

November/December 2021

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

Feeling is Healing

Healing, or making whole, often involves consciously turning our attention towards those parts of ourselves that have been ignored or disowned. Frequently, this means paying attention to and appreciating people or things that have been taken for granted; or listening and responding to our own needs and feelings instead of neglecting them.

Listening to our physical, emotional and spiritual needs and the feelings that accompany those needs can be severely restricted when our attention is dominated by habitual patterns of thinking.

These dominating habits of thinking are often defensive and reactive aspects of chronic low-grade stress, and they adversely affect well ness and healing. "Shoulds", "have tos", "ought tos" and "musts"; and conditioning (roles, limiting beliefs) from our past can take too much attention and desensitize us to our present feelings and needs.

Mind-Body medicine research tells us that well ness and healing are optimized when our mind is attuned and responsive to the messages from our body - which is communicating through needs, feelings, instincts, impulses and intuition.

The biochemical messengers that communicate needs and feelings also regulate the functioning of our immune system. To the surprise of many immunologists, it turns out that needs, feelings, thoughts and instincts are mediated by chemicals, called neurotransmitters that also regulate our body's defence and healing mechanisms. Psychoneuroimmunology (PNI) is the scientific study of the impact of thoughts, feelings and behavioral patterns on our immune system.

Gary Schwartz, Professor of Psychology at the University of Arizona, conducted research in the field of PNI for two decades. Prof. Schwartz found that healthy people with a strong immune



Paul Bedson

system characteristically attend to feedback signals whether they come in the form of symptoms, sensations or emotions.

For example by paying attention to a headache, one might realize it reflects tension at work; or by attending to tiredness and irritability, one might respond by making more time for rest and sleep.

On the other hand, those people who don't attend to symptoms, who disconnect from sensations and feelings, and repress emotions are much more likely to suffer ongoing imbalances in their bodymind systems and, consequently, dysregulation of the immune system. Gary Schwartz discovered that our capacity to Attend, Connect and Express - or the "ACE factor" - is a trait that supports our wellbeing and the ability to heal.

In collaboration with Schwartz, Mogens R. Jensen¹ followed a group of women with a diagnosis of breast cancer for two years. Women who suffered more rapid spread of cancer shared certain personality traits: repressive coping, non-expression of emotions, and feelings of helplessness.

They avoided attending, connecting and expressing the difficult emotions associated with their illness, and their lives in general. By contrast, women who displayed or developed the "ACE factor" had a rate of remission that was 46 percent higher than women who repressed emotions.

Schwartz believes that the "ACE factor" is important for people wishing to prevent or recover from cancer, and the "ACE factor" can be developed. Schwartz's work was complemented by David Spiegel's Supportive/Expressive Therapy, Jon Kabat Zinn's Mindfulness-based Stress Reduction program and James Pennebaker's research into the healing power of self-expression.

These pioneers in the field of Mind Body medicine developed the use of therapeutic techniques to attune the mind to bodily sensations and feelings (the Body Scan, Mindfulness-based Meditation) and then to develop the ability to express emotions (journaling, psychotherapy, support groups or a confidante).

These skills have been shown to improve the prognosis of people dealing with cancer, and generally enhance quality of life and wellbeing.

When we attend, connect and express, we make the best use of our internal compass, the self-regulating systems that depend on listening and responding to the many feedback mechanisms of the bodymind. Tuning into the guidance of our own feedback, we can learn what paths to take in terms of diet, rest, exercise, stress, creativity, relationships and spiritual concerns. Listening to feelings helps with the healthy integration of emotional experience, and therefore, personal growth.

Feeling is healing.

(continued on page 2)

CANCER INFORMATION & SUPPORT SOCIETY NEWSLETTER

Vol. 41 No. 6 November/December 2021

Editor: Don Benjamin

CISS Home Page:
www.ciss.org.au

Office hours:

Monday to
Friday

{ 10.00am - 1.00pm &
2.00pm - 4.30pm

The Secretary
Cancer Information &
Support Society
6/56 Chandos St
St Leonards NSW 2065
Phone/Fax: (02) 9906 2189
email: support@ciss.org.au

IN THIS ISSUE

- P. 1 Feeling is healing, by Paul Bedson
 P. 2 For Sale: Xylitol; Free Psych-K for members; Supplements for CISS members; CISS Seminar DVDs;
 P. 3 Overseas & Local News: Letter from WDDTY;
 P. 4 Why it's bad science to blame the unvaccinated, from WDDTY 14 October 2021
 P. 5 Senate discusses increase in powers of the ACNC; Letter to Senators from CISS
 P. 6 High Court decision a win for charities - 30 Nov 2010
 P. 7 Revocation of CISS' charitable status by ACNC
 P. 8 Are the COVID Jabs Responsible for Rising Mortality Trends? Analysis by Dr Joseph Mercola
 P. 9 Convenor's Report for the Year ended 30 June 2021
 P.10 Summary of Financial Report for the Year ended 30 June 2021
 P.12 What's available from the CISS Office; CISS Branches and Cancer Support groups
 INSERT Notice of AGM—Nomination form for position on Committee

1. M.R. Jensen. Psychobiological factors predicting the course of cancer. *Journal of Personality* 1987; 55 (2).

Paul Bedson (BA, BCouns, BAcup) is a counsellor, psychotherapist, meditation instructor and natural therapist, Paul has been working in the field of mind/body medicine for over 20 years. His particular interest is in helping people deal with the range of emotional issues associated with their healing journey. Paul also works with grief and anxiety issues and relationship problems.

Paul has studied meditation with Bhagwan Shree Rajneesh, S.N. Goenka, Gangaji and Barry Long. He teaches Mindfulness-based styles of meditation which develop wisdom and compassion through awareness of body, emotion, mind and spirit as one integrated Self. Paul encourages lightness and spaciousness in meditation practice, and emphasizes the importance of enjoying it. contact Maia and Paul Bedson at paulandmaia1@gmail.com.

Paul was the Senior Therapist at The Gawler Foundation in Melbourne

(continued from page 12)
 with COVID-19, including zinc, vitamin D, vitamin C and quercetin at home. If the symptoms worsen he suggests monoclonal antibody therapy. The treatment progresses to include anti-infectives like hydroxychloroquine, or ivermectin, antibiotics, steroids and blood thinners.

The conclusions from his presentation:

- The COVID-19 pandemic is a global disaster
- Pathophysiology is complex—not amenable to a single drug
- The prehospital phase is the time of the therapeutic opportunity
- Hospitalisation and late treatment form an inadequate safety net with unacceptably high mortality
- Early ambulatory therapy with a sequenced, multi-drug regimen is supported by available sources of evidence and has a positive benefit-to risk profile
- COVID-19 genetic vaccines have an unfavourable safety profile and are not sufficiently effective so cannot be generally supported in clinical practice
- Censorship and reprisal are working

to crush freedom of speech, scientific discourse and medical progress.

