused to accept that there was a pandemic is incorrect. It is also disingenuous to state that everyone in 'the alt media' merely claims that whatever the MSM says is untrue. Yes, a lot of it is untrue, but many of us are aware that there are often some truths carefully nestled deep within the lies. That's why their 'stories' become confusing, because they do contain some truth and many people intuitively recognise that truth and assume that the rest is also true. I would add that, in another, but related, article written by the same author, he states that he is not taking all his information from the MSM, but from his own experiences, because he has '…spoken with nurses on covid wards, biochemists in labs, care home workers and the anaesthesiologist from Nottingham's main hospital.'

However, as we will see, he does take the vast majority, if not all of the information he cites as evidence from mainstream studies published in mainstream science journals. In a further paragraph of the debunking article, he states, *"So as the evidence stacked up that some sort of worldwide pandemic might be afoot the alternative media doubled and tripled down - swearing blind that no such virus had been proven to exist, or that mainstays of medical procedure used for thirty years were now not fit for purpose, that they knew of absolutely no one that had been affected by this so called disease and that the whole thing was pretty much a hoax. Some even went so far as to convince themselves that viruses themselves don't exist - bless your heart."*

I find the 'bless your heart' to be incredibly patronising - what do you think? Also, his assertions about the alt media are a gross exaggeration. The 'alternative media' did not swear blind that no virus existed; that position was only held by a few of us at the beginning of 2020; we were very small in number.

I am not going to discuss every single paragraph of this article to show where the author is not entirely correct in his statements or, in some instances, completely wrong.

I will, however, because this is the crux of the article, refer to what he calls the 'misconceptions'. This is his list,

- The virus doesn't exist and has never been proven to exist
- Sars Cov 2 has never fulfilled Koch's postulates
- Viruses are actually exosomes
- Viruses themselves don't exist
- The PCR tests don't look for viruses
- The Inventor of the PCR said they were not suitable for looking for disease of any kind
- The tests give over 90% false positive results
- Sars Cov 2 was taken off the HCID register and therefore is of no significance
- People are dying with the disease and not of it
- The tests are run at too high a CT rate
- Death certificates have been faked and death rates artificially inflated
- FOIA requests show that the virus doesn't exist and no one has a sample
- It's just the flu
- Asymptomatic spread is a myth
- Masks don't work and can be dangerous
- It has a 99.9% survival rate
- Not that many people died

He follows this list with the comment that, *"Every single one of these is false – and provably so."* And this is what I would like to address because it seems that some people are citing this article as their evidence for believing that 'viruses' really are 'pathogens'. I do not intend to address each one individually because they all rest on the fundamental assumption that a 'virus' was proven to exist and proven to be the cause of the health problems referred to as 'Covid-19' that produced a 'pandemic'. Without this foundational claim, there is nothing on which he can base all his other so-called 'misconceptions'.

One minor point I would raise is the reference to SARS-CoV-2 having been taken off the HCID register, this is an error; SARS-CoV-2 is the name given to the 'virus' - the name of the 'disease' is 'Covid-19' and it was the disease, 'Covid-19', that was taken off the HCID register. No I'm not being petty, but just highlighting that the author is also prone to mistakes - and this is by no means the only one he makes. In another section of the article, he attacks the FOI requests

Image by sayyed ibad from Pixabay

submitted by Christine Massey and states that, *"The request asks to see the isolated virus. But they used the different usages of the word isolated to trick people into thinking that such a request could not be fulfilled as the virus didn't exist. But their request couldn't be fulfilled – as they requested – because it was impossible.*

They used the common usage of the term isolated – meaning alone – completely alone. Not the scientific usage of the term – which means to culture the virus to prove its existence. As they state in the request, "in the every-day sense of the word". Now here's the disingenuous trick. You can't photo a virus on its own it needs a host to exist. Viruses are inert without a host cell. They need a host cell to exist – but that wouldn't be isolated in the common usage. So it's a silly word game."

It is not a 'silly word game' nor a 'disingenuous trick'. The misuse by virologists of the term 'isolation' is intended to confuse people, to 'baffle them with science'. Nevertheless, Neil asserts, as if proven to be true, that viruses '…need a host cell to exist.' Which is merely parroting the mainstream science claims, but this has not been proven, because a virus needs to be studied as a distinct entity so that its unique characteristics can be ascertained and recorded - in other words, it needs to have been isolated from everything else.

It is interesting that Christine Massey has continued to submit FOI requests and continued to receive replies that 'no record can be found'. And even more interesting is that her work is increasingly recognised as pertinent and important, as can be seen by her very recently published article, 25th September 2024, entitled It's official: No records of the "COVID virus".

What seems to be Neil's main point of criticism against the 'no virus' position is contained within this comment,

"Now before we start – do I think that Covid is a terrible world ending event? No. But it isn't nothing – and pretending it is nothing hasn't helped and won't help. You should be holding the government to account – they are using this crisis to destroy and privatise the NHS and denying the existence or potential consequences of this disease actually helps the government accomplish this whilst insulating them from criticism for their failures." He clearly feels that the perpetrators should be held accountable and that if there is no such thing as a 'pathogenic virus' then this argument falls away and they cannot be held responsible.

But he is missing the point. If there was no such thing as 'Covid' and no evidence that there is such an entity as a 'pathogenic virus', then this is an even greater and more serious issue. In fact, on this basis, that there is no such thing as a 'pathogenic virus', there is far more that the perpetrators can be held responsible for than if it had been a 'real' pandemic.

One of the key issues underlying the discussion about the existence of any 'pathogenic virus' is the issue of 'isolation', which Neil Sanders describes as follows,

"Isolation is the process of culturing the virus on a host cell and then removing its genome to prove that you have a newly found entity." That is indeed the medical establishment's definition of 'isolation', but this is a sleight of hand, because the methodology used by virologists does not 'prove' any such thing. Neil is simply relying on mainstream 'science' to prove its own claims. An appropriate analogy would be accepting the claim that their food is healthy and nutritious from the CEO of McDonald's. I think it's reasonable to say that it would be more appropriate for us to at least attempt to obtain independent evidence from a third party before accepting such a claim at face value. Unfortunately, Neil relies totally on mainstream studies as his 'evidence'.

He also employs ad hominem attacks, as in this example with reference to Dr Andrew Kaufman. *"Kaufman lied and told the alt media that the virus had never been isolated. Strangely he used the actual paper that showed the first isolation of the virus – this one. It's even in the title of the paper!"* This is actually more than just an ad hominem logical fallacy, I would suggest it is tantamount to defamation.

I would add, however, that just because a study paper uses the word 'isolation' in the title, that does not provide 'proof' that the study authors actually performed genuine 'isolation'. This is just another logical fallacy; it's called affirming the consequent. It is widely believed that the 'peer review' process is the 'gold standard' that provides protection against bias or errors within published scientific study papers. However, there is ample evidence that this is not the case; this process is highly flawed, a situation that is even acknowledged by many who work within the mainstream system. The best-known example is Dr John Ioannidis MD, who, in his 2005 article Why Most Published Research Findings Are False, states that, "…for many current scientific fields, claimed research findings may often be

simply accurate measures of the prevailing bias." This bias is definitely prevalent with respect to virology and the idea that 'viruses' have been isolated and proven to cause disease. But it is increasingly clear that the problem is far more than a mere bias in favour of study articles that claim 'viruses' are the cause of certain conditions, it is the perpetuation of an outright lie, because its foundational claim has never been proven. There is no evidence that the particles that are called 'viruses' are pathogenic and can be transmitted between people to cause illness. As Mike Stone writes in his excellent article, ViroLIEgy 101: Logical Fallacies, "Beneath the surface of its seemingly rigorous methodologies, virology rests on a foundation built upon flawed logic. At the core of virological research lies the assumption of an invisible pathogenic entity, with the "gold standard" cell culture experiment frequently portrayed as conclusive evidence of "viral" existence and pathogenicity. Yet, when one examines the methods closely, this experiment at the very heart of the field is fraught with logical fallacies that permeate deep into the core of virology—namely begging the question, affirming the consequent, and the false cause fallacy."

With reference to some examples of the 'false cause' logical fallacy, Mike Stone writes, "In these cases, people are assuming a connection between two events simply because they occurred one after the other or closely together in time. This same flawed reasoning is evident in the cell culture experiments performed by virologists. They assume that adding unpurified lung fluid or nasal mucus from a sick patient to a culture of monkey kidney cells, followed by the observation of CPE, implies that a "virus" was present in the sample and ultimately caused the CPE. This reasoning ties back to the fallacy of begging the question regarding the existence of the "virus" in the first place, as well as affirming the consequent by using the effect (CPE) as proof of the supposed cause (the "virus"). It's a tangled web of circular reasoning, with no direct proof of any entity described as a pathogenic "virus" before any experiments or observations take place."

CPE means cytopathic effect, which refers to structural changes in a cell.

A further flaw in his argument is that Neil claims that the evidence to support the germ theory has existed unchallenged since it was first posited by Louis Pasteur,

"You see the idea was floated that viruses and germ theory itself was flawed. Had someone noticed a flaw in the over 150 years of experiments showing how viruses and germs work? No. Had someone repeated the rabies experiments and noticed something amiss? No. Had someone demonstrated that the normal accepted laws of virology or germs had been shown not to work on all occasions? No. What happened is that someone put a quote on the internet. Sorry if that sounds glib and dismissive but that's what happened." But again Neil is incorrect, that is not 'what happened'; it was not simply a case of someone posting something on the internet. He also claims that, *"…Louis Pasteur was the founder of what is known as germ theory, his experiments proving how viruses work and leading to the invention of vaccines, antibiotics, a greater understanding of disease and the ways that hygiene and medicine can treat or prevent the onset of many diseases. He pioneered the understanding of how killing germs can avert disease which led to greater understanding of sanitation, public health and much of modern medicine."*

This is not true, and provably so.

In his 1995 book The Private Science of Louis Pasteur, historian Dr Gerald Geison refers to his investigation of Louis Pasteur's work that involved a comparison of his personal notebooks with his published papers. He discovered that there were significant differences between what Pasteur allowed to be published and what he had written in his private papers. With reference to one set of experiments, Dr Geison states that, "…Pasteur deliberately deceived the public, including especially those scientists most familiar with his published work…"

Louis Pasteur is not the hero we are told he is! With respect to Neil's claim that no one had noticed the flaws in the 'germ theory', this too is incorrect, and provably so. In his 1926 book, Toxemia Explained, Dr John Tilden states, "Germs as a cause of disease is a dying fallacy."

In other words, the flaws in the germ theory HAD been noticed, almost 100 years ago. And Dr Tilden is not the only dissenting voice over the course of the past 150 years. Dr M.L. Leverson MD gave a lecture in London in May 1911, in which he discussed his investigations that had led him to the conclusion that, "The entire fabric of the germ theory of disease rests upon assumptions which not only have not been proved, but which are incapable of proof, and many of them can be proved to be the reverse of truth. The basic one of these unproven assumptions, wholly due to Pasteur, is the hypothesis that all the so-called infectious and contagious disorders are caused by germs."

Dr Beddow Bayly also exposed the lack of any scientific basis for the 'germ theory' in his 1928 article that was published in the journal London Medical World; he states that, "I am prepared to maintain with scientifically established facts, that in no single instance has it been conclusively proved that any microorganism is the specific cause of a disease."

