



Harry Oldfield's Invisible Universe

Harry Oldfield is a British biologist/physicist who invented a way of photographing the human aura. He did this by applying new ideas and theories to Kirlian photography that had been used earlier to photograph the aura of leaves that showed their life energy outline even after parts of the leaf had been cut away – the so-called phantom leaf effect. This suggested that the leaf's energy field remained intact for a time after a large piece of it had been cut off. This possibly explains why some people who have had a leg amputated say they can still feel it.

Kirlian photography involved high voltages being applied above the leaf that was resting on the earthed surface. The strong electric field produced effects similar to modern x-rays and produced an image on a photographic plate under the leaf.

Oldfield camera

Harry discovered that the energy fields of humans and all living things could be seen and photographed if viewed using devices that were sensitive to particular frequencies that were outside the human optical spectrum between the red and violet colour frequencies. Instead of high voltages he used special filters for this. This could explain how some "super-sensitive" people can see a person's "aura": they might have a much wider bandwidth of light perception – beyond the ultraviolet and infrared.

In the 1980s he developed Polycontrast Interference Photography (PIP) that was a refinement of his earlier work. It can create an energetic print of the human body by capturing light reflected from the body at these particular frequencies.

More recently he refined this further to New Energy Vision (NEV) Photography. This enables energy field re-



Harry Oldfield

searchers to photograph human energy systems using a particular Samsung Galaxy Digital camera (such as the EK-GC100, 110 or 200 versions) with his NEV software loaded into it. Pictures can be displayed on a TV screen or monitor. He found that the energetic eddies and clusters graphically represented appear to be related to the chakras described in Ayurvedic medicine and to the energy meridian pathways in traditional Chinese medicine.

Although the NEV Camera software does not include recording a New Energy Vision video in real time, this can be achieved with additional third-party HDMI-input video recording hardware capable of recording from the Galaxy™ camera's HDMI video-output.

Although Samsung stopped making digital cameras several years ago the ones suitable for downloading Harry's NEV software are still available, including new ones.

The price of a single licence for installing the NEV software on a Samsung camera is £500 or ~\$900.

The Samsung Galaxy Digital Camera (models EK-GC100, 110 and 200) cost

from ~\$650 to ~\$900 depending on the source, although almost new cameras can be bought for as little as ~\$465 (incl postage and duty of ~\$100 from the US) giving a total cost of ~\$1,400 with the software installed. As recently as 2018 the cost of his special camera with the PIP software was closer to \$5,000.

I have attended two presentations by Harry Oldfield while he was visiting Australia, in November 2007 at St Leonards at a meeting sponsored by CISS and in June 2013 in Uki in northern NSW, and can attest to the claims made for the process. At the 2013 conference Harry demonstrated that his camera could be used to photograph the energy field of someone with cancer. The presence of a tumour can be seen as a change of colour from the surrounding part of the body, similar to infra-red photography that can measure parts of the body that have become slightly warmer, typically as a result of inflammation. In this way it could be used to monitor progress with a person undergoing a range of energy therapies such as acupuncture, homoeopathy or reflexology for *before* and *after* measurements to see if the therapy has restored the energy balance.

Oldfield Harmony Light Unit

To complement his disease viewing camera Harry developed a system of electro-crystals that were activated using piezo-electric techniques to harmonise them and unblock or re-balance the body's disturbances. He found that different crystals are beneficial in certain 'zones' of the body to bring about a balancing (healing) effect. He later developed a device he called a "Harmony Light Unit" that produces a light at the same frequency as those emitted by the crystals.

There are three types of light: Tran-

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globulin (human group-specific component) by removing two enzymes from it and thereby creating Gc-MAF a much more effective immune stimulating factor. Initial results showed that a tiny amount of Gc-MAF could stimulate macrophages, a crucial part of the immune system, such that weekly injections were claimed to result in an amazingly effective cancer treatment.

Over the next fifteen years, Dr Yamamoto showed first in mice then in humans that Gc-MAF treatments could lead to an apparent cure of various forms of metastatic cancer, particularly breast, colon and prostate cancers. It also seems to be effective on Lyme's Disease, Autism and many other conditions where the immune system is involved. Former US Congressman Berkley Bedell testified in Congress that Gc-MAF had cured him of Lyme Disease for ~US\$1,000 after spending over \$25,000 on conventional treatment without benefit.

There are stories that some people selling Gc-MAF have met with strange fates so it is hard to come by, although there is still a website that sells it. According to the website Gc-MAF.se a 2.2 ml vial costs a little over AUS\$1,000, including ~\$100 in refrigerated postage. Treatment involves injecting ~100ngm/week for 15-25 weeks. Other websites such as GcMAFplus.com offer what must be a less effective version of it in the form of a trans-dermal cream or sub-lingual spray to the public at a cheaper price.

This suppression is apparently the fate of any immunotherapy and its proponent that threatens the pharmaceutical industry. If one were likely to get a 2.2 ml vial that would have enough weekly injections for a few months you would still have to find a doctor prepared to inject it. Otherwise it would involve self-injecting. Buying a vial would normally require the buyer to enrol in a clinical trial.

How does Gc-MAF work?

It is widely accepted that macrophages are an important part of the immune system. It is also accepted that malignant tumours produce an enzyme, Nagalase that neutralises the process that activates macrophages, i.e. Macrophage Activating Factor (MAF). One theory developed by Yamamoto is that Nagalase can be targeted by Gc-MAF. Nagalase is partly responsible for weakening the immune system by neutralising MAF, thus stopping it from activating macrophages. So Gc-MAF is designed to remove the effect of this enzyme thus allowing the normal activation of macrophages.

"The secret of health for both mind and body is not to mourn for the past, worry about the future, or anticipate troubles, but to live in the present moment wisely and earnestly." - Buddha

THE NEW YORKER



"Any tightness or difficulty breathing?"

THURSDAY
MAY 6
2021

Supplements for CISS Members

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

Free Psych-K for CISS members

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.

DVDs for Sale from the CISS Office

CISS Seminar "Cancer & Hope - Survivors share their Lessons" are available for \$29.50 plus postage for members or \$39.50 + postage for non-members

OVERSEAS & LOCAL NEWS

OVERSEAS NEWS

Dr Mercola censored

The COVID issue is already taking its toll of anyone who questions anything about the official version of what COVID-19 is and how it should be handled. One of the main dissenters is Dr Joseph Mercola who has been the main dissenter about what COVID-19 is and how it can be treated. He has been forced to remove any alternative COVID-19 treatments from his website including those believed to minimise the risks from COVID-19.

Although Dr Mercola is one of the most outspoken critics of how he says governments are misleading the public, he is not alone.

Former Pfizer researcher speaks out

Michael Yeadon, Ph.D., a life science researcher and former vice-president and chief scientist of allergy and respiratory research at Pfizer, has joined the ranks of those opposing the actions of governments to the COVID-19 crisis.

He says masks and lockdowns are not necessary because viruses don't spread from people without symptoms; the vaccines and booster shots are likely to cause life-threatening anaphylactic reactions in people with known allergies and lead to increased infertility in women. So millions of people may be exposed to unacceptable risk in return for a very minor benefit. See page 8

Both Mercola and Yeadon go further and say they believe sinister groups are using the COVID-19 pandemic to get us used to accepting increasing restrictions on our freedoms for their financial benefit. Mercola names them in his book "The Truth About COVID-19: Exposing The Great Reset, Lockdowns, Vaccine Passports and the new Normal".

