30 INFORMATIVE YEARS
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A NEWSLETTER ON VACCINATION ISSUES AND HEALTH

VACCINATION: THE HIDDEN FACTS

ES, EVENING STANDARD, SEPT 1991

OVER the last 3 decades I have been asked on numerous occasions as to why I became interested in vaccination.

As this edition of the Informed Parent marks 30 years of this publication I am reproducing the first article written by journalist, Andrew Tyler that prompted me to start investigating the subject of vaccination. Prior to this article I had never questioned the issue and assumed that vaccines were safe, effective and were eradicating disease. This was due to blind faith only. In other words I was coming from a bias of being in favour of vaccination due to believing it to be based on sound science.

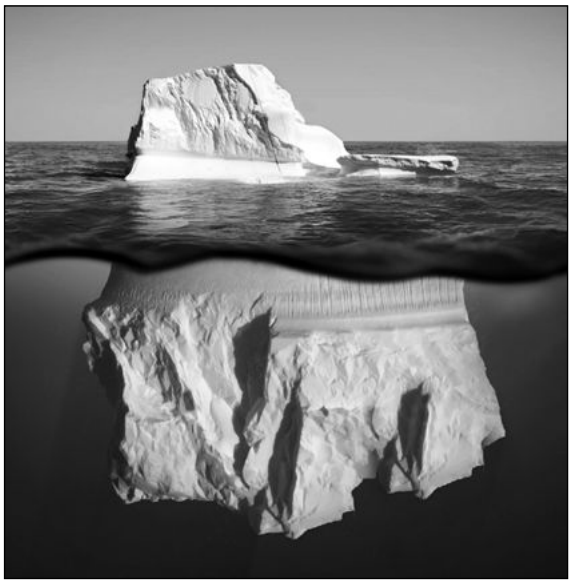
I would like to add that after 30 years of study on the subject I do not share all the opinions of the author indicated in his article – no doubt if he was still alive he may well have started to question the whole concept of 'disease' and the validity of the germ theory by now. His article was one of the main reasons for the birth of The Informed Parent. Thank you Andrew Tyler! (Sadly Andrew passed away in 2017, but he was very much aware of how his article had played a huge role in the existence of The Informed Parent.)

THE ARTICLE

'Controversial research suggests that the vaccinations British doctors are encouraged to recommend may be dangerous and pointless assaults on children's bodies. Andrew Tyler reports.'

Many parents feel unsettled when the time comes to present their children – from the age of two months – for a series of vaccinations against the seven childhood afflictions officially proscribed by the authorities: diphtheria, whooping cough, tetanus, polio, measles, mumps and rubella.

The idea of allowing live virus and other disease products to be injected directly into the bloodstreams of their babies understandably causes shivers of doubt. They are told, however, to set aside their fears. For, by receiving the innoculations, their children also receive lifelong immunity against the diseases in question. The procedure, they are told, is almost wholly safe, with side-effects being rare and invariably minor.



This is the line imparted by doctors. It is enunciated in a scandalously complacent document offered to parents by the Health Education Authority called Birth to Five. In more detailed official publications, such as the Department of Health's Green Book, the data are simply more elaborately skewed so as to make the immunisation programme look safer and more effective than it really is.

This Green Book, for example, contains charts indicating a dramatic decline in the incidence of most of the seven afflictions that coincides with the introduction of immunisation. Yet the historical reality is that most of these diseases were on a sharp downturn, both in terms of their incidence and their virulence, ever since the great public health reform measures of the late nineteenth and early twentieth centuries. It was clean water, decent sanitation, proper housing, improved nutrition that dealt the decisive blows to these and other ailments. And, while immunisation has sometimes speeded that decline, on other occasions it has caused the disease it was set against to flourish or to mutate into a more dangerous form.

Not content with distorting the data, the authorities are now indulging in financial manipulation in their efforts to increase the vaccination levels.

Under the new GP contracts, effective from 1 April, doctors who achieve a 90 per cent take-up rate among parents qualify for an £1,800 bonus payment. Those managing just 70 per cent get £600. Anything under that percentage and the doctors get nothing. It is a nakedly coercive strategy, and already reports are reaching Rosemary Fox, founder of the Association of Parents of Vaccine Damaged Children, of GPs striking parents off their lists for refusing to allow their children to have the jabs.

'Most parents are unable to resist the pressure and have allowed their children to be vaccinated,; she says, 'but they remain very unhappy about it.' It is the pertussis or whooping cough vaccine that causes the most concern. The limited debate that has taken place in the UK has centred on this jab and on the well-publicised instances of brain damage clearly associated with it. But a significant and, probably, growing minority of parents are questioning the whole vaccination premise. Inspired by alternative health philosophies that call


Magda Taylor

Editor's note

WELCOME to the latest edition of The Informed Parent which marks the start of 30th year of the newsletter. I had absolutely no idea that I would still be producing this newsletter for such a lengthy time. I had hoped that this subject would have been properly scrutinised by the 'authorities' a long time ago when they were presented with the vast amount of evidence which brings into question the procedure itself and the theories behind it. However at that time I had no idea how much the 'authorities' were advised and controlled by the huge corporations et al.

The last two and a half years, whilst we have experienced extreme measures, lockdowns etc this covid narrative has actually created much more conversation on the vaccination issue and more and more people are questioning the subject, including a growing number of health professionals and scientists. It will be interesting to see what unfolds over the next year!

Enclosed in this edition is a flyer BE WISE! produced by two independent researchers concerned with lack of info for the public on the covid injections. I have included the interactive version on my website under INFO>PDF downloads *where you can follow through with the references etc. The researchers welcome feedback as well as any errors you may notice. Or you may wish to order more copies to pass on to other interested people. You can email TiP and I will forward your comments.*

I would like to take this opportunity to give a big thank you to all those involved in bringing the editions together over the years – Steve and Janet at EYEDiA Design, Dr Jayne Donegan and Dr Patrick Quanten for their regular thought-provoking articles and also to my partner Jon and family for helping to pack the newsletters into the envelopes and even delivering them to the post office when I have needed some extra help.

And of course a big thank you to you for subscribing and for your support and for some very generous donations which have helped me continue with the newsletter and website. Ideally the newsletter will continue until it is no longer needed ie the vaccination procedure will no longer be heavily pushed or even used at all, and a new understanding and approach to HEALTH will be adopted and become mainstream. I look forward to that time and it does have the potential to be sooner than we may think. In the meantime I will do my best to keep you informed!

***Magdalene Taylor, Editor,** August 2022*

P.S: Check out the regular Dr Donegan lectures coming up: https://www.eventbrite.co.uk/o/dr-jayne-lm-donegan-30030351200 *I will be presenting on the theories and the history online as an invited guest also.*

P.P.S: I would like to offer all UK informed parent subscribers 2 copies of the booklet 'Health The Only Immunity' for the price of one £8.00. Or 5 copies @ £20.00, inc P&P. (Limited offers until 31 Dec 2022) Please contact me via TIP Website Contact page *if you are an overseas subscriber and would like copies of this booklet at a discounted fee.*

for the immune system to be nourished rather than assaulted with toxic materials, and by new American research indicating links between some of the vaccines and phenomena such as cot deaths, leukaemia, neurological damage, arthritis and cancers, these doubters have turned into fully fledged refuseniks.

I talked to several these past few weeks – a musician, a female firefighter, an actor, a housewife, a playgroup assistant, two authors – and heard them describe what was, in the main, a careful journey from scepticism to rejection. Several of these parents had faced opposition from their GPs, schools and families, who all accused them of irresponsibility. Adult friends complained that their own children were being put at risk – despite them having submitted these same children to the supposedly dependable vaccine regime.

But, often, their anti-vaccination stand served to illuminate the doubt lurking in others. Rose Peel works in a W10 drop-in centre for under fives. She refused vaccinations for her own sons, now healthy ten and 15-year-olds, and is often drawn into discussion by young mothers whose babies have reacted unfavourably to the jabs.

They look so vulnerable, these young women, when they come in with their babies who have been vomiting and who knows what since the injection. And I tell them "you don't have to do it, you know. It's not compulsory". The Government says it's safe to stick a needle into a brand new baby and jab this stuff in. But how do they know what kind of allergic reaction there might be, quite apart from the possible long-term effects?"

'To me,' says Peggy Brusseaux, co-author with her husband of the soon-to-be-published Superliving, and mother of 19 month old Louis, 'it's a perverse social baptism by blood, pus and sputnum. You put these horrible substances into the body of a beautiful new person and you are supposed to be convinced that it's going to protect them from some disease. I find it both barbaric and an unnatural way of receiving the infection and, therefore, of building immunity.'

Says her husband Peter Cox: 'We are sufficiently worried by a number of these studies involving cot deaths and, indeed, AIDS and leukaemia, to know there are at least two sides to the question, and the other side, the risk side, seems to be persistently suppressed – even something as well established as brain damage from whooping cough vaccine. Another instance relates to the polio vaccine, whose negative effects have been consistently under-reported or hushed up – in particular, an incident in the 60s when a batch was contaminated with Simian Virus 40, one of the earliest viruses known to cause cancer. This came about because the vaccine was being cultured in monkey kidneys. Hundreds of thousands of people

received this contaminated vaccine and I'm quite sure that if there had been proper follow-up, with full publication of the results, there would have been huge public outcry against vaccination.'

As it is, the most acute dissenting voices on the vaccination question are being raised in the US – where all 50 states have compulsory vaccination laws, though often modified with exemptions on philosophical or religious grounds - and it is the homeopathic medical community that has made the running there, by gathering far-flung data and assembling case histories from their own practices.

The classic tract was penned in 1983 by Massachusetts-based homeopathic GP, Richard Moskowitz; he is due in Manchester next week to lecture at the Society of Homeopaths' annual conference. Moskowitz says he is 'deeply troubled by the atmosphere of fanaticism with which vaccines are imposed upon the public', and scornful of 'the smugness and self-righteousness of a profession and a society that worships its own ability to manipulate and control the processes of nature itself'.

At the core of his argument is the proposition that there are few greater 'insults' one can offer the immature immune system of a young child than to introduce, directly into his/her bloodstream, the foreign proteins or live viruses that compose modern vaccines.

The usual port of entry for, say, the measles virus, is not the bloodstream but the respiratory tract: the bug is inhaled in droplets. This 'slow' entry allows the body time to mount an effective immune response. And it is known that the virus is finally eliminated by sneezing and coughing – the very same route by which it entered. Moskowitz argues that such 'outpourings' are a perfectly normal and healthy physical phenomenon and signal the maturation of the child's immune system. In other words, these outbreaks of childhood diseases are rarely serious and can have long-term beneficial results.

But when the vaccine is introduced directly into the circulation, by contrast, it is given free and immediate access to the major immune organs and tissues without any obvious way of getting rid of it. Having gained access, elements of the vaccine can stay for prolonged periods, perhaps permanently, by incorporating themselves within the genetic material of the cells. This constant presence and the body's repeated but hopeless attempts to expunge the foreign or, by now, quasi-foreign presence, can lead to a systematic weakening of the immune system as a whole and, thus, a greater susceptibility to all manner of ailments.

And so, far from providing protection against acute disease, vaccination can be said to drive the disease itself deeper into the body's interior and cause that body to harbour the disease chronically.

Among the chronic maladies associated with latent, persisting viruses, says Moskowitz, are warts, shingles, herpes, Creuzfeldt-Jacob disease, AIDS and benign and malignant tumours. He also suggests a link between whooping cough vaccine and leukaemia – an association he supports with case histories from his own practice and with other clinical data. All this is apart from evidence of short-term, less serious side-effects.

A more serious phenomenon is the tendency for vaccines to offer short-lived protection to some children during their pre-puberty years, only to make them vulnerable during adolescence when they are less able to deal with certain infections. Mumps and measles are two such instances. Both are fast becoming a disease of adolescence and of young adults, according to American studies. The chief complication in this age group is what is known as acute epididymo-orchitis, which occurs in 30 to 40 per cent of the affected males and usually results in atrophy of the testicle on the affected side. It also attacks the ovary and pancreas.

American medical historian Harris Coulter has caused an even bigger stink with his vaccine investigation. In his new volume, Vaccination, Social Violence and Criminality, he claims: 'A large proportion of the millions of US children and adults suffering from autism, seizures, mental retardation, hyperactivity, dyslexia and other shoots and branches of the hydra-headed entity called "developmental disabilities" owe their disorders to one or another of the vaccines against childhood diseases.'

The problem can be traced, he says, to the vaccines' damaging effect on the myelination process of the child's developing nervous system – myelin being the greasy substance that forms an insulating sheath around nerve fibres. This damage causes an allergic encephalitis (inflammation or infection of the brain) leading to the the wide-spread consequences he has identified.

With vaccine proponents denying immediate, palpable side effects, says Coulter, it is little wonder that whole-hearted disinterest is shown in the possibility of long-term damage.

Rosemary Fox , of the Association of Parents of Vaccine Damaged Children, believes that new vaccines enter the public domain not for health reasons but primarily because of the drug companies' ability to dream up profitable new products. That the companies will tenaciously protect their products' reputation she discovered first-hand during the 1989 damages case, brought by the Loveday family after their child suffered brain injury following vaccination for whooping cough.

'Wellcome,' she says, 'were quite willing to spend at least £1 million helping the judge, as they put it, decide the issue, when they weren't enjoined in the argument at all. Nobody was suing them but they were so anxious to protect the name of vaccine that they brought together dozens of experts to say the vaccine couldn't possibly cause brain damage. The judge ruled that he wasn't satisfied in that particular case that the vaccine caused the damage, but said it is possible that it does. It's that last part of the judgement this is usually left out by vaccine proponents.'

Her association is not an anti-vaccine group, although Mrs Fox herself didn't risk immunising her third child after her second one, Helen, was seriously brain damaged by a polio jab. The association's job is to campaign for a proper level of compensation, as well as to act as an information exchange for

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parents whose children have been damaged or fear they might be.

Her main worry now relates to the MMR (mumps, measles, rubella) triple vaccine, introduced in 1988. Reports are coming in of it provoking meningitis, distorted vision, partial deafness and, more seriously, a paralysing new version of measles that leads to fatal muscle and limb paralysis.

'In response to these worries,' she says, 'there is always the bland comment that in the hundreds of thousands of vaccinations that have been done we haven't come across this illness. But they don't find it because they don't properly monitor. They just want to do the vaccination, go away and count the acceptances.'