These are just a few of the examples I found in my research; research that began many years before 2020 and the so-called 'pandemic'. I don't presume to know Neil Sanders' reason for writing his article and I will not speculate on what he hoped to achieve. But I will say that he failed spectacularly to 'debunk' the no virus position. He provided no evidence that any particle that has been labelled a 'virus' can cause any illness. What I find strange is that Neil Sanders is well known for writing about 'mind control', and yet he has failed to thoroughly investigate the situation regarding 'viruses'. He has utterly failed to see that people have been put under a form of 'mind control' to make them believe that there are invisible particles that have been labelled 'viruses' and can make people ill, and that this idea can be used to control us. I know I have written many articles on the topic of the unproven 'germ theory', I do so because I feel it is important, and the reason it's important is to show people that there is nothing to fear from these narratives about so-called 'infectious diseases', whatever label is given to them and whatever stories we are told about how they can 'spread'.

TiP Editor: I would like to add that whenever I have politely asked, on a social media thread, for published 'science' which demonstrates the true isolation of a virus, the purification, the characterisation, the alleged pathogenicity etc, I am mostly met with silence or excuses of being too busy.

TETANUS: A FEW POINTS THAT COME TO MIND

BY MAGDALENE TAYLOR,
TIP EDITOR,
10 Dec 2024

Image by Petra from Pixabay

I RECENTLY CAME ACROSS an article on tetanus from the US Center of Disease Control (https://tinyurl.com/mvzxz52p) and a number of issues struck me regarding the alleged cause. Here are a few of my thoughts on this:

In the first line of the text we are told with great certainty that the disease is 'caused by an exotoxin produced by the bacterium Clostridium tetani'. This declaration is also repeated in a text box of bullet points. The reader is expected to accept this as an absolute fact.

The next paragraph gives a very brief history of how in 1884 tetanus was first produced in animals. According to this article *'tetanus was first produced in animals by injecting them with pus from a fatal human tetanus case.'*

Injecting animals with matter taken from a deceased individual deemed a tetanus case is a completely unnatural procedure and some might consider it a method of poisoning. And what were the full contents of this pus? It is no wonder that the animals developed symptoms of disease! The method of injecting, in itself, is also a traumatic procedure both physically and mentally especially in animal experiments.

It is likely that the conditions for experimenting on animals back in the late 1800s were poor. We also have no idea of the mental state of these caged animals either. I may add that I am certainly not in favour of animal experiments, and many doctors and scientists over the years have pointed out that apart from the moral issues the scientific validity or results of these experiments (mostly using very unnatural methodology and procedures) are highly questionable. I think those with common sense, without any science qualifications would conclude that dead matter from a deceased human would very likely create symptoms of disease when injected into the system of another species.

The article then moves to 1889 where it states: '

Kitasato Shibasaburo isolated the organism from a human, showed that it produced disease when injected into animals, and reported that the toxin could be neutralized by specific antibodies.' There is no mention of how this organism was isolated or whether the human was deemed a tetanus case? I did an online search and could only find articles stating Kitasato produced the first pure culture of c.tetani with no further detail apart from a reference to Kitasato's published paper which is in German. (Kitasato S. Über dem Tetanusbacillus Zeitschrift fur Hygience und Infektionskrankheiten 1889 7 225 -234).

As with all so-called scientific experiments we must know if there were any controls? It more often turns out that there were no controls. Later on, in the same CDC article under the heading **Laboratory Testing**, it states:

'The diagnosis of tetanus is entirely clinical and does not depend upon bacteriologic confirmation. C. tetani is recovered from the wound in only 30% of cases and can be isolated from patients who do not have tetanus.'

This clearly shows that Kitasato's celebrated identification of c.tetani bacterium in 1889 as the cause of tetanus is incorrect. Further on under the heading **Transmission**, it reads:

'Transmission is primarily by contaminated wounds (apparent and inapparent). The wound may be major or minor. In recent years, a higher proportion of tetanus cases had minor wounds, probably because severe wounds are more likely to be appropriately managed. Tetanus may follow elective surgery, burns, deep puncture wounds, crush wounds, otitis media, dental infection, and animal bites.'

Apparent and inapparent, major or minor, quicker to say any wound, and perhaps they should add injections, including vaccines (a deep puncture wound) as another cause of symptoms deemed to be a tetanus case?

Any injection has the potential to cause different degrees of trauma and disease symptoms. I turned to a copy of the book 'The Hazards of Immunisation' by Sir Graham Wilson and found a number of interesting findings regarding tetanus occurring after a vaccine. Reproduced here are a few examples:

P63 In October 1901, twenty children became ill with tetanus and fourteen died after injection with diphtheria antiserum supplied by the Health Department of the city of St Louis. Eight of them were dead within 6 days. A special commission was appointed by Dr M. C. Starkloff, the health commissioner, consisting of Dr B. Meade Bolton, Director of the Marion-Sims-Beaumont Pathological Laboratory at St Louis, Dr E. C. Walden of the J. T. Milliken Company, and Dr Carl Fisch, a

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local pathologist. Their report was issued on the 23rd November 1901 (Bolton et al. 1901). According to this report diphtheria antiserum was prepared by the city bacteriologist, Dr Amand Ravold. The horse in use at the time was one called Jim. It had been used for this purpose for nearly three years and had furnished thirty litres of antiserum. On 10 August 1901, it was injected with 800 ml of diphtheria toxin and on the 24th it was bled, ten litres being removed. On 22 September, it was again injected with diphtheria toxin, and on the 30th it was bled, eight litres being removed. On 2 October, it showed commencing signs of tetanus and was killed.

P97 CONTAMINATION WITH TETANUS BACILLI

Diphtheria antitoxin: Italy 1900

The brief account of this incident given by Siegert (1901) is amplified here by a certain amount of private information. In December 1900, some children who were suffering from diphtheria were treated with an antitoxic serum prepared several months previously at the privately owned Serotherapeutic Institute of Milan and bottled in November 1900. Some of the children—at least eighteen—contracted tetanus after an incubation period of 6-9 days and thirteen of them died. The remainder apparently suffered from only a mild form of the disease and soon recovered. The exact number of children who were affected is not known, and may well have been greater than eighteen.

P100 Since 1902 comparatively few cases of tetanus after vaccination appear to have been recorded. This, of course, does not mean that tetanus has not occurred. There is a natural hesitation among doctors to publish an account of mishaps to their patients; and the risk of bringing vaccination into disrepute is a further, though possibly subsidiary, cause of their reluctance. Nevertheless any serious outbreak, such as occurred in the eastern part of the United States in 1901, would almost certainly have come to light, at any rate in the more developed countries of the world.

P103 In 1915 Anderson reported that he had studied 41 cases of post-vaccinal tetanus in the United States and had been unable to find tetanus spores in vaccine from the same stock as that used for the patients in question. He made a special examination of bulk vaccine lymph equivalent to 200 000 doses and again failed to demonstrate the presence of tetanus spores. ***Finally he vaccinated rhesus monkeys and guinea-pigs with a mixture containing virus and abundant tetanus spores, and was unsuccessful in producing a single case of tetanus, even though the spores were sometimes demonstrable in the vaccine crusts.*** Anderson concluded that vaccine virus on the market did not contain tetanus spores; and that post-vaccinal tetanus depended on accidental infection of the wound at the time of crust formation. ***(Bold type TiP emphasis. I personally think that Anderson should have concluded that c.tetani is not the cause of tetanus!)***

MODERNA'S mRNA VACCINE AGAINST RSV TAKES A TUMBLE

THE LATEST TRIAL DATA DEMONSTRATES THE DANGEROUS SPEED OF INNOVATION

MARYANNE DEMASI PhD

https://tinyurl.com/mtr5xjkr

11 Dec 2024.

EXTRACT

In September 2024, Moderna announced that the clinical trial of its mRNA vaccine for respiratory syncytial virus (RSV) in children aged 5–24 months was abruptly halted.

The clinical trial, conducted in the UK and other countries, ended after alarming data suggested that the vaccine might not just fail to prevent severe RSV disease, but could potentially worsen it.

Until now, the data were kept secret.

This week, the Food and Drug Administration (FDA) disclosed that vaccinated children in the trial experienced higher rates of severe RSV compared to those in the placebo group.

The data was striking: 12.5% of vaccinated children developed severe or very severe RSV disease, compared to just 5% in the placebo group. Moreover, among those who developed symptomatic RSV, 26.3% of vaccinated participants progressed to severe illness, sharply contrasting with the 8.3% in the placebo group.

The FDA, which granted the vaccine Fast Track designation in 2021, said the data have "uncertain implications for the ongoing and future pediatric development of other non-live attenuated RSV vaccines."

UNCERTAIN IMPLICATIONS

The implications of this data are grave, drawing uncomfortable comparisons to the failed RSV vaccine trials of the 1960s.Those earlier trials were halted after two infants tragically died of RSV disease following administration of a formalin-inactivated RSV vaccine. This disaster led to the discovery of Vaccine-Associated Enhanced Respiratory Disease (VAERD), a condition where vaccination paradoxically exacerbates the severity of a viral infection, instead of preventing it.

Compounding the concern, similar mRNA RSV vaccines are being trialled in pregnant women, aiming to transfer protective antibodies to their babies. This has raised alarms among doctors who've been following the development of RSV vaccines closely. Peter Selley, a retired GP said, "The worry is that this, and other RSV vaccines given to pregnant women, might produce the same antibodies in the babies that cause this enhanced disease." Selley emphasised the need for rigorous oversight in light of past failures.

TiP Editor: Firstly, just a reminder that this is about another alleged virus, RSV. You may find the presentation by Dr Samantha Bailey of interest on this: https://tinyurl.com/yc88emvt

If you do wish to look at the FDA Briefing on this halted vaccine study, you can download the full document at https://www.fda.gov/media/184301/download.

HOW DO I BECOME HEALTHY? by Patrick Quanten MD

WHATEVER THE MEDIA and the medical profession claims, all statistics clearly show an ever increasing number of people being ill. And that includes children. When we talk about 'being ill', we refer to chronic illnesses, to people who are incapable of working for a prolonged period of time. All this in a time when so-called medical advances are deemed to be fantastic and phenomenal. So many promises for cures that are just around the corner. The only problem seems to be that we never reach that corner. In fact, everything indicates that the corner is moving away from us, is rapidly getting beyond our reach.

What amazes me though is that we do not see a similar development in nature. Wild animals don't have chronic diseases. And yes, it is true to say that a sick animal is an easy target for prey. It gets eaten. However, that is a short-sighted view of the reality. When we look at acute illnesses, which do occur in nature, then we see that they always end in a very definite result: the animal either dies or heals completely. Healing completely means that there is nothing left behind from the illness. It has been cleaned up fully. And this is not the case for us. I don't want to get into a long drawn out discussion about this, but let's simply agree that wild animals do not need any lifelong medication, nor do they need any preventive medication in order to live healthy post-illness. So after being ill and having recovered, they continue to live normally, without any outside help. In other words, fully recovered.

HOW DO THEY DO THAT?

All living creatures have an instinctive reaction to 'not feeling well'. They give up their normal behaviour. They no longer eat, as it is also impossible to catch or find food when you are not fit. They lay down somewhere safe. They sleep and rest. They wait. Until there is a result, which is either death or complete healing. Once healed, they resume their normal activities as if nothing has happened. In fact, nothing has happened. Whatever it was that made them ill has been overcome completely and therefore requires no further attention. It lies behind them.


Patrick Quanten MD

"They advocate all kinds of interventions and we accept their help on the basis that they say it is going to save our life. And when you do survive, that must then be proof that their intervention has been successful."

How is it possible that animals overcome their illness without the help of a vet? You need an expert to guide you back to health, don't you? Well, they don't. What makes us, human beings, so different, so dependent upon the knowledge of an expert human being? Are we not natural creatures? Have we lost the ability of 'natural healing'?

No we haven't. But there are indeed some differences.

- We don't give up our normal activities. We still hold on to our responsibilities.
- We don't stop working. We are encouraged to resume 'normal' life as soon as possible.
- We don't stop eating. We need to eat to *keep up our strength*.
- We don't rest and sleep. We need to do things to *make us feel better*.
- We don't wait. We need to interfere as soon as possible *to reduce the symptoms*.

