30 INFORMATIVE YEARS

THE informed PARENT

ISSUE TWO 2023 A NEWSLETTER ON VACCINATION ISSUES AND HEALTH

NO VIRUS?? TO INVESTIGATE OR NOT?

BY MAGDALENE TAYLOR,
TIP Editor, Sept 2023

THERE ARE SOME vaccine investigators who, whilst keenly researching this subject and bringing many concerns and criticisms to the public, condemn other investigators for questioning germ and virus theory. Why do they choose to condemn this path of study claiming it will lead to divisions in the freedom movement? The freedom 'movement' is just a description for many individuals who question – independently – the official narratives we have been fed over the years. What is wrong with the freedom to question all avenues of this subject? Those who question what a virus represents are individuals and not part of a group. Why do some investigators choose to be close-minded on questioning/ studying in depth - germ theory/virus theory, and even vaccination theory, and yet take a deep dive in to other aspects of vaccination?

And why is there an immense avoidance from the authorities to provide sound science proving the established claims regarding the true isolation, purification, characterisation of nano-particles which they term 'virus'? Along with proper studies with control experiments to show these particles are pathogenic? It should be straightforward for them if they have all the evidence, surely??

Modern pharmacological medicine relies heavily on the acceptance of germ theory to capture the public and make them believe that we all live at the mercy of a variety of microbes. Without that story holding up the industry will no longer be able to push their vaccines and many of their drugs. At all costs this area of discussion is prohibited! This has always been the case even as far back as the times of Jenner. Well-respected 19th century scientists and doctors who raised concerns after independently studying the subject were met with hostility by the authorities. There are many excellent, fascinating and eye-opening texts from that era. There also seems to be a misunderstanding of what a growing number of individuals are arriving at regarding the existence of a pathogenic virus. No one is saying that people do not become ill – they are saying that what we consider as 'ill' is actually the body attempting to rid itself of toxins and not a pathogenic virus. Rhazes in the 9th C wrote about smallpox and measles symptoms as a means to rid the body of impurities. Dr Sydenham in the 17th century expressed similar views. He indicated that it was 'too much interference' from doctors which led to many health issues and deaths.

During 18th century diseases, such as smallpox, typhoid, TB, measles, diphtheria etc all came under the heading zymotic disease, and were also viewed as the body's attempt to remove toxins. That these dis-ease expressions have been produced by the intelligence of the body to produce a well needed clear-out and bring the body back to ease. Rather than disease being caused by a virus are these particles simply nano-rubbish bags being excreted? From a naturopathic view allowing acute disease to resolve toxicity issues the individual is very likely to avoid chronic conditions or worse in their adulthood. Then why do some high profile vaccine critics continue to view disease in the orthodox way, as the body going wrong – caused by a virus? I realise that it is very challenging for those who qualified within the world of established science and medicine to let go of so much, if not all, of their education. Perhaps that is the main reason for their reluctance to look into germ theory? The only alternative explanation that I can come up with is that their intentions are to deliberately disrupt and confuse the minds of independent thinkers? Steering people away from what I have come to consider the most important aspect of vaccination theory to question. There is without a doubt that some vaccine critics will be controlled opposition – but it is not easy to know who they are and you will have to rely on your own gut feeling.

The foundation of vaccination rests upon this unproven hypothesis of the germ-causing disease and I always encourage people who are new to looking at this subject to start from the foundations. If the germ is not the cause then there is no need to vaccinate at all, no matter what the vaccine is for and even if its ingredients are deemed safe. I personally think that it is absolutely essential for the germ and virus theory to be exposed and yet I have been told a number of times that 'the public are not ready for this'.

So when will the public be ready?? In my opinion the longer it is left the more vaccine injuries, deaths, and lowering of our general health will continue.


Magda Taylor

Editor's note

THE INFORMED PARENT – HOW TO PROCEED?

As the 30th year of TiP publication draws to a close at the end of September, this paper edition of the newsletter is likely to be the last with future newsletters being emailed to you as a pdf unless there is a substantial increase in subscribers in the next couple of months.

Due to the costs of printing and postage, admin, maintaining the website there are simply not enough subscribers to cover all of the financial demands I am now looking at how to proceed. Please email me your up-to-date email address as I do often receive Delivery Failure notifications with some subscribers emails. You can email me via the Contact page on the website.

There is a very different landscape in terms of accessing information these days. There are so many platforms, websites, podcasts, online documentaries etc for people to turn to, and also the new parents of today do not seem so inclined to read lengthy publications such as TiP newsletter. I feel that TiP publication, alongside other long-standing awareness organisations and publications worldwide, have played an important role in terms of bringing this subject into question more and more over the last three decades. This has certainly helped set the stage for many of the critics of vaccination who have emerged in the last decade. What role TiP plays for the future is uncertain at this moment.

Before the Covid story there was already a steady increase in doubts about the alleged necessity, efficacy and safety of vaccination, even amongst health professionals. These last three years, in particular, have raised even more doubts and created much more conversation on the subject. The increased censorship towards anyone raising concerns also provides further evidence that there is something to hide. What are the so-called health authorities fearful of if they have all the evidence? They should welcome critics and invite them to debate this subject if they, the authorities, have all the proof that vaccination is beneficial to our health. Their reluctance to engage speaks volumes!!

When TiP was first started the main point of reference were specialist books and the occasional lecture. In the mid-nineties I was dealing with between 20 - 35 letters of enquiry a day alongside many phone calls – however as the age of the internet came in there has been a steady decline in these methods of communication and researching. Due to the increasing high cost of a PO Box address I have cancelled this service as so few letters arrive these days in the age of digital methods. If you wish to send any paper correspondence to TiP please phone for address details - 01903 212969.

Some of you have been subscribing for many years, and some even since the first publication and my gratitude for your long term support is enormous! Your annual subscriptions have allowed me to keep on top of the costs of running TiP, producing and printing each newsletter edition, booklets, the postage, and the many other costly aspects including the website. As many of you are aware I have given many hours of my time over these last 3 decades, often for free to maintain TiP. There have also been some very generous donations which came at times when I was wondering how to rescue TiP from extinction!

I do hope that you, as an existing subscriber will understand should I be forced to end the paper editions and not require a part refund from your existing annual payment. However please do contact me via email or phone the landline 01903 212969 if you wish to discuss your existing subscription fee.

All feedback is welcomed. Please inform me with any email address updates in order for me to successfully keep in touch with further updates.

Magda Taylor, Editor, September 2023.

MANX CARE LOOKING INTO VACCINE INJURY SERVICE

https://www.manxradio.com/news/isle-of-man-news/manx-care-looking-into-vaccine-injury-service/
Monday, May 8th, 2023

HEALTHCARE PROVIDER says Island has large number of people reporting long-term effects from jabs

Work is underway to determine whether the Isle of Man needs a vaccine injury service.
Manx Care says a large number of people on the Island have reported suffering long-term effects following Covid-19 jabs.
As a result, the healthcare provider is working with the Department of Health and Social Care at possible models for such a service.
However, it says very few services have been commissioned in the UK, and there is currently no national strategy around vaccine injury treatment.

CONFIDENCE IN CHILDHOOD VACCINES DROPS WORLDWIDE POST-PANDEMIC

BY MAGDALENE TAYLOR,
The Informed Parent, July 2023

The above headline was for an article in The Telegraph published on 20 April 2023 along with the subheading: *'Unicef report lays bare a worrying decline in the public perception of immunisation.'* Perception is the key word. The decline is happening as more people are not simply relying on their perception they are actually independently researching the subject, broadening their knowledge, and arriving at the conclusion that this procedure is neither safe nor effective.

Journalist Sarah Newey, the author of the article opens by stating that *'confidence in the importance of vaccinations to protect against deadly childhood diseases like measles and polio dropped worldwide during the pandemic'.*

Personally I have noticed a growing awareness on this subject over the last 30 years as more people actually started investigating this subject. This includes doctors and scientists, who had been trained to believe in the procedure and it's alleged achievements but then started to study the subject independently.

The Unicef report was apparently from data collected by the Vaccine Confidence Project (VCP). You may ask what is the VCP? According to Wikipedia: it was founded in 2010 by Prof Heidi Larson in response to vaccine hesitancy and misinformation, and that the VCP: *'uses a diagnostic tool that finds what sparks vaccine rumours, examines and evaluates what spreads those rumours and calculates the potential impact. It is a member of the Vaccine Safety Net, a project led by the World Health Organization,'* and that its purpose is: *'an early-warning system which identifies and evaluates public confidence in vaccines, with monitoring capabilities in some 63 languages.*

It aims at tackling problems early, when they are likely to be manageable, because as Larson explains:"early detection of and timely response to vaccine rumours can prevent loss of public confidence in immunization". It then aims to inform policy-makers of its findings.

Larson actually stated in an article for European Science-Media Hub, 24 March 2021 as regards to the birth of the VCP: *'This trend (vaccine hesitancy) was worrying and I felt we really needed to understand what was going on. I went back to academia planning to focus my research on it, but I soon realised this was a much bigger issue than one individual can take on.*

I put together the proposal for the Vaccine Confidence Project and it was launched in January 2010 with seed money from The Bill and Melinda Gates Foundation. The research we have carried out over the past decade means we are well positioned to shift our focus to COVID-19 and anticipate some of the issues around COVID-19 vaccine confidence on a global scale.'

You might wonder why there is even a need for this project if vaccination is safe and effective? When something is so obviously beneficial the population would not need to be coerced and pressurised. The proof should be in the pudding… ie we should have an extremely healthy population if all these ever-increasing injections are so essential to our well-being. In fact it is quite the opposite with the ever-increasing deterioration of younger and younger individuals' health, both mentally and physically it is no surprise that there is a growing lack of confidence in this alleged health procedure!

By pushing all these ever-increasing vaccines so vigorously, censoring any concerns and preventing anyone to question the 'established' science it has actually made more people become more suspicious - in my opinion.

You may well be aware that back in December 2019 at a WHO summit meeting on 'vaccine safety' Prof Heidi Larson actually did not appear particularly confident about the increase in what she calls 'vaccine hesitant' people, especially when she informed the delegates how it was even growing amongst their frontline health professionals.

It would be interesting to know how much this loss in confidence has increased amongst doctors and nurses over the last few years given that a number of organisations have evolved due to the 'covid narrative' by health professionals, such as: UK Medical Freedom Alliance, Doctors for Patients UK, World Council for Health. This is an encouraging shift in my opinion.

Perhaps the VCP might be better described as the Vaccine Confidence Trick Project – what do you think?

https://www.telegraph.co.uk/global-health/science-and-disease/child-vaccines-confidence-measles-polio-pandemic-unicef/?fbclid=IwAR3ky7jA3JD23U01esEtFISck-ywhuSRqqSuKE_LopjOO-rfRcL9F31FIuI

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OBESITY ACCELERATES LOSS OF COVID-19 VACCINATION IMMUNITY, STUDY FINDS

BRIEF COMMENT
BY MAGDALENE TAYLOR, TIP
August 2023
https://tinyurl.com/yc3kta8z

The above headline is for an article featured on University of Cambridge – Research website.