Ultimately, as Richard Moskowitz points out, it is not for the 'experts' to determine whether or not parents should have their children vaccinated. The choice must be the parents', based on a reading of the arguments for and against. Too often the down-side is suppressed and they, therefore lack the information to make an informed choice. If parents do say 'no', then he urges they take corresponding health-building measures, by way of diet and exercise, in order to boost their children's natural immunity. For the impact of a bug depends on the vitality of the body it invades, as well as the virulence of the germ itself.

That parents should become their own experts is more important than ever as we stand ready to enter the new vaccine era. A jab for hepatitis B will be introduced in the US this autumn: how soon here? And vaccines for cancer, diabetes and AIDS are being worked on.

'The issue,' says Moskowitz, 'is a simple one of who calls the shots.' •

The article ended with the following, as this was before the internet. There is absolutely no way the Evening Standard would publish such a questioning article these days as well as a list of very eye-opening publications for the public.

For a suggested reading list, send an sae to PO Box 2303, ES, Northcliffe House, 2 Derry Street, W8 5XD.

Here is the list of publications that was sent to me from the ES back in September 1991. I would like to take this opportunity to thank the Evening Standard once again for their more unbiased journalism back then. I systematically ordered all the books listed, read them and began my journey into discovering a much wider perspective on such a health-altering procedure that has been inflicted on humanity these last couple of centuries due to a trusting and ill-informed public. – Magdalene Taylor.

- The Immunization Decision: A Guide for Parents
- Randall Neustaedter, North Atlantic Books, Berkeley, California, (1990)
- The Case Against Immunization Richard Moskowitz. Available from the Society of Homeopaths.
- Vaccination and Immunization; Dangers, Delusions and Alternatives. Leon Chaitow, CW Daniel, Saffron Warden, Essex. (1987)
- A Shot in the Dark Harris Coulter and Barbara Loe Fisher, Avery Publishing Group, Garden City Park, New York.
- Vaccination, Social Violence and Criminality Harris Coulter. North Atlantic Books, Berkeley, California, (1990)
- Should I Have My Child Vaccinated? Wolfgang Goebel, Anthroposophical Medical Association (1990)
- Immunisation Against Infectious Diseases Department of Health HMS0 (1990).

CELL BIOLOGY IS CURRENTLY IN DIRE STRAITS

BY HAROLD HILLMAN

(The late Harold Hillman, a British scientist 16 Aug 1930 – 5 Aug 2016.)

THE FOLLOWING BRIEF extracts are from Hillman's article (Revised version June 2011) 'Cell Biology is Currently in Dire Straits' whereby he highlighted the many detrimental factors as regards to the study of the biology of living cells and the methodology etc.

SUMMARY

During a research career lasting more than 50 years, I have concluded that the following procedures are unsuitable for studying the biology of living cells in Intact animals and plants: subcellular fractionation; histology; histochemistry; electron microscopy; binding studies; use of ligands; immunocytochemistry; tissue slices; disruptive techniques; dehydration; deep freezing; freeze drying; boiling; use of extracellular markers; receptor studies; patch clamp measurements; inadequate calibrations. The main objections to these procedures are: (i) they change the properties of the tissues being studied grossly and significantly; (ii) they ignore the second law of thermodynamics;(iii) they produce artefacts, many of which are two-dimensional; (iv) adequate control procedures have never been published for them. I have described alternative procedures, and suggested that unsatisfactory ones should be abandoned.

I have put forward the hypothesis that the poor quality of cell biology in the 20th century and since is the reason for the failure of medical research to discover the chemical changes initiating diseases, so that a rational approach to intervening in the chemistry early on has not resulted.

PREAMBLE

This open letter to cell biologists concerns very important mistakes made since the early 20th century, but, regrettably, still perpetuated in the 21st century (Hillman, 1972; Hillman and Sartory, 1980; Hillman, 1986; 2008). I have brought evidence that so much research work of poor quality has been published that there is a huge inertia which resists publication of better quality research.

Much of the current consensus in the subject is wrong. So this message is mainly addressed to young research workers starting their careers in the early twenty first century, who had not yet carried out and published compromised research.

I hope that they will have the strength of purpose to examine the popular consensus critically, and to carry out experiments of better quality.

IMMUNITY – FROM WHAT?

BY LESLIE THOMSON

The Kingston Chronicle (Rude Health)
March – April 1966, No. 6, Vol. 27

TiP Editor: The following article was written by a traditional naturopath, Leslie C Thomson back in the mid-60s – hence the style of writing. It does have a somewhat paternalistic tone – however please overlook this, especially for those interested in looking back to the basic naturopathic view on health held over 50 years ago, it may prove thought-provoking. Due to the length of the article I have slightly edited them and the following text is the second half of the article – the first half featured in Issue 1 2022.

METHODS

What is called 'natural immunity' is supposed to occur in a number of conditions: that is, the individual rarely goes through two spells of such conditions as mumps, measles, chicken-pox or scarlet fever. Immunisation is claimed to be a logical and artificial extension of this effect. Instead of having to undergo the ordeal of acute disease himself, in order to reach the state of immunity, the human is offered ready-made products of disease. It was Jenner who first put this forward as a practical possibility, and his reasoning was based upon incomplete and inaccurate observation. This led him to believe that a person who had gone through cowpox could not thereafter develop smallpox. His aim was therefore to induce a mild case of cowpox, and he experimented with various methods. Essentially, he introduced into the human subject's body a small amount of the pustular material from a diseased cow.

Variants were developed, with advantages in the way of easier production and distribution of the vaccine, but the principle has survived. To this day, vaccination against smallpox is a steady commercial line, despite all logical and professional objections. (The term 'vaccination' originally referred to the injection of matter from a diseased cow, but this etymological precision had been blunted. Today, it is applied to a wide range of products and methods, including extracts from the bodies of diseased monkeys, administered by the mouth.)

There is preference for the less obviously unpleasant forms of treatment: polio vaccine is now offered on sugar lumps and some of the injections against tropical diseases are far less shattering than they were a few years ago. But it is inevitable that if the desired response is produced in the patient, there must be a long-term disruptive effect.

It may be worth amplifying a passing remark above, concerning the lack of logical and professional support for immunisation. If any logic at all is involved in immunisation, it must imply the artificial imitation of a natural process. For immunisation to work, it must relate to a disease condition which produces a 'natural immunity'. Those diseases which can occur more than once in a lifetime are obviously non-immunising, yet the more enthusiastic salesmen for vaccines are now claiming to protect the populace by inducing immunity from them. Professional support for vaccination is largely taken for granted. In fact, whenever free discussion is allowed, the most knowledgeable observers are highly critical. They are uncomfortably aware of the dangers and drawbacks of mass immunisation, and of the tragedies which it entails.

SUCCESS?

From its most primitive beginnings, the history of immunisation is a catalogue of broken promises. Jenner originally claimed that a single vaccination conferred lifelong immunity from smallpox. Within a short space of time, he had to modify his claim, and thereafter repeatedly reduced the period of supposed immunity until it was no more than a few years. The records show that even his most modest claims were quite unfounded. In Britain, smallpox had already begun to diminish in incidence and intensity before vaccination became generally accepted. Once this happened, smallpox began to increase and not for several years did it resume its downward trend. The vaccinists, of course, claimed this later improvement as attributable to their treatment. In fact, the lasting decline in smallpox took place as a direct result of improved sanitation throughout the country. Piping human excreta out to sea may be poor husbandry – human waste ought to be composed and returned to the farm lands – but at least it was better than having it accumulate in open middens among overcrowded town houses.

Today, smallpox in the old-fashioned form is virtually non-existent in these islands. It still occurs in parts of the world where overcrowding exists, where nutrition is inadequate and where sanitation is conspicuously absent. It is in these areas that vaccination is most assiduously practised, and the results are pitifully negative. When we have our occasional smallpox scare in Britain, it is almost always some well-vaccinated Oriental seaman who sets it off. The authorities take particular care to explain that the alien patient is 'unvaccinated', even when his medical records show repeated and recent vaccination. Their argument is unbelievably naïve: "But the facts speak for themselves – he has smallpox, and therefore he cannot have been vaccinated." And it is a foxy naivete, because they later use just these cases to

bolster up their argument: "During the past x years the only cases of smallpox reported have been among unvaccinated person." In such a closed circle, logical reasoning is quite unavailing. It has been openly admitted in Parliament that the same technique is also used in reverse: anyone who has been officially immunised may not be recorded as suffering from the disease in question.

CONCEALMENT

Why should the authorities behave in so furtive and prevaricating a manner? Surely it is in the general interest that the facts should be openly and fairly presented? The secretive attitude appears to be a tendency of all officialdom, reaching its maximum in those Departments which do the heaviest spending of public funds. "National Security" is the blanket excuse for hushing up every kind of abuse, and – very slightly modified – it is also dragged over the whole unsavoury business of immunisation. "The public's faith in protective medicine must be maintained, otherwise there would be national panic when a case of smallpox is reported."

In actual fact, it more often seems that the panic is deliberately whipped up by the authority so that the public are driven sheep-like into the only 'protection' they are allowed to know about. The latter explanation is strongly reinforced by two factors: - it plays into the hands of bureaucracy, which loves to exercise its power over people, and it is enormously profitable. The money involved in the wholesale germ-killing business is in the same astronomical category as military preparations – even if the first-named is miscalled a "Health Service" and the second variously euphemised as "Defence" or as "Space Programmes". (The parallels do not end there, but enough for the moment!)

Officialdom and Big Business understand each other, and play a mutually advantageous game. Quoting from memory, dimmed by the decades, somewhere in that classic historical satire "1066 And All That" occurs the passage: "…that a man should be tried by his peers, who would understand." Today we call it the Old Boy Network, and similar jolly expressions, to keep ourselves from becoming too angry about it all. International Officialdom does not eat International Big Business, and these global groups look well after their national and local associates, They all speak a language which masks their true attitude to the trusting, or merely unthinking, citizens whose welfare they are supposed to promote.

"In actual fact, it more often seems that the panic is deliberately whipped up by the authority so that the public are driven sheep-like into the only 'protection' they are allowed to know about."

COST

The cost of 'immunisation' is immense, in the purely monetary sense, but this is not the end of it. The levy in vital, human terms is many times more monstrous. Vaccination has probably the worst record of all, but that is only because it has been longest established.

Doctors express great concern when one of their patients is unlucky enough to suffer puncturing of the skin with a sharp stone or a rusty nail. The risk of developing blood-poisoning or lockjaw is so great that immediate treatment must be given, according to their teaching. Yet the filth which may reach the tissues and bloodstream by accidental injection is almost negligible in quantity and virulence by comparison with vaccines.

When children stumble and graze their knees they do not develop meningitis, but that serious and sometimes fatal condition is well known to occur after vaccination. Only those cases which result in death are officially recorded; yet there have been far too many of them over the years, and they represent only a tiny fraction of all the children invalided or mutilated by vaccination. "Sheer coincidence" say the vaccinists, with bland assurance. "Just because vaccinated children become crippled or may die, it is quite wrong to regard this as cause and effect." Maybe, but there comes a point when the relationship is too strong to be ignored, and when the comparisons between vaccinated and unvaccinated are so glaring that no mere freak of statistics can be responsible. However, it must be admitted that crippling illness does not occur in a high proportion of those vaccinated or otherwise immunised. Yet, if the treatment has any effect at all in the intended manner, it must be suppressive. Medical training tends to avert doctors' attention from the long-term effects of suppression. Each disease state is regarded as separate and specific: to-days' illness has nothing to do with last year's treatment. To clarify our own viewpoint, let us take a brief diversion for the purpose of defining terms. Each of us believes that we understand the meaning of "health", "disease", "symptoms" and "elimination", but if we start discussing such matters we rapidly find that we are at cross-purposes.

Common misconceptions include these:- That a person is healthy if he has no symptoms. That a disease is the sum of its symptoms. That elimination is accomplished by having a regular bowel movement. By contrast, our observations lead us to quite different understanding. Perhaps the main points may be set out in the form of short statements:

1. Disease may be present without the patient being aware of any symptoms
2. The state of being diseased must precede its symptoms.
3. Symptoms often become most obvious after healing activity has begun.
4. Elimination of tissue wastes is normally effected through the skin, kidneys, lungs and liver. (Only when disturbed do the bowels eliminate significantly.)
5. Elimination, in civilised people, is rarely adequate day-by-day, so that occasional extraordinary efforts are called for – the 'spring cleanings'.
6. The 'spring clean' is not a disease, although it may be characterised by dis-ease – physical discomfort and emotional distress.
7. No matter how unpleasant the symptoms of elimination, they should be accepted calmly. It is safer to allow their free expression than to attempt to arrest them.

If these points are understood and appreciated, it must also be recognised that immunisation can be the cause of

wasted vital energy, of lost opportunities and of permanent handicaps. These are not mere theoretical deductions; they are observed facts, for which the seven points above seem to provide a logical explanation.

NATURAL IMMUNITY

"Natural Immunity" is also a much misunderstood expression. It should be regarded not as a mechanism for making certain symptoms impossible, but rather of being in a state which does not require participation in the disease of the day. A person able to live much more healthily than average might well seem to be immune from colds; yet if his system is in a truly healthful state he will have a cold when it would be to his system's advantage to have one. That might be only once in many years: but if he changed his way of living to one with less activity, less fresh air, more anxiety and less wholesome food, he would need more colds, and he would have them.

Would you ever say of a person that he was "immune from indigestion"? People vary in their sensitivity to unsuitable foods, but we all know that indigestion is the logical result of taking food which is either of the wrong kind or taken in a wrong fashion. Anyone who can eat really unwholesomely and suffer no immediate discomfort is to be pitied. The late Gilbert Harding allowed himself to be quoted as saying "Of course I get indigestion, but I don't suffer from it". He stopped the pain with medication, and in that way put out of action his natural protective responses. He 'immunised' himself against stomach-ache, and probably shortened his life thereby.

The word 'immunity' itself is misleading, since it suggests a permanent exemption from the rules of cause and effect – in other words, a privileged suspension of natural law. Quite recently in these pages we have noted the idiocy of such conceit, which imagines that disease can be cured despite the continued operation of its causes. Perhaps a better way of thinking about freedom from disease and disorder is to emphasise the word 'freedom'. We all know that, in our world, freedom is a relative and conditional state; that freedom from unpleasant consequences can be looked for only if we observe the rules. The more earnestly we desire release from existing illness and freedom from future distress, the more clearly must we understand the rules and the more conscientiously must we live by them. That is not a man-made edict: it is an inescapable fact of existence. (Yet there are people foolish enough to imagine that because a Naturopath is honest enough to put the position squarely to his patients he must be unfeeling, inhuman and humourless. They prefer authorities who would smother everything in syrup, and who say – in effect – "Yes, these are the rules for ordinary people, but you are of the fortunate few for whom we can arrange immunity.")