We at CISS try to confine our comments to what the evidence says. On the issue of losing our freedoms we offer WDDTY's perspective in a guest editorial "Who guards the guardians?" See page 9.



Don Benjamin, Editor

LOCAL NEWS

ACNC tries to censor CISS

Meanwhile the Australian counterpart of the medical interests trying to censor Dr Mercola are busily trying to close down CISS. Having failed in their first attempt in 2019, they are having another go—this time by using the Australian Charities & Not-for profits Commission (ACNC) to do its dirty work. See page 10.

Although some with a suspicious mind might see this local activity as linked to those claimed to be using the COVID-19 pandemic as part of a Great Reset, the history of the suppression of alternative cancer therapies has been going on for over 60 years. See Page 9 "Gc-MAF, cancer and suppression of immunotherapy".

Members needed for the Committee

There are 4 vacancies on the Committee including Vice Convenor and Treasurer.

Minimum requirements are ability to attend monthly meetings, usually at 7.00pm on Mondays (by phone if necessary) and prepared to suggest ways of improving how CISS operates. If you would like to nominate to join the Committee please contact me on 0416 121 140.

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built around the premise that by injecting a synthetic piece of viral RNA into your cells, your body will start producing the SARS-CoV-2 spike protein, in response to which your body will produce specific antibodies that recognize that protein. This is also known as humoral immunity.

However, while antibodies are important, especially in bacterial infections, antibodies are not the only part of your immunity. More importantly, immunity against viruses — opposed to bacteria — actually does not depend on antibodies. Yeadon explains: "Viruses are really tiny, and their business is to get as quickly as they can inside your cells. So, they bind to a receptor on the surface and inject themselves into your cell. So, they're inside. Antibodies are big molecules and they're generally outside your cells.

So just think about that for a moment. Antibodies and viruses are in separate compartments. The virus is inside the cell, the antibodies outside the cell. I'm not saying antibodies have no role, but they're really not very important. This has been proven... T-cells are cells that are trained to detect virus-infected cells and to kill those cells. That's how you defend yourself against a virus...

We've known about T-cells for decades. They were clearly in my undergraduate textbooks. And we've known about their importance in defending you against respiratory viruses since probably the 1970s, certainly the 1980s. So, don't believe anything where people suggest to you that their role is uncertain....

Pfizer's mRNA vaccine contains polyethylene glycol (PEG), and studies have shown 70% of people develop antibodies against this substance. This suggests PEG may trigger fatal allergic reactions in many who receive the vaccine...

He also fears that the vaccine and booster shots could lead to increased infertility among women. The mRNA vaccine triggers your body to produce antibodies against the SARS-CoV-2 spike protein, and spike proteins in turn contain syncytin-homologous proteins that are essential for the formation of placenta. If a woman's immune system starts reacting against syncytin-1, then there is the possibility she could become infertile..

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quillity Blue, Balance Green, or Energy Red. The one used depends on the disturbance that needs to be re-balanced. The Harmony Light Unit could itself be used to rebalance the disturbance. This light unit is currently being updated. (See Figure 1)

Oldfield Microscope

Prior to these recent developments Harry developed a microscope that stains specimens with light instead of chemicals. This enables the examination of live specimens without the need to first kill and stain them with chemicals. See Figure 2. Dr Oldfield was awarded the Fellow of the Royal Microscopical Society for his groundbreaking advances made in developing the Oldfield Microscope. The Oldfield Microscope uses one or more diffraction gratings to select specific frequencies from a white light source, enhancing both resolution and depth of focus.

[Light reflected or transmitted by gratings is split into a spectrum, and each frequency leaves the grating at a different angle according to the position of the grating, the dimension of the grating and the wavelength. Thus, for example, white light from a suitable source may be reflected by a mirror grating so that selected parts of the spectrum pass through the condenser and onto the specimen. The light reaching the specimen will be composed of only certain frequencies (colours), variable according to the angle of the mirror grating. Colours are induced optically in the specimen, and the light does not affect the morphology of the object under observation.]

See also www.electrocrystal.com

Figure 1. Harry Oldfield's Harmony Light Unit shown switched to emit red frequencies to increase energy. It can also be switched to emit blue (tranquillity) or green (balance) This replaces his earlier activated crystals that emitted these frequencies used for healing.

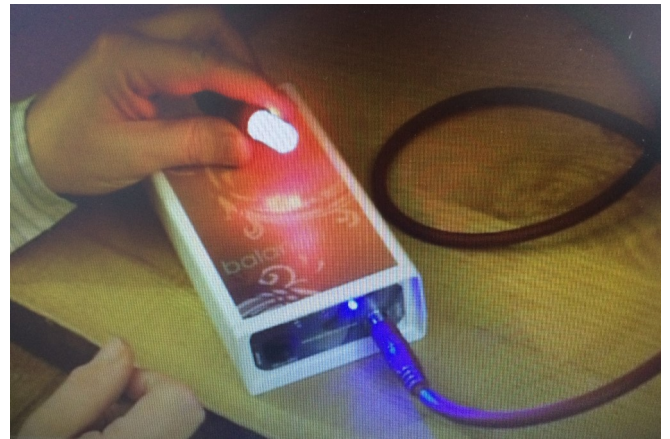
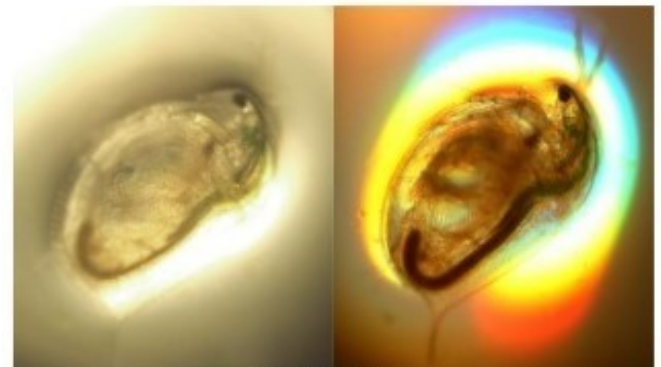


Figure 2. View of live Daphnia species through the Oldfield Microscope (right) compared to that of a conventionally stained (killed) species (left).



Control

Daphnia Species
Through the Oldfield Microscope

Harry's qualifications

- D.Hom. (Med), qualified as a homeopathic physician in 1982;
- Honorary Doctorate (Citation of Honour) from the World Peace Centre in Pune, India, in 2000;
- Professor Honoris Causa, Department of Alternative Medicine, Zoroastrian College, Mumbai, India;
- Visiting Professor, Department of Medicine, Grenada University, 2001 & 2007;
- Visiting Professor of Energy Medicine, Holos University Graduate Seminary, Missouri, USA, 2007; and
- Fellow of the Royal Microscopical Society, Oxford.

More than 100 articles have been published on Dr Harry Oldfield's research in the UK and overseas, including in publications such as the British Medical Journal, Medical News Weekly, the Times, Guardian, Daily Mail and New York Times and in all the major complementary medicine and healthcare magazines.