According to this article the protection offered by the covid vaccine declines more rapidly in people with severe obesity than in those with normal weight suggesting that obese people are likely to need more frequent booster doses to maintain immunity. Apparently during the 'pandemic' people with obesity were more likely to be hospitalised, require ventilators and to die from covid. Regardless of whether you believe in the existence of covid or not it is very obvious that those with obesity are generally much more likely to be compromised as regards to their health. In which case they are also much more likely to struggle with being hospitalized and tolerating the 'treatments' and protocol used. A link to a study published in Nature Medicine is provided in the article states that obese people have impaired responses to conventional influenza, rabies and hepatitis vaccines. I wonder how many obese individuals are informed about this when they accept the various vaccines believing them to be effective? Are those even administering the vaccines aware of this? Very unlikely.

The article continues with reference to real-time data in a study by a team from Edinburgh University which included looking at hospitalisation and mortality from covid in adults who received two doses of covid vaccine. It was found that those with severe obesity had a 76% higher risk of severe covid outcomes compared to those with a normal BMI. And that 'Break-through infections' after the second vaccine dose also led to hospitalisation and death sooner (from 10 weeks) among the severe obese, and among people with obesity (after 15 weeks) compared to individuals with normal weight (after 20 weeks). Some of you may think that this is just stating the obvious….. larger individuals who are placing an extra burden on their whole body, and often have co-morbidities are obviously more likely to die sooner than those with normal BMI, are they not?

As a reminder the term 'break-through' infections is a term used to describe individuals who are vaccinated and then go on to develop the disease of which they should have been immune to. Some may view this term as just another excuse for vaccine failure? Antibodies are also mentioned further in the article, with researchers finding that immunity declined more rapidly in the severe obese, putting them at greater risk of infection with time. As some of you know the idea of antibodies being protective is highly questionable in the first place and as for the term immune this is from the unproven germ hypothesis narrative.

Looking at this from a naturopathic view you might conclude that those vaccinated people, who also probably adhered to frequent mask-wearing and living in fear etc, are more likely to show signs of disease as all of these aspects are toxic to the body and certainly not health promoting. It is no wonder that they are more likely to be the ones hospitalised, are more likely to die, and obviously this is likely to increase the more obese they are. The sad aspect of these kind of studies is that it may result in obese individuals being targeted for extra or more frequent boosters rather than helping them reduce their size through lifestyle changes etc. And this is in the name of health??? Modern medicine is so far removed from being in anyway connected to health and how to maintain it in my opinion.

VACCINE SAFETY NET – WHO ARE THEY?

According to Wikipedia: Vaccine Safety Net (VSN) is a global network of websites aimed at helping people judge the quality of online information on vaccine safety. It was established in 2003 by the World Health Organisation (WHO), which had previously set up the independent Global Advisory Committee on Vaccine Safety (GACVS), prompted by concern from public health officials regarding the dissemination of potentially harmful health information via the web.

The WHO's VSN is a "trusted" website for reliable vaccine related sources. The purpose of the VSN is to evaluate the variable reliability of on-line vaccine related information and address concerns caused by websites which circulate partially complete or misleading content, including speculative rumours or falsified research, which may consequently damage vaccination programmes. *TiP Editor: A 'trusted' website? Have they any proof of this?? And if they actually did proper independent evaluation on the variable reliability of online vaccine-related information they should first thoroughly research all the content on official sites such as the WHO, CDC, PHE, UNICEF et al.*

As for the use of the word Net in their title - it reminds me of The Child Catcher in Chitty Chitty Bang Bang. Will another official body emerge called the Vaccine Hesitant Net with the aim to capture anyone who declines the vaccines??

BACTERIA, GERMS, AND VIRUSES DO NOT CAUSE DISEASE
Discriminating between medical myth and biological fact

EXTRACTED FROM: AWAKENING OUR SELF-HEALING BODY BY ARTHUR M BAKER (1994)

PASTEUR'S GERM THEORY OF DISEASE CAUSATION

In 1864, French chemist Louis Pasteur fathered 'The Science of Bacteriology' and 'The Germ Theory of Disease Causation' by demonstrating the existence of various micro-organisms – and concluding that these germs cause pathogenic changes in living cultures within the laboratory setting.

The germ theory states that diseases are due solely to invasion by specific aggressive micro-organisms. A specific germ is responsible for each disease, and micro-organisms are capable of reproduction and transportation outside the body. With the germ theory of disease, no longer did we have to take responsibility for sickness caused by our own transgressions of the laws of health. Instead, we blamed germs that invaded the body. The germ theory effectively shifted our personal responsibility for health and well-being onto the shoulders of the medical profession who supposedly knew how to kill off the offending germs. Our own personal health slipped from our control. Almost everyone in the western world has been nurtured on the germ theory of disease; that disease is the direct consequence of the work of some outside agent, be it germ or virus. People have been educated to be terrified of bacteria and to believe implicitly in the idea of contagion; that specific, malevolently-aggressive disease germs pass from one host to another. They also have been programmed to believe that healing requires some powerful force to remove whatever is at fault. In their view, illness is hardly their own doing. The 'germ era' helped usher in the decline of hygienic health reform in the 19th century and ironically, the people also found a soothing complacency in placing the blame for their ill health on malevolent, microscopic 'invaders', rather than facing responsibility for their own insalubrious lifestyle habits and their own suffering. Pasteur was a chemist and physicist and knew very little about biological processes. He was a respected influential and charismatic man, however, whose phobic fear of infection and belief in the 'malignancy and belligerence' of germs had popular far-reaching consequences in the scientific community which was convinced of the threat of the microbe to man. Thus was born the fear of germs (bacteriophobia), which still exists today. Before the discoveries of Pasteur, medical science was a disorganised medley of diversified diseases with imaginary causes, each treated symptomatically rather than at their root cause. Up to this time, the evolution of medical thought had its roots in ancient shamanism, superstition and religion, of invading entities and spirits. The profession searched in vain for a tangible basis on which to base its theories and practices. Pasteur then gave the profession the 'germ'.

By the 1870's, the medical profession fully adopted the germ theory with a vengeance that continues today. The advent of the microscope made it possible to see, differentiate and categorise the organisms. Invading ***(TiP Editor: an assumption)*** microbes were now seen as the cause of disease. The medical-pharmaceutical industry began their relentless search for the perfect drug to combat each disease-causing microbe – of which there are now over 10,000 distinct diseases recognised by the American Medical Association. The universal acceptance of the germ theory and widespread bacteriophobia resulted in frenzied efforts to avoid the threat of germs. A whole new era of modern medicine was then inaugurated, including sterilisation, pasteurisation, vaccination, and fear of eating raw food. Medical authorities advised the public to cook all food thoroughly and to boil water. With the deprivation of raw foods, an inevitable deterioration of health ensued. The practice of killing germs with drugs was also initiated, resulting in iatrogenic (medically induced) disease and further degeneration of health. Various programmes were instituted to confer 'immunity' against specific germs by way of vaccines and serums, with horrendous effects.

Fortunately, the horror of consuming raw food as being dangerous and bacteria-ridden has largely been overcome, although the ban on unpasteurised dairy foods still exists in most of this country (USA). And the acceptance of poisonous drugs and inoculations has not waned to any appreciable extent.

PASTEUR NOT THE ORIGINATOR OF THE GERM THEORY

Actually, the first 'Germ Theory of Infectious Disease' was published in 1762 (almost 100 years prior to Pasteur's theory) by a Viennese physician, Dr M A Plenciz. In 1860, Louis Pasteur took the credit for the experiments and theory and became identified as it's originator. Read the books, Pasteur: Plagiarist, Imposter, by RB Pearson, and Bechamp or Pasteur by ED Hume, for all the details.

Claude Bernard (1812-1878) disputed the validity of the germ theory and maintained that the general condition of the body is the principle factor in disease, but this idea was largely ignored by the medical profession and the general public. Bernard and Pasteur had many debates on the relative importance of the microbe and the internal environment in which they thrive. Around 1880, Pasteur himself admitted to his mistake. According to Dr Duclaux (one of Pasteur's co-workers), Pasteur discovered that microbial

species can undergo many transformations. These facts were not consistent with his germ theory and destroyed its very basis. It is frequently overlooked that around 1880, Pasteur changed his theory. According to Dr Duclaux, Pasteur stated that germs were "ordinarily kept within bounds by natural laws but when conditions change, when its virulence is exalted, when its host is enfeebled, the germ is able to invade the territory which was previously barred to it." This is the premise that a healthy body is resistant and not susceptible to disease. With the advent of Pasteur's mysterious germ, however, medicine cloaked itself under the guise of "science" and ever since has succeeded in keeping the public ignorant of the true nature of disease.

EXERCISING YOUR RIGHTS AS A PARENT

BY PHILIP RIDLEY, MSC, PGDIP
Honorary Board Member,
Weston A. Price Foundation

TiP Editor: This article is particularly relevant to parents of teenagers when there is a school vaccination campaign taking place, and where that age group may be experiencing coercion into accepting a vaccine.

Parents are made by authorities to believe that Gillick Competency from Gillick v West Norfolk and Wisbech AHA [1985] UKHL 7 is an end entirely to their involvement in their child's medical treatments, but this is simply not true and parents have been misled.

What Gillick's case states, citing Blackstone, is that parental responsibility flows from parental duties and that these duties and therefore rights fall away as a child develops competency of their own. Firstly, the case isn't clear that age 12 is a cut-off date, the date of competency will vary from child to child and children with mental capacity issues may never obtain capacity. Importantly, the case only refers to a child developing competency for bodily autonomy but this is not the only factor in a parent's involvement. The way in which autonomy is ultimately protected is through prosecution and litigation, being able to prosecute or sue those who violate bodily autonomy. What Gillick fails to explain is that children only develop competency to prosecute or sue another person upon reaching the age of 18, because prior to that age they are prohibited by law from entering into contracts, hiring a Solicitor or committing to proceedings that could result in them losing and being shouldered with a debt.

Therefore, Parents have the parental duty and therefore responsibility to be a **litigant friend** for their child to the age of 18. This means that it must be unlawful to prevent the parent of a child under the age of 18 from observing the consent process, perhaps with a solicitor present, to secure that their child's consent is lawful and informed and so that they may take legal action on behalf of the child if necessary. That process simply cannot occur via mass vaccination at school and must happen in the privacy of a GP's surgery and so a parent seeking to exercise this right should act to prevent vaccination in school and demand that the consent process occur with their family doctor.

The first duty of a child's litigant friend is to assess whether consent is lawful. If it is not, the treatment is a violation of bodily autonomy in the form of trespass to the person and the crimes and torts of assault and battery may have occured.

For assault to be committed, a defendant must have performed a positive act that made the claimant think that someone is about to apply force directly and voluntarily to their body without lawful consent.

For battery to be committed, a defendant must have directly and voluntarily applied force to the claimant's body without lawful consent.

For the crimes of assault and battery, the statute of limitation is 6 months but additional time is provided after a victim has made a statement or a video recorded interview but there are circumstances where the offence can be indictable, including if grievous bodily harm occurs or if the battery results in manslaughter or murder. An offence can be reported to the Police or a private prosecution can be had but prosecutions are expensive and the burden of proof is beyond reasonable doubt, so it is generally advisable to focus on suing for the tort violations at least first if there is not overwhelming evidence.