ENCOURAGEMENT

How, then, can we genuinely make our bodies less liable to break-down- as distinct from being merely symptom-free? We must begin by seeking to understand why we have fallen into a state of less than High Level Health, and what our systems are already attempting in the way of self-improvement. One early Naturopath – expressing the 'encumbrance' idea – put it thus: "Just as there is but one health, so there is but one disease – tissue uncleanliness." However incomplete that suggestion may be, it does give us a practical starting-point. For salvation we should not look to international big business, but to our own daily lives – our habits, our environment and our emotional background. A body which is clean and well-adjusted has need neither of 'protection' nor of 'disease'.

Like any dirty mechanism, a clogged body has need of cleansing. Like any badly-adjusted machine, the body needs to have its excessive tensions eased and its slackness taken up. Like any mis-directed vehicle, the body must be given responsible and purposeful guidance. What any individual must do to eliminate accumulated wastes and restore healthful balances can only be suggested after a thorough examination of the whole situation. Again quoting James C Thomson, in countering the question "Which is the most important part of a bicycle?" And his answer to that was: "The bit that is missing". There is more in that Irish-sounding observation than may strike one at first, and if its implications are recognised, many perplexities are clarified. For example, it sometimes occurs that at Kingston we have two patients with similar major symptoms. In the way that some introspective people will, they compare notes and may be surprised to find that we have suggested quite different treatment (in the broadest sense) for each. Because most people have accepted the idea of diseases being separate things, each with its specific 'cure', such divergent advice seems odd. But if one sees that ill persons are so because of how they have lived, and because of their total backgrounds, it is obvious that widely different causes may have contributed to the breakdown in each individual case. Expressed differently, our diagnosis is not a matter of finding a name for the disorder, but of trying to discover as many as possible of its causes.

(The converse also occurs, of patients with seemingly quite different ailments being given what they regard as similar treatment. In this case, they over-simplify by seeing the resemblances and ignoring the differences – a prevalent human failing. However, also over-simplifying, one may say that two people may have the same disease for quite different reasons, and that two others may have quite different diseases for very similar reasons. 'Disease' in this context merely being shorthand for recognisable groups of symptoms.)

If the implications of the foregoing paragraph, and of J. C. T.'s bicycle analogy, are acceptable, then the whole concept of making a mass of people healthy by putting deadly rubbish into their systems is seen as utter nonsense.

The running of a house may be an overworked parallel, but it remains one of the best for ensuring sanity in any discussion about such emotional terms as "infection", "contagion", "immunisation", "protection" and "parental duty". "Immunisation" is magic for frightened, ignorant people. For more enlightened folk, not afraid to take responsibility for the conduct of their own lives, immunisation in any form is an unwanted, unnecessary and repulsive form of witchcraft.

The Root of Human Conflicts by Patrick Quanten MD

HUMAN LIFE, human society, is riddled with conflicts. What happens inside an individual is also visible within the society that individual lives in. The nature of conflicts is such that finding solutions doesn't seem to be as straightforward as you might think. Not only do conflicts have a tendency to drag on but they also grow. One conflict becomes set on top of another, which is, and this is typically a facet of human nature, creating 'buildings' of conflicts. Conflicts tend to get structured into very complex constructions in which every side has a point to defend. In other words, there is no possibility of seeing the truth, the one reasoning that everybody can subscribe to. But if human conflict situations are no longer resolvable, how can humanity as a whole have a future? For this it is necessary we investigate the root of the problem, in this case the source of the human conflict.

An individual has a conflict from the moment he/she does not want something that is present in his or her life. Now the individual is in conflict with life, or any specific aspect of it. Wishing for something is the format that is most commonly used by humans. We wish for something that we perceive to be absent in our life at this moment in time. It may be present but if we can't see it and we want it, we begin wishing we had it. In fact, this 'wanting' is the direct result of us being dissatisfied with the way we perceive our life or parts of that life. There is something there that we don't want and in order to change that, we wish it was replaced by something else. If you already know you have something you do not wish for it. You recognise it to be in your life and therefore you don't need to wish for it. So wanting something is the reversed expression of 'not wanting' what is there, of refusing what is. Very often it is easier for us to express what we want than it is to identify and describe what we don't want. Both are used to express

Patrick Quanten MD

"Conflicts are supposed to be short in time and limited in energy input. Humans better be aware of this natural fact. If they do not take this truth in consideration they will seriously, even life threateningly, damage their own lives."

dissatisfaction.

When we don't want something that is part of our life we basically would like it to go away, to disappear, to vanish. When we don't want something that is part of our life there are three possible ways to respond to the conflict we have just expressed. There are three ways to deal with this dissatisfaction.

In the first instance, you can feel that you are the victim of what life throws at you and you really would like life to stop doing that. You would like whatever you don't like to go away. Your outside world, where you feel the problem originates from, should take it away. It is the responsibility of the outside world as it is the outside world that has created the conflict you have, or at least that is the way you perceive the situation. In order to establish a positive outcome to this conflict we are told we have some tools in our possession that can make your wish a reality. We are being advised to think positively, to visualise the outcome we wish for, to pray to a higher power. And although these methods may focus the mind on the conflict, and in particular on the way we want the conflict to evolve, it might be obvious to you that none of these have a direct influence on removing the unwanted from your life. Whether you use any of these methods or none at all, if the unwanted is removed from your life it is done by your environment, for reasons that suit that environment, not because you prayed with the right words or your visualisation directly manifested your mind's picture.

A second response you may have to a recently introduced conflict is to be determined not to be pushed around. You are not having it, and that is that! So now you have declared war on the situation your life is in. In fact, you might say that you have declared war on your own life as it is this decision that establishes that there is a conflict. At this point the fighting starts. You will now do everything in your power to stop the unwanted from further invading or even bothering your life. You will put everything you have into this fight. It will cost you a lot of energy, and sometimes we are even prepared to offer other things in our life simply to try and win this particular one. A conflict and the requirements to keep fighting may extend far beyond its original impact on your life. Ultimately, there are only two possible outcomes.

One is that you manage to actually remove the conflict, the unwanted, from your life. You are able to completely stop the influence it has on your life by either destroying the unwanted or by making it go away. A successful outcome is only one that is permanent. In other words, you need to finalise the outcome, not temporarily defer the unwanted and then having to deal with it again at some later date. Winning means either completely destroyed or being chased away knowing it won't want to return. A permanent solution is the only acceptable outcome to your own life,

Photo by Frank Busch on Unsplash

leaving you with 'peace of mind'.

Any other scenario drags into an ongoing, almost never-ending, conflict. This will continue eating away your energies, your reserves, and weakening your life. A long drawn out conflict, war, is always detrimental to the system, even if, in the end, you get the upper hand. The reason for this is that it isn't about who wins the fight. It is about how much energy can you spare, or are able to syphon off from your system, before its vital functions begin to fail? In other words, a human being is not made, has not been constructed, for a lifetime of fighting. Conflicts are supposed to be short in time and limited in energy input. Humans better be aware of this natural fact. If they do not take this truth in consideration they will seriously, even life threateningly, damage their own lives. It isn't the conflict itself that creates this effect. It is the way we respond to the conflict. Choosing to fight a physical or mental war is always, without exception, a massive drain on resources. And let's not forget that the conflict has been created by the individual! It begins with "I don't want it".

The last possible response that anyone can have to a newly arisen situation is not to enter into a conflict. One can decide to accept the changing conditions of life and not to put up a fight. So if we decide not to resist the different situation, if we do not enter the war zone, we are able to watch from the side lines. We leave the situation as it is and we observe. Because the situation is new to us - hence the feeling of I don't want it – by observing and interfering as little as possible we will be learning a lot about this new situation very quickly. With this knowledge and insight we may be able to plot a way through the situation. We may spend our energy on adjusting to the changed environment rather than going to war with it. This response results in a no-conflict harmony inside our system. We don't complain about it. We don't resist it. We don't try and alter it. None of our energy is spent pursuing a 'want' or fighting a 'don't want'. Rather it is all spent in moving along with environmental changes and making it into the best we possibly can.

Once we realise how much energy we put into dealing with the conflicts of our lives it should no longer surprise us why so many people are tired, are ill and are dying. And it is never the conflict itself that is responsible for these outcomes. These are the direct result of the way we respond to a changed environment. If we insist we want it to be different from what it actually is, we have a conflict. On the other hand, if we manage to make some internal readjustments so we can drift along with it, we keep ourselves conflict free, which translates into good health and a balanced life.

Some of you may now feel that if nobody ever stood up against cruelty and injustice nothing would ever change and it would all get worse. May I first ask you whether you truly believe that all that fighting in human history has created more justice and tolerance within society or less? Furthermore, science teaches us that where energy is directed to, that those specific interactions will become more powerful. So when I put up a resistance against another person, another group or an authority, they are going 'to defend' themselves by creating a more powerful barrier, to which I then have to react by directing even more energy to the conflict zone. If by doing this the wall comes down and the barrier is

removed forever, then it may well be energy well spent. However, if it drags on and the walls keep getting higher and thicker, everybody is getting more and more tired, and less and less busy with living their own lives, then the analysis looks totally different. Life itself will be destroyed by not ending a conflict. The problem is having to decide when enough is enough, when you ignore your friends and neighbours edging you on not to give up. You don't have to face this when you haven't turned the changing environment into a conflict zone in the first place

From a health point of view, whether this is personal health or the health of a nation, one should be guided by one's own energy levels, one's own strengths and weaknesses in order to pick the right response. Also bear in mind that entering lots of conflict zones will disperse the limited energy you have and it will quickly leave the vital functions struggling to perform all the tasks life requires them to do. From that point of view it makes perfect sense to minimalise your time spent in conflict. And there are two ways of doing just that.

Be very choosy in what you want to do battle for. When starting a battle ensure it is a short one. Pick only a fight for something that is of vital importance to your survival. Make sure it has nothing to do with image, status, hurt feelings, revenge, envy, fear, self-esteem, and so many more emotions and standards set by society.

"Only pick a fight that you can win, and one that you can win quickly. Quickly does not refer to time in this sense. It refers to energy input."

Having the right to something that you have been denied doesn't warrant a long drawn out battle that might even kill you. Only pick a fight when it is absolutely necessary to your survival. And in essence, these are mostly infringements on your life that come from the human structure of life. Our lives are mostly endangered by other human beings and the construction of human society. Being restricted in life by natural circumstances mostly allows us to sense that there is nothing we can do about it. Being restricted in life by other human beings indicates that life could be different and that we can and must do something about it. Only pick a fight that you can win, and one that you can win quickly. Quickly does not refer to time in this sense. It refers to energy input. If you can remove the conflict out of your life with a few short blasts of energy, your life will not suffer very much as a result of it. In fact, it will be able to recuperate fully once you have moved back into a conflict-free zone.

Being in conflict creates carnage and being in chronic conflict creates death. And remember that it isn't the changing environment that creates the conflict. It is us responding to the changes by refusing them, by not accepting them. So we create our own inner conflicts ourselves, the very ones that will make us ill and kill us. Our environment, nature, does not alter anything simply because we blame it for our misfortune. Nature does not change simply because we want it to. Life, nature, is in constant evolution and we, humans, are an integral part of that evolution. We are constantly being moved around by forces that are even much larger than any human force can ever be, and if we refuse to accept this we are entering a life of doing battle with nature, a battle we have no way of ever winning. Humanity, and all of us are being dragged into this, has decided it doesn't accept nature as an overriding force, so it is doing battle with it. Humanity is fighting nature because it has decided that it knows best. Humanity has created a conflict and has decided to fight, it appears, to the destruction of humanity itself.

The root of human suffering is conflict. The root of human conflict is the choice we make about how to respond to changes and the adherence to wishes that fall outside of our current reality. The desire for life to be different from what it is, is what is killing us. Both the individual and humanity.

You may find it useful to alter expressions like "I want" and "I don't want" to a simple "we'll see".

July 2022

INCIDENCE OF GUILLAIN-BARRÉ SYNDROME AFTER COVID-19 VACCINATION IN THE VACCINE SAFETY DATALINK

KAYLA E. HANSON, MPH ET AL.
26 April 2022. JAMA Network Open. 2022;5(4):e228879

ABSTRACT

IMPORTANCE Post authorization monitoring of vaccines in a large population may detect rare adverse events not identified in clinical trials such as Guillain-Barré syndrome (GBS), which has a background rate of 1 to 2 per 100,000 person-years.

CONCLUSIONS AND RELEVANCE

In this cohort study of COVID-19 vaccines, the incidence of GBS was elevated after receiving the Ad.26.COV2.S vaccine. *(TiP Editor: Janssen COVID-19 vaccine.)* Surveillance is ongoing.

WE HAVE TO RESOLVE OUR CONFLICTS TWICE.
FIRST IN REAL TERMS, THEN SPIRITUALLY. ~ *DR HAMER*

DR RYKE GEERD HAMER: HOW UNRESOLVED EMOTIONAL TRAUMA CAUSES CANCER

https://www.alternative-cancer-care.com/dr-ryke-geerd-hamer.html

TiP Editor: The article in this edition by Patrick Quanten regarding conflicts brought to mind the work of the late Dr Hamer and the impact on our health by unresolved conflicts. Here is a brief extract:

ONE OF THE most recent studies on psychosomatic cancer therapy comes from Germany. Over the past ten years, medical doctor / surgeon Ryke Geerd Hamer has examined 20,000 cancer patients with all types of cancer. Dr. Hamer wondered why cancer never seems to systematically spread directly from one organ to the surrounding tissue.

For example, he never found cancer of the cervix AND cancer of the uterus in the same woman. He also noticed that all his cancer patients seemed to have something in common: there had been some kind of psycho-emotional conflict prior to the onset of their disease - usually a few years before - a conflict that had never been fully resolved. X-rays taken of the brain by Dr. Hamer showed in all cases a dark shadow somewhere in the brain.

These dark spots would be in exactly the same place in the brain for the same types of cancer. There was also a 100% correlation between the dark spot in the brain, the location of the cancer in the body and the specific type of unresolved conflict. On the basis of these findings, Dr. Hamer suggests that when we are in a stressful conflict that is not resolved, the emotional reflex centre in the brain which corresponds to the experienced emotion (e.g. anger, frustration, grief) will slowly break down. Each of these emotion centres are connected to a specific organ. When a centre breaks down, it will start sending wrong information to the organ it controls, resulting in the formation of deformed cells in the tissues: cancer cells. He also suggests that metastasis is not the SAME cancer spreading. It is the result of new conflicts that may well be brought on by the very stress of having cancer or of invasive and painful or nauseating therapies.

