

May/June 2024

... let us be the light at the beginning of your journey

The following is an interview of Gemma Hoefkens by Ty Bollinger. It is a transcript of one of the 131 interviews by him of world leaders in the alternative cancer field in the book *The Truth About Cancer—A Global Quest*.

Ty: I am really excited to be here in London, England today with Gemma Hoefkens. I've known you, Gemma, via email and the Internet, for several years now. It's a pleasure to finally meet you.

Gemma: Yes, and you. Very good to see you. Very good to be here.

Ty: Thank you. Where did you travel from here?

Gemma: From Birmingham.

Ty: From Birmingham. So, north of London?

Gemma: North of London, yes.

Ty: Thank you for joining us today.

Gemma: Pleasure.

Ty: I'm really excited to get your story because you are a homeopath, but you also have a cancer story — a cancer survival story. So let's rewind back about 20 years and if you could, begin to share with us your story of overcoming a cancer diagnosis back in the mid-90s, if I remember correctly.

Gemma: It was 1996. I was sent home to die, really. Previous to that, when I was 23 years old, I had hydrocephalus and they said that was a really successful operation. Hydrocephalus is water on the brain which is a tube going from your head, going down to your abdomen, draining fluid. Everybody has got synovial fluid that goes down. And then, a couple of years later on I started getting problems, many problems—dizziness, headaches—and they kept doing scans. I was worried about the shunt

Gemma Hoefkens BA Hons, LCPH, MARH Interview by Ty Bollinger



Gemma Hoefkens

coming down, whether that was damaged or not working properly. And they gave me MRI scans and checking and checking, nothing wrong. And then they finally found there was a tumour in my pineal gland, which is right in the middle of your head. So they couldn't do—well, they didn't want to do anything with it anyway because it was so tiny. They said, just see what happens, really.

And basically, what happened was it grew a little bit bigger, and then it spread to my pituitary gland in the head. But because it was so delicate, and the pineal, the initial tumour, was in the middle of your head, you couldn't have surgery because it could be too damaging to the body. You would die if you had surgery. So they said, "It's not causing you too much problems." But gradually it was getting worse and worse. I was getting little stars—you know in cartoons you get little stars going around you, or lots of memory problems, especially I would bump into things. And gradually, they said, "It has grown."

And they said, "We're going to do a biopsy." So I did a biopsy and they found that I needed radiology, which was pretty horrific.

Ty: So, did you undergo the radiation treatments?

Gemma: Oh yes. I had that and I was fitted with a mask and you lie there as still as you can and it's really quite frightening. You have all these rays at you and you can't move because if you do the rays are going to go in the wrong place. I didn't get it, really. I'm not a scientist, I didn't understand, but there are rays going into you and nobody is to come in the room, they are all outside the room. Nobody will come in because it was so damaging. But it was supposed to help me anyway.

Ty: Didn't make sense to you?

Gemma: Didn't make sense to me. If it is going through your head, why isn't it damaging everything? Why is it just damaging your tumour? So I was frightened. What if I sneezed. They're going to do it the wrong place, aren't they? So I was really worried. And then on the first radiology session they leapt into the room and said, "Stop it," because they had found another tumour. This was one on my pituitary gland. This one had spread so they had to mark up the mask and so it was aimed at that, as well.

Ty: So did they hit them both at the same time? Did they try to get both tumours with the first treatment? Or did you do that after that?

Gemma: I don't know.

Ty: Not sure.

Gemma: I don't know, I'm not sure.

Ty: Was this considered to be brain cancer?

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- INSERT: Membership Renewal Form for 1 July.

<p>Please note: All memberships need to be renewed From 1 July. Use the membership renewal form attached to this Newsletter.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Alternative Cancer Treatments <input type="checkbox"/> Antioxidants <input type="checkbox"/> Cancer Stem Cells <input type="checkbox"/> Cryoablation <input type="checkbox"/> Homeopathy <input type="checkbox"/> Hyperthermia <input type="checkbox"/> Immunotherapy <input type="checkbox"/> Injected Therapies <input type="checkbox"/> Interactions & Conflicts <input type="checkbox"/> Metabolic Therapy <input type="checkbox"/> Mind Body <input type="checkbox"/> Nature of CAM <input type="checkbox"/> Physical Activity <input type="checkbox"/> Repurposed Drugs <input type="checkbox"/> Targeted Therapy <input type="checkbox"/> Viral Therapy <input type="checkbox"/> Sound, Light & Electricity <p style="text-align: right;">https://www.themossreport.com/</p>	<p style="text-align: right;">(continued from page 12)</p> <p>synovial fluid and joints and the natural production of hyaluronic acid declines by as much as 50% by the time you reach age 50; so this is one of the reasons knee and ankle joints are likely to show increasing signs of inflammation with increasing age.</p> <p>Both of them are commonly used in the cosmetic field as lotions, creams, etc. They are both excessively hydrating and anti-aging. LMW-HA could penetrate the skin surface easier with a lower molecular size. In a word, HMW-HA catches water molecules on the surface, while LMW-HA goes deeper underneath.</p> <p>The product mentioned is often use elsewhere on the body as a moisturiser.</p>
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<p style="text-align: center;">(continued from page 8)</p> <p>Communications Legislation Amendment (Combatting Misinformation and Disinformation) Bill 2023 that seeks to amend the Broadcasting Services Act 1992 (Cth) and other relevant legislation to provide new powers to combat online misinformation and disinformation that infringes of freedom of speech;</p> <p>4. What the Australian Charities & Not-for profit Commission has done in revoking CISS' charitable status on the basis that we have provided information, particularly on the CISS website, that disagrees with that from cancer authorities—in breach of CISS' freedom of speech.</p> <p>The main question to ask is: Who are those acting behind the scenes who have so much power that both major parties, with very different philosophies of how Australia should be run, can be persuaded to implement almost identical legislation designed to remove the ability of its citizens to disagree with any statement about health policy the government of the day makes? Is this a conspiracy theory?</p>	<p style="text-align: right;">(continued from page 3)</p> <p>agreement among themselves that that was likely what had happened. So why hide the fact?"</p> <p>According to Paul, Fauci and his collaborators chose to hide the truth because the truth would reveal their potentially criminal actions. As director of the National Institutes of Allergy and Infectious Diseases (NIAID), Fauci had been funding risky gain-of-function research at the WIV — a substandard lab in terms of safety. Moreover, he allowed this research to move forward even though there was a moratorium on gain-of-function research in the U.S. The moratorium was put in place for the very reason that experts feared the risk of creating a human pandemic was too high.</p>
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<p style="text-align: center;">Supplements for CISS Members</p> <p>Low Dose Naltrexone all strengths 1.5mg to 4.5mg 100 compounded capsules (Doctor's prescription needed) Look up "Low Dose Naltrexone" Homepage Stabilised electrolytes of oxygen 50ml—\$15 (Chlorine Dioxide) Visionary Health Compounding Chemist (02) 4969 5081</p>	<p style="text-align: center;">Free Psych-K for CISS members</p> <p>CISS members can receive Psych-K to identify and change negative belief systems free of charge. Ring the Office if you want to try it.</p> <hr/> <p style="text-align: center;">DVDs for Sale from the CISS Office</p> <p>CISS Seminar "Cancer & Hope - Survivors share their Lessons" available for \$29.50 plus postage for members + postage</p>
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INTERNATIONAL & LOCAL NEWS

International news

As the US elections grow closer, with a little over 5 months left for campaigning, there are a few wild cards beginning to show. First Donald Trump is apparently not suffering from the Democrats' strategy of trying to portray him as a criminal with many criminal charges being brought against him. His main criminal charges, relating to his support for those who stormed the capitol to overthrow the 2020 election result, will not be heard until after the November elections. If he can avoid being charged with a lesser crime, relating to falsifying his financial records and retaining secret papers, with a prison sentence over the next few months he could well stay in the race. Both nominees are disliked by most American voters. This provides an opportunity for independent presidential nominees to gain more influence than would normally be the case..

