30 INFORMATIVE YEARS
THE informed PARENT
ISSUE ONE 2023 A NEWSLETTER ON VACCINATION ISSUES AND HEALTH

WHY I DON'T BELIEVE THERE EVER WAS A COVID VIRUS

TAKEN FROM:
THE CONSERVATIVE WOMAN
https://tinyurl.com/4z745zd8

BY MIKE YEADON
22 March 2023

I'VE GROWN increasingly frustrated about the way debate is controlled around the topic of origins of the alleged novel virus, SARS-CoV-2, and I have come to disbelieve it's ever been in circulation, causing massive scale illness and death. Concerningly, almost no one will entertain this possibility, despite the fact that molecular biology is the easiest discipline in which to cheat. That's because you really cannot do it without computers, and sequencing requires complex algorithms and, importantly, assumptions. Tweaking algorithms and assumptions, you can hugely alter the conclusions.

This raises the question of why there is such an emphasis on the media storm around Fauci, Wuhan and a possible lab escape. After all, the 'perpetrators' have significant control over the media. There's no independent journalism at present. It is not as though they need to embarrass the establishment. I put it to readers that they've chosen to do so.

So who do I mean by 'they' and 'the perpetrators? There are a number of candidates competing for this position, with their drug company accomplices, several of whom are named in Paula Jardine's excellent five-part series for TCW, Anatomy of the sinister Covid project. High on the list is the 'enabling' World Economic Forum and their many political acolytes including Justin Trudeau and Jacinda Ardern.

But that doesn't answer the question why are they focusing on the genesis of the virus. In my view, they are doing their darndest to make sure you regard this event exactly as they want you to.

Dr Mike Yeadon,
Ex Chief Science Adviser for Pfizer

"High on the list is the 'enabling' World Economic Forum and their many political acolytes including Justin Trudeau and Jacinda Ardern."

Specifically, that there *was* a novel virus.

I'm not alone in believing that myself at the beginning of the 'pandemic', but over time I've seen sufficient evidence to cast strong doubt on that idea. Additionally, when considered as part of a global coup d'état, I have put myself in the position of the most senior, hidden perpetrators. In a Q&A, they would learn that the effect of a released novel pathogen couldn't be predicted accurately. It might burn out rapidly. Or it might turn out to be quite a lot more lethal than they'd expected, demolishing advanced civilisations. Those top decision-makers would, I submit, conclude that this natural risk is intolerable to them. They crave total control, and the wide range of possible outcomes from a deliberate release militates against this plan of action: 'No, we're not going to do this. Come back with a plan with very much reduced uncertainty on outcomes.'

The alternative I think they've used is to add one more lie to the tall stack of lies which has surrounded this entire affair. This lie is that there has ever been in circulation a novel respiratory virus which, crucially, caused massive-scale illness and deaths. In fact, there hasn't.

Instead, we have been told there was this frightening, novel pathogen and ramped up the stress-inducing fear porn to 11, and held it there. This fits with cheating about genetic sequences, PCR test protocols (probes, primers, amplification and annealing conditions, cycles), ignoring contaminating genetic materials from not only human and claimed viral sources, but also bacterial and fungal sources. Why for example did they need to insert the sampling sticks right into our sinuses? Was it to maximise non-human genetic sequences?

Notice the soft evidence that our political and cultural leaders, including the late Queen, were happy to meet and greet one another without testing, masking or social distancing. They had no fear. In the scenario above, a few people would have known there was no new hazard in their environment. If there really was a lethal pathogen stalking the land, I don't believe they'd have had the courage or the need to act nonchalantly and risk exposure to the virus. Most convincingly for me is the US all-cause mortality (ACM) data by state, sex, age and date of occurrence, as analysed by Denis Rancourt and colleagues. The pattern of increased ACM is inconsistent with the presence of a novel respiratory virus as the main cause. If I'm correct that there was no novel virus, what a genius move it was to pretend there was! Now they want you only to consider how this 'killer virus' got into the human population. Was it a natural emergence (you know, a wild bat bit a pangolin and this ended

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Magda Taylor

Editor's note

WELCOME to the first 2023 edition! Many, many thanks to all of you who have renewed, and also to those of you who have just recently subscribed for the first time. Your heartfelt and supportive messages, and kind donations – are all greatly appreciated. I do still need to see a good increase in subscribers – so if I may ask you again – please let others know of the publication. Many of you have indicated you would prefer the paper edition to continue – and this is my aim if the numbers increase enough to make this possible.

As you will see on p.26 GPs vaccine uptake percentages are rising so it is very likely there will be extra pressure on parents to have their baby or child vaccinated as doctors try to reach these higher thresholds! This actually indicates that more people are likely to be questioning the vaccines for these new thresholds to be introduced. The last three years of the 'covid story' have certainly created more conversation on the whole subject of vaccination, leading to more questions surrounding the alleged safety and efficacy of the procedure. Also over a number of years establishment-led groups have been involved in research projects studying vaccine hesitancy and how much influence online 'misinformation' is having on more parents declining the baby jabs etc. Again, the fact that these research projects exist also indicate that more parents are having doubts about proceeding with the recommended schedule. If you are a new parent just starting on your research into this subject I would urge you to start with the basic question ie do germs cause disease? You can contact me directly by email or phone and I will try and point you in the direction of potentially useful information and data.

Interestingly, there has been a slight shift with mainstream media whereby there has been some coverage on vaccine injuries from the covid jabs. More articles highlighting the mounting criticism of the extreme lockdown policies established in some countries. For example, in Germany the Health Minister recently admitted that vaccine-induced injuries are a serious issue and that his ministry were planning to launch an investigation into the negative consequences of covid injections. (Unherd.com 15/3/23 by Thomas Fazi.) There have been a number of vocal MEPs on the covid jab roll out, eg Christine Anderson from Germany, too.

Also it has been good to see that, here in the UK MP Andrew Bridgen continues to have the courage to raise concerns about the covid vaccine injuries and deaths. This is despite the hostile reaction from his fellow MPs which has been appalling and disgraceful in my opinion – no sign of interest or compassion to those affected by the covid jabs. I hope Andrew continues his campaign for truth and justice – it can be a lonely path questioning the 'official' narrative.

Dr Jayne Donegan continues to present a number of online lectures, and as some of you know I regularly guest with my history and theories online presentations. Details are here:
https://www.eventbrite.co.uk/o/dr-jayne-lm-donegan-30030351200

As the days grow longer and the sun is showing its face more often I wish you good health, happiness and keeping a positive outlook!
Magdalene Taylor, The Informed Parent, April 2023.

FROM P01

up being sold at a wet market in Wuhan) or was it hubristically created by a Chinese researcher, enabled along the way by a researcher at the University of North Carolina funded by Fauci, together making an end run around a presidential pause on such work? Then there's the question as to whether the arrival of the virus in the general public was down to carelessness and a lab leak, or did someone deliberately spread it?

I also need to point out that the perpetrators have hermetic control of the mass media via a Big Tech and government stranglehold documented in part here, here and here. That's why they've found it so easy to censor people like me. If a story appears on multiple TV networks, it's because they're either OK with it or it has been actively planted. It won't be genuine. They never tell the truth. I don't think they've told the truth since this coup began and probably much earlier. Most so-called journalists have lost sight of what truth ever was.

I believe that the perpetrators (who could be all or any of Gates, Fauci, Farrar, Vallance, CEPI, EcoHealth Alliance, DARPA and numerous others) planted the controversy about the origins of SARS-CoV-2 because a little embarrassment of the establishment was a small price to persuade most of us that there surely must be a novel virus when there isn't. (And they have got away with it to date.)

I have colleagues who do not believe what we've been told (i.e. that a virus has been experimentally constructed) is even possible technologically. I don't have the background to assess that idea. But the rest hangs together for me in a way that no other explanation does.

To this point, an ex-pharmaceutical industry executive Sasha Latypova, speaking with Robert F Kennedy Jr on his podcast of last Thursday, March 16, describes the extensive evidence of the contracts and relationships that were in place before the Covid era. Contracts were signed for billions of dollars in February 2020. Not only would the required production never happen (from a standing start, to sign such a large commitment is ridiculous) but it cannot be done. She estimated that approximately one kilogram of DNA was required. There isn't that much medicinal grade DNA on the planet at any one time. That's because it's hard to do, very expensive, wholly bespoke and difficult to store for long periods. Also, the amounts of any specific DNA sequence required and held in store by commercial suppliers would be milligrams or perhaps grams at a stretch. So it was always completely unfeasible, regardless of how much money was thrown at the problem, to have accomplished what they claim to have done in a short time.

Consequently, no other conclusion is supported by the facts than that it's a huge crime, extensively planned. In itself, that rules out a natural emergence

of a pathogen, unless divine providence occurred. Logically we're left with a leak or, as I argue, a lie plus a PsyOp. The former may or may not be possible, but what isn't arguable is that something like this could be done and would be likely to run smoothly, with a real pathogen. Almost any outcome but the one presumably wanted is likely if a pathogen is released. I can reach no other conclusion than that it's fake.

In closing, I'm not saying people weren't sick or that they didn't die in huge numbers. I'm arguing only about the causes of illnesses and deaths. People were made sick and some killed by all the pre-existing causes, amplified by fear, resulting in immunosuppression and then a host of revolting actions. Note even the official overlap of signs and symptoms of 'Covid-19' and existing illnesses. Notably, they chopped antibiotic prescriptions in the US by 50 per cent during 2020. They ensured large numbers of frail elderly people were mechanically ventilated, a procedure which, in such subjects, is close to contraindicated. Some were administered Remdesivir, which is a poison for the kidneys. In care homes, they were given midazolam and morphine, respiratory depressant drugs which in combination are all but contraindicated in patients with breathing difficulties. If used, close monitoring is required, most usually automated alarm systems attached to vital cardiorespiratory monitoring, including fingertip monitoring for blood gases. That didn't happen in care homes.

I believe the main reason for the lies about the novel virus is a desire for total predictability and control, with the clearly articulated intention of transforming society; beginning by dismantling the financial system through lockdowns and furlough, while the immediate practical goal of lockdown was to provide the causus belli for injecting as many people as possible with materials designed not to induce immunity, but to demand repeat inoculation, to cause injury and death, and to control freedom of movement. I'm sure they're pretty content with getting at least one needle into 6,000,000,000 people.

"I believe that the perpetrators (who could be all or any of Gates, Fauci, Farrar, Vallance, CEPI, EcoHealth Alliance, DARPA and numerous others) planted the controversy about the origins of SARS-CoV-2 because a little embarrassment of the establishment was a small price to persuade most of us that there surely must be a novel virus when there isn't."

Note that though an estimated 10-15million have been killed with poisonous 'vaccines', these are the but first of many mRNA injections to come. The indications are that ways to force you to accept ten more have been anticipated, because that's the number of doses your government has agreed to purchase. Purchasing what? Well, it's already been mooted that all existing vaccines are to be reformatted as mRNA types. If this happens, I don't believe anyone injected ten more times is likely to escape death or severe, life-limiting illnesses. Inducing your body to manufacture non-self proteins will axiomatically induce an autoimmune attack by your own body.

Your disease will be related to where the injected dose goes and of course the consistency of that injected product. They've been horribly erratic so far. It's not certain they ever could have been made and launched if they had been subject to the usual quality requirements and not granted 'emergency use' authorisations. Of course, as we now know, the regulators played an important role beyond lying for the US military, the organisation which made the original orders for 'vaccines', and set all the contractual conditions for companies such as Moderna and Pfizer.

The chickens are coming home to roost right now in the banking system.

As I always say, I cannot know much for sure. I don't have a copy of the script of this, the greatest crime in history. But, whatever Covid actually is, I don't believe that what was called influenza disappeared conveniently in early 2020. It's another lie. It's what they do. It's all they do.

To those who sense that all is not well but are unwilling to make the psychological leap to the diabolical world I believe we're now living in, I point out the asymmetry of risk. If you follow the official narrative and I'm right, you and your children will lose all your freedoms and probably your lives. If you believe what I'm saying and I'm wrong, you'll be laughed at. These options aren't faintly balanced. A rational actor should cease believing what we're being told. It's not a safe position, keeping your counsel and your head down. It's the most dangerous thing you could do.

TiP Editor: Good to see the increase in articles such as this where one of the 'greatest' untruths comes into question, ie the existence of pathogenic virus!

"NEED ANYONE WONDER THAT THE BELIEF IN THE PROPHYLACTIC VIRTUES OF VACCINATION RAPIDLY DWINDLED? PARTICULARLY SO, BECAUSE WITH THE DECLINE OF VACCINATION CAME A DIMINUTION NOT ONLY OF SMALL-POX, BUT ALSO OF ALL KINDRED ZYMOTIC DISEASES. SMALL-POX IS AT THE TIME OF WRITING (1912) ALMOST A THING OF THE PAST."

Quote from Leicester: Sanitation versus Vaccination By J T Biggs (1912) p189-190

THE REGISTRAR-GENERAL'S GHASTLY STORY

TAKEN FROM: CHAPTER XXXV, LEICESTER: SANITATION VERSUS VACCINATION BY J T BIGGS (1912)

FINALLY, there is that ghastly catalogue of vaccinal deaths, compiled from the Registrar-General's own returns. Such has been the damning evidence of this official record that, in 1902, the Registrar-General discontinued his former nomenclature. Although the phrase, "effects of vaccination," appears in his annual reports, the heading in the weekly returns is deaths from "Cow-Pox" only.

The limiting tendency of this alteration is thus apparently effecting a considerable, but illusory, reduction in this "cloud of witnesses" against vaccination. Even this distinction has disappeared from the weekly returns. In a foot-note, it is stated that—"Commencing with 1911 considerable modifications were made in the form of this return."

Explanations of these modifications are given, but no mention is made of the transfer to another classification of the deaths from "Cow-Pox or Other Effects of Vaccination." These deaths from cow-pox and other effects of vaccination may, or may not, be included under the heading, "Other Epidemic Diseases." Apparently they are now to be buried beyond recognition, to save vaccination with "glycerinated calf lymph" from reproach.