Chakras, Meridians and Cancer

There are several different philosophies behind the different health systems. The main two are the conventional health system; and the alternative health system. The following ideas come from Chakras, body energy and cancer - parts 1 and 2 (11 March 2011) by Chris Woollams (<https://www.canceractive.com/article/chakras-body-energy-and-cancer>)

The conventional health system is derived from Newton and Einstein who held that we live in a universe held together by energetic forces and magnetic fields. We know planets pull other planets towards them and stars implode to form black holes. But our doctors don't apply this type of thinking to the human body (although Western medicine understands we have nerves along which there is electrical stimulation). Instead doctors are being trained as little more than

clever mechanics. "You have a limp, a bad hip. We can give you a new plastic one. You've poisoned your liver? We can give you somebody else's. (If you get cancer, we'll cut it out or radiate it or poison it. Ed) They do not apply this system of energies to the human body.

Your body is at least 95 per cent air (i.e. inter-atomic space) because it is made up from trillions of atoms, each of which consists of a nucleus of protons and neutrons with electrons orbiting

around it, like the planets orbiting around the sun. [According to the Quantum theory atoms and their protons, neutrons and electrons are not made up from solid particles but are packages of energy concentrated in particular locations so they appear to be solid when viewed by most instruments. Ed]

Most of the universe is space, not solid. Similarly most of the human

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body's atoms, making up its trillions of cells are mainly space. These atoms join together to form molecules that form into tissue, bones and organs. So your body is held together by energy that might be in the form of physical, chemical, electrical, emotional or hormonal energy. But it is mostly space.

It is these molecules making up your body that you see as reflected light; you just cannot see the atoms and their neutrons and electrons.

Your emotions, your body energy, your cellular health, are all linked. And you cannot beat cancer without attending to them all.

Every second of every day you exchange atoms with the universe around you; in obvious ways like breathing in or out, eating, drinking and excreting. And in not so obvious ways. Your energy heats your environment.

This constant exchange of atoms with your universe results in a completely new you every 90 days or so, trillions of new atoms replacing the trillions of old ones. A constant movement; a continuous energy flow.

Among the alternative approaches to health and healing some see the body as being controlled by energy flowing along *meridians* through seven *chakras* - the system of seven wheels or vortices identified in Ayurvedic medicine - one of the world's oldest wholistic ("whole-body") healing systems. It was developed more than 3,000 years ago in India - as a subtle but vital part of our energy system: **the life force**.

The conventional approach to healing cannot see or measure these meridians or chakras because they can't ordinarily be detected by x-ray or the naked eye. They are metaphysical, not physical entities.

This "life force" in your body is called "chi" in Chinese medicine. For over 500 years the Chinese have understood that our life force constantly interacts with other energetic atoms. The Japanese call the same principles "ki", the Indians "prana".

According to this alternative approach chakras are linked to the sevenfold layer of energy or "aura" that surrounds all living creatures, and many psychically attuned people can see this aura in the form of colour that changes with health and mood.

Evidence for the existence of this aura comes from the work of Russian photographer Kirlian who, in the 1930s, found a way of capturing auras on film.

Some Western scientists have started to explore these esoteric forces. Barbara Ann Brennan, whose book *Hands of Light* goes in depth into the magnetic fields around your body (the aura as it is more commonly called) developed an understanding of how your emotions and feelings could influence the magnetic field around you, and even how two magnetic fields might be able to communicate!

The biochemistry of cells is clear. Cells need potassium to be pumped in, and sodium needs to be pumped out to keep the cell slightly alkaline and able to metabolise in its most efficient way. Similar "micro energy flows" build up all around the body, as negatively or positively charged molecules replace each other. This is critical in cancer as mitochondria, the power stations, must work with atoms, while others poison them.

Bigger ones always control small electrical fields, and there are a number of electrical force points all over your body between which energy flows. If it doesn't flow it reflects, or causes, illness. The epicentre of all these electrical forces lies in a line down your backbone, running from the top of your head to the base of your spine. The main power cables run down your spine.

At several points on the way are energy centres, more commonly called chakras. Each is a spinning vortex of energy protruding three quarters to your front and a quarter to your back.

Each chakra provides a layer of energetic field around your body, and it is these seven energetic fields that make up your aura and can be photographed. These photographs show your aura, big or small, as a mixture of colours.

We can "sense" people as they walk in the room. We "sense" danger. Some people have big personalities; others we distrust before they have opened their mouths. Our auras, our magnetic fields, touch and interact with all the magnetic fields around us. Maybe this is the first point of contact, before sight or hearing.

Our brain links to our nerves, our nerves to our aura. Our chakras each link to an endocrine gland, so our aura links to our hormone system. Our emotions link to every cell in our body. If our energy flow is blocked in one part of our body, it will almost certainly be linked to an emotional blockage, and a biochemical, cellular

blockage and thus illness. You simply cannot divorce emotion, cells and magnetic energy. Our mind, body, spirit as most call it.

Understand that science knows that your emotions, your body energy and your cellular health are all inexorably linked. And you cannot beat cancer without attending to them all. But if you want to be really controversial, imagine this. There is a very small, but growing body of thought that says your brain is not your knowledge store but merely a processor. Your knowledge, as with a computer, is electronically stored - in your relevant chakras!

The base of the spine roots you, the sacral chakra is your practical and sexual chakra, the solar plexus your emotional store, the heart (more powerful than all the others put together) is the chakra of personal relationships, the throat of communication, the pineal or third eye of perception, the crown is the chakra that links you to the spiritual world.

The Root Chakra

(colour: red; element: earth; food: proteins; crystals: agate, ruby, garnet, rose quartz)

Linked to the areas of consciousness concerned with security, survival and trust, which for most of us in everyday life means money, home and job. It's therefore the gravity chakra, grounding us to earth and material existence.

Tension in this chakra means you view the world through a filter of fear and insecurity while very high stress may actually feel like a threat to survival. You could be overweight, constipated, feel mentally lethargic and unable to reach goals. Associated physical dysfunctions involve your bones, your legs and elimination system. A balanced root chakra manifests as grounded and healthy with plenty of physical energy, the will to stand up for oneself and a sense of self-mastery.

The Sacral Chakra

(colour: orange; element: water; food: liquids; crystals: carnelian, amber, golden topaz)

The chakra of sweetness - of pleasure, sexuality, nurture, movement and change. Located in the lower abdomen between navel and genitals, its involved with taste and appetite, with emotional range and depth.

Tensions in this chakra manifest as inner conflict, sexual problems, insta-

bility, sense of isolation. The sacral chakra governs your sex and urinary organs, kidneys and the circulation. If your sacral chakra spins too fast you could be manipulative, a Walter Mitty type, sexually addictive or emotionally unbalanced. A sluggish sacral chakra is indicated by someone who feels unaccountably guilty, who is self-critical, over sensitive, impotent or lacking desire. Given a balanced sacral chakra, you will be trusting, expressive, creative and attuned to your own feelings.

The Solar Plexus Chakra

(colour: yellow; element: fire; food: starches; crystals: topaz, sunstone, yellow citrine)

Lies between the navel and the breastbone base. This is the chakra of self-determination, self-discovery and uniqueness. It celebrates the power to be completely oneself, but at the same time connected with all humanity. This chakra is linked to the muscles, to fatigue, stomach ulcers, allergies and diabetes.