When we do not allow 'nature to take its course', we can never experience where that will take us to. We believe doctors when they tell us that doing nothing is very dangerous, may lead to death or everlasting damage. Who are these people? They have been trained by an institution that is supported by an industry. This industry produces all that is needed in order to interfere, and to keep interfering. But, when you interfere you derail the natural healing process. And why would we go along with that, if mankind, for a couple of million years has had the experience of natural healing?

Because we are afraid to die. The industry uses our fear for dying. It feeds the fear by producing statistics about the number of people dying from various diseases. Every disease comes with a set of symptoms and signs, so they are now able to make us fear for our lives by everything we feel 'out of the ordinary'. They promote themselves as the saviours. They advocate all kinds of interventions and we accept their help on the basis that they say it is going to save our life. And when you do survive, that must then be proof that their intervention has been successful. When you recover from a common cold – does such a thing still exist in the medical world? – then it must be due to the antibiotics you have taken. Nobody considers the possibility that you may have survived ***in spite of the treatment***. Ironically, over several decades many medical publications about, amongst others, AIDS, cancer, heart attacks and respiratory disease have pointed to the damage done outweighing the perceived and overrated benefits from medical interventions. An analysis published in the British Medical Journal (2016) suggests that medical errors are the third leading cause of death in the US. You read this right: the medical profession is responsible for a huge number of deaths each year. This is information that is carefully filtered out in Europe. You are not supposed to know! And then we are not even talking about the number of people seriously

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and permanently damaged by medical intervention and medication. Maybe you also want to consider the fact that vaccine injuries are almost impossible to prove by the standards the profession uses. Most damage needs to be visible and certified within 48 hours after vaccination, some within seven days and exceptions for immunodeficiency up to six months. Timing it so tightly allows for the great majority of claims not even to be considered, because 'they' decided that too much time has gone by for there, possibly to be a connection. On the other hand, they have decided that it is possible for you to develop lung cancer ten years after exposure to asbestos.

How often does Nature kill living organisms by making the wrong choices? Never. Natural healing may, in any individual, not be strong enough to overcome the acute illness but its response to the illness is never responsible for the demise of the organism. It always displays the correct response, which may or may not be powerful enough, depending on the inner strength and energy availability within the organism. In spite of this, we are fully committed to the words and deeds of the medical profession, even though all their activities are directly opposite to the natural healing process. The sales department of the medical profession – doctors, nurses, physiotherapists, pharmacists and so on – have succeeded in convincing us that they know more about life than Nature does. Very often we, as patients, are told that Nature has responded in the wrong way, making things worse. And this can be something as simple as an inflammation reaction, which, by the profession, is deemed to be an illness.

If you truly believe in life and the power that creates and sustains it, then you must believe in Nature. When you believe in Nature, you must consider natural healing as the only true pathway towards health. In this case, for your own safety, avoid all contact with the medical profession. It is a life-threatening mistake to ask their advice about diseases. Instead observe what your own nature is doing and if you really feel the need 'to intervene' then be wise enough to try and support it rather than fight it. Don't be as ignorant about your own disease as the medical profession is.

Photo by Laura Alessia on Pexels.com

HOW CAN YOU HELP YOUR OWN NATURE TO HEAL?

Number one is 'don't panic'. Stop worrying and start trusting. No longer be afraid of life, or even death. Whether you like it or not, whether the medical world professes it to be different, all living organisms die. And they all die for a good reason. No human being has enough knowledge about Nature to claim that a life has been extinguished *too early*. You may have had hopes and wishes, but Nature doesn't listen to those. Acceptance of your current situation is crucial. Your health can only improve when you start operating within the limits set by the moment. What does this mean?

Follow Nature's natural instincts. Stop your normal activities. Stop eating. Rest and wait. Never force anything. Be patient! That is what ***patient*** truly means. Being uncomplaining, tolerant, resigned, calm, composed, serene, even-tempered, tranquil. Or do you prefer to be what the medical profession wants you to be: a patient, as in a sick person, a sufferer, a victim, an invalid, an infirm person? Would you rather be that helpless human being or would you prefer to feel the power your living being displays? When your system creates heat in a certain area of your body or a general fever, it means that Nature requires the tissues to heat up. Don't fight it. Help it to raise the temperature of the area and/or of the body. Remember, the natural system is trying to heal itself. It doesn't know anything else but to heal whatever went wrong.

When a certain area of your body hurts when moved, then rest it. Give it time to recover before you start to use it again. When you feel tired, you should re-tire. Lie down. Fall asleep when that is needed.

Open wounds should remain open as much as possible. It allows the system to expel waste and cellular debris. Covering it up increase the likelihood of

inflammation and infection.

Breathe slowly, and as deeply as you comfortably can. Slow down your breathing and concentrate on each in- and outbreath. And while you are doing that, give your brain a rest too. Lying down and not being physically active should go hand in hand with allowing your thinking to lie down too. Give it a rest. You are recovering at this moment and whatever it is you are worrying about, there is nothing you can or need to do about it right now. Let it go. Constantly worrying makes you ill. You will run out of energy, energy that is really required to keep you alive.

In spite of what the medical profession is telling us, it is not the physical world that is the greatest threat to our existence. It is our mind. If what we think, what we feel, what we believe, is contrary to the natural pathway of life, we command our mind to constantly try and go in a different direction than the natural flow of life is taking us. This results in a permanent conflict between our inner natural makeup and the direction we try to force our life into. A never-ending war. And what is the inevitable result of war? Suffering and destruction. Our suffering and our destruction!

Why would you try and force your life into an opposite direction to Nature? What is luring you away from your natural path, whilst all non-human organisms are instinctively following that path? It can't be any of those organisms.

"In spite of what the medical profession is telling us, it is not the physical world that is the greatest threat to our existence. It is our mind."

So, no animals or plants. It can't be any cosmic influence as that would have the same effect on all organisms on earth. It can only be other humans. Ask yourself the question: who creates the framework of my life? Are you completely free to make your own choices in life, as and when you feel the need? No, you are not! Society decides what you need to know, what to believe in and what to feel about it. Society creates your need to earn money. Society makes you totally dependent upon their delivery of food, energy, security, housing, health, education to you. You are not free to choose any of the fundamentals in your life. So when your life is in constant, meaning fundamental, conflict with Nature, why would that be the case? Because society is forcing you to be in conflict!

In order to escape the conflict, the root cause of you becoming ill, you need to free yourself from your boss, from the power that directs your life towards disaster. You need to wriggle yourself free from the shackles of society. Bit by bit. Don't panic. Observe and be very aware of every restriction society puts upon you, very convincingly pushed forward on excuses that make sense to a well-trained mind. Remember, we are all well-trained by society. We are so used to thinking in a certain way, believing certain things, that it seems *unnatural* to do it differently. Well, become 'unnatural' in your thinking and in your beliefs. Open yourself up to anything that is strange and allow yourself to feel how right or wrong it is. I said **feel**, not think! Don't reason it out. Reason tells you we need weapons to protect ourselves. Yet, having weapons around feels like a constant threat.

Do you really want to be healthy? Then start feeling life, instead of reasoning about it. Observe how Nature operates and allow it to function. Feel yourself healing when you don't do anything, when you simply allow the natural flow to be in command of your life. Don't be afraid of dying. It is a natural part of life, an inescapable part of life. No longer being afraid of death liberates you from constantly having to protect yourself against it. It liberates masses of energy, which can then be used to live with, instead of being constantly fixated on all possible dangers that may or may not be coming your way. If you want to stay alive in the best possible way then you have a best friend in your Nature. It only has one purpose in life, and that is to keep you alive for as long as possible, in whatever conditions your life may be exposed to.

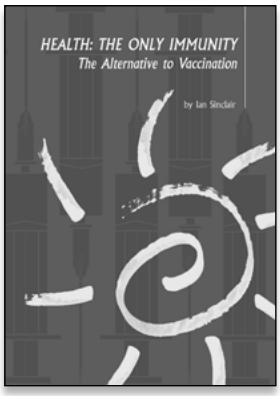
December 2024.

IS VACCINATION EVEN A HEALTH OPTION?

Brief comment from Magdalene Taylor, TiP Editor

When parents decide against having their baby or child vaccinated they may then start to worry about, for example, what they should do instead to boost their child's immune system, or how will their unvaccinated child develop immunity to all the diseases if there is not much 'going around.' They are still assuming that they must do something to make up for not vaccinating. Personally, I found that the more I studied natural health literature over the years the more I arrived at the viewpoint that vaccination is not a health option in any way at all.

I stress that the concerns these parents have are stemming from the germ theory perspective. They are still viewing health and disease from the established medical narrative, especially as regards gaining immunity.



It is very hard to let go of the doctrines we have been raised on, and even harder for those who studied and qualified in the medical world. However, in my experience the more you study health from a naturopathic perspective you may look upon disease symptoms from a very different angle, and your worries should increasingly decline. The promotion of our well-being goes without saying, and keeping our external and internal conditions, physically and mentally in a reasonably balanced state will go a long way for both parent and child to thrive.

I still have copies of the booklet **Health - The Only Immunity** at half price (£4) including the postage. Please visit the website. If you would like a larger quantity please email me at: magdalene@informedparent.co.uk

A TIME BEFORE GERMS: EXTRACT FROM 'CAN YOU CATCH A COLD?'

BY DANIEL ROYTAS

https://tinyurl.com/3bv68vkn

CHAPTER 3, PAGE 33-35

THE BELIEF THAT influenza and the common cold can be 'caught' is something that most people accept without question or objection. Yet few realise this line of thinking is relatively new. For hundreds, possibly thousands of years, mankind believed respiratory illnesses were caused by toxins and poisons, meteorological conditions (e.g. exposure to cold-dry weather), celestial activity (e.g. meteors and comets), solar radiation, and various other atmospheric phenomena (e.g. aurora borealis). Only in recent times has the idea of disease-causing germs become the dominant theory.

Testament to this line of thinking, in 1794, Dr Erasmus Darwin (grandfather of Charles Darwin) remarked on the spread of influenza, stating, "This malady attacks so many at the same time, and spreads gradually over so great an extent of country, that there can be no doubt but that it is disseminated by the atmosphere". Darwin's 'environmental' perspective was shared by others around that time, including Dr James Woodforde, who said, "I am of opinion that it [influenza] is not contagious; at least, not primarily so; but that it owes its source to the state of the atmosphere". The great epidemiologist, Professor August Hirsch, also expressed doubt about contagion. In 1883, he noted the evidence in favour of influenza being a contagious disease was lacking, and that it would be hard to discover any reason for classifying it as contagious or communicable. After an influenza epidemic ravaged Great Britain in 1837, a leading medical association wanted to gather as much information about the epidemic as possible to better understand the cause and mode of spread of the illness. The association issued a series of 18 questions to its members, many of whom, were general practitioners or surgeons. One of the questions asked the members if they possessed any proof of influenza being communicated from one person to another. The responses were entirely in the negative—none of the doctors had definitive proof of person-to-person transmission. Their answers also indicated it was not uncommon for those who nursed influenza patients to work through the entire epidemic without contracting the disease.