TABLE 2

Table showing, for ENGLAND AND WALES, for each of the years 1859-80, the number of deaths registered from "Erysipelas after Vaccination," and for each of the 1881-1909, the deaths registered from "Cow-Pox and other effects of Vaccination"; also for each of the years 1898-1909, the deaths registered from "Cow-Pox," "Effects of Vaccination," etc, after the passing of the "Conscience Clause" by Parliament, and the "limiting" alteration of nomenclature by the Registrar-General.

Period.	Years	Number of Deaths.	Average Annual Deaths.	Total Deaths in Period.
1859-67 (nine years). Vaccination obligatory.	1859	5	6·8	61
	1860	3		
	1861	2		
	1862	3		
	1863	11		
	1864	13		
	1865	10		
	1866	10		
	1867	4		
1868-71 (four years). Vaccination enforced by penalties, under the Act of 1867.	1868	9	18·0	72
	1869	19		
	1870	20		
	1871	24		
1872-80 (nine years). Vaccination more rigorously enforced under the Supplementary Act of 1871.	1872	16	28·5	257
	1873	19		
	1874	29		
	1875	37		
	1876	21		
	1877	29		
	1878	35		
	1879	32		
	1880	39		

The Registrar-General, in his Report for 1897, referring to the 36 deaths ascribed to "effects of vaccination" include not only the deaths that were directly referred to vaccination, but also those that were stated in the medical certificates, or were found on inquiry to have "been caused by the entrance of any noxious "material whatever at the site of the vaccination."

Obviously, the foregoing table is a mere "indicator," rather than a full and complete record, of the fatal effects of vaccination, to say nothing of permanent or other serious injuries inflicted. The appended is a notable example of the latter state of affairs:-

In June, 1902, Dr W J J Stewart presented to the Hospitals Committee of the Metropolitan Asylums Board his report on the vaccination of certain workmen who were engaged on the extension works at Gore Farm Lower Hospital.

Singular to relate, this important and remarkable document does not appear to have been published along with the other usual weekly reports. The particulars are most sensational, and that may account for the exceptional treatment of this report.

Of 587 men vaccinated, no fewer than 166, or more than 28 per cent, actually went on the sick list as the result of vaccination. They received sick-pay at the public expense, the contractors also being compensated for loss of their services.

To overcome the natural reluctance of the men, a bribe of 5s. was offered to each one of them, as an inducement to be vaccinated. "Every precaution" was taken, and all the Local Government Board regulations were most rigidly observed.

The "lymph" was of the purest and most approved blend, and was obtained from Faulkner's Vaccine Institution, Endell Street, London, WC, and the Association for the Supply of Pure Vaccine Lymph, Pall Mall, London, W.

The men were of the strongest

possible physical type. Notwithstanding all those advantages, consequent upon the operations, 35 men were off duty with fever, and average of 5.5 days each; 125 men were off duty with septic inflammation, an average of 6.8 days each; 3 men were off duty with abscesses, an average of 34.6 days each; 3 men were off duty with general pustular eczema, an average of 23.0 days each – giving a total of 166 strong men on sick-pay for an average of 7.4 days each.

That "preventive" process was carried out at a cost of £2 15s. 9 1/2d. for each of the 166 patients, and a grand total expenditure was incurred of no less than £1,029 10s. 2d.

If such is the "benign" (?) effect of carefully prepared glycerinated calf lymph, scientifically administered to the strongest and most able-bodied workmen, what must be the possibilities of its effects on tender infants, or persons of weakly constitutions?

If these facts were placed before parents, there are very few who would venture to submit either themselves or their children to the "propitious" influence of such "carefully prepared glycerinated calf lymph."

Moreover, who can tell what permanent impairment of health has been inflicted upon the 166 men who suffered so severely? Certainly not those gentlemen who performed the operation.

REGISTRAR-GENERAL'S GHASTLY STORY. 185

Period	Years.	Number of Deaths.	Average Annual Deaths.	Total Deaths in Period.
1881-97 (seventeen years). Vaccination still rigorously enforced, as in period 1872-80, but deaths now registered as "Cow Pox and other effects of Vaccination"	1881	58	50·8	863
	1882	65		
	1883	55		
	1884	53		
	1885	52		
	1886	45		
	1887	45		
	1888	45		
	1889	58		
	1890	43		
	1891	43		
	1892	58		
	1893	59		
	1894	50		
	1895	56		
	1896	42		
	1897	36		
1898-1910 (thirteen years). Enforcement of Vaccination modified by "Conscience Clause" Act of 1898, and Amending Act of 1907. Also nomenclature practically limited to "Cow-Pox"	1898	26	21·3	277
	1899	34		
	1900	25		
	1901	17		
	1902	22		
	1903	26		
	1904	28		
	1905	26		
	1906	29		
	1907	12		
	1908	13		
	1909	11		
	1910	8		

Total number of deaths registered from "Erysipelas after Vaccination," and from "Cow Pox and other effects of Vaccination," 1859 to 1910: 1,530.

MYOCARDITIS CASES REPORTED AFTER MRNA-BASED COVID-19 VACCINATION IN THE US FROM DECEMBER 2020 TO AUGUST 2021

JAMA. 2022;327(4):331-340.
OSTER M E, SHAY D K ET AL

ABSTRACT EXTRACTS

Importance Vaccination against COVID-19 provides clear public health benefits, but vaccination also carries potential risks. The risks and outcomes of myocarditis after COVID-19 vaccination are unclear.

Objective To describe reports of myocarditis and the reporting rates after mRNA-based COVID-19 vaccination in the US.

Design, Setting, and Participants Descriptive study of reports of myocarditis to the Vaccine Adverse Event Reporting System (VAERS) that occurred after mRNA-based COVID-19 vaccine administration between December 2020 and August 2021 in 192 405 448 individuals older than 12 years of age in the US; data were processed by VAERS as of September 30, 2021.

Exposures Vaccination with BNT162b2 (Pfizer-BioNTech) or mRNA-1273 (Moderna).

Conclusions and Relevance Based on passive surveillance reporting in the US, the risk of myocarditis after receiving mRNA-based COVID-19 vaccines was increased across multiple age and sex strata and was highest after the second vaccination dose in adolescent males and young men. This risk should be considered in the context of the benefits of COVID-19 vaccination.

DR FAUCI COMES CLEAN ON VACCINES AND RESPIRATORY VIRUSES

FROM: https://tinyurl.com/ynh7j6nw

TiP Editor: An article by David Bell (see link above) summarised a recent paper published in a science journal in which the authors, one of which is Dr Anthony Fauci, provide evidence that the public has been misled regarding the covid vaccines. As some of you may know Fauci has been a controversial figure throughout the covid saga and even before, and it seems rather odd that he is now revealing issues with the covid injections. Bell's article is full of praise of the honesty of Fauci and colleagues – a PR job perhaps given all the heavy criticism of Fauci, eg The Real Anthony Fauci by Robert F Kennedy Jnr? Fauci and the other two authors are clearly promoters of future vaccine products and strategies from their paper. Here follows extracts from the David Bell article, followed by an extract from the actual published paper.

EXTRACTS

'The journal Cell Host & Microbe recently published one of the more important papers of the Covid era; 'Rethinking next-generation vaccines for coronaviruses, influenza viruses, and other respiratory viruses.' This elicited surprisingly little fanfare considering its authorship and contents.

Firstly, the final author was Dr Anthony Fauci, the recently retired director of the United States National Institute of Allergies and Infectious Diseases (NIAID), normally a magnet for the media. Secondly, because Dr Fauci and his co-authors provide evidence that much of what those in authority have told the public regarding Covid vaccines was contrary to what they knew to be true.

The review makes clear that vaccines against respiratory viruses such as influenza or coronaviruses (e.g. SARS-CoV-2 responsible for Covid) are highly unlikely to achieve the levels of effectiveness we expect from other vaccines.

The authors note CDC data showing influenza vaccines, now pushed for all ages from 6 months upward, have an efficacy ranging from just 14 percent to a maximum of 60 percent since 2005 (extending back 17 years would have lowered this to 10 percent, with the average vaccine efficacy (VE) just below 40 percent).

"…our best approved influenza vaccines would be inadequate for licensure for most other vaccine-preventable diseases."

As Dr Fauci notes: "…our best approved influenza vaccines would be inadequate for licensure for most other vaccine-preventable diseases."

Indeed: "…it is not surprising that none of the predominantly mucosal respiratory viruses have ever been effectively controlled by vaccines."

As this honest appraisal notes, Covid vaccines were never expected to significantly reduce infection or transmission.

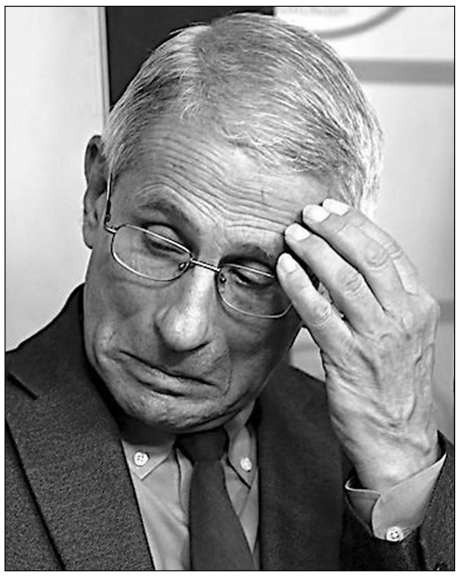
The authors explain what most infectious disease doctors and immunologists have known throughout the Covid outbreak; that circulating antibodies (IgG and IgM) play only a limited role in controlling infections such as Covid, whilst mucosal antibodies (IgA) in the lining of the upper respiratory tract, not stimulated by injected vaccines, play a far larger role…..'

EXTRACT FROM: RETHINKING NEXT-GENERATION VACCINES FOR CORONAVIRUSES, INFLUENZAVIRUSES, AND OTHER RESPIRATORY VIRUSES

https://tinyurl.com/bdf26szt

CONCLUDING REMARKS

Durably protective vaccines against non-systemic mucosal respiratory viruses with high mortality rates have thus far eluded vaccine development efforts. Challenges to developing next-generation respiratory vaccines



are many and complex. We must better understand why multiple sequential mucosal infections with the same circulating respiratory viruses, spread out over decades of life, fail to elicit natural protective immunity, especially with viruses that lack significant antigenic drift (e.g., RSV and parainfluenzaviruses),17–19,22 if we are to rationally develop vaccines that prevent them.

We must think outside the box to make next-generation vaccines that elicit immune protection against viruses that survive in human populations because of their ability to remain significantly outside of the full protective reach of human innate and adaptive immunity.

Past unsuccessful attempts to elicit solid protection against mucosal respiratory viruses and to control the deadly outbreaks and pandemics they cause have been a scientific and public health failure that must be urgently addressed.

We are excited and invigorated that many investigators and collaborative groups are rethinking, from the ground up, all of our past assumptions and approaches to preventing important respiratory viral diseases and working to find bold new paths forward.

TiP Editor: In my opinion a bold new path forward would be if they started to look at what these flu like symptoms actually represent instead of continuing with their assumptions and approaches. This must be urgently addressed!!

SCIENTISTS EXPOSED AS SLOPPY REPORTERS

https://www.newscientist.com/article/dn3168-scientists-exposed-as-sloppy-reporters/

MAGDALENE TAYLOR
– A BRIEF COMMENT

AN ARTICLE FEATURED in the New Scientist back in December 2002 by Hazel Muir looked at a study, by Simkin and Roychowdhury exposing the lack of duty and care many scientists take when writing up their work and citing other papers.

Most do not bother to read the original papers they cite and there are often misprints in the references. Most importantly there are a lot of identical mistakes which suggests that many scientists take short cuts by copying a reference from someone else's paper – in other words blindly relying on another individuals citations.

Hazel Muir reports: 'To find out how common this is, Simkin and Roychowdhury looked at citation data for a famous 1973 paper on the structure of two-dimensional crystals. They found it had been cited in other papers 4300 times, with 196 citations containing misprints in the volume, page or year. But despite the fact that a billion different versions of erroneous reference are possible, they counted only 45. The most popular mistake appeared 78 times.

The pattern suggests that 45 scientists, who might well have read the paper, made an error when they cited it. Then 151 others copied their misprints without reading the original. So for at least 77 per cent of the 196 misprinted citations, no one read the paper.'

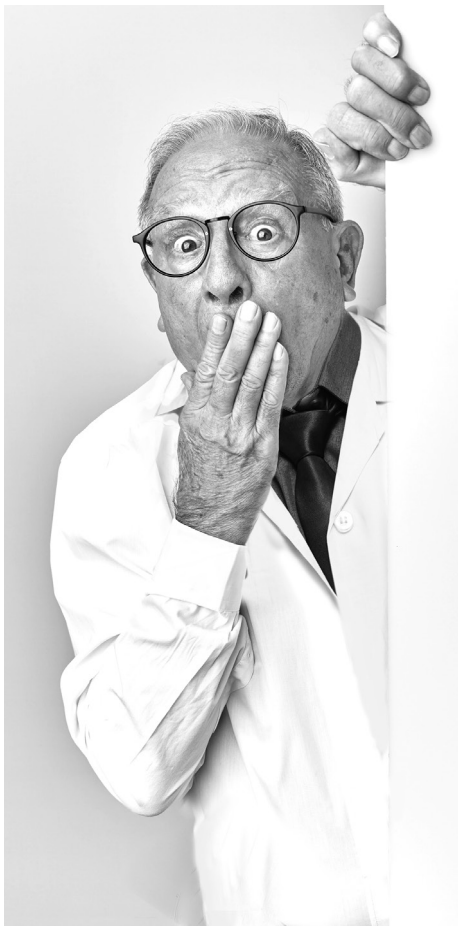
"The pattern suggests that 45 scientists, who might well have read the paper, made an error when they cited it. Then 151 others copied their misprints without reading the original."

And further in the article: 'The problem is not specific to this paper, the researchers say. Similar patterns of errors cropped up in a dozen other high-profile papers they studied. The trouble is that researchers trust other scientists to repeat the key message of a paper correctly. **This means that when misconceptions take root, they spread like weeds.'** (TiP emphasis).