Those whose solar plexus chakra spins too fast can be angry, controlling, judgmental arrogant and workaholic. A blocked solar plexus chakra is indicated by insecurity, fear of solitude, the need for reassurance and the good opinion of others. A balanced solar plexus chakra engenders respect for self and others, personal power, spontaneity and the courage to take risks.

The Heart Chakra

(colour: green, also pink; element: air; food: vegetables; crystals: rose quartz, emerald, moonstone)

Central to the sevenfold system. Lying mid-chest this particularly challenging chakra is concerned with unconditional love, with forgiveness, compassion and self-acceptance. It's the chakra of our closest relationships - lovers and family, but significantly for icon readers it is also the chakra bound up with cancer as well as other immune problems.

Those whose heart chakra spins too fast can be possessive, withholding in love, overly dramatic. Characteristics of a blocked heart chakra include fear of rejection, feeling unworthy of love or loving too much. Blessed with a balanced heart chakra you will be nurturing. Love without condition and seek spiritual connections in lovemaking. Meditations for rebalancing the heart chakra contain important messages for cancer patients: believe that the universe will always provide for you; recognise that the more love you

allow yourself to receive, the more love will be around for others.

The Throat Chakra

(colour: blue; element: ether; food: fruit; crystals: turquoise, lapis lazuli, aquamarine, sapphire)

The first of the higher chakras, associated with communication through sound. Located centrally at the base of the neck, it has to do with artistic expression, with active listening, heeding intuition and attunement to messages behind what is said. The ether with which this chakra corresponds marks the crossover point between the physical and spiritual dimensions. In the physical sense this chakra is associated with the shoulders, arms, hands, with the ears, nose, teeth, mouth and neck. Associated disorders include hearing problems and tinnitus, thyroid problems, neck ache, asthma and sore throats.

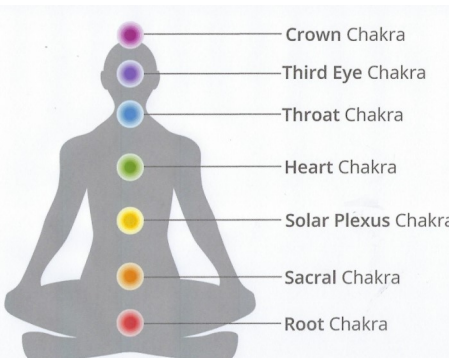
An over-active throat chakra implies talking too much, pomposity and self-righteousness. A blocked chakra inclines you to be inconsistent, to lack self-expression and appear unreliable. When your throat chakra finds equilibrium, you will be contented, a good communicator who can meditate with ease and enjoys artistic inspiration.

The Third Eye (or Brow) Chakra

(colour indigo; element: light; crystals: amethyst, azurite, lapis and sapphire)

Lies between the eyebrows and is the tool of intuition, perception, and inner vision. It is all about the imaginative, right brain activity that rational, logical thinkers neglect. To use the third eye chakra well, you need to make space beyond the babel of everyday life. Governing eyes and the base of the skull, this chakra is linked with headaches, visual and neurological problems.

When it spins too fast, you may become too logical and authoritarian. When blocked, you are undisciplined, an underachiever with a possible predisposition to schizophrenic breakdown. When balanced, this chakra endows you with charisma and intuition, a vision beyond material things and the gift of a second sight.



The Crown Chakra

(colours violet, moving into gold or white; element: thought or cosmic energy; food: fasting; crystals: diamond, white jade, clear quartz, amethyst)

May be the seventh, but is never seen as the destination chakra. It signifies rebirth rather than arrival. Synonymous with the highest level of consciousness - enlightenment, self-realisation, divine ecstasy, the crown chakra is the site that leads you to live a more fulfilled joyous and healthful life. Governing the skull, brain and skin, it is linked to such physical problems as epilepsy, Alzheimer's, MS and chronic exhaustion.

An overactive crown chakra may be linked with manic depression, frustration and sexual confusion. The characteristics of a blocked chakra include indecisiveness, a sense of not belonging, fatigue. A balanced crown chakra brings you great gifts - a magnetic personality, the capacity to perform what other may see as "miracles", transcendence and the sense of being at peace with who you are.

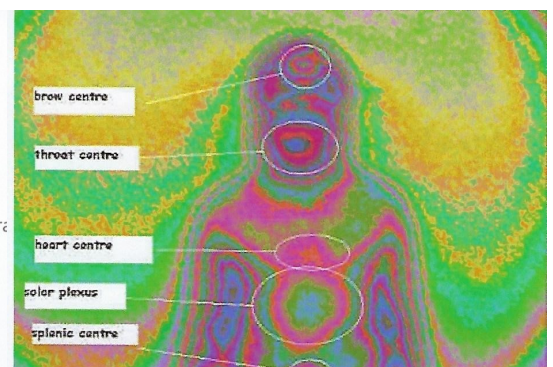
(Note that the above seven chakras are considered only to be the major ones. Various theories claim that there are over a hundred energy concentration points. The chakra colours used are those of the rainbow: Violet, indigo, blue, green, yellow, orange and red starting at the Crown chakra descending to the Root chakra. Ed.)

Exploring the Human Aura with Harry Oldfield's Camera

Harry Oldfield is a British former biologist who invented a way of photographing the human aura including the chakras and meridians. See page 1.

The picture below was made from photographing a 50-year old man using the Oldfield camera with the old PIP software in it. The camera was adjusted out of focus to pick up the light frequencies from inside the body.

It suggests that the hypothesis about the existence of chakras might be right.



COVID Update

Covert government group ramped up covid fears

A covert unit in the UK government deliberately ramped up fear levels about the Covid-19 virus to increase compliance to lockdown measures, a secret report has revealed. It exaggerated the threat from the virus and used mainstream media to spread the “sense of personal threat”.

The tactics of the government’s ‘nudge unit’ are being reviewed by the ethics committee of the British Psychological Society (BPS) in June after receiving a letter from 47 clinical psychologists, who complain that the messages from government constitute an untested mass psychological experiment.

The catalyst for ‘project fear’ was a paper prepared by the government’s Scientific Pandemic Influenza Group on Behaviours (SPI-B) in March last year, just days before a total national lockdown was launched. The paper stated: “The perceived level of personal threat needs to be increased among those who are complacent, using hard-hitting emotional messaging. To be effective, this must also empower people by making clear the actions they can take to reduce the threat.”

But some members of Sage (Scientific Advisory Group for Emergencies) were concerned about raising fear levels. One member said: “The British people have been subjected to an unevaluated psychological experiment without being told that is what’s happening.

Gary Sidley, a retired NHS consultant clinical psychologist who is one of the signatories of the letter to BPS, reveals it states: “Our view is that the use of covert psychological strategies—that operate below the level of people’s awareness—to ‘nudge’ citizens to conform to a contentious and unprecedented public health policy raises profound ethical questions.”

The experiment has caused great psychological damage to some, with cases of depression and anxiety, and domestic violence rising, and there has also been a high price to pay in terms of health, with people missing important hospital appointments.

Tactics used in the experiment included using death rates without putting them into context of usual mortality rates, and over-inflating projections of likely cases and deaths.

(Source: Daily Telegraph, April 3, 2021)
FROM WDDTY 20/04/2021

Covid-19 isn’t a random killer

Only people who have one of four chronic health problems is likely to die from the virus, a major new study has confirmed. The ‘big four’ are heart disease, breathing or kidney (renal) problems, or cancer—and these risks are magnified if the person is also obese, or is suffering from several of the diseases at the same time. Age also plays a part, but again only if the patient has one of the four health problems.