Assault and battery are also torts, which are proven on balance of probability and battery resulting in physical or psychological injury must be sued within three years. However, the 3 year limitation for a child does not commence until they are 18 and it does not start for a person with mental disability until or if that disability ceases, see the Limitation Act 1980.

Consent is not lawful if a person lacks capacity either due to not obtaining Gillick competency or as a result of having a mental disability. There could be a whole host of reasons why a child of 12 or older may not have obtained capacity yet and capacity will vary depending on the complexity and implications of the proposed treatment. Consent is also not lawful if it has been coerced, "Duress, whatever form it takes, is a coercion of the will so as to vitiate consent." Hirani v Hirani [1982] EWCA Civ 1. For example, it could be argued that peer pressure in a school environment renders some children to be under duress.

Battery may also occur if the patient has not been advised in broad terms of the nature of the procedure to be performed which was arguably the case for many who took Covid vaccines who were not advised that the treatments were intended to be gene therapies and it is doubtful that a 12yr old would understand that sort

of treatment. However, so long as that basic requirement is satisfied, an allegation that the risks inherent in a medical procedure have not been disclosed to the patient can only found an action in negligence and not a crime Rogers v Whitaker [1992] HCA 58.

The law around clinical negligence regarding the duty of disclosure is set out in Montgomery v Lanarkshire [2015] UKSC 11 from Paragraph 87.

87. *The correct position, in relation to the risks of injury involved in treatment, can now be seen to be substantially that adopted in Sidaway by Lord Scarman, and by Lord Woolf MR in Pearce, subject to the refinement made by the High Court of Australia in Rogers v Whitaker, which we have discussed at paras 77-73.An adult person of sound mind is entitled to decide which, if any, of the available forms of treatment to undergo, and her consent must be obtained before treatment interfering with her bodily integrity is undertaken. The doctor is therefore under a duty to take reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment, and of any reasonable alternative or variant treatments. The test of materiality is whether, in the circumstances of the particular case, a reasonable person in the patient's position would be likely to attach significance to the risk, or the doctor is or should reasonably be aware that the particular patient would be likely to attach significance to it.*

88. *The doctor is however entitled to withhold from the patient information as to a risk if he reasonably considers that its disclosure would be seriously detrimental to the patient's health. The doctor is also excused from conferring with the patient in circumstances of necessity, as for example where the patient requires treatment urgently but is unconscious or otherwise unable to make a decision. It is unnecessary for the purposes of this case to consider in detail the scope of those exceptions.*

This case relates to adults of sound mind, and so prior to Gillick competency, the law is the same, but the consent of the Parent must be obtained and the test of materiality relates to a reasonable person in the Parent's position. Once Gillick competency is reached, the Parent is advocating for the child's position rather than advocating for their own views as parents.

A parent can sue after the event for damages, but they can also sue for an injunction and parents combine their efforts in group litigation orders. Whilst going to court is expensive, parents can also launch a formal complaint or pre-action proceedings if they have time, which cost nothing but which may elicit a response from the school's or doctor's insurers. It would likely be a test case, but there is a case that parents could sue for the tort of malfeasance if they are prevented from exercising their parental responsibility and right to be their child's litigant friend.

If more parents were aware of this, it could be the end of mass vaccinations in schools or at least schools may be required to respect those parents who wish to proceed with the consent process in the privacy of their GP's surgery rather than the peer pressure, rush and parental alienation that occur when vaccinations take place in school.

EXCLUSIVE: THOUSANDS STILL WAITING FOR COVID JAB PAYOUT AS OVER £5MILLION PAID IN DAMAGES SO FAR

https://www.mirror.co.uk/news/uk-news/thousands-still-waiting-covid-jab-29433969

BRIEF SUMMARY – BY MAGDALENE TAYLOR, TIP

The Daily Mirror featured an article on 11 March 2023 by News Reporter Ben Turner about how almost 4,000 claims relating to the Covid vaccine had been made under the Vaccine Damage Payment Scheme. At the time of the article 44 claims had been successful with 2,947 still awaiting a verdict. The VDPS was described by one of the claimants as a "shamble", with hundreds of other claims rejected or left in limbo.

Another claimant Claire Hibbs, who was hospitalised for nearly a month with blood clotting following the AstraZeneca jab was not deemed to have reached a criteria of being 60% disabled due to the vaccine and had not qualified for the one-off £120,000 payment.

> ...THAT I HAVE NO FAITH IN VACCINATION, NAY, I LOOK UPON IT WITH THE GREATEST POSSIBLE DISGUST, AND FIRMLY BELIEVE THAT IT IS OFTEN THE MEDIUM OF CONVEYING MANY FILTHY AND LOATHSOME DISEASES FROM ONE CHILD TO ANOTHER, AND NO PROTECTION WHATEVER AGAINST THE SMALL-POX.
>
> ~ WILLIAM COLLINS, MD, 20 YEARS AS A PUBLIC VACCINATOR. 1866

KNOWING HEALTH by Patrick Quanten MD

Knowledge and technology are two very different things. Knowledge is defined as awareness or familiarity gained by experience of a fact or situation. Knowledge is the result of experience, which already means that one person's knowledge is not necessarily the same as another person's. Technology, however, is defined as the application of scientific knowledge to the change and manipulation of the human environment. Technology is the application of knowledge. This means that changing from an analogue application to a digital application does not increase or widen your knowledge. Technology is used to manipulate the human environment. Did you know that? It is written into the definition! It seems, simply based on the definitions, that knowledge is much more fundamental to life than technology, while technology is used to change people's behaviour. So where and how can I as an individual gain more knowledge in order to know more about life?

The conditions have arisen in the middle of the sea that will result in a tsunami. The animals sense the incoming danger. Humans see the water retreating from the beach rapidly and dramatically and gather on the beach to watch this phenomenon. The media sends out a tsunami warning. Humans have heard this warning of the incoming danger. Animals are seen to be fleeing from the lower land up into the hills. Humans gather on the beach with their cameras. The effects of the tsunami on animal and human life is very different and is the direct result of a different awareness of the situation. Personally I judge the knowledge of the animals to be superior to human knowledge in this situation. I would like to know what they know about

Patrick Quanten MD

"It turned out the medical authorities already knew their explanation was rubbish but they refused to openly acknowledge it."

nature and about life.

When plants get ill they stop feeding their leaves, flowers and fruit and they start preserving life within their roots. When animals get ill they stop eating and they lay down somewhere safe and quiet.

When animals are ill they may eat things (soil, stones, bark, plants, etc.) from their environment that they normally wouldn't touch. When animals are healthy they do not use anything 'to prevent' becoming ill. Animals are not worried about getting ill. Animals, more generally, do not worry about their future. They simply live in the moment and they respond to whatever that moment is throwing at them, and if they 'know' that eating something unusual will restore them back to health then they simply do that. As humans we are told animals are stupid.

Humans in their natural state mostly respond in a very similar way to life, but all that changes when they become cultured. Humans create cultured societies in opposition to a natural life. They try and get away from the seasonal effects, from creatures they don't like, from getting their own food and other necessities of life. One other important aspect of such a cultured society is the shift in focus. They become obsessed with things that don't mean a lot in nature such as beauty, standards created by the creators of the culture, such as the prevention and cure of illnesses, according to the teachings of certain human beings, such as grandeur, pursuing the idea that 'bigger is better'. Every culture has been built on the knowledge of a few, supported by the masses who give up the power to think for themselves, who give up their individuality and freedom. Most people who follow the beliefs, the knowledge, of a few, do this because they believe that others know best. The knowledge of the individual within such a culture, within such a society, is copying what they are told somebody else knows. The individual no longer relies on his own experience, as mentioned in the definition. In truth, that is not knowledge. In truth, that is dismissing your personal knowledge and replacing it with a knowledge that has no roots within your system. You know it means that you have remembered it, not as a personal experience but as something somebody else is wanting you to believe. It is lodged in your conscious mind. You have learned to know it.

When we compare that to the knowledge plants and animals have we can easily see that their knowledge is not located in their conscious mind. They know it because they sense it. It is knowledge from within the system. This knowledge is inherent within the living system and resides in the unconscious mind. While humans are approaching life from the knowledge they hold in their

Photo by Zac Durant on unsplash.com

conscious mind, animals approach life from the knowledge they hold in their unconscious mind. Humans need self-appointed experts to instil their knowledge into the conscious mind. Animals already have their knowledge and do not rely on an outside information source to guide them through life. I can draw two conclusions from this observation.

- Plants and animals have occupied this territory for a much longer period of time than humans have whilst only relying upon their innate natural knowledge in order to survive and to evolve.
- Every human culture built upon their acquired knowledge has failed to survive.

To increase your personal knowledge I would suggest you switch schools. Leave the human schools. Walk out of schools, higher education, universities, YouTube intellectual information, television educational programmes (including nature documentaries), and enter the school of nature. Make your own observations. Draw your own conclusions. Share them with others who are attending the same school. Teach each other. Share with other students your personal experiences with nature.

I began questioning what I had been taught at university when I observed the real effects my medical interventions had on human life. I noticed that a lot of babies and small children got ill after they had received a vaccination. I was told by my medical superiors that this was normal. In other words, it was a common observation. They all had observed it. They told me that it was a good sign as it indicated these babies and small children were becoming stronger and healthier. Something deep in me questioned the reasoning that making healthy children ill was making them healthier. It turned out the medical authorities already knew their explanation was rubbish but they refused to openly acknowledge it.

Then I started realizing that my own reasoning was influenced by my 'knowledge', the bits I had learned at school. Knowing that a child was vaccinated 'against' measles implied that when it consequently became ill with measles specific symptoms, whilst there had been other cases of measles within the community, this one could not possibly have measles because the vaccination is protecting it against measles. So I did what my colleagues do and I looked for an alternative diagnosis. Not difficult to do. Plenty to choose from, and they all have vague and common symptoms.

Then I started seeing that not everybody who was given the correct treatment got better. Why not? My education and the knowledge in the books told me they should be better, but they were not. On this one, I found no help from the medical experts, apart from accusing my patients of sabotaging the treatment, of not taking the medication, of imagining their symptoms. I seriously began to doubt the knowledge behind the

treatments. It turns out the medical authorities already know it is impossible to cure any disease by their treatment. That is why they only talk in terms of percentages of success. A lot of people do not benefit from the only real treatment there is, delivered to them by the only real specialists there are. It is the right, and the only, treatment even if it doesn't cure you. That is what I knew to be true.

Then I started to notice that many people who were taking medication, deemed by the experts to be safe, began to display specific new symptoms. I questioned the relationship between the prescribed medication and the newly erupting symptoms but the knowledge advice was secure in that these people were simply unlucky to develop another disease. After all, they had been taking the medication for a few years without any problems, so there could not possibly be a link, even though they tell you that your liver cirrhosis is the result of many years of serious alcohol abuse.

It turns out the medical authorities already knew that these other diseases could be caused by the medication. They included that information on the medication leaflet, whilst convincing their medical personnel that 'it never happens'. As doctors, we told people not to read the patient information leaflet because the information on it was only for 'legal purposes'. That should have been a red rag to a bull, but it wasn't! Apparently it meant that in the medical world that information is worthless and was only of value to lawyers. Oh, that's all right then!