In my experience this sloppiness continues as when I have tried to find a paper cited by an author in a medical or science journal an excuse is usually given as to why they do not have a copy of that paper. In one instance I was told by the author, a doctor, that:

'The PhD student who was holding the papers has returned to his own country, and I do not have the hard copy.'

When I asked if he could put me in touch with PhD student he stated he had lost contact with the student. I also pointed out that the date of the reference he had cited was incorrect.



His response:

'It appears as you mentioned that year should have been 1931 - from a quick Online search. Apologies for the error in the paper, somehow it was missed!'

It is always good to try and go back to the original source if possible, whatever information/data you are reading. It is worth emailing the author/s who have cited the paper you are looking for and ask them to forward a copy – although the findings cited above do not give one much hope!!

"TO SUSTAIN THE FUNDING BASE BEYOND THE CRISIS, HE SAID, WE NEED TO INCREASE PUBLIC UNDERSTANDING OF THE NEED FOR MCMS* SUCH AS A PAN-INFLUENZA OR PAN-CORONAVIRUS VACCINE. A KEY DRIVER IS THE MEDIA, AND THE ECONOMICS FOLLOW THE HYPE. WE NEED TO USE THAT HYPE TO OUR ADVANTAGE TO GET TO THE REAL ISSUES. INVESTORS WILL RESPOND IF THEY SEE PROFIT AT THE END OF PROCESS, DASZAK STATED."

***MCM (Medical Countermeasures)**
From: Rapid Medical Countermeasure Response to Infectious Diseases
(Nat Academies of Sciences, Engineering, and Medicine. 2016). p73

The Nature of Disease by Patrick Quanten MD

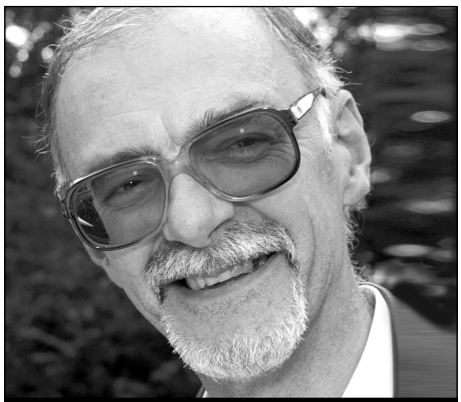
In allopathic medicine, the western model of diseases, which is just over two hundred years old, the list of diseases is endless. Every day they 'invent' new diseases, creating new experts, because every disease requires a specialist treatment protocol. Ancient civilisations, and we can spread this across the entire world, described disease in a much simpler way.

A disease is an imbalance. An imbalance of what? Various cultures used different ways of expressing the various kinds of imbalances, but they all confirmed the importance of a balance in energies. They all pointed towards the major influence of the non-material parts of life. They all considered the human being as requiring a balance in physical, mental and mindful aspects of life, whereby the physical is the least powerful influence.

In modern times, science has shown us that all matter is a manifestation of energy. Hence, the physical reality we experience is one picture, one expression of interactions that happens in the energetic field from which the physical reality emerges. Within humanity we see a lot of different expressions. We see a great variety of physical realities. All of this indicating a great number of 'pockets', of concentrations of energies within the human field. Not all lives are the same, which means that the human energy field is not a homogenous field.

Nature, of which all living organisms are a part, is an energetic field that produces the physical reality we see and experience. Here again, there are a great many variations, resulting in plant and animal life as we know it. All changes we observe in the physical are manifestations of that field, whether they are evolutionary or momentary. So, when the balance of forces within that field shifts, long term or short term, then the physical reality we observe changes too.

Science has shown that energy changes are the direct result of



Patrick Quanten MD

"Fight the battles you can win and walk away from the ones you can't win. Become very aware as to where you are burning energy in life and what that delivers to your life. Efficiency in energy usage is the key to a healthy life, whatever format that may take."

alterations in pressure and/or temperature. By increasing the pressure on an energy field and/or decreasing the temperature of that field the energy becomes more condensed, more compact, less mobile. This eventually results in the 'fixation' of some of that energy, within the field, into matter. Material manifestation, our physical world, occurs as a result of energy contraction.

As the movement of energy within the field is determined by high and low pressure, high and low density, so is life within nature a manifestation of high and low pressure. Life itself is created by the moving energies, shifting pressures and densities. The two forces that underlie every movement and every change in the physical world, as in the energetic world, are pressure and temperature.

Every living organism is a condensation of part of the energy field it comes from. The energies are at a particular time fixed in a physical format. This format limits the energy shifts the form can absorb and manifest. The physical manifestation is a coming together of energies at a specific time under specific circumstances, which limits the scope of movement this manifestation can withstand. Beyond the specific characteristics of its form the physical structure will stop functioning and will disintegrate. So every human being is a very specific fixed energetic being with limitations as to what it can cope with during its physical manifestation. Any changes this manifestation expresses are changes in pressure that first manifest within its energetic field and later within its physical function and form.

Ancient cultures simply referred to health as a balance in energy within that individual and to disease as an imbalance in energy. They were well aware of the fact that an imbalance can only be caused by a shift in energy within the field of that person. Health, therefore, is an individual matter. So when the conditions in which an individual lives change, that individual needs 'to respond' to those outside conditions and the way his system functions will, as a consequence, be altered. Also, when the conditions remain the same but maintaining the balance of life, the way the system can respond to the circumstances, becomes an increasing burden, the system loses its balance.

When the required adjustment can be made without injecting too much energy the person shifts his balance. This adjustment period, which will pass spontaneously, is known as an acute disease. He goes through a short period of imbalance, of uncertainty, of instability, to arrive at a new balance and life continues. However, when that person seriously struggles to make this shift his system will show signs of that ongoing struggle. It will show that it is out of balance. The person is ill, and this is known as a chronic disease. This requires a conscious intervention of the

person if he wants to regain a balance in which his system can function at ease.

As there are only two opposing forces driving the energy field, expansion and contraction, all imbalances can be seen as an off-balance in one or the other direction. The disease is therefore either an expression of a lowered pressure or a heightened pressure on the field, or parts of it, and thus also on the physical manifestation within that field.

The imbalance in life, the manifesting disease, is either caused by too little pressure on life or by too much pressure on life. All diseases are a manifestation of either of these two conditions, which means that there are, in effect, only two types of illnesses, with multiple possible manifestations.

Two types of diseases also means that only two types of treatments are ever required. When the pressure is too low one can rectify the balance, heal the disease, by increasing the pressure in that life. When the pressure is too high one can heal the disease by reducing the pressure in that life.

Ways to increase the pressure could entail cooling down, which will make the energy (and the matter) contract. It could be taking on more responsibility in life. Taking personal responsibility for your actions, thoughts and feelings will increase the engagement in one's life. Getting directly more involved in one's own survival - providing food, shelter and protection - increases one's awareness and connection to the flow of fundamental energies.

It is not about making life easier. It is about making life more realistic. Without a reason to get up in the morning, without a reason to live, the energy that provides life to an individual decreases because there isn't enough pressure within the system to make it flow efficiently.

Ways to decrease the pressure could entail warming up, which will make the energy (and the matter) expand. Maybe one has allowed too much pressure to be put upon one's life. Refusing to be responsible for matters that are not really one's responsibility will help to reduce that pressure. Examining one's life, especially in relation to the pressure it puts upon your shoulders, is essential. Once the pressure areas have been identified one can make decisions regarding what one is allowing and what one is not.


Photo by Robert Collins on unsplash.com

Another factor to consider is how one responds to the world around us, both the natural world and the man-made world. Sometimes one cannot change immediately the way one lives but one can change how we live it. Consider your feelings and those that are ineffective, such as being angry about something you can't change, one can learn to ignore, thereby reducing the wasting of energy and the pressure one puts upon oneself.

Fight the battles you can win and walk away from the ones you can't win. Become very aware as to where you are burning energy in life and what that delivers to your life. Efficiency in energy usage is the key to a healthy life, whatever format that may take.

Always remember that the non-material, the mental part of life, weighs much heavier on life than the material things such as our physical activity. It isn't the extra work you put on your shoulder that makes it chronically hurt. It is the way you do the work that creates the imbalance. To achieve a particular result, one may need a lot more energy when one is 'forcing' it, working against for instance a mental obstacle such as a belief that you can't do it or you shouldn't do it.

Acute illnesses indicate an internal adjustment that can and will be completed. One can let these happen and even encourage them, stimulate them.

Recurrent acute illnesses indicate that the system has to adjust frequently, meaning that there does exist an underlying force, which, now and again, pushes the system out of balance. To stop the repetition one needs to examine which area of life is fuelling this.

Chronic illnesses indicate an unsuccessful effort to adjust. This is an urgent message from your system that you need to change how you live. The system is telling you it is no longer coping this way.

What the system is expressing, whether it is functioning easily or whether it is struggling to do what you are asking it to do, is the truth of your life, of your situation. There cannot be any doubt about this. So in your interest, you'd better take notice and respond to it. Responding to the message always means that you need to change some fundamental behaviour in your life, something you have always done, always believed. Your system has been living the way you have instructed it but now it has reached its limit and it is letting you know that. Covering up the message by treating the symptoms may make your life a little more comfortable but it is not going to fundamentally improve it as long as you keep doing what you are doing, keep thinking what you are thinking, keep feeling what you are feeling.

Health is maintaining an internal balance amidst forever changing circumstances. Obviously, in order to do that, you need to change from time to time. If you don't, your system will let you know when it is running out of energy, when the boundaries of possibilities have been reached. No matter what you believe to be 'right' for you, your system will show you the truth. So abandon your belief and embrace your truth.

Living your truth means that you understand that what your system is showing you is your truth and that, in the interest of life itself, you better follow its guidelines. And these are, in principle, simple ones. Too much pressure needs to be reduced and too little pressure needs to be increased. Living in a high pressure society makes too much pressure the most likely culprit. Whenever you think that making the necessary changes involves decisions that are difficult to make, consider the fact that life, as you are living it right now, is not easy either and will become even more difficult when you don't make the changes. Be kind to your life and give it what it requires for its survival.

March 2023

COVID VACCINE HESITANCY AND RISK OF A TRAFFIC CRASH

https://www.amjmed.com/article/S0002-9343(22)00822-1/fulltext

COMMENTS BY
MAGDALENE TAYLOR, TIP EDITOR

THE ABOVE HEADING is the title of a paper by Redelmeier et al, published in The American Journal of Medicine, published 2 Dec 2022.

I continue to be astonished with research studies such as this that look for such bizarre associations between the vaccine hesitant and, in this example, their risk of road accidents. The obsession with trying to get more individuals agreeing to receive vaccines is becoming more and more noticeable. This indicates to me that those declining vaccines is increasing.

It seems clear that the main purpose of this paper is to create the idea that declining a vaccine is a sign of reckless behaviour and that if their analysis can produce the idea that you are more likely to be reckless in other ways, such as having an accident whilst driving then you may reconsider your view on vaccines and roll your sleeve up.

The authors state: 'Coronavirus disease (COVID) vaccine hesitancy is a reflection of psychology that might also contribute to traffic safety. We tested whether COVID vaccination was associated with the risks of a traffic crash.'

Further in the study they state: 'A limitation of our study is that correlation does not mean causality because our data do not explore potential causes of vaccine hesitancy or risky driving. One possibility relates to a distrust of government or belief in freedom that contributes to both vaccination preferences and increased traffic risks. A different explanation might be misconceptions of everyday risks, faith in natural protection, antipathy toward regulation, chronic poverty, exposure to misinformation, insufficient resources, or other personal beliefs.'

On a number of occasions in this paper there is an admission of limitations, that it was not randomized, and their use of multivariable logistic regression analysis – which sounds like computer-modelling.

World Health Organization defines vaccine hesitancy as 'a delay in acceptance or refusal of vaccination against an important contagious disease despite supply (distribution), access (availability), and awareness (albeit with possible misinformation).'

Obviously from the WHOs' bias standpoint they presumably view those who decline vaccines as displaying reckless behaviour – hence these ridiculous studies. This particular study was funded by a Canada Research Chair in Medical Decision Sciences, the Canadian Institutes of Health Research, the Graduate Diploma in Health Research at the University of Toronto, and the National Sciences & Engineering Research Council of Canada.

How much funding is being used for these type of questionable and absurd studies worldwide?

The last line of the paper states: 'Together, the findings suggest that unvaccinated adults need to be careful indoors with other people and outside with surrounding traffic.' I will leave you to your own thoughts on their summing up!

The conclusion in the abstract gives away the true intention of this paper ie increase the uptake.

CONCLUSIONS: These data suggest that COVID vaccine hesitancy is associated with significant increased risks of a traffic crash. An awareness of these risks might help to encourage more COVID vaccination.

FOIA TO CDC RE: SCIENTIFIC PROOF OF "MEASLES VIRUS", OR PURIFICATION

https://christinemasseyfois.substack.com/p/germ-fois-childrens-health-defense

REPRODUCED HERE is a FOIA request sent to the CDC from Canadian-based Christine Massey who has a background in bio statistics and working in cancer research.

Over the last 10 years Christine became involved in opposing fluoride and she began to question and research the existence of the proof of virus isolation/purification since the Covid narrative started.

This FOI request relates to the measles virus.

To: "FOIA Requests (CDC)" January 1, 2023 To: Roger Andoh Freedom of Information Officer 1600 Clifton Rd NE MS T-01 Atlanta, Georgia 30333

Email: FOIARequests@cdc.gov Phone: 770-488-6277 Fax: 770-488-6200

Greetings Roger,

I require access to general records, as per the Freedom of Information Act.