Researchers from the University of East Anglia reviewed 52 studies—involving more than 100,000 Covid patients—to discover that the four diseases were common in the most serious Covid cases, either needing intensive care, ventilator support or went on to die.

People with more than one of the chronic problems were the most likely to need emergency care. Obesity acted like a magnifier, and further increased the risk of death in those with one of the four diseases.

Lead researcher Dr Vassilios Vassiliou says the study is the largest that has so far been carried out on severe Covid cases. The research “gives us the really big picture. . . it is the most comprehensive study of its kind to date,” he said.

(Source: JAMA Network Open, 2021; 4: e213594) FROM: WDDTY 7 April 2021

FROM Dr Mercola:

AstraZeneca Vaccine Suspension

As of March 16, 2021, 19 European countries plus Thailand had suspended the use of AstraZeneca’s COVID-19 vaccine, either in full or in part, following reports of deadly blood clots.

Doctors at Oslo University Hospital have announced the blood clots suffered by three recipients of the AstraZeneca vaccine were in fact caused by the vaccine.

According to professor Pål Andre Holme, chief physician at Oslo University Hospital, “Nothing but the vaccine can explain why these individuals had this immune response”.

In January 2021, Dr. Hooman Noorchashm, a cardiac surgeon and patient advocate, sent a public letter to the U.S. Food and Drug Administration commissioner detailing the risks of vaccinating individuals who have previously been infected with SARS-

CoV-2, or who have an active SARS-CoV-2 infection.

He urged the FDA to require prescreening for SARS-CoV-2 viral proteins to reduce the risk of injuries and deaths following vaccination, as the vaccine may trigger an adverse immune response in those who have already been infected with the virus.

Fox TV host Tucker Carlson recently interviewed him about these risks as well. In that interview, Noorchashm said:

“I think it’s a dramatic error on part of public health officials to try to put this vaccine into a one-size-fits-all paradigm ... We’re going to take this problem we have with the COVID-19 pandemic, where a half-percent of the population is susceptible to dying, and compound it by causing totally avoidable harm by vaccinating people who are already infected ...

The signal is deafening, the people who are having complications or adverse events are the people who have recently or are currently or previously infected [with COVID]. I don’t think we can ignore this.”

By March 22, 2021, the Norwegian Medicines Agency had received reports of another two lethal blood clots post-vaccination. The agency said they “cannot rule out that these cases may have a connection with the AstraZeneca vaccine”.

German investigators believe the blood clots are due to an immune response that triggers thrombosis (blood clots) by activating platelets. The effects are similar to heparin-induced thrombocytopenia type 2, in which antibodies against a protein complex are formed in connection with heparin, which in turn respond to a receptor on the platelets.

The EMA covid-19 data leak and what it tells us about mRNA instability

Leaked documents show that some early commercial batches of Pfizer-BioNTech’s covid-19 vaccine had lower than expected levels of intact mRNA, prompting wider questions about how to assess this novel vaccine platform, writes **Serena Tinari**

As it conducted its analysis of the Pfizer-BioNTech covid-19 vaccine in December, the European Medicines Agency (EMA) was the victim of a cyber-attack. More than 40 megabytes of classified information from the agency’s review were published on the dark web, and several journalists—including from

(Continued on page 8)

Happy 80th birthday, Betty Traina

by Naomi Groothoff

30+ years of service to Central Coast CISS

Betty was born on the 29th May 1941 in Parramatta; she is 1 of 4 siblings but only 1 sibling is still alive

After schooling, Betty helped her father on the farm and worked in the local Post Office. After moving to the Central Coast and learning shorthand and typing, she worked at the Gosford Golf Club as the Manager's assistant for many years until she married

Betty has 2 girls, 1 boy and 9 grandchildren.

She became interested in CISS after meeting Thelma Clarke at a Reiki seminar; Thelma was the founder of the Central Coast CISS group. Betty says that when she first started with CISS, Thelma was the Coordinator and those present at the meeting would give each other Reiki treatments! Betty is one of the founding Central Coast members.

Betty says she is inspired by other cancer survivors who attend the CISS group as well as the guest speakers; specifically, diets and other treatments cancer survivors use that they find/have found helpful; also their attitudes e.g. one survivor saying it was the best thing that ever happened to her because it gave her a different slant on life.



Betty Traina

Betty wishes she had known more about alternative therapies and treatments when her sisters, brother in law and other family members were diagnosed with cancer. She believes that it would have favourably affected their outcomes and given more choices other than what the orthodox treatments offered.

She believes her spiritual beliefs and prayer give her life meaning. Betty is very grateful and thankful for all modern conveniences which makes life

easy and comfortable but never takes these things for granted; "It is important to remain positive and not become overwhelmed with the negatives in life" she said.

Her values help her to be more tolerant of other people's opinions. Family are very important and feels her family members are loving and close knit. Betty still plays tennis!

Betty has been the Secretary of the Central Coast CISS group for many years and rarely misses a meeting. She arrives with a basket full of edibles as well as a beautifully presented plant for the guest speaker. At the end of every meeting we enjoy a refreshing cup of fresh lemongrass tea, delicious homemade hummus, fruit and a homemade gluten- and sugar-free cake, all lovingly and tastefully prepared by Betty.

Betty, we deeply appreciate and are grateful for all the many years of tireless effort you have given to the Central Coast CISS group. We trust you continue to enjoy many happy years living in your beautiful home in Wyoming, surrounded by your family and friends and are thrilled you remain a vital part of the Central Coast CISS group, taking a keen and active role as always.

(Continued from page 7)

The BMJ—and academics worldwide were sent copies of the leaks. They came from anonymous email accounts and most efforts to interact with the senders were unsuccessful. None of the senders revealed their identity, and the EMA says it is pursuing a criminal investigation.

The BMJ has reviewed the documents, which show that regulators had major concerns over unexpectedly low quantities of intact mRNA in batches of the vaccine developed for commercial production.

EMA scientists tasked with ensuring manufacturing quality—the chemistry, manufacturing, and control aspects of Pfizer's submission to the EMA—worried about "truncated and modified mRNA species present in the finished product." Among the many files leaked to *The BMJ*, an email dated 23 November by a high ranking EMA official outlined a raft of issues. In short, commercial manufacturing was not producing vaccines to the specifications expected, and regulators were unsure of the implications. EMA responded by filing two "major objections" with Pfizer, along

with a host of other questions it wanted addressed.

The email identified "a significant difference in % RNA integrity/truncated species" between the clinical batches and proposed commercial batches—from around 78% to 55%. The root cause was unknown and the impact of this loss of RNA integrity on safety and efficacy of the vaccine was "yet to be defined," the email said.

BMJ 2021; 372 doi: <https://doi.org/10.1136/bmj.n627> (Published 10 March 2021)

Cite this as: *BMJ* 2021;372:n627

Former Pfizer virus researcher speaks out

Michael Yeadon, Ph.D., a life science researcher and former vice-president and chief scientist of allergy and respiratory research at Pfizer, says "Basically, everything your government has told you about this virus, everything you need to do to stay safe, is a lie".