While the extreme left in the US are trying to keep Biden from edging towards the political centre, Robert Kennedy Jnr, son of US Attorney General Robert Kennedy and nephew of his brother President John Kennedy—both assassinated in the 1960s—is taking away support from both presidential candidates. His support is between 12% and 20% depending on who you listen to.

This could have some bearing on the Australian situation because Kennedy is exposing the increasing role of the medical and pharmaceutical industries on American citizens' freedom of speech and association and forcing up medical costs. This is highly relevant to the Australian situation where similar forces are trying to get the Misinformation and Disinformation legislation passed in Australia - see Freedom of Speech issues on page 7 and the Kennedy interview on vaccines on page 10.

It could also be a minor factor in the recent claim that Anthony Albanese is considering bringing the Australian election forward to late this year instead of as late as May next year. If Trump wins in the US he could release some very embarrassing information about the Covid-19 scandal and Anthony Fauci's role in it. .



Don Benjamin, Editor

Local News

We are still awaiting news about the draft Misinformation and Disinformation Bill. As Albanese's support continues to slip in favour of the independents with an increasing chance of him having to form a minority government, there is an increased likelihood that he will avoid risking trying to pass this very controversial legislation that would severely restrict freedom of speech and association in Australia. Even *The Australian* highlighted the fact that several statement questioning health authorities' claims about the safety and efficacy of the COVID vaccine were valid.

So any embarrassing information from Trump about the last COVID scandal in the US and similar developments in Australia could become relevant to Albanese's campaign. Peter Dutton and the Coalition originally brought in the Misinformation & Disinformation Bill to stop Australian's criticising Australian health authorities. He now says he and the Coalition oppose the Bill.

(continued from page 11)
necessarily be conducted by Ralph, but I do want to stress the US side of this proposal so that DARPA are comfortable with our team. Once we get the funds, we can then allocate who does what

exact work, and I believe that a lot of these assays can be done in Wuhan.'

Daszak is a research manager, not a virologist, and perhaps did not fully understand the consequences of this decision. The DEFUSE project, if undertaken by Baric, would have gone forward in the second-highest level of safety conditions, known as BSL-3, because Baric believed that the manipulation of SARS-related viruses was dangerous work and did his research in a BSL-3 lab.

The Chinese were less impressed with the dangers. Shi worked on SARS-related viruses mostly in BSL-2 labs, which have minimal safety requirements, though she did test the viruses on humanized mice under BSL-3 conditions.

When SARS2 first appeared in the world, it had all the unique properties that would be expected of a virus made according to the DEFUSE recipe. Instead of slowly evolving the ability to attack human cells, as natural viruses must do when they jump from animals to humans, SARS2 was immediately infectious to people, possibly because it had already been adapted in humanized laboratory mice to the human cell receptors ...

Despite intensive search, no precursors for SARS2 have been found in the natural world. Given the 2018 date of the DEFUSE proposal, the researchers in Wuhan could have synthesized the virus by 2019, accounting perfectly for the otherwise unexplained timing of the COVID-19 pandemic as well as its place of origin. It all fits."

Lessons From the Great COVID Cover-Up

In a November 1, 2023, article, Sen. Paul reviewed what we have learned from "the great COVID cover-up".¹⁵

"The COVID cover-up began in China. But in a way we make too big a deal of that. No one should be surprised that a totalitarian government run by the Chinese Communist Party would seek to cover up its responsibility for a worldwide pandemic. What was mind-jarring — and what we should focus our attention on — is the cover-up in our own country spearheaded by Dr Anthony Fauci and his fellow public health bureaucrats.

And they might have gotten away with their deception if a federal judge hadn't ordered their emails released. In brief, these emails reveal that at the same time Dr Fauci and other public health 'experts' were publicly disavowing the idea that the COVID virus originated with a leak from the Wuhan Institute of Virology in China, they were in general
(concluded on page 2)

DISCLAIMER

All opinions in articles. We provide references where possible to make this easier. CISS publishes for educational purposes only and takes no responsibility for the veracity of any claims presented. Where necessary we try to provide a variety of opinions in controversial areas.

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(continued from page 1)

Gemma: They weren't sure, to be honest. There were tumours, and they were acting irregularly, well, they began acting irregularly. Then it went down my spine. And they did some more radiology down my spine. And then they did some boosters, so that wasn't enough. They did the radiology and said, "That's not enough, we need—there hasn't been enough improvement and we need to do boosters." So I had the boosters.

Ty: So that's more radiation.

Gemma: More radiation. And then I got the results and they were looking through them and they said, "Oh, actually, this is quite good," because the ones in my back had actually gone. So they thought that was great, but then they said, "It's not improvement enough. We need to do chemotherapy." Which was, again, confusing. I was thinking, "Well, why don't you carry on with what's working?" But the doctors said no. So I thought, "Okay, good news." But I was a bit confused because I was going on to chemotherapy. So I had the chemotherapy. I was supposed to have three sessions of it, and I think I had two. I didn't have the third. They said to me, basically, "Our treatment is making you worse." I was getting worse.

Ty: The chemo was making you worse.

Gemma: "Our treatment is making you worse." I don't know if it was the chemo or the drugs. I had steroids and lots of different drugs and the radiology. All my hair fell out with the radiology in two weeks, and I was nauseous and vomiting.

Ty: Two weeks to lose all your hair.

Gemma: Yes.

Ty: Is that what you said? It took two weeks?

Gemma: No, no, no. My hair fell out in one weekend.

Ty: One weekend?

Gemma: Yes. It was devastating for me.

Ty: I've never heard of that quick of a reaction to the...

Gemma: I don't know how long. I can't remember how long it was, but when I was having radiology, I can't remember what number ses-

sion it was, but it all fell out in one weekend.

Ty: At that point, what were you feeling when you see all of your hair falling out?

Gemma: Can you imagine, particularly a young woman? I'm 26, my hair was shoulder-length hair, I always had long hair. I was actually staying at my friend's house and it was all coming out as I was in the shower. It was all coming out and I just put it in a bin and forgot to tell her it was in the bin, and she looked later and she saw all this hair in the bin.

Ty: So what was the protocol after your doctors told you, "Our treatments are making you worse?" Where did you go from there?

Gemma: So that was after my chemotherapy. They came in and basically they said, "Would you like to stay in hospital? Would you like to go home? Or would you like to go to a hospice?"

Ty: To hospice?

Gemma: Yes.

Ty: So it was a grim prognosis, then?

Gemma: Oh yes. Oh yes. So I thought, "Well, I don't want to go to a hospice." As far as I was concerned, you go to hospice because you die. And I thought, "I don't want to stay in this hospital, everybody's dying." Remember, I was in the oncology ward and I could hear people having their last rites in the middle of the night and things like that, and I couldn't wait to get out of there. So I thought, I'll go to my mom's. You want your mom to look after you, mom and dad. I went back to their place.

But just before then—I used to go back and forth to my mom and dad to be looked after now and again. I lived in London, they lived in Worcestershire. And my sister-in-law phoned me up and she said, "Look, I've heard about this woman. She's helped with my eczema, and my daughter's eczema has gone completely away. Do you want to speak to her? She is a homeopath." I thought, "What's that? I don't know what that is."

Ty: You didn't know what homeopathy was at that point?