Description of Requested Records:
1. All studies/reports in the possession, custody or control of the Centers for Disease Control and Prevention (CDC) and/or the Agency for Toxic Substances and Disease Registry (ATSDR) that scientifically prove the existence of the alleged measles virus;

Note:
Scientific proof is NOT
- Opinions
- Speculation
- Review papers
- Descriptive papers

Scientific proof requires
- Use of the scientific method
- Repeatable and falsifiable hypotheses that have been tested using valid, controlled experiments where only 1 variable differs between the experimental and control groups
- In this case, the 1 manipulated variable would be the presence/absence of purified particles suspected of being a "virus"
- Consistent results from valid, controlled experiments (i.e. identical "genomes", consistent in vivo effects)

2. If the CDC has no studies responsive to #1 above, please indicate such explicitly, and provide all studies and/or reports in the possession, custody or control of the Centers for Disease Control and Prevention (CDC) and/or the Agency for Toxic Substances and Disease Registry (ATSDR) describing the purification of particles that are alleged to be this virus, directly from bodily fluid/tissue/excrement or from a cell culture, with purification confirmed via EM imaging (the images must be available as well).

Please note that I am not requesting studies/reports where researchers failed to purify the suspected "virus" and instead:
- cultured an unpurified sample or other unpurified substance, and/or
- performed an amplification test (i.e. a PCR test), and/or
- created an in silico "genome", and/or
- produced electron microscopy images of unpurified things.

For further clarity, please note I am already aware that according to virus theory a "virus" requires host cells in order to replicate, and I am not requesting records describing the replication of a "virus" without host cells. Further, I am not requesting records that describe a suspected "virus" floating in a vacuum; I am simply requesting records that describe its purification (separation from everything else in the patient sample, as per standard laboratory practices for the purification of other small things).

General Note: Please also note that my request is not limited to records that were authored by the CDC or ATSDR or that pertain to work done at/by the CDC or ATSDR. Rather, my request includes any record matching the above description authored by anyone, anywhere, ever.

Publicly Available Records
If any records match the above description of requested records and are currently available to the public elsewhere, please assist me by providing enough information about each record so that I may identify and access each one with certainty (i.e. title, author(s), date, journal, where the public may access it). Please provide URLs where possible.

Format: Pdf documents sent to me via email; please don't ship anything to me;

Contact Information:
email: cmssyc@gmail.com

Thank you in advance and best wishes, Christine of the Massey family

TiP Editor: If you wish to find out more about Christine Massey's work you may find this very interesting video interview useful.
https://screencast-o-matic.com/watch/c3VrF1VDcY7

"WHEN THE WHOLE WORLD IS RUNNING TOWARDS THE CLIFF, HE WHO IS RUNNING IN THE OPPOSITE DIRECTION APPEARS TO HAVE LOST HIS MIND. ~ *C S LEWIS*"

INITIAL CONSIDERATIONS FOR NATURAL MOTHERING

BY ISABELLA SURPLESS

March 2023

I WAS FORTUNATE enough to lose my health early on in life; by my early 20s I had been through the rounds of antibiotics and medications and had become if anything worse. I say fortunate because it was at this point that I realised I would have to work out how to get well by myself.

I knew absolutely nothing about health or nutrition having studied for a History BA and MSc. However, I reasoned with myself 'my insides are not functioning correctly, what do I put into myself that might influence this…well obviously - food, water and air?' I thought that I could not do much about the second two but maybe the first one. Thus I began studying for a BSc in Nutritional Therapy. From here a whole other world opened to me, the alternative world of natural living and healthcare. By the time I began to contemplate motherhood I knew I wanted to do everything as naturally as possible (while still living a fairly standard life). My background was far from a natural one, nobody in my family or friendship group was remotely interested in living naturally. But I was lucky enough to have a 'naturally-orientated acquaintance' who sat down with me for two hours and covered all the essentials that I would need to consider in the early months. She recommended me two books which profoundly affected me, 'The Continuum Concept' (Jean Liedloff) and 'Attachment Parenting' (Dr Sears) which I now recommend to mother's myself.

Fifteen years and three children on I help new and would-be mothers prepare for the many choices that they may not even realise they are going to have to make in the first few months and years of motherhood. Many of which set the scene for the health and happiness of your child thereafter.

In the rest of this article, I will give a brief overview of the main areas I consider of key importance for new parents to think about and research before diving into the mainstream way of doing things.

ISABELLA SURPLESS

PRE-CONCEPTUAL CARE

I would highly recommend thinking about your own body and its potential to create, grow and deliver a high-quality healthy baby at least six months prior to conceiving. It stands to reason that the healthier the mother and father, the higher the chances of achieving the best outcomes in all areas, including birthing and quality of baby produced.

Most mothers do not find out they are pregnant until the most crucial part of their baby's development, the first weeks, are already complete. Proper nutritional advice is too lengthy to do justice to here but in essence the aim is to try to build stores of nutrients (vitamins, minerals, omega 3s etc.) that both the mother and baby can draw on during the nutrient-intensive biological activities of the period ahead. Pre-conceptual care also involves detoxifying from the mother's body the entities that could possibly harm the development of her baby. It is now clear that both the good and the bad can travel from mother to baby.

The toxicity which we all encounter daily builds up in our tissues, especially if our nutrition is not good enough to support daily detoxification. Therefore it is a good idea for a mother to engage in an 'internal spring clean' prior to conceiving.

BIRTHING

When I realised I was pregnant I knew enough about medications to know that I wanted to avoid them both for myself and my baby, but surely it was impossible to birth naturally?! Certainly, all the TV dramas, movies and everyone I knew seemed to suggest it would be utter madness to attempt a natural birth. But I knew there had to be a way, surely Mother Nature wouldn't have made it impossible for a mother to birth a baby without outside intervention?!

And indeed, there are many different ways in which natural birthing can be supported; self-hypnosis (e.g. hypnobirthing), home-birthing, water-birthing, doula support, birthing movements and yoga, TENS machines, essential oils and of course nutrition to support a strong birthing body.

I very much recommend each mother comes up with their own Birthing Plan which they share with anyone concerned in the matter. This way everyone is on the same page and knows what the mother's ideal birth would look like and what her plan B entails too. It is all too easy to be swept away once birthing begins and throw ideals to the wind. It is also common to become so exhausted that you just resign yourself to the decision-making of others. But their choices may not be those that you would have made. Therefore, a written plan can make all the difference.

Pre-planning also lessens the chances of worst-case scenarios occurring which can leave mothers feeling disappointed and discouraged and not in the best mental state to embark on the next phase of motherhood – bonding, sleep deprivation and breastfeeding. A natural birth sets off a cascade of hormones which promotes mother-baby bonding and lactation. Births which do not follow the natural order are more likely to leave mothers struggling with breastfeeding and post-partum depression. I really encourage mothers to give their birthing some real thought, it's not just about 'getting it out', how your baby comes into this world sets the scene for the next stage.

BREAST-FEEDING

Breastfeeding cannot be replicated by bottle feeding, neither in its nutritional contents nor in its delivery. If you ever want to see pure contentment watch a baby suckling from its mother's breast.

Indeed, the time spent breastfeeding is exceptionally important for establishing mother-baby bonding. And indeed the more often a baby is put to the breast the more likely mother's milk supply will be plentiful.

The nutritional make-up of mother's milk is specifically designed by Mother Nature for a baby human. For instance, with far higher levels of essential fatty acids than other mammals milk or indeed formula milk. These essential fatty acids are paramount for the development of our large brains.

Like birthing, it is undeniable that modern women can find breastfeeding a challenge at first and the encouragement and support of others can make all the difference. There are many knacks and tricks that can help from drinking certain herbal teas, co-sleeping, baby-wearing, focus on hydration and sufficient carbohydrate intake to using gloopy protective gels and nipple protectors! But ultimately perseverance and patience are the two watchwords for cracking breastfeeding.

CO-SLEEPING

When I first read about cot-death and the allopathic stance taken against co-sleeping I recall being concerned, but upon further research it became clear that there are several alternative explanations for cot-death, some of which have been covered in The Informed Parent.

There are many benefits to co-sleeping for the baby both physically (regulating heart rate and breathing) and mentally (attachment), and indeed for the mother (enhanced breast milk production). The experience of tearing my eyes open and staggering into my baby's room that first night convinced me of the practical application of co-sleeping! 15 years on and I still have a child in my bed (the youngest aged 8 I might add)!

I try to always consider what our cave-man ancestors would have done with their babies. And I do not believe they let their babies sleep alone in a cave nearby, likely getting cold or falling prey to wild animals.

NON-TOXIC MOTHERING

When a mother engages in detoxifying to prepare her body to host and grow her baby, she will likely come to the realisation that the very reason she is detoxifying is because she is surrounded by so many toxins in the first place. At this point, she will naturally wonder how she can lessen the impact of all this toxicity on her family.

Fortunately, there are a wealth of ways in which we can lessen our daily exposure, such as eating organic food, investing in a good quality water filter, buying eco nappies or washable cloth ones, switching our shampoos and body lotions and cleaning products to more natural choices, stopping the use of toxic garden products such as Roundup, reducing our electromagnetic field exposure (EMF's). In addition, enhancing our own ability to detoxify through food choices and supplements such as antioxidants and anti-inflammatories.

This can seem like an overwhelming task at the start, but slowly, bit by bit it is possible to significantly reduce our exposure to the harmful chemicals we find ourselves bathed in.

IMMUNITY

Finally, I would highly recommend that every parent confront the controversial topic of vaccination prior to having a baby. Once the baby is born there is overwhelming pressure to follow the standard schedule from your doctor and well-meaning family and friends. Once the baby arrives you simply do not have the time or brain capacity to read and consider all that is required to make an informed decision. It is easy to become so exhausted that you just do what is expected without due consideration.

Others in this publication can offer more detailed advice on the pros and cons of vaccination. But from my perspective as a nutritionist, I would like to point out that it is acknowledged that 70-80% of the immune system is found in the gut e.g. the GALT. I would therefore like to promote the great importance of attending to the baby's and child's gut health as a primary means to protect and promote good health. These would include measures such as birthing via the birth canal, breastfeeding, home-birthing (avoiding hospital bugs being the first to colonise baby's gut), weaning on foods that support gut microbiome biodiversity, avoiding antibiotics, supplementing baby with probiotics if birthing should result in C-section and avoiding gut irritants such as gluten.

CONCLUSION

Unfortunately, we have become so disconnected from nature that natural mothering does not always come naturally. It is a distinct choice, that takes you, at times, outside of the mainstream and on a different path to those around you. But is an extremely rewarding journey should you chose to take it, for both mother and baby.

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Photo by Janko Ferlic on unsplash.com

HOW DO WE UNDERSTAND 'INFECTION' CONSTITUTIONALLY?

HOWARD BEARDMORE, DO,
BRITISH INSTITUTE OF OSTEOPATHY
Biometherapy.co.uk

WELL IF WE ARE TO CLAIM to practice constitutionally, we need a rational that covers a scope of practice. We need to think like Osteopaths used to, across the board, not just here and there.

My understanding of working constitutionally is to approach the body respecting that nature 'knows best'. There can be nothing more intelligent than something that is alive, able to communicate and live as a Biome - all on its' own. AI is not going to do this, even with the best App intended.

Contrary to popular opinion, we don't need Google or the internet to function, we can adapt to live in freezing cold or really hot places, naturally.

The problem with the medical concept of 'infection' is that it is a medical pathology concept and it assumes that 'something is going wrong'.

THE NARRATIVE OF INFECTION DETERMINES THE OUTCOME

The immune system, medically, is seen as 'going wrong' and that is why most medical interventions seek to turn it off. Turning off our cleaning and healing system for relief of symptoms however has serious consequences and the likelihood of chronic ill health. Even simple painkillers stop collagen forming in wounds and the pathway of palliation does not bode well for good health on many levels.

Constitutionally the body is always trying to go as well as it can with what it has to do. The role of the constitutional practitioner is to: '*Seek obstructions to health and remove them, then stand back and let nature take over'- Hildreth, an early Osteopath.*

This means that the constitutional therapist, in the field of diagnosis throughout the body has to identify anything obstructing the cleaning and healing process, and address it. Then the body can focus on cleaning, manifesting an increased elimination, which may

HOWARD BEARDMORE, DO

include fever, and support the patient in returning to a stable, cleaner state. This is also the field of treatment - not suppressing cleaning. Then nature takes over and repairs us.

GENERIC WAYS OF WORKING WITH THE BODY BIOME

The human body has ways of approaching 'infection control' that 'thinks' beyond the symptom! Heat and Oxygen, supplied by good clean blood. Most people will produce a skin scrape test full of lots of so-called pathogens but they are not causing trouble, why?

Maintaining a good body Biome is about keeping our vital processes on par at a macro and micro-biotic level. It is no accident that 'medical pathogens' die pretty rapidly in oxygen or with even a slight increase in temperature. Even in chronic conditions like cancer, those cells start to diminish at 39C whilst body tissue can go a lot higher without sustaining damage. This is why cancer is known as a cold disease.

The NICE guidelines on temperature management in children were revised in 2009 to take account of a study on bacterial meningitis done at Great Ormond Street. In a comparative study trial between children who had had their high temperatures suppressed and those that hadn't. They found that all the children who were admitted with a high temperature, **that was not reduced**, made a complete recovery - with no post event sequelae. To make it clear, both groups had the 'same treatments' but in one group the temperature was allowed to run, however high. The temperature suppression group did not do nearly so well. Hippocrates was the first person to say never suppress a temperature in a child.

The role of a raised temperature in 'cleaning events' is an import immune function designed to regulate levels of 'pathogens' to work within safe limits. Take Staph for example, modern research tells us it is useful as part of the healing process to break down diseased tissue but has to be controlled (by elevated temperatures).

What they miss is the role of the temperature to control it. As Béchamp said 'germs are born of us and within us' and their cleaning effects are only useful when the temperature keeps them within useful limits. When the toxins are broken down and for example, excreted as green and yellow snot, they drop back to less active levels waiting for their role to kick in. When the germs 'die' like this they do not mutate, when they die artificially with chemicals or antibiotics the waste is still there but more toxic so the 'staph' has to mutate to be 'resistant' to stronger antibiotics.
https://www.sciencedirect.com/science/article/pii/S1931312808000590

Like maggots being used to clean gangrenous wounds, they only eat rotten tissue, not healthy tissue.