McCullough is among a growing number of experts who believe COVID-19 injections are making the pandemic worse instead of better, while effective solutions are being ignored and intentionally suppressed.

Reports of death in Australia in people who have been vaccinated:

Official Government position

The TGA reviews all deaths reported in people who have been vaccinated. As the number of vaccinated people has increased, so has reporting of fatal events with a coincidental association with vaccination. The TGA says that this does not indicate a link between vaccination and the fatalities reported and that a review of individual reports and patterns of reporting does not suggest the vaccines played a role in these deaths.

(continued on page 7)

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"
 available for \$29.50 plus postage for members + postage

The Cancer Information & Support Society is an educational, non-profit organisation. The information in this newsletter is made available as a community service. It is not meant to be construed as, or in place of, medical advice or treatment by your physician. CISS does not diagnose, treat or prescribe for any human disease or physical condition. It does not prescribe or dispense medicine of any kind. CISS is not commercially affiliated with any product, therapy, company, publication or person and it assumes no responsibility for the use of the information described herein.

OVERSEAS & LOCAL NEWS

OVERSEAS NEWS

There is so much happening overseas that it is hard to know here to start. A recent email from a CISS member mentioned that a free book is available that explains how cancer is related to COVID-19. The book is free for download and is called "COVID and Cancer: What you need to know", by Nathan Crane. I haven't yet had time to read it.

For those who are concerned about the growing influence of the pharmaceutical interests and the medical industry on our daily lives, here is a letter from the editors of What Doctors Don't Tell you dated 31st October, 2021:

Dear Friend

Nobody searches the web. Everyone 'Googles it'. Yes, the web browser rules the digital world and defines your world in ways you probably haven't even realised.

It's the same on the social media platform, Facebook. A whistleblower has this week revealed that it pushes ever more extreme messages to people who may be putting a toe in dubious waters—so someone vaguely interested in jihad, for example, is groomed by Facebook's algorithms to see images of violence, all in the name of greater engagement and clicks.

While everyone has been rightly tut-tutting about these nefarious practices, Google has been quietly employing similar tactics for years. Facebook's agenda is clear—naked capitalism, m'lud—but Google's is opaquer, or so it seems.

Whatever the motive, Google constantly changes its search algorithms to present a world it wants you to see. WDDTY was the victim of one such algorithm change just a few years back. One day, web traffic to our site was a torrent; the next, it had become a trickle. And this happened quite literally overnight as the algorithm change demoted alternative health sites across the planet in moments.

When on July 31st we were on the first page of the search results, by August 1st we had been pushed down to page 40. It didn't only happen to us, of course, but to every site that didn't toe the AMA/GMC party line.

Good luck finding alternative health advice on arthritis, for instance, after that; you'd need the patience of a Job to find it.



Don Benjamin, Editor

The only alternative health information allowed to be seen came from 'trusted' websites such as national newspapers, the NHS or the CDC. And, to a man, they told you that alternative medicine doesn't work, or more evidence is needed, or the jury's still out.

The good old BBC, ever the mouthpiece of the conventional (see Covid coverage ad infinitum), had already removed all alternative health advice years earlier, and had replaced it with the ubiquitous 'Doesn't work' sign, which, of course, put it on page 1 of the search results.

We tried to do something about it. We convened several Zoom meetings with the movers and shakers of the alternative medicine world—including the much-pilloried Dr Joe Mercola—to see if we could create a fairer Google.

A few techies we had on the call quickly disabused us. They pointed out the exact same point we raised in our opening sentences in this letter: Google is so supreme that we 'Google' a query, and you aren't going to change that habit anytime soon. (If you want to get a more balanced search result, try a web browser like Duckduckgo).

Why do we mention all this now? In the week when Facebook's evil grooming was exposed, it posted profits of \$9bn in just one quarter. Google's parent, Alphabet, went one better this week to reveal profits of \$18bn, again in one quarter.

Not all those profits came from Google advertising. Didn't we mention that Alphabet also has shares in several drug companies and a drug delivery service? Sorry, we forgot. Explains why alternative health information is suppressed, of course.

Yes, my friends, it's a dirty world ruled by rogues and vagabonds.

Stay safe and sane.

Lynne McTaggart & Bryan Hubbard
Editors, What Doctors Don't tell You

About ten years ago I noted that Wikipedia was already being run by the same process with doctors censoring anything that suggested the conventional approach might not be working with cancer.

Meanwhile the ACNC is trying to close CISS because we question medical dogma. (see below and pages 5 and 6)

LOCAL NEWS

Revoking of CISS' charitable status

We are still waiting for the result of an appeal to the Australian Charities & Not-for-profits Commission (ACNC) against its decision to revoke our charitable status and back date it to 1 July 2019. We are not optimistic because most internal reviews are not successful. Once we receive their decision we will take the appeal to the Administrative Appeals Tribunal.

It is interesting that the ACNC is trying to extend its powers to revoke the status of "activist" groups on the grounds that one or more members of such group might have committed a criminal offence.

Both independent senator Rex Patrick and Pauline Hanson are opposing the bill on the grounds that it could be misused. While Senator Patrick generally supports the concept of freedom of speech and the right of charities to advocate for changes, Pauline Hanson and her One Nation senate colleague Malcolm Roberts are generally opposed to advocacy by charities and are only interested in ensuring that the vague language might result in religious charities and churches being wrongly targeted. (See page 5)

We have written to Senators Patrick and Hanson pointing out that the ACNC has already revoked the charitable status of our charity on the grounds of activism.

(continued on page 12)

DISCLAIMER

All opinions expressed in the Newsletter are those of the authors and editor and not necessarily those of CISS. Readers are urged to evaluate for themselves any advice implied 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.

The Cancer Information & Support Society is an educational, non-profit organisation. The information in this newsletter is made available as a community service. It is not meant to be construed as, or in place of, medical advice or treatment by your physician. CISS does not diagnose, treat or prescribe for any human disease or physical condition. It does not prescribe or dispense medicine of any kind. CISS is not commercially affiliated with any product, therapy, company, publication or person and it assumes no responsibility for the use of the information described herein.

Covid Update

from What Doctors Don't Tell You

COVID: WHY IT'S BAD SCIENCE TO BLAME THE UNVACCINATED

The majority of serious Covid cases are the direct result of a bad diet—something health authorities have known about, but ignored, since the epidemic started.

Covid-19 is being characterized as a pandemic of the unvaccinated. The vaccinated are safe and can lead a normal social life, while the unvaccinated are treated almost as social pariahs, and in some countries are not being allowed in restaurants or bars. In Moscow, for a few short weeks, the unvaccinated weren't even allowed to get a haircut.