Gemma: No, I didn't know what homeopathy was. I didn't know. But I thought, "I'm really, really, poor I might as well give it a go, I'm not getting anywhere." And so I started having some treatment from her

and so I had a bit of faith in her, I didn't have a lot of faith, and I was very sceptical. But I didn't have any alternative, to be honest.

And I thought all these things that were happening to me were a bit of a coincidence, but they kept happening, again and again and again. So I thought, "Okay, okay." So I kept them in there. And then when I was sent home to die I just did homeopathy ever since then. And now, this is 18 years later on and I've never needed to go to a doctor again. Yes. In fact, anything wrong | go to my homeopath.

Ty: So homeopathy is what you attribute to saving your life because you were sent home to die?

Gemma: Yes.

Ty: What particular homeopathic remedies did you use at that time?

Gemma: Oh, there were lots. | did lots. There were lots of detoxing ones. And then, for instance, I got to the point where I could barely get out of bed. Well, I couldn't get out of bed on my own, I needed to have help. And I couldn't even open up my eyelid, I would have to lift it with my finger. And then, I had to have a stick to walk with just to go to the toilet. I had to have a stick on there, and the balance was really, really bad.

Ty: And you were in your late 20s.

Gemma: I was 26.

Ty: So what did you—did you use your particular homeopathic to help those symptoms?

Gemma: Yes, she was doing great. And I said, "Look, if you could just to get my eyelids to work." And she gave me a particular remedy that really helped. And it went on and on and on.

Ty: Did you change anything about the way that you were eating at that point? Did you change your nutrition?

Gemma: Oh yes, a strict diet.

Ty: What does that mean?

Gemma: No dairy, no sugar. Sugar feeds cancer. Dairy can produce mucus. Mucus produces tumours, I was told. No E numbers. Eat organic food. Luckily, my dad had an organic garden, which was absolutely perfect. I didn't realize. I (inaudible - 10:52) things, snails. But it was absolutely perfect for me at that point.

Ty: That's really amazing that your dad had an organic garden, just for you.

Gemma: It wasn't for me.

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Ty: It was for you, you just didn't know it, right?

Gemma: I know.

Ty: It was for you. That's awesome. So you changed your diet, eating organic. Did you eliminate anything that you had been previously eating, and did you change anything else about your daily routine?

Gemma: My daily routine—meant I was literally in bed. I couldn't do anything much. I mean, I could see about that far, and it was all fuzzy, and double vision, and so I couldn't read. I couldn't read a book, I couldn't watch TV. I was just lying there waiting to die.

Ty: So the brain tumours really affected your vision, as well.

Gemma: Yes.

Ty: In the 18 years since you began the homeopathic treatments have you had any contact with the doctors that told you there was nothing that they could do, that their treatments were making you worse?

Gemma: I called back two years later, I think. I had gone back to live in London. And I was furious, really, with them. Why hadn't they gotten back to me? They had just said that was it, I think. Actually my sister ran after them after they said "Did I want to go to a hospice, etc.?" She ran after them and said, "Look the family needs to know. How long have we got? What's the prognosis?" And basically, he said to me at the time, "Have a good Christmas." This was in October, and I was thinking—I realize now he was probably saying, "Because this is going to be your last one." He basically gave me about three months to live.

Ty: And have you seen him since then?

Gemma: I went back two years later. I was very proud about doing this because I could walk down the road on my own, get a bus, and get to the hospital on my own. And I told him to put it down to homeopathy. And it's in my notes, he puts it down to homeopathy. But he said it was a remarkable recovery and he couldn't understand it. And then he turned round and he went to shuffle some papers and said, "Well, maybe it's a delayed effect from the chemotherapy."

Ty: Really?

Gemma: Really.

Ty: A delayed effect of the chemotherapy.

Gemma: This is two years since they said it was making me worse, and there is nothing more we can do. It's in my notes, his registrar said, "Gemma knows there are no other viable options for her." No other viable options. And I want to tell people, this is one of my missions, that there are other options to health.

Ty: Talk about some of the things that you incorporated in your treatment protocol in addition to the homeopathy and the changing of the diet. Was there anything else that you could share with people that you included as far as supplements or anything like that, specifically, that might help somebody that is watching that has been diagnosed?

Gemma: Well, I think organic food. I think, good water. I think you've done enough work on that, I'm not going to repeat all that. Getting out your issue, finding out your issue. If you go to a homeopathic practitioner, getting out your issues and sorting them out. If you're on your deathbed, whether you live or die—I thought, "Well, it's not fair, I want to go and do it." Maybe you could get your future, write it down, do a mind map, sort it out. I thought, "I haven't told people that I love them. I haven't told my dad I love him."

Because that was my way. I was very closed and I was embarrassed about saying things like that. So start telling people how you feel. Here's your dad, tell him you love him if you love him. So I always go for a big hug now and so it's not a problem now. Think about what you want to do. What's the thing? You don't want to die regretting you haven't done this, this or that. Make your plans now and get a future.

Ty: Live your life.

Gemma: Live your life.

Ty: Right? And you have, because now you're a homeopath, right?

Gemma: I didn't know about it, and of course, that's what I wanted to do. I wasn't happy with the job I was doing. I was doing admin work, and it was not really what I wanted to do. It's all waiting for something to happen, for some job to come up, or this to happen. And you've got to make your luck and go out there and do it.

Ty: So when did you go to school to become a homeopath? When did you decide to do that?

Gemma: It was about three years after that, and then I graduated in 2000.

Ty: So you've been a homeopath for 15 years?

Gemma: Yes.

Ty: That's awesome. Are you helping any cancer patients at this point?

Gemma: I am, yes.

Ty: I'm sure you are, with the testimony that you have.

Gemma: Well, I can't even say that, we're not allowed to say that. I'm helping people and they might have different ailments, and some people have this ailment or that one, and some people have cancer.

Ty: But you're not treating cancer, right?

Gemma: No, no, no, no. I treat the individual.

Ty: You treat the person.

Gemma: Because, say somebody has an illness—if there are three people here, right? You all have the same illness. I might give you all a different remedy, depending on your medical history, what you like to do, how you react to things.

Ty: So it's an individualized approach.

Gemma: Really holistic and individualised.

Ty: So that's very different than what you get with the conventional treatments for cancer. Because you get this kind of cancer, you're going to get X, Y, Z drug, just like everybody else. It has no individual protocol. I think that's part of the power of homeopathy.

Gemma: Yes, I think so.

Ty: What would be your message to a cancer patient that has been recently diagnosed that has gone to the oncologist who has said, "Hey, you're a dead man walking, you have three months"—what's your message to a cancer patient that might be watching?

Gemma: Well, for me, I can only say that I know what helped me and that was homeopathy. So I would recommend homeopathy and there are lots of other things that can help. And watch Ty's episodes to find out other things. I can talk more authoritatively about homeopathy.

Ty: Sure. Is there hope for a cancer patient that has been told they are going to die?

Gemma: Of course there is. They say, "Oh, you are giving false hope." Well, actually, I'd rather die with hope than without it. I'm not saying (concluded on page 6)

it's just hope, because it isn't. I would much rather die with hope than without hope.

Ty: And a lot of what the conventional treatments for cancer, or the conventional prognosis does is create despair, doesn't it?

Gemma: It certainly did with me, yes. Absolutely. People often don't call it cancer, they call it "the C" or "the big C."

Ty: They don't even want to say the word.

Gemma: No.

Ty: Talk about the effect that the belief and emotions might play in that, in light of the fact that we know that fear, stress, anger all suppress the immune system.

Gemma: Exactly. So it is much better to be positive.

Ty: Do you think that has a big—

Gemma: A positive effect, of course.

Ty: Do you think that has something to do with somebody recovering? The positive mental attitude?

Gemma: Absolutely. Yes, it's one part. But then people will say, "Oh it's just placebo." It's not placebo. Homeopathy can work on animals and children, and they don't know what...