There are many examples of modern research trying to hijack bacteria and fungus to attack what they consider nasty pathologies but it is all isolated and lacks context to make real sense of it. What do I mean by this? Basically in nature bacteria and fungus compete. They both produce toxins to kill each other and modern medicine uses this but in isolation. Bacterial infections are killed with antibiotics made from fungus ie mycin, and fungal infections are killed using bacterial toxins ie Fudicidin and Canestan.

However nothing is done about understanding why the body allowed the perversion in the first place. In 'athletes foot' the sufferers spend months using creams to 'treat' the symptoms, whereas my patients get told to use a hair dryer on their feet after a bath to dry the feet, not to wear the same pair of shoes

every day and to change their damp socks 3 times a day and find that within days the condition starts to improve!

The artificial moderation of the body biome, just smearing biological waste creams alone - is only going to lead to more pathogenic battles that ultimately lead to the death of more tissue and worse. The tissues are still toxic, even though the symptoms might not show. One pharmaceutical action of steroid creams is to reverse the transport of the metabolic wastes back into tissue – 'reverse poo' cream. That's why when you stop using it, all that backed up waste comes streaming out in what is medically called an 'exacerbation'.

Spraying everything with 'disinfectant' is the best known way to guarantee a level of mutation. The WHO knows this, that is why it puts antibiotic resistance as the number one threat to world survival! They should know they created it!

WHO OR WHAT IS MORE DANGEROUS?

Trying to make a marketable product out of nature is senseless when we can do it on our own with the right constitutional support of hydration, healthy diet and removal of constitutional obstructions blocking the process. I suppose 'bottled water' is an attempt at marketing the obvious. In some countries there are oxygen booths on the street corners because the air quality is so bad!

TEMPERATURE - TOO MUCH OF A GOOD THING?

When a 'cleaning event' is under control of the body's healing processes we see a characteristic 'sawtooth wave', a rise and fall of temperature over minutes. This may see it go up to 40C then down to 37C as the body is regulating the levels of micro-organisms. If we interfere, the body loses control and the 'infection' goes awry because nothing is controlling the micro flora in the cleaning event.

When Biometric adjustments naturally take place in the 'living body', bi-organisms do not 'mutate' into more 'pathogenic' forms. Take butter for example, unpasteurised butter that is made properly, ie cleanly - does not go rancid. It will 'sour' but not 'go off' and you don't have to keep it in the fridge, just covered. It is 'living' and 'stays alive' and the nutritional content is therefore more accessible.

Pasteurized butter however, is sterile, but if you leave it out of the fridge, nature will 'rot it'. This is because it has lost that 'umbilical cord' of living vitality when it was sterilised. Yes this uses temperature, but too high for too long - long enough to remove all life. What little nutrition is left, has to be artificially maintained in a fridge. It is well known that pasteurizing dairy renders the calcium virtually nonabsorbable and useless as a source of nutrition. Then the high lactic acid content and resultant goo, create the inflammatory action of mucous production when eaten. Increased acidity in the diet is bad news for Osteoporosis because the body will leach calcium out of the bones to buffer the blood!

TEMPERATURE - HOW HIGH?

A NICE study found that children don't 'boil themselves alive'. Of 100 children with a fever only 1 will have a febrile convulsion. Of that 1%, only 0.01% have a long term complication. The advice was not to suppress temperature in children but unfortunately this evidence-based recommendation has not made it to the vast majority of NHS practitioners.

I have a New Scientist article called 'Coley's fevers', which looks at the medical historic studies done at the beginning of last century on fevers and cancer. It was noted that when patients had cancers removed (there was no chemo or radiation then) and that they got an infection and a high temperature - those who survived the infection, their inoperable tumors would shrink or disappear. However because they thought like medics, this led Coley to believe that all you needed was a temperature! So he started injecting people with any old jet trash, just to make them rage with fever! This led to 'mixed' results including lots of deaths but at least their tumors had shrunk in the process!

Why could he not see that removing a cancerous mass, which relieved the body of a lot of toxins alongside a high temperature probably gave the patient better odds? It is the problem with medical science - it can only think in units of one.

'Omni science' as I call it, introduced a worm to eat prickly pear cactus and clear the Australian outback overgrowth. It worked until the worms ran out of cactus. Then they started eating food crops! So they introduced the toxic Cane toads to eat them. That worked initially but now there is a plague of toads every year that renders whole towns' full of unpassable road kill! What's next, special lions that eat toads? Get that shotgun out or the Vandomycin!

HEALTH AND UNSAFETY - NOT THE WAY TO GO

Imagine a world free of Health & Safety experts where we can climb trees and play conkers without PPE. (Seriously my local apple farm had to shut its' famous open days because the kids had to wear hard hats, safety goggles and leather gloves to play conkers! Too many were hitting each other because they could not see past the PPE.)

DEGREES OF CLEANING, LEVELS OF HEALING

Day-to-day expulsion of junk is a normal function of our immune system. Vicarious expelling requires different levels of cleaning action which can be quite overwhelming at times but it is not a disease. Cleaning and healing requires elevated levels of body support, especially hydration and nutrition. It also needs patients who don't Google medical pathology because that is a huge obstruction to the patient regaining their health.

At the end of the day we either believe that we have evolved to survive, in spite of the internet or we are doomed. Millions of years of evidence, if we can get through the Middle ages.....…

In the modern world the fastest way to 'prevent infection' is to turn off the internet, avoid social media like the plague and under no circumstances watch any news at all, especially the BBC. This gives long lasting protection and makes you reconnect with friends and enjoy life, (not comfort eat junk food to cope) and most importantly stay alive!

ADMISSIONS REVEALED

BY MAGDALENE TAYLOR

IN MID-FEBRUARY the latest 9 part series of Vaccines Revealed 2023 was made available to watch online over a nine days period, featuring many interviews and conversations with doctors and researchers concerned by the bias vaccine narrative which is pushed, especially as regards the highly questionable area of safety and effectiveness. I noted some revealing admissions made by Dr Robert Malone as to the limitations of the 'tests' they use and their true understanding of how the body actually works.

Obviously when people like Malone begin their careers and find themselves learning and working within prestigious institutes by highly respected scientists they are in awe and proud to be part of the team. It is understandable that most never even consider to question those at the top or the methods and procedures they are trained in.

"It is understandable that most never even consider to question those at the top or the methods and procedures they are trained in."

Here are a few statements Malone made which I made a note of during Part 2 of his conversation with Patrick Gentempo which I think makes interesting reading:

'We heard all of this talk about neutralizing antibodies – neutralizing antibodies are not a correlative protection – they haven't been proven to relate to anything relating to whether or not a vaccine will protect against you'

Dr Malone when discussing the ELISA test (Enzyme-linked immunosorbent assay (ELISA) is a labelled immunoassay that is considered the gold standard of immunoassays. It is used to detect and quantify substances, including antibodies, antigens, proteins, glycoproteins, and hormones). Malone refers to the 'test' as being an extremely crude test and really misleading. He then goes on to state: 'And then these neutralisation assays are the ability to block either a pseudo virus or a live virus in cell culture with a defined cultured cell line - that really is ***a long ways a way from whether or not it has anything to do with your body*** – and you know in the real state in which you've got all of the things going on that are going on in your body. And the honest truth is vaccinologists like to tell ourselves that we are so sophisticated and we've all developed these great assays, a lot of them developed during the AIDS years, and ***if we take a good hard look at ourselves in the mirror the truth is that we are deceiving ourselves about a lot of that stuff. It's been one of the core problems because we have assumed that the assays we have developed are measuring something that really matters.'***

Discussing the supposed protectiveness of neutralising antibodies Malone states how they 'don't work for beans – ok - they don't protect' and yet other antibodies that are non-neutralising turned out to be really great…

'It turns out we were fooling ourselves – throwing the baby out with the bath water probably for years and years and years because we convinced ourselves that we had an assay that related to protection, that didn't!'

(Bold italics – TiP emphasis).

VACCINES REVEALED

THE UNITY OF DISEASES AND SYMPTOMS

THIS EXTRACT IS FROM CHAPTER X OF THE BOOK "THE HYGIENIC SYSTEM: ORTHOPATHY", BY HERBERT M. SHELTON.

https://tinyurl.com/3adayr3j

FLORENCE NIGHTINGALE

Florence Nightingale, who taught the English physicians and surgeons the value of cleanliness, declares in her Notes on Nursing (1860), pp. 32-3: "Is it not living in a continual mistake to look upon disease, as we do now, as separate entities, which must exist, like cats and dogs? Instead of looking upon them as conditions, like a dirty and a clean condition, and just as much, under our own control; or rather as the reactions of kindly nature, against the conditions in which we have placed ourselves.

"I was brought up, both by scientific men and ignorant women, distinctly to believe that small-pox, for instance, was a thing of which there was once a first specimen in the world, which went on propagating itself, in a perpetual chain of descent, just as much as that there was a first dog, (or a first pair of dogs) and that small-pox would not begin itself any more than a new dog would begin without there having been a parent dog.

"Since then I have seen with my eyes and smelt with my nose smallpox growing up in first specimens, either in close rooms, or in overcrowded wards, where it could not by any possibility have been 'caught' but must have begun.

"Nay, more, I have seen diseases begin, grow up and pass into one another. Now, dogs do not pass into cats."I have seen, for instance, with a little overcrowding, continued fever grow up; and with a little more, typhoid fever; and with a little more, typhus, and all in the same ward or hut.

"Would it not be far better, truer, and more practical, if we looked upon disease in this light?

"For diseases, as all experience shows, are adjectives, not noun substantives."

PARENT-LEVEL BARRIERS TO UPTAKE OF CHILDHOOD VACCINATION: A GLOBAL OVERVIEW OF SYSTEMATIC REVIEWS

BMJ GLOB HEALTH. 2021
KAUFMAN J* ET AL
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https://pubmed.ncbi.nlm.nih.gov/34580071/

ABSTRACT

INTRODUCTION: Understanding barriers to childhood vaccination is crucial to inform effective interventions for maximising uptake. Published systematic reviews include different primary studies, producing varying lists of barriers.

To make sense of this diverse body of literature, a comprehensive level of summary and synthesis is necessary. This overview of systematic reviews maps all potential parent-level barriers to childhood vaccination identified in systematic reviews. It synthesises these into a conceptual framework to inform development of a vaccine barriers assessment tool.

Results: We screened 464 papers, identifying 30 relevant reviews with minimal overlap. Fourteen reviews included qualitative and quantitative primary studies, seven included quantitative and seven included qualitative studies only. Two did not report included study designs.

Two-thirds of reviews (n=20; 67%) only included primary studies from high-income countries. We extracted 573 barrier descriptions and inductively coded these into 64 unique barriers in six overarching categories: (1) Access, (2) Clinic or Health System Barriers, (3) Concerns and Belies, (4) Health Perceptions and Experiences, (5) Knowledge and Information and (6) Social or Family Influence.

Conclusions: A global overview of systematic reviews of parent-level barriers to childhood vaccine uptake identified 64 barriers to inform development of a new comprehensive survey instrument.

This instrument will assess both access and acceptance barriers to more accurately diagnose the reasons for under-vaccination in children in different settings.

TiP Editor: Personally I find it astonishing and horrifying that parents are viewed as 'barriers' to the medical establishment accessing all babies and children to receive all the recommended vaccines. How much money is used in funding these kind of studies? They may as well be straight with their goal – i.e. let's ignore the wishes of the parents and attempt to change their minds to get to the children asap.

Where is the funding for independently investigating the true safety and efficacy of vaccination and also all the vaccine injuries and deaths that have occurred over the years?!

COVID VACCINE LATEST: ASTRAZENECA NOW LINKED TO 'TRANSVERSE MYELITIS' – MHRA WARNING

FROM: EXPRESS.CO.UK
28 Jan 2022

EXTRACTS

ASTRAZENECA, now referred to as Vaxzevria by the Medicines and Healthcare Regulatory Agency (MHRA), has been associated with cases of transverse myelitis - i.e. inflammation of the spinal cord.

As of Wednesday, January 26, transverse myelitis has officially been added to the "warnings and precautions [of] neurological events" section given to healthcare professionals.

The MHRA has assured that cases are "extremely rare" but the reaction can lead to: muscle weakness, localised or radiating back pain, and bladder issues. Furthermore, transverse myelitis can lead to bowel symptoms and changes in sensations. "A further dose of Vaxzevria should not be given to those who have experienced symptoms of transverse myelitis after a previous dose of this vaccine," the MHRA instructed. Experts at the Mayo Clinic expanded on inflammation of the spinal cord (transverse myelitis).

The health experts pointed out that the "neurological disorder often damages the insulating material covering nerve cell fibres (myelin)".

As such, the messages that the spinal cord sends throughout the body are disturbed. While "most people" are expected to recover, "at least partially", those with severe attacks may be left with "major disabilities".

The symptoms of transverse myelitis may develop within a few hours to several weeks.

On 25 Jan 2023 the British Heart Foundation published on their website the following:

Is the AstraZeneca vaccine still being used in the UK?

'No, the UK government is not ordering future supplies of the AstraZeneca Covid-19 vaccine.'

And further down the page: 'While the Oxford/AstraZeneca vaccine is no longer being offered in the UK, the Medicines and Healthcare products Regulatory Agency (MHRA) still monitors potential side effects from this vaccine. The vast majority of side effects that have been reported for the Oxford/AstraZeneca vaccine are mild and short-term. The most common side effects are: discomfort at the injection site, or feeling generally unwell, tired, or feverish, or a headache, feeling sick or having joint or muscle pain.'

REVEALED: GMC INVESTED IN NESTLÉ, FAST FOOD, AND SOFT DRINKS COMPANIES

DR SHEENA MEREDITH,
MB BS, MPHIL
16 March 2023
https://tinyurl.com/mw5shn2m

EXTRACTS

A FREEDOM of Information request submitted as part of an investigation by the British Medical Journal (BMJ) has exposed that the General Medical Council (GMC) has substantial investments in controversial infant formula manufacturer Nestlé, as well as fast food and soft drink companies, including McDonald's, Starbucks, Pepsico, Coca-Cola, and Unilever, owner of ice cream brands Magnum, Wall's, and Ben & Jerry's.