But the vaccine appears to offer protection for just six months or so, and the real story is that Covid is ultimately a pandemic of a bad diet, although this is not being promoted by health agencies or the media.

People who suffer from one of the four conditions of obesity, diabetes, hypertension (high blood pressure) or heart failure—collectively known as cardiometabolic conditions—make up two-thirds of hospital admissions for serious Covid infection. Each of these can be the result of poor lifestyle choices, and especially a diet of processed foods.

Eating well should be promoted alongside vaccinations and mask-wearing as the three best ways to beat Covid, a new study has concluded after discovering that around 41 percent of serious Covid cases would likely never have happened in the first place had people been eating a healthy diet.¹

The findings echo those of another study earlier in the year that estimated 64 percent of the people needing hospital treatment had lifestyle-related conditions and might have suffered a much milder reaction had they followed a healthy diet. As a result, eating proper food would, on its own, have removed an enormous burden from an overstretched healthcare system.²

Although vaccination is undoubtedly one of the best ways to protect the most vulnerable, for a short while at least, its effectiveness may have been overstated by health agencies who have been playing fast and loose with the data, a new analysis has found.³ If true, a healthy diet could upstage vaccinations as the most effective—and long-lasting—way to beat Covid, at least as a life-threatening disease.

Good diet, mild Covid

Plant-based foods including vegetables, fruit and legumes are the cornerstone of a healthy diet, and people who follow such a diet are far less likely to suffer a severe Covid infection. They even reduce their chances of getting the disease in the first place, say researchers from Harvard Medical School and Massachusetts General Hospital.¹

After analyzing data from nearly 593,000 users of a smartphone app, the Covid-19 Symptom Study, the researchers discovered that people who were eating a poor diet or lived in socially deprived areas—two risk factors that often go hand-in-hand—were far more likely to suffer a serious Covid infection.

Nearly 32,000 of the participants had caught the Covid virus, SARS-CoV-2, but those who were eating the healthiest diet had a 41 percent lower risk of developing severe Covid. They also had a 9 percent lower chance of ever getting the virus at all.

As the vaccine's effectiveness drops from around 75 percent two months after inoculation to just 16 percent after six months, a good diet appears to offer better long-lasting protection.

Overall, nearly a third of all Covid cases could have been avoided had people eaten a healthy diet, the Harvard researchers estimate. Extrapolated globally, this suggests at least 76 million cases could have been avoided. "People can reduce their risk of getting Covid or having poor outcomes by paying attention to their diet," said Andrew Chan, one of the researchers.

It's time for governments to prioritize healthy eating as a proven way to protect against Covid, and it should be part of a three-pronged approach that also includes vaccination and mask-wearing, they conclude. And since a poor diet is common among the socially deprived, governments need to come up with ways to make better food more accessible and affordable.

Not a disease just of the elderly

The impact of a healthy diet could be even more significant than that on Covid's severity, researchers from Tufts University found in an earlier study. They analyzed around 900,000 people with Covid who needed hospital care in the US last year and discovered that 64 percent suffered from at least one cardiometabolic condition. Of these, 20 percent had the "lifestyle disease" type 2 diabetes, 30 percent were

obese, 26 percent had hypertension and nearly 12 percent had heart failure.²

Although a healthy diet might not have prevented all those cases needing hospital treatment, it may have kept nearly 600,000 people out of emergency care in the US alone last year, which would have made Covid a far more manageable disease for doctors and nurses to deal with.

A diet of fast and processed foods is the real culprit, and the statistics bear this out. Although the US makes up just 5 percent of the world's population, it accounts for 25 percent of all Covid deaths worldwide. And with half of Americans being diabetic or prediabetic and half again being hypertensive, while three-quarters are obese, it's no wonder the US is witnessing more Covid deaths than any other nation, says the Tufts team.

Although Covid is seen as a disease of the elderly, these chronic health problems even trump age. A 35-year-old suffering from one of the four conditions has the same risk of needing hospital care for a Covid infection as a healthy 75-year-old and has a similar chance of dying from the infection as a healthy 65-year-old. In other words, these four conditions are aging people metabolically by up to 40 years.

The good news is that it's a problem that can be reversed, and quickly. People who adopt healthier diets and lifestyles, including regular exercise, can get themselves out of the Covid danger zone within two months. As researcher Dariush Mozaffarian said: "We know that changes in diet quality alone, even without weight loss, rapidly improve health within six to eight weeks."

A vaccine is no silver bullet, but changing to a healthier diet just might be—and one that can be long-lasting.

Covid-19: the latest lifestyle disease?

Clinical data from some 900,000 Americans who were hospitalized for Covid in 2020 revealed that 64 percent suffered from at least one cardiometabolic condition. Of these, 20 percent had the "lifestyle disease" type 2 diabetes, 30 percent were obese, 26 percent had hypertension and nearly 12 percent had heart failure.²

Known from the start

Although health agencies never promote the importance of a healthy diet, the relationship between cardiometabolic conditions and serious Covid in-

(continued on page 8)

Senate discusses increase in powers of the ACNC

The following item appeared in The Australian on 19 October.

Charities bill hits Pauline Hanson hurdle

Pauline Hanson's One Nation will likely determine whether the Morrison government passes amendments to the Australian Charities and Not-for-profits Commission Act.

MAX MADDISON, JOURNALIST
7:03PM OCTOBER 19, 2021

A government plan to strengthen the ability of the charities regulator to investigate and penalise activist organisations faces a new roadblock, with One Nation identifying problems with the proposed shake-up.

The Morrison government is planning to beef up existing laws and give the Australian Charities and Not-for-Profits Commission stronger powers to investigate and deregister "activist" organisations "masquerading as charities".

Championed by Assistant Treasurer Michael Sukkar, the new powers face a hurdle in the form of a disallowance motion introduced by Rex Patrick.

Senator Patrick's motion would have struck out the changes making it easier for the regulator to strip organisations of their charity status.

Under proposed amendments, organisations can be deregistered for offences committed by individuals associated with the charity.

The disallowance motion has been deferred until November 25, but One Nation leader Pauline Hanson and her upper-house colleague Malcolm Roberts are unlikely to support it. Senator Hanson said she supported the government's crackdown on activist charities, but the proposed changes contained "careless wording" that could harm religious charities and churches.

"The merits of the (government's) regulation appear genuine, and Senator Roberts and I support the deregistration of charities that disrupt business or encourage unlawful acts such as trespass, particularly on private property," she said. "What's important is that we get the regulation right, and I'll be speaking with the Assistant Minister to the Treasurer before we make our final decision."

After initially planning on introducing his disallowance motion this week, Senator Patrick accused the Morrison government of double standards by its imposing of tougher standards on charities than on government ministers.