Renowned social reformer and founder of modern nursing, Florence Nightingale, expressed her scepticism about the contagion explanation in a letter to British Surgeon James Pattison Walker. She wrote "Facts are everything—doctrines are nothing. See what harm the German pathologists have done us. There are no specific diseases. There are specific disease conditions. It is that which is bringing the medical profession to grief, and will, in time, make a great reform—to wit, to make them make the public care for its own health and not rely on doctrines. It is a grand thing for weak minds—the doctrine of contagion". Even Dr Charles Creighton, the founder of modern epidemiology, was highly critical of the theory that influenza epidemics are caused by the transmission of infectious particles from person-to-person. In 1891, he published his treatise, "A History of Epidemics in Britain," the contents of which would see him denounced by the medical profession. After Creighton conducted a thorough systematic analysis of the literature, he was unable to reconcile himself with the idea that germs caused infectious diseases like influenza. Instead, he contended that meteorological effects and exposure to toxic and poisonous substances offered a far more accurate explanation.

WHAT'S IN A NAME?

Historically, people were so confident in their belief that the cold and flu were not contagious that they literally named these seasonal afflictions after their purported causes. In the 16th century, the common cold was named after the similar

symptoms experienced by people following exposure to cold weather. The Chinese were even more explicit in their definition, referring to the common cold as 'Gan Mao', which quite literally translates to a common cold caused by abnormal seasonal changes, like exposure to cold-damp wind.

Influenza was named in much the same way. The term was first coined by John Huxham in 1743, based on the Italian phrase, "un influenza di freddo" or "the influence of the cold". However, some suggest it was used as early as 1580, only to become popularised centuries later. The word was widely used to describe the epidemic of 1775, and had become commonplace by 1782. Influenza may have also derived from the Italian phrase, "influenza coeli," meaning "the influence of the stars". This is likely due to ancient civilisations observing celestial phenomena such as comets, asteroids, and meteorites just prior to influenza epidemics.

The contribution of meteorological and celestial activities stood the test of time, being widely accepted by doctors and scientists up until the early 1900s. In fact, before the adoption of germ theory, the medical orthodoxy acknowledged cold exposure as the cause of the cold and flu. This is evidenced by the fact that, as of 1910, English dictionaries still defined the common cold as "an indisposition occasioned by exposure to cold or to a draught of cool air, or to dampness". Similar definitions were also published in

medical dictionaries, defining the common cold as "a catarrhal or other disorder, due to exposure to cold and wet". The role of cold weather was only challenged in the late 1800s when doctors began asserting bacteria, and not meteorological or celestial phenomena, were responsible. They incorrectly championed the bacterial theory of colds and flu for almost thirty years until scientists started to believe sub-microscopic, diseasing-causing particles known as viruses were the causative agents. In an effort to prove this new theory, scientists conducted many experiments that exposed healthy people to the mucosal secretions of sick people. However, these attempts failed time and time again, casting doubt on the fundamental tenets of contagion. The results of these experiments led many learned individuals to reconsider whether their forefathers had been right all along about the impact of meteorological effects and toxin exposure, or if the cold and flu might be caused by some other under-appreciated or yet-to-be-discovered mechanism. Just like the doctors of old, modern scientists studying the cold and flu argue the mode of spread is far more consistent with changes in temperature, humidity, celestial activity, and fluctuations in solar radiation than it is with viral spread.

TiP Editor: An excellent book and I urge you to buy a copy!

Please check out Daniel's website and numerous podcasts too.

https://www.humanley.com/blog

TRANSPLACENTAL TRANSMISSION OF THE COVID-19 VACCINE MESSENGER RNA: EVIDENCE FROM PLACENTAL, MATERNAL, AND CORD BLOOD ANALYSES POSTVACCINATION

JUNE 2024 American Journal of Obstetrics & Gynecology e113

https://tinyurl.com/yc7syeby

GENERAL OVERVIEW BY MAGDALENE TAYLOR (TIP)

Firstly, I would like to remind readers that there are NO properly conducted studies using the scientific method to evidence the alleged virus. Secondly, the use of PCR is also flawed and any so-called results are highly questionable.

However, if we look at what the authors of this Research Letter indicates, despite coming from the mainstream narrative, it does highlight uncertainties as to the possible effects from mRNA vaccines during pregnancy.

In the opening paragraph it states: 'The initial clinical trials for the COVID-19 messenger RNA (mRNA) vaccines excluded pregnant women, leading to a knowledge gap concerning the potential biodistribution of the vaccine's mRNA to the placenta and/or the fetus after maternal vaccination.'

The authors point out that Pfizer and Moderna assessment reports concluded that in 'animal models, a fraction of the administered mRNA dose is distributed to distant tissues, mainly the liver, adrenal glands, spleen, and ovaries.' However, the authors of this published research, June 2024, point out that 'the COVID-19 vaccine mRNA administered to lactating mothers can spread systemically from the injection site to breast milk, indicating that it could cross the blood-milk barrier.'

Additionally, in another study evaluating the effects of maternal C-19 vaccination on the blood stem cells in the umbilical cord blood it suggested that the lipid nanoparticle mRNA vaccines might reach the fetus following maternal vaccination. (Estep BK, Kuhlmann CJ, Osuka S, et al. Skewed fate and hematopoiesis of CD34þ HSPCs in umbilical cord blood amid the COVID-19 pandemic. iScience 2022;25:105544.)

In the conclusion the authors state that their findings suggest the vaccine is not localized to the injection site and can spread systematically to the placenta and umbilical cord blood. The cases they looked at demonstrated the ability of the C-19 vaccine to penetrate the fetal-placental barrier and reach inside the uterus. However, in their summing up, despite their findings they state that the evidence overwhelmingly supports the effectivity of the C-19 vaccine in mitigating the morbidity and mortality of C-19 in both pregnant and nonpregnant individuals. They then go on to say how 'widespread acceptance and proven safety of mRNA vaccines' during the pandemic has opened doors for other mRNA therapies. Obviously when the world population were made extremely fearful this resulted in a panicked acceptance out of blind faith. As for the 'proven safety' the authors seem to have got carried away with such an unproven belief!

As often is the case in published research articles on vaccines the authors end with optimism and positive praise. They state: 'Although introducing mRNA to the fetus may potentially pose plausible risks, it may also have biologically plausible benefits. The potential of mRNA-based interventions to address maternal and fetal health issues is profound. Such insights could substantially advance the crafting of safer and more effective mRNA-based therapies during pregnancy.'

Note that the authors use very vague wording in their summing up! The 'crafting of safer and more effective'….. weren't pregnant mothers told they were safe and effective???

> I REGRET THAT MEDICAL MEN AT FIRST EAGERLY DENIED THAT OTHER DISEASES MIGHT BE COMMUNICATED BY VACCINATION, FOR THEY HAVE SINCE BEEN COMPELLED TO ADMIT THE FACT. ~ HOUSE OF COMMONS, 1878, MR MELDON, MP.
>
> FROM: THE VACCINATION QUESTION. A RECORD OF PARLIAMENTARY AND EXTRA-PARLIAMENTARY UTTERANCES AND OPINIONS FROM1802-1880. PAGE 18.

PERTUSIS

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

NHS Inform states: Whooping Cough
https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/whooping-cough/

"*These vaccines don't offer lifelong protection from whooping cough, but they can help stop children getting it when they're young and more vulnerable to the effects of the infection.*"

Is that true? By the time you have read this article I hope you will know the answer.

WHY IS EVERYONE GETTING WHOOPING COUGH?

Over the last eight years I have been inundated with worried parents contacting me asking what to do about their children with endless coughs; coughs and vomiting; or actual whoops. The vast majority don't know their children have whooping cough and their GPs, if consulted, have usually not diagnosed it. Some parents have figured the diagnosis for themselves and stayed well away from the medical profession, preferring to nurse their children holistically without interference.

HAS IT ALWAYS BEEN LIKE THAT?

Back in the 1970's there was a massive drop in pertussis vaccine uptake after a consultant in Paediatric Neurology at Great Ormond Street Hospital for Sick Children, Dr John Wilson, became worried about the possibility of brain damage being caused by the pertussis vaccine when he saw children whose symptoms occurred shortly after vaccination. That was in the days when some, even senior doctors, were conscientious and cared more about their patients than following government policy.

Dr Wilson decided that he needed to investigate. He carried out a study with his colleagues, Kulenkampf and Schwartzmann which was published in 1974 describing the neurological


DR Jayne L.M.Donegan

"This is what always happens - poorly designed trials used to convince parents to vaccinate are not subjected to such scrutiny nor their authors demonised, but those who suggest there may be a problem with vaccination - look at Dr Andrew Wakefield, myself, and the doctors who spoke out about COVID measures – all struck off by the GMC register."

complications of pertussis vaccination.[1] This did not lead to a dramatic re-think in pertussis vaccine policy. No, his study was severely criticised. This is what always happens - poorly designed trials used to convince parents to vaccinate are not subjected to scrutiny nor their authors demonised, but those who suggest there may be a problem with vaccination - look at Dr Andrew Wakefield, myself, and the doctors who spoke out about COVID measures– all struck off by the GMC register.

In order to disprove Dr Wilson's findings, the National Childhood Encephalopathy Study was set up. This Study looked at all 'serious neurological events' occurring in children aged two to thirty-five months between 1976-79 and matched them with 'controls' who had not had such an event.[2]

They didn't compare vaccinated with unvaccinated children – which would be the scientific way. No, they matched the injured children with others who were also vaccinated with a pertussis (mercury, aluminum & formaldehyde) containing vaccine only not *in the three weeks before* neurological injury in the index case. Even within this unsatisfactory time frame and design, it was shown that those with severe neurological illness were 2.5 times more likely to have been vaccinated with a pertussis containing vaccine in the seven preceding days than the 'controls'. The numbers were small but significant. [3]

A follow up study using the same data ten years later, intended to disprove Dr Wilson's findings, instead showed that the children who had died or had neurological dysfunction were *four times more likely to have been vaccinated against pertussis in the seven days preceding their original illness.*

In an effort to remove this effect the figures were analysed again. It was decided that some of the neurological dysfunction was really 'quite mild' (in the study set up to detect serious neurological events) so these children were removed from the calculations. leaving only those with more severe dysfunction and death.

The new analysis revealed that those children were *7.3 times more likely to have been vaccinated in the previous seven days. 4 (Miller et al, 1993*). Imagine if there had been a real unvaccinated control group. As is usual, the authors concluded that the vaccine remained the best way to protect children from whooping cough.

The association became even stronger if you take into account that in those days, if your child had a fever, or other previous reaction to pertussis vaccination, a family or personal history of epilepsy or pre-existing neurological impairment they were generally advised not to be vaccinated. So those being vaccinated against pertussis should have been far *less* likely to succumb to a neurological illness. That makes the 7.3 times increase in severe reactions or death even more significant. [5]

In the meantime, in 1979, to protect the vaccine manufacturers from the massive amount of vaccine injury claims that were lining up, the UK Government decide to remove the legal liability of vaccine manufacturers for injury cause by their products. Unbelievable. Who would buy a car from a manufacturer who was similarly immune? Now we

have to pay out of our taxpayers money the £120,000 capped amount for injuries. But don't worry it's not that much because it is almost impossible to win a claim.

If you die before the age of two years of age you are ineligible, you have to prove that the vaccine caused it, almost impossible as they have set the bar so high and you have to be over 60% disabled.

Can you imagine what a tragedy it would be for your child to be even 10% disabled, 20% even more so, but no, even if you get through the first two hurdles you have to be, in addition, 60% disabled. So almost no-one gets anything at all *and* – you get labelled as 'anti-vaccine'. Ignoring the fact that if you were 'anti-vaccine' you would not have had your child vaccinated in the first place.