He questions the claim that the COVID-19 virus can spread from people without any symptoms, so masks and lock-

downs are not justified. Only people who have discernible symptoms of a respiratory infection pose any health risk to others, because to be an efficient source of infection, you need a high viral load. If you have a high viral load, your immune system will fight back, which always induces symptoms.

The entire vaccination campaign is (continued on page 3)

*Farewell from
CISS*

*We offer our loving
thoughts to the family and
friends of those members
who have died in recent
months*

Lindsey Whitelaw

Guest Editorial from WDDTY

Dear Friend

Who guards the guardians? It's a question Juvenal asked around two thousand years ago, and it's just as apposite today as attack groups and lobbyists seek to close down websites and Facebook and Twitter accounts that don't describe a world they agree with.

Right now, alternative health sites are in the crosshairs during these febrile COVID times. Propaganda and censorship are the flavours of the day as health agencies push mass vaccinations, social distancing and mask-wearing.

Not that we're suggesting the strategy doesn't have merits (discuss), but it's a dangerous world when it can't be questioned, governments can't be held to account and criticism and debate is shut down.

One of the primary advocates of the alternative view is Dr Joseph Mercola, who has been forced to remove all the articles on his website that promote the use of vitamins C and D and zinc as COVID preventatives or treatments.

WDDTY has written similar things in the past year or so, but Mercola's sin is not only spreading 'false' information, as the detractors put it, but also in selling vitamins and minerals on the back of those articles.

WDDTY has always taken the view that information has a value in its own right and it can't be a front for pushing sales of vitamins: that could compromise us or colour our reports. So we've taken the road less travelled, and we've been the poor-

Who guards the guardians?

er as a result.

That hasn't stopped some of those self-appointed health guardians from knocking on our digital door. One, Newsguard, which determines whether health websites are 'safe', has presumably decided WDDTY isn't. But then, Newsguard is funded by Publicis Groupe, a French PR company whose main clients are. . . quick Sunday quiz here. . . yes, the pharmaceutical industry. Clearly, sites like WDDTY, and Mercola's, come to that, are problematic when they extol the use of vitamins and natural remedies.

Another guardian of the public good is the Center for Countering Digital Hate (CCDH), created by Imran Ahmed. It's not a charity, but was created as a limited company and, along with Ahmed, most board members are left-leaning and have links to the UK's Labour Party. The chairman departed last year to become chief adviser to Labour leader Sir Keir Starmer.

It's nobly taken on the task of ridding the world of health sites that don't toe the party line as laid out by the CDC and the World Health Organization. To help its target practise, it's produced a report that calls out the 'Disinformation Dozen', which it estimates has been responsible for 65 percent of all anti-vax information on the web and social media platforms.

Mercola is listed among the degenerate 12, along with Robert F Kennedy Jr, Ty Bollinger and Christi-

ane Northrup. The CCDH wants Facebook, Instagram and Twitter to ban the dirty dozen, and is exasperated by the Zuckerbergs of this digital world who have been slow to snap to attention.

WDDTY has been diving deep in these alternative health waters for 30 years, and, of late, we've also discovered plenty of evidence that high-dose vitamins C and D can help make COVID more benign. It's a strategy being used by front-line emergency doctors in a protocol they call MATH+; it's a fact that people who have low levels of vitamin D are much more likely to suffer a serious COVID infection, and doctors in Barcelona have given D to COVID patients with great results. The information on these supplements is legion—but no government has told its citizens to take them, or eat a healthy, non-processed diet, come to that.

Should this information be shut down? If not, we live in a world that allows freedom of speech and that too comes with problems. Open up the debate and we also let in conspiracy theories of lizard rulers, plandemics and the like.

But if there are to be demarcation lines, who draws them and where are they drawn? Surely it's safer that you are the arbiters of what is true or false, and you are free to read a diverse range of views and opinions so that you can make up your own mind.

Anything else is propaganda and censorship. . .and if nobody is guarding the guardians, who knows what you'll be told to believe?

What do you think? Join the debate at: www.wddty.com/community
9th May, 2021

Gc-MAF, cancer and suppression of immunotherapy by Don Benjamin

Over the 40 years of CISS' existence we have heard about over 100 alternative cancer therapies. In fact one book we used to have in our library listed at least 150.

We have tried to confine our information for members to those therapies that have at least a basic amount of evidence to support the rationale for the particular treatment.

Over the years we have put a summary in our newsletter of some of the most promising ones, particularly those that people with cancer can use themselves.

In more recent times the number of doctors who have been prepared to

help patients with alternative cancer therapies has gradually become fewer as the medical profession threatens the withdrawal of their licence if they continue to offer "unaccepted" treatments to people with cancer.

Isador (mistletoe extract)

In Australia one of the first, in the 1990s, was Isador, a mistletoe extract, a type of immunotherapy that has been shown in randomised controlled trials to have significant survival benefits with very few side effects. It involved importing it from Switzerland. After several threats the Sydney doctor who was using it to help with cancer had to stop.

Immuno-Augmentation Therapy

The same thing happened overseas. Another immunotherapy, Immuno-Augmentation Therapy developed by Dr Lawrence Burton in the 1960s was targeted by US medical authorities resulting in Dr Burton closing his Clinic and taking it to the Bahamas where for a time he was safe. Then in the 1980s the US National Cancer Institute threatened the Bahaman Health Department that if they didn't close down Burton's IAT Clinic they would destroy the Bahaman economy by spreading (false) claims that people going to the Clinic were getting infected with AIDS. So the clinic was closed down. The IAT patients petitioned their congressional representative

(continued on page 11)

CISS and the ACNC

Last October we received a letter from the Australian Charities & Not-for-profits Commission (ACNC) notifying CISS that they were investigating us with a view to revoking our status as a Charity. They included a list of questions for us to answer in our defence – a clear case of guilty unless proven innocent.

The questions included such things as on what grounds were we carrying out research into cancer when none of our “responsible persons” have any medical qualifications.

According to the ACNC website “A Responsible Person is someone who is responsible for governing a charity. Generally, a charity’s Responsible Persons are its board or committee members, or trustees...”.

This ludicrous suggestion that a charity must have a doctor on its board is not based on any legislation.

Another question relates to employees: How can our research staff carry out research into cancer if none of them have medical qualification? Again there is no legal basis for this claim.

These absurd claim expose the ACNC as being a tool for outside medical interests. This suggested that where the previous attempt to take us over and close down our research had failed, the same people pulling the strings were having a second go using the ACNC. The questions asked also included a couple based on information that only the people involved in the original take-over attempt would have known.

Our lawyers advised us that the ACNC was acting beyond its legal powers, as it has no authority to tell a charity how to run itself as long as it complies with its Constitution. The CISS Committee decided to answer all the questions anyway to avoid a confrontation at that stage.

Now 5 months later, the information we supplied has been used by the ACNC to threaten revoking our status as a charity, including that I as the CISS Research Director have no medical qualifications so I should not be carrying out medical research. Many of our responses to the questions have clearly been misrepresented. In its recent statement of intention to revoke our charity status it gives over 30 reasons. Most are misrepresentations and others are based on false information it could only have obtained from those who tried to take over CISS in 2019.