"Dr Hamer started including psychotherapy as an important part of the healing process and found that when the specific conflict was resolved, the cancer immediately stopped growing at a cellular level."

Dr Hamer started including psychotherapy as an important part of the healing process and found that when the specific conflict was resolved, the cancer immediately stopped growing at a cellular level. The dark spot in the brain, referred to by Dr Hamer as a 'Hamer Herd', started to disappear. X-rays of the brain now showed a healing edema around the damaged emotional centre as the brain tissue began to repair the afflicted point.

There was once again normal communication between brain and body. A similar healing edema could also be seen around the now inactive cancer tissue. Eventually, the cancer would become encapsulated, discharged or dealt with by the natural action of the body. Diseased tissue would disappear and normal tissue would then again appear. According to Dr Hamer, the real cause of cancer and other diseases is an unexpected traumatic shock for which we are emotionally unprepared. Of the 20,000 cancer patients reviewed, Dr Hamer discovered every cancer in the body has a different emotional cause.

For example, all cancers of the left breast are caused by the individual experiencing an emotional conflict involving the child, home or mother; whereas all cancers of the right breast are caused by the individual experiencing an emotional conflict with the partner or others.

This is because each type of psycho-emotional conflict, as found by Dr Hamer, is dealt with by a different part of the emotional reflect centre in the brain that corresponds to a different organ within the body. In nearly all cases, the conflict experienced occurs approximately 2 years prior to the diagnosis of cancer.

CONFLICTOLYSIS (CL)

A brief extract taken from:
https://learninggnm.com/SBS/documents/five_laws.html

THE RESOLUTION of the conflict is the turning point of the Biological Special Program.

Conflicts always originate from real life circumstances, brought on, for instance, by problems with a spouse (separation conflicts), the death of a loved one (loss conflicts), troubles at work or at school (territorial conflicts, self-devaluation conflicts), financial difficulties (starvation conflict, morsel conflicts), worries about a family member (nest-worry conflicts), or concerns about oneself (existence conflicts, death-fright conflicts).

Trying to find a practical solution is, therefore, the best as it is most lasting. The loss of a workplace, for example, could be dealt with by picking up an old hobby; constant "territorial anger" with a neighbor might require a move. Sometimes, conflicts resolve themselves, for instance, when life-circumstances change or when other matters gain more priority. On a spiritual level, conflicts we are facing are an invitation to reconsidering our attitude, letting go of anger, viewing the situation from a different angle, trying to see the larger picture, understanding the position of the people involved, and to practicing forgiveness and loving kindness as the true source of healing.

From a higher viewpoint, making GNM (German New Medicine) part of our daily life contributes greatly to our personal growth and development. It is not without reason that the Spanish call the New Medicine la medicina sagrada or The Sacred Medicine.

COVID-19 VACCINATION POLICY IS NOT A 'HEALTH' POLICY: HOSPITALISATIONS AND DEATHS HAVE INCREASED WITH THIS NEW GENE TECHNOLOGY

BY JUDY WILYMAN PHD

www.vaccinationdecisions.net

June 22, 2022

TiP Editor: Whether you consider that the germ theory is false or true, or whether the alleged disease covid even exists this makes interesting reading.

This interview on TNT Radio with Dr. Judy Wilyman (18 June 2022) – Part 1 and Part 2 – describes how the media, medical-industry and government can hide the real interpretation of disease statistics when they collaborate to achieve the same goal.

This is a result of doctors being educated with industry-funded science plus a peer-reviewed system of validating science that is broken. Industry now funds scientific journals, conferences and university research, and independent research is being selected out and censored from debate by government, mainstream media, and other institutions.

What if Governments are lying to you about the dangers of viruses and the benefits of vaccines?

Government COVID-19 vaccination policies are causing sickness and death due to false health information, and it is time for all health professionals and the public to do what is right for humanity and the greater good of society: protect the human right to bodily autonomy.

That is, the right to decide what substances are injected into our own bodies. Vaccines have been sold to the public and doctors on deceptive information and we have now lost trust in our medical profession. They are creating death and sickness in the community with 'vaccines'/drugs that are promoted to doctors on false health information. This is because doctors' knowledge is influenced by the pharmaceutical companies that fund their education (Ch 6 of my PhD Thesis).

The adverse events to these drugs come out weeks, months and years after the injections and this is not being discussed or reported by doctors or the mainstream media – Vaccine Injuries UK Documentary (The experiences of vaccine injury of one family in WA and mistreatment by the medical system). It is not even being monitored by the 100% industry-funded Australian government regulator, the Therapeutic Goods Administrator (TGA), in long-term studies (5-10 years) of health outcomes of all vaccinated individuals. That is the only way to prove causality for adverse events to the vaccine.

COVID-19 GLOBAL 'VACCINATION' PROGRAMS

In all countries hospitalisations and deaths have increased since 2021 when a new untested gene-technology was promoted to the public as a 'vaccine' against COVID-19 disease. This was a Phase 3 Clinical Trial – an experiment on the population.

This experimentation on the population was justified by falsely claiming there was a new virus that would harm every person that was exposed to it. A claim that was based on mathematical models not real empirical data and this has now been demonstrated to be false.

Yet this increase in sickness and death in all age-groups in 2021 (as opposed to 2020 where deaths were just in the elderly with co-morbidity) has been attributed by the government to COVID19 disease itself, even though there is a direct dose-response relationship between the COVID-19 'vaccination' rates in 2021-22 and the increased death and hospitalisation rates.

Here are the Australian statistics. And here is a summary article showing how the deaths and hospitalisations rose with the 'vaccination' rate from February 2021-22 – National Score Card Fail

How can it be a 'vaccine' when governments admit that it does not prevent transmission of the disease in the community, and it is not stopping people dying from COVID-19 disease? The claim that it 'reduces the symptoms', is not supported by any evidence particularly as vaccinated people are still dying from this disease, and this criterion makes it a drug not a vaccine.

So, how are governments being permitted to attribute these hospitalisations and deaths to COVID-19 disease when most of these patients with 'the disease' have been 'vaccinated' and 'the disease' may be a result of adverse health outcomes to the vaccine? This is because diagnosis of the disease is being based on a test and not on disease symptoms.

Health departments are misusing the Rapid Antigen Test and insisting that every person that is admitted or treated at a hospital – with or without flu-like symptoms – must have a rapid antigen test.

These tests are not licensed diagnostic tools and there is no proof that the identified 'virus' is the cause of the disease. The correct use of these tests is to assist in diagnosis when someone presents with disease symptoms for flu-like illness.

Yet hospitals are using these tests for admission to hospital for all patients, with or without flu-like illness. All positive tests are being labelled as 'cases of COVID-19 disease.' This is fraudulent and it is hiding the number of vaccinated patients that are being admitted to hospital with adverse events to the vaccine, but are testing positive to the rapid antigen test. The identification of a virus in a person when no disease symptoms are present is falsely being labelled a 'case' of disease. These should be called sub-clinical infections (or asymptomatic infections) and they are not a risk to the community. A sub-clinical infection means the natural immune system is functioning properly

to prevent the symptoms and this will create long-term immunity for the individual and herd immunity in the community.

Most cases of infectious diseases after 1950 did not result in hospitalisation or death in developed countries (polio requires extra discussion to understand how it was politicised) so the 'risk' of infectious diseases had been removed before most vaccines were developed.

The pharmaceutical companies are using pseudoscience to falsely claim that the identification of a 'virus' makes you a risk to the community and this is to convince you that we need drugs called 'vaccines' to control infectious diseases. Vaccines were only a secondary measure brought in after the risk of death and hospitalisations was removed from infectious diseases. Hence, they have always been voluntary. This is the flaw in the alleged pandemic of 2020 that was based on 'cases' of disease (not hospitalisations or deaths) found in healthy people without symptoms due to the misuse and misinterpretation of a test used to screen for just one of many viruses/bacteria/non-infectious agents that cause "flu-like" illness.

The identification of viruses in healthy people is not a useful criterion for predicting health outcomes and it is not proof of causality. Pharmaceutical companies are now influencing medical professionals and governments with this false science on the screening of healthy people for viruses.

If we stop this screening, we will stop the appearance of a 'pandemic' that has been based on changes to definitions to suit the vaccination agenda: a goal that is profitable and can be used to monitor and control populations.

GOVERNMENT CHILDHOOD VACCINATION PROGRAMS

Governments have been promoting childhood vaccination policies as 'health policies' for decades yet the health of children has significantly declined as the vaccination program expanded. This became obvious after the pharmaceutical industry received indemnity in 1986 for any 'drug' that is promoted as a 'vaccine'.

This was requested because they were paying millions of dollars in compensation for vaccine injuries and deaths that are not reported by the mainstream media.

Did you know that governments do not promote vaccines to the public on the improvements in health that they produce in children or the population in general?

They promote them on the uptake rate of the drug/vaccine in the population. For example, 'we need a 95% uptake of the vaccine for herd immunity'. People then assume that a high uptake of the drug/vaccine equals better health.

The increase in chronic illnesses in children has occurred in a direct dose-response relationship to the increased use of vaccines over the last 30 years. Did you know that this relationship is a strong indicator of a causal link between vaccine use and chronic illnesses in the population?

The government has never investigated this link to support the claim that 'vaccines are safe'. Therefore, they tell you it is a 'coincidence' after vaccination or they claim, 'correlation is not causation'. However, both represent a failure of duty of care by the government and neither are based on evidence-based medicine.

Interview with Dr. Judy Wilyman describing the false information that is used to promote vaccines to doctors and the public in government 'health' policies designed on industry-funded science.

IMMUNE-MEDIATED HEPATITIS WITH THE MODERNA VACCINE, NO LONGER A COINCIDENCE BUT CONFIRMED

Journal of Hepatology 2022
Vol 76: 747-749

BRIEF EXTRACT

Letters to the Editor

To the Editor: We have read with interest the recent cases suggesting the possibility of vaccine-induced immune-mediated hepatitis with Pfizer-BioNTech and Moderna mRNA-1273 vaccines for the SARS-CoV-2 virus.1–7 However, as the cohort of vaccinated individuals against COVID-19 increases, the previously reported cases could not exclude a coincidental development of autoimmune hepatitis, which has an incidence of 3/100,000 population per year. Our case demonstrates conclusive evidence of vaccine-induced immune-mediated hepatitis with a rapid onset of liver injury after the first Moderna dose, which on re-exposure led to acute severe autoimmune hepatitis.

TiP Editor: Despite the authors publishing their findings the last paragraph, as so often is the case still gives support to the vaccination programme!

'This case has confirmed immune-mediated hepatitis secondary to the Moderna vaccine, which on inadvertent re-exposure led to acute severe hepatitis. Treatment with cortico-steroid therapy appears to be favourable. We wish to highlight that immune-mediated reactions from the SARS-CoV-2 mRNA vaccines are very rare and during the COVID pandemic, the vaccination programme continues to be crucial. We report this case to encourage vigilance for drug-induced reactions and to raise awareness to vaccination centres to incorporate it into their routine checks before administering second doses. Long-term follow up of identified individuals will be essential in determining the prognosis of this immune-mediated liver injury.'

'EXCESS DEATH PATTERNS POINT TO COVID JABS'

BY GRAHAM CRAWFORD

20 July 2022

https://holding-the-line.com/2022/07/20/excess-death-patterns-point-to-covid-jabs/

Edinburgh professor claims latest data confirms 'causal relationship', as he calls for Scottish government to re-open public inquiry

A DRAMATIC and unexplained resurgence in excess death in Scotland points to the covid-19 injections, it is being claimed.

Retired Edinburgh professor Richard Ennos says official data for 2021 and 2022 'provide very strong evidence for a causal relationship' between the vaccinations and a huge number of excess deaths in the country.

Professor Ennos has written to Siobhian Brown MSP, convener of the Scottish government's covid-19 recovery committee, calling on her to re-open a public inquiry into the deaths which can only be partially explained by the virus. Earlier this year, the committee investigated the cause of an unprecedented level of excess death recorded in Scotland from week 21 to week 52 of 2021.

Numbering 4,819, it was 12% above the average – the worst ever recorded.

Recorded deaths so far in 2022 are heading in the same direction, and Professor Ennos suggests they are now a consequence of the booster jab.

In a recent letter to Ms Brown, on July 12, he also expresses his concern that the public inquiry earlier this year into the 2021 excess death figures failed to make any mention of the injections as a potential cause.

He states that of 103 public submissions to the inquiry, more than a third pointed to the jabs as a possible reason for the inflated loss of lives.

He tells Ms Brown: 'However, in your report to Humza Yousaf, cabinet secretary for health and social care, there was not a single mention of adverse reactions to covid-19 vaccines as a possible cause of the excess death seen Scotland in 2021.

'This was despite the fact that a number of respondents provided detailed information from peer reviewed scientific papers showing that death is a known adverse reaction to the covid-19 vaccines, and that a variety of mechanisms of action have been established (induction of blood clots, myocarditis etc.).

'Post mortems have also confirmed that covid-19 vaccination can cause death of recipients, and this is acknowledged by the UK government who have already paid compensation to multiple families of those who have died as a consequence of covid-19 vaccination.

'Your lack of any reference to covid-19 vaccine adverse reactions as a contributor to excess death in Scotland in 2021 is even more concerning because recent detailed analysis of National Records of Scotland data now suggests a causal relationship between excess death in Scotland and covid-19 vaccinations.'

Professor Ennos states that the argument leading to this conclusion begins with the observation that in the last 32 weeks of 2021, excess death began in different age classes of the Scottish population in a staggered manner, approximately 12 weeks after peak vaccination of that age class.

Beginning with the oldest, this pattern was repeated as the jabs rollout continued down through ever younger age groups. He suggests there can only be two reasons put forward for the extra deaths: it was the injections or it was a lack of medical care caused either by withdrawal of NHS services, or to patients' failure to access these services, 'both consequences of the Scottish government response to covid-19'.

However, he says, there was no consistent rise in excess deaths to point to delayed medical care as a result of long waiting lists. Instead, what National Records of Scotland data reveal, says Professor Ennos, is a second staggering of excess deaths following the booster (third dose) jab – with 2022 mirroring the pattern of 2021 whereby age group deaths occurred approximately 12 weeks after peak administration of the vaccine.

He states that the sequential manner 'predicted by the adverse reaction hypothesis … provides very strong evidence for a causal relationship between covid-19 vaccination and excess death'.

At the time of writing his letter, the cumulative excess deaths in Scotland in 2022 were 1,669, 'and this number continues to increase each week'.