The revelation was greeted with dismay by doctors, who fund the GMC to the tune of £420 each in ongoing annual fees, with one likening the GMC's financial arrangements to investing in tobacco companies.

The freedom of information request showed that the regulator held investments of:

- Nearly £870,000 (€985m; $1.05m) in total in Nestlé, fast food, and soft drink firms
- More than £1.2m in pharmaceutical companies, including Abbott Labs, AstraZeneca, clinical research company ICON, Merck, Novo Nordisk, Roche, and veterinary products maker Zoetis
- Over £470,000 in private medical insurers or private healthcare providers, including Humana Health and UnitedHealth Group
- In excess of £1.3m in a number of medical device manufacturers, including Edwards LifeSciences, Thermo Fisher Scientific, and Intuitive Surgical, the makers of the da Vinci robotic surgical system.

DOCTORS WOULD 'DESPAIR' IF THEY KNEW HOW MONEY IS INVESTED

Commenting to the BMJ, Martin McKee, professor of European public health at the London School of Hygiene and Tropical Medicine, said: "Many doctors whose work involves dealing with the harms caused by junk food marketing would, if they knew, despair at how their money is being invested."

The news might also come as a shock to the general public, which, according to a survey also published this week, generally supports the Government's efforts to tackle obesity by shifting eating patterns away from unhealthy diets, particularly junk foods high in fat, salt, and sugar.

The GMC invests through the churches, charities, and local authorities investment management company CCLA, which is the top fund manager for charities and benevolent societies in the UK and has £13.1 billion of assets under management. According to the BMJ, the GMC gave CCLA £50m to invest in 2019, which as of January 2023 was worth £81.3m, made up of investments in companies, funds, private equity firms, property, cash, and money market securities.

GMC 'HAS A SAY' IN FUND INVESTMENT DECISIONS

CCLA is owned by its charity and public sector clients, and claims its philosophy is to make "good" investments that aim "to deliver sustainable returns to our clients in a way that aligns with their values and furthers their mission". It further states: "Our clients are united through the determination to maximise their positive impact on society."

The GMC admitted to the BMJ that it "has a say in what CCLA invests in, and access to all decisions through CCLA's reporting". However, it said that as a registered charity it had "a duty to make sure it protects and maintains the value of its financial assets".

Asked to comment by Medscape News UK, a GMC spokesperson said that there were "a number of factual inaccuracies in the BMJ's press release" for the story, and clarified that the value of the GMC's investments with CCLA was £57.6m as at 10 March, against the BMJ's figure of £81.3m as of January.

"Investments of more than £1.2m in pharmaceutical companies, including Abbott Labs, AstraZeneca, clinical research company ICON, Merck, Novo Nordisk, Roche, and veterinary products maker Zoetis."

The GMC started investing with CCLA from 2016.

"As a registered, not-for-profit charity, we have a duty to make sure that we protect and safeguard the value of our financial assets – which are primarily generated from doctors' registration fees – in a way that aligns with our values," the spokesperson said.

"We invest to make sure our reserves are protected against inflation, and we also hold enough free reserves to manage risk and make sure we have enough funds to cover our operations.

COMPANY CLAIMS 'POSITIVE PUBLIC HEALTH BENEFIT' BY INVESTING

Asked to comment, a spokesperson for CCLA told Medscape News UK: "The investments that we manage on behalf of the GMC are designed to avoid companies that cause the biggest negative public health impacts, as well as earning a return for our clients in the medical profession.

"It is vital to note that this does not mean we support all of the activities of the companies, and we recognize that some of their products can have negative health implications.

However, because these companies run popular and influential businesses in the world we live in, we know that we are likely to have a bigger positive health impact by investing in them while working consistently to improve their standards and influence their criteria, rather than avoiding them and pretending that they do not exist.

The GMC's investment in Nestlé, target of the world's longest running consumer boycott due to 'aggressive marketing' of infant formulas, particularly in underdeveloped countries, is also contentious. The boycott of the world's largest food company started in 1977 and continues today.

'NO DIFFERENT TO INVESTING IN TOBACCO COMPANIES'

However, Sam Everington, Tower Hamlets GP and chair of Tower Hamlets Clinical Commissioning Group, was not mollified: "The GMC is funded by doctors in the UK. They would be horrified to know that their money is being invested in fast food companies that are the cause of so much disease and reduced quality and quantity of life and significantly more pressure on the NHS and workload of doctors. This is no different to investing in tobacco companies".

The GMC's investment in Nestlé, target of the world's longest running consumer boycott due to 'aggressive marketing' of infant formulas, particularly in underdeveloped countries, is also contentious. The boycott of the world's largest food company started in 1977 and continues today.

A spokesperson for Baby Milk Action, the UK member of International Baby Food Action Network (IBFAN), told Medscape News UK:

"The issue of conflicts of interest (COI) has been central to our work for decades and is at the heart of the International Code of Marketing of Breastmilk Substitutes and the 19 World Health Assembly Resolutions that have been passed since 1981.

"Accepting corporate funding of any kind is a huge risk that will at some level influence the work you do – and this is why Baby Milk Action and IBFAN steadfastly refused to go down that path. We need to be totally independent of such pressures in order to do the work we do."

'UNCLEAR' WHY THE GMC 'HOLDS SO MUCH MONEY'

Commenting to the BMJ, Glasgow GP Margaret McCartney said: "Practising UK doctors have no choice but to pay substantial annual fees to the GMC. The organisation must show that it is using its funds wisely and I'm not convinced it is.

"It is unclear to me why the GMC holds so much money and why it has chosen to invest as it has. When the chief executive is paid over a quarter of a million per year, and a further six staff [are] on more than £200,000, doctors should know, with complete transparency, where their fees are being invested and why."

Prof McKee concurred: "I have previously raised concerns about the GMC's accountability, but accountability requires transparency."

"THUS NORMAL AIR NOT ONLY DOES NOT, BUT CANNOT, CONTAIN THE PRETENDED PATHOGENIC MICROBES, AND THE VERY PRINCIPLE OF MICROBIAN MEDICINE CONSTITUTES A FUNDAMENTAL ERROR. ~ *ANTOINE BÉCHAMP*"

From: The Blood and its Third Anatomical Element by Antoine Béchamp, 1912, Translated by Montague R. Leverson.

I AM A GRANDFATHER, AND A WATCHDOG

BY JAY NAIDOO
TAKEN FROM: BIZNEWS.COM
https://tinyurl.com/yh7ervsd
23 March 2023

THIS IS A QUESTION I am asked daily: Why am I flying in the face of the dominant narrative?

I am a grandfather. Three beautiful grandsons. After having three children which my wife raised pretty much on her own because I was so busy helping change the course of history. I grew up in a country which tore families, communities, friends and organisations apart based on one of the greatest injustices of humankind: that we were less than human because of the colour of our skin. They used propaganda, the media, the laws, the bible and even science to justify apartheid.

I play with my South African grandson today and he roams freely and happily in parts of the country I was forbidden to set foot on at his age. I look at the work we did, to free the shackles of tyranny, through my grandsons eyes, discovering nature anywhere he wants, playing with friends and family, not one of them the same colour or shade, singing and dancing to French, English, Zulu, Sotho or Sanskrit songs. I let him trial and tumble, learn and experience, but I am also a hawk, a watchdog, being mindful of where he plays—some broken glass, a nail?—of what he watches on TV—violence?—of what he eats—processed, sugar?

My grandson just turned four, last week. It was his first birthday without masks and rules. The first lockdown happened on his first birthday. That was the day our lives changed. All of us.

What I see now, three years later, are families torn apart, including mine. I see brothers against brothers, children fighting each other and parents quarrelling. Communities divided. I see intolerance and hate spread across social media. The social fabric of humanity is unravelling. I see censorship, fear and coercion the dominant paradigm.

And most of all I see mounting data relating to those who are suffering vaccine injuries. In my own family. And all around me. Last week, someone was telling me of this seven-year-old boy, Rayn Cronjé, who collapsed and died, in Rustenburg. Heart attack. A few months ago, an 11-year-old boy suffered a heart attack at a primary school in Pretoria West. Then 12-year-old Rick Hendricks collapsed and died on the rugby field in Pretoria. And 19-year-old Helené Jansen Van Rensburg, and 18-year-old Jessica Matthews who collapsed and died. Same as 24-year-old Carla Steytler who died suddenly. I have read newspapers all my life and never have I seen so many cardiac arrests in children and youth.

Neither have many doctors, some who have started to speak up, even though as they stand up they are vilified and smeared. But the facts are now clear: The severe adverse event reports for Pfizer's Covid-19 vaccine in 2021 and 2022 are 1,727% higher than all other vaccines combined from 2011 to 2020. Death reports are 2,768% higher, reports of disability are 875% higher, Creutzfeldt-Jakob Disease, a serious brain disease, has skyrocketed 2,900%. Reports show a 1,754% increase in cancer cases related to the Pfizer vaccine. Rare cancers such as Acute Lymphocytic Leukaemia and male breast cancers are also being reported in older individuals. There is a 737% increase in serious pregnancy-related issues (spontaneous abortion, miscarriages, stillbirths). (Source: https://vaers.hhs.gov This data is still being updated for 2022.)

Peer-reviewed papers in recent months are showing potential links between the mRNA technology and conditions such as autoimmune diseases, aggressive deadly cancers, severe inflammatory conditions, prion diseases (untreatable contagious diseases resulting in the gradual decline of brain function leading to personality changes and death), myocarditis, blood clotting, impaired fertility, miscarriages and spontaneous abortions.

The Pfizer studies indicate that 300% more participants in the vaccinated study group suffered health problems by 1 month than in the unvaccinated placebo study group; seventy-five percent more participants in the vaccinated study group suffered severe health problems by 1 month than in the unvaccinated group; ten percent more participants in the vaccinated group suffered serious health problems by 6 months than in the unvaccinated group; and 20 vaccinated participants died by 6 months, as opposed to 14 unvaccinated placebo participants. Of the 42,086 case reports of adverse events following the vaccines, the cumulative post-rollout safety report indicate that 1223 people were dead within 2½ months of the roll-out (December 2020 to February 2021). It's ironic that the FDA has pulled medication off the market for causing as few as four deaths…

Everywhere I go, I hear stories of vaccine injured people. My mother-in-law had a heart attack after the first Pfizer shot. She was pressurized to take a second shot. Then she was unable to walk, to feed herself, bathe herself or take care of her daily needs. This is a woman whom I have known for 32 years, who was fit, who walked five kilometres a day. And then became a frail woman whom the government bureaucrats wanted to put in a hospice because there was nothing more they could do. My wife then travelled to Canada, and painstakingly nursed her mother back to health. On duty 24/7.


Photo by Jeremy Hynes on unsplash.com


Social activist Jay Naidoo

For 7 months. And when she raised the issue with her mother's doctor about the connection between the vaccine and her mom's heart attack, he confirmed this as the only probable answer. But he didn't put that down in the report as "he could lose his job." And he said that he was seeing lots of related heart attacks since the rollout of the vaccine.

Then one of our sons who had had rheumatic fever at the age of 7 (it can affect the heart), has an immune system so sensitive that he goes into anaphylactic shock even from a bee sting. The doctor who treated him in SA wrote a letter stating he should be given an exemption, that in fact, he shouldn't have any vaccine, never mind the Covid one. But the true callousness of this pandemic response and the health care system in Canada was thrown in our face. After two months' negotiation with a senior doctor, because our son couldn't take the bus, train or plane without a vaccine, the doctor told us that there could not be an exemption in spite of his medical history — "that we should bring our son to the hospital. Then if his heart stops, they have the machines to restart it." By the way, our son had Covid. He had a fever and a cough for … six hours.

This is not a global health care system that puts patient care and informed consent before profits. This is not the Hippocratic Oath that doctors swore to uphold that puts patient care first. This is not the democracy I fought for.

I have been labelled many times in my life. A populist. A workerist. A terrorist. A labour baron. A revolutionary. A communist. A syndicalist. A demon of Satan. The list goes on. And now an anti-vaxxer, vaccine denialist and a right-winger! How does asking questions about ONE vaccine make me an anti-vaxxer, I wonder, or turn around my whole political spectrum because I care about people dying from an experimental product with no long-term data? (Pfizer states the length of the experiment in their documents: Actual Study Start Date: April 29, 2020. Study Completion Date: February 10, 2023) https://clinicaltrials.gov/ct2/show/NCT04368728

As an anti-apartheid activist, a social justice campaigner and a grassroots community and labour organiser I have also stood against tyranny. I have stood with the underdog in the face of power and arrogance. We now have evidence that the Covid jab is neither safe nor effective. It does not give immunity and it does not stop transmission. Why are we not pausing the vaccination when data is mounting relating to vaccine injuries? And one of my biggest questions is why the media has so unanimously become an echo chamber of big pharma and their allies? Where is the watchdog?

Well, some media are coming out. The Ekstra Bladet, the digital newspaper with the widest reach in Denmark, has apologized for its journalistic failure during Covid when publishing only official government messages without questioning them. "We failed," they said. Same for the German newspaper Der Spiegel who admitted to failing as the fourth estate during the Corona pandemic. "The dictator in us was quite strong," they admitted.

Public officials are also coming out. Last week, a town councillor in West Nipissing, Ontario, Canada, Anne Tessier, officially apologized for the vaccine mandates. "I want to acknowledge that this policy has caused a lot of unnecessary harm and animosity. (…) The Public Health Ontario data shows that by January 2022, more Covid cases were reported per capita in the vaccinated people versus unvaccinated people. Unfortunately, the outcome of the vote from the municipal council resulted in the implementation of this punitive policy. With all my heart, I extend my apologies to those who were affected.

In the United States, the Association of American Physicians and Surgeons is calling for a moratorium on the vaccine mandates stating that "the long-term effects cannot possibly be known" and that "there are numerous safety signals, including excess sudden deaths, that would in the past have prompted immediate withdrawal from the market."

So as I see people dying suddenly all over, including children, I cannot stand idle. I am a grandfather, a watchdog. I cannot betray what I stand for. I stand in my truth. And I stand in my power. And I stand humbly ready to accept that my truth is not the whole truth.