The US Government did the same in 1986, despite their own study into pertussis vaccine safety, finding the evidence consistent with a causal relation between DPT (Diphtheria, Pertussis, Tetanus) vaccination and acute encephalopathy, shock and 'an unusual shock-like state'. It found no evidence to accept or *reject* a causal relation between DPT vaccination and chronic neurological damage, Guillain-Barré syndrome, learning disabilities, attention-deficit disorder and peripheral neuropathy. Please note that where the evidence is not regarded as sufficient to either accept or reject a causal association this is taken to mean that the vaccine is safe and that parents should be encouraged to carry on vaccinating their children. [6]

Despite the reassurances of the Government and doctors, the British Public abandoned the pertussis vaccine. The uptake dropped from 77% in 1974 to 31% at its lowest in 1978. Cases of whooping cough soared, but not the number of deaths – the total deaths were 13 and 12 in the England & Wales in those years despite the number of notified cases being 16,000 and 70,000 respectively.

DID THE CASES REALLY INCREASE THAT MUCH?

A good question. Doctors are required to notify certain diseases. Pertussis is one of them. How do you do that? In those days it was based on the opinion of the doctors, usually not on tests. Children would present with a cough. If they were vaccinated this would be recorded as a cough. If they were not vaccinated they would be notified as pertussis.

In the 1980s I was one of those doctors who believed all the reassurances of the Department of Health, and uncritically viewed the graphs in the 'Green Book' [7] showing the great success of the vaccines, I even counselled the 'ghastly parents' who refused give their children the pertussis vaccine. Along with my colleagues I regarded such parents as ignorant, and if not ignorant then sociopathic for not caring enough about their children to vaccinate them, and putting all the other children at risk.

When I was working in the community I repeated what I had been taught in my postgraduate paediatric studies to parents, *"We are told that the chances of having a bad reaction with the pertussis vaccine is ten times less than the chance of having a bad outcome with the disease itself – so any caring – responsible – parent would vaccinate their children."*

To find out how I came to change my mind come to my Vaccination the Question lecture or read the GMC page on my website:
https://www.jayne-donegan.co.uk/gmc/

You need to realise that not only are the public brainwashed to believe that vaccines are the most life-saving intervention ever introduced – so are doctors and nurses though this does not absolve them of their duty to do their own independent research, they are, after all, the 'professionals' and we should be able to rely on them.

HOW DOES THIS HAPPEN?

One way is that all the graphs we are shown, apart from Tuberculosis and Small pox, start in the 1940s. There is an arrow to show the introduction of the vaccines a few years later and the dramatic drop in cases.

Here is the pertussis graph from the 'Green Book' the UK Immunisation against Infectious Diseases Handbook

However, if you actually go to the Office to National Statistics and get all the dusty books out from 1837 when the precursor of the Office for National Statistics started to collect death data for diseases, as I did, you see a completely different story. (Fig. 2).

Here you see that that 99% of the people who used to die from whooping cough in E&W had stopped dying not only before the vaccine was introduced from the late 1950s and universally in 1961, but even before antibiotics were available in the 1940s. **Why is this graph** ›

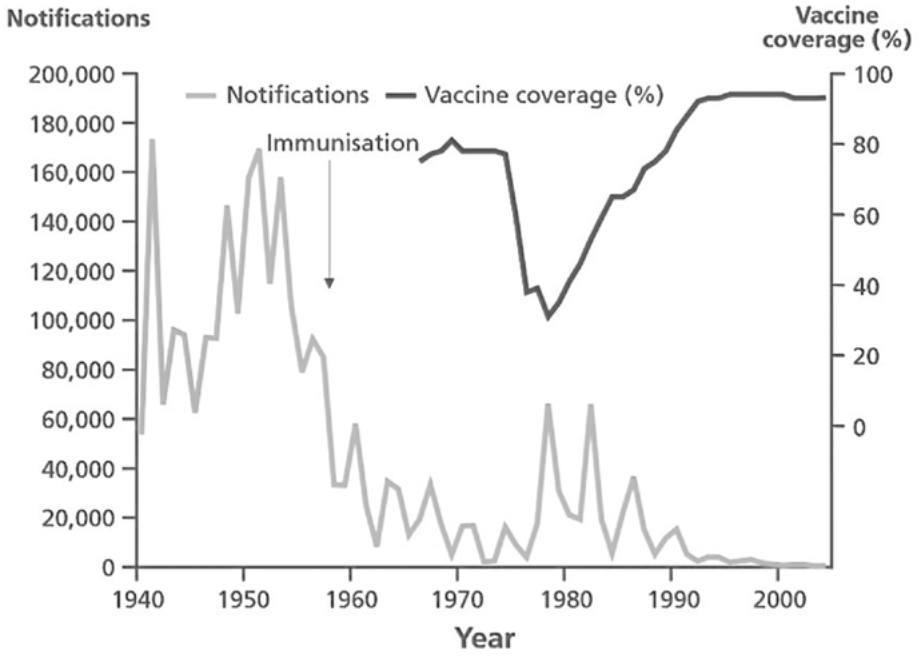


Fig 1. [Fig 23.1] Pertussis notifications and vaccine coverage of children by their second birthday, England and Wales (1940-2003) Source: Immunisation against Infectious Diseases. 2006 London HMSO [8]

not in the Department of Health Immunisation against Infectious Diseases Handbook? Why is it not anywhere? There are people doing BScs, MScs, PhDs all the time. Why didn't the Department of Health or a University not get one of them to produce these graphs. Why did I have to go to the Office for National Statistics, with my small children to a national data reference library and take all the mothy old books off the shelves to extract the information myself? We can only speculate.

Despite gaslighting and the experience of parents and their vaccine injured children in the UK, not every country behaved in the same way. Indeed, Sweden abandoned the whole cell pertussis vaccine in 1979 because of worry about side effects and because of its perceived ineffectiveness as whooping cough swept through the Swedish population, the majority of whom was fully vaccinated.[9] The Japanese raised the vaccination age to two years in 1975 after a number of reports of severe reactions and deaths. Between 1970 and 1974 there were 57 cases of severe reactions and 37 deaths that were attributed to pertussis vaccination *(solid figures based on claims paid out by the Japanese Vaccination Compensation System)*. After the vaccination age was raised to two years of age, in the years 1975 – 1980, the number of claims which were paid out dropped dramatically to only eight severe vaccine reactions and three deaths. We saw this in COVID. Whilst the UK Regulators were saying 'safe and effective', both untrue, about the AstraZeneca Oxford vaccine, Sweden and other countries were reporting blood clots and changing the indicated age range, finally withdrawing it from use.

Back in the 1970s, scientists in Sweden and Japan then developed an acellular pertussis vaccine (aPV). It had its problems (come to my lecture 'Vaccination the Science') but caused far fewer injuries. A report from Canada presented to the Infectious Diseases Society of America in Philadelphia in November 1999 suggested that there had been an *87% drop in admissions for seizures and a 75% decline in collapse* within 72 hours of being vaccinated

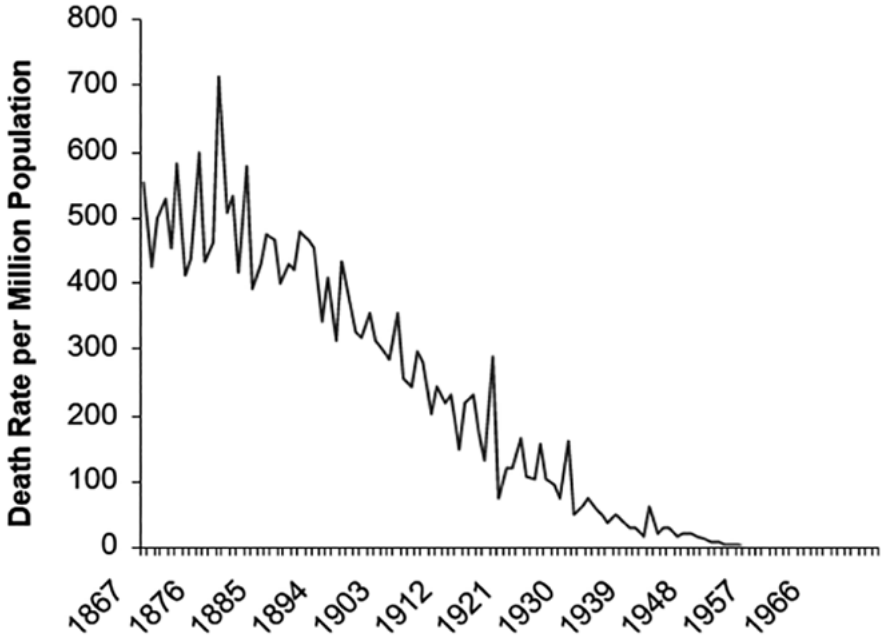


Fig. 2. Pertussis vaccine gradually introduced from 1950 Nationwide as DPT in 1961. Source 'Twentieth Century Mortality' (England & Wales 1901 – 2000) CD-ROM, Registrar Generals Returns 1837–1900 Office for National Statistics, London

since the acellular pertussis vaccine was introduced into that country, compared to the whole cell pertussis vaccine (wPV).[10]

The USA changed its schedule from whole cell to acellular pertussis vaccine and removed the mercury (thimerosal) in 1999. **The UK waited until 2004 – a whole five years. Why?** To use up the existing stocks, never mind the children who were being injured. The UK did not worry so much about safeguarding public resources during covid – paying people to stay at home for a year at a cost of £70 billion.

WHAT IS THE DIFFERENCE BETWEEN THE WHOLE CELL AND ACELLULAR VACCINES?

The whole cell vaccine is a suspension of the whole Bordatella pertussis organism inactivated with formalin. It has higher levels of endotoxin. The acellular version consists of purified versions of antigens, not the whole organism. That is why they are less reactogenic which means reduced ability to cause bad adverse reactions. The aPVs are only used in rich countries. wPV is still the major type of pertussis vaccine used in the world in countries where authorities have determined that those children do not matter so much? If only they used the millions of dollars of vaccine money on providing clean water to everyone in the world. The numbers of pertussis deaths would decrease like they did in the UK when we brought in sanitary measures.

IS THAT THE END OF THE STORY? SADLY, NO.

There is a problem with the acellular pertussis vaccine in that, much as it causes fewer bad reactions it is less useful at stopping children and adults from getting whooping cough. In the past if you were vaccinated with wPV and developed the disease you were called a 'vaccine failure.' But you would now have proper, natural, long lasting immunity and would have gone up the pertussis developmental step.

The acellular vaccines contain fewer antigens. Now when a baby is vaccinated with aPV the immune system is forced to make a massive antigen response to only the pertussis antigens in the vaccines and, obviously, not to the ones that are not in the vaccine. This antibody response is very important to the vaccine manufacturers as vaccines are not developed because they are shown to stop disease, they are developed to produce a massive antibody response – that is how they get licenced. The antibodies are equated to immunity though they are not at all the same

thing. Now if you are a vaccine failure after the aP vaccine and you get the disease, instead of now becoming properly immune, you make a massive antibody response to *only* the antigens in the vaccine but *none at all* to antigen in the rest of the whole organism, this means you can never be immune.

Antigens – **anti**body **gen**erators – are also called immunoglobulin (Ig) or epitopes. The phenomenon of being unable to produce antibodies to the antigens that were not present in the vaccine when in contact with the wild version is called 'Linked epitope suppression'. A vaccine researcher of over fifty years, a grand old man of medicine, distinguished research professor at the Geffen School of Medicine at UCLA James D Cherry says it like this in his 2019 paper: *"Because of linked-epitope suppression,* ***all*** *children who were primed by DTaP vaccines will be more susceptible to pertussis throughout their lifetimes, and there is no easy way to decrease this increased lifetime susceptibility."*[11]

Not that the whole cell pertussis vaccine was that effective. In 1996 a study in California showed that 12% of adults with persistent cough had undiagnosed whooping cough.[12] The adults were vaccinated, it was deemed that they had acquired it from their also vaccinated children. What was the solution? Scrapping the not very effective vaccination program and allowing children to get natural immunity from real pertussis? No, the answer was to give more doses.