Professor Ennos letter concludes: 'The National Records of Scotland data do not support the statement you made to Humza Yousaf on April 28, 2022 that "the excess deaths have decreased and, at the date of this letter, are below average for the time of year".

'On the contrary the excess death situation in Scotland in 2022 is turning out to be as serious as it was in 2021.

'Given this body of evidence, I would like you to explain to me why, in your report to Humza Yousaf, you made absolutely no mention of the possibility that adverse reactions to the covid-19 vaccine were responsible for at least a portion of the excess deaths seen in Scotland in 2021.

'I also call upon you to reopen the inquiry into excess deaths in Scotland, given the resurgence of excess deaths in 2022 (552 in the past four weeks alone), but this time taking into consideration that adverse reactions to the covid-19 vaccine may be a significant contributor to these excess deaths.'

In response to the questions raised by Professor Ennos' letter, a Scottish parliament spokesman stated: 'The committee's inquiry into excess deaths in Scotland since the start of the pandemic has now concluded. All the evidence it considered, including the Scottish Government's response to the committee's findings is available on the parliament's website.'

Professor Ennos said: 'I dismay at this totally inadequate and evasive response from the Scottish government. It is not good enough. Lives are at stake, yet pertinent questions arising from official data are simply being dismissed. Where is the much-vaunted concern for public health we have had hammered at us for the past two and a half years?'

FOLLOW THE SCIENCE!

MAGDALENE TAYLOR
The Informed Parent
August 2022

WE CONSTANTLY hear this remark reiterated whenever anyone dares to raise questions about, in particular, the validity of the theory of disease or the vaccination issue. Regardless of whether you are considered a lay person or a qualified doctor or scientist this chant 'follow the science' will be directed towards you, particularly from the world of modern medicine and modern science. But where is this science we are told to follow? Science is not a thing and if you google the definition it states: 'Science is the pursuit and application of knowledge and understanding of the natural and social world following a systematic methodology based on evidence.' All sounds very thorough, well-scrutinised and evidence-based, doesn't it? Then why is there such a shroud over being shown this absolute evidence that, for example, germs cause disease? Since the whole covid narrative started in 2020 there have been a number of individuals asking for evidence of this so-called pathogenic virus via freedom of information requests. And yet the evidence for the science we are instructed to follow is not forthcoming. Science is ever-evolving in many ways and yet we are also constantly told 'the science is settled.

Questioning or highlighting flaws in the 'settled science' on the cause of disease is a no-go zone prohibited by the authorities. Their main priority appears to be to govern and steer us into their health/disease beliefs. You can follow fashion, religion, a football team, you can even follow the yellow brick road if you can locate it but to follow science sounds more like following a belief system without question to me. As I have said to a number of people over the years when they have declared the 'science is settled' to me, that these are only scientific theories. Theories are not fact, set in stone, and should not be embraced as the only possible scientific explanation, especially when the evidence is not forthcoming. Where, for example, is a sample of isolated, purified, characterised SARS-CoV2, or any other so-called pathogenic virus? Surely modern advancements and methods should be able to provide us with the samples and evidence we are requesting?

Why such a push to put on a mask? If these virus are all around us waiting to invade our bodies and hijack our cells why is it such a challenge for todays mainstream scientists to provide us with samples of these viruses?

Any scientific theory should be vigorously tested and challenged? Even if there is just one exception to the present accepted 'science' then this indicates that the science is not settled. This indicates that other factors or causes are involved and that these scientists need to go back to the drawing board, go back to their methods and attempt to be true scientists. Many trained scientists appear to just follow their training without question.

Perhaps it has not even occurred to some of them that their training was only based on a theory. Others may start to be curious only to find that asking too many awkward questions does not lead to promotion in their field and so silently go back to following their training. However I have been heartened by a growing number of scientists who are daring to question their training and arriving at a new perspective on this subject in these recent years. And I will continue to follow their findings and see what truths emerge.

INCREASES IN COVID-19 ARE UNRELATED TO LEVELS OF VACCINATION ACROSS 68 COUNTRIES AND 2947 COUNTIES IN THE UNITED STATES

S.V. SUBRAMANIAN, AKHIL KUMAR
European Journal of Epidemiology (2021) 36:1237–1240

EXTRACT

INTERPRETATION: The sole reliance on vaccination as a primary strategy to mitigate COVID-19 and its adverse consequences needs to be re-examined, especially considering the Delta (B.1.617.2) variant and the likelihood of future variants. Other pharmacological and non-pharmacological interventions may need to be put in place alongside increasing vaccination rates. Such course correction, especially with regards to the policy narrative, becomes paramount with emerging scientific evidence on real world effectiveness of the vaccines. For instance, in a report released from the Ministry of Health in Israel, the effectiveness of 2 doses of the BNT162b2 (Pfizer-BioNTech) vaccine against preventing COVID-19 infection was reported to be 39%, substantially lower than the trial efficacy of 96%. It is also emerging that immunity derived from the Pfizer-BioN-Tech vaccine may not be as strong as immunity acquired through recovery from the COVID-19 virus. A substantial decline in immunity from mRNA vaccines 6-months post immunization has also been reported. Even though vaccination offers protection to individuals against severe hospitalization and death, the CDC reported an increase from 0.01 to 9% and 0 to 15.1% (between January to May 2021) in the rates of hospitalizations and deaths, respectively, amongst the fully vaccinated. In summary, even as efforts should be made to encourage populations to get vaccinated it should be done so with humility and respect. Stigmatizing populations can do more harm than good. Importantly, other non-pharmacological prevention efforts (e.g., the importance of basic public health hygiene with regards to maintaining safe distance or handwashing, promoting better frequent and cheaper forms of testing) needs to be renewed in order to strike the balance of learning to live with COVID-19 in the same manner we continue to live a 100 years later with various seasonal alterations of the 1918 Influenza virus.

TiP Editor: Obviously the above extract is written from the view point that pathogenic virus exist.

EFFECT OF TEXT MESSAGING AND BEHAVIORAL INTERVENTIONS ON COVID-19 VACCINATION UPTAKE: A Randomized Clinical Trial

BRIEF OVERVIEW BY MAGDALENE TAYLOR, TIP EDITOR

THE ABOVE TITLE is from an article featured in the Public Health section of the JAMA Network Open 2022(6), 13 June 2022 recently caught my attention. The abstract opened with the line: 'COVID-19 vaccine uptake among urban populations remains low.'

This randomized study was designed to evaluate whether text messaging with behavioral insights increased participation in COVID-19 vaccine outreach rather than just making a telephone call by the call center.

Also text messages were sent with different content:

'standard messaging, clinician endorsement (eg, "Dr. XXX recommends"), scarcity ("limited supply available"), or endowment framing ("We have reserved a COVID-19 vaccine appointment for you").'

Under the Key Points section the Findings and Meaning reads:

Findings: In this randomized clinical trial comprising 16 045 participants, text messaging did not result in a higher response rate than outbound telephone calls. Behaviorally informed messaging did not result in a significantly higher response than usual content. Meaning: Text messaging offers a low-cost alternative to outbound telephone calls, but additional efforts are needed to increase vaccine uptake. The paper ends with:

CONCLUSIONS

'In this randomized clinical trial embedded in health system operations, we found that text messaging is a feasible modality for communication and scheduling in large-scale population health outreach initiatives. However, the response rate was low and we did not find significant differences by scheduling modality or messaging content, although there was no control group of individuals who did not receive an intervention. Additional interventions that address vaccine hesitancy, encourage uptake, and make it easier to receive the vaccination are needed.'

The amount of money poured into studies such as these must be staggering! Anything to do with vaccine-hesitancy and increasing the vaccine uptake gets financial support. And yet there is such a reluctance to fund studies, which look at questions of much more importance ie do pathogenic virus actually exist in the first place?

REACTOGENICITY OF SIMULTANEOUS COVID-19 mRNA BOOSTER AND INFLUENZA VACCINATION IN THE US

Hause A M et al. JAMA Network Open 2022:5(7). **15 July 2022**

EXTRACT: CONCLUSIONS AND RELEVANCE

IN THIS STUDY, compared with administration of COVID-19 mRNA booster vaccines alone, simultaneous administration of COVID-19 mRNA booster and seasonal influenza vaccines was associated with significant increases in reports of systemic reactions during days 0 to 7 following vaccination. These results may help better characterize the outcomes associated with simultaneously administered COVID-19 booster and influenza vaccines in the US population.

PHA : FOR THE PEOPLE BY THE PEOPLE https://the-pha.org

The People's Health Alliance was formed in February 2022 by a group of people who were concerned about the difficulties people were having obtaining care from the NHS, and about the number of nurses and doctors leaving the NHS because they were not happy with the system in itself or the way they had been treated professionally. They had the vision of creating Integrated Health Hubs around the country, which would include holistic and natural healthcare options alongside medical care for minor issues. Many others around the country and around the world have had the same vision at the same time. It is a project whose time has come.

A THREAT TO FREEDOM

The following text is an extract from an article entitled 'C.S. Lewis on Science as a Threat to Freedom' by Edward J Larson, 12 November 2013 published on the Evolution News & Science Today website.

It reads:

'Viewing modern science as a reflection of its age, rather than a method for finding truth, does not necessarily transform it into a threat to freedom. But Lewis's dark foreboding about the direction of modern civilization inevitably cast a shadow over the sciences, which represent our civilization's defining achievement.

Lewis was convinced that scientific authority would be used to justify and facilitate political oppression. In That Hideous Strength, Lewis observed, "The physical sciences, good and innocent in themselves, had already… begun to be warped, and been subtly manoeuvred in a certain direction. Despair of objective truth had been increasingly insinuated into the scientists; indifference to it, and a concentration upon mere power, had been the result." For Lewis, the threat here is quite real. Commenting on this book, which is so damning of modern science, Lewis later wrote, "'scientists' as such are not the target… what we are obviously up against throughout the story is not scientists but officials." This is an important distinction for Lewis. Scientific planning is not necessarily evil, "but 'Under modern conditions any effective invitation to hell will certainly appear in the guise of scientific planning' — as Hitler's regime in fact did."

Elaborating on this theme in his essay "Is Progress Possible?," Lewis concluded that "the new oligarchy must more and more base its claim to plan us on its claim of knowledge… This means they must increasingly rely on the advice of scientists." Lewis added that he "dread[ed] specialists in power because they are specialists speaking outside their special subjects. Let scientists tell us about science. But government involves questions about the good of man, and justice, and what things are worth having at what price; and on these a scientific training gives a man's opinion no added value." This is why Lewis feared "government in the name of science. That is how tyrannies come in. In every age the men who want us under their thumb, if they have any sense, will put forward the particular pretension which the hopes and fears of that age render most potent… It has been magic, it has been Christianity. Now it will certainly be science."

In this sense, Lewis perceived science as the ultimate threat to freedom in modern society.'
(https://evolutionnews.org/2013/11/cs_lewis_on_sci/)

MYOCARDITIS OR PERICARDITIS FOLLOWING mRNA COVID-19 VACCINATION

JAMA Network Open
AUTHOR: WEINTRAUB E S ET AL
24 June 2022

EXTRACT

STUDIES of myocarditis or pericarditis following mRNA COVID-19 vaccination have tended to focus on younger age groups because of their higher risk as observed in several vaccine-safety surveillance systems. Based on an analysis from Vaccine Safety Datalink, an electronic medical record–based monitoring system in the US, mRNA vaccination was associated with a substantially increased risk of myocarditis or pericarditis in persons aged 18 to 39 years, with the highest risk occurring in the 0 to 7 days following dose 2 of mRNA-1273 or BNT162b2.

Additional analysis of Vaccine Safety Datalink data indicated that the risk of myocarditis or pericarditis was higher for mRNA-1273 compared with BNT162b2. A study conducted in Denmark also found a higher risk for myocarditis or pericarditis following mRNA-1273 vaccination compared with BNT162b2 when evaluating the risk after dose 2 in male individuals aged 12 to 39 years. The corresponding rates of myocarditis or pericarditis within 28 days of vaccination in the Denmark study was 1.8 per 100 000 vaccinated individuals (95% CI, 0.8-3.4 per 100 000 vaccinated individuals) for BNT162b2 and 9.4 per 100 000 vaccinated individuals (95% CI, 5.0-16.0 per 100 000 vaccinated individuals) for mRNA-1273; dose 1 findings were not reported. COVID-19 vaccination has prevented substantial morbidity and mortality and has been the most effective primary prevention strategy against COVID-19 infection and serious complications. As the epidemiology of the COVID-19 pandemic continues to evolve and as vaccination programs expand to include younger age groups and additional booster doses, vigilance in monitoring for myocarditis or pericarditis and other adverse events will be critical to ensuring that public health and regulatory authorities have timely and accurate safety data to weigh the benefits and risks of vaccination and make evidence-based recommendations to protect the public and mitigate the pandemic. '

TiP Editor: Once again, please note, the closing paragraph of the above article glorifies the vaccines as the most effective strategy even though the rest of the article is focusing on these vaccines causing myocarditis or pericarditis following mRNA!

SETTLING THE VIRUS DEBATE

TiP Editor: On the 14 July 2022 a Virus Challenge was issued by a group of doctors and scientists inviting virology labs to take up the challenge in order to determine whether there is a pathogenic virus. The following text outlines the challenge and it will be interesting if any virologists come forward to participate. You can follow this at:
https://drsambailey.com/resources/settling-the-virus-debate/

THE TEXT READS:

IT HAS BEEN more than two years since the onset of the "corona" crisis, which changed the trajectory of our world. The fundamental tenet of this crisis is that a deadly and novel "virus", SARS-CoV-2, has spread around the world and negatively impacted large segments of humanity. Central to this tenet is the accepted wisdom that viruses, defined as replicating, protein-coated pieces of genetic material, either DNA or RNA, exist as independent entities in the real world and are able to act as pathogens.

That is, the so-called particle with the protein coating and genetic interior is commonly believed to infect living tissues and cells, replicate inside these living tissues, damage the tissues as it makes its way out, and, in doing so, is also believed to create disease and sometimes death in its host - the so-called viral theory of disease causation. The alleged virus particles are then said to be able to transmit to other hosts, causing disease in them as well.

After a century of experimentation and studies, as well as untold billions of dollars spent toward this "war against viruses", we must ask whether it's time to reconsider this theory. For several decades, many doctors and scientists have been putting forth the case that this commonly-accepted understanding of viruses is based on fundamental misconceptions. Fundamentally, rather than seeing "viruses" as independent, exogenous, pathogenic entities, these doctors and scientists have suggested they are simply the ordinary and inevitable breakdown particles of stressed and/or dead and dying tissues. They are therefore not pathogens, they are not harmful to other living beings, and no scientific or rationale reasons exist to take measures to protect oneself or others against them. The misconceptions about "viruses" appears to largely derive from the nature of the experiments that are used as evidence to argue that such particles exist and act in the above pathological manner. In essence, the publications in virology are largely of a descriptive nature, rather than controlled and falsifiable

> *"A small parasite consisting of nucleic acid (RNA or DNA) enclosed in a protein coat that can replicate only in a susceptible host cell."*

hypothesis-driven experiments that are the heart of the scientific method.