For example, using the ACNC’s points:
10. None of the responsible persons or

the research project manager or research assistant has academic or professional qualifications in any field of medicine or the treatment of cancer or in cancer research. ***This is a serious example of a false claim that such qualifications are required to do cancer research. I have had six papers published in international peer-reviewed journals. Journal editors rely on the quality of the content of manuscripts submitted, not the author’s qualifications.***

The research director’s LinkedIn profile states that he is employed part time as a work health and safety coordinator. ***This is an example of misrepresentation. This Linked-in information is more than four years out of date and ACNC should have requested confirmation in view of the fact that the CISS website states that it employs the research director/general manager.***

12. The research director lacks relevant capabilities for a person directing cancer research or supervising other researchers. ***This is an example of dogma. There is no evidence to justify this blanket statement. (see 13)***

13. According to Cancer Australia, capabilities for such a role would include appropriate tertiary qualifications such as post graduate qualifications in science, significant technical, professional, and specialised knowledge and a record of accomplishment in cancer research. A research director would also require experience in overseeing delivery of research programs and/or research funding including an understanding of the management of conflicts of interest and transparency in decision-making. ***This is an example of misrepresentation. In fact I have appropriate tertiary qualifications such as post graduate qualifications in science, significant technical, professional, and specialised knowledge and a record of accomplishment in cancer research having gained a M.Sc. and already published 6 research papers in reputable international journals on the topic of cancer.***

14. In addition to its research activities, the charity’s website provides links to information about 23 different types of cancer and what it describes as “alternative” forms of treatment. The research director is the author of most of this material. ***This is incorrect. A lot of the information provided about the 23 types of cancer cites Dr Ralph Moss as the author of a lot of the information about alternative cancer treatment.***

15. Each link leads to what purports to be a description of each cancer’s symp-

toms, its “standard” forms of treatment and critiques of conventional medical treatments which the author frequently claims are of little or no benefit, citing his own research in support. ***This is dogma and misrepresentation by suggesting that conventional medical treatments are of significant benefit. This disparaging comment assumes that the author must be wrong, without providing any evidence that the author is wrong.***

16. The charity is critical of conventional medical views on the causes of cancer and approaches to its treatment suggesting, for breast cancer, that evaluations of the effects of therapies including chemotherapy have not “shown any clear benefit”..... ***(see response to 18)***

18. Cancer Australia provides comprehensive information about multiple cancers including their treatment. For breast cancer, it concludes that chemotherapy “can lower the risk” of its spread and “increase the chance” of surviving it.

The actual Cancer Australia website states: “For women with early breast cancer, treatment with chemotherapy can lower the risk of breast cancer coming back or spreading to other parts of the body. Chemotherapy can also increase the chance of surviving breast cancer”. No reference is provided for this claim. However it comes from “Early Breast Cancer Trialists’ Collaborative Group. Polychemotherapy for early breast cancer: an overview of the randomised trials. Lancet 1998;352:930e942.” This reference concluded that “Some months of adjuvant polychemotherapy (e.g., with CMF or an anthracycline-containing regimen) typically produces an absolute improvement of about 7-11% in 10-year survival for women aged under 50 at presentation with early breast cancer, and of about 2-3% for those aged 50-69...”

A comprehensive Australian review of chemotherapy used for cancer translates this reference and others to a 1.5% increase in 5 year survivors. (Morgan G, Ward R, Barton M. The contribution of cytotoxic chemotherapy to 5-year survival in adult malignancies. Clin Oncol (R Coll Radiol). (Dec) 2004; 16(8): 549-60. Review) Presumably the ACNC believes a 1.5% increase in 5-year survival is a significant benefit!

17. The charity states that “psychotherapy” is one of the “most effective” therapies in controlling multiple forms of cancer including breast cancer and suggests that a “cancer prone personality” can be “changed to a healthy autonomous one”.

Unlike surgery or radiotherapy, particular types of psychotherapy have been shown in randomised controlled
(continued on page 11)

(continued from page 10)

trials to produce a significant reduction in mortality when compared to no treatment.

19. Cancer Australia concludes that "alternative therapies that are taken instead of conventional approaches to treatment" lack evidence to support their use in the treatment of breast cancer. There is no reference to "psychotherapy" as a potential therapy for breast cancer.

This statement implying that Cancer Australia knows everything there is to know about cancer and has assessed all of the trials evaluating alternative cancer therapies, so is the arbiter of all claims about cancer, is unscientific, fatuous and dogmatic.

24. "...material on the charity's website promotes and endorses, as acceptable alternatives to conventional medical treatment, a range of cancer therapies which are not supported by credible and authoritative public health and professional medical bodies including Cancer Australia and COSA and which involve the use of chemicals and other substances which are a risk to public health..."

25. These substances include (a) Black Salve and (b) Hydrazine sulphate.

CISS has never promoted or endorsed Black Salve. On the contrary in the section on Skin Cancer on the CISS website, after stating "Treatment should cause no harm", it states in relation to Non-melanoma skin cancers:

"There are three creams or ointments commonly used to treat non-melanoma skin cancers, Curaderm, Cancema and Black Salve.

Curaderm is a cream developed by an Australian doctor, Bill Cham and is the one with the best evidence to support it and with the fewest side effects. While conventional treatment for non-melanoma skin cancer often leaves a scar, Curaderm usually does not. Curaderm is available via the internet.

Cancema and Black Salve are reported to produce more painful reactions when applied to the skin. All three topical treatments have been criticised by cancer authorities as being harmful and ineffective, although Curaderm has several trials supporting its benefits."

This cannot be described as promoting

or endorsing Black Salve.

Similarly CISS has never promoted hydrazine sulphate. As for many controversial substances it has provided information about its efficacy to members. In relation to Hydrazine Sulphate the CISS website states in discussing treatment for several different types of cancer:

"In addition to the above alternative therapy there are several supplements believed to have anti-cancer properties that are not confined to specific types of cancer.

2. Hydrazine Sulphate – This is a common industrial chemical that was used as a component of rocket fuel during World War II. It was first proposed as a cancer treatment in the early 1970s by Joseph Gold MD, of the Syracuse Cancer Research Institute, NY.

Gold drew on the work of Nobel laureate Otto Warburg, who theorised that cancer derived its energy from anaerobic glycolysis (fermenting sugar) rather than respiring in the normal way. Gold proposed using chemicals to control cancer's growth by exploiting this process.

He suggested that by cutting off a tumour's supply of new glucose, formed in the liver, the drug could starve the tumour, in turn stopping the cancer from depleting the body's energy pools and putting an end to cachexia, the terrible wasting process that appears in the final stages of the disease. It is this wasting process that often kills the cancer patient.

A team of 11 scientists at the N.N. Petrov Research Institute of Oncology, Leningrad have been working on hydrazine sulphate since the 1970s. The Russians have had the greatest single experience with hydrazine sulphate having treated and evaluated over 740 patients. Thus in the Russian studies it was shown that hydrazine sulphate inhibited the wasting process.

References:

Filov, V, et al. Results of clinical evaluation of hydrazine sulfate. Vopr Onkol 1990; 36: 721-6.

Filov, V, et al. Experience of the treatment with Sehydrin (Hydrazine Sulfate, HS) in the advanced cancer patients. Investigative New Drugs 1995; 13: 89-97.

Chlebowski, RT. Hydrazine sulfate in cancer patients with weight loss. A placebo-controlled clinical experience. Cancer 1987; 59: 406-10.

Thus CISS has provided information showing that some trials have shown it to be effective for reducing the wasting process (cachexia).