But I am a Truth–seeker. I am a Humanist. The debate has become so strident. I have friends prepared to defriend me after decades. It has divided my family. I have been called names in public. This is the most divisive conversation I have had in my life.

I have no reason to hate anyone. Or to be angry with anyone. I have mellowed. I have learnt. Become wiser.

I am an Elder. I want us to rise above our differences. To rise above our constituencies no matter how unpopular it is to do so. We have done this before in our history. Surely our goal in these precarious times is human unity and solidarity. How can we become the bridge? The Light that unifies us? To rise above our ego and attachments of the mind and learn to stop talking past each other, but listen with our heart space?

There are many vaccine-injured people who need to be seen. To be heard. To be treated. Can we tame our anger and our hate and competitiveness and put them in the centre of the debate? Can we pause the vaccination – especially of children – until we have studied the data independently?

This is my Prayer as a grandfather.

Jayaseelan "Jay" Naidoo (68) is a South African political and social activist who served as the founding general secretary of the country's largest trade union movement, COSATU, from 1985 to 1993. He then served as Minister responsible for the Reconstruction and Development Programme in the first post-apartheid cabinet of President Nelson Mandela (1994–1996) and as Minister of Post, Telecommunications, and Broadcasting (1996–1999).

WHAT HAS HAPPENED TO DOCTORS?

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


DR Jayne L.M.Donegan

PEOPLE GENERALLY DECIDE on medicine as a career because they want to help people. Some do so because they think it will be an academic challenge and there are certainly some who think it will earn them a lot of money – though they would be better practising law as it is far more financially rewarding with shorter hours and training. Many aspire to high status as doctors are generally well respected in the community, or used to be.

Why do lay people respect doctors? Because they see them as standing at the gateway between life and death, between sickness and health. People literally put their life in their hands. Doctors are regarded as the possessors of vast knowledge and experience. Even the most junior newly qualified junior doctor in their newly starched white coat is regarded as somewhat akin to a god.

However the overriding principle that people believe is that doctors are ethical. Doctors put their patients' wellbeing above all else, so patients can rest safe in the knowledge that their doctor will 'first do no harm', in Latin, *'primum non nocere.'* Please note, this is not part of the Hippocratic Oath, which I think is better described as the Hypocritic Oath (read on), and doctors do *not* swear it. The few that do, mostly in USA medical schools, do so because Americans like to be connected with history. Even then they do not swear the original Greek oath which enjoins doctors to teach the children of their teachers for free, not to administer poisons, not to carry out abortions and not to give anything which hastens death. You can see why it had to be changed.

When it came to vaccination, we all believed that this was the one thing that saved more children that anything else – that is what all our professors and text books told us – but if parents did not want to accept what we saw as a life-saving procedure for their child that was their business. Not because we did not care about the children, but because no one was going to breach the sacred bond of care between parent and child, nor the sacred bond that held families together either.

"Expect GPs to become turbo charged at coercing vaccinations in the coming months. And the legal requirement to provide informed consent? Don't hold your breath."

There were of course cases of child abuse, like Maria Colwell who was killed by her stepfather in 1973 after years of mistreatment. She was a walking skeleton. Such tragedies were seen as abnormal – which they are – and not part of the normal fabric of family life. In her case teachers and social workers all knew that there was something terribly wrong with poor Maria but no-one acted on it. One of the factors identified by the enquiry as contributing to her death was *'changes in the make-up of society.'* Yes. We used to have communities that looked out for one another. The steady erosion of the bonds that hold family and society together meant that neighbours, clergy men, local shopkeepers who would have had something to say about the very real plight of this little girl, who was systemically starved of food and affection did not. The tragedy shockingly came about because they no longer saw it as their responsibility. They thought that 'someone else' would sort it out, the Nanny State. This attitude has been increasing as more and more community and family roles have been taken over by 'professionals' and 'experts'. It was becoming the case in 1973 – how much more so today.

Our society is now run on the basis of the lowest common denominator. The fact that paedophiles exist, though a small minority, means that we can no longer see children laughing and skipping in the playground of local schools, the railings are obscured by matting or metal plates. Preschool nurseries become even more institutional by being surrounded by 2 metre high impenetrable to vision palisades. A young man of my acquaintance offered to lead a Friday night prayer service in a local care home but was refused as they would have had to do a DBS check on all the elderly residents in case they might abuse him, as he is under-18.

How has this affected doctors? General Practitioners are independent practitioners, as were hospital consultants. The formation of the NHS in 1948 was no mean achievement – how to mould all those disparate, independent, free thinking, often idiosyncratic professionals into a cohesive unit was like trying to herd cats. As Aneurin Bevan, the architect of the NHS put it, *"I stuffed their mouths with gold."* That and allowing consultants and GPs to continue seeing private patients. GPs even until now are paid by item of service so they should, in theory, still be independent. Alas, no. Over time this fiery autonomy has been repeatedly diluted, on the one hand by the linking of item of service payments to 'targets' and on the other hand by the constant spectre of being sued for malpractice. Item of service payments are the carrot and the stick: get 70% of your under 5s vaccinated and you get £x, get 90% of them vaccinated and you get £3x, and, no, you can't put all of your unvaccinated children on one GP in the practice and claim the 90% target for the rest, you have to vaccinate 90% across the board. In a six partner practice this can mean the loss of thousands of pounds to the practice as a whole and to the individual doctors. Have you ever wondered why people receive frantic messages, texts, emails, letters and health visitors turning up on doorsteps – even referrals to social services (wrongly, please see my lecture "Consent")? The practice may be at 89.9% and *your child* may be the one stopping them from hitting the target. This is only going to get worse. The

changes to the GP contract for 2023-2034 mean that GPs will now get *nothing*, not a penny, unless they hit an 81% target, with the higher level now set at 96%. Expect GPs to become turbo charged at coercing vaccinations in the coming months. And the legal requirement to provide informed consent? Don't hold your breath.

Being sued for malpractice and even more, in the 21st century, being subjected to having your career and livelihood's being taken away by vicious attacks from regulatory bodies and medical colleagues, is becoming more commonplace if you provide individualised, ethical and fully informed care that deviates in however small a respect from the 'Guidelines'. Particularly politically sensitive guidelines such as those determining vaccination, statin or cancer protocols. Your patients may love you and really value your approach to their care. They may never complain about you, but this will not stop the GMC persecuting you and trying to ruin your life and that of your family.

Guidelines are, however, just that, guides. Nonetheless, if you follow them, no matter how inappropriately, you will be 'covered' from the point of view of medical malpractice claims, and more importantly, the General Medical Council will not pursue you like the furies for putting your patients first and modifying their management to suit their best interests – which is why they come to you in the first place. In this way the GMC says it 'protects' patients.

Despite the above, one guideline that is almost never followed is the NICE Guideline on fever in children which states that paracetamol and ibuprofen should be given to feverish children, *"for distress, only as long as there is distress"* and *"not to prevent febrile convulsions"*, as they don't. Doctors who support informed consent for medical procedures – a legal requirement are persecuted by the General Medical Council and the Department of Health, but the doctors who routinely ignore the fever ones and cause invasive disease, including death, in children and adults, get away scot-free.

In February 2018, an elderly couple were taken to their GP for an annual face-to-face review. The GP asked if they would like a 'flu vaccine. Their relative asked why this was being offered when in February the 'flu season is finished and that winter, the vaccine was acknowledged to be poorly matched to what was circulating. The GP answered, *"Because I have to."* She does not. She is an independent practitioner. With any medical procedure you have to balance the benefits with the risks. In this circumstance there would have been no benefit, only risk – just read the package insert (https://www.medicines.org.uk/emc). If that elderly couple had been on their own they would have trusted their GP to only recommend treatment that was for their benefit and would have consented to have an out-of-season poorly matched vaccine just because the practice still had stocks remaining and they could get paid to administer it.

One of my patients attended a hospital emergency department with her son after a first febrile convulsion. She was not allowed to bring her husband due to covid regulations. While there she was pressured to give her son paracetamol. She refused, quoting the NICE guideline. She was harassed, derided and threatened with the involvement of social services to take her son away from her if she did not agree. Being on her own and hopelessly outnumbered she reluctantly allowed it to be given. The discharge summary sent to the GP, in which the diagnosis is followed by computer generated standard information read: *Diagnosis. Febrile Convulsion. Febrile convulsions are not caused by the height of the temperature but the speed with which it rises and paracetamol and ibuprofen should not be given for this reason.* This had not stopped hospital staff threatening her with having her child taken away.

You may think you are safe if you stay away from doctors and hospitals, but they come to you if you have children or care for people who lack capacity to consent. Doctors and social workers who would never have gone against the wishes of parents, children and other family members now act as if the family is the enemy. Due to 'covering ones back' as well as zealousness to implement government guidance to the smallest detail, increasing numbers of cases are being brought to the Court of Protection. Protection in the Orwellian sense. It protects no-one, it merely implements NHS policy as quoted by doctors who have done no research on the subject by learned judges who spout tabloid headlines to support their decisions.

For example the honourable Mr Justice Hayden Vice President of the Court of Protection stated in the first forced Covid injection case brought in January 2022 E (Vaccine) [2021] EWCOP 7 (20 January 2021):

"I recognise that the world faces the challenge of an alarming and insidious virus."

That this was manifestly untrue was obvious to anyone who had ever worked in the NHS in any winters and retained any ability to remember or capacity for independent thought. It was confirmed by the Office for National Statistics figures for 2020 when they became available. Covid deaths numbers are not representative as every death was labelled covid no matter what the cause. Only total deaths are reliable. Rates – per 100,000 – not absolute numbers are needed for comparison as the population number varies, and they must be stratified for age as you are more likely to die in any year if you are 80y than 18y – or so we hope. These figures indicate that the 2020 total death rates were, indeed, the highest for 9 years, though they were the 9th highest in the last 20 years and the 19th highest in the last thirty – Did the judge's quote have any reality outside of the gung ho TV and newspaper headlines? No.

"Nobody can possibly have missed the well-publicised and statistically established vulnerability of the elderly living in care homes."

"For the avoidance of doubt, and though no epidemiological evidence has been presented, I take judicial note of the particularly high risk of serious illness and death to the elderly living in care homes."

"It is a fact that X lives in a country which has one of the highest death rates per capita, due to Covid-19, in the world."

The above three statements are a direct result of Government policy which I will not recite here as it has been ably dealt with elsewhere but they are nonetheless used to force covid vaccination against the wishes of families. Another judicial red herring used to order forced covid injections is that not having the shot means the person will not be free to mix in society. This is despite the fact that many of those who are vaccinated get covid as the injection stops neither

infection nor transmission, but the vaccinated people are not forced to be locked away. That the covid injection stops neither transmission or carriage is being hailed as 'new' science. Any medical or even legal person who took the trouble to read the 20 October 2020 BMJ featured article by Dr Peter Doshi, one of their editors, bear in mind the BMJ is not an obscure publication, would have known then that the trials were not designed to show whether the Pfizer shot would save lives or stop transmission. It doesn't. But if you are manufacturing a product for which you have no financial or criminal liability for anything that may go wrong including being ineffective there is nothing to stop you *saying* anything that makes it sell, confident that it will be repeated by governments and media round the world. These unevidenced utterances are repeated ad infinitum by one judge after another indiscriminately, as if they were from Moses and Sinai, They now form actual case law, causing every other individual brought before the court of protection to be subject to the same legal biases.

When a person is a minor or lacks capacity an official solicitor is appointed to be their advocate, though they inevitably recommend whatever government policy dictates, so there is not really much point in having them, just more cost to the public purse. The same can be said for the judges. It would save an awful lot of tax payers' money if we did not have to pay for legal pantomimes which almost without exception concur with government policy while pretending that justice is being done. A particularly egregious case, because it was so blatant, is that of a 21 year old man (DC) born with a rare congenital brain malformation who suffered cerebral palsy, dystonia, epilepsy and repeated chest infections with numerous hospital admissions every year. I draw heavily on the excellent hearing notes prepared by Professor Celia Kitzinger co-director of the Open Justice Court of Protection Project. I recommend that you read her article in full as well as the judgements themselves.

DC's parents did not want him to have the covid injection as they thought the advice being given for their son was generalised and did not take into account his particular frailties; that the risk of myocarditis was particularly worrying in view of his age and his personal and family history of heart disease; and that his weight being about half that of an adult being administered the injection put him at greater risk of injury. They also requested that he have a blood test to see if he was already immune, which the CCG refused – why did the CCG refuse such a reasonable request? First do no harm, we are told. If he is immune he does not need a vaccine. Covid is the first disease in the history of infections where artificial immunisation – by vaccination – is claimed to be superior to natural immunity - from infection.

The clinical commissioning group (CCG) brought the case. The only medical witness was a GP, not just any GP but the adult safeguarding lead for his practice *and* the man responsible for the vaccine roll out in the CCG area. It would be expected that he would be knowledgeable on the subject as he bore such heavy responsibility for the safety and well-being of his population. The parents, on behalf of their grown up child, were represented by Mr Francis Hoare, barrister, *pro bono* – free of charge. He made arguments that would have held sway in any other court, but not in this court and with this subject where the conclusion was foregone.

At the Best Interests Meeting with the local authority, the GP stated, *"I balanced the risks of the vaccination and the benefits of the vaccine and they very much stand in favour of vaccination."*

When asked on what he based this opinion including the risk of serious thromboembolism, he said, *"As a GP, I work to the guidance I'm given. The reading I've done supports that that's correct, but I'm not going to pretend I'm an expert."*

There is no indication that he had done any reading at all, save the government guidance, see below.

Neither the GP nor his GP partner had seen the young man in person – only remotely and for minor issues. He had never treated DC for any illnesses that might have made DC more at risk from covid disease nor did he contact or seek the views of the respiratory consultant, neurologist, and physiotherapist who managed DC's chronic conditions either before the Best Interests Meeting (BIM) or after. He said that these hospital doctors did not have much experience of covid vaccination – this from a doctor who had never actually met the patient.