Ty: There is no placebo effect with animals.

Gemma: No.

Ty: Or children.

Gemma: No.

Ty: Talk about that real quickly, because I wasn't even thinking about this direction, but with the epidemic that we have of children's cancer lately, why do you think that we have this huge increase in the numbers of children, even infants, that are diagnosed with cancer?

Gemma: Health can be for all sorts of reasons—bad health, it could be geopathic stress. You could be living under an electric pylon for the last ten days, or two years. It might affect you or it might not. Some people can have a bottle of whiskey a week and smoke 80 fags and it won't affect them, and they live to 110, or whatever. But some people, it will affect them. And so, it could be a geopathic thing, it could be a really bad diet. It could be a combination of things. It could be some awful emotional state of grief, or people they have loved and have died.

Ty: What do you mean when you say geopathic stress?

Gemma: Okay things like mobile phones, computers might affect some people rather than other people. It will affect some people and stay in the body, along with other things, as well—bad diet, bad water, all these horrible emotional things that might have happened to you.

Ty: So, once you free yourself of that baggage, whether it be emotional baggage or the toxic load, or the baggage that...

Gemma: All of it. You deal with all of it,

Ty: So there isn't a single magic bullet, then, to treat cancer.

Gemma: I don't know of it. If it was, I'd be a very, rich lady.

Ty: Yes. A lot different factors that you need to change aren't there?

Gemma: Yes. that's why I think homeopathy is good because it looks at all aspects of it.

Ty: Well, Gemma, it has been a pleasure to interview you today. I'm really honoured to be able to meet you after all these years. And I know that some of the things that you have said today are going to impact people that are watching, so really grateful to you for all that you are doing.

Gemma: Thank you, and I was very pleased to be here. And I don't mean just here, I mean living—to be here in this world.

Ty: I am glad you are living, as well, too, and I attribute it to the homeopathy and the other things that you did. And to getting out from underneath the umbrella of those conventional treatments that were killing you.

Gemma: Yes, thank you.
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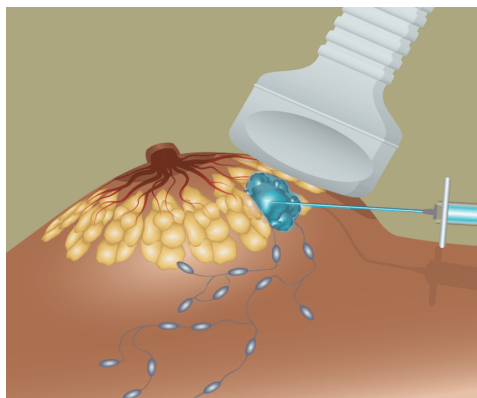
Cryoablation for Breast Cancer

by Ralph Moss

Freezing The Tumour

Many breast cancer patients are looking for an alternative to surgery to remove their tumours. One possibility is cryoablation. "Cryo" has the advantage of a painless, bloodless way of destroying a tumour quickly without the invasiveness of most surgery. Instead of having a lumpectomy or mastectomy to remove a breast tumour, doctors insert a thin needle-like device into the mass and then produce "a blast of extreme coldness" to destroy the malignant tumour. There is no need for sedation or hospitalisation, and no pain or scarring. At many centres, this is considered a viable alternative to surgery for early-stage breast cancers.

An American College of Surgeons Oncology Group carried out a clinical trial affirming this. It involved 87 cases of breast cancer treated at 19 medical centres around the U.S. The patients



in question all had invasive ductal carcinomas of 2 centimetres or smaller, which could be seen on ultrasound. MRIs were also done to look at the tumours. After the simple procedure was performed, tissue from the former tumours was examined to see if all the malignant cells were truly gone. And in fact, no remaining cancer was found in 80 out of 92% of the targeted tumours. There was also 100% ablation of tu-

mours smaller than 1 centimetre in diameter.

(Simmons RM, Ballman KV, Cox C, et al. A Phase II Trial Exploring the Success of Cryoablation Therapy in the Treatment of Invasive Breast Carcinoma: Results from ACOSOG (Alliance) Z1072. *Ann Surg Oncol*. 2016 Aug;23(8):2438-45. doi: 10.1245/s10434-016-5275-3. Epub 2016 May 24. PMID: 27221361; PMCID: PMC5433250)

Advance for Women

After a while, the body reabsorbs the killed cancer cells and no traces of it can be found on mammograms or other imaging scans. To quote from a New York-Presbyterian/Weill Cornell Medical Center press release:

It's a huge advance for women – I think this could be the wave of the future," said the study's lead author, Rache M. Simmons MD, chief of breast surgery at New York-Presbyterian/Weill Cornell Medical Center.

(concluded on page 2)

The End of Free Speech in Australia?

by Don Benjamin

In the last Newsletter I presented a couple of articles that suggested that there is a serious threat to free speech in Australia arising from moves by the medical and health authorities to gain control of the population in the event of another pandemic like COVID-19 – using the issue of the safety of citizens being more important than their freedom of association and their freedom of speech.

The freedom of association was under threat by the seizing of power by health authorities, as was carried out recently during the Covid-19 pandemic and in any future pandemic.

There are three pieces of evidence that suggest that this potential takeover is real:

1. The WHO is due to hand down its decision this month (May) on the new WHO regulations regarding how governments are to handle any future pandemics;
2. The federal Government, as a signatory to the WHO regulations, will then decide how to implement those regulations. It has already introduced legal machinery—through the AHPRA - to enable health authorities to ensure control over freedom

of movement;

3. The federal Labor government is planning to pass the “Misinformation and Disinformation Bill with wording almost identical to that proposed by the previous Coalition government—thus adding control over freedom of speech. This is designed to ensure that the media will attract serious fines if they allow the circulation of any statements relating to health that questions a statement by health authorities.

I received criticism from some members about my recent editorials and for presenting views that support the above scenario—on the grounds that I am feeding conspiracy theories.

In this issue I present a different view about the possibility of a threat to freedom of speech in Australia using different interpretations of the Australian Constitution by members of the High Court.

These tend to support the earlier suggestions. The only view I have come across recently that questions that interpretation is from Ashley Bloomfield from the WHO who stated in the Australian on 3 May that Australians need not worry about any WHO recommen-

dation about how to deal with the next pandemic because they “will be implementing it in accordance with their own laws (“WHO’s focus solely on global health, not a secret power grab”).

This might be more comforting if

1.the WHO had not come under the influence of the major pharmaceutical companies in recent years to the extent that it had completely reversed its advice about how to deal with Covid-19—from evidence based recommendations in 2019 to those that had no scientific basis in 2020 and provided billions of dollars—risk free—to the vaccine manufacturers;

2. Australia had not already passed such laws and was now arranging to pass even more serious legislation along these lines.

So the WHO *is* likely to set the scene for such a “secret power grab”; and the Australian government *is* acting exactly as it would have to do to facilitate this.

The following provides some insights into the issue of free speech and free association as interpreted by Australia’s High Court judges.

The High Court and Freedom of Speech and Association by Augusto Zimmermann

In an article in the magazine *Quadrant* on 18 November 2022 titled *The Menace of Medical Censorship in Australia*, Augusto Zimmermann discussed the legal rights of Australian citizens under the Australian Constitution. The passing of *The Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022 in Queensland in October 2022* raised the issues of

1. *the right of doctors to disagree with public health policy;*
2. *the right of doctors to practise freely without government intervention in relation to how they should practise and what medical interventions they should use; and*
3. *the right of citizens to refuse any treatment offered by their doctor.*

Each of these rights were under threat by this legislation [already passed, Ed]

He discussed the concept of free speech in a democracy and its derivation from the past, such as in Greece, and its acceptance into the common law in the UK. It covered the concepts expressed in various laws that were interpreted to mean that if democracy implies a government answerable to

the people, these people must be able to discuss freely the current issues of public policy. For example, in the Australian Capital Television case, in 1992, Justice Gaudron referred to “a free society governed in accordance with the principles of representative parliamentary democracy” as entailing “freedom of movement, freedom of association and, ... freedom of speech generally”. Hence the link between democracy and free speech.