Through the 2000s cases of whooping cough increased. Some undoubtedly due to more testing – remember the PCR testing in COVID. Others due to the inability of the aPV to induce a mucosal response, only an antibody response. In 2019, a group of public health experts from around the world who gathered to ponder this problem reported:

"Immunity after immunization with aPVs appears to be shorter, ***independent of the schedule*** *used,* ***the numbers****, and* ***concentrations of antigens*** *included in each vaccine and the methods used to prepare the vaccines.*

Reports also suggested that ***pertussis occurred significantly earlier*** *in subjects fully vaccinated with aPV than in those given wPV."*[13] "...pertussis significantly earlier than with the wPV" That's interesting. At the time the wPV was in use in developed countries no-one would admit this was a routine occurrence.

WHAT DO THEY GIVE AS THE REASON?

"Lack of mucosal immune responses after aPV administration favor infection, persistent colonization, and transmission of the pathogen."

Please read this slowly: lack of mucosal response actually *'favors'*:

1. *Infection*
2. *Persistent colonization*
3. *Transmission of the pathogen*

It sounds like the COVID vaccine which also does not stop infection, nor transmission, only allegedly reduces disease severity – how do you know how severe disease is going to be in a person? It's like disease modelling - hypothetical.

WHY IS IT SO IMPORTANT TO KNOW THIS INFORMATION?

Because you cannot make sensible vaccination decisions without it.

Back in 2012 pertussis rates in the United States reached a 50-y high of 42,000 cases, Drs Tod Merkel and Jason Warfel [14] developed a baboon model for testing pertussis vaccines. They vaccinated infant baboons with wPV or aPV at 2, 4, and 6 months of age then challenged them with *Bordatella pertussis* at 7 months. They found that although both vaccines produced *good levels of antibodies*, the aPV group, though having less severe symptoms, did not clear infection any faster than unvaccinated animals and **readily transmitted B.** ***pertussis*** **to unvaccinated contacts** which is not the case with natural infection.

Careful reading of studies always reveals interesting nuggets of information which are often not part of general discussion,

"Human challenge studies have been proposed but never conducted due to a variety of logistical and ethical problems including the potential for severe disease, the lack of an effective therapeutic for established disease."

This is the crux of the problem. We have reached the twenty first century, we have developed sophisticated solutions for many of the worlds' ills, but ostensibly have no effective treatment for whooping cough.

Why is that? What a medical disgrace that four or five babies a year die of whooping cough in the UK.

And what is said to be the solution? To persuade all pregnant women to be injected with a pertussis, diphtheria, tetanus +/- polio vaccine during each pregnancy even though, since thalidomide, pregnant women were said to be sacred, and should not even take a paracetamol. There has been no testing of this three or four in one vaccine in pregnant woman who might have multiple pregnancies, nor the interference by the vaccine stimulated antibodies transferred from the mother to the baby via the placenta when he receives his 2,3, and 4 month vaccines (they reduce his immune response). See News page, last article: https://www.jayne-donegan.co.uk/news/

WHY IS THERE NO EFFECTIVE TREATMENT OF WHOOPING COUGH SO WE WOULD NO LONGER HAVE TO WORRY ABOUT THE OCCASIONAL BABY OR CHILD WHO HAS A DIFFICULT TIME WITH THE DISEASE?

The good news is that there is, in fact, an effective treatment. Dr Suzanne Humphries, originally a board-certified nephrologist, has developed a vitamin C protocol to which I direct all my patients.

All parents who use it are encouraged to give feedback on the testimonials page of her website. Those who have used it have been young and old, mild and severe but no-one has died.

WHY IS IT THAT BABIES ARE DYING IN GREAT ORMOND STREET HOSPITAL AND ALDER HEY CHILDRENS' HOSPITAL? WHY DON'T THEY EVEN TRY THE VITAMIN C PROTOCOL?

No. Vitamin C is something on which conventional doctors pour scorn. Why? I don't know. I don't know why they would prefer that babies should die than ›

to just try it. It is cheap and widely available.

Or is that the problem- that an effective treatment would decrease the need for use of a vaccine?

The standard medical advice for whooping cough to take regular paracetamol, ibuprofen and antibiotics is guaranteed to produce the worst possible outcome for any particular child.

NHS advice is, "If you have whooping cough, you're contagious for up to 3 weeks after the coughing starts. If you start antibiotics within 2 weeks of starting to cough, it will reduce the time you're contagious for." [15]

Antibiotics do not help the individual child or baby, they just knock out the nice bacteria and the precious gut biome is disrupted. They are entirely prescribed for the purpose of stopping other people from having the bacterium passed on, while at the same time giving a vaccine that actually promotes this bacterial spread. None of this makes any sense until you realise health and safe development of the baby and their immune system is not the focus of conventional medical management. Little weight is given to the ability of a healthy, well-nourished child in the twenty first century to be sufficiently nursed through ordinary childhood infectious diseases and there is no consideration regarding any other health promoting measure than vaccination.

Suppression of symptoms and administration of medication and vaccines appears to be the aim, with demonisation of those who recommend cheap, simple interventions and working with the immune system, not against it.

I had previously entirely relied on regular supportive measures: opening the windows, careful attention to hydration – plenty of fluids – no food unless hungry, rest, maximum room temperature in the winter of 15°-18°C – and homeopathy, constitutional and acute. Then I came across a little boy who was born with a severe heart structural anomaly He had to have major cardiac surgery to correct this when he was eleven months old which necessitated many antibiotics and other drugs as well as the whole trauma of a very long operation and a hospital stay. His mother had managed to keep him unvaccinated, quite a feat in such a situation.

About two months after the surgery he developed whooping cough. He had correct nursing, homeopathic constitutional and acute treatment, including the nosode Pertussin, but he was nonetheless getting worse not better. The secretions were getting so thick he could hardly breathe. His mother started the Dr Humphries vitamin C protocol. It was labour intensive as it had to be given frequently day and night. His father took time off work so his mother could sleep during the day. Remember, this was a very compromised child with all the surgery, anaesthetics and medication including antibiotics he had been given. One the plus side he had great sensible parents, he was breast fed, he was never given paracetamol or ibuprofen when at home and they were determined to carry the protocol through.

And it worked! Like magic! The thick choking secretions turned into the consistency of water. He could breathe again. The difficult labour-intensive part was soon over, and once he could breathe properly everything was so much easier to cope with, both for parents and child.

I now recommend vitamin C protocol once a diagnosis is made, or when you first think it may be whooping cough. It is generally all you need. Having said that, you need to know it is whooping cough. In the 1980s every cough in an unvaccinated child was called whooping cough. By the 1990s I kept seeing children who had been coughing for weeks, given multiple courses of antibiotics for chest infections, sent to hospital for chest X-rays, exposing them to unnecessary radiation, even by hospital paediatrician, and no-one had diagnosed their whooping cough, not even in completely unvaccinated children. Does this matter? Apart from all the non-indicated interventions to which the children are subjected, it causes a lot of anxiety in the parents when no-one can give a simple explanation for their child's symptoms and when they are not given a realistic time scale so they know not to worry.

Whooping cough can range in duration from three weeks to three months. In China they used to call it the '100 day cough'. There is a 'prodrome' of being a bit off colour, a 'whooping' stage, if there is going to be a whoop, though it is often absent, and a 'resolution' stage when everything gets back to normal. Generally, the stages are of equal length. They may be so mild that you hardly notice them. By the time the cough starts and you make the diagnosis, if you can cast your mind back to the time symptoms first started, and work out how long that period was, you will be able to predict when the whole process will end. If they have been managed successfully they will then go up the 'pertussis developmental step.'

CASES

• Pertussis Vaccination in Pregnancy

SARAH: My daughter is 23years old and expecting her first baby. My children have all been brought up with homeopathic remedies. My daughter has never had an antibiotic. However she is feeling under pressure from the midwife to have the whooping cough vaccination. As she has become increasingly worried, about the baby getting whooping cough her mother's instinct has kicked in. She has decided to have it. Do you have any links or reading material the she could have for her & her partner to read?

It is because of this and many others like it that I decided to write this article.

Many pregnant women do not realise they are being given three or four vaccines in one go. Those who question the midwife are often told, "It is only a whooping cough vaccine." One midwife on being told there are no single pertussis vaccines licenced in the UK, insisted that it was nevertheless, only a pertussis vaccine. The vaccine used in the NHS [16] in the UK is ADACEL [17] It contains Pertussis, tetanus and diphtheria as well as aluminium and formaldehyde. If not available, Boostrix-IPV [18] is given which has, in addition, polio, The NHS website does not mention any contraindications: ADACEL lists Guillain Barré syndrome within six weeks of a prior tetanus containing vaccine as a cause for caution. BOOSTRIX-IPV warns of caution in administration if previous similar vaccines produced a temperature of over

40.0° C within 48 hours of vaccination, not due to another identifiable cause; collapse or shock-like state (hypotonic-hyporesponsiveness episode) within 48 hours of vaccination; persistent, inconsolable crying lasting more than 3 hours, occurring within 48 hours of vaccination; convulsions with or without fever, occurring within 3 days of vaccination; and in subjects who have experienced transient thrombocytopenia or neurological complications following an earlier immunisation against diphtheria and/or tetanus. Boostrix-IPV contains para-aminobenzoic acid the information stating, "It may cause allergic reactions (possibly delayed), and exceptionally, bronchospasm."

Regarding future fertility the *ADACEL data sheet is quite candid:*

"ADACEL has not been evaluated in fertility studies."

BOOSTRIX-IPV states, "No human data from prospective clinical studies are available".

The BOOSTRIX-IPV pregnancy safety data is based on BOOSTRIX alone, without the addition of the polio component (IPV). Remarkably the product characteristics state, *"The safety and efficacy of Boostrix-IPV in children below 3 years of age have not been established."* This is for a vaccine that is to be given from 16 weeks of pregnancy. The fetus is certainly below three years of age. There is no mention in either of the data sheets that these vaccines compromise the antibody response to the vaccines the baby is to be given after it is born, nor that antibodies are less important than cell mediated and mucosal immune response in determining whether the child will be infected, colonised or be able to transmit *Bordatella pertussis* to others.

• FEAR

ALEX: Dear Jayne, we now have a new addition to the family. We had a baby boy called Derek 4 weeks ago and he is doing really well. I hope you don't mind me asking, I keep hearing about the spurge of whooping cough in the media and that there have been some deaths in infants. Do you think the media are trying to scare people into having vaccines?

I just wondered whether they have been vaccinated, or did they have other underlying conditions.

I did read your link to Suzanne Humphries' article. It's quite a lot to get one's head around. I didn't quite understand the different types of vitamin C or where to get it from. I will watch the you tube videos at some stage.

JD: "Spurge of whooping cough, deaths." No mention that "Because of linked-epitope suppression, all children who were primed by DTaP vaccines will be more susceptible to pertussis throughout their lifetimes, and there is no easy way to decrease this increased lifetime susceptibility."

Nor that "Lack of mucosal immune responses after aPV administration favour infection, persistent colonization, and transmission of the pathogen," that vaccinated babies and children "readily transmit B. pertussis to unvaccinated contacts."

No mention of vitamin C or even correct management of fever – as stated in NICE Guidelines (NG143 antipyretic.s)

JD: Dear Alex, you need to watch or listen to the Dr Humphries videos now - they will answer the questions you have. Babies die because of how doctors manage them - really - which makes it even worse that they aim to 'solve' the problem by vaccinating mothers with a 3 or 4 in 1 vaccine while they are pregnant. You have to print out Dr Humphries pdf now and read it several times and get the formulations. - the sodium ascorbate one in UK is NOW - available on Amazon.