Perhaps the primary evidence that the pathogenic viral theory is problematic is that no published scientific paper has ever shown that particles fulfilling the definition of viruses have been directly isolated and purified from any tissues or bodily fluids of any sick human or animal. Using the commonly accepted definition of "isolation", which is the separation of one thing from all other things, there is general agreement that this has never been done in the history of virology.

Particles that have been successfully isolated through purification have not been shown to be replication-competent, infectious and disease-causing, hence they cannot be said to be viruses. Additionally, the proffered "evidence" of viruses through "genomes" and animal experiments derives from methodologies with insufficient controls.

The following experiments would need to be successfully completed before the viral theory can be deemed factual:

1. a unique particle with the characteristics of a virus is purified from the tissues or fluids of a sick living being. The purification method to be used is at the discretion of the virologists but electron micrographs must be provided to confirm the successful purification of morphologically-identical alleged viral particles;
2. the purified particle is biochemically characterized for its protein components and genetic sequence;
3. the proteins are proven to be coded for by these same genetic sequences;
4. the purified viral particles alone, through a natural exposure route, are shown to cause identical sickness in test subjects, by using valid controls;
5. particles must then be successfully re-isolated (through purification) from the test subject at 4 above, and demonstrated to have exactly the same characteristics as the particles found in step 1.

However, we realize that the virologists may not take the steps outlined above, likely because all attempts to date have failed. They now simply avoid this experiment, insisting that what they say are "viruses" cannot be found in sufficient amounts in the tissues of any sick person or animal to allow such an analysis. Therefore, we have decided to meet the virologists half way. In the first instance, we propose that the methods in current use are put to the test.

The virologists assert that these pathogenic viruses exist in our tissues, cells and bodily fluids because they claim to see the effects of these supposed unique particles in a variety of cell cultures. This process is what they call "isolation" of the virus.

They also claim that, using electron microscopy, they can see these unique particles in the results of their cell cultures. Finally, they claim that each "species" of pathogenic virus has its unique genome, which can be sequenced either directly from the bodily fluids of the sick person or from the results of a cell culture. We now ask that the virology community prove that these claims are valid, scientific and reproducible.

Rather than engaging in wasteful verbal sparring, let us put this argument to rest by doing clear, precise, scientific experiments that will, without any doubt, show whether these claims are valid.

ONE MORE TIME: WHERE IS THE SPIKE PROTEIN?

BY JON RAPPOPORT

9 June 2022

https://blog.nomorefakenews.com/2022/06/09/one-more-time-where-is-the-spike-protein/

I WAS GOING TO recapitulate the evidence that the virus, SARS-CoV-2, doesn't exist. But I decided to leave it out of this article. I'm just going to focus on the vaccine and what it's supposed to be doing.

Let's say you're a vaccine researcher. You develop a new type of shot that deploys RNA.

The RNA, when injected, has one purpose. It induces cells of the body to produce something called the spike protein. That's it.

According to your theory, the body's immune system will spring into action and mount a neutralizing attack against this protein.

As result, when the "real thing" comes along---the virus, which contains the spike protein---the vaccinated person will be protected. His immune system will ward off the virus.

Since, again, the whole and only reason you're injecting the RNA shot is to make the body produce the spike protein…

Aren't you going to make sure the body is, in fact, producing that protein?

Of course you are.

How will you do that?

In the only way you can.

You'll line up 10 or 20 thousand vaccinated people and test them.

You'll test them to make sure you can find that spike protein in their bodies.

So show me the study.

Show me that vaccine researchers

and vaccine makers and the FDA actually had that study done.

Where is it?

I'm not talking about looking at three patients in China or Berlin or New York. I'm talking about an extensive test to make sure the vaccine is doing the ONE thing it's supposed to be doing. Across the population.

I don't see that study anywhere.

A couple of people have told me, "Well, OF COURSE the vaccine causes the body to make the spike protein. That's what the RNA technology is all about. We KNOW that. The technology is WELL ESTABLISHED."

So is the safety of drugs, until the drugs start killing lots of people.

I want something simple. Verification. Across the population. Verification that the vaccine is doing the one thing it's supposed to be doing.

And I want to know why this verification hasn't been attempted.

One professor actually told me, "Perhaps you might be able to devise a test that would detect the spike protein directly in the body…but it might be very difficult to do that…"

Really? In other words, a vaccine was developed to do a thing it might be impossible to verify?

And this was understood up front?

A few months ago, someone sent me a study. She said the study showed the spike protein HAD been found in vaccinated people. I read the study.

First of all, the authors were reporting on just a few people. No good. Not useful. Second, as far as I could tell, the method of finding the spike protein was suspect. It relied on detecting indirect and unreliable markers that supposedly proved (but didn't prove) that the protein was present in these few people. No good. Not useful.

Where is the large correctly done study?

I don't find it anywhere.

Dr. Andrew Kaufman, who has dismantled and exposed the non-scientific process by which virologists' claimed to have discovered SARS-CoV-2, offers these important comments about the spike protein:

"You can buy a readily available SARS-Cov-2 Spike protein antibody which can be used in a standard western blot or ELISA to test recipients of the injections for the spike protein. This is cheap and easy to do. Why hasn't it been done?"

I believe the answer is clear. The scientists and bureaucrats in charge don't want to run the test. They want to avoid finding out whether the one thing the vaccine is supposed to achieve isn't being achieved. They want to avoid finding out the vaccine, on their own terms, is a total failure.

IN MY OPINION THERE WAS NEVER ANY NEW HEALTH THREAT WHATSOEVER ~ *DR MIKE YEADON*

Heart of Oak - a populist free speech alliance. Dr Mike Yeadon, a critic of the mainstream covid narrative has now moved to the position of questioning the existence of the pathogenic virus. To listen to the full podcast please go to: https://www.podbean.com/ew/pb-m8afg-12898f8

BEWARE: ABV DISEASE (Anything But Vaccines) IS CAUSING PEOPLE TO DROP DEAD EVERYWHERE

BY HEALTHRANGER
2022-08-01
https://citizens.news/643425.html

THERE'S A HORRIBLE new disease that's killing people everywhere. It's called ABV (Anything But Vaccines), and you'll see the corporate media invoking this when they try to cover vaccine deaths with all sorts of other explanations and conditions. Cold showers are now being blamed for heart attacks that are actually caused by covid vaccines (and the subsequent deadly clots). The Times of India is reporting that cold showers can suddenly kill you with heart trouble. Meanwhile, Germany is telling its citizens to take more cold showers due to the collapse of energy supplies from Russia. The Guardian now reports, "German cities impose cold showers and turn off lights amid Russian gas crisis."

So the very same cold showers that the Times of India says might kill you are being prescribed by the government in Germany. Adding to the lunacy, Wales Online is reporting that sudden heart attacks and death can also be caused by opening utility bills and seeing higher energy prices that you owe the power company. All such higher energy prices can, of course, be conveniently blamed on Russia and Putin. So if you conserve energy and take cold showers because Putin cut off the gas, then you might die from the cold showers. But if you pay for the energy to take hot showers, then you might die from opening your electric bill, which can also be blamed on Putin. Either way, the media are now telling us that Putin is causing heart attacks, but not vaccines. "Experts" claim rising energy bills can also cause chest infections and mental health problems in children

But it's not just heart attacks and strokes, either. Wales Online also claims, "There could also be an increase in chest infections, mental health problems and ill-health in children" due to opening energy bills. This is the first time we've ever seen an online newspaper claim that higher utility bills could cause "chest infections." Apparently we aren't keeping up with the latest "science" or whatever. It seems that all of western Europe may drop dead this winter, given that Gazprom has turned off 80% of the gas via the Doom Stream 1 pipeline.

"Space weather might be killing you too, but never vaccines."

All the world's blame is now shifting from "climate change" to Anything But Vaccines. Before the covid vaccines were widely distributed to the gullible, obedient masses, most of the world's problems were blamed on "climate change" -- a term that's meaningless since the climate has always been changing from the very inception of planet Earth. But now, with vaccines killing millions of people around the world from heart attacks, strokes and clots, the media is desperate to find new excuses for all those sudden deaths that might possibly be linked to cardiovascular symptoms. Hence the reaching for "cold showers" and "higher utility bills" as possible excuses. No matter what gets blamed, it's Anything But Vaccines (ABV). Because vaccines are never allowed to be mentioned as a cause of any death, injury or side effect.

According to the lying corporate media that prostitutes mRNA depopulation injections for Big Pharma, all vaccines are 100% safe and effective and can never harm anyone under any circumstances... and they always work, too, we're told. Just this weekend, fake president Joe Biden was said to have contracted a second round of COVID, even though he has been vaccinated and boosted multiple times with the very same concoction he publicly stated would prevent everyone from contracting COVID in the first place. Thus, not only is Senile Joe repeatedly infected with COVID, his claimed interventions (vaccines) don't even work. And if these vaccines can't even protect the so-called President of the United States of America, how can they be mandated for anyone else? Space weather might be killing you too, but never vaccines. Getting back to all the excuses for sudden heart attacks and death, The-Sun.com claims airline flight delays can give you a sudden heart attack, and the Toronto Sun adds that you might also die from Daylight Savings Time changes. But the best ABV example of all is New Scientist claiming that space weather kills 5,500 Americans a year from "solar storms." Bet you didn't know that space weather was so deadly, did you? According to New Scientist, disruptions in "Earth's magnetic field" caused by the sun are now killing people. But somehow, a world full of 5G broadcast towers is perfectly safe, we're told by "the science."

Just remember that if you hear of a vaccinated person dying suddenly, it's probably going to be ABV disease, which seems to be the most prolific killer of all. Too bad they don't yet have a vaccine for ABV disease... but give 'em time and Fauci will probably roll that out, too. Fact: Most polio in India is caused by polio vaccines. No informed person is surprised. They have to keep the polio going, after all, to keep justifying the depopulation death shots. Hear more details in today's feature podcast here: Brighteon.com/dc7cff5b-cf03-4183-b6ac-2ec41e8e3567

CHRISTIAN DOCTORS, NURSES WIN $10.3 MILLION LAWSUIT AFTER HOSPITAL DENIED COVID SHOT EXEMPTION

1 August 2022
lifenews.com

THE NATION'S first class action settlement involving a COVID shot mandate should be a wake-up call to every employer that did not accommodate or exempt employees who opposed the COVID shots for religious reasons. NorthShore University HealthSystem will pay more than $10.3 million for unlawfully discriminating against more than 500 current and former health care workers and for denying religious exemptions from the COVID shot mandate. There is no pause button on the federal employment law under Title VII. Employees do not lose their right to reasonable accommodation for their religious beliefs simply because an employer or even the federal government pushes a vaccine mandate under the guise of a pandemic. It is past time for employment law attorneys to stop sitting on the sidelines.

They need to help people obtain justice. Liberty Counsel has been working with thousands of employees who face these abusive and unlawful mandates. Liberty Counsel settled the nation's first classwide lawsuit for health care workers over a COVID shot mandate and NorthShore will pay $10,337,500 to compensate these employees who were victims of religious discrimination, and who were punished for their religious beliefs against taking an injection associated with aborted fetal cells.

As part of the settlement agreement, NorthShore will also change its unlawful "no religious accommodations" policy to make it consistent with the law, and to provide religious accommodations in every position across its numerous facilities. No position in any NorthShore facility will be considered off limits to unvaccinated employees with approved religious exemptions. In addition, employees who were terminated because of their religious refusal of the COVID shots will be eligible for rehire if they apply within 90 days of final settlement approval by the court, and they will retain their previous seniority level. This is a historic, first-of-its-kind class action settlement against a private employer who unlawfully denied hundreds of religious exemption requests to COVID-19 shots. The agreed upon settlement was filed in the federal Northern District Court of Illinois and must be approved by the court. Employees of NorthShore who were denied religious exemptions will receive notice of the settlement, and will have an opportunity to comment, object, request to opt out, or submit a claim form for payment out of the settlement fund, all in accordance with deadlines that will be set by the court.

The amount of individual payments from the settlement fund will depend on how many valid and timely claim forms are submitted during the claims process. If the settlement is approved by the court and all or nearly all of the affected employees file valid and timely claims, it is estimated that employees who were terminated or resigned because of their religious refusal of a COVID shot will receive approximately $25,000 each, and employees who were forced to accept a COVID shot against their religious beliefs to keep their jobs will receive approximately $3,000 each.

The 13 health care workers who are lead plaintiffs in the lawsuit will receive an additional approximate payment of $20,000 each for their important role in bringing this lawsuit and representing the class of NorthShore health care workers.

Liberty Counsel will receive 20 percent of the settlement sum, which equals $2,061,500, as payment for the significant attorney's fees and costs it has required to undertake a lawsuit against NorthShore and hold it accountable for its actions. This amount is far less than the typical 33 percent usually requested by attorneys in class action litigation.

In October 2021, Liberty Counsel sent a demand letter to NorthShore on behalf of numerous health care workers who had sincere religious objections to NorthShore's "Mandatory COVID-19 Vaccination Policy." If NorthShore had agreed then to follow the law and grant religious exemptions, the matter would have been quickly resolved and it would have cost it nothing. But, when NorthShore refused to follow the law, and instead denied all religious exemption and accommodation requests for employees working in its facilities, Liberty Counsel filed a class action lawsuit, along with a motion for a temporary restraining order and injunction. Liberty Counsel Vice President of Legal Affairs and Chief Litigation Counsel Horatio G. Mihet said, "The policy change and substantial monetary relief required by the settlement will bring a strong measure of justice to NorthShore's employees who were callously forced to choose between their conscience and their jobs."

Mat Staver, Founder and Chairman of Liberty Counsel said: "Let this case be a warning to employers that violated Title VII. It is especially significant and gratifying that this first classwide COVID settlement protects health care workers. Health care workers are heroes who daily give their lives to protect and treat their patients. They are needed now more than ever."

"A HEALTHY ATTITUDE IS CONTAGIOUS, BUT DON'T WAIT TO CATCH IT FROM OTHERS. BE A CARRIER. ~ *TOM STOPPARD.*"

THIRTY YEARS OF THE INFORMED PARENT

DR JAYNE LM DONEGAN MBBS DRCOG DCH DFFP MRCGP MFHOM

Retired GP Practicing Homeopathic and Naturopathic Medicine

THE LAST THIRTY YEARS – HOW HAS IT CHANGED ME PERSONALLY AND PROFESSIONALLY?