After referring to the fact that Australia inherited common law from the UK, he then focussed on the Australian legal situation that involved legislation at both the federal and state levels and also the Australian Constitution. The discussion was based on judgements made by different judges in cases brought before them.

These judgements related to the issues of the rights of citizens to free speech and right to life and liberty in a free, democratic society.

He says the Australian Constitution allocates the areas of federal legislative power in sections 51 and 52, with these powers being variously exclu-

sive or concurrent with the Australian States. Accordingly, the Constitution was amended in a referendum in 1946 to include section 51(xxiiiA), which stipulates that the Commonwealth Parliament, among others, can make laws with respect to:

The provision of ... pharmaceutical, sickness and hospital benefits, medical and dental services (but not so as to authorize any form of civil conscription), benefits to students and family allowances.

Section 51(xxiiiA) allows for the granting of medical services but not to the extent of authorising any form of civil conscription. The concept of civil conscription was first considered by the Court in 1949 in *British Medical Association v Commonwealth*. The High Court ruled that requiring doctors to comply with professional standards to receive Medicare payments did not amount to civil conscription. But the Court also relevantly decided that legislation which required that medical practitioners use a particular Commonwealth prescription form as part of a scheme to provide pharmaceuti-

cal benefits was invalid as a form of civil conscription. In the opinion of Chief Justice Latham, civil conscription included not only legal compulsion to engage in specific conduct, but also the imposition of a duty to perform work in a particular way. Justice Williams, in his judgment, stated that “the expression invalidates *all legislation* which compels medical practitioners or dentists to provide any form of medical service”.

He says we should interpret this invalidation of “all legislation” as invalidating any law, either federal or state, “which compels medical practitioners or dentists to provide any form of medical service”. Indeed, health practitioners who freely perform their medical service do not create conscription. However, as Justice Webb pointed out: “When Parliament comes between patient and doctor and makes the lawful continuance of their relationship as such depend upon a condition, enforceable by fine, that the doctor shall render the patient a special service, unless that service is waived by the patient, it creates a situation that amounts to a form of civil conscription”.

He says Justice Webb’s statement indicates that, even if the health practitioner were compelled to provide a medical service, the patient has a right to waive that service. In other words, no person in this country shall be in any way coerced into any medical treatment and no medical practitioner may be compelled to provide mandatory services, for example, vaccinations. Accordingly, in *Wong v Commonwealth*; *Selim v Professional Services Review Committee* (2009), Chief Justice French and Justice Gummow held that civil conscription is a “compulsion or coercion in the legal and practical sense, to carry out work or provide [medical] services”. Hence, if the health practitioner were directed to prescribe a compulsory medical treatment, such direction would constitute an invalid form of civil conscription because this would directly interfere with the relationship between the doctor and the patient – a relationship which is based on contract and trust.

The purpose of prohibiting civil conscription in section 51(xxiiiA) is to ensure that the relationship between medical practitioner and patient is entirely governed by contract where that is the intention of the parties. Hence, in *Wong v Commonwealth*; *Selim v Professional Services Review Committee* (2009), Justice Kirby explained that the test whether such conscription has been imposed is “whether the impugned regulation, by its details and burdens, intrudes impermissibly into the private consensual arrangements between the providers of

medical and dental services and the individual recipients of such services.”

Justice Kirby’s point reveals that compulsory medical treatment destroys the contractual relationship between doctors and patients and, therefore, it imposes an impermissible obligation on people to accept a procedure which they can refuse on constitutional grounds. Section 51(xxiiiA) could thus also be regarded as an implied right to refuse coercive medical treatment. This section, while it prohibits civil conscription, does not limit the right of medical practitioners to offer medical services to their patients, who want to avail themselves of these services. In that case, the provision of medical services is based on the contractual relationship between doctors and patients. By contrast, if this provision were to be interpreted as allowing mandatory vaccination, then the contractual relationship between doctor and patients would be effectively abolished because the patients’ ability to voluntarily enter a contract for the receipt of medical services would be non-existent.

The right to informed consent basically implies the person’s voluntary agreement to a proposed medical treatment, given after sufficient and appropriate information about potential risks and benefits, including possible adverse effects, how common they are, and what they should do about them. In *Bowater v Rowley Regis Corp* (1944), Lord Justice Scott of the King’s Bench argued that consent to medical treatment, including vaccination, is needed in order to proceed with the treatment. As his Honour pointed out, “A [person] cannot be said to be truly ‘willing’ unless he is in a position to choose freely, and freedom of choice predicates, not only full knowledge of the circumstances on which the exercise of choice is conditioned, so that he may be able to choose wisely, but in the absence from his mind of any feeling of restraint so that nothing shall interfere with the freedom of his will”. As such, a medical treatment which is imposed upon a person without his or her informed consent is a trespass upon that person. Taking the same line of argument, Lord Judge Goff remarked in that same case, at 866:

“[I]t is established that the principle of self-determination requires that respect must be given to the wishes of the patient, so that, if an adult patient of sound mind refuses, however unreasonably, to consent to treatment or care by which his life would or might be prolonged, the doctors responsi-

ble for his care must give effect to his wishes, even though they do not consider it to be in his best interests to do so: To this extent, the principle of sanctity of human life must yield to the principle of self-determination”.

This authoritative judicial interpretation was particularly highlighted in *Airedale National Health Service Trust v Bland* (1993), when Lord Justice Mustill expounded on the dangers to the health of a patient by medical treatment being imposed on him or her without his or her personal consent, with the following clarity:

If the patient is capable of making a decision on whether to permit treatment and decides not to permit it his choice must be obeyed, even if on any objective view it is contrary to his best interests. A doctor has no right to proceed in the face of objection, even if it is plain to all, including the patient, that adverse consequences and even death will or may ensue.

<https://quadrant.org.au/opinion/free-speech/2022/11/the-menace-of-medical-censorship-in-australia/>

Augusto Zimmermann, Ph.D., LL.D., is a professor and head of law at Sheridan Institute of Higher Education in Perth.

So clearly any Australian law that prescribed how a general practitioner carried out the practice of their profession or infringes on freedom of speech of doctors or organisations such as CISS would be invalid. This would include:

1. what the Queensland Government has done in passing The Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022 in Queensland in October 2022 as it would be in breach of Section 51(xxiiiA) of the Constitution;
2. what the Australian Government has already done by using the Australian Health Practitioner Regulation Agency (AHPRA) to threaten doctors who disagree with health authorities (e.g. about the safety and efficacy of the COVID-19 vaccines) as it would be in breach of the right to free speech in addition to the right to practise freely as provided in section 51 (xxiiiA);
3. what the Australian Government proposes to do in passing the
(concluded on page 2)

Automatic Brain: The Magic of the Unconscious Mind Analysis by Dr Joseph Mercola

February 16, 2024 "Automatic Brain: The Magic of the Unconscious" is a fascinating documentary centred around the belief that your subconscious mind manages about 90% of everything you do whether you are asleep or awake.