• The Vaccine/ Antibiotic Dilemma

PENELOPE with 2 year old child: My three children are aged four years, two years and five months and are all unvaccinated. My 2 year old currently has whooping cough. I have lots of questions as to whether I should be trying to vaccinate my other two children,

[**JD: Vaccination does not stop infection nor spreading it to other people**] [19] or if we should give them each a round of antibiotics to prevent the bacteria doing damage to the lungs.

[**The Antibiotics are not given to stop damage to lungs**] [20]

[**The NHS states that if whooping cough is diagnosed within 2 weeks of your cough starting, you'll be given antibiotics to help stop it spreading to others.** ***'help' is weasel word; it is undefinable and yet gives the appearance to the reader of stating a fact***]

[**The NHS states:** ***Antibiotics may not reduce symptoms*** **- of course not. That is not why they are given but poor parents think they are helping their child**]

The 5 month old baby is breastfed. I would rather avoid both her and my older son getting the severe cough (causing vomiting) as it is so painful to watch but I understand antibiotics will help prevent that if given early enough? [**JD – No. See above**]

However I don't really want to give antibiotics if they haven't got the disease but I imagine it is likely seeing as they all share toys/baths/give each other kisses and hugs!

Saying that we may have missed the contagious/damage phase and so it also wouldn't be worth giving them antibiotics. [**JD – Smart parent**]

I also don't want to vaccinate them if they are already infected as I worry it might cause a reaction. [**JD - Good point**]

I have been very anti-vaccines but am stressed and tired and so worried that we might be spreading the disease to vulnerable people [**JD - Vaccination does not stop disease or transmission, vaccinated children readily spread the bacteria**] [21]

As well as putting the children at risk if they catch anything on top of having whooping cough. [**JD - True**]

My husband is annoyed that we haven't vaccinated the children and I got an earful from my GP when he diagnosed Pertussis in my two year old.

JD – At least GP managed to make a correct diagnosis. He now needs to update himself on the current science which shows that ***"Because of linked-epitope suppression, all children who were primed by DTaP vaccines will be more susceptible to pertussis throughout their lifetimes, and there is no easy way to decrease this increased lifetime susceptibility." And that "Lack of mucosal immune responses after aPV administration favour infection, persistent colonization, and transmission of the pathogen,"***]

[**JD - 'An earful' It is a shame when GPs**

make their personal feelings known to patients in such disrespectful ways. What parents of sick children need is support not censure. Parents of vaccinated and unvaccinated children need to be given reassurance and confidence. This is crucial to be able nurse any child through any childhood illness. They also need correct advice on the management of fever, the importance of fluids, fresh air and the correct room temperature and more fluids. They do not need to be given repeated courses of non-indicated antibiotics because the child has been coughing for weeks. Nor to be sent for chest Xrays – leading to unnecessary radiation exposure. Nor for the worried parents, receiving no satisfactory information, to feel obliged to take their child to Accident and Emergency Department or be referred to a hospital paediatrician, for them to do the same.]

"I am so worried that we might be spreading the disease to vulnerable people as well as putting the children at risk"

[**JD - Currently pertussis is being spread by vaccinated children as the acellular vaccine does not stop infection, transmission or carriage. In addition, as vaccinated children may have fewer symptoms, they carry on playing with other children, going to school or nursery and can spread the bacteria in droplets when they breathe, cough or sneeze. Unlike children who have had real pertussis and gained effective natural immunity and have therefore cleared it from their system. OUTCOME: Fine.**]

I have supported many parents over the years who have had babies, children, teenagers and even occasionally adults with whooping cough. If the history sounds like whooping cough I suggest this as a diagnosis. I advise them to see their GP to get medical advice and send them details of the Dr Humphries protocol. Some people also want to talk it through or have more individualised support, so they book a phone consultation if it is out of my usual clinic days or a zoom. As you can see, some of my parents are very expert and know more about health and management of childhood illness than their many of their healthcare providers. It is unfortunate that when they do feel the need to consult a health professional – for whom they pay a large amount of money in their taxes, they are met with disrespect, propaganda and one size fits all, non-individualised care and personal abuse. Some health practitioners are not even able to make obvious barn door diagnoses nor to give appropriate *conventional* medical advice.

WHAT IS THE TAKE HOME MESSAGE?

Whooping cough is everywhere because acellular pertussis vaccinated children – who are growing into adults – have a lifetime susceptibility to whooping cough due to the characteristics of the aPV as discussed above, and they readily transmit the organism to others. Whooping cough may be so mild that it is not even noticed or may be a cough that bothers the child far less than their parents.

Antibiotics do not protect or help the child to whom they are given. They kill off their nice bacteria and disrupt their gut biome.

Parents of vaccinated and unvaccinated children should download De Suzanne Humphries Vitamin C protocol, print it out and read it thoroughly, as well as watching the videos. They should then order the recommended preparations.

Children who acquire natural whooping cough and are correctly nursed develop good mucosal immunity and correct antibodies; go up the pertussis developmental step; and as mothers, will have good antibodies to pass onto their babies so that they are naturally protected when they are very young and most vulnerable.

22 December 2024

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For articles and other resources please visit her website https://www.jayne-donegan.co.uk/articles/

To attend her regular online lectures please visit: https://www.jayne-donegan.co.uk

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RESOURCES

Can be accessed at jayne-donegan.co.uk/ also GMC and NEWS pages.

Dr Donegan's lectures:

- Holistic Support for Parents making Vaccination Decisions. Options and Maximising Good Outcomes, Vaccine clearance. 07 Jan 2025, Tuesday Evening. To book: https://www.eventbrite.co.uk/e/1106022837079
- Vaccination - The Question: Information you can use for Informed Consent. 14 Jan 2025, Tuesday Evening. To book: https://www.eventbrite.co.uk/e/940105329347. This lecture will be repeated 20 May 2025.

Links to Dr Humphries protocol and other information on Vitamin C and its administration:

https://drsuzanne.net/wp-content/uploads/2017/10/Vitamin-C-Whooping-Cough-PDF.pdf Download. Print out. Read carefully several times then listen to the following two videos:

https://www.youtube.com/watch?v=MQU4ayqqbPs Vit C Tips & Types

https://www.youtube.com/watch?v=dI1nGSLeUzI Vitamin C Basics - Practical Use

https://drsuzanne.net/suzanne-humphries-md-testimonials/ Testimonials from parents

https://drsuzanne.net/blogs/ articles of interest

https://www.amazon.co.uk/dp/B09JWV3WG3 NOWFoods, Sodium Ascorbate, Buffered Vit C.

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19 2014 Warfel ' 2019 Solans

20 NHS https://www.nhs.uk/conditions/whooping-cough/ How long whooping cough is contagious NHS If you have whooping cough, you're contagious for up to 3 weeks after the coughing starts. If you start antibiotics within 2 weeks of starting to cough, it will reduce the time you're contagious for.

21 2014 Warfel ' 2019 Solans

BORDETELLA PERTUSSIS - THE ALLEGED CULPRIT

A Brief comment by Magdalene Taylor, TiP Editor.

Whilst there has been a growing criticism in the lack of evidence as regards a variety of alleged disease-causing virus, what about the presumed disease-causing bacteria? Yes, bacteria do exist, they are living organisms but are they the cause of an illness? For example, if you look up the cause of whooping cough in the medical literature it states that the bacterium Bordetella pertussis is the cause.

However, as some researchers have pointed out over the years, just because it may be present this does not mean that the bacterium caused the illness. It may be there as a result of the state of an individual's internal health and is part of the clean-up crew. I would urge readers to look at the informative videos produced by Dr Sam and Mark Bailey. Their Pertussis presentation can be found at: https://tinyurl.com/4hjdpb5w

It is also interesting that given the high uptake of the pertussis-containing baby vaccines over decades, plus the high uptake of pregnant women receiving a pertussis-containing vaccine for a number of years now, you might wonder why there has been an increase in whooping cough cases in the last few years? Vaccine hesitancy is often blamed but whilst more are questioning vaccines, the majority still follow the recommended childhood schedule without thinking.

In late November 2024 an article featured in The Guardian reported on the death of a two-month old infant 'amid worst Queensland whooping cough epidemic on record'. There are no further details about the infant as to its vaccination status or whether the mother had received the vaccine during pregnancy. As I have pointed out in the past if the baby was totally unvaccinated it is highly likely that this would be strongly indicated. At two months old infants usually receive the first dose of whooping cough vaccine.

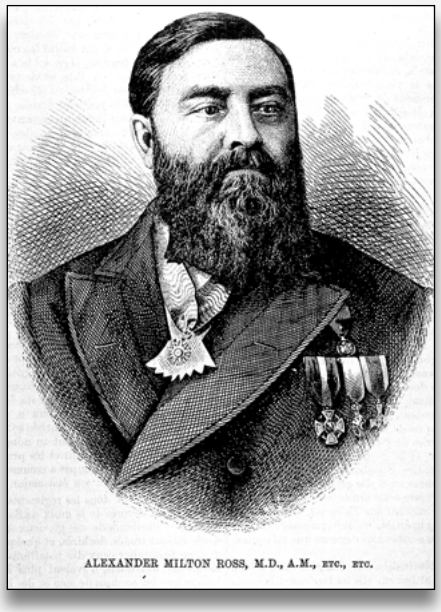
Also, if the mother had refused the vaccine during her pregnancy the headline would likely have read along the lines of 'unvaccinated mother's unvaccinated baby dies of whooping cough'.

Worst epidemic on record??? No mention of where the record started from. Australia experienced a huge decline in pertussis both in mortality and morbidity just like UK, parts of Europe and US by 1950s. The declines occurred greatly in the pre-vaccine era. It was as a result of improved living conditions, better nutrition etc.

It is always very sad to learn of infant deaths, but without full details, ie medical history, health of mother and baby, the management of the symptoms, the hospital protocol etc, how can we try and understand why this happened? ***Or are these articles there for one main purpose – to frighten the public and try and increase vaccine uptake?***

TIP ARCHIVE

VACCINATION PROPAGATES SMALL POX:
IT NEVER PROTECTS, IT OFTEN KILLS! TWENTY-FIVE HUNDRED CHILDREN SLAIN BY SMALL POX!!!


ALEXANDER MILTON ROSS, M.D., A.M., ETC., ETC.

THREE THOUSAND TWO HUNDRED victims of small pox died during the late epidemic; of these, TWENTY-FIVE HUNDRED were little children; this out Herods Herod. Why was the mortality so great among the innocents? Read the following and judge for yourself.

The following cases were reported by Dr J Emery Coderre, Professor of Victoria University, and for twenty years physician to the Hotel Dieu Hospital, Montreal.