DR Jayne L.M.Donegan

"Reading the Informed Parent, talking to Magda, going to the lectures she organised for the retired research scientist Dr Viera Scheibner opened my highly trained medical brain to a whole and previously hidden history of which I had been totally unaware as I passed through one of the top London Medical Schools – St Mary's Hospital."

I WAS CONVENTIONALLY trained at St Mary's Hospital Medical School, University of London and did post graduate training in Orthopaedics and Trauma, Obstetrics, Gynaecology & Family Planning, General Medicine, General Surgery Ear Nose & Throat and Ophthalmology. I also had extensive experience in Paediatrics being at a District General Hospital where on call meant being single-handedly in charge of the paediatric ward, paediatric emergency admissions, resuscitating and monitoring new born babies and the Neonatal Intensive Care Unit [NICU]. Working as a doctor in those days there was no shift system and it often meant 140 hours the week you did the weekend and 92 on the other week. I had a wide experience in different hospitals – teaching, general, Gt Ormond Street, and throughout all this time I thought that vaccines were one of the wonders of modern medicine – the jewel in the crown.

Those who have listened to my lectures or been long time subscribers to The Informed Parent will know that when I was doing community paediatrics I used to counsel the parents in the 1980s about why they should give their children the whooping cough vaccine as it was viewed as the problematic vaccine in those days. Along with my colleagues, I viewed those who did not agree with vaccination as either ignorant or sociopathic. Why would they want to withhold what we believed was a life-saving intervention and put everyone else at risk? When my children were born in 1991 and 1993 I unhesitatingly, with all the authority of medical science behind me, had them vaccinated with what was in the schedule then – hardly anything compared to now – including MMR. I even let them inject an out-of-date BCG (for TB) vaccine into my elder daughter at the age of four weeks. On questioning the expired date - I automatically look at dates on drug bottles - I was told that it was OK they had checked with the Department of Public Health. She had a *horrendous* reaction but I was so indoctrinated – or should I say in*doctor*inated – that I thought that was OK and went on to give her the rest – until I stopped it all in 1994 as I began to investigate the subject more widely.

I realised from my extensive paediatric experience and study that antibiotics were overprescribed but I thought the answer to that, according to the guidelines then, was to give paracetamol and watch and wait, most fevers and illnesses would resolve. Along this conventional route a little enlightenment peeped through. A doctor I worked with in Obs & Gynae had done her house jobs at the Royal London Homeopathic Hospital. At that time homeopathy to me was some sort of witchcraft - unscientific rubbish. What was strange was that she seemed otherwise quite normal. She used to prescribe belladonna and other weird concoctions for patients with post-operative fever – homeopathic remedies could be prescribed on NHS prescriptions in those days. She went on to organise a homeopathy day locally which I attended, mostly it must be said, to sneer. One young man speaking told an improbable story about an uncle who had been plagued with stomach problems and had multiple operations to cure them to no effect and that he had had all his symptoms relieved with *one pill*. I filed that in my 'oddity' folder and bought an arcane looking book that looked like a Bible on the way out – Boericke's *Materia Medica*. Anyone who knows me knows how much I love books.

Forward from 1987 to 1990. I was a partner in General Practice and came across a patient I could not help with any conventional medicine because she would not have been able to consent to the increased risk of breast cancer with Hormone replacement therapy [HRT] (for more details come to my lecture on Homeopathy The Basics). I gave her *one pill* and she was better. Amazing. I decided I needed to know more about this unbelievable speciality. As I furthered my homeopathic education I met the late and much lamented Dr Robert Blomfield, a GP/homeopath who had come to hold a very different view towards, in particular, vaccination and fluoride from his previous medical training. I thought he was very nice but totally bonkers. He encouraged me to investigate these issues and gave me some literature, including articles published in The Informed Parent and recommended that I get in touch with Magda Taylor. This was about 1994, the same year that the Chief Medical Officer sent a letter out to all doctors, nurses and pharmacists telling us that there was a measles epidemic coming and that all the children who had had one dose of a measles containing vaccine (one shot in those days) would not necessarily be protected when the epidemic came and would need another. That was OK, nothing is 100%. More worrying he said that even children who had had two doses would need another – really? Two doses of a 'one dose' vaccine and when the epidemic comes you need a third?

None of this is surprising now, not in the wake of the covid fiasco, but that was then. And, of course, the prediction that there would be an epidemic was based on the same computer 'modelling' that led us into the 2020-22 destruction of the lives and economies of every nation under the sun from which, heaven only knows how we will recover.

Reading the Informed Parent, talking to Magda, going to the lectures she organised for the retired research scientist Dr Viera Scheibner opened my highly trained medical brain to a whole and previously hidden history of which I had been totally unaware as I passed through one of the top London Medical Schools – St Mary's Hospital - where Sir Alexander Fleming famously discovered penicillin (by accident!). My children were by now one and 3 years of age. I had been pretty scared about the seeming ineffectiveness of the MMR vaccine against measles epidemics because another side effect of Medical School was to make me terrified of childhood illnesses – measles, mumps, rubella – even though I had been sent to 'parties' to get them as a child, in the holidays, so I wouldn't miss time from school (child abuse! - The whole point of getting these illnesses, in my child mind, was to get time off school!).

More enlightened people would say, "*Don't worry – all you need is health!*" *"Health,"* I thought, *"What I need is something real – if the 'real' vaccines don't work I need another sort – a homeopathic one, a naturopathic one, a chiropractic one."* It took me a lot of study, understanding and experience over the years to realise that they were completely correct. Meeting Magda, Viera Scheibner, reading the scientific articles and writings by other practitioners in TIP, my own very extensive research, along with the study of medicine and therapeutics that works *with* rather than *against* the body lead me to a much better understanding. An understanding that completely surpassed, even opposed, some of my prior medical training and practice.

Twenty or thirty years ago if you did become an enlightened doctor and started supplementing your medical practice with supportive and life-enhancing rather than suppressive treatment, you were allowed to do so. Over time the department of Health, The General Medical Council and their media henchmen have taken on the role of searching out these doctors and other medical practitioners, who act with honesty and integrity in the best interests of their patients and fulfil the legal, moral and ethical requirement for informed consent, and exposing them to public and professional ridicule.

I can say this from first-hand experience and *my story* is on my website – My GMC Experience – and do come to the free Christmas lecture on the same subject https://www.eventbrite.co.uk/o/dr-jayne-lm-donegan-30030351200

In brief, a mother read about me in the Informed Parent which I also by the wrote for and in 2001 she asked me to be a medical expert in a case where the absent parent was taking her to court to force their daughter to be vaccinated. In short, she lost her case, the appeal judge called my evidence 'Junk Science' and the GMC accused me of Serious Professional Misconduct in an effort to get me struck off the medical register and lose my livelihood. This lasted from 2004-2007!

What else has happened to me on the path that started with Dr Blomfield, Magda Taylor and the Informed Parent? I continued to have complaints made about me by doctors. The one thing uninformed doctors who do not take the trouble to look at themselves, their patients and the world around them with a degree of wonder and humility, and to ponder the miracle of creation is the spite with which some of them want to stamp any of what they regard as heresy in other health professionals. They seem to feel more threatened by colleagues who they cannot dismiss with, *"Well, you are not a doctor."*

Twelve years after being completely exonerated in my GMC case, in 2019 The Times and Telegraph sent reporters pretending to be patients and lecture attenders who chased me across the country attending multiple lectures so they could write disparaging articles and complain about me to the GMC. I was not the only Health professional so targeted, but the only one registered with the GMC. As part of the early investigations by NHS England I asked a NHSE deputy medical director whether if the best interest of the patient clashed with NHS policy, was I required to follow NHS policy, and after a lot of umming and ahhing the answer was – "Yes." That is not what I signed up for as a doctor. I was taught *"Primum non nocere – First do no harm"*

I was suspended for three months and reinstated February 2020 with the conditions that I would not *"prescribe, administer, advise upon or have primary responsibility for* ***childhood vaccinations****."* - I have never done any of these activities. It is like telling me I must not do brain surgery or hip replacements.

When I volunteered to help in the 'covid emergency' the one trust who thought they might be able to use my help did not because they did not have anyone to 'supervise' me, with my conditions. Cast your mind to March 2020 - was childhood vaccination going to be an issue to the supposed thousands of people dropping dead with covid? No.

But vaccination is such a terrifying issue in the NHS that even in an apparent national emergency they were scared to be tainted with proximity to a doctor who had more than mainstream knowledge of vaccination.

Mind you, no-one wanted my freelance [locum] GP colleagues either. They were in despair wondering how they would pay their bills, because there was *nothing* to do – all the surgeries were battened down, no-one was allowed in the hospitals – except covid people - and all the old people had been thrown out into residential and nursing homes to which 999 ambulances were told to refuse calls, GPs were told not to visit and they were all written up: 'Do Not Resuscitate'.

Not being needed in a 'National Emergency' and being expected to follow NHS policy even if it clashed with the best interests of the patient was the writing on the wall for me. In June 2020 I took myself off the NHS Performers' List and applied for voluntary erasure from the GMC register as I do not need to be registered or practice as a doctor for my private practice in naturopathic and homeopathic medicine. The GMC tells me if I am not practising as a doctor I

must be sure not to use any of the knowledge and skills I learned as a doctor - more than 40 years of my life. To which I reply, *"Heaven forbid that I should use any of them. I have better tools."* Medical school only teaches you about disease. You dissect dead bodies - not a great way to learning about health and not how I now practice. But the GMC will not let me go. They will not let me take my name off the register. They want to force me to a five week hearing in the hope that they will be able to make me 'the disgraced Dr Donegan'. Once off the register they have no hold over me or any doctor – witness the venerable and excellent Dr Vernon Coleman.

Because the vaccination information 'sins' of which they accuse me are not enough to bring me to a hearing they have concocted a bogus dishonesty charge. A dishonesty charge ensures both a hearing and a refusal of applications for voluntary erasure (coming off the GMC register as opposed to being struck off).

What is the dishonesty with which I am charged that makes me such a danger to the public? The fact that I say in lectures, on my website and in a letter to NHS England.

'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 allege I am dishonest and *knowingly* dishonest. They allege no such tribunal made such a finding, the GMC does not hold to the criminal standard [sure/ beyond reasonable doubt'] and I would have to know about every other doctor whose opinion had been so tested.

The GMC case examiners are so ill informed that they do not even know that before 2008 the standard at the GMC was criminal. And regarding 'other doctors', they have not produced even one doctor whose opinion has been so tested – which would obviously negate my claim. They haven't because they can't because there aren't any.

My troubles have been magnified by the fact the legal team provided to me by the Medical Protection Society [MPS] have spent 2½ years doing their best to make me lose my case. A legal team is supposed to be instructed by the client – me. But the people running the show are the MPS. My instructions are ignored. Without my authority permission or instruction and acting against my interest the MPS case handler, an ex GP who spent his professional life supporting vaccination, described me in correspondence to their solicitor thus:

"I am very much concerned that Dr Donegan is seeking to portray her position as a martyr of the anti-vax cause rather than the promulgator of inappropriate and misleading statements. After all the GMC expert was not particularly critical of her statements on vaccines as such although he felt she did not always provide relevant alternative views."

Anyone who has been to my lectures, read my articles or spoken to me knows that I am pro-health and the last thing I have ever portrayed myself as is a martyr – though the MPS is doing their best to make me one by what they have been doing. And

"Once there is a coronavirus vaccine I hope it is so obviously successful that it undermines her vaccine scepticism/ opposition."

Well bad luck on that one!

The same MPS employee, on behalf of the MPS, actually raised his voice to disagree with me about the dishonesty charge, to tell me that I was, indeed, dishonest in how I described the GMC 2007 panel decision. Thanks to these kind of instructions the MPS legal team never once challenged the dishonesty charge in the 2½ years they were running my case.

Because I kept complaining about this and their *de facto* trying to make me lose my case the MPS summarily withdrew my funding in May 2022 leaving me unrepresented by any legal team. This despite the thousands of pounds of subscription money I have paid them to defend me in exactly such a situation. The MPS holds £2.6 billion of members funds but has a discretionary' policy regarding the aid it gives its members. One of the conditions is that you must follow the advice of their specially picked legal teams or they will withdraw the money. Members indemnity is 'discretionary' but the officers of this so-called 'mutual' society have unlimited non discretionary indemnity against any charge civil or criminal brought against them by the members out of the £2.6 billion of members money that they hold! This means they can do anything they like without fear of prosecution – to the extent that any MPS officer could abscond with the £2.6 billion to a jurisdiction with no UK extradition treaty and get away scot-free.

There is no ombudsman to whom the MPS can be referred and in the midst of an already time consuming, prolonged and stressful GMC process I do not have the emotional resources to take them to court never mind not having £2.6 billion to back me up.

It appears to me that the MPS works *pari-passu* with the GMC whose administrators are generally ex-Whitehall and so used to carrying out Government policy [though it may be the other way round]. Dr Andrew Wakefield was represented by the MPS – it is no wonder he lost. The MPS paid for his colleague Professor Walker-Smith to appeal to the High Court where the judge was scathing about the GMC process. But no appeal for Dr Wakefield. He was the real target anyway – Prof Walker-Smith was just collateral damage so he had to be rescued. But no such salvage for Dr Wakefield. Some people say they stripped him of being a doctor. That is not possible. Once you are a doctor you are always a doctor, even if you are not registered. As for stripping him of the title, 'doctor'. You cannot do that either as it is not bestowed by any professional body of regulator. In the UK it is entirely a courtesy title

Being unrepresented I was at last able to challenge the bogus dishonesty charge which I did at a Medical Practitioner Tribunal Service [MPTS] pre-hearing meeting [PHM] in July 2022. The MPTS purports to be independent of the GMC but its funding comes from there and it is answerable to GMC council. The 'independent' MPTS case handler directed *in the meeting* that the GMC should answer *all the points* on which I had requested clarification regarding the dishonesty charge, in particular because I am representing myself, and without this information it is not possible for me to prepare a defence. The GMC solicitor gave her undertaking that she would do

this. But when I received the written copy of the directions, the MPTS case handler had not included the clearly stated oral direction, in writing. The GMC solicitor also did not do what she had undertaken to. This is unsurprising. The GMC has not done one thing to facilitate the running of my case that it has not been absolutely forced to do. This includes not producing the *full version* ie, with all the references, of their expert's report ostensibly delivered in March 2021 until after the July 2022 preliminary hearing meeting – which is after the date originally scheduled for the full hearing of my case. It is now listed for June and July 2023.