- To get an idea of the scope of influence your unconscious mind has over your life, think about brushing your teeth or even driving, and how often you perform those and other routine tasks without being fully conscious of them
- As research progresses, scientists are realizing that many functions previously thought to be conscious are actually unconsciously driven
- Your unconscious mind, in part, needs specific direction, is most comfortable with emotions and symbols, deals with positives only and stores, organizes and surfaces your memories
- Expressing yourself artistically, meditating, rehearsing desired outcomes and using positive self-talk are some of the ways you can begin to harness the power of your unconscious mind

Neuroscientists and magicians team up to explain — and vividly demonstrate — the relationship between your conscious and unconscious brain. You may be surprised to discover your conscious mind plays only a minor role in guiding your life. In fact, most of what you think, say and do every day is a function of your "automatic," or unconscious brain (also known as your subconscious).

As such, much of the time, your brain is running your life on autopilot. For example, think about brushing your teeth or even driving, and how often you perform those and other routine tasks without being fully conscious of them. The movie is seasoned with plenty of sleight of hand tricks and visual experiments designed to both educate and entertain you. If you have children at home, you might want to share some of the trick segments with them. Watching with others or alone, I think you will benefit from taking a closer look at the inner workings of your brain.

What Do Scientists Know About the Unconscious Mind? Given that your brain weighs just 3 pounds and has been the subject of countless scientific studies, you might think we've already learned all we can about it. To the contrary, the brain is remarkably complex and we have much, much more to discover. This film sug-

gests your unconscious mind drives most of your daily routines and habits. "The brain decides things before we can consciously think about it," says Allan Snyder, director of the University of Sydney's Centre for the Mind. "Decisions are almost dictated to us."

For starters, consider how your brain can handle this mixed-up sentence: "Wyh sohuld yuo wachth tihs flim atbou yoru barin?" Without much effort or conscious thought, your brain fills in the gaps of perception, enabling you to understand the question to be: "Why should you watch this film about your brain?"

Psychology professor John Bargh, Ph.D., founder of the automaticity in cognition, motivation and evaluation laboratory at Yale University, suggests the unconscious mind is asserting itself more and more as researchers continue to study the human brain. He states: "Unconscious influences are ... everywhere, and as research progresses, it's never going the other way. We're not saying 'Oh, we used to think these things were all unconscious, but now we find out they're conscious.' It's exactly the opposite. All these things we thought [were conscious] — because we thought everything was conscious — [are getting] smaller and smaller."

Matt James, Ph.D., owner of Empowerment, Inc. and master trainer of neuro linguistic programming, writing in Psychology Today, assigns seven qualities to your unconscious brain. These qualities may help you understand the vital role your subconscious plays in orchestrating a significant portion of your life. Your unconscious brain, says James:

- Acts like a young child — Similar to a young child, your unconscious mind needs clear, detailed directions and it takes instructions literally. This means you may experience neck pain at work if you are prone to saying, "This job is a pain in the neck!" If you want to be successful, you must give your unconscious mind specific, literal (and positive) instructions to follow.
- Communicates through emotion and symbols — Your unconscious mind can get your attention quickly by using feelings and symbols. If you are suddenly overcome with fear, for example, your unconscious mind has discerned (correctly or incorrectly) that your survival may be at risk.
- Deals with positives only — Negative words like "don't," "no" or "not"

are largely ignored by your unconscious mind. For this reason, it is better to avoid statements like "I don't want to procrastinate," which very likely will result in your subconscious creating a picture of procrastination and drawing you toward that behaviour. It would be better to state your intention in a positive form such as "I am going to tackle the project now." Creative imaging is another way to settle your mind on positive thoughts.

- Makes associations and learns quickly — To protect you, your unconscious mind is always on alert, glean- ing lessons from every experience you have. One bad experience in the classroom at school might translate into a core belief that anything related to education "won't be fun," causing you to become anxious whenever you have to try something new in an academic setting. If you do well in sports, though, your subconscious will note that "sports equals success" and you will feel energized and positive whenever physical activity is called for at school. (This may explain why so many school-aged children claim lunch or recess as his/her favourite subjects. This is likely because lunch and recess have more possibilities for success and, therefore, more positive associations than some of the other activities taking place during the school day.)
- Preserves your body — Because a primary objective of your subconscious is the survival of your physical body, it will fight anything that appears to be a risk or threat of hurting you.
- Runs your body — Since your unconscious mind is responsible for your basic physical functions, such as breathing, heart rate and immune function, it can be an excellent source of information regarding what your body needs and how it can achieve optimal health. When people tell you to "listen to your body," it is actually your unconscious mind you need to tap into.
- Stores and organizes your memories Your subconscious determines where and how to store your memories. It also decides whether to hide unpleasant emotions and trauma from your conscious mind or bring it to the surface so you can deal with it. As such, it is also in charge of determining the timing for certain memories to surface. Even if you don't feel ready to deal with something — like unresolved aspects of your past, including trauma — your unconscious mind knows when you are ready.

The Story of the Decade

Analysis by Dr Joseph Mercola

Game Over: The Truth About COVID-19 Finally Unveiled

February 17, 2024

STORY AT-A-GLANCE

- According to U.S. Sen. Rand Paul, author of “Deception: The Great COVID Cover-Up,” the COVID-19 pandemic, which killed millions of people, was the result of Anthony Fauci’s decision to fund dangerous gain-of-function research in China.
- New evidence obtained by U.S. Right to Know (USRTK) further strengthens the theory that SARS-CoV-2 was made in a lab
- The novel features found in SARS-CoV-2 match the research parameters presented in a 2018 grant proposal by EcoHealth Alliance to conduct gain-of-function research on bat coronaviruses
- EcoHealth and the Wuhan Institute of Virology (WIV) were well aware of the potential that this research could spark a human pandemic. A planning memo contains a note stating, “We MUST make it clear in proposal that our approach won’t drive evolution the wrong way, e.g. drive evolution of more virulent strain that then becomes pandemic”
- At present, gain-of-function research is allowed provided it’s done with the intention of creating a vaccine, which is a logical fallacy. We’ve never been able to pre-emptively construct a pathogen that later shows up through natural evolution. We’re creating novel pathogens that don’t exist in nature and then developing vaccines against those. In other words, we’re creating bioweapons and antidotes to those bioweapons, and this needs to stop

According to U.S. Sen. Rand Paul, author of “Deception: The Great COVID Cover-Up,” the COVID-19 pandemic, which killed millions of people, was the result of Anthony Fauci’s decision to fund dangerous gain-of-function research in China — research that was officially banned in the U.S. at the time and at bare minimum should have been done with U.S. oversight but wasn’t.

Adding insult to injury, Fauci personally profited from the disaster to the tune of about \$5 million. “Congress was misled by Anthony Fauci,” Paul told now-independent journalist Tucker Carlson. “In the end, he deserves to be in prison.”

New Evidence Strongly Indicates SARS-CoV-2 Was Created

In a January 25, 2024, article¹ in the City Journal, science writer, editor and

author Nicholas Wade details new evidence² obtained by U.S. Right to Know (USRTK) that further strengthens the theory that SARS-CoV-2 was indeed made in a lab.³

As noted by Wade, that’s the key reason why no one, despite massive testing efforts, has been able to find SARS-CoV-2 in any wild animal, bats or otherwise. It never existed in the natural world, only in the lab.

The newly-obtained documents include what amounts to a recipe for “assembling SARS-type viruses from six synthetic pieces of DNA designed to be a consensus sequence — the genetically most infectious form — of viruses related to SARS1, the bat virus that caused the minor epidemic of 2002,” Wade writes. As it turns out, SARS-CoV-2 has this exact six-section structure.