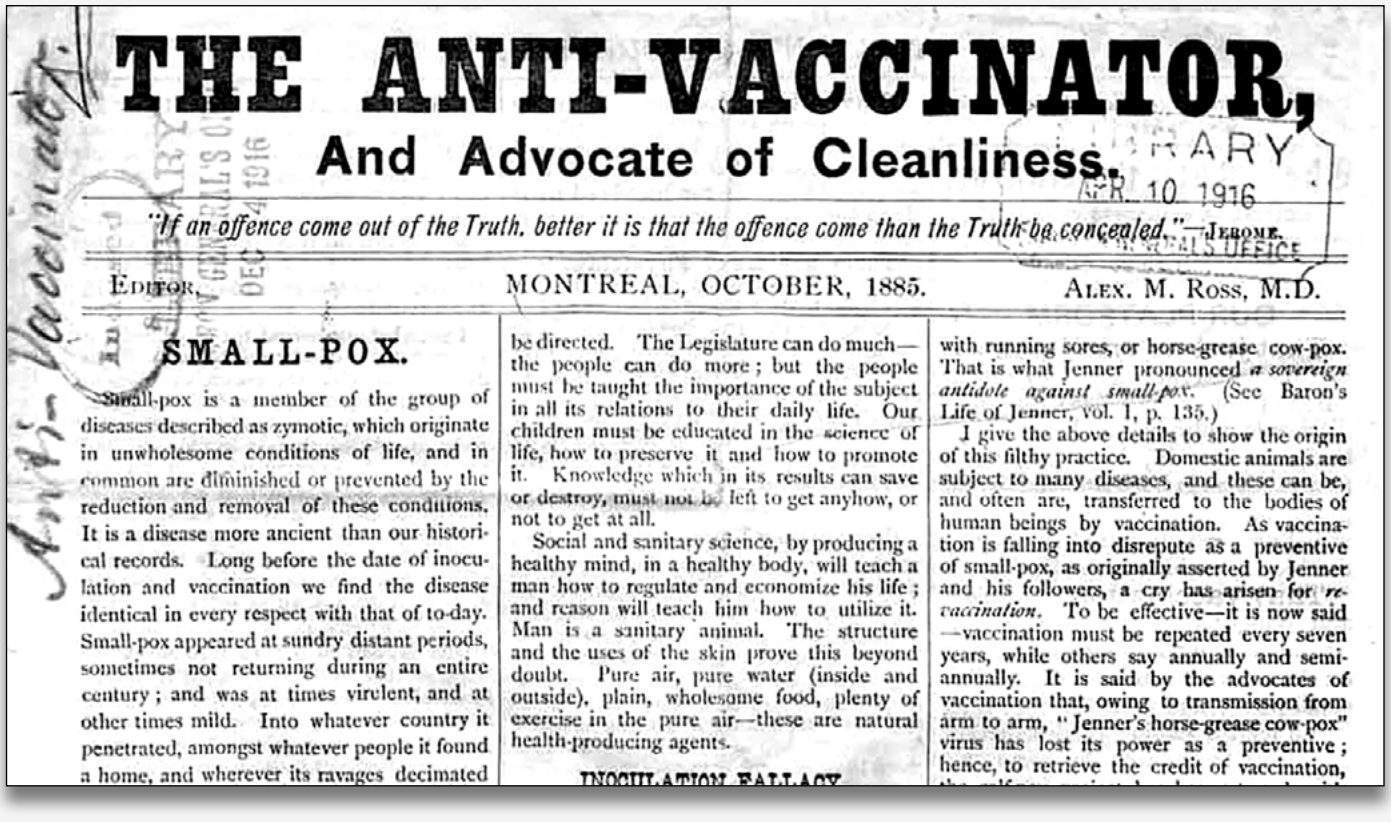
We claim that vaccination during an epidemic of small pox propagates the disease. For proof of which we refer to the following cases of vaccine disaster reported by Dr Coderre, Professor of Victoria University, Montreal. They should be sufficient to convince all who prefer truth to falsehood, science to superstition, and health to disease, that vaccination is utterly useless as a protection from smallpox, and extremely dangerous as an experiment.

- Rose Alba Gilbert, Montcalm street, a child of 7 months, took small pox 7 days after vaccination.
- The four children of Mr. Seers (employed at Lovell's) took small pox some days after vaccination and all four died.
- The child of Jean Malo, 159 St. Andre street, was vaccinated on Sept. 26, 1885, and took small pox on Nov. 10 following.
- The child of Louis Pontin, aged 6 $^{1}/_{2}$ years, was vaccinated and took small pox 8 days after.
- Mr. Arthur Globensky, advocate, was vaccinated on Sept. 2nd, 1885, and suffered from a phlegmonous abcess in the arm-pit.
- Madame Perrault, 21 years of age, took small pox after having been vaccinated.
- The child of W. A. Senecal, 2133 Notre Dame street, took small pox 8 days after vaccination.
- The two children of Mr. Lapierre, 74 Gain street, were vaccinated; both took the small pox and one died.
- The six children of Madame Rivet, 45 Plessis street, took small pox after vaccination.
- Valerin Duquette, child of Felix Duquette, was vaccinated on Oct.7 and took the small pox several days after.
- The two grand-children of Madame Brisbois, 11 St. Philip street, were vaccinated and took malignant small pox 8 days after.
- Thomas Parker, an employee of the corporation, took the small pox several days after vaccination and was taken to the small pox hospital.
- Charles Lagassee, an employee of the corporation, and seven of his children, were vaccinated and 8 days after 6 of the children took the small pox.
- The child of J.B. Charland, 237 Mignonne street, was vaccinated and afterwards took confluent small pox.
- M. Marois, 154 Plessis street, had two children vaccinated both took small pox and one died.
- Narcisse Ritchot, Logan street, had four children vaccinated; all of them took malignant small pox, and two are covered with ulcerations.
- The two children of Benjamin Beaupre, 120 Dufresne street, were vaccinated with success; both afterwards took confluent small pox.
- Mr. Carpenter, 369 Wolfe street, had a child vaccinated, who died a few days aafter in consequence of the vaccination.
- A child of M. Meloche, 479 Wolfe street, in good health, was vaccinated on Oct.1st, and died four days after of phlegmonous erysipelas, caused by vaccination.
- The child of M. Frigon, 643 Upper Sanguinet St. was vaccinated about Sept. 1st, and died of small pox on Oct. 2nd.
- M. Malouin, 222 St. Dominique street, had two children vaccinated; on one the vaccine took and on the other it did not; both took the small pox.
- The child of Louis Comineau, 2?? Jacques Cartier street, was vaccinated, took the small pox and died.
- The two children of Mr. Goyer were vaccinated, both took small pox and died.
- The two children of Mr. Speeding, 133 St. Dominique street, took small pox after vaccination and died.
- Mr. Latronelle has 4 children, 3 were vaccinated and one not vaccinated; all four took small pox, the 3 vaccinated children died and the unvaccinated child recovered.
- The 3 children of Mr. Beaudoin were vaccinated, both took small pox and died.
- The child of Alfred Lapierre, 176 Drolet street, took small pox after vaccination.
- Charles Legace, 102 St. Charles Borromee street, an employee of the corporation, to retain his situation, was with his family vaccinated on the 20th of October last, and ten days after six of his children took the small pox.
- Dina Granger, 167 Beaudry street, aged 16 years, was vaccinated in August last and died with small pox on Sept. 2nd following.

- Ovila Loizeau, 41 Plessis street, was vaccinated and died one month after of small pox.
- Joseph Durand, 57 Champlain street, 4 years of age, took small pox after vaccination.
- Anna Jane Bain, 132 Lagauchetiere street, took small pox six weeks after vaccination.
- D. Picault, 117 Montcalm street, 16 months old, took small pox 8 days after vaccination.
- The two children of Mr. Brouillet, 1175 Notre Dame street, took small pox after vaccination.
- Thomas St. Amand, aged 9 years, child of Madame St. Amand, 28 Votigeurs street, took small pox 15 days after vaccination.
- The two children of J. Bte. Laforee, 461 Jacques Cartier street, were vaccinated; both took small pox and died.
- The three children of Grace Lavell, 475 Wolfe street, were vaccinated; all took the small pox and two died.
- The child of Edmond Lesperance, 485 Wolfe street, was vaccinated and took small pox and suffered from phlegmonous abcess in the arm-pit and died.
- At 163 Laval Avenue, in the house of M. Genereux, a girl of 16 years was vaccinated and took small pox some days after.
- Madame Ledue, 210 St. Christophe street, had her children vaccinated in September; one took the varioloid ten days after vaccination.
- M. Drolet, 212 St Christophe street, had all his children vaccinated; two took the small pox and one died.
- M. Z. Lapierre, 33 Desalaberry street, had a child die of small pox soon after it was vaccinated; by his physician's advice his four remaining children were vaccinated, all took the small pox and four died.
- M. Beaulieu, 86 Dufresne street, had three children successfully vaccinated; one took small pox four days after.
- Pieere Mainville, 172 Drolet street, had his one year old child vaccinated; it died 15 days after in consequence of vaccination.
- The Hon. Judge De Montigny had his children vaccinated in September; one, a little girl, took the small pox and was dangerously ill.
- The six children of Theophile Leclaire, 60 St. Catherine street, were all vaccinated, three successfully and three without success; the first three had confluent small pox badly, and the other three had varioloid.
- The child of Louis Belec, 237 Paptneau road, was vaccinated, and died a few days after in consequence of it.
- Mr. Goyette, 32 Jacques Cartier street, a member of St Joseph Union, died from the effects of vaccination.
- Mr. Gosselin, 78 St. Andre street, had four children vaccinated on September 1st; the eldest, nine years of age, died of small pox on the 11th October.
- The child of Joseph Grenier, 101 Dufesne street, was vaccinated and took small pox 8 days after.
- The three children of Camille Nourin, 8 Jacques Cartier street, took small pox 9 days after vaccination and one died.
- Anna Plant, 12 Wolfe street, aged 14 months, took small pox 5 days after vaccination and died.
- Edmond Mathurin, 55 Amherst street, aged 2 $^{1}/_{2}$ years, took small pox six days after vaccination.

Cleanliness, not vaccination, is our saviour from all infectious and contagious diseases. Three thousand victims of small pox now lying in our cemeteries are silent witnesses against the filthy, useless FETISH, worshipped by our people in place of the pure goddess HYGEIA.

ALEX. M. ROSS, M.D.
Montreal, January, 1886



THE ANTI-VACCINATOR,

And Advocate of Cleanliness.

"If an offence come out of the Truth, better it is that the offence come than the Truth be concealed."—JEROME.

EDITOR. MONTREAL, OCTOBER, 1885. ALEX. M. ROSS, M.D.

SMALL-POX.

Small-pox is a member of the group of diseases described as zymotic, which originate in unwholesome conditions of life, and in common are diminished or prevented by the reduction and removal of these conditions. It is a disease more ancient than our historical records. Long before the date of inoculation and vaccination we find the disease identical in every respect with that of to-day. Small-pox appeared at sundry distant periods, sometimes not returning during an entire century; and was at times virulent, and at other times mild. Into whatever country it penetrated, amongst whatever people it found a home, and wherever its ravages decimated be directed. The Legislature can do much—the people can do more; but the people must be taught the importance of the subject in all its relations to their daily life. Our children must be educated in the science of life, how to preserve it and how to promote it. Knowledge which in its results can save or destroy, must not be left to get anyhow, or not to get at all.

Social and sanitary science, by producing a healthy mind, in a healthy body, will teach a man how to regulate and economize his life; and reason will teach him how to utilize it. Man is a sanitary animal. The structure and the uses of the skin prove this beyond doubt. Pure air, pure water (inside and outside), plain, wholesome food, plenty of exercise in the pure air—these are natural health-producing agents.

INOCULATION FALLACY

with running sores, or horse-grease cow-pox. That is what Jenner pronounced *a sovereign antidote against small-pox.* (See Baron's Life of Jenner, vol. 1, p. 135.)

I give the above details to show the origin of this filthy practice. Domestic animals are subject to many diseases, and these can be, and often are, transferred to the bodies of human beings by vaccination. As vaccination is falling into disrepute as a preventive of small-pox, as originally asserted by Jenner and his followers, a cry has arisen for *re-vaccination.* To be effective—it is now said—vaccination must be repeated every seven years, while others say annually and semi-annually. It is said by the advocates of vaccination that, owing to transmission from arm to arm, "Jenner's horse-grease cow-pox" virus has lost its power as a preventive; hence, to retrieve the credit of vaccination,

HOMEOPATHY INTERNATIONAL (HINT)

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

AIMS & OBJECTIVES OF THE *informed* PARENT GROUP

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

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

The views expressed in this newsletter are not necessarily those of The Informed Parent Co. Ltd. We are simply bringing these various viewpoints to your attention. We neither recommend nor advise against vaccination. This organisation is non-profit making.

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