Labor and the Greens support his disallowance motion, but One Nation hold the decisive votes.

"This is overreach by the government, expecting charities to have absolute control over individuals and external entities," Senator Patrick said. "If a similar provision was applied to Prime Minister statements of ministerial standards, we'd only have half a cabinet."

Supporters of strengthened powers for the ACNC – including the Australian Forest Product Association and Queensland Resources Council – said donations for charities should not go towards illegal activities.

Critics argue the regulation is a blatant attack on the "free speech of charities".

Ray Yoshida, a spokesman for Hands Off Our Charities – a coalition of 100 charitable organisations – said the crackdown would affect people "right across the socio-economic spectrum".

Letters to Senators from CISS

Because the ACNC is already revoking the status of charities beyond its current regulation, CISS has written to Senators Rex Patrick and Pauline Hanson pointing out this fact. The letter states:

"I note that you are involved in discussing the bill designed to extend the powers of the ACNC to enable it to revoke the status of "activist charities".

In relation to this bill, you might not be aware of three important items:

1. The High Court has ruled in the case of *Aid/Watch incorporate v Commissioner of Taxation 2010* that charities can speak out fearlessly, can generate public debate and can push the government for change on issues that are relevant to the work they do. (*see Attachment*)

In this sense the ACNC is seeking to undermine a decision of the High Court. This was at a time the Taxation Office was responsible for charities. The ACNC was set up since then.

2. The ACNC has already tried to silence our Society by revoking our charitable status on several grounds including that

- i. Our research outcomes question the efficacy of most cancer screening and treatment;
- ii. Our results conflict with positions stated by Cancer Australia;
- iii. We should not be carrying out such research because we do not have anyone with medical qualifications among our three researchers;
- iv. We employ a counsellor who is not acceptable to the medical profession

because she does not have qualifications considered appropriate, so she must be providing harmful advice to vulnerable people with cancer.

- v. We need to have someone on our governing board with medical qualifications acceptable to the ACNC who will approve items before they appear on our website.

In other words they see us as an activist charity.

What other research supports our conclusions?

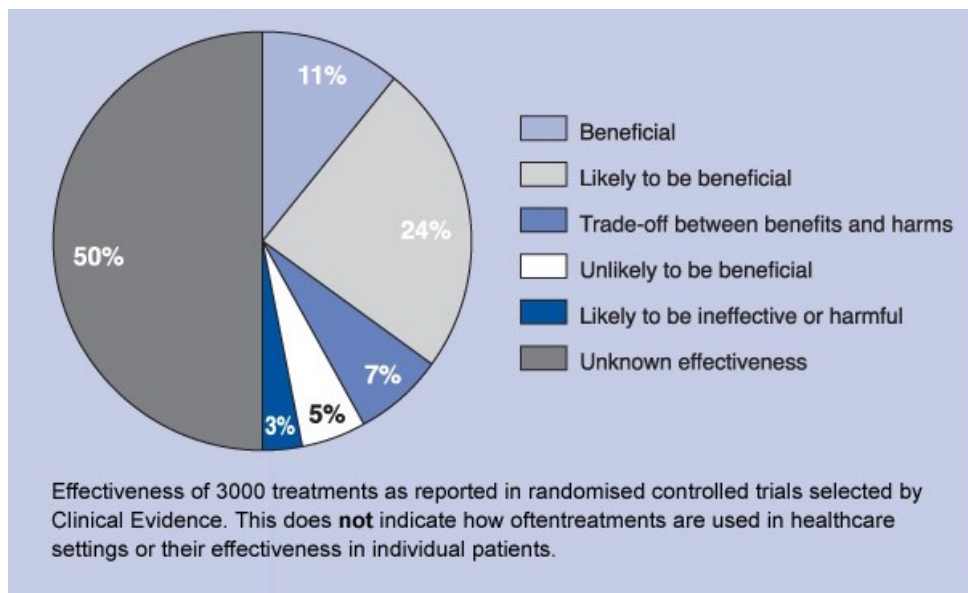
In relation to i and ii, our research published in 1996 questioning the benefits of mammography screening has since been confirmed by the Cochrane Group that specialises in evidence based medicine; and the Cochrane Group have extended our findings by suggesting that such screening does more harm than good by increasing overdiagnosis and overtreatment of early breast cancer. For this reason the pioneer and main proponent of mammography screening in the UK Michael Baum called for all such screening to be discontinued.

In 2009 the US National Cancer Institute (NCI), arguably the world's largest cancer research centre, concluded that there had been no significant improvement in results of cancer treatment in the 38 years since the passing of the Cancer Act in 1971. The NCI therefore set up 12 research centres based at universities in the US and spent \$150 million over the next 5 years to find out why treatments were not working. That project has since been extended.

The Clinical Evidence Group, a research group based at the British Medical Journal, analysed 3,000 common medical interventions to evaluate the benefits over time of the introduction of evidence based medicine. By 2013 they had found that only 11% of common interventions had been proven beneficial in randomised controlled trials and another 24% were likely to be beneficial. In other words, two-thirds of common medical interventions were either a mixture of benefit and harm, caused more harm than good or were of unknown efficacy. The diagram on the next page shows their results published in October 2013.

In relation to cancer our research suggest that the relevant figures are 3% of common interventions have been proven beneficial in randomised controlled trials (mainly chemotherapy) and another 7% were likely to be beneficial. In other words only about 10% of medical interventions for cancer were beneficial and the remaining 90% were either a mixture of benefit and harm, likely to

(continued next page)



cause more harm than good or were of unknown efficacy. This is consistent with the NCI's findings.

Cancer Australia continues to promote breast cancer screening so is 25 years behind our 1996 research findings and at least 8 years behind the research findings of the Cochrane Group (2001 - 2013).

In relation to iii, no one with medical qualifications would be permitted by the medical profession to publish what we have published.

In relation to iv, our counsellor is forbidden by our governing board to give advice. She only provides options, including conventional ones, and explains that there are pros and cons of each treatment. This is referred to as providing 'informed consent', something rarely provided by conventional "approved" counsellors who rarely mention any options except the conventional ones, and then normally only the advantages. Once the person with cancer chooses her option (eg a woman with breast cancer), the counsellor supports her in whatever decision she makes. The counsellor refers any technical questions to our researchers.

Our counsellor has over 20 years' experience in counselling and is trained in several different techniques specially related to cancer. These techniques were identified by our research over the past 40 years. As a result there are dozens of members of our Society who have recovered from late stage cancer,

including many with less than 6 months to live, who lived between 10 and 40 years. Most used both conventional and alternative cancer therapies.