The documents also show that “American scientists planned to work with the Wuhan Institute of Virology to engineer novel coronaviruses with the features of SARS-CoV-2 the year before the virus emerged from that city,” USRTK reporter Emily Kopp writes.⁴

The DEFUSE Proposal Provides the Recipe

In March 2018, the EcoHealth Alliance, led by Peter Daszak, applied for a \$14.2 million grant to conduct gain-of-function research on bat coronaviruses in research labs in California, North Carolina, New York, Wisconsin, Singapore and Wuhan. The proposal, dubbed “Project DEFUSE,” describes how scientists would:⁵

- Insert furin cleavage sites at the S1/S2 junction of the spike protein
- Assemble synthetic viruses in six segments
- Identify coronaviruses that were no more than 25% different from SARS1
- Select for receptor binding domains adept at infecting human ACE2 receptors

SARS-CoV-2 Matches DEFUSE Research Parameters

As explained by Kopp,⁶ SARS-CoV-2 matches these research parameters to the T. It has a furin cleavage site in the spike protein at the S1/S2 junction, and its genome can be divided into six evenly spaced strings of DNA using restriction enzymes called BsaI and BsmBI. This even spacing is unlikely to occur in the genomes of natural viruses.

The reason scientists splice viruses together using evenly spaced DNA pieces is because it’s easier to manipulate. It allows them to synthesize the

individual pieces chemically and then string them together to create a complete genome.

This tell-tale synthetic “fingerprint,” found in the genome of SARS-CoV-2, was detailed in a 2022 preprint by Bruttel et. al.⁷ As noted by Wade,⁸ the bottom line is that “if your virus has evenly spaced recognition sites, it’s a pretty good bet that it was made in a lab.” As it turns out, the DEFUSE draft proposal even included an order form for BsmBI — a fact highlighted by Bruttel in a Twitter/X post.⁹

The genomic variations of SARS-CoV-2’s are also within the 25% range indicated in the proposal, and its receptor binding domains were optimized for human ACE2 receptors from the start, which is what allowed it to spread like wildfire. Wade writes:¹⁰

“Discovery of the new recipe certainly strengthens the possibility that the regular spacing of BsaI and BsmBI recognition sites in SARS2 is the signature of synthetic origin.

Indeed, Richard H. Ebright, a molecular biologist at Rutgers University who had called the 2022 paper ‘noteworthy ... but not decisive,’ now says that the evidence in the new documents ‘elevates the evidence provided by the genome sequence from the level of noteworthy to the level of a smoking gun.’”

Matt Ridley, co-author of “Viral: The Search for the Origin of COVID-19” agrees, noting that all of the novel features of SARS-CoV-2 are explained by the proposed research methods detailed in the DEFUSE documents.

“Game over.” Ridley wrote.¹¹ “The latest revelations provide precise confirmation that all the many suspicious features of SARS-CoV-2 which imply it was man made were set out in exhaustive detail in the DEFUSE proposal to which Wuhan Institute of Virology was a partner.”

EcoHealth Was Well Aware of Pandemic Risks

According to the DEFUSE draft USRTK obtained, the plan was to synthesize anywhere from eight to 16 strains of SARS-type bat viruses with human spillover potential, in order to create a vaccine that would then be used on bats in regions where there is military activity.

(continued on page 11)

(continued from page 10)
Importantly, EcoHealth and the Wuhan Institute of Virology (WIV) were well aware of the potential that this research could spark a human pandemic. A planning memo contains a note stating, "We MUST make it clear in proposal that our approach won't drive evolution the wrong way, e.g. drive evolution of more virulent strain that then becomes pandemic."¹²

At present, it would appear that's exactly what happened. A synthetic virus was concocted, and somehow escaped from the WIV. Whether it was intentional or not is another matter. Either way, the moral of the story is that gain-of-function research poses enormous risks to public health, and if pandemic risk exists, then the research probably shouldn't be allowed.

Documents Show Deceptive Practices to Gain Grants

Another thing these new documents

reveal is how Daszak used misdirection in an effort to deceive the U.S. government about where this obviously risky research would be conducted. While he had every intention of having much of the work done at the WIV, he downplayed the role of the Chinese researchers and made it seem as though the research would be conducted in the U.S.

The Defense Advanced Research Projects Agency (DARPA) ultimately rejected¹³ the proposal due to "significant weaknesses," including the fact that the proposal lacked any kind of risk assessment and risk mitigation plan. Whether someone else provided the funding, and if so, who, remains an open question. As reported by Wade:¹⁴

"The DEFUSE proposal was authored by Peter Daszak, head of the EcoHealth Alliance in New York, with partners including Shi Zhengli of the

Wuhan Institute of Virology and Ralph Baric of the University of North Carolina. Some observers believe that when DARPA declined to fund the project, the Chinese members of the group may have decided to find their own financing and go ahead unilaterally. This is plausible, as Baric and Shi were collaborators but also rivals. With Baric blocked for lack of DARPA funds, Shi may have seen the chance to race ahead if she could acquire funds from Chinese sources.

Daszak, the project leader, had planned in any case to have much of the work undertaken by Shi's team in Wuhan, even though it meant deceiving the Defense Department into thinking the bulk of the research would be done by Baric in the United States.

In a note found in the new documents, Daszak wrote, 'If we win this contract, I do not propose that all of this work will
(continued on page 3)

Why I Can't Recommend the Wim Hof Method

by Dr Mercola

The Wim Hof Method - a combination of cold exposure, specific breathing techniques and meditation - has captured the attention of scientists, medical professionals and health enthusiasts for its purported benefits for mental and physical health. Find out why I believe it may do more harm than good.

STORY AT-A-GLANCE

- Wim Hof, known as "The Iceman," is renowned for his extraordinary ability to withstand extreme cold. His unique resilience is attributed to his self-developed Wim Hof Method, which

combines cold exposure and breathing exercises;

- The Wim Hof breathing method involves controlled hyperventilation to increase oxygen and decrease CO2 in the blood, which is associated with serious health risks. It can lead to hypocapnia and reduce your body's ability to use oxygen effectively;
- CO2 plays a crucial role in health, influencing oxygen delivery and protecting against oxidative damage, with high levels linked to physiological benefits. Hyperventilation, a key component of the Wim Hof Method, also triggers the release of stress hormones, which

can be harmful if sustained;

- Although Hof's method is promoted as "positive stress", frequent and intense hyperventilation can lead to chronic stress effects, potentially undermining long-term health;
- Another concerning aspect of Hof's method is his habitual tendency to combine it with water practices, which could put his followers at risk of shallow water blackout, as discussed in the film "The Rise and Fall of the Wim Hof Empire" by investigative journalist Scott Carney.

From Dr Mercola, Sunday 19 May 2024

LETTERS from the archives

I recently felt compelled to contact Mr Don Benjamin, Convener/Research Officer of Cancer Information & Support in relation to an article that Don had printed in The Daily Telegraph in June of 2006. In brief, the article related to the treatment of breast cancer and, in particular to Allan Langlands, former professor of Radiation Oncology at Westmead who had said "mastectomies were no longer necessary for most early breast cancer, because a lumpectomy, followed by radiation, had been shown in numerous randomised trials to produce the same survival with much lower trauma".

I, myself, was dealing with a recurrence from a 2002 lumpectomy and had just had a mastectomy; my viewpoint then was that I felt I was not in a position to "negotiate" with my sur-

geon with 3 young children at home. Mr Benjamin went on to suggest that evidence from other randomised trials suggests that dealing with the emotional causes of cancer produces a much better survival than using either surgery or radiotherapy.