What the GMC solicitor did do was produce an opinion from the GMC barrister, not answering the clarifications I had requested and avoiding the issue of 'sure/ beyond reasonable doubt, unsurprising – what could he say? The barrister agreed that the 2007 GMC panel had indeed found that in my *reports* I had not failed to be independent objective and unbiased but that reports and *opinion* are not the same thing. The reports were not my *opinion* on vaccination.

Yet in the same 2007 panel decision document he cites it states

"At the conclusion of each report you declared:

"I, Dr Jayne LM Donegan, declare that this is an independent medico legal report based on my opinion, knowledge and research on the diseases, their vaccines and taking into account the particular cases of the children involved. I understand that the court will use it in coming to a decision as to what is in the best interests of the children involved. I have indicated my sources extensively. The facts and opinions expressed in this report are true and accurate to the best of my knowledge. I confirm that any fees paid to me are independent of the outcome of the case". ***Admitted and found proved***" [underlining added]

The 2007 GMC **found proved** that what was in my medicolegal reports was my opinion on the diseases and their vaccines. But the GMC are saying that my reports are not my opinion as part of their bogus charge

There is a crime called *'Attempting to pervert the course of justice.'* According to the example of perverting the course of justice given by the Crown Prosecution Service on its website, namely of the levelling of false charges against a defendant: *"[i]n R v Cotter and Others [2002] EWCA Crim 1033 .... all that is required is that the person making the false allegation intended that it should be taken seriously by the police."*

The GMC's dishonesty allegation is clearly intended to be taken seriously by the GMC's case examiner and the MPTS to the degree there is to be a hearing because of it and my now long overdue retirement is postponed because I cannot voluntarily erase my registration with a dishonesty charge hanging over me. The charge is based on nothing. Just a vehicle to force me to a hearing and make life as difficult for me as possible.

I won my 2007 case. But this did not help me or parents who have made the informed decision to not vaccinate their children. The GMC finding has not altered the precedent of the case: that the little girls were forced to be vaccinated. The GMC finding that I had not failed to be independent and unbiased and more:

"You demonstrated to the Panel that your report did not derive from your deeply held views and your evidence supported this. You explained to the Panel that your approach in your report was to provide the court with an alternative view based on the material that you produced in your references. That material was largely drawn from publications that were in fact in favour of immunisation. It was clear from your evidence and from your witness, Mrs Eaton, that your aim is to direct parents to sources of information about immunisation and child health safety to help them to make informed choices. You told us that there are many books by doctors and others in this and other countries who seriously question vaccination and they cite a lot of history, proofs, medical papers, to support their arguments. You did not use any of those publications because you did not think that the court would regard those as satisfactory support or references for your recommendations. You largely used what was available in refereed medical journals."

None of this was ever added to the ruling and the case is still quoted as reason for children to have forced vaccination. I cannot give evidence as an expert in the court to give a balancing view to the doctors that slavishly quote NHS and Government policy. Remember – if you want to work in the NHS, you have to follow NHS policy. Parents who produce my opinion or reports are laughed at as relying on the 'Junk Science' doctor so they are left with no-one and the vaccine juggernaut rolls on crushing all in its path. Anyone who had any doubt about this in the past only has to look at what has happened with covid and continues to happen. The fault, in my opinion, is with uninformed doctors who do not take the trouble to learn a bit more about themselves and about what they are doing every day of their professional lives while they run to fulfil government targets to fill their bank accounts. They need to look into all aspects of the medicine they practice and do independent research – statins, blood pressure, depression, HRT, puberty blocking hormones – all of them and more. It is a dread privilege and double edged sword to have the health and lives of people in their hands. It is on this understanding that people would regard doctors with such awe, hope and trust.

If doctors do not properly fulfil their sacred task they are no different from the medically qualified demons who worked in the Nazi extermination camps, the Japanese prisoner of war camps, the US doctors who tested AIDS drugs on babies in New York orphanages in the 1990s [stopped by an investigative journalist, not doctors], the Irish doctors testing vaccines on children in children's homes in the 1960's, and many, many more.

30 years of the Informed Parent has been a major part of my journey of researching health, disease, drugs, vaccinations, naturopathy, homeopathy and becoming a far better person, doctor and healthcare practitioner as well as getting into terrible trouble with the authorities causing me years of pointless and sadistic stress, hardship and irrevocable damage to my family life. Would I change any of it? No, life is how it is. It would however be nice if the next 30 years would be a little easier! :-)

jaynelmdonegan@yahoo.com

22 August 2022

Dr Donegan's latest lectures - please share with others who might be interested.

https://www.eventbrite.co.uk/o/dr-jayne-lm-donegan-30030351200

TIP ARCHIVE

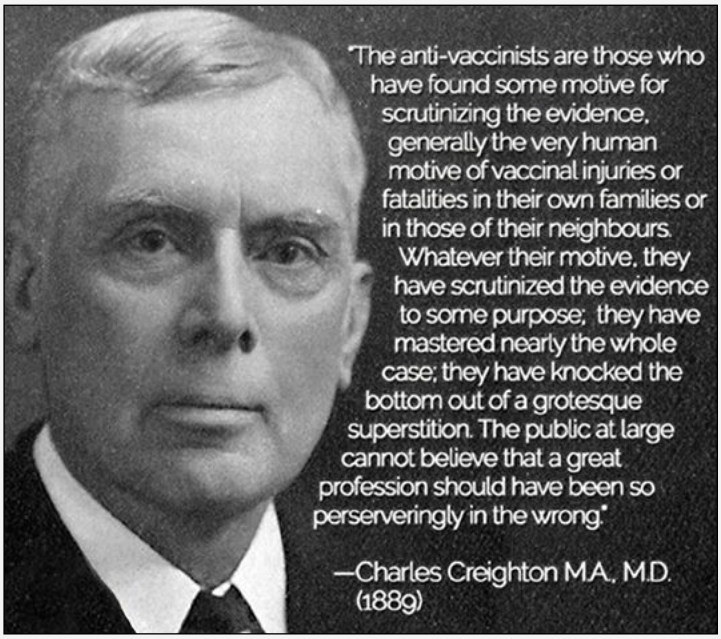
DR CREIGHTON ON COW-POX AND VACCINAL SYPHILIS

BMJ, 4 FEB 1888, P270-71

SIR, - THE REVIEWER of a small work of mine on cow-pox has allowed two or three errors in matters of fact to creep into an otherwise learned, witty, and pertinent criticism. I send the corrections, both on account of your habitual care in reporting upon books, and from a natural willingness that those who may have read the review, but may never see the book, should go away thinking the thing which is not.

1. "He gives us no assistance towards reducing whatever risk there may be in the operation (of vaccinating) as nowadays practised." Can the reviewer have read the book through? There are numerous examples in it of what follows from neglecting Jenner's "golden rule" (see especially p 117). In more than a dozen places I advert to the danger of using late lymph. I adopt and endeavour to elucidate the practical teaching of the late Dr E C Seaton, as to the avoidable causes of the great vaccinal disasters which have occurred mostly abroad, as well as the corresponding teaching on the no less obnoxious than misleading doctrine of invaccinated syphilis.

I endeavour to illustrate the folly of vaccinating from a child with an eruption on its arms by reference to the well-known case of a vaccination inspector, and by reference to the same case, to show the convenience of knowing the date after vaccination at which lymph is proposed to be taken. One of my principal themes, illustrated from the writings of Ceely, Estlin, Bousquet, and Jenner himself, is the peculiar and even surprising properties of primary lymph; I point out the danger of "going back to the cow", and I may here remark that what I had to say on that point had acquired special relevancy within the last few weeks. Doubtless the author of a set of directions or instructions for vaccinators would have fallen into a more didactic turn of style; but I shall be surprised if my reasoned statement of the natural history of cow-pox does not help vaccinators to understand how and when the risks arise.



2. "Of evidence we have none." This is said of the substance or main contention of the book, which occupies the greater part of it, and to which every part of it leads up. I will charitably suppose that the reviewer here speaks in some non-natural, Pickwickian, or constructive sense.

The book is pretty nearly all evidence; it is so compact with evidence, as any ordinary person will understand the word, that it needs close reading to apprehend it. Not more than an eighth or tenth part is taken up with comments; all the rest is a relation of evidence, collected and put together at the cost of much time and pains. The evidence is constantly authenticated by full and precise references in the notes; it is summarised in several pages of contents; it is alphabetically registered in an index; and if the Agricultural Department had only been a few months earlier with its shocking revelations of recent cow-pox, the evidence would have been corroborated in an appendix, dealing also with the humanitarian aspect of cow-pox in the cow, with the contamination of milk by scabs, pus, and blood, and with the scarlet fever traceable to such sources.

3. The word "falsehood," which I am accused of using along with "sophistry," does not occur in the book, nor any equivalent of it.

4. "Readers will do wisely to verify each statement of our author before accepting him" – whatever accepting "him" may mean. In form this is not a misleading assertion like 1 and 2; it is merely a gentlemanly insinuation; it is the sort of caution that one might give, in a parallel case, against a habitual liar or a detected imposter. Readers of this book, as the reviewer pathetically tells them, may have scant means of going to original sources of information; and, in the very same breath, he throws upon them a task which he has thus far declined to take upon himself. Perhaps the simplest way to deal with this gentleman will be for me now to challenge him to point out one single misstatement of fact) for it is to matters of fact that his sweeping innuendo relates) in those chapters of my book against which he specially cautioned your readers.

In giving a challenge of that sort I know that I am inviting a closer scrutiny than a writer's work is ordinarily subjected to; but I give the challenge deliberately, and I shall feel obliged to you, Sir, if you will undertake to deliver the cartel to the person who has to answer it. – I am, etc.

C. Creighton, MD,
January 16th 1888.

CONSENTING CHILDREN AGED UNDER 18 FOR VACCINATION AND TREATMENT

BMJ 2022;377:e068889
SAXENA S ET AL. 14 June 2022

THE TITLE ABOVE is from a short article published in the BMJ a few months ago. It begins with a sub heading and bullet points:

WHAT YOU NEED TO KNOW

- Consider children's best interests in all decisions about their medical treatment
- Children under 18 are entitled to have a say in all decisions that affect them
- Assess competence in any child under 16
- Seek medical-legal expertise when competent children aged under 18 refuse treatment that may be in their best interest.

In the Rapid Response section the BMJ have published two responses, both by medical professionals, which you may find interesting. They are as follows: 24 June 2022, Noel Thomas, retired/part time doc, Bronygarn, Maesteg, Wales, CF34 9AL.

Dear Editor,
This article, the authors write, is based on guidance and law applicable in the UK. UK law on informed consent is based on the Supreme Court's Montgomery judgement in 2015. The General Medical Council updated its guidance on consent in 2020. Both of these sources emphasised the importance of providing comprehensive information about the possible benefits and risks of any procedure, to a person or guardian, before valid informed consent can be given. The article says little on this important aspect. The authors comment that the covid-19 pandemic " highlighted common legal and ethical dilemmas.." which is no surprise, as one doubts from many anecdotal accounts, if any of the vaccinated teenagers were informed of the vaccines' experimental status, of the lack of adequate safety studies and of any makers' compensation liability. The MHRA figures on alleged deaths and ADRs following covid vaccination have not been publicised. Without such information, how can UK law, GMC advice, even the Nuremberg Code, have been respected ? [1,2,3]

In the past five years it has been pointed out many times in BMJ rapid responses that we have a dysfunctional system of consent to vaccination in the UK. That opinion, and the justifications for it, have not once been questioned by your global readership. [4,5,6] None of the reasons supporting those concerns about the dysfunctional state of consent to vaccination, were identified by the authors of this article.

1. https://www.bmj.com/content/357/bmj.j2224
2. https://www.gmc-uk.org/-/media/documents/updated-decision-making-and-con...
3. https://www.bmj.com/content/313/7070/1448.1
4. https://www.bmj.com/content/358/bmj.j4100/rr-8
5. https://www.bmj.com/content/371/bmj.m3933/rr-2
6. https://www.bmj.com/content/367/bmj.l6926/rr-7

Competing interests: None.

SECOND RAPID RESPONSE

10 July 2022, Benjamin Jacobs, Consultant Paediatrician, Royal National Orthopaedic Hospital, Stanmore, HA7 4LP.

Dear Editor,
The title of this paper wrongly uses the word 'consent' as a transitive verb. This usage is wrong. It is demeaning to patients. The verb "consent" has been intransitive since it entered the English language in the 1200s. It is only in modern times, and only in medical parlance, that people have started to talk about "consenting" others. It should be the child who may consent to the vaccine, not the vaccinator who "consents" the child. Medical people should know better. The role of medical professionals is to educate people of the benefits and risks of medical procedures, and then allow patients to choose freely. It is not our role to 'consent' others!
Competing interests: None.

I also submitted a Rapid Response on 9th July however it did not get published. Here is my response in case you are interested. 9th July 2022, Magdalene Taylor, Director of The Informed Parent.

WHAT YOU NEED TO KNOW FROM A PARENT'S POINT OF VIEW

It should go without saying that the best interests of children are highly important in all decisions, especially about their medical treatment. However how can a child form an opinion about a procedure such as vaccination when they are only presented with very limited and biased information? It is highly likely that the information will be designed to promote the procedure in order to influence the child into consenting. And who is to assess the competence in children under 16? Are the assessors competent themselves? Have they fully informed themselves on the subject with a broad spectrum of literature? It is very unlikely.

The fourth bullet point was revealing - that medical-legal expertise should be sought if a child under 18, who is considered competent, refuses treatment.

If the child is competent and has informed themselves and declines, for example a vaccine, then they will have made that decision with their best interest in mind. It seems that what is being said is - let the competent child have a say but should they decline a vaccine then medical-legal expertise will be sought in the matter. It is clear that full consent is the only objective and any other view on the issue will not be tolerated. This is very hypocritical in my opinion. Additionally why are not the parents sought before the medical-legal 'experts' to be part of the discussion?

In the UK's Green book, chapter two, under the section 'Consent in children and young people' (1) it indicates that 'a young person considered as 'Gillick competent' (meaning from around 13 to 16 years old) can also give consent, although ideally their parents will be involved', and that 'a parent cannot override that consent.'

Disempowering the parent's position with the erosion of their parental responsibilities and encouraging the children to form their opinions based on guidance from the authorities rather than their own loving parents' is an extremely worrying and divisive direction.

1. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/994850/PHE_Greenbook_of_immunisation_chapter_2_consent_18_June21.pdf

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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