In relation to v, we offered to make changes to our website to comply with some of the ACNC's requirements, but the revocation proceeded before any changes were discussed, considered or negotiated. Because we are a membership-based Society with strong membership involvement, our Constitution would not allow us to put people on our board except temporarily to fill a vacancy. Any such person who acted outside of our Constitution by trying to censor our research would be quickly expelled from the Society or not re-elected at the following AGM.

The ACNC acted beyond its powers in this case. Its regulations and its website stipulate that revocation of a charity's charitable status needs to be a last resort to be implemented only after the charity has failed to implement recommendations to ensure compliance with its constitution and with the law.

Although there is only a passing reference in the revocation notice to members of a charity committing offences, the Therapeutic Goods Administration (TGA) notified our Society that we were in breach of the TGA Act by providing information to our members about a substance, hydra-

zine sulphate, that was on Australia's list of prohibited drugs. We were not aware of this and immediately removed any mention of hydrazine sulphate, and how to gain access to it, from our Newsletter to members. We provided an undertaking to the TGA to this effect and they accepted this. (It is not illegal for individual members to buy it from overseas for personal use, although they are unlikely to hear about it except from our newsletter.)

Mention of hydrazine sulphate still appears on our website in several places among the treatments recommended by doctors from overseas as one of the few cheap and effective treatments for cancer that people with cancer can provide for themselves. If we started censoring items recommended by overseas doctors based on criticism by local medical authorities we would have to censor most of our website.

The ACNC also claimed that we were "promoting" Black Salve on our website because we mentioned it as one of three treatments sometimes used for skin cancer. We mentioned that it caused severe burning of the skin and had little to recommend it, unlike another product Curaderm that had evidence in support of its efficacy and with few side effects. We have already removed all references to Black Salve from our website. The ACNC interprets mentioning a treatment as promoting it, even though we mention most conventional treatments but provide objective evidence for and against them.

3. There was an attempt in early 2019 by an outside body to close down our research by taking control of our Society. With the help of our members we succeeded at regaining control at a cost of over \$90,000. Over half of this was incurred by the outside group misappropriating funds. However we suspected that the outside group would make a second attempt. We therefore suspect that the current action is initiated by the same group as before (a group within the medical profession) but this time using the ACNC.

We trust that the above information will provide you with a bit of background to the motives of some of those behind the current attempts to extend the ACNC's powers.

Attachment High Court decision a win for charities Nov 30, 2010

Aid/Watch and Maurice Blackburn lawyers say the decision (*Aid/Watch incorporate v Commissioner of Taxation 2010*), has enormous implications not just for Aid/Watch but for any charity that seeks to influence government policy in the public interest.

The four-year legal battle started when Aid/Watch had its charitable status re-

voked in 2006 by the ATO after criticising Federal Government overseas aid policy.

Gary Lee, Aid/Watch director said: "This decision is a win for freedom of political communication in Australia. It resolves almost a decade of uncertainty for many charities and strengthens the ability of charities to advocate for the public good.

"We are pleased that the High Court has agreed with many of our argu-

ments – that engaging in political debate is an essential part of advocacy work and very much in the public interest.

"The ATO's 2006 decision sent shockwaves through the charitable sector and had a chilling effect on the willingness of the charitable sector to speak out. Today's outcome finally resolves this issue.

Giri Sivaraman, senior associate at
(continued next page)

Revocation of CISS' charitable status by ACNC

In early October 2020 CISS received a notification from the ACNC that they intended to revoke our charitable status for a range of reasons. We contacted our lawyers Thurlow Fisher who responded to the Notice on 27 November.

The main concerns expressed by the ACNC were that Charity has no responsible persons or employees with qualifications in the diagnosis and treatment of cancer and that the Charity does not ensure that it provides accurate information to people with cancer. In particular it questioned that the qualifications of CISS researchers enabled them to evaluate published medical research and evaluate the efficacy of cancer treatments. It questioned CISS' right to conduct and publish authoritative research reports and present these as relevant to the treatment of cancer and failed to provide accurate information to vulnerable cancer patients.

In a letter to the ACNC dated 17 December 2020 our lawyers stated that "it would seem to us that the Commission has engaged in a degree of 'overreach' in the context of the regulatory powers...contained in Section 7.5 of

Chapter 4 of the Australian Charities and Not-For-Profits Commission Act 2012 (the Act) which sets out the basis for the exercise of powers contained in section 70.5. In addition the concerns raised in the ACNC Letter and the various bullet points, on their face, appear to exceed proper jurisdictional limits.

They also pointed out that "in the ordinary course the ACNC does not investigate... contracts a charity has with organisations or individuals, the quality of services a charity provides and the actions of boards or directors within power" so that it would seem apparent that Schedule A to the ACNC Letter at items 6, 7, and 8 are examples of what might be described as an 'overreach'.

(Item 6 relates to the qualifications and experience of any employee engaged by the Charity to provide information about cancer to cancer patients and to undertake research on cancer and cancer treatments;

Item 7 relates to how the Charity ensures that information provided to the public about cancer and cancer treatments is accurate, based on reliable current scientific and medical evidence and takes ac-

count of the vulnerability and needs of cancer patients; and

Item 8 refers the internal relationship between the Charity and the entity known as the "CISS Members' Buyers Club" (the Club) and the role of the Club.)

On 3 May 2021 the ACNC announced that they were revoking CISS' charitable status and back-dating it to 30 June 2019. Our lawyers recommended that we appeal this decision internally by the 5 July within the ACNC rather than directly appeal externally to the Administrative Appeals Tribunal as the AAT would require that we do this first anyway. This was done.

On 5 August 2021 the ACNC announced that they were proceeding with the revocation. An official objection to this decision was lodged by the closing date of 5 October.

Legislation to extend ACNC's powers

There is currently legislation being debated in the Senate to expand the ACNC's powers to revoke the status of 'activist' charities. (See page 5)

One wonders why they require this as they don't comply with the current legislation. They have already revoked our status because we are "activist".

(continued from previous page)

Maurice Blackburn said the case gave legal and financial certainty to charities and had broadened the definition of what charities could do 'in the public interest'.

"Today's outcome makes it clear that charities can speak out fearlessly, can generate public debate and can push the government for change on issues that are relevant to the work they do – whether that be the advancement of education, eradication of poverty or the rights of refugees.

"This decision overturns over 90 years of Australian law defining the role of charities. It brings the law up to date with how charities work in the 21st century."

"The High Court has agreed that engaging in public debate confirms implied rights in the Constitution. This puts Australia ahead of other western nations in the way charities will be able to engage in public debate on matters of 'public benefit'"

Gary Lee added that Aid/Watch was a small grassroots organisation and was only able to take this case on with the support of the charitable sector, members of the public and lawyers who

were initially prepared to run the case pro-bono. The ATO has agreed that the case qualifies for test case funding.