Then I started experimenting with other 'knowledge', knowledge that I didn't even know existed. I thought it strange that at university, the highest level of human education, none of this was ever mentioned. Many people improved during the time I was using 'alternatives' to the allopathic medicine. However, not everybody did. I concluded that this knowledge

"Studying health also revealed that ancient knowledge of health did not rely on chemicals either and they didn't need complicated technical procedures in order to measure whether or not someone was healthy."

also fell short of providing me with the complete truth surrounding health. When something helps some of the people some of the time but not all the people all of the time, one should concede that you haven't found the real solution to the problem. You don't have the knowledge of the problem. Not really!

Then I questioned what health really was. And I found out that people have always had some idea about what is destroying your health and that, throughout human history, there has been knowledge that in ten thousand years never had the need to be changed. Observations kept confirming the knowledge comprised within these philosophies of life and health. This was completely new to me, as in allopathic medicine the recommendations changed drastically every five to ten years. And each U-turn was hailed as a major breakthrough in 'our understanding' of a disease. I now became more interested in understanding health. I'd had it with understanding disease.

Alternative therapies are sometimes called 'complementary' therapies. This switch in terminology is promoted by allopathic medicine. It then sounds as if other therapies could complement therapies offered by allopathic medicine. However, the definition of 'complementary' is combining in such a way as to enhance or emphasize the qualities of each other or another. To be complementary to one another means that they are based on the same principles.

Homeopathy, therefore, is not complementary to allopathic medicine as homeopathy is based on energetic influences in life while allopathic medicine requires chemical interactions. In allopathic medicine, even psychiatric disorders are seen as imbalances, too much or too little, of chemical substances in the brain. Studying diseases in the physical leads to finding differences, called 'abnormalities', within the mechanical and the chemical structure of the body. One can keep on arguing about how these pieces of the puzzle fit together and one can, almost indefinitely, keep shifting them around to form different views and to create different pictures of diseases.

Knowledge of life, and consequently knowledge of diseases, is not deepened by this information. It only creates more and smaller pieces without providing us with a picture to work towards. When you refuse to look at 'the bigger' picture, at an individual as a whole, you can never see where the balance of each part of that individual needs to be.

Studying health made me, for the first time in my life, take a closer look at health within nature. How was health amongst plants and animals different from health amongst human beings? I can see healthy animals in nature and I can see sick animals in nature getting healthy again. They don't know anything about chemicals. How do they do it?

Studying health also revealed that ancient knowledge of health did not

rely on chemicals either and they didn't need complicated technical procedures in order to measure whether or not someone was healthy. They simply looked at the entire person and the environment that person lived in, and they figured out how compatible these two were. To put it bluntly, if you are an 'oily' person you would never live comfortably in a 'watery' environment. As a consequence, over time you would become ill. Ancient knowledge considered life, the natural world and humans, as energetic beings, exchanging information constantly.

Then I found out that modern science had already confirmed this but that the established medical system was refusing to entertain this idea. Everything remained mechanical and chemical, not energetic. To me, this was the breaking point. I realized that allopathic medicine could never deliver a permanent cure for any disease because they do not want to understand the reality of nature.

They keep fighting it. They even insist on telling us that our own system can turn against us and attack us. Your own system, the very thing that has provided you with life, is now going to kill you. Why? Don't know. Just know that it does.

Now it made sense that over the last seventy years, years of rapidly 'expanding' medical knowledge and years of making fantastic advances in medical knowledge and technology, has resulted in a dramatic increase in diseases amongst the population. This is not due to the fact that we are now so much better in diagnosing diseases. This is simply due to the fact that less people are living healthy lives. Taking medicines every day or on a regular basis means you are ill, even if you are taking them 'to prevent' illness.

If you need extra help, anything beyond your normal nutrition and functionality, you are out of balance, you are ill. You are not cured. A healthy life sustains itself without any props. Health does not need any help. It is a natural state to be in.

Ill-health means that your system is unsuited to your environment. Or that the environment you live in does not sustain your life, does not feed your requirements for life. And when we consider the fact that our human environment has been created around us, not by us, and no longer by nature, it makes a lot of sense that it is no longer compatible with our inner requirements.

We can't escape the fact that we are, in essence, nature. We need a natural environment to sustain our life. Being afraid of nature and trying to get away from it is not a healthy attitude. Now I know why so many people are ill. Natural health requires nature as a supporting environment. If you are no longer surrounded by nature, if you no longer live a daily life that is focused and guided by nature, you will become ill. If what you know about life is no longer dependent upon nature you will become ill. If you no longer believe that nature heals and is the only healing force within the universe you will become ill.

Fighting what nature is and what it is doing will rapidly deplete your energy levels and you will become ill. Disease is a natural state of imbalance in life. Your own system, for as long as it has the reserve energy, will naturally bring it back to complete health. Nature knows where it needs to be, what went wrong and how to return to normal. Humans do not know. And they will never know as long as they are looking for the answers in mechanics and chemicals. You cannot solve a problem within a structure built from rubber by using plastics.

If you want to know what is wrong in your life you need to look at who you are as an energetic human being (what do you sense?), what your energetic environment is like (how does it make you feel?), and how you respond to that environment.

August 2023

PCR: DEFINITELY NOT FOR DIAGNOSIS

A recent series entitled The End of Covid covered many aspects of the covid narrative and in particular the germ theory and the virus theory. In one of the modules scientist Dr Jerneja Tomsic and Dr Kevin Corbett discussed PCR, Dr Tomsic, who has been working with PCR technology since 1995 said that PCR is not a diagnostic tool. 'It's a biotech tool that we use in a research lab – but not for diagnosis.'

During the video PCR was said to be basically a meaningless result for the patient. A fraud, a fiction, a chimera, and that is has been hijacked as a diagnostic tool and presented to the public as a legitimate test.

On concluding Dr Corbett stated:

1. PCR cannot be used to detect a 'virus' unless what is detected is first proven to be viral in origin ('detection of viral nucleic acid is not equivalent to isolating" Calisher et al 2001)
2. PCR can only be used to amplify specific known nucleotide sequences
3. PCR cannot determine the origin ('provenance') or significance of any nucleotide sequence thus what is detected/amplified cannot be 'viral' unless number 1. above is proven
4. PCR analytical sensitivity and specificity is not equivalent to diagnostic specificity for a clinical condition

Bear in mind that PCR has been used for many years to 'test' for a variety of so-called diseases. Imagine the number of results over the years PCR has been used that have led to false diagnosis and inappropriate medical treatments and interventions!

VACCINATION INCENTIVES CAN BACKFIRE

BY WILLIAM SEITZ.

Senior Economist. 16 May 2023

https://blogs.worldbank.org/developmenttalk/vaccination-incentives-can-backfire

Magdalene Taylor, TiP editor: This article looked at the use of financial incentives to encourage Covid vaccination uptake. Here are just a few extracts with my added comments in bold italics:

'Many wondered if paying people to get vaccinated was an atypical case and could be riskier than more traditional approaches, such as information campaigns and vaccination mandates.' - ***TiP editor: In other words it may be better to enforce people to be vaccinated (a traditional approach – they claim) rather than use financial rewards. Personally I would not refer to mandates as a traditional approach – more like a tyrannical approach.***

'….For example, in 2010, Banerjee and co-authors found that financial incentives significantly increased vaccination rates among the poor in India.' - ***TiP editor: This is hardly surprising when people are living in poverty! Any opportunity to receive financial reward will entice the poor to accept these injections. They are living in desperate conditions! Rather than using money as an incentive why not use the money to improve the lives of the poor, their living conditions and nutritional state? Diseases would decline dramatically just as they did previously in the UK, Europe, US before vaccination programmes.***

'Our study found that offering financial incentives actually reduced vaccination intentions by about 19% compared to the control group, with the strongest negative effect observed in Uzbekistan and Kazakhstan. Country-level results ranged from no meaningful effect on vaccination intentions (Tajikistan) to a decline of up to 22 percent (Uzbekistan and Kazakhstan).

We also asked respondents about their views on vaccination incentives, and found that the majority disapproved of them, particularly in the countries where the experiment showed negative effects. About three quarters of respondents in Uzbekistan actively opposed providing cash incentives for vaccination. In Kazakhstan, 58 percent said they disagreed with paying incentives. Only in Tajikistan, where the experiment failed to find any systematic effect on vaccination intentions, did just 18 percent say they disagreed with paying incentives.

The results were a stark contrast with the well-established positive effects of monetary incentives studied elsewhere and suggest that the effectiveness of vaccination incentives is not universal. Several similar studies—including from Rutschman and Wiemken, and Robertson et al. —have suggested heterogenous effects depending on norms and customs, which can vary both between countries and within countries with diverse communities. In novel contexts where they have not been used before, incentive payments could also signal inferiority or disutility. For instance, a person might ask "nobody has ever offered me money for a routine vaccination before, what is so bad about this vaccine that they have to pay me to take it?"

TiP editor: There have almost always been financial incentives for the vaccinators even back in the 19thC.….and now in recent times financial incentives to entice the public into receiving vaccines. Good to read that some populations were not tempted by monetary gain.

During the 'covid narrative' there were a number of reports, particularly from the US of various incentives and even here in UK, for example Sussex University offered £5000 prize in a draw. (August 2021.)

https://www.theguardian.com/education/2021/aug/07/sussex-university-offers-5000-prize-for-vaccinated-students-coronavirus

The article opens stating:

'A university is offering cash prizes of £5,000 to students who can prove they have been fully vaccinated against Covid-19, in an effort to incentivise take-up of the jab.

All students at Sussex University are being entered into a draw, with 10 winners receiving £5,000 if they can prove they are double-jabbed or are medically exempt from having the vaccine.

Prof Adam Tickell, the university's vice-chancellor, denied the move amounted to "bribing" students to get vaccinated.

It follows the news that cheap taxi rides and discounts from the biggest takeaway companies are to be deployed by the government in a desperate effort to boost Covid vaccination rates among young people.'

Some of the long-term subscribers to The Informed Parent may recall an article featured in Issue 3/4 2006 regarding the deaths of children who received a double dose of measles vaccine as their mothers were keen to acquire a free mosquito net offered as an incentive with each vaccine given. Reproduced here is the article from The Kenya Times. Interestingly the web link from 2006 no longer exists (timesnews.co.ke). I could not trace this article at all online – history is being wiped out – leaving no trace of evidence. Please note how in this article the mums are blamed for their ignorance. Personally, I would blame the incentive of giving free mosquito nets with every

vaccine for these untimely deaths…..these poverty stricken mothers were desperate for those free nets!

It reads: MORE CHILDREN DIE FROM DOUBLE MEASLES VACCINE 13/07/06. By Juma Aluoch & Dennis Lumiti, The Kenya Times

Three more children have died in Nyanza province, bringing to eight infants who have succumbed to an overdose of the measles vaccine in the area.

The three died yesterday after their mothers, ignorant of the dangers of repeat dosage of the vaccine and Vitamin 'A' supplements, took their children for fresh vaccination in a span of 15 hours.

Two died suddenly at the Homa Bay District Hospital after receiving the repeat dose. Homa Bay District Medical Officer of Health (MoH) Dr Dan Otieno confirmed the deaths but claimed they may have been caused by other ailments.