He refused to take into account that the 21y old man had the weight of a ten year old child – 31 kg - as the Pfizer information does not mention a lower weight limit. As he said, *"I am there to apply the guidance, not to challenge it"*. He did not mention any risk of myocarditis, saying that there had been no statement by the Joint Committee on Vaccination and Immunisation (JCVI) at that time of the BIM. When Mr Hoare pointed out that this was untrue quoting a JCVI statement regarding 12-15 year olds, the GP replied that DC was not in that age group. This is despite the fact that there had been reports of cases of myocarditis in precisely this young man's age group worldwide and should have been a factor in his calculations. The GP did not consider that the opinion he gave, which was to force vaccination on a young man against his parents' wishes and concerns and in which he was acting as an expert, demanded that he set aside some time to provide the Local Authority at the BIM and the judge in the Court of Protection with a properly researched expert opinion.

When Mr Hoare pointed out that the young man's father had specifically raised concerns about myocarditis and the safety trials he had researched, the GP denied the subject was raised until the minutes of the meeting were shown to him when all he had to say was, *"I apologise. It was mentioned but it didn't really register with me."* Without even a basic level of scientific and medical knowledge the purported 'balancing of risks' by the GP was not a very a safe exercise, even though it was his medical opinion that was relied on by Social Services and the judge. So superficial was his engagement with the facts of the case, that a major consideration such as myocarditis *"didn't really register,"* is shocking. Mr Hoare ably continued his line of questioning until the Judge intervened to 'rescue' the GP

Judge: *"Can I stop you there Mr Hoar. This doctor has been very candid. His role is to roll out the vaccine. He bases his decision-making and the information he gives to those who would be receiving the vaccine on the JCVI guidance."*

It seems that when you are giving expert life changing opinions in court, are

in charge of adult safeguarding and a hurriedly manufactured vaccine roll out, it is not necessary to do any independent research yourself. It's OK to rely entirely on the government's doing your home work for you, within whatever very narrow range of information they provide and a judge in the Court of Protection thinks this is acceptable.

The GP also did not tell people that the manufacturers have no liability and that if something goes wrong they have to sue the government, which is usually unsuccessful, that they will only receive financial help if they are more that 60% disabled – only 59%, they get nothing - and they have to *prove* that it was the vaccine that caused the injury or death.

This is almost impossible so strict are the criteria. Even vaccine manufacturers are not required to *prove* that the adverse reactions they list are caused by their product, only that they have been noted to occur after administration. Nor are people told that any claim must be made within three years and that the amount obtainable is capped at £120,000. No, the GP stated that, *"A reasonable person should be thinking about their health, not about financial consequences if they sue someone subsequently. It's not in the guidance that I should inform people of this."*

The judge rushed again to the rescue of the GP 'expert' *"The vast majority of people don't sit down with a GP and discuss the risks and benefits of vaccination. They attend a vaccination centre and are provided with a sheet of information."* If a sheet of paper is all that is necessary for proper understanding of risk, benefit, legal liabilities and the requirement for informed consent, why do doctors, nurses and health visitors call and email patients, require that they present themselves to GPs or hospital consultants to be told in person, in the spoken word, why they should vaccinate their children or themselves? Why are they not just handed a sheet of paper?

Professor Kitzinger adds that the Pfizer information for the vaccine mentioned by the judge does not in any event include the information that you cannot sue the manufacturer or that government payment is limited to £120,000. That the judge thinks this is acceptable shows why the scales of justice are so heavily weighted in one direction.

Further admissions by the GP:

"I have to be pragmatic. I have to manage my time. I have to share the guidance shared with me. When JCVI thinks the risks are of sufficient importance to be part of my consideration or informed to my patients, I do my best to do that."

Hoare: *"Have you evaluated the evidence about natural immunity and vaccination?"* GP *"I didn't have any evidence: we were on a learning curve."* - Another factor apparently not included in the 'balancing' exercise Hoare: *"Given that he [DC] cannot move save with the help of others, and given that we know that vaccinated people in the care home have had COVID …looking at it from a medical view – why should DC have to be isolated when he returns from visiting family, when others would not."*
GP: *"That's the JCVI guidance."*
FH: *"Do you agree with it?"*
GP: *"It's not my job to agree or disagree with it. The guidance is written by people who are better educated than I am."*

The judge is quite happy with this uncritical regurgitation of guidelines. Indeed in his judgement he says: *"He* (the GP) *does not pretend to be an expert as to how vaccines work. He is educated in his decision making by the guidance he is given by the NHS, and that relies on the JCVI and the Green Book at Chapter 14a."*

So if you want to be a medical expert in the Court of Protection advising on vaccination: Read the NHS policy, the JCVI pronouncements, being sure to look only at the exact categories they mention, do not extrapolate the information therein to any categories outside of what is specifically stated and read the Green book chapter on Covid vaccines.

You can then earn £91/hour outside of London (Guidance on remuneration of expert witnesses version 7 updated 2022) reiterating them in your statement and in court. As I said earlier – financially, you would be far better off practising law.

Why do we need doctors if all they are going to do is quote guidance, not individualise it to any patient? We do not need to pay thousands of pounds training medical professionals to act like automatons. It has been said that any doctor who can be replaced by a computer should be. For that matter why do we need judges or the Official Solicitor given that they do the same? We could save vast quantities of tax payers' money by removing the whole layer. We would still need doctors with technical skill such as surgeons but as for the rest – Away with them!

NB appointing a deputy to manage your health will not save you if the deputy makes decisions that do not follow government policy. This is regarded as failing to act in your best interest which automatically nullifies the deputyship. It is best to write an advanced directive that is very clear, or write in the extra pages of the Lasting Power of Attorney document any health matters about which you have strong views to have any hope of having your wishes respected by the medical and legal fraternity who have very different ideas about what is correct and what is necessary to protect you from your own wishes. Heaven help us all.

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LEICESTER: SANITATION VERSUS VACCINATION

BY J T BIGGS (1912)
BRIEF EXTRACT FROM PART VIII, CHAPTER LXIX, P357

MR HD DUDGEON ON SANITATION

THE FACT THAT with less vaccination the town enjoyed better health, and the coincident decline of vaccination and small-pox, had great effect on the minds of the people of Leicester.

Not small-pox alone, but the infantile death-rate, the whole of the zymotic diseases, and the general death rate, all declined in a very marked degree, as vaccination was discarded…... Thus, from being branded by the Registrar-General in his Annual Reports as one of the most unhealthy of England's large towns, Leicester – by no means advantageously situated geographically, and seriously handicapped by the large proportion of the artisan classes amongst its population – has become the healthiest of the principal manufacturing centres (even competing closely and successfully with health resorts), thanks to well-considered, efficient, and properly executed sanitary measures, combined with the virtual cessation of vaccination.

From the outset, anti-vaccinators realised that Sanitation (in its broadest acceptation), and that alone, was capable of transforming the existing plague spots into healthy areas.

TiP editor: I would highly recommend reading this book by Biggs – another excellent and revealing archive text. The book can be downloaded as a pdf. https://iiif.wellcomecollection.org/pdf/b21356361

CHANGES TO THE GP CONTRACT IN 2023/4

https://www.england.nhs.uk/long-read/changes-to-the-gp-contract-in-2023-24/#immunisations-and-vaccinations

EXTRACT FROM NHS LINK ABOVE

Immunisations and vaccinations
16. Following feedback from PCNs and GPC England, there will be changes to childhood vaccinations. These include the removal of the vaccination and immunisations repayment mechanism for practice performance below 80% coverage for routine childhood programmes along with changes to the childhood vaccination and immunisation indicators within QOF (Quality and Outcomes Framework) which will see the lower thresholds reduced to 81% – 89% (dependent on indicator) and the upper thresholds raised to 96%.

17. In recognition of the current workload pressures in general practice, no additional requirements will be added to the PCN service specifications in 2023/24. NHS England will instead publish guidance which will suggest best practice to PCNs.

18. Further details on the 2023/24 changes will be published ahead of April including a revised Network Contract DES specification. If any changes are required to commissioner allocations, we will adjust this through the regular allocations update process.

Yours sincerely,

Dr Amanda Doyle OBE, MRCGP, National Director Primary Care and Community Services, NHS England.

TiP editor: As some of you may be aware the previous thresholds were 70% uptake for the first level payment and then 90%+ uptake for second level – in which payments for this second level would be around 3 times the first level payment.

These new higher thresholds mean that if 80% uptake is not achieved there is NO payment – zero.

To qualify for the second level payment a 96% uptake must now be achieved! This will certainly lead to a much greater push from GPs to have your baby vaccinated!

THE MEDICAL ESTABLISHMENT VS. THE TRUTH

BY KARY MULLIS (NOBEL PRIZE IN CHEMISTRY 1993, INVENTOR OF PCR) EXCERPT FROM HIS BOOK 'DANCING NAKED IN THE MIND FIELD' 1998.

"I finally had the opportunity to ask Dr Montagnier about the reference when he lectured in San Diego at the grand opening of the U.C.S.D. AIDS Research Center, which is still run by Bob Gallo's former consort, Dr Flossie Wong-Staal.

This would be the last time I would ask my question without showing anger. In response Dr Montagnier suggested, "Why don't you reference the CDC report?"

' "I read it," I said. "That doesn't really address the issue of whether or not HIV is the probable cause of AIDS, does it? '

"He agreed with me. It was damned irritating. If Montagnier didn't know the answer, who the hell did?

"One night I was driving from Berkeley to La Jolla and I heard an interview on National Public Radio with Peter Duesberg, a prominent virologist at Berkeley.

I finally understood why I was having so much trouble finding the references that linked HIV to AIDS. There weren't any, Duesberg said.

No one had ever proved that HIV causes AIDS. The interview lasted about an hour.

I pulled over so as not to miss any of it."

TIP ARCHIVE

DISEASE IS NOT A THING

"THERE IS an implication to be found in the statement of Surgeon Verneuil, though probably not meant by him, to which assent must be given when understood. It is TRUE that there is no such THING as tetanus, small pox. syphilis, etc., as is implied by the general use of nosological terms. Disease is not a thing, an entity: it is a condition, and the error of regarding the condition of disease as an entity has confirmed, where it has not originated, much of the prevailing erroneous treatment of the sick. "Nosological terms have a use; it is that of bringing to the mind of the physician a group of pathological symptoms, which may or may not be present in the case of the patient under consideration; from them, when present, the diseased condition of the patient can be recognized and treated. Unfortunately, through not understanding this truth, attempts are frequently made to treat, not the patient, but the name, which has been given to a collection of morbid symptoms. "A broken limb is a thing; the inflammation which results from it is a condition, and if gangrene ensues the gangrene is not a thing, but a condition to be taken into consideration with all the other symptoms in the treatment of the patient. The surgeon, Verneuil, had probably a glimmering perception of this truth, but he misapplied it, for his theory and practice, as a physician, and the theory and practice of nearly all modern medicine assume that the condition to be treated is a thing having a name and this name is treated instead of the patient."

From: The Blood and its Third Anatomical Element by Antoine Béchamp, 1912. Translated by Montague R. Leverson.

THE MICROBES OF PLAGUE, CHOLERA, TETANUS, ETC.

FROM: –THE GERM THEORY OF DISEASE BY HERBERT SNOW, M.D., THE JOURNAL OF OSTEOPATHY, APRIL 1913, VOL. 20, NO. 4, P 214

"THE TIMES of January 13th, 1896, quotes a Report to the Plague Commission at Agra, by Mr. Hankin, Bacteriologist for the North-West Provinces." There was no doubt that cases of Plague occurred among human beings in which no microbes were visible at the time of death. This fact was first proved by the members of the German and Austrian Plague Commission." "The" Comma bacillus" was discovered by Koch, who proclaimed it to be the cause of Asiatic Cholera. Dr Klein, who was about to proceed to India to investigate the origin of that disease, did not believe in Professor Koch's statement and experimentally drank a wineglassful comma bacilli in "pure culture." No effect followed; and Dr Klein remains alive and well to this day. At Hamburg Pettenkofer and Emmerich swallowed the actual dejecta of a cholera patient with result similarly negative. Pettenkofer concluded that "the specific virus of cholera does not arise from the comma bacillus, but is evolved in the human organism.""

GERM THEORY OF DISEASE RESTS UPON ASSUMPTIONS

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, the credit for which in its present form is wholly due to M. Pasteur, is the hypothesis that all the so-called infectious and contagious disorders are caused by germs, each disease having its own specific germ, which germs have existed in the air from the beginning of things, and that though the body is closed to these pathogenic germs when in good health, when the vitality is lowered the body becomes susceptible to their inroads. My mind is so constituted that it can perceive in the assumption of this, as a fact, only an instance of such incredible folly that it really matches the fetish of those whom we regard as savages, and serves to show how little the human intellect has progressed from the mental state of the savage." Extract from: The Debt of Science to Béchamp by Dr Montague R Leverson, 1911. Delivered at Claridges Hotel, London, England. May 25, 1911, p 11-13.

A COMPLETE FAILURE

G F KOLB. MEMBER OF THE ROYAL STATISTICAL COMMISSION OF BAVARIA.

FROM CHILDHOOD I had been trained to look upon Cowpox as an absolute protective from Smallpox. I believed in Vaccination more strongly than in any ecclesiastical dogma. Numerous and acknowledged failures did not shake my faith. I attributed them either to the carelessness of the operator or the badness of the lymph.

In course of time the question of Compulsory Vaccination came before the Reichstag, when a medical friend supplied me with a mass of statistics in favour of Vaccination, in his opinion, conclusive and unanswerable. This awoke the statistician within me. On inspection, I found the figures delusive; and closer examination left no shadow of doubt in my mind that the statistical array of proof represented a complete failure. My investigations were continued, and my judgment was confirmed. For instance, Cowpox was introduced to Bavaria in 1807, and for a long time none, except the newly-born, escaped Vaccination; nevertheless in the epidemic of 1871, of 30,472 cases of Smallpox, no less than 29,429 were vaccinated, as is shown in the documents of the State.

From Letter to Mr William Tebb, 22nd January, 1882. (The Story of a Great Delusion by William White, page 596).

AIMS & OBJECTIVES OF THE *informed* PARENT GROUP

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

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