Maurice Blackburn lawyers, along with David Williams SC, Sheila Kaur-Bains and Rashelle Seiden represented Aid/Watch at the AAT, Federal and High Courts.

Chronology

October 2006: the Australian Tax Office disqualified Aid/Watch as a charitable organisation arguing it was engaged in political activity. Aid/Watch appealed this decision to the ATO arguing that it was a charity with the aim of alleviating poverty. The ATO decision was affirmed. Aid/Watch and other charities say the case would have a devastating ripple effect a throughout the charitable sector.

July 2008: Maurice Blackburn agrees to assist Aid/Watch to take the case to the Administrative Appeals Tribunal. President, Justice Downes, overturns the ATO's decision.

February 2009: ATO appeals to the Federal Court of Australia.

22 September 2009: The Federal Court handed down a judgement in favour of the ATO and Aid/Watch announces its intention to seek Leave to Appeal to the High Court.

12 March 2010: High Court grants Special Leave to Appeal.

June 2010: High Court trial runs for 2 days in Canberra.

December 2010: High Court overturns Federal Court decision confirming the right of Aid/Watch to engage in political debate.

Media inquiries:

Amanda Tattam at Maurice Blackburn T 0413 997 467.

(continued from page 2)

Since the beginning of the vaccine rollout to 26 September 2021, over 26.8 million doses of COVID-19 vaccines have been given. So far, the TGA says it has found only 9 reports of death that were linked to immunisation from 564 reports received and reviewed. The overwhelming majority of deaths reported to the TGA following vaccination occurred in people aged 65 years and older. 9 deaths from 26.8 million doses is equal to 0.00003%.

For the sake of comparison, the US VAERS system gives a figure of 0.0022%. This is 70 times higher than the Australian death rate.

(continued from page 4)
fection has been known from the earliest days when the virus started to spread.

Researchers in Wuhan, China, considered the epicentre of the pandemic, were some of the first to identify diabetes, hypertension and cardiovascular disease as three of the biggest risk factors, and their findings were quickly endorsed by researchers in Italy, where the virus also peaked early.⁵

An analysis by the US Centers for Disease Control and Prevention (CDC) revealed that 89 percent of people hospitalized with Covid had at least one of the five risk factors of hypertension, obesity, chronic lung disease, diabetes and cardiovascular disease, with hypertension and obesity being the most prevalent.⁶

Another study published earlier this year underscored the importance of healthy eating. The study, which included 3,000 healthcare workers in six countries, discovered that a diet that was either plant- or fish-based reduced the chances of a moderate to severe Covid infection by more than half.⁷

Chronic inflammation is the common bond between the cardiometabolic conditions, and this could trigger the escalation of lung injury, cytokine storm and respiratory failure, three of the life-threatening reactions to a seri-

ous Covid infection.

A poor diet completes the circle, the Tufts researchers say. A diet of processed foods lacks in essential virus fighters including zinc, selenium, quercetin and vitamins A, C, D, E and B6, which have all been used in high doses to treat seriously ill Covid patients. Long-chain omega-3 fatty acids and polyphenols—found in plant-based foods—also support a healthy immune system and help control cytokine storms.

It works, for a while

A good diet can help bolster the immune system for many years, but a Covid vaccine's protective effects appear to last for just six months or so. Alarmed by the sudden escalation of cases in Israel—one of the first countries to achieve mass vaccination—its government commissioned researchers to investigate.

A team from Hebrew University in Jerusalem discovered that the Pfizer vaccine, which Israel chose for its mass vaccination program, had only a 16 percent protective effect after six months, and yet gave 75 percent protection two months after inoculation, suggesting its effectiveness wanes quickly.⁴

Despite these shortcomings, health agencies still maintain that Covid is a pandemic of the unvaccinated, but they may be manipulating the data to

support that narrative. Last July, the CDC proclaimed that 97 percent of people needing hospital treatment for Covid are unvaccinated—but revealed a month later that the figures were based on hospital admissions from January to June. In those first four months or so, most Americans had not yet been double-vaxxed. In other words, most Covid cases in hospitals would not have had the chance to be vaccinated.

It seems perverse that health agencies, having known about the long-term protective qualities of a healthy diet from the outset, instead extol only the importance of vaccination. Despite the widespread uptake of vaccines, Covid cases continue to rise, as do sales of processed and fast foods.

Perhaps one day health agencies will stop blaming the unvaccinated and instead connect the dots that lead straight to a bad diet.

References

- 1 Gut, 2021; gutjnl-2021-32535
- 2 J Am Heart Assoc, 2021; 10: e019259
- 3 Mercola.com; "Shockingly, CDC Now Lists Vaccinated Deaths as Unvaccinated"
- 4 Times of Israel, July 27, 2021
- 5 Lancet, 2020; 395(10229): 1054–62; JAMA, 2020; 323: 1775–6
- 6 MMWR Morb Mortal Wkly Rep, 2020; 69: 458–64
- 7 BMJ Nutr Prev Health, 2021; 4: 257–66.

From WDDTY, 14 October 2021

Are the COVID Jabs Responsible for Rising Mortality Trends? Analysis by Dr Joseph Mercola

21 October 2021

According to all-cause mortality statistics adjusted for population growth, the number of Americans who have died between January 2021 and August 2021 is 14% higher than 2018, the pre-COVID year with the highest all-cause mortality, and 16% higher than the average death rate between 2015 and 2019.

Did COVID-19 raise the death toll despite mass vaccination, or are people dying at increased rates because of it?

The COVID jab killed an estimated 1,018 people per million doses administered during the first 30 days of the European vaccination campaign.

When counting only deaths categorised as COVID-19 deaths, the death toll from the jabs is estimated to be between 200 and 500 deaths per million doses administered. With 4 billion doses having been administered around the world, that means 800,000 to 2 million so-called "COVID-19

deaths" may in fact be vaccine-induced death.

Data from 23 countries reveal the number of new COVID cases (i.e., positive tests) after the start of the COVID jab campaign is 3.8 times higher than it was before the rollout of the shots, and the daily COVID death rate is 3.82 times higher. Dr Mercola reported on October 30 a claim by Dr Peter McCullough that he is being threatened with disciplinary actions, including suspension or revocation of his medical licence, by the American Board of Internal Medicine for "dissemination of misinformation" – ie disagreeing with medical dogma about the safety and efficacy of the mRNA Covid-19 vaccines.

Dr McCulloch is an internist, cardiologist and trained epidemiologist, is an editor of two medical journals and has published hundreds of papers. He was studying Toxicology Reports and found that the COVID injections were more deadly than

getting Covid-19 itself. He suggested that changing from mass injections to early treatment would reduce the risk of death.