"I am made to understand that the parents of the deceased children had failed to alert medical personnel that their children had been suffering from other ailments," he said.The third child was said to have died in a rural post in Rangwe.

Reports showed the two who died in hospital had been vaccinated earlier for the same disease at Shauri Yako Primary School the previous day. But apparently oblivious of the dangers of repeat dosages, mothers destroyed Monday's vaccination certificates and wiped out ink marks on their fingers imprinted at the first vaccination exercise and went for the repeat dose.

Yesterday, the Dr Otieno attributed the deaths to ignorance by the mothers, who he said, ignored advice from health workers. "Prior to the commencement of the exercise each day, the health workers always pointed out the dangers of taking a repeat dose of the measles vaccine and Vitamin A supplement, but some mothers ignored this," said Dr Otieno.

Elsewhere, in Kakamega district, several children have reportedly died over the past few weeks after being vaccinated for measles more than once. Several others were admitted in hospitals with complications. In Shinyalu division a three year old baby died on Tuesday after receiving two jabs in different hospitals.

Mothers in search of mosquito nets donated alongside the vaccine are said to present their children for more than the required single measles dose.The Shinyalu fatality the child died after receiving two jabs at Shikusi Dispensary and at Mukumu Mission Hospital within 24 hours. It developed complications and died as the mother received a second free net.

Local residents told Kenya Times that mothers had been forewarned against multiple vaccination as reports showed 80 per cent of children under five have been vaccinated in Western province.

Western Provincial Medical Officer of Health, Dr Olang'a Onundi said he is investigating the report of vaccine deaths and disclosed that children from Uganda have been brought for the exercise which ends today.

"We are just being informed that children are dying due to the measles immunization but we are yet to get any more details to enable us to act.We are appealing to anybody with more information to help us so that we can take immediate action," said the PMO. Dr Onundi said the influx from Uganda, reported in Busia and Teso districts, had caused a shortage of mosquito nets. He also said some mothers presented older children for vaccination to get the antimalarial nets.The Ministry of Health launched a country wide vaccination campaign for children aged between nine months and five years in the wake of a measles outbreak.

MODERNA COVID-19 VACCINE (SPIKEVAX) AUTHORISED FOR USE IN INFANTS AND CHILDREN AGED 6 MONTHS TO 5 YEARS

The COVID-19 vaccine from Moderna has met the MHRA's required safety, quality and effectiveness standards to be authorised for use in this age group

From: Medicines and Healthcare products Regulatory Agency.
9 May 2023
https://www.gov.uk/government/news/moderna-covid-19-vaccine-spikevax-authorised-for-use-in-infants-and-children-aged-6-months-to-5-years

Spikevax, the COVID-19 vaccine from Moderna, has today been authorised for use in children aged 6 months to 5 years.

The vaccine has been authorised in this new age group after it has been found to meet our standards of safety, quality and effectiveness, with no new safety concerns identified.This followed advice from the Commission on Human Medicines, which carefully reviewed the evidence.This is the second COVID-19 vaccine to be authorised in this age group; the Pfizer/BioNTech vaccine (Comirnaty), was authorised in Great Britain for infants and children aged 6 months to 4 years on 6 December 2022.

For this age group, the vaccine is given as a primary series of two 25-microgram injections in the upper arm or in the thigh, approximately one month apart. In reaching their decision, the MHRA's experts carefully reviewed data from an ongoing clinical trial involving 6,388 children aged 6 months to 5 years.The common side effects (reactogenicity) were in-keeping with what can be anticipated from a vaccine in this age group. It is for the Joint Committee on Vaccination and Immunisation (JCVI) to determine if the vaccine will be recommended for use in this age group as part of the UK's COVID-19 vaccination programme.

SAFETY, TOLERABILITY AND VIRAL KINETICS DURING SARS-COV-2 HUMAN CHALLENGE IN YOUNG ADULTS

BEN KILLINGLEY ET AL
(There were 31 authors, including Neil Ferguson listed for this study.)
https://www.nature.com/articles/s41591-022-01780-9
31 March 2022

A FEW OBSERVATIONS BY MAGDALENE TAYLOR, TIP EDITOR

I recently saw the above study link posted on a social media thread as an example of a 'proof of transmission' study which prompted me to take a closer look at the paper. I am not commenting on the results of the study as, apart from finding the text impossible to wade through and even understand, I felt after having looked at the methods of the study that they would be invalid in relation to any meaningful discoveries. Here, I am simply drawing your attention to questioning a few aspects relating to the study methods used and how it is so far removed from reality in my opinion.

As I began to read the paper I realised that there were already issues with this 'study'. The basic aim of the study was to understand the manner of the development of SARS-CoV-2, and in particular to understand the required immune response level at which a person can fight off a future infection.

However this study was in the form of a 'controlled investigation'.

WHAT DOES CONTROLLED INVESTIGATION MEAN?

It means housing all the study participants in a high-containment quarantine unit, with 24 hour close medical monitoring and full access to higher-level clinical care. In other words a completely unnatural setting, which in itself could greatly influence the well-being of the study participants. Further in the paper it gives a bit more detail about the units where the participants were housed for at least 14 days (although it also states at least 17 days in another part of the text). They were 'single-occupancy, negative pressure rooms in an in-patient quarantine unit'. In other words the air pressure in these rooms is lower than outside the room with the idea being that when the door is opened, potentially contaminated air or other dangerous particles from inside the room will not flow outside into non-contaminated areas.

How does this setting alone bear any resemblance to any real life situation?

Nor does it sound like a healthy environment to live in for even a day! On looking online for further detail regarding air pressure units I found the following:

'Negative pressure rooms must undergo at least 12 total room air changes every hour.'

This setting alone regardless of what the participants were inoculated with etc would invalidate any of the results in my mind. Florence Nightingale must be turning in her grave at this kind of medical study, as she knew back in the 19th century about the beneficial importance of fresh free flowing air on the well-being of patients.

Moving briefly on to the participants and what they had to undergo – they were volunteers aged between 18-29 years old without evidence of previous infection or vaccination (meaning *Covid*). Incidentally these volunteers did actually receive financial reward as it states later in the paper that: *'participants were given a donation of up to £4,565 to compensate for the time and inconvenience of taking part in the study (including at least a 17-day quarantine).'*

The participants were 'inoculated intranasally by pipette with 10 TCID50 of wild-type SARS-CoV-2'. What does this mean?…..TCID50 means a 50% tissue culture infectious dose of the 'virus'. What virus sample? The virus sample used has a formal name: SARS-CoV-2/human/GBR/484861/2020 and was obtained with consent from a nose/throat swab taken from a patient in the UK with COVID-19. As some of you are already aware these 'samples' are not pure samples of alleged virus as true isolation and purification does not appear to have ever been done for any alleged virus. It then states that the virus was isolated by inoculation of a qualified cGMP Vero cell line with the clinical sample. Just a reminder as to what Vero cells are…..Vero cells are derived from the kidney of an African green monkey, and are one of the more commonly used mammalian continuous cell lines in microbiology, and molecular and cell biology research. You might ask how can they state 'the virus was isolated by inoculation' …?? How can adding the virus to monkey cells be called isolated??

Next the virus concoction was stored in a secure –80 °C freezer until use. Another unnatural process in normal living conditions, me thinks. This is a very basic outline of what the participants were given, although some (10) were also given Remdesivir intravenously for 5 days. Does any of the above sound like anything remotely like a real life disease situation?

After the participants received this concoction intranasally the paper states:

'Participants remained supine (face and torso facing up) for 10 minutes, followed by 20 minutes in a sitting position wearing a nose clip after inoculation to ensure maximum contact time with the nasal and pharyngeal mucosa.'

Wearing a nose clip to ensure maximum contact time?…..but

weren't the public told how a tiny droplet in the air could instantly spread the disease? And wearing a nose clip for 20 minutes is hardly going to be beneficial for proper breathing and could even possibly have an added negative effect on the participant.

After this inoculation of the participants the nose and throat samples were collected twice daily by flocked swabs, placed in 3ml of viral transport medium that was aliquoted (*divided*) and stored at -80 degrees C. Apart from the trauma of having twice a day swabbing my next thought is what are the swabs impregnated with and what does the viral transport medium contain? According to the BioServ viral transport medium datasheet 'the media contains multiple antibiotics to prevent bacterial and fungal contamination, and I also noticed that amongst the list of components in the formulation was heat inactivated fetal bovine serum.

In bold type underneath the list of components it states:

CAUTION: THIS PRODUCT IS INTENDED FOR IN VITRO DIAGNOSTIC USE.

For transport of specimens only. Not to be taken internally.

How is this all sounding to you? These samples they take to analyse are a manufactured concoction of many products that have been added into the original fluid of the UK patient sample (which was not purified virus anyway) along the way. As you can see just from the few aspects I have highlighted you may agree that none of these methods resemble anything that might lead to a greater understanding of disease and health, and yet this we are told is science!

ARE THESE ACADEMICS DELUSIONAL??

PS Also the questionable PCR and lateral flow 'tests' were used to obtain any 'results' and then studied using statistical analysis computer software and logistic regression models (presumably this is the area Ferguson was involved in as predictions are his speciality.)

'DOCTORS SHOW WIDE INFORMATION LITERACY GAP ON COVID-19 VACCINATION'

KIM JU-YEON
Korea Biomedical Review
https://www.koreabiomed.com/news/articleView.html?idxno=22025
7 September 2023

EXTRACTS

'The Korean Association of Medical Journalists (KAM) released the "Public and Expert Perception Survey on Covid-19 Vaccines" results on Thursday. The survey was conducted from July 7 to 13 on 1,063 men and women aged 19 to 70 from 17 cities and provinces across the country, including 104 clinicians with experience in vaccination and 63 infectious disease specialists.'

'When asked how well informed they were about the effectiveness of Covid-19 vaccines, 50.8 percent of infectious disease specialists said they were "well informed," compared to 23.1 percent of primary care physicians. Asked about their understanding of the Covid-19 vaccine, 76.2 percent of infectious disease specialists said they had a high level of understanding, compared to only 43.3 percent of general practitioners.' 'The information gap also extended to concerns about Covid-19 vaccines' adverse events. Nearly 54 percent of primary care physicians were concerned about adverse reactions to the Covid-19 vaccine, but the comparable share of infectious disease specialists remained at only 28.6 percent.'

'Nearly one-third of the general public, or 32.3 percent, believed the vaccine was ineffective because they contracted Covid-19 despite being vaccinated. Nevertheless, only 7.9 percent of infectious disease specialists thought so. Furthermore, 25.5 percent of the public agreed with the survey statement, "Given the risk of adverse events, it is safer not to get a Covid-19 vaccine than to get one," compared to only 7.9 percent of infectious disease specialists who agreed.' ***TiP Editor: Good to note that just over half the primary care physicians did have concerns about adverse reactions to the Covid-19 vaccine. These kind of health professionals generally have much more experience of patients compared to specialists. And good that almost a third of the public viewed the vaccine as ineffective as they contracted covid. And although they believed it to be covid perhaps what they actually experienced was their body attempting to throw out the vaccine?.***

> WHEN THE LAWS ARE ABROGATED VACCINATION MUST, LIKE ALL OTHER MEDICAL PRESCRIPTIONS AND SURGICAL OPERATIONS, REST UPON ITS OWN MERITS, OR, IN OTHER WORDS, ON ITS INHERENT PERSUASIVENESS, UNAIDED BY THE ARM OF THE LAW. THE PRACTICE WILL THEN, IN MY OPINION, IN THE NOT VERY DISTANT FUTURE BE SURELY ABANDONED.
>
> ~ WILLIAM SCOTT TEBB MD, FROM: A CENTURY OF VACCINATION, P402. 1898.

A STRANGE CHAPTER OF MEDICAL HISTORY

TiP Editor: Here follows a number of extracts from a very fascinating and revealing book which I am presently reading. The book in question was written in 1889 by Dr Charles Creighton and entitled ***Jenner and Vaccination.*** *Creighton, who became a critic of the practise of vaccination after independently researching the subject presents a detailed description of Jenner's background and character, his rise to fame as the father of vaccination, and the highly questionable Jennerian doctrine established in the nineteenth century. I highly recommend reading this book for yourself as so far almost every page contains revelations about Jenner and his ethics and also how some so-called academics blindly adhered to his unproven and fallacious procedure. A hard copy reprint can be obtained from: www.forgottenbooks.com*

Alternatively a pdf can be downloaded online.

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'It is not surprising that the Royal Society should have found Jenner's experimental proof of protection both meagre in quantity and doubtful in quality. But the paper might still have been made a valuable one by giving in it a precise account of the cowpox itself, which was a curious and hitherto undescribed disease. The paper contained no such precise account. It can hardly have been so dominated by crude theorizings about horse-grease as the later form of it, the Inquiry of 1798; but the opportunity of giving a full, candid, and scientific account of cowpox was not embraced. It does not appear that Jenner had ever any intimate first-hand knowledge of cowpox in the cow…..'

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'Jenner's contribution to the scientific knowledge of it (cowpox pustule) in milkers consisted of little more than the good coloured plate of the infection on the hand of the dairymaid. He does not even say whether the vesicle in that case became the painful ulcer that it usually became; he is content to let the reader go away with the impression, for the particular case which he illustrates, that the disease was a vesicular "eruption." '

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'The historian of the Cowpox Legend has always a double thread to unwind : on the one hand, the secret history of Jenner's project, as we can now follow it by the help of posthumous documents and, on the; other hand, the history of it as it was presented to and received by the public and the medical profession at the time. If the profession and the public had been permitted to know then all that is known now (not reckoning the practical failure of cowpox- to exterminate smallpox after ninety years' trial), they would probably have found out Jenner to be the vain, imaginative, loose-thinking person that he certainly was by nature, and they might have so acted as to prevent him from becoming the impostor and shuffler that the course of events made him.'

Page 59

'The only real experiment in the paper on cowpox, as originally offered to the Royal Society, was the inoculation of James Phipps ; the results of it, as we have seen, were recorded with a brevity which enabled Jenner to suppress the true and suggest the false.'

Page 64

'It is one of the evils of making a man (Jenner) a fellow of the Royal Society, that people will be apt not to recognise any subsequent nonsense that he may write, in the name of science, for what it really is.'

Page 67

This extract is referring to Jenner's experiments to explain and justify his horse-grease hypothesis – which he claimed played a role in genuine cowpox.

'….the reference to John Baker's "pustule" is merely to its progress and general appearance," the original clause about the ulcer being conspicuously omitted. That authentic evidence, then, will carry us beyond the eighth day of the case, when the child was " free from indisposition."

There is no doubt that Jenner intends the narrative of this child's inoculation with horse-sore virus to conclude with the reassuring statement that, on the eighth day, he was free from indisposition. It is only in a footnote on a subsequent page, inserted to explain why John Baker was not tested with smallpox after being horse-greased, that we read :"the boy was rendered unfit for inoculation from having felt the effects of a contagious fever in a workhouse soon after the experiment was made."The child, it appears, was rendered unfit for inoculation by unhappily becoming a corpse he felt the effects of a contagious fever, soon after the experiment was made, to some purpose, for he died of it.'

Page 76

Spurious cowpox was a term used when an individual who had been vaccinated still developed smallpox. It was one of Jenner's excuses for the failure of vaccination.

"The proofs that there existed both a genuine cowpox and a spurious, and that the former came from horse-grease while the latter was spontaneous, were both disingenuous in motive and puerile in effect. The proof of the main thesis, the protection from smallpox, was disgracefully scamped, even assuming that

experiments were valid for proof. The average experience of Gloucestershire milkers was ignored, Jenner being well aware that there were quite as many instances telling against protection as there were in favour of that popular fancy only such cases as supported the notion were ; adduced, and these were set forth in such loose and meagre fashion as to be worthless according to any strict standard of evidence. Of all the children vaccinated by Jenner, only one was subjected by himself to the variolous test, the result being stated in evasive or ambiguous language.'

Page 84

Regarding what cowpox actually represented – the following extract makes very logical sense ie. the friction, especially by some milkers is very likely to cause blisters and ulceration on the cows udder. Equally those milkers are highly likely to also develop blisters on their hands due to the friction they also experience when milking. In another part of the book it is mentioned that the milkers also sometimes experienced 'cowpox pustules' on their forearms and even their foreheads. Again these would be areas where a milker may experience repetitive friction from contact with the cow when milking – it is no wonder blisters formed!

'Another criticism of cowpox, from the cows' side of the question, was published soon after in an anonymous pamphlet. (A Conscious View of Circumstances and Proceedings respecting Vaccine Inoculation. London, 1800.) The author begins with some cautions to milkers not to handle the teats of cows too roughly, and then proceeds to inquire a little farther into the nature and extent of " this most horrible contagion."These filthy ulcers, he points out, never arise except on the teats of a cow in milk ; there is no such disease of the bull, the ox, the maiden heifer, or the calf ; the disease was, in fact, incidental to the " stripping " of the teats by the hands of milkers.'

Page 123

'Such being the admitted character of each animal disease at the fountain-head, it seems well-nigh incredible that medical men, with some pretensions to a discriminating knowledge of the processes of disease, should have allowed Jenner's bold invention of a " smallpox of the cow," derived from horse-grease, to pass into current professional teaching.

The fact that so unreasoned and nonsensical a doctrine did become current suggests various reflections and vain regrets. Had there been in medicine some encouragement for the logical or dialectical qualities of mind which are the ground of authoritative position in the law, there would have been such a force of critical scrutiny brought to bear upon the project of cowpoxing as would have effectually unmasked the illusion about "smallpox of the cow," and brought the evidence on the protection against smallpox afforded by the ulcerous infection of the teats to its proper bearings. Of such critical scrutiny in the most authoritative circles, there was none.

The invention of the new name was artfully concealed and was never found out ; and under the influence of the plausible idea which the name covered, the evidence of protection was accepted on terms which will seem incredibly loose to all who have not hitherto made acquaintance with the standard of logic in the medical profession.'

Page 173

The following extract is regarding the promised coloured plates illustrating the distinction between true/ genuine and spurious cowpox as claimed by Jenner.

'In the beginning of 1802 the editor of the Medical and Physical Journal again writes :"We cannot help regretting on this occasion that Dr Jenner's engagements prevent him from giving to the public those very accurate and beautifully coloured plates which he is now preparing to accompany the next edition of his works. Those plates would indeed be a rudder and a compass by which the practitioner might steer with safety."Whether the plates of spurious and genuine cowpox really were very accurate and very beautiful, there was never any means of judging they were never published,; nor did the projected new edition of Jenner's works on vaccination ever see the light. The profession went drifting on without the rudder and compass which the sapient editor thought these plates would have supplied them with. The rudder and compass which the profession really needed were the rudder of pathological principles and the compass of rigidly scrutinized facts; these together would have guided them to the conclusion that the project for exterminating smallpox by means of cowpox was an imposture on Jenner's part and an illusion on theirs.'

Page 182

'As he employed some of his following to give plausibility to his invented name of "smallpox of the cow," so he employed others of them to spread abroad the doctrine of spuriousness. In both matters he found the profession only too willing to be deceived. With the very first trials of cowpox begins the long course of hard swearing in defence of a radically mistaken and erroneous doctrine, which the medical profession has been able to pass off for expert testimony, on the strength of the excellent maxim, *Cuique in arte sua credendum est.** We have next to see how deeply the English profession was committed, by its leaders, to Jenner and his doctrines within the first year, or the first two years, of the novelty being tried.'

*(*Every one is to be believed in his own art.)*

I look forward to reading the second half of the book!

FREE AT LAST: LIBERATION FROM THE GENERAL MEDICAL COUNCIL

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

Four weeks after the conclusion of the GMC political show trial against me, forty years after I qualified as a doctor, my name will be erased from the medical register. I am delighted that after years of trying I have finally achieved this.

Readers of the Informed Parent will recall that in 2007 I was completely exonerated by a GMC disciplinary panel regarding the information on vaccination I presented as an expert in the English High Court, which had been described as 'Junk Science' by an appeal court judge.

The panel members stated: *"Taking into account the Panel's reasoning in 6(a), (b) and (c), the Panel is* ***sure*** *that in the reports you provided you did not fail to be objective, independent and unbiased."* 'Sure' is the new way of saying – beyond reasonable doubt.

The GMC expert in 2007, Dr David Elliman, an expert who speaks for the Department of Health on vaccination safety and efficacy, was at the time a consultant at Great Ormond Street Children's Hospital and the senior manager responsible for the service where 'Baby P's' multiple fractures were not noticed and who died of horrific injuries just two days after being sent home. This was despite four consultants warning Dr Elliman more than a year before P's death, that the clinic was inadequately staffed, "falling apart" and that a child could die if action was not taken.

Dr Elliman claimed that the staffing and other problems in 2006-7 did not affect patient safety. The investigation by NHS London stated, *"That is a conclusion with which we would not agree."*

Dr Elliman produced a report for the GMC on the meticulously researched and referenced opinion I had presented to the High Court, so critical that my indemnifiers at the Medical Defence Union said they had never seen a report by a doctor about a colleague that was so scathing. Yet when asked penetrating questions by Ian Stern QC, from which he was unable to hide behind sound bites, edited interviews, or sweeping statements not backed up by evidence, Dr Elliman had to admit he was wrong on many points and to admit that in other cases he had been 'quibbling'.

DR Jayne L.M.Donegan

"It is important to know that the GMC hierarchy is peopled with ex-Whitehall mandarins, many from the Department of Health which may explain why they act so swiftly to penalise 'dissenters."

The GMC were not happy about this outcome, they had the opportunity to appeal but did not – the verdict was too compelling.

Twelve years later, as part of a universal campaign against any practitioner giving comprehensive information on vaccination, the Times and Telegraph sent reporters pretending to be patients and lecture attenders, to chase me across the country, attending multiple lectures so they could write disparaging articles and report me to the GMC. Matt Hancock, the disgraced former Health Secretary stated in the Telegraph in 2019: *"The science is beyond doubt: vaccines are safe. They are effective and they save lives and* ***there is no alternative****. Vaccines are a miracle of modern medicine and I condemn anyone who suggests otherwise."* He was joined by the then head of the NHS Simon Stevens in calling it misinformation – a term which has become far more common in the last three years.

Bizarrely, as in 2007, despite the whole reason for being referred to the GMC being specifically to do with the information, described as misinformation, I gave about vaccination and vaccines, the science of vaccination was not explored. Indeed the Tribunal Chairman in 2023, a lawyer named Julian Weinberg specifically stated that anyone expecting to hear who was right about vaccines would be disappointed. *Ad hominem* attacks are fine, but not addressing the science.

The most bogus accusation was that I had been dishonest, and knowingly so, when I described my 2007 GMC win as: *'It is a matter of public record that I am the only qualified medical practitioner in the UK whose medical advice on vaccination has been proven in an extensive examination to a standard of beyond a reasonable doubt before an English legal tribunal to be sound and based on peer reviewed scientific and medical journal published literature (GMC 2007).'* They were still miffed that I had not been struck off in 2007. Yet in the three years of this investigation the GMC has produced no expert to tell me what was incorrect or inaccurate in what I said. Nor did the Medical Protection Society, my indemnifiers, require them to do so. Quite the opposite, the MPS treated me as guilty from the outset, ignoring throughout that I had a sound defence and that the dishonesty charge was a sham to force a hearing. They gave the solicitor and barrister instructions behind my

back, a clear breach of their obligations to me, and continued to do so despite my protests. They refused point blank to engage the solicitor who won my 2007 case, who might have won my case. After three years of this sabotage and in response to my complaints they cut my funding and 'dumped' me. This despite the thousands of pounds I had paid in subscriptions over years. It is hard to think they were not working in concert with the GMC and Department of Health.

Other charges were:

- Putting newborns at risk of serious harm by not recommending vaccines in pregnancy – since thalidomide, pregnant women have been regarded as 'sacred' they should not even take paracetamol.
- Failing to give balanced information on the risks and benefits of immunisation – have you ever had 'balanced' information on vaccines from your health care provider?
- Failing to comply with NICE Clinical Knowledge Summaries on immunisation regarding consent
- Making statements which encouraged parents to deliberately misinform healthcare professionals about their children's immunisation status and/or diet.

The dishonesty charge was specifically concocted to stop me from voluntarily removing my name from the register as a 'dishonesty' charge is one of the reasons listed for refusal of all such requests.

It is important to know that the GMC hierarchy is peopled with ex-Whitehall mandarins, many from the Department of Health which may explain why they act so swiftly to penalise 'dissenters.' The Medical Practitioner Tribunal Service was specifically set up in 2012 to be independent of the GMC in adjudicating in fitness to practise procedures. However it is housed in the same building as the GMC, and is answerable to the GMC, so not much independence there.

The vaccination experts in the vaccination court case 2002-2003 that brought me to the attention of the GMC in 2004 - 2007, Professor Simon Kroll and Dr Stephen Conway were both members of the Joint Committee on Vaccination and Immunisation (JCVI), a conflict of interest not addressed by the legal team at the time, nor did these experts declare membership of the JCVI as a conflict of interest themselves. The GMC expert in my current case, Dr Andrew Riordan has been a member of the JCVI, and sometime deputy and acting chairman since 2008. This is an automatic conflict of interest - if one of the JCVI experts admitted there is a way of achieving health other than vaccination it would be a direct threat to the policy recommended by its members. Policy which is adopted by the Government and implemented by the NHS in the form of onerous targets for GPs who get no money at all for vaccinating children if they fail to reach a minimum of 81% uptake with the optimum higher level payment requiring a 96% coverage of vaccination in their practice. Nor are they allowed to opt out of providing vaccines as previously.

Members of the JCVI will not speak against policy they themselves have endorsed. A doctor giving comprehensive information about vaccines so that people can give informed consent is a direct threat to JCVI and hence Government policy.

Part of my response to the GMC charges was that that the GMC expert was not independent, objective and unbiased and that he had misled the Tribunal intentionally in his expert report. I discovered this when I obtained copies of the correspondence between the GMC and their expert, that he had not expected me to see. His overt bias was evident when it was stated:

"Having reviewed most of the material, Dr Riordan stated that the report is going to be difficult to prepare, as most of what Dr Donegan says is correct…."

Only difficult if you have been engaged to do a 'hatchet ' job.

"..although she only tells half the story."

On this basis every GP in the UK should be accused of serious professional misconduct, and, *"Whilst the lectures contain misinformation (which we have highlighted), in my opinion they are not misleading as a whole. I have therefore not added any comment on this."*

Not added any comment on the fact that they were not misleading as a whole? Of the 93,527 words in the transcripts of my lectures and consultation, 1,813 words were complained of in the GMC's charges, meaning that 98.07% of what I said was not, and even acknowledged by the GMC and their expert to be correct. If Riordan were acting as a proper expert that should have been at the very beginning of his report – not omitted.

He also mislead the Tribunal as to the correct standard in the UK for consent. This is not the NICE Clinical Knowledge Summaries, cited by the GMC trainee solicitor, summaries which comply with neither the GMC guidance nor the law. He ignored the leading UK case on consent to medical treatment, Montgomery 2015. In this he was joined by the legally qualified chairman of the tribunal, Mr Julian Weinberg, a practising solicitor, and his colleague a barrister, Ms Hill, even though I had I drawn their attention to it in my detailed submission.

He also refused to produce his references for 16 months and then only in dribs and drabs. It became apparent that he had not read many of them. His lack of thoroughness was emphasised by the fact he did not know that the 'saline' placebo in the HPV Gardasil-4 vaccine trials [Reisinger et al 2007] contained polysorbate 80, the compound acknowledged to be the cause of anaphylaxis in the AstraZeneca covid injection. He only discovered this when he was forced to provide copies of the references he had

quoted. He admitted that he had previously only read the abstract, yet he was a member of the JCVI when it recommended the 9-valent Gardasil 9 vaccine for use in the UK with no further safety studies, relying on the prior Gardasil-4 ones.

To be clear, it took The GMC expert 15 years after the above report was published, and 16 months after he had cited it uncritically to find out, by actually reading the study, that what he was purporting to evidence with it was not true. He cited it to support his contention that there are gold standard placebo controlled trial for the vaccines in the regular childhood schedule in the UK when this, lamentably, is not true.

This is the level of oversight on which the public is forced to depend from the JCVI, from the Government which relies on the JCVI to set vaccine policy, and from the NHS that implements it. An egregious example of hypocrisy, and overt bias but unrecognised by him as well as a shameful lack of trustworthiness. This is what the MHRA means when it says that vaccines are 'robustly tested.' They should be up before the GMC for giving *'only half the story.'* Giving *'only half the story'*, however seems to be acceptable if the half you are telling is the Government narrative.

In my 2007 case the GMC expert, Dr Elliman said: *"I have not considered the matters covered on pages 67-72 as they have little relevance to the subject in hand."* Matters covered on pages 67-72 of my Report were :

- *Factors affecting immunity.*
- *Are childhood infectious diseases a good thing?*
- *Does autoimmunity increase with decrease in these diseases?*
- *Treatment of childhood infectious diseases.*
- *The best interests of the child.*

This shows exactly the priorities of Dr Elliman as GMC expert - shockingly, no other factor than vaccines. Parents cannot get proper advice nor give informed consent to vaccinations on behalf of their babies and older children with this level of unbalanced, one-sided, one-size-fits-all medicine. Yet compliance with Consent: Montgomery 2015 requires that doctors give information on alternative treatments. No wonder people come to my lectures and consultations, which the GMC wants to prevent, to get a balancing view and comprehensive information.

Because of continuing irregularities with my indemnifiers, the GMC and the Medical Practitioner Tribunal Service, I realised I had to boycott the case as there was no chance of a fair hearing. I sent the GMC an 80 page letter announcing this decision. It was my only defence (available here) This had the effect of shortening the hearing period from five to three weeks 19 June – 07 July 2023.

The MPTS claims, *"MPTS is fully independent in its decision making and holds the majority of hearings in public."* There was considerable public interest in this hearing not least because of the catastrophic abrogation of every person's right to sovereignty over their own body including the right to determine what goes into it, when people were prevented from working, travelling, gathering unless they took the forced covid injection, even though it neither stopped transmission nor infection, nor was tested to see if it did so, but such niceties did not prevent governments and organisations making swingeing cuts to personal liberty and bodily integrity in those who refused to take it. People say, *"Surely, doctors wouldn't recommend treatments for us if they weren't in our best interests."* My hearing was an opportunity for the public to see exactly what happens to a doctor if she acts in her patients best interest, when that best interest does not support the Governments one-size-fits-all narrative.

The Chairman said that 150 people had applied to observe the hearing on the first day. This interest continued throughout, many applicants being from abroad, but MPTS refused to accept more than 15 observers, despite the fact that Microsoft Teams can accommodate 25,000 at a time and the chairman had asked the MPTS to reconsider the arbitrary number.

Notwithstanding the hearing had been three years in preparation, the Audio Visual team found the video files were too large to play and had to adjourn to work overnight to make them smaller.

My 80-page boycott letter was my only defence, but the panel did not read it out in what was purported to be a 'public' hearing, all the more flagrant as I was not there to present my case myself and was unrepresented. They did not play the full recordings of my lectures so the public were not able to hear or see those either. The chair ordered the submissions by the GMC barrister to be written, not oral. They were not read out so the public did not know what was in them. The limited number of observers included the panel members. Those few people who were given permission to observe had to contend with incorrect start times, being logged out frequently, much of the hearing being in camera, and the hearing which could have been finished in a week being dragged out for almost three weeks, some days there were only 30 minutes of public deliberation. So much for a 'public hearing' - more of a public shambles. But that is OK when it is a political show trial with a foregone conclusion.

Even with no representation and not turning up at the hearing I managed to have the bogus dishonesty charge struck out, also the charge of putting newborns at risk of serious harm and none of the accusations of vaccine misinformation were proved. Imagine if I had had a proper legal team.

The only substantive charge they found proved was that of making statements which encouraged

parents to deliberately misinform healthcare professionals about their children's immunisation status and/or diet and directed that my name be erased from the Medical Register, citing, what they regard as my, *"persistent lack of insight into the seriousness of their [her] actions or the consequences."*

While there are doctors who act unprofessionally, do not follow the GMC guidance on the Duties of a Doctor, nor the Law on Consent [Montgomery 2015] and display complete, *"lack of insight into the seriousness of their actions or the consequence,"* I support the right of every parent to do whatever is necessary to access timely and appropriate medical care for their children. When all doctors act like professionals parents won't have to. Being struck off by a corrupt GMC is a small the price to pay for taking a lawful ethical stand for the safety of British children.

I'm delighted my opinions on vaccination have been shown to be 'correct' for the second time in 16 years and that after years of trying to get off the GMC register I have finally achieved this. The worst possible outcome would have been ten more years of compulsory registration. I continue to lecture, offer consultations in holistic health and, of course, write articles in The Informed Parent, so the public can receive reliable information to counter NHS vaccine misinformation and disinformation.

2023 Dr Jayne LM Donegan, MBBS DRCOG DCH DFFP
03 Aug 2023

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https://www.jayne-donegan.co.uk

To attend her regular online lectures please visit https://www.eventbrite.co.uk/o/dr-jayne-lm-donegan-30030351200

RESOURCES

Other references available on request.