However, CISS has helped many CISS members get access to it via the CISS Buyers Club until 28 August 2019 when CISS gave an undertaking by letter to the TGA not to "supply, advertise or manufacture any hydrazine sulphate or any other substance that has not been included in the ARTG for human therapeutic use".

47. Although the charity claims that it has published "six medical papers" that have been subject to "peer review", its response to the RFI provided no references to these papers or to any medical or other publications in which they appeared.

Presumably the ACNC is not capable of doing a search on the PubMed website using the search terms "D Benjamin" and "cancer" that would have quickly identified four of the papers referred to or requesting further details of the other two.

82. The charity "reimbursed" its research director \$71,425.98 in May 2019 following settlement of the dispute with the rival committee. Minutes of 13 May 2019 briefly record this transaction as repayment of a "loan" representing the research director's "underwriting of the settlement" and his payment of other charity costs while its bank accounts were frozen.

The ACNC clearly questions the \$71,425.98 being a loan by using the terms "reimbursed" and "loan" using parentheses, implying that the Charity gave or loaned money to Don Benjamin, not the other way around.

This is just a sample (12) of the more than 30 misrepresentations of the situation and repeated innuendo to imply that CISS is not carrying out proper cancer research and is corrupt.

(continued from page 9)

to complain and Congressman Guy Molinari set up a Congressional Inquiry that exposed the political suppression. The IAT clinic then reopened.

Dr Josef Issels in Germany suffered the same fate with his Wholebody Therapy designed to restore the immune system. At the time it was producing the best survival figures in the world. A corrupt

medical profession conspired with the local courts and found him guilty and was to be sent to jail for breaching his medical board's instructions.

An appeal to the German Supreme Court similarly exposed the corruption of the medical and legal systems and exonerated him. But the years of stress took their toll on Dr Issels. Even though his Clinic reopened

under his son's control the Issels Therapy was never the same again.

Gc-MAF

In the mid-1980s Dr Nabuto Yamamoto in Japan conducted a series of experiments that resulted in a 1993 patenting of a process of modifying one of the body's circulating surveillance proteins, the vitamin D-binding protein (DBP) Gc-

(continued on page 2)

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.

CISS HUNTER VALLEY

The Hunter Valley Branch is currently not meeting. For information contact PO Box 4057 Rathmines, NSW. 2283 .

TASMANIA

Cancer Information & Support Society, Tasmania

A sister organisation to CISS has recently been formed. Contact Tony Cope (03) 6227 9292 ah for further details.

Further information about this new charity will be added once it is available

CANCER SUPPORT GROUPS

NSW

ACTIVE WOMEN TOUCHED BY CANCER & CELEBRATING LIFE

Meets at Balgowlah RSL, Ethel St, Seaforth on 2nd Tuesday of the Month at 7pm. \$5 donation. Guest speakers. Contact Robin 9938 6128 or Kate 8902 0196

BLUE MOUNTAINS CANCER HELP INC, KATOOMBA

Support groups and complementary therapies. Groups include the Gawler "Living Well" 12 week program at Katoomba and Springwood, and a Breast Cancer group. Regular support groups held twice a month. A not-for-profit charity supported by our op shops. Phone 4782 4866, www.cancerhelp.net.au.

CANDLES CANCER SUPPORT GROUP

Meets Fortnightly [Thursdays] 10-noon Kanwal Community Hall, Pearce Rd Kanwal [Central Coast] Provides information, support, empathy and understanding. Phone/email contact available if unable to attend meetings. Open to all types of cancers patients, male and female. Survivors and carers all welcome. Contact: 4393-5017 for details.

CANHELP CANCER SUPPORT GROUP

Based on the Ian Gawler approach. Meets 1st & 3rd Tuesday each month from 6.00-8.00pm at Level 1, 280 Pitt St. Enjoy meditation, sharing and support. Ring Sue Saxelby 0408 442 030 or just turn up.

What's Available from the CISS Office?

CHAMPION Juicer - \$575 (\$615 non-members)

OSCAR Juicer - \$485

Enema Kits: \$16.50

Vitamin C: Powder - 450gms \$25 for the most common combination of Ascorbic Acid 200gms and Sodium Ascorbate. 250gms.

Water Purifier: Reverse Osmosis - \$495. Other models avail.

Xylitol: (sugar substitute) - 450gms - \$6.75

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. CISS Handbooks \$13.50, \$15 including postage.

NSW (Continued)

HILLVIEW COMMUNITY SUPPORT GROUP

Meets each Tuesday 1.30-3.30pm at 1334 Pacific Highway Turrumurra. Includes a meditation. No charge. Phone 9449 9144 and ask for Patricia Krolik.

KEMPSEY CANCER SUPPORT GROUP

This group for cancer patients and their carers meets on the 1st and 3rd Wednesday of each month from 10 - noon at the Community Health Building. Contact Penny Snowden 6562-6066.

NAMBUCCA VALLEY SUPPORT GROUP

Meets every Wednesday, Agnes Grant Centre, Macksville & District Hospital, 11 am - 1 pm. Phone 6568 2677.

NEWCASTLE CANCER SUPPORT GROUP

For information contact Make Today Count, 44 Dudley Road, Charlestown, NSW 2290. Phone 4943 8462.

PARKES CANCER SUPPORT GROUP

Meets every 3rd Monday of the month at the Education Centre, Parkes District Hospital at 1.30pm. For further information contact Margaret Green, 6864-5123 or Mary McPhee, 6862-3814.

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 or visit www.questforlife.com.au.

ST GEORGE CANCER SUPPORT GROUP

Meets every Monday morning at 10.30am at St George Community Hall, Premier St, Kogarah. For info contact Margaret on 9580 5061. See website <https://sites.google.com/site/stgcsq/>

SUTHERLAND SHIRE CANCER SUPPORT GROUP

Meets every Tuesday morning from 10.30-12.30 at the Parish Centre of the Catholic Church, 50 Kiora Road, Miranda. For further information contact Deborah Harrison, 9523 5200.

SYDNEY ADVENTIST HOSPITAL CANCER SUPPORT CENTRE

Meets each Wednesday 10-12 noon at Jacaranda Lodge, 185 Fox Valley Rd, Wahroonga. A discussion group for patients and carers of any cancer type. Also special support groups for different cancer types and for carers. Contact Nerolie on 9487 9061.

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

10-day residential Life and Living Course, nine held each year at Yarra Junction. Also weekly cancer support group meetings held in the city (Melbourne) and at Yarra Junction. Website: www.gawler.org. **We understand that this group has ceased operation. We will provide further information in our next (July/August) Newsletter**

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 (bh).

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.

WESTERN AUSTRALIA

CANCER SUPPORT ASSOCIATION of WA

Cancer Wellness Centre, 80 Railway St Cottesloe WA 6011. Counselling hours: Tues-Thurs. Phone (08) 9384 3544. The CSAWA Inc was a non profit organisation with the primary objective to provide support services, information and self-help activities in a safe and caring environment for people affected by cancer, to enhance their emotional, physical, spiritual and mental well being. **This group was taken over by Solaris Cancer Care in 2017. We understand that the above services are no longer provided.**

Next Newsletter, July/August: "3 Weapons of Censorship That Destroy Science and Democracy—1. making claims without providing evidence in support 2. forbidding discussions or questioning of certain ideologies; and 3. forbidding the questioning of claims by authorities. Sounds like the ACNC—see page 10.