Dr McCulloch's hour-long presentation to the 78th Annual Meeting of the Association of American Physicians and Surgeons (AAPS) held in Pittsburgh, Pennsylvania on 2 October 2021 can be viewed at

<https://www.lewrockwell.com/2021/11/joseph-mercola/winning-the-war-against-therapeutic-nihilism/> and click on "Winning the War Against.."

He noted that in every age group there is a higher risk of dying from the vaccine than forgoing the vaccine and potentially getting COVID-19. For example "there are 5 times the number of deaths attributable to each inoculation vs those attributable to COVID-19 in the most vulnerable 65+ demographic. The risk of death [from the virus] decreases drastically as age decreases and the longer-term effects of the inoculations on lower age

(continued on page 12)

Convenor's Report for the year ending 30 June 2021

Changes on Committee: At the AGM on Saturday 28 November 2020 Selwyn Garwell was elected Convenor, Lynne Maunder Secretary and Jennie Burke, Sue Johnston and Naomi Groothoff Committee members. The positions of Vice-Convenor and Treasurer remained vacant along with two Committee positions.

Staff: Don Benjamin remained as General Manager and Research Director; Anita Adhitya as Research Project Manager; Susie Benjamin as Senior Counsellor and Claudine Habib was Office Manager. Gareth Fletcher was appointed Research Assistant in February 2021 and started on 1 March. (Claudine left in August and was replaced by Claire Seabrook)

Membership: During the past year the membership has started to decrease, partly due to the COVID-19 pandemic and partly due to members not renewing. Members who received their newsletter by post fell from 99 to 76 while internet members fell from 50 to 22 giving a total membership of 98.

Overseas developments:

The main overseas development was the continuation of the COVID-19 virus that resulted in many restrictions. Although there was not a large effect on CISS' operations we became eligible for a JobSeeker grant (\$95,850) and cash boosts (\$19,076) to minimise the effect of the pandemic on CISS' operations to ensure we kept our staff.

Local developments:

Revocation of CISS' charitable status

In early October 2020 CISS received a notification from the ACNC that they intended to revoke our charitable status for a range of reasons and back-date it to 30 June 2019 soon after we regained control after the attempted take-over. We contacted our lawyers Thurlow Fisher who responded to the Notice on 27 November and appealed the final revocation notice that was issued on 1 August.

The main concerns expressed by the ACNC were that the 'Charity has no responsible persons or employees with qualifications in the diagnosis and treatment of cancer' and that "the Charity does not ensure that it provides accurate information to people with cancer". In particular it questioned that the qualifications of CISS researchers enabled them to evaluate published medical research and evaluate the efficacy of cancer treatments. It questioned CISS' right to conduct and publish authoritative research reports and present these as relevant to the treatment of cancer and failed to provide accurate information to vulnerable cancer patients.

In a letter to the ACNC dated 17 December 2020 our lawyers stated that "it would seem to us that the Commission has engaged in a degree of 'over-reach' in the context of the regulatory powers...contained in Section 7.5 of Chapter 4 of the Australian Charities and Not-For-Profits Commission Act 2012 (the Act) which sets out the basis for the exercise of powers contained in section 70.5. In addition the concerns raised in the ACNC Letter and the various bullet points, on their face, appear to exceed proper jurisdictional limits.

They also pointed out that "in the ordinary course the ACNC does not investigate... contracts a charity has with organisations or individuals, the quality of services a charity provides and the actions of boards or directors within power" so that it would seem apparent that Schedule A to

the ACNC Letter at items 6, 7, and 8 are examples of what might be described as an 'overreach'.

(Item 6 relates to the qualifications and experience of CISS staff to provide information about cancer to cancer patients and to undertake research on cancer and cancer treatments; Item 7 relates to how the Charity ensures that information provided to the public about cancer and cancer treatments is accurate, based on reliable current scientific and medical evidence; and Item 8 refers the internal relationship between the Charity and the entity known as the "CISS Members' Buyers Club" and the role of the Club.)

On 3 May 2021 the ACNC announced that they were revoking CISS' charitable status and back-dating it to 30 June 2019. Our lawyers recommended that we appeal this decision internally by the 5 July within the ACNC rather than appeal externally to the Administrative Appeals Tribunal as the AAT would require that we do this first. This was done.

On 5 August 2021 the ACNC announced that they were proceeding with the revocation. An official objection to this decision was lodged by the closing date of 5 October.

Legislation to extend ACNC's powers

There is currently legislation being debated to expand the ACNC's powers to revoke the status of 'activist' charities.

Recruitment of Research Assistant

The Committee had agreed to the recruitment of a Research Assistant to help Dr Anita Adhitya until she recovers from her motor vehicle injuries sustained in April 2020. There was only one suitable applicant from the 240 applicants for the position and he was interviewed on 17 November 2020 and found to be satisfactory. However as he was a UK citizen visiting Australia, immigration requirements included that we had advertised on at least three approved job advertising sites to ensure there was not a suitable Australian applicant; and then, if not, to take over his sponsorship. This process failed to find a better candidate despite another three being interviewed. Procedures were completed in February and he started in March 2021.

CISS Branches: The Central Coast Branch of CISS continues to operate but with regular monthly meetings suspended due to the COVID-19 situation.

Financial year outcome: A summary of the financial year's outcome is on the following two pages. The Society finished with a deficit of \$136,948 compared to \$118,346 the previous year. Although we received an additional \$80,000 in COVID support, this was offset by an extra \$65,000 from employing a Research Assistant from March to June and an extra \$27,000 in legal costs to deal with the revocation of CISS' charitable status. This extra expenditure on staff was incurred in the knowledge that CISS was due to receive a bequest valued at ~\$740,000 before the end of the year.

Accountant and Auditor: The Committee wishes to acknowledge the help of Avinash Jhavar in reconciling our annual accounts and his brother Anand Jhavar for auditing them.

Extracts from our draft Financial Statements are on pages 10 and 11. The full audited Financial Statement for the year ended 30 June 2021 will be presented at the Annual General Meeting on Saturday 27 November at 2.00pm at the CISS office.

CANCER INFORMATION & SUPPORT SOCIETY INCORPORATED

The deficit for the Society for the financial year was

\$136,949

CANCER INFORMATION & SUPPORT SOCIETY INCORPORATED

Notes to and Forming Part of Accounts for the Year Ended 30 June 2021

	2021	2020
2. CASH		
Cash at LCU	1,639	7,744
Cash at PayPal/ING	152	542
Cash at Bank Aust	0	4,350
Special investments: Northhaven	23,753	55,161
Cash on Hand (incl petty cash)	<u>78</u>	<u>67,797</u>
	25,544	

7. INCORPORATED ASSOCIATION

On the 21st of February 1996 the Society was incorporated in New South Wales under the NSW Associations Incorporation Act 1984. At 30th June 2021 there were 102 members of the Society.