02 May 2023 Dr Donegan boycott letter https://tinyurl.com/4zjs5ae

03 July 2023 Mr Clifford Miller's affidavit stating that the 2007 GMC panel showed Dr Donegan's opinion on vaccination was correct
https://jayne-donegan.co.uk/wp-content/uploads/2023/08/2023-07-03-CGM-1st-0-Exs-SIGNATURE-ADDRESS-REDACTED.pdf

IS ANTI-VACCINE SENTIMENT AFFECTING ROUTINE CHILDHOOD IMMUNISATIONS?

MAGDALENE TAYLOR,
TIP EDITOR – AN OVERVIEW
WITH ADDITIONAL COMMENTARY

With uptake of the MMR vaccine falling in the UK, Emma Wilkinson examines whether anti-vaccination sentiment around covid-19 has played a part.

The above title was from an article published in the BMJ in February 2022. (BMJ 2022;376:o360) The author Emma Wilkinson opens the article about how a medical centre in Sheffield, which had always achieved a good uptake of childhood immunisations was going to be penalised financially due to declining immunisation rates. GP Anne Noble is quoted as saying:

"This is anecdotal, but we're finding quite a lot of parents saying they have researched the vaccine and are refusing it. Covid vaccine hesitancy seems to have impacted on it, unfortunately. There seems to be a loss of trust, which is both sad and worrying."

The article then continues with how the first dose of MMR had dropped below 90% in 2 year olds and by age 5 the uptake of two doses had dropped to 85.5%. The WHO's uptake target for 'elimination' is claimed to be 95%. Small decreases had been seen in other childhood vaccines, including the 6-in-one, rotavirus and meningitis B, the author adds.

A Sheffield-based GP at NHS Sheffield, Dr Gore, in response to this fall in MMR uptake, is quoted as stating: *"They are also the areas where if MMR uptake falls, you can guarantee you will get a measles outbreak, and if you get a measles outbreak, a child will die."*

I decided to try and find out if Dr Gore's claim of a measles outbreak had occurred and headed for the government website to look up the number of confirmed measles cases in the UK but there are only figures going up to 2021, and even then the 2021 figure is provisional. Over the years I have found the government website more and more user-unfriendly when one is trying to look at straightforward figures. Why can they not simply list number of measles cases for each year and also include important data such as number of vaccinated with one dose, two dose and also a list of vaccine uptake for each year?

Instead you find yourself clicking on to various pages and being directed to other sites to the point you almost feel like giving up. Perhaps that is the main reason the data is so inefficiently presented??

The data is sprinkled about here and there that unless you are very determined and have a lot of hours to while away in front of a computer screen most people are not likely to pull together all the available data.

On the UK Health Security Agency (as they like to call themselves these days) webpage entitled:

Laboratory confirmed cases of measles, rubella and mumps in England: January to March 2023 (Published 1 August 2023) they state:

In the period between January and March 2023, 31 laboratory confirmed cases of measles were reported in England compared to 7 cases reported in the previous quarter. Of these 31 cases:

- ***7 (23%) were imported and 3 (9.7%) were import-related***
- ***35% of the confirmed cases (11 out of 31) were in children under 5 years of age***
- ***38% (12 out of 31) were in 15 to 34-year-olds***
- ***13% (4 out of 31) were previously vaccinated, 2 were partially vaccinated***
- ***2 cases, in London, were reported to be fully vaccinated***

Here I draw your attention to a few observations:

- PCR is often used to confirm measles cases and as many of us have to come to learn during the last few years this method should not be used as a diagnostic tool!
- also over the years we know that the immunisation status of a child may well affect the diagnosis in the first place. How many presentations of what would have been called measles in the past were labelled a 'non-specific viral infection' simply because the child had received MMR and not notified as a measles case?
- and we must remind ourselves that measles pre the vaccine era (pre 1968) had fallen hugely both in cases, severity and deaths and was not viewed in such a fearful way as it is portrayed these days.
- most healthy children will sail through measles if it is allowed to run its course without suppression or medical mismanagement
- from a holistic view it is a necessary detox in childhood which is often followed by a growth spurt both physically and mentally;
- it used to be very much a childhood acute and yet has become much more a disease in teenagers and young adults as well as under-ones? Why?
- of the 11 cases under the age of 5 listed above - how many were in the under-1s?
- bear in mind that babies under one will be listed as unvaccinated as the MMR is not given until 12/13 months
- there is no mention that any of these cases resulted in hospitalisation or death so we must assume they were straight forward cases as otherwise the authorities and mainstream media would take the opportunity to frighten the public
- when searching for details on measles deaths in UK since 2010 more deaths are in adults (10 out of 14 deaths); obviously without detail, medical history, the management of the cases etc there is no way of understanding why these deaths occurred. It does however state below the figures the following text:

Inclusion criteria: data presented here include all deaths registered in England and Wales where measles infection was included as either the primary or ***contributing*** cause of death on the death certificate.
Interpretation: Measles infection can lead to death after a short acute illness, or can lead to complications with long term sequalae that may lead to death several years later and/or ***may be a contributing factor*** to an individual's death alongside other underlying conditions. ***(Bold italics TiP emphasis.)***

It also states that '**From 2000 to date**:
4. All reported deaths have been in individuals who have not received any measles-containing vaccine.
I tried at length to find out how they obtained that information. It states '**Data Source** ONS deaths statistics' however I could not locate any data on the immunisation status of the deaths from the ONS site?? I would be most interested if anyone else has a more productive investigation.

Regarding the diagnosis of measles in vaccinated individuals:

On the NICE website:
https://cks.nice.org.uk/topics/measles/diagnosis/clinical-diagnosis/
It states:
Consider a diagnosis of measles in people presenting with a rash, fever, and other symptoms suggestive of measles. Check the person's immunization history and whether they have previously had measles.

- Measles is more likely in people who have not been fully immunized and have no history of measles infection.
- The group most at risk are young adults.

And further down it states:
Consider a different cause for the rash if the person is likely to have immunity to measles, clinical features are atypical, there is no history of contact with measles or travel to measles-endemic countries, and there are no local outbreaks.

In cases of measles in those who have been vaccinated or previously been infected (breakthrough or modified measles), symptoms may be mild and have a shorter duration, and there may not be the typical rash. Cases of breakthrough measles are relatively rare, and have lower infectivity.
Then under Differential Diagnosis – it states:
Other causes of rash are much more likely in people who have previously had measles or who have been fully immunized.

In other words the immunisation status may alter the doctors view on diagnosis. In the past I have heard from mothers whose vaccinated child was diagnosed with a non-specific viral infection rather than measles. As for the symptoms being 'mild' and of 'shorter duration' there is absolutely no proof of that statement.

Measles became milder and milder over the last century and a half due to improved health so this is simply based on an assumption

"Measles became milder and milder over the last century and a half due to improved health so this is simply based on an assumption only, and an excuse to distract from vaccine failure, in my opinion."

only, and an excuse to distract from vaccine failure, in my opinion. **Please visit the MMR pages on my website there is a lot of interesting data and text on measles.** https://informedparent.co.uk/mmr-2/

Returning back to investigating Dr Gore's claim that with a lower uptake *'you can guarantee you will get a measles outbreak'*. I did not find any reported recent outbreaks in Sheffield.

However I see that UK Health Security Agency are warning of thousands being hospitalised and some deaths if the MMR uptake does not increase. In an article in The Guardian, 14 July 2023 the Science Correspondent Hannah Devlin reports:

'Without an improvement in MMR vaccination rates, the capital could experience an outbreak of between 40,000 and 160,0000 cases, fresh analysis by the UKHSA suggests. Experts said an outbreak of this scale could lead to dozens of deaths and thousands of people hospitalised.'

I wonder what is meant by 'fresh analysis'... yes you would be correct in thinking it sounds like computer modelling. I found this statement from the **UKHSA – Risk assessment for measles resurgence in the UK** (July 2023)

'At current vaccine coverage, the risk of a large measles epidemic outside of London is considered low but models suggest that an outbreak of between 40,000 and 160,000 cases could now occur in London.'

And as we experienced with computer-generated predictions from Ferguson at the Imperial College they were far from reality! MP Bob Seely, Vol 707, 18 Jan 2022 at a parliamentary debate on **Forecasting and Modelling*** mentions in his presentation: *'Former chief epidemiologist Johan Giesecke said Ferguson's model was "almost hysterical". In the House of Lords, Viscount Ridley talked of a huge discrepancy and flaws in the model and the modelling. John Ioannidis from Stanford University said that the "assumptions and estimates" seemed "substantially inflated".'*

And further into this document another interesting statement under the heading **Modelled R based on susceptibility levels and measles transmission** it states: *'For historical vaccine coverage data, evidence suggests that approximately 50% of English 10 to 16 year-olds reported as unvaccinated had in fact received at least 1 dose of measles-containing vaccine.'* Hardly reassuring, but good that it is admitted!

Returning back to the BMJ original article by Emma Wilkinson where she then reports on how GPs face being financially penalised because some immunisations, including the MMR, have been added to the Quality and Outcomes Framework where GPs have to hit 95% uptake to achieve the full payment.

East London GP Farzana Hussain states: *"We have an admin person who spends an hour a week calling parents, and without it I think we'd be at 50%. Most say yes, they will come in, and then never turn up.*

"We really need to know what their concerns are—is it trust about vaccination, or is it that they are very busy and not coping? It can take a lot for someone to tell you, and everyone probably has their unique reason."

The article then moves to ways to increase uptake with comments from Greg Fell, Sheffield's director of public health: *"For some people these are difficult to access services, so we probably ought to try a bit harder," he said. "Not just to run a vaccination clinic in a surgery a mile away but bring it to the community centre, bring it to the mosque, and work with those community leaders. That's being organised now."* As we experienced during the covid story vaccine hubs were set up in town centres etc to target passers-by to be vaccinated.

Is this a strategy that will be embraced more frequently for childhood vaccines generally? Very likely. The article ends with comments from Helen Bedford, of Gt Ormond St Institute of Health about a lack of solid data as to the complex underlying reasons for declining vaccinations including not having *'the attitudinal stuff'*. Bedford's suggestion is to increase the number of health visitors, *"With health visitors, it's young families missing out on those early contacts—where you talk about vaccination, encourage parents to take it up, and remind them about it," she said. "That's one issue that I think is really important."*

In my own experience back in the early 1990s when I offered my health visitor a small booklet 'Mass Immunisation: A Point in Question' so she could understand my growing concerns regarding vaccination – she agreed to read it. Next time she visited she told me not to show her anymore literature as her job was to promote it! I did not see her again. I also had a few phone conversations with health visitors back then who contacted me due to their increasing concerns about the vaccines, and on more than one occasion were told that they had experienced reprimand from their bosses, and warned that if they valued their job they should stick to only promoting vaccines to parents!

* https://hansard.parliament.uk/commons/2022-01-18/debates/AB251DCA-8088-485C-BF49-3999C4EE9AC5/vid-19ForecastingAndModelling

HOMEOPATHY INTERNATIONAL (HINT)

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

AIMS & OBJECTIVES OF THE *informed* PARENT GROUP

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

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