To make it clear, I am now a 20 year survivor of breast cancer and I now fully support Mr Benjamin that, indeed, the treatments of breast cancer do NOT treat the root cause and that surgery and radiation are not the answer. I feel I am living proof of this. I was diagnosed, initially in 2002, with DCIS (Ductal Carcinoma In Situ) a Cancer that does not spread.... treatment for me then was surgery (lumpectomy) radiation and 2.5 years of tamoxifen, two of the aforementioned are carcinogenic in themselves.....3 years later I was back in

surgery for a mastectomy. I had immigrated to Australia in 1997 from Scotland and it had been an extremely difficult time, settling in, missing family etc., then breast cancer, so emotions etc., were high and in many ways swept under the carpet. I deeply regret my surgery and following treatment. Suffice to say I feel I little miffed when I hear now that a good Surgeon will monitor DCIS without surgery or radiotherapy and will only act on this if there are any diagnostic changes to consider.

I contacted Don to let him know of my change of heart and now very much agree with what he had to say together with Professor Langlands.

Joyce Lawson
1 Selma Close,
Terrigal 2260

What's Available from the CISS Office?

DVD: CISS 2007 Seminar: Cancer & Hope \$29.50

Enema Kits: \$16.50

Prices are subject to change. Items can be posted to you. There is a \$8.50 postage/packing fee for standard articles, \$10-\$14 for country and interstate, \$15.00 Express Post.

Branches of CISS

NSW

CISS CENTRAL COAST

The Central Coast Branch holds a meeting on the third Monday of the month at 7 pm, and on the third Saturday of the month from May to August at 2 pm. Meetings are held at Green Point Community Centre, 96 Koolang Road, Green Point. Informative speakers, extensive library, support and shared experiences. All are welcome. For further information contact Sue Johnston on 0410 696 458 or email cisscentralcoast@bigpond.com.

CANCER SUPPORT GROUPS

NSW

ACTIVE WOMEN TOUCHED BY CANCER & CELEBRATING LIFE

Meet at Balgowlah RSL, Ethel St, Seaforth on 3rd Monday of the Month at 7pm. Also meet first Friday of the month 12-2pm Gusto Café in Curl Curl, Carrington Parade opposite Stewart House. Contact Maureen 0413 983 358. Email: Activewomencancergroup@gmail.com

BLUE MOUNTAINS CANCER WELLNESS, SUPPORT—LEURA

Support groups and complementary therapies. A not-for profit charity supported by our op shops. Facilitator is Viv Maitland Counsellor/ Psychotherapist. Head Office: Robin Yates Centre, Leura Phone 4784 2297, email: www.cancerhelp.net.au.

PARKES CANCER SUPPORT

Cancer Assistance Network CanAssist Pat Bailey 0447 051 946

QUEST FOR LIFE FOUNDATION

Residential and day programs and webinars (on-line seminars) for people living with cancer, grief, loss or trauma. Contact (02)

4883 6599 ; www.questforlife.com.au.

SUTHERLAND SHIRE BREAST CANCER SUPPORT GROUP

Meets 1st Monday of the month at Tradies Gynea. 75 Manchester Rd, Gynea from 7-9pm. Pre-group dinner at Willow Restaurant from 5.30pm. Also 3rd Saturday of the month (call for details). Glenda, 9523 5200 or 0407 255 728.

SYDNEY ADVENTIST HOSPITAL CANCER SUPPORT CENTRE

Breast Cancer Support group meets every second Tuesday 1-2.30pm at Jacaranda Lodge, 185 Fox Valley Rd, Wahroonga. A discussion group for breast cancer patients and carers. There are also special support groups for different cancer types and for carers. Contact Bernie on 9487 9061. email: cancersupport@SAH.org.au

VICTORIA

CANCER NATURAL THERAPY FOUNDAT'N

Support group meets on Tuesday nights at 7pm at 531 Elizabeth Dr, Sunbury, Victoria 3429. Meeting includes discussion, relaxation therapy and Reiki Healing. Certified organic produce available these nights. The Foundation operates a resource library, workshops and guest speaker program. Personal Counselling available. Contact Sandra Givca Maqueda (03) 9740 9921; mobile 0411 100 947.

GAWLER FOUNDATION

The Gawler Foundation has leased the

property to the Brahma Kumaris group. During this time the BKs will maintain the property and run their own meditation retreats there. The Gawler Foundation will still have access to the property to run some of their programs, and for 2021 intend to run 4 x 5 day Cancer Fundamental retreats over the next 12 months. But without any paid admin staff, this will depend on the initiative of the therapists. Anyone interested in these programs or in individual cancer coaching could contact Maia and Paul Bedson at paulandmaia1@gmail.com

QUEENSLAND

CANSURVIVE on the Sunshine Coast meets from 10am-12 noon, 2nd Tuesday of each month at Eve Wilkinson's home, 99 Maleny-Kenilworth Rd, Maleny. Ph. (07) 5429 6598. Contact Cansurvive: PO Box 941 Maleny Qld 4552, Ph.: 5499 9918. Books, tapes, counselling available.

Cairns CANSURVIVE support meetings offer support, information and self-help activities for people affected by cancer or any other debilitating illness. Emphasis on self-help & development to enable individuals to better cope with fears and uncertainties. Meets 1st Saturday of each month at Cominos House, Greenslopes Street, Cairns from 2 - 4 pm. Cost \$10 per year + a coin donation on the meeting day. Afternoon tea provided. Books/videos available for loan for members. Contact Beulah 4051 5544 or Helga 4047 4812 (b.h.).

FRUITARIAN RAW FOOD NETWORK

Write to PO Box 293 Trinity Beach Qld 4879.

QUALITY OF LIFE CANCER SUPPORT GRP

Meets on the North Side of Brisbane. For details phone Alan on 3263 8390 or Michelle on 3269 9687.

Hyaluronic Acid cream for osteoarthritis of the knee joints

Dr Mercola says that Hyaluronic acid (HA) is a fundamental compound that your body naturally produces. About half of your body's supply is found in your skin within the dermis and epidermis, but it is also concentrated in your synovial fluid, joints and tendons, skeletal tissues, heart valves, lungs, and the membranes and lenses of your eyes.

Research shows hyaluronic acid acts as a shock absorber, providing hydration and lubrication to your joints for comfortable, flexible movement. By helping to fill the space within your tissues and between your cells, HA supports the growth of cartilage and bone, and helps maintain the integrity of your cells. HA even supports healthy inflammatory responses and immune function.

Unfortunately, your body's natural production of hyaluronic acid declines by as much as 50% by the time you reach age 50. HA oral supplements typically aren't absorbed well because they are quickly

broken down in your gastrointestinal tract. *From Dr Mercola, 16 May 2024.*

Dr Mercola says one of his products has a coating that overcomes this breaking down of the hyaluronic acid in the stomach. But he doesn't mention applying it directly to the skin as a cream. We have received positive feedback about HA cream used this way. However its cost depends very much on the brand, where you buy it and whether it is a general skin cream or a "cosmetic".

We have found that a 1 lb (454gm) plastic tub can cost between \$22.85 and up to 4 times this price for the same product. This lower price is for "Advanced Clinicals Instant skin hydrator" sold through iherb (who have a branch in Australia, so postage is less). One problem we found is that the plunger in the lid sometimes doesn't work (possibly damaged in the post) so you have to remove the lid to get the

cream out and/or reattach the plunger.

We first heard about Hyaluronic Acid many years ago from Ralph Moss who had identified it as a factor in both tumour suppression and tumour proliferation. More recently he has referred to a recent 2015 study that showed it had a protective effect against the damage from radiotherapy that can cause vaginal atrophy when treating cervical cancer.

The molecular weight of HA determines its activities. High molecular weight HA (HMW-HA) exhibits anti-inflammatory, anti-proliferative, and anti-angiogenic effects, and it also aids in wound healing, whereas low molecular weight (LMW-HA) has been shown to enhance tumour proliferation and inflammation. Most of the HA in the body is the HMW type, but as Dr Mercola points out, about half of your body's supply is found in your skin,

(concluded on page 2)