	2021	2020
CURRENT ASSETS		
Cash (incl cash in investment portfolio)	25,544	67,797
Accounts receivable	100	
Inventories	2,288	2,705
Deposits paid	669	669
Deposits -remote control	80	80
Deposits -keys	780	780
Miscellaneous	-304	-304
Total Current Assets without investments	6,739	3,240
Investment Portfolio Northhaven	80,477	163,050
Total Current Assets	<u>87,216</u>	<u>166,290</u>

NON-CURRENT ASSETS

Property	225,381	225,381
Office Furniture equipment, -deprech'n	99	896
Total Non-Current Assets	<u>225,480</u>	<u>226,277</u>
TOTAL ASSETS	338,240	460,364

8. OPERATING SURPLUS/DEFICIT

has been determined after:

	2021	2020
CREDITING REVENUE		
Sales Revenue	0	120
Donations	1,860	2,266
Membership Subscriptions	4080	4080
Interest earned	94	359
Income from investments	6,776	8,633
Rent Received (car space)	160	800
Sundry Income	<u>1</u>	<u>1</u>
Inflow of Funds from Operations	12,830	16,309

CHARGING AS EXPENSE

Auditor's Remuneration and	13,970	14465
Accounts assistance (MYOB/XERO)		

CURRENT ASSETS

Cash (incl cash in investment portfolio)	25,544	67,797
Accounts receivable	100	
Inventories	2,288	2,705
Deposits paid	669	669
Deposits -remote control	80	80
Deposits -keys	780	780
Miscellaneous	-304	-304
Total Current Assets without investments	6,739	3,240
Investment Portfolio Northhaven	80,477	163,050
Total Current Assets	<u>87,216</u>	<u>166,290</u>

NON-CURRENT ASSETS

Property	225,381	225,381
Office Furniture equipment, -deprech'n	99	896
Total Non-Current Assets	<u>225,480</u>	<u>226,277</u>
TOTAL ASSETS	338,240	460,364

CURRENT LIABILITIES

Superannuation payable	7,457	0
PAYG Withholding Payable/GST	-218	0
Salary sacrifice Rent deduct	0	1,700
Refundable deposit - Remote control	110	110
Accounts payable	16,518	11232
Loans - Donald Benjamin	4,000	0
TOTAL LIABILITIES	27,867	13042

NET ASSETS

MEMBERS EQUITY	310,373	447,322
Accumulated Surplus		447,322
TOTAL MEMBERS' EQUITY	310,373	447,322

CANCER INFORMATION & SUPPORT SOCIETY INCORPORATED

CANCER INFORMATION & SUPPORT SOCIETY INCORPORATED

REVENUE ACCOUNT FOR THE YEAR ENDED 30th JUNE 2021

DIVISIONAL TRADING ACCOUNT FOR THE YEAR ENDED 30th JUNE 2021

INCOME	2021	2020
Gross Profit on Trading - write-offs		-54
Donations incl. bequest	1,860	2,266
Membership Subscriptions	3,940	4,130
Government grants - JobKeeper	95,850	24,000
Government grants - Cash Boost	19,076	10,000
Interest Received/Accrued	94	359
Rent received - office/car space	160	800
Investment Income/Incr M'ket value	6,777	8,632
Sundry Income	1	1
Total Income	<u>127,756</u>	<u>50,134</u>

HANDBOOKS	2021	2020
Sales	0	0
DVDs		
Sales	0	0
VITAMINS, SUPPLEMENTS AND ACCESSORIES		
Sales		120
JUICERS		
Sales	0	0
TRADING ACCOUNT FOR THE YEAR ENDED 30th JUNE 2021	2021	2020
SALES		120
Purchases, stock adjustment		<u>-174</u>
GROSS PROFIT ON TRADING*	<u>0</u>	<u>-54</u>

EXPENSES

Depreciation	797	1,084
Investment costs	2,923	4,776
Audit/Bookkeeping Fees	13,970	14,465
Bank Charges/Interest paid	479	546
Subscriptions	2,749	1,273
Sundry Expenses (incl donation and refunds)	901	569
Insurance	3,105	0
Legal fees	32,229	4,889
Interest paid - BankWest and other	0	0
Electricity	646	842
Newsletter & other printing costs	2,153	2,553
Consultancies	0	0
Postage & Stationery	135	4
Rent & outgoings	0	403
Computer Maintenance & services	1,806	1,871
Website development and services	0	0
Salaries/Wages/Super'n'w Comp'n	193,757	128,351
Strata Plan levies	1,912	1,928
Council rates	1,260	1,228
Supplies	4,215	1,687
Telephone & Internet charges	1,670	1,915
Water	0	33
Total Expenses	<u>264,705</u>	<u>168,480</u>
Operating Surplus/(-Deficit)	<u>-136,949</u>	<u>-118,346</u>

Income from Northaven Investment Portfolio

Assessable Foreign Income	2021	2020
Gross Interest	347	328
Dividends-Unfranked	678	1,017
Dividends-Franked	22	164
Distributions-Unfranked	3,448	5,208
Distributions-Franked	2	583
Distributions-Interest	15	492
Distributions-Other Income	108	398
Capital Gains Income	388	132
Non-assessable Amounts	387	682
Unallocated Income	455	1177
Brokerage Rebate Income		
Change in Market Value of Investments	<u>5,850</u>	<u>10,182</u>
Total	<u>927</u>	<u>-1,549</u>
	<u>6,777</u>	<u>8,633</u>

What's Available from the CISS Office?

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

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.

CANHHELP 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.

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 Krolak.

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

Enema Kits: \$16.50

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/stgcsg/>

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.

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.

VICTORIA

CANCER NATURAL THERAPY FOUNDATION

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 for two years. 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 (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.

(continued from page 3)

acting outside its current regulatory powers. In other words if they believe in free speech and democratic principles, then they should support a charity's right to advocacy. (See Letters to Senators from CISS, page 5)

Annual General Meeting

The Annual General Meeting of CISS will be held on Saturday 27 November at the CISS Office at 2.00pm. (See insert)

We urge members to nominate for any of the four office bearer positions or the five ordinary Committee member positions.

This is likely to be a critical year for CISS' survival so a wide representation of views will be critical. This will ensure that we use the recent bequest in accordance with our members' wishes.

The minimum requirement is to attend the Committee meeting once a month, either in person or by Zoom or phone.

(continued from page 8)

groups will increase their risk/benefit ratio".

He gives the figures for vaccine deaths as about 3% for those 85+, 1% for those 75+, 0.4% for those 65+, etc. whereas the deaths from getting COVID-19 itself are lower than those from the vaccine in every age group. Despite this these COVID-19 deaths could be significantly reduced by introducing early treatment for those

(continued on page 2)