



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

HEALING CANCER Part 2: Giving your body a deep clear-out

Environmental toxins are one of the major causes of cancer. Dr Leigh Erin Connealy offers 13 ways to clean up your act

Unfortunately, we are all living in a sea of chemicals. Several thousand toxic chemicals surround us daily, and studies continue to reveal these compounds' potential toxic effects on our bodies. It's no surprise that as these adverse effects occur, the number of people diagnosed with autoimmune disorders, cancer and other serious chronic diseases is rising. Simply put, these toxins are negatively affecting our health and well-being.

It's not as doom-and-gloom as it sounds. We can all take proactive steps- starting today - to rid our bodies and environments of toxins that may make us more susceptible to cancer and other illnesses. Many of these strategies can easily be done at home. However, when it comes to more extensive therapies and treatments, you may need the help of a qualified integrative practitioner well versed in detoxification. [To find a cancer detox centre in your area do a web search on "cancer detoxification Australia". Ed]

Cancer-causing toxins: the usual suspects

An African proverb states, "The enemy you know is better than the enemy you do not know." And several known toxins out there have been associated with cancer. Let's look at some of the most common and important toxins and discuss steps we might take to reduce or eliminate our exposure to them.

Heavy metals

Mercury, lead, aluminium and cadmium are some of the most common and damaging heavy metals linked to cancer. The problem is they're everywhere.

Mercury, for instance, is found in the air, in our food and water supply, in personal care products, and in dental amalgams. And it's the second-most- toxic substance in the world! Lead hides in an alarming number of beauty and self-care products,



Dr Leigh Erin Connealy

and you'll find aluminium in nearly all antiperspirants.

Switching to household items and beauty products free of these toxic ingredients is a good start. And natural solutions like chlorella tablets are a great at-home option to use every day

Still, to actually remove the heavy metals from your body, you will need the help of a qualified, experienced health practitioner.

Pesticides

It's not surprising that the chemical substances used to kill insects, plants and other animals are toxic and can threaten humans. These chemicals, used on most conventional produce, get transferred to our bodies when we eat chemically treated fruits and vegetables.

The Pesticide Action Network (PAN) has this to say about the link between pesticides and cancer: "Chemicals can trigger cancer in a variety of ways, including disrupting hormones, damaging DNA, inflaming tissues, and turning genes on or off. Many pesticides are 'known or probable' carcinogens and, as the US President's

Panel notes, exposure to these chemicals is widespread." Pesticides are particularly harmful to children as their developing bodies can't handle the toxic onslaught of these chemical substances.

PAN's website (panna.org) offers a wealth of information about safe, natural ways to keep your home and garden insect- and pest-free and tips to keep these harmful pesticides from becoming problematic for your health.

Plastics

Plastic is likely the most prominent pollutant in our environment, and it's hard to get away from. It's abundant in everyday items such as water bottles, food storage containers and food packaging, and it lurks in places you may not suspect, like furniture, children's toys and our cars.

Plastics disrupt the body in numerous ways. They have been shown to damage and even deactivate peroxisomes, which are cellular structures that help with detoxification. When peroxisomes are damaged or destroyed, toxins can build up and wreak havoc on health.

Plastics are also classified as xenoestrogens, chemicals that have estrogen-like effects on the body. While natural estrogen is beneficial, xenoestrogens disrupt the normal hormone balance and can cause cancer. Fortunately, infrared saunas do an excellent job of removing all types of toxins—including plastics—from our bodies (more on this therapy below).

Polluted water

Tap water can be full of potential cancer-causing agents, from chlorine, fluoride and lead to prescription drugs, parasites, microbes and other problematic chemicals. That's why drinking filtered water is a must. Consider adding an alkalizing or ionized water filter with a carbon block filter to your tap. If this

(continued on page 4)

CANCER INFORMATION & SUPPORT SOCIETY NEWSLETTER

Vol. 42 No. 6 November/December 2022

Editor: Don Benjamin

CISS Home Page:
www.ciss.org.au

Office hours:

Monday to Friday { 10.00am - 1.00pm &
2.00pm - 5.00pm

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 HEALING CANCER Part 2: Giving your body a deep clear-our, by Dr Leigh Erin Connealy
- P. 2 Supplements for members; Free Psych-K for members; DVDs for sale.
- P. 3 Overseas & Local News: Medical bureaucrats flex their muscles in California;...and in Queensland
- P. 5 CISS jabs cause more harm than good; CISS AGM on 26 November
- P. 6 War on natural medicine, by Dr Bruce Dooley
- P. 7 Other News: Pfizer was fined \$US2.3 billion (\$A2.8 billion) in 2009, from ABC News
- P. 8 Cancer Overdiagnosis in Australia;
- P. 9 Pfizer's Trial Data Proves Its COVID Jab Isn't Safe, by Dr Mercola; The increasing loss of medical freedoms in Australia, by Don Benjamin
- P. 10 Health disgrace: bureaucrats in bid to silence our doctors, by Ramesh Thakur
- P. 11 Confidence Through Censorship: The (Medical) Ministry of Truth, by Kara Thomas
- P. 13 Convenor's Report for the year ending 30 June 2022
- P. 14 Extracts from Financial Report for year ended 30 June 2022
- P. 16 CISS Branches and Cancer Support groups
INSERT Notice of AGM and Nomination Form

(continued from page 11)

vanced in support of the vaccines - that they stop infection and transmission, and prevent severe illness and death - have had to be abandoned one after another, but were never "fact-checked" by social media platforms. Moreover, people who die inside 14 days of a vaccine dose are classified as "unvaccinated". This distorts the statistics on the net harm-benefit balance to an indeterminate degree.

A poll by the Pew Research Centre in February mapped falling confidence in medical scientists since 2020. Malhotra argues that the rollout of vaccines under emergency-use authorisation without access to the raw data, the growing evidence of harms, and the resort to mandates whose major impact is to boost manufacturers' profits "have highlighted modern medicine's worst failings on an epic scale, with additional

catastrophic harms to trust in public health".

To summarise, for children the risk of severe illness or death from Covid is very slight - while the risks of serious reactions to vaccines are higher. Protection against risk of reinfection is at least as robust and may last significantly longer for children who are infected but not vaccinated, compared to those who are vaccinated. The long-term effects of Covid vaccines are unknown. Every one of these statements is contestable and subject to revision as the databank grows and more studies are published. Not one is so implausible as to be summarily dismissed.

In these circumstances, for health bureaucrats and regulators to claim a monopoly on scientific truth is scandalous. The effort to shut down legitimate debates on pain of excommuni-

cation from the medical profession represents a clear and present danger to public health. I certainly have more confidence in my consultant's professional advice based on training, qualifications, experience and knowledge of my medical history, free of pressures to conform to the zeitgeist from bureaucrats and regulators, the latter often with compromising links to industry.

Those of us without medical credentials arouse understandable scepticism towards our critiques. This makes it all the more imperative not to silence medical professionals, but instead to welcome and encourage contestable policy recommendations from them.

Ramesh Thakur is emeritus professor at the Australian National University's Crawford School of Public Policy and a former UN assistant secretary-general.

From *The Weekend Australian* October 8-9

So it appears that the best way of challenging the authority of the AHPRA and other bureaucrats is to use Australia's Common Law. Julian Gillespie suggests that the best way is as follows: We look at what the conduct is. Misfeasance in public office is applicable broadly speaking, where a public of-

ficer has abused their authority. Now in public law, whatever's not written down means essentially that's what a public officer is not allowed to do. And so if they do any act, which is contrary to what their empowering legislation empowers them to do, if they do something contrary that

doesn't exist under their legislation, or is contrary to what they should be doing, well then that becomes for the purposes of misfeasance and public office, an illegal act. The other aspect is to identify the damages suffered by somebody as a consequence of that illegal act or action if it was foreseeable.

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

OVERSEAS & LOCAL NEWS

OVERSEAS NEWS

Medical bureaucrats flex their muscles in California

As mentioned in our last Newsletter there was legislation being considered in California that would ban doctors from disagreeing in public with state health authorities. This is a serious extension of the situation where dissenting doctors were threatened with losing their licence for speaking out against the COVID-19 mandates.

California's Legislature on Monday 29 August approved Assembly Bill 2098 that will allow regulators to punish doctors for spreading "false information" about Covid-19 vaccinations and treatments. The six sponsors were all Democrats; The voting was 31 Democrats and 1 Republican in favour and 7 Republicans and 1 Democrat against. The legislation, if signed by Governor Gavin Newsom, would make the state the first to try to legislate a remedy to a problem that the American Medical Association, among other medical groups and experts, says (falsely) has worsened the impact of the pandemic, resulting in thousands of unnecessary hospitalisations and deaths.

The law will designate spreading false or misleading medical information to patients as "unprofessional conduct," subject to punishment by the agency that licenses doctors, the Medical Board of California. That could include suspending or revoking a doctor's license to practise medicine in the state.

While the legislation has raised concerns over freedom of speech, the bill's sponsors said the extensive harm caused by false information required holding *incompetent or ill-intentioned* doctors accountable. So Californian health authorities are now following the approach of the Chinese Communist Party, except they are not putting the dissenting doctors in gaol yet.

LOCAL NEWS

Medical bureaucrats flex their muscles in Queensland.

Things continue to deteriorate in Australia's health system and the medical profession where similar procedures to



Don Benjamin, Editor

those introduced in California were passed in Queensland's parliament with only the minor parties opposed. So Queensland's medical authorities have been given the status of thought police: Anyone disagreeing with medical authorities automatically gets defined as spreading misinformation and therefore causing harm including unnecessary deaths.

So far, the only people causing unnecessary deaths have been Australia's health regulators, including the Australian Health Practitioner Regulation Agency (AHPRA) who have imposed the compulsory use of the Covid-19 vaccines, now clearly shown to be neither safe nor effective in a single randomised controlled trial and have caused more harm than good (see page 9); and the TGA that prohibited the use of methods of Covid-19 prevention and treatment such as those based on Ivermectin and hydroxychloroquine, both shown to be both safe and effective in several randomised controlled trials. I also look at some of the implications of this legislation on page 9 and include comments by several other informed medical professionals on pages 10-11.

Because these developments threaten to destroy the professionalism of the medical profession, along with an increase in the threat to those doctors who are providing alternative

cancer therapies, we have expanded the size of this Newsletter to provide adequate coverage of this critical situation.

On page 9 I provide the latest information about the now-proven dangers of the Pfizer experimental mRNA vaccine. Pfizer had only provided the positive information that their vaccine had reduced the deaths from Covid from 2 to 1 in the first six months; but had withheld the critical negative information that their vaccine had increased the number of fatal heart attacks from 1 to 5, and deaths from other causes from 14 to 15—giving a net 21% increase in deaths, mainly from heart attacks.

An example of media propaganda

A letter from the Australian Medical Network landed on the desk of Health Minister Mark Butler in early July outlining a list of complaints about the appointment of former senior public servant Jane Halton to review Australia's vaccine procurement. The letter alleged Halton had a conflict of interest due to relationships with the World Health Organisation and Bill and Melinda Gates Foundation, and accused her of favouring "forceful tactics to ensure individuals get vaccinated and comply"

The Sydney Morning Herald and *The Age* ridiculed the letter's senders describing them as anti-vaxxers and quacks.

By way of contrast, *The Australian* summarised a report released on 20 October by a group led by former Dept of Prime Minister and Cabinet Secretary Peter Shergold—Fault Lines—that found that "there were too many instances in which government regulations and their enforcement went beyond what was required to control the spread of the virus, even when based on the information available at the time"...."The imposition of lockdowns regularly showed overreach, and their implementation lacked consistency, compassion and clarity"..."[it was] as much a response to political perceptions of community anxiety as to expert advice".

Former Deputy National Chief Medical Officer, Nick Coatsworth agreed that the medical advisers knew that the school closures were wrong and not justified by the evidence at the time "and yet contrary policy was implemented. I think it was based on fear. I don't think it was based on the evidence"

(continued on page 5)

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.

(continued from page 1)

option is too pricey, purchase spring water in glass bottles from your local health food store.

Another option is reverse osmosis or distilled water in 5-gallon bottles. (You can even purchase a distiller for your kitchen tap to avoid the plastic bottles altogether.) At the very least, buy a Zero or Brita water filter. They are better than nothing if your resources are limited. Finally, consider drinking alkaline water whenever possible. Alkaline water helps neutralise acidity in the body, creating a less-than-favourable environment for cancer to grow and flourish.

Electromagnetic pollution

People today are drowning in a sea of electromagnetic fields (EMFs). Between all the EMFs emitted by electronic devices (smartphones, computers), power lines, microwave towers and appliances - to name just a few sources - this electropollution is taking a negative toll on our health. Ongoing exposure to EMFs creates cellular disruption, causing the cells to vibrate, divide more rapidly and mutate.

While it's not realistic to ask people to stop using these devices altogether, you can take measures to reduce your exposure to the dangerous electromagnetic emissions that come from these gadgets and appliances. Start by keeping your phone in airplane mode and away from your body while you're not using it. Use the "speakerphone" mode while talking. Laptop computers should be used on battery power rather than plugged into the wall. And, if possible, you should use a hardwired connection to the internet instead of Wi-Fi. At night, turn off all the electrical appliances in your bedroom or turn off circuit breakers completely.

You can also practise grounding, which literally connects your body to the earth. The easiest way to do this is to take a walk outside barefoot. This technique is considered beneficial because the natural energetic frequencies within the earth help negate the harmful effects of EMFs in the environment

Countless products are available to partially block EMF effects in your home. Search for EMF-protective devices online or gain a wealth of information about EMF pollution from Dr Kerry Crofton's book on this topic, *A Wellness Guide for the Digital Age: With Safer-Tech Solutions for All Things Wired and Wireless* (Global WellBeing Books, 2013).

"Sick building" syndrome

If your home or workplace contains high levels of mould, radon, lead-based paint or carpet laced with formaldehyde, you have the potential to be affected by "sick building" syndrome.

If toxin levels are high, you may need the help of a building biologist who works to create healthy, sustainable and attractive buildings and can educate you on remediating the building. To find one, visit buildingbiologyinstitute.org. If that's not an option, you may need to consider finding different living or working arrangements.

Ionising and nuclear radiation

Some diagnostic tools, such as CTs, PET scans and chest X-rays, emit ionizing radiation, and nuclear radiation is released from nuclear power plant accidents. Both can cause cellular mutations and DNA damage, which can lead to cancer, so it's best to avoid or limit your exposure whenever possible.

Do only imaging tests that are deemed absolutely necessary by your health-care practitioner and avoid any area where nuclear accidents have occurred. A handful of supplements - iodine and zeolite, specifically - can bind with and remove radioactive elements from the body. (See the section on toxin-binding agents below for more on this topic.)

Other environmental toxins

It would be impossible to dive deeply into all the thousands of toxins that surround us daily. That said, we've discussed many of the top cancer-causing pollutants and how you can reduce or eliminate them from your environment. Now, let's look at how you can jumpstart the detoxification process.

Proven therapies for detoxification

Our bodies use seven primary channels to remove toxins: the blood, bowels, skin, kidneys, lymphatic system, lungs and liver. Many of these detox strategies can be done from the comfort of your own home.

* If you have cancer, please get clearance from your oncologist before beginning these therapies and treatments.

Lymphatic drainage treatments

The lymphatic system is one of two parts of the circulatory system that is responsible for waste elimination. I use this analogy a lot: your blood delivers "groceries," aka good nutrients, to your cells, and your lymphatic system takes out the "garbage," aka toxins. Simply stated, this complex system helps deliver health-promoting immune cells throughout the body and flushes out

all the "gunk."

Unlike the blood, which moves through the body with the assistance of a beating heart, lymph needs a little help flowing throughout the circulatory system so it doesn't get stagnant. When it slows down or gets blocked, your infection-fighting immune cells can't be delivered where they are needed, and infectious diseases can run rampant. The following three lymphatic drainage therapies can help stimulate lymph flow and aid detoxification.

Dry skin brushing In this DIY technique, you use a long-handled, soft, natural-fibre brush to brush the skin in long, broad strokes toward the direction of your heart. You brush both sides of the body, including your arms, legs, abdomen, chest, back, hands and feet. The sweeping motion created by the brushing stimulates lymphatic flow and breaks up any blockages. Dry skin brushing needs to be done for only five to 10 minutes per day to be effective.

Rebounding Another manual technique for breaking up lymph blockages and stimulating lymph flow is rebounding. Gently bouncing up and down on a mini-trampoline or a large rubber ball for as little as 10 minutes a day is extremely effective.

Manual lymph drainage If you have the resources, find a massage therapist who does manual lymph drainage using gentle, light-touch bodywork. This type of massage stimulates the entire lymphatic system and can drain stagnant fluids promote relaxation, reduce stress and improve sleep. It's excellent for detoxification and relaxation.

Oil pulling

Detoxification via oil pulling comes from ancient Ayurvedic healing. The simple act of swishing a healthy oil around in your mouth for a minimum of five minutes can help remove toxins from your mouth and bloodstream as the oil binds to the unwanted agents and removes them when you spit out the oil.

Two caveats: use an organic oil (coconut or olive oil preferably) and ensure you don't swallow any toxin-filled oil.

Epsom salt baths

Epsom salt baths are an easy and inexpensive detox tool. Comprised of magnesium and sulphate, Epsom salts are highly effective for cleansing your body of waste products from the comfort of your own home. Magnesium helps reduce inflammation and improve nerve and muscle function, while sulphates help flush toxins from the body and enhance nutrient absorption. Add a cup of

(continued next page)

Epsom salts to a warm or hot bath and soak for 20 minutes.

Castor oil pack therapy

Castor oil has been used as a healing treatment for centuries, and when you combine this therapy with heat, it helps improve circulation to the liver and pull toxins out through the skin. Several step-by-step tutorials online can walk you through making these packs (with-out making a mess) and explain how to employ this treatment most effectively.

Juicing

One of the most gentle and effective detox therapies available is juicing or blending green vegetables. You can find hundreds of tasty and healthful green juice recipes online.

Toxin-binding agents

A handful of natural nutritional and chemical substances can bind with certain toxins and remove them from the body. Called toxin-binding supplements or agents, they mop up all kinds of toxins and reduce symptoms associated with toxicity, such as brain fog and pain. Two common toxin-binding agents are zeolite and chlorella. Use as directed.

Coffee enemas are a powerful and important detox therapy. These special enemas stimulate the production of glutathione S-transferase (GTS), an enzyme generally recognised as the body's "master detoxifier." The GTS binds with toxins in the body and flushes them out during the enema process. Benefits of coffee enemas include (but are not limited to):

- Improved bile flow
- Increased protective enzymes in the liver and gut
- Better movement of food through the digestive tract and colon

- Chronic pain relief
- Boosted energy levels
- Improved clarity
- Better mood
- Liver detoxification

Liver flush cleanses

Liver flush cleanses can help dissolve gallstones and rid the liver and gall-bladder of toxins. Gallstones, made from cholesterol, bilirubin, and other components of bile, have been linked to several health concerns, so getting rid of them can benefit your well-being in various ways.

You can find detailed instructions for coffee enemas and liver flush cleanses online, but make sure you consult with your physician before undergoing either of these therapies.

Infrared sauna

One of the detoxification therapies I recommend most to my patients is the regular use of infrared saunas. The skin is the body's largest detoxifying organ, and sauna therapy utilises heat and the subsequent sweating to flush out toxins. Infrared sauna therapy has been proven to do the following:

- Detox hard-to-eliminate toxins like pesticides, polychlorinated biphenyls (PCBs), drug residues, acidic waste and heavy metals
- Deliver oxygen to the tissues
- Enhance nutrient delivery to cells
- Boost immune function
- Improve cardiac and pulmonary function
- Reduce inflammation and edema
- Relieve stress

Infrared saunas are available at some medical clinics, spas and gyms, or you can purchase your own. This treatment is considered generally safe for most people; however, it's always best to consult your doctor before undergo

ing a new treatment.

Colonic irrigation/hydrotherapy

Often referred to as a "colonic," colonic irrigation or hydrotherapy flushes out and cleanses the colon with warm, filtered water. To find a practitioner in your area, type "colon hydrotherapy" along with your town or city into your internet search engine.

Detox for a healthier life

I often tell my patients that if they must choose just one health tool to aid them in their cancer battle, it should be detoxification therapy. After all, these treatments have been proven to increase energy, decrease pain, improve sleep, boost cognitive performance, and reduce other cancer and cancer-treatment-related symptoms. Even if you aren't fighting a serious illness, taking these steps to detoxify your body can ward off other diseases and help you feel healthier and stronger overall.

Resources

You can visit perfectlyhealthy.com to view a wide range of air and water purification products along with EMF protection devices and infrared sauna options. Look under the *Healing Home* section to learn more.

Leigh Erin Connealy, MD, is the medical director of the Cancer Center for Healing and the Center for New Medicine in Irvine, CA. Dr Connealy's multidisciplinary treatment protocols, team of health care professionals, and holistic approach to health and healing have made the Centers the largest integrative/functional medicine clinic in North America, visited by more than 64,000 patients from all over the world. Author of *The Cancer Revolution* and *Be Perfectly Healthy* and a sought-after speaker who has appeared on numerous TV and radio shows, webinars and podcasts, Dr Connealy has been named one of the Top Functional & Integrative Doctors in the US.

From WDDTY October 2022

(continued from page 3)

According to *The Sydney Morning Herald* and *The Age* the Fault Lines Report must have been written by anti-vaxxers and quacks. What does that make Dr Nick Coatsworth?

Covid jabs cause more harm than good

For those of us who were able to get access to the original reports of the first six-months of the 5-year trial of the Pfizer mRNA vaccine, there was never any doubt that it should never have been given an emergency approval after the six-month figures were released.

The details are now more widely known. See Dr Mercola's report

"Pfizer's Trial Data Proves Its COVID Jab Isn't Safe" on page 9; Ramesh Thakur's more detailed report on page 10 "Health disgrace: bureaucrats in bid to silence our doctors" where he quotes from five different sources the conclusion that in most age groups the Covid jab does more harm than good; and an article by Kara Thomas from AMPS "Confidence Through Censorship: The (Medical) Ministry of Truth" that spells out some of the implications of the new law.

The implications for the future of CISS are also serious.

CISS AGM on 26 November

Because of the serious implications of this new legislation for CISS it is important that as many people as possi-

ble nominate for the Committee so we have as wide a representation of our members as possible over the coming year when we are deciding on our priorities. Over recent years we have only had at most 5 out of a maximum of 9. As attendance of monthly Committee meetings is now mainly via Skype, or even just by phone, there is no reason for anyone who is interested not to nominate for the Committee, including for Convenor, Vice-Convenor, Secretary or Treasurer. No experience necessary—only a wish to express your opinions on how CISS should go from here.

Fill out and sign the Nomination Form included in the Newsletter and we will organise a Proposer and Secunder.

War on Natural Medicine

Recently, Bruce Dooley, an American doctor in New Zealand, exposed the role of the Federation of State Medical Boards — an influential American NGO — in shaping not just American but also international health policy in favour of Big Pharma, all under the guise of “protecting” patients’ rights.

According to a 2012 overview by the Alliance for Natural Health*:

“It seems that the FSMB[§] was infiltrated in the late 1990s by the so-called “quackbuster” contingent — people openly hostile to complementary and alternative medicine. At the 1996 annual meeting of the FSMB in Chicago, there was a radical shift from a focus on health fraud as defined by the federal government (overbilling, unbundling, and kickbacks) to another definition of health fraud: alternative medical care.

It seems a concerted effort to label innovation in health care — and especially any natural treatment that competes with an emphasis on drugs and surgery as the ideal for modern medicine — as mere ‘quackery.’”

“Since then, the FSMB has challenged integrative medicine as being outside the “standard of care,” defining the term to suit its own purposes; in this, the organization mirrors and amplifies the American Medical Association’s antipathy toward integrative medicine.

Because practising outside the standard of care is grounds for a state medical board to revoke a doctor’s license, the attempt to exclude CAM therapies from the standard of care is a major threat to consumers’ access to integrative doctors.”

“If we used to be puzzled about the FSMB’s motives in attacking integrative medicine, this latest move has made it clear that a good part of it may just be about the money. Last Tuesday the article was published in 2012], the Senate Finance Committee launched an investigation into the close ties between pharmaceutical companies, the FSMB, and “nonprofit pain groups” like the American Pain Foundation.

The Foundation received 90 percent of its \$5 million in funding in 2010 from the drug and medical device industry, and its guides for patients, journalists, and policymakers downplay the risks associated with opioid painkillers while exaggerating the benefits from the drugs.

Tuesday morning, two senators from

the Finance Committee sent letters to the American Pain Foundation and four other pain nonprofits, three drug companies, and the FSMB, expressing concern about their relationship with each other. Tuesday evening, the Foundation announced that it would “cease to exist, effective immediately.” Coincidence?”

Earlier in 1995, FSMB established a “Special Committee on Health Care Fraud” and issued a document that lamented the fact that people were taking their money to alternative health practitioners. In 1999, the committee’s name was changed to the “Special Committee on Questionable and Deceptive Health Care Practices.”

In 2000, the committee appears to have been replaced by the “Special Committee for the Study of Unconventional Health Care Practices (Complementary and Alternative Medicine).”

The 1995 Committee document below was eventually deleted from the FBSM website but an archived version is still available. In April 1997, FSMB’s governing body accepted this Report as policy. Quote:

“It has been estimated that up to \$100 billion is lost to health care fraud in the United States annually.¹ Medical interventions that do not conform to prevailing scientific standards are becoming increasingly popular. It is estimated that in 1990, Americans made 425 million visits to providers of “unconventional-al” medicine, exceeding the number of visits to all U.S. primary care physicians, at a cost of approximately \$13.7 billion.

It may be recognized that some alternative therapies may be beneficial and therefore warrant further investigation and possible integration into mainstream medical practice. However, because of the lack of reliable scientific evidence and clinical validation, safety has not been established for most of these modalities.”

Their 2002 document elaborates on the extended definition of “harm” that can come from their competitors — but not a peep about the harm that comes from their donors and sponsors. Here is how they estimate potential harm caused by “alternative” medicine:

- Economic harm, which results in monetary loss but presents no health hazard;
- Indirect harm, which results in a delay of appropriate treatment, or in unreasonable expectations that discourage patients and their families from accepting and dealing effec-

tively with their medical conditions;

- Direct harm, which results in adverse patient outcome;

Greed and Arrogance: A Deadly Combo

As they say, it is difficult to get a man to understand something when his salary depends upon his not understanding it. Thus, today’s lamentable state of affairs is a combination of deliberate top-down racketeering with the purpose of getting rid of economic competition — and sincere ideological arrogance of people on the ground. Just one look at some of these old commercials makes it clear.

I would like to end this story with a 1947 DDT commercial. Shut your eyes and ears. Don’t think. Anything that comes from the Big Corporate Father is safe and effective!

FROM

<https://madisonarealymesupportgroup.com/2022/10/18/the-powerful-mob-behind-state-medical-boards-lawsuits-reveal-orwellian-disinfo-campaign/>
and <http://www.voxy.co.nz/health/5/407698>

*The Alliance for Natural Health ANH) is an advocacy group founded in 2002 by Robert Verkerk and based in the United Kingdom. ANH was founded to raise funds to finance a legal challenge of the EU Food Supplement Directive. ANH lobbies against regulation of dietary supplements. There is now also an ANH (US)

[§]The Federation of State Medical Boards (FSMB) represents the state medical and osteopathic regulatory boards – commonly referred to as state medical boards – within the United States. FSMB supports America’s state medical boards in licensing, disciplining and regulating physicians and other healthcare professionals.

The above extracts show how those behind the moves to stamp out competition from alternative medicine rely on two things

1. the claim that mainstream medicine has been proven to be effective;
2. There is minimal harm from mainstream medicine.

Both of these assumptions have been shown to be invalid. The Clinical Evidence group attached to the British Medical Journal showed in 2013 that only 11% of mainstream interventions had been proven to be beneficial. CISS has found that the figure for cancer is closer to 5%, mainly some areas of chemotherapy for rare tumours and childhood leukemia; and the level of over-diagnosis is very high, particularly with cancer. So most interventions, especially for cancer, cause more harm than good. Ed

Pfizer was fined \$US2.3 billion (\$A2.8 billion) in 2009

Pfizer was fined \$US2.3 billion (\$A2.8 billion) the largest healthcare fraud settlement in US history, for trying to sell drugs for uses not approved by the regulators. (ABC News 3 Sept 2009)

The world's biggest drug maker has been fined a record amount by US regulators for fraudulent marketing.

Pfizer was fined \$US2.3 billion (\$A2.8 billion), the largest healthcare fraud settlement in US history, for trying to sell drugs for uses not approved by the regulators.

The US Government says the practices put public health at risk and lawyers say the penalties are a clear message by the Obama administration that such behaviour will not be tolerated.

US associate attorney-general Thomas Perrelli announced the record fine against Pfizer for the illegal promotion of its products.

"When a drug is marketed or promoted for non-authorised, so-called off-label uses, any use not approved by the FDA as was the case here, public health maybe at risk," he said.

"And there is a real danger for patients that the medical providers who prescribed the medicine or the device aren't provided with, don't have full information about the drug's risks and benefits."

Pfizer paid the fines to settle criminal and civil allegations that it illegally sold four drugs for uses not approved by the Food and Drug Administration (FDA). One of those products was Bextra, an arthritis drug which Pfizer told doctors could ease severe pain. The company marketed the product as a painkiller even though the FDA refused approval for wider use because of safety concerns.

Pfizer was fined \$US1.3 billion for falsely marketing Bextra, the largest criminal fine ever imposed in the US. Pfizer's subsidiary, Pharmacia & Upjohn Company, pleaded guilty to a felony violation for mis-branding Bextra with the intent to defraud or mislead. Bextra was withdrawn in 2005 after concerns it could cause heart attacks and strokes.

Pfizer Australia says the drug was not sold here. Pfizer was also accused by authorities of paying kickbacks to doctors to prescribe its drugs.

The US Health Secretary, Kathleen Sebelius, says the company will now report to her department.

"The agreement requires that Pfizer's audit committee conducts annual re-

views of the company's compliance program," she said.

"This is the first time ever that a drug company has agreed to look at the risks associated with marketing on its own and develop a plan to deal with those risks and we are going to continue to closely monitor Pfizer's performance."

Whistleblowers rewarded

The practices were exposed by former Pfizer sales representative and Gulf War veteran, John Kopchinski. In a statement he said: "In the army I was expected to protect people at all costs. At Pfizer I was expected to increase profits at all costs, even when sales meant endangering lives. I couldn't do that."

Mr Kopchinski and five other whistleblowers will share more than \$US102 million for their role in exposing the scandal. Erika Kelton, a partner at Phillips & Cohen in Washington, is Mr Kopchinski's lawyer.

"It takes a lot of courage to take the risks and stand up and speak out. It is important to appreciate what those risks are," she said. "When John lost his job there were great disruptions in his family. Very stressful. Six and a half years. He had a very young family.

"When he was fired by Pfizer he had an infant son and twins on the way, so you can imagine how stressful that is."

Pfizer says it regrets its past actions and will learn from them. "Let me be very clear. We absolutely regret the actions that we have taken in the past," Ray Kerins, Pfizer's vice-president of worldwide communications, said. "Off marketing promotions is something that we do not accept regardless of the product. "We are focused on making sure that patients and physicians are well aware of what the drugs are used for, so we seriously regret the actions of the past.

"But we are focused on looking at what we can learn from the situation and make sure we are a stronger company going forward."

He says Pfizer is a good corporate citizen despite the fraudulent practices. "What Pfizer has done here today, in essence, it allows us to come to final closure of significant legal matters that we are now happy to say are in the past," he said. "More importantly, [the settlement] allows us to focus on what we do best. "Pfizer is a global company. In fact we have a pretty significant presence in Australia, which is very important to us, and our focus is on discovering and developing and delivering

life saving innovative medicines to patients and physicians."

Mr Kerins would not comment on whether anyone was harmed as a result of Pfizer's actions. "This [the settlement] was not about safety but more rather about promotional practices again we just do not accept as a company," he said.

Ms Kelton says she believes people have been harmed. "The FDA had very strong safety concerns about Bextra at high dosages, and there've been a number of different class actions brought in this country and settled as well. So I believe people have been hurt because of Pfizer's marketing," she said.

Fourth settlement

It is the fourth settlement the company has faced in the US since 2002. They included lawsuits from victims of asbestos-related diseases and for the failure of a mechanical heart valve which lead to deaths. Last month, the company agreed to pay \$US75 million to Nigerian authorities after illegal drug trials during a meningitis outbreak in 1996 left 11 children dead.

Ms Kelton says the false marketing of drugs is a widespread practice in the US.

"The Justice Department has noted that it has hundreds of cases involving off level marketing in its pipeline and my law firm has dozens ourselves," she said.

She says it is a landmark decision and should act as a deterrent to other drug companies.

"I think its hugely significant. This is the largest fraud settlement in US history. And I think it sends a strong message not only to Pfizer but to all companies in the pharmaceutical industry," she said.

"The historic \$US1.3 billion criminal fine for Bextra marketing does speak to the gravity of Pfizer's conduct."

The company is planning to buy drug giant Wyeth for \$US68 billion.

If the deal goes ahead, [which it did, Ed] Pfizer will control 40 per cent of the world's prescription drug production. The merger has been criticised by analysts who say it is not good value for shareholders. The deal is also opposed by pharmacists who have filed an anti-trust lawsuit. Pfizer makes cholesterol drug, Lipitor, and impotence drug, Viagra.

Cancer Overdiagnosis in Australia

Summary

An estimated 42% of prostate cancers, 42% of renal cancers, 73% of thyroid cancers, and 58% of melanomas (invasive melanomas, 22%) were overdiagnosed, or 24% of all cancer diagnoses (16% of invasive cancer diagnoses). 27 Jan 2020

Women

The absolute lifetime risk of diagnosis increased between 1982 and 2012 by 3.4 percentage points for breast cancer (invasive breast cancer, 1.7 percentage points), 0.6 percentage point for renal cancer, 1.0 percentage point for thyroid cancer, and 5.1 percentage points for melanoma (invasive melanoma, 0.7 percentage point). We estimated that 22% of breast cancers (invasive breast cancer, 13%), 58% of renal cancers, 73% of thyroid cancers, and 54% of melanomas (invasive melanoma, 15%) were overdiagnosed, or 18% of all cancer diagnoses in women in 2012 (8% of all invasive cancer diagnoses) (Box 1).

Men

The absolute lifetime risks of being diagnosed with cancer increased by 8.2 percentage points for prostate cancer, 0.8 percentage point for renal cancer, 0.4 percentage point for thyroid cancer, and 8.0 percentage points for melanoma (invasive melanoma, 1.5 percentage points). We estimated that 42% of prostate cancers, 42% of renal cancers, 73% of thyroid cancers, and 58% of melanomas (22% of invasive melanomas) were overdiagnosed, or 24% of all cancer diagnoses in men in 2012 (16% of all invasive cancer diagnoses).

Conclusions: About 11,000 cancers in women and 18,000 in men may be overdiagnosed each year. Rates of overdiagnosis need to be reduced and health services should monitor emerging areas of overdiagnosis.

Some extracts:

Cancer treatments such as surgery, radiotherapy, endocrine therapy, and chemotherapy can cause physical harm, but the risks are considered acceptable if diagnosis is appropriate. When someone is unnecessarily diagnosed with cancer, however, they can only be harmed by treatment, not helped.

The reason for overdiagnosis differs by cancer type. Overdiagnosis of breast cancers is largely attributable to the national screening program, that of prostate cancers and melanoma to opportunistic but extensive screening in Australia. Renal cancer overdiagnosis appears to be largely linked with cancers detected as incidental findings during abdominal imaging for an unrelated reason (incidentalomas). Overdiagnosis of thyroid cancer is related to both incidentalomas and to excessive investigation of thyroid function test abnormalities. Different approaches to reducing rates of overdiagnosis are therefore required for different cancer types....

We recognise that eliminating overdiagnosis altogether is unlikely, but reduction is feasible. For example, the number of thyroid cancer diagnoses in South Korea was reduced by

one third by discouraging ultrasound screening; several countries have reduced prostate cancer incidence and overdiagnosis with more targeted and less frequent prostate screening.

However, the potential benefits of changes to early detection practices for breast and prostate cancer, for example, need to be balanced against harms, and clinical and community input should be encouraged. A complementary solution would be tests that identify only clinically important cancers, or at least correctly identify low risk cancers as being such.

Glaziou PP et al. Estimating the magnitude of cancer overdiagnosis in Australia. *Med J Aust* 2020; 212 (4): 163-168. || doi: 10.5694/mja2.50455

Published online: 27 January 2020.

Editor's comments: The above analysis attempts to balance the benefits of early diagnosis against the harms from overdiagnosis. It assumes that the benefits are real. However, these claims of benefit are based on the assumption that the main intervention for cancer, surgery, has been proven to be beneficial, so earlier intervention must save lives. As this assumption is invalid¹, there are no proven benefits, only proven harms.

Benjamin DJ. The efficacy of surgical treatment of cancer. *Med Hypotheses* 1993; 40 (2): 129-138; and

Benjamin DJ. The efficacy of surgical treatment of cancer – 20 years later. *Med Hypotheses* (April) 2014; 82 (4): 412–420.

(continued from page 10)

The amendments outline in considerable detail the actions that must be taken when such a decision is revoked – but by then it will be too late. The reputation and the life of that doctor will be materially damaged and doubtless a statement by the regulator that they were wrong is unlikely to change that significantly”

Welcome to the Big Brother mentality of the Chinese Communist Party where doctors are not permitted to speak out to disagree with Party's infallible dogma. No doubt Comrade Andrews in Victoria will welcome these extra powers to silence the doctors who spoke out against his draconian lockdowns and mandates.

As Ramesh Thakur says on page 2, “In these circumstances for health bureaucrats and regulators to claim a monopoly on scientific truth is scandalous. The effort to shut down legitimate debates on

pain of excommunication from the medical profession represents a clear and present danger to public health. I certainly have more confidence in my consultant's professional advice based on training, qualifications, experience and knowledge of my medical history, free of pressures to conform to the zeitgeist from bureaucrats and regulators, the latter often with compromising links to industry.”

The ridiculous suggestion that this will all be “based on evidence” has already been shown to be nonsense by the recently released Fault Lines Report. As mentioned on page 3, in reference to this Report, former Deputy National Chief Medical Officer, Dr Nick Coatsworth agreed that the medical advisers knew that the school closures were wrong and not justified by the evidence at the time “and yet contrary policy was implemented. I think it was based

on fear. I don't think it was based on the evidence”.

That is the reality of how the new Regulations will be carried out.

Even my own dentist, who is opposed to mercury amalgams, is required, because of his evidence-based views, to get his patients to seek a second opinion whenever he suggests anything outside the “accepted” and “approved” treatment.

One can only speculate on the effect these new regulations will have in the alternative cancer area, where many doctor have already ceased to offer their services out of fear of losing their licence to practise medicine; and some have already lost their licence.

The question is: How did this happen?

(continued on page 12)

Pfizer's Trial Data Proves Its COVID Jab Isn't Safe

.....[Robert] Kennedy [Jnr] then went on to review Pfizer's trial data, which the U.S. Food and Drug Administration, after vowing transparency, wanted 75 years to release. Data released so far show that six months into what should have been a five-year trial, they ended the trial by unblinding the placebo group and giving them the real COVID shot.

What this means is that we can never know the long-term impacts of this injection, as they got rid of the controls. Still, the data is revealing. In those six short months, 21 of the 22,000 volunteers in the vaccine group died, compared to 17 in the placebo group. Extrapolating from that data, we can conclude that if you take the jab, you have a 21% increased chance of dying over the next six months.

Now, how could Pfizer conclude that the shot was 100% effective? Because only one person died from COVID in the vaccine group, whereas two people in the placebo group died from COVID, and two is 100% greater than one. This is what's known as "relative risk."

"It is a deceit!" Kennedy said. "The important thing for people to understand is 'absolute risk.' This is what absolute risk tells us: They have to give 22,000 people the vaccine to protect one person from death from COVID.

And if you have to give 22,000 people the vaccine to prevent one death, you better make sure the vaccine doesn't kill anybody. Be-

cause if it kills one person, you have cancelled out all the benefits."

Well, in this case, we saw that the vaccine group had four more deaths than the placebo group. So, the data tells us that the jab is killing more people than it can save. The most common cause of death in the vaccine group was heart attack.

A total of five people had a fatal heart attack in that group, compared to just one in the placebo group. So, in conclusion, for every COVID death they prevent, these shots are causing four excess heart attack deaths. And, indeed, heart attacks are among the top most-reported adverse events.

FROM: Dr Mercola: DC March to Defeat the Mandates, 5 February 2022

The increasing loss of medical freedoms in Australia

by Don Benjamin

The new National Health Practitioner Regulation National Law and Other Legislation Amendment Act 2022 was recently passed in the Queensland Parliament and is likely to set back medical and health practice in Australia decades and undermines the steady progress that has been achieved over this time in many areas of health care, including the relaxation of some pressures on alternative practitioners and the recognition of the need for everyone, including doctors to be presumed innocent until proven guilty of an offence in a court of law. This has now been removed.

Although it was only passed in Queensland it automatically applies in all other States and Territories, except for Western Australia. NSW and South Australia will first need to pass regulations to implement the new laws as part of the Uniform National Law.

One of the main purposes of the Act is to enable the Australian Health Practitioner Regulation Agency (AHPRA) to name and shame any doctor who is likely to bring the medical profession or health authorities into disrepute by word or deed, i.e. by acting in a way that is not approved by the regulator or by publicly disagreeing with a stated health policy.

All that is required for the regulator to "name" a doctor publicly as a potential threat to the community is that someone lodge a complaint about his/her words or actions. Once the regulator starts the investigation, the doctor can be named. It doesn't need to find the doctor guilty of anything. The mere fact that doctors can jeopardise their career

as a result of an individual's complaint against a doctor they don't like will mean that no doctor will be prepared to say anything or do anything controversial. (e.g. by disagreeing with health authorities for overreach – as a recent federal investigation has found happened in relation to the mandating of the COVID-19 vaccine and the unnecessary lockdowns; or using an unapproved alternative cancer therapy).

The organisation behind the changes, acting through the Queensland Health Department on behalf of the major drug companies, is using the argument that the most important aspect of health is "to protect the consumer from risk". Doctors cannot be trusted to do this because they have a vested interest in making money. Only the experts at the top can understand what constitutes evidence of risk.

As shown by the whole history of the political reaction to the Covid pandemic, those at the top of the health profession and the health regulators in the US, and later Australia, under-rated the risk of an unproven experimental vaccine and allowed the drug companies to subject hundreds of millions of people to an experiment with the risks of hundreds of thousands, if not millions of unnecessary deaths with billions of dollars profit flowing to the drug companies and with no financial risk if the experiment failed – which it has.

In their briefing on 23 May 2022 prior to the passing of the Act in October, the Queensland Department of Health stated that these amendments "bring a balance to the National Scheme in

favour of consumers". They then argued that this would not have a significant impact on health professionals due to the small number of practitioners that would receive a complaint—the old trick that only people that want to do harm need to worry.

The AMA disagreed with this statement. They quoted AHPRA's latest 2020/2021 annual report that stated that 7,379 registered medical professionals had a notification that they were being investigated as a result of a complaint lodged against them – constituting 5.7% of the medical profession in a single year. "Assuming this percentage stays constant, over the course of a 25-year career almost 185,000 complaints will be made against doctors. There were 129,066 medical professionals in Australia in 2020/21. Statistically this suggests that a high proportion of doctors are likely to receive at least one complaint in their career."

"The impact of this on the livelihoods, mental health and indeed longevity of practice for doctors cannot be downplayed. The constant state of fear doctors practise under – waiting for their turn to be the next one under the AHPRA microscope weighs heavily across the profession. This level of fear and uncertainty is heightened by amendments such as these. Amendments that have not demonstrated a need for increased scrutiny and punitive actions, even in the absence of any finding against a health practitioner as is the case for public statements."

(continued on page 8)

The Covid vaccine does harm—but soon no medical practitioner will be allowed to say that

RAMESH THAKUR

Efforts to control the pandemic narrative began with a systematic suppression of any suggestion that it might have originated in a research lab of the Wuhan Institute of Virology, then moved on to denigrate, silence and smear critics of lockdowns, masks and vaccine efficacy and mandates.

A bill up for debate in the Queensland parliament on October 11 takes censorship to another level. If successful, it will fundamentally reshape the relationship between doctors, patients and health regulators.

The Australian Medical Network says under the new law "health bureaucrats will determine how doctors should approach treatment recommendations for their patients", and health regulators will be given "the power to sanction doctors for expressing their professional opinion based on their assessment of the best available science".

California's legislature has just passed a similar law empowering the state's medical board to revoke the licence of physicians who expresses opinions "contradicted by contemporary scientific consensus to the standard of care".

So now it's official. They have outlawed opinions.

Having overturned 100 years of settled science and policy orthodoxy on pandemic management with Covid, we are on the cusp of revolutionising the everyday practice of medicine by subordinating the professional judgment of doctors on the best treatment options for their patients to the directives of bureaucrats and health regulators.

As per an existing intergovernmental agreement, the Queensland change could be replicated in cascading legislative amendments in other states and territories to ensure a uniform national law (although passage by other legislative bodies is not guaranteed).

If not paused and stopped, this will affect every Australian, to the detriment of public health.

Let's look at the practical implications of this in relation to the vexed issue of vaccines for young people. Denmark and Norway have banned Covid vaccines for healthy under-50s/65s. On September 30, Sweden announced an end to vaccine recommendations for 12 to 17-year-olds from November 1. All three have excellent



Ramesh Thakur

public health infrastructure and aggressively promote best-practice public health measures.

Yet our own Therapeutic Goods Administration has approved vaccines for children aged six months to five years. The four countries cannot all be "following the science". NSW Health data backs the Scandinavians' conclusion that the Covid risk to children is minuscule. In the past four months (May 22 to September 24), just 0.1 per cent of the 2201 Covid deaths were aged 0 to 19. Almost all would have had serious underlying conditions. An article in *Vaccine* suggests that, for Moderna and Pfizer vaccines, added risks of serious adverse events are 2.4/4.4 times higher than the reduced risk of hospitalisation. In a follow-up note, two of the authors note that the manufacturers' clinical trials showed 125 adverse events per 100,000 vaccinated people, while preventing between 22 to 63 hospitalisations.

Another study in preprint by US, Canadian and British scientists estimates that to prevent one Covid hospitalisation in 18 to 29-year-olds, 22,000 to 30,000 of them must be boosted. But for every one hospitalisation prevented, there are 18 to 98 serious adverse events: a net expected harm.

For children, the risk of severe illness or death from Covid is very slight - while the risks of serious reactions to vaccines are higher

Another new study of almost 900,000 children aged five to 11 in North Carolina, in the *New England Journal of Medicine*, adds to concerns that vaccines don't just rapidly lose effectiveness; they might also be destroying natural immunity against reinfection.

Among children who had been infected by the Delta variant and didn't get vaccinated, protection against reinfection

fell from 95 percent in September last year to 53 per cent at the end of May this year. In infected children who were also vaccinated, effectiveness had fallen to zero by May. The likely, albeit not definitive, explanation is that the vaccines themselves are damaging natural immunity.

Aseem Malhotra is a British cardiologist who initially promoted the Covid vaccines on TV to help overcome public hesitancy. When his fit and healthy 73-year-old dad died of a sudden heart attack six months after a second Pfizer dose, he spent six months analysing the data around vaccines. He now describes this as "perhaps the greatest miscarriage of medical science we will witness in our lifetime".



British consultant cardiologist Aseem Malhotra

The number needed to vaccinate to prevent just one Covid death against the Delta variant reflects the steep age-segregated risk profiles, from 230 for over-80s to 93,000 for 18 to 29-year-olds. Against this, the risk of myocarditis ranges in different studies from one in 6000 to one in 2700 for 12 to 27-year-old males, once again demonstrating net harm.

In the two-part peer reviewed article in the *Journal of Insulin Resistance* on September 26, Malhotra concludes: "There is a strong scientific, ethical and moral case to be made that the current Covid vaccine administration must stop until all the raw data" has been released and "subjected to fully independent scrutiny". He calls on the medical and public-health professions to "recognise these failings and eschew the tainted dollar of the medical industrial complex".

Meanwhile, many of the claims ad-
(continued on page 2)

Confidence Through Censorship: The (Medical) Ministry of Truth, by Kara Thomas

Kara Thomas, AMPS Secretary explains the devastating impact of the health practitioner regulation bill on Australian medicine in an article published by the Spectator on 25 October.

The Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022 refocuses the guiding principles of medicine to prioritise public confidence over public health and safety.

This bill, if passed by other jurisdictions in Australia, will essentially legislate national medical censorship as a means to ensure public confidence in government health services.

On Wednesday, October 12, the Queensland Labor government – with support from the LNP opposition – passed a dystopian and dangerous bill.

The Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022 refocuses the guiding principles of medicine to prioritise public confidence over public health and safety. It allows bureaucrats to name and shame doctors, a move which the AMA described as ‘incoherent zealotry’.

This bill, if passed by other jurisdictions in Australia, will essentially legislate national medical censorship as a means to ensure public confidence in government health services.

Adherence to the Good Medical Practice code of conduct means that advocating for patients (which is our primary concern) is being overridden by external demands to comply with public health messaging. Our code of conduct is predicated on The Hippocratic Oath, the Declaration of Geneva, and the International Code of Ethics which outlines our dedication to serving humanity: To *first* do no harm, making our patients our primary consideration.

Political-based medicine has now replaced evidence-based medicine.

History has proven that unquestioning compliance to government directives is dangerous. In 1947, the World Medical Association agreements were formed in the aftermath of the second world war due to the gross systematic human rights abuses which took place under enforced national laws. Tragically, the political currents in Australia appear to be heading towards bureau-

cratic medical compliance enforced through regulatory threats, soon to be legislative threats.

In 2015, the federal government passed *The Australian Border Force Act 2015* which made doctors who advocated for their refugee patients liable to face up to two years imprisonment. Doctors for Refugees challenged this law in the High Court a year later. A major basis for their argument, according to their submission to the Medical Board’s 2018 Code of Conduct review, was that the Code doctors had sworn to uphold and advocate for the rights of their patients could not be overridden by the vagaries of domestic laws.

The government eventually backed down on this law and had that problematic section repealed.

Interestingly, their submission was in response to the Medical Board attempting to insert into the medical code the concerning phrase ‘doctors must comply with relevant laws’. The response to the word *comply* was fierce as the idea that the medical code of conduct could enforce compliance to political decree was antithetical to what doctors had sworn to uphold.

With the arrival of Covid came the bureaucratic decree through the March 9, 2021 joint statement by AHPRA and the National Boards that made undermining public confidence in the government’s Covid public health messaging equivalent to professional misconduct. Questioning ‘the message’ is now subject to investigation and disciplinary action, including immediate suspension of registration.

Letters received by practitioners who have questioned the government response to Covid are chilling in their implication. After being suspended by National Boards under the immediate action clauses for allegedly being a threat to public health and safety, they are accused of the crime of non-compliance. They are deemed a threat because they failed to comply with public health orders, undermined the Board’s position on the promotion of Covid vaccination, and undermined public confidence because their medical expert opinion contravened government health authorities.

In summary, health professionals are not permitted to question the ‘secret health advice’ without losing their registration to practise.

Consider that in response to Covid, our health bureaucracy overturned the

medical industry’s well researched 2019 pandemic preparedness plans – doing almost the total opposite of what was recommended by health professionals. Interestingly, Dr Rochelle Walensky, Director of the CDC, told employees recently: ‘To be frank, we are responsible for some pretty dramatic, pretty public mistakes from testing, to data, to communications.’

In December 2020, the FDA outlined, ‘At this time, data is not available to make a determination about how long the vaccine will provide protection, nor is there evidence that the vaccine prevents transmission of SARS-CoV-2 from person to person.’ Our health bureaucrats, regulatory agencies, and politicians mandated provisionally approved vaccines by telling the population repeatedly that they stopped transmission and people were selfish granny killers if they didn’t get jabbed.

We, as health professionals, are not allowed to question government statements on transmission without losing our registration to practise.

On September 2021, a delegate of the Secretary of the Department of Health rescheduled ivermectin, in effect banning it for use as an off-label treatment option for Covid stating ‘subsection 52E(1) of the Therapeutic Goods Act 1989, in particular paragraph (f), which empowers the Secretary to act on any *other matters* that the Secretary considers necessary to protect public health’.

Ivermectin is one of the World Health Organisation’s list of essential medicines. It was fully approved by the TGA and found to be very safe according to their own 2013 Australian Public Assessment Report for Ivermectin.

Two of the reasons the TGA gave for denying Australians access to a drug that showed great promise in the treatment and prevention of Covid-19 was that it was all of a sudden unsafe and its availability might dissuade people from getting vaccinated. Behaviour modification was undertaken, with the TGA appearing to act in partnership with other government nudge units to promote vaccination.

We as health professionals are not permitted to advocate for ivermectin without losing our registration to practise.

In July 2021, as Australians were being mandated through coercive techniques to get vaccinated with poorly

(continued on page 12)

(continued from page 11)
 tested provisionally approved gene-based vaccines that our Health bureaucrats and politicians repeatedly told us had been proven safe and effective, the TGA was amending the Therapeutic Goods Regulation Act to further reduce the safety and efficacy requirements for any medicine that is for the treatment or prevention of Covid. Not only do manufacturers have six years to provide the government with safety and efficacy data on these provisionally approved jabs, they also no longer have to demonstrate they could provide a greater benefit than other available medicines or that the medicine is likely to provide a major therapeutic advance.

We, as health professionals, are not allowed to question the safety and efficacy without losing our registration to practise.

Recently, the TGA has granted provisional approval to Moderna for the active immunisation and prevention of Covid in high-risk babies and young children. The report concluded the vaccinations had low levels of

protective efficacy against infection, they didn't know how long any efficacy lasted, and while the (Advisory Committee on Vaccines) recommended the provisional approval to children at high risk they noted high-risk children were excluded from the study. Across the world, pandemic policy and guidelines vary. Denmark is no longer recommending vaccination for people under 50, Norway no one under 65, but our regulatory body is expanding approvals to 6-month to 4-year-olds.

We, as health professionals, are not allowed to question this approval without losing our registration to practise.

Whenever governments want to enact laws to suppress free expression, censor and punish dissenters through threats to careers and livelihood, to control public perception as a means of creating confidence through enforced public ignorance, it is time to ask some serious questions.

If this bill passes nationally and the government becomes the single authority on all health advice, then unquestioning compliance becomes the new accepted standard of good medi-

cal practice. That is the end of medicine and the death of science. George Orwell's Ministry of Truth has arrived. Public confidence in politicians and their bureaucrats should never come at the expense of people's right to full, free, and unhindered access to scientific evidence and emerging data.

The Australian Medical Professionals Society is dedicated to fighting for medical free speech for the safety of those we swore to protect, our patients. Prioritising public confidence in government through censorship has led to what Professor Bhattacharya has said is the single biggest public health mistake in human history. With Dr Aseem Malhotra, a British Cardiologist, recently describing the mandates as 'perhaps the greatest miscarriage of medical science we will witness in our lifetime'. We must stop medical censorship and allow doctors to be doctors. This bill is dangerous to the future of medicine and the health of our nation.

Kara Thomas is the Secretary of the Australian Medical Professionals Society

(continued from page 8)
 According to retired barrister Julian Gillespie, the sequence of events was something like this:

1. The federal government entered into a treaty with the WHO in 2007. the WHO now receives most of its funding from private sector groups most of whom have close connections and investments in big pharmaceutical companies;
2. Many of the WHO recommendations involve matters that cannot be legislated under the Australian Constitution, such as regulating health matters that don't go beyond quarantine powers, powers relating to public health, public order and governance. So it needed the cooperation of the States and territories if it needed to cover anything from disease surveillance to searching property. So ...
3. It created the National Health Security Act to invite the States to provide it with the public health powers it needed. Under Section 7 of this Act the National Health Security Agreement to which all the States signed up to in 2011.
4. To implement the WHO regulations the position of Secretary of Health in the Department of Health was designated—currently held by Brendan Murphy since July 2020.
5. To implement a national plan the

Department of Health gives full control of all matters of response and messaging to the Australian Health Protection Principal Committee (AHPPC) where a subcommittee of the AHPPC, the Communicable Diseases Network Australia (CDNA) create much of the ground policy and recommendations that the AHPPC implement—on masking, curfews, social distancing, lockdowns, etc — and the states and territories then also implement.

6. To ensure uniform messaging the National Health Emergency Media Response Network (NHEMRN) develops scripts that the states and territories use for public announcements including the propaganda that the vaccines are 'safe and effective'.
7. In 2019 when the COVID-19 pandemic broke out the WHO recommendations were sound. They included scientific evidence opposing contact tracing, home quarantine, school closures, workplace closures, travel restrictions, entry and exit screening and border closures. These were incorporated into the Australian Health Management Plan for Pandemic Influenza in August 2019 or for any pandemic. But less than a year later the WHO issued a completely new unfounded set of recommendations stating exactly the opposite, with no scientific ex-

planation for reversing the recommendations such as with lockdowns and mandates. The new regulations coming from the WHO were clearly to control the population not to preserve health. In fact the mandates resulted in an increase in deaths. There was no increase in overall deaths from the virus until the vaccine started to be rolled out.

As revealed in the recently released Fault Lines Report most of the decisions made were known to be not based on any scientific evidence so the pandemic response was largely an 'overreach' beyond any legal powers or authority.

The Australian Health Professionals' Regulation Agency (AHPRA) that threatens doctors with loss of their licence to practise is answerable to the Health Ministers Meeting, formerly the Council of Australian Governments (COAG) Health Council.

Paul Kelly, the current Chief Medical Officer, liaises closely with Secretary of Health Brendan Murphy. Murphy is a member of the Health Ministers Meeting that influences the AHPRA.

The recently passed National Health Practitioner Regulation National Law and Other Legislation Amendment
 (continued on page 16)

Convenor's Report for the year ending 30 June 2022

Changes on Committee: At the AGM on Saturday 27 November 2021 Selwyn Garwell was elected Convenor, Lynne Maunder, Sue Johnston and Naomi Groothoff were elected Committee members. The positions of Vice-Convenor, Secretary and Treasurer remained vacant along with two Committee positions.

Staff: Don Benjamin remained as General Manager and Research Director; Dr Anita Adhitya as Research Project Manager; Dr Gareth Fletcher as Research Assistant and Susie Benjamin as Senior Counsellor. Claire Seabrook, who had replaced Claudine Habib who had resigned, had become Office Manager in August 2021. All staff, other than Dr Gareth Fletcher, work part-time. The CISS Office is open 5 days a week.

Membership: During the past year the membership has continued 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 76 to 70 while internet members remained at 22 giving a total membership of 92. During the year all internet members had their membership renewal date converted to 30 June so all members now have a common renewal date.

Support Services: Susie Benjamin continued to provide free emotional support to members with cancer.

Office hours: The Office continued to be open 5 days a week from 9.00am to 5.00pm with the Office Manager present 3 days (Monday, Tuesday and Thursday) and the General Manager 3 days Monday, Wednesday and Friday).

Overseas and Local developments: The main overseas development was the continuation of the COVID-19 virus that also affected Australia. This has continued to result in some restrictions although with little effect on CISS' operations, except for the introduction of more Skype-held Committee meeting.

One of the significant effects of the COVID-19 pandemic was a serious undermining of the principles of evidence – based medicine that CISS has been trying to have introduced into the treatment of cancer in Australia. The influence of the major drug companies, especially those producing the experimental mRNA COVID vaccines has resulted in the approval of these vaccines that had been proven neither safe nor effective. US regulations prohibit emergency approval of vaccines if there is an alternative safe or effective treatment available. This led to US health authorities to misrepresent both hydroxychloroquine and Ivermectin as being unsafe and ineffective despite clear evidence to the contrary.

Australian health authorities followed this misrepresentation and the TGA had Ivermectin prohibited from use. Doctors who spoke out against these misrepresentations were threatened with losing their licence to practice medicine.

Deterioration of medical principles

By the end of June 2022 legislation was being introduced to change the principles of medical regulation so that health bureaucrats, rather than professionally trained doctors, would determine what is best for patients. The new main objective would be to ensure public confidence in medical authorities rather than protect patients; so doctors who objected to the new dogma would be named and shamed, thereby jeopardising their careers. No mention was made about evidence based medicine.

Opposition to these serious developments started to grow accusing medical authorities of "overreach".

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. With the help of our lawyers we appealed the final revocation notice that was issued on 1 August, 2021. We have heard nothing since. [The ACNC Commissioner Gary Johns has since retired and been replaced in August 2022 by Acting Commissioner Deborah Jenkins.]

At the time of our appeal our lawyers stated 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".

So it seems that more than one Australian regulator suffers from this problem.

(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.)

Legislation to extend ACNC's powers

There was legislation introduced in 2021 by the Coalition Government being debated to expand the ACNC's powers to revoke the status of 'activist' charities such as CISS. This extension of powers was rejected by the Senate on 25 November 2021 following a campaign led by independent Senator Rex Patrick supported by Jacqui Lambie and ultimately by the ALP and the Greens.

CISS Branches: The Central Coast Branch of CISS continued to operate but with regular monthly meetings suspended due to the COVID-19 situation and only recently restored.

Financial year outcome: A summary of the financial year's outcome is on the following two pages. The Society finished with a surplus of **\$298,283** compared to a deficit of \$136,948 the previous year. The main reason for this is the receipt of ~\$570,000 of a bequest valued at about \$720,000 from the late Jessie Barrie Speight. The remaining ~\$150,000 is still to be received. Employment of a full-time Research Assistant for our main Research Project has absorbed about half of our employment costs of ~\$250,000 for five staff. Total income was ~\$597,100 and total expenditure was \$298,800. Total Members' Equity at 30 June 2022, including premises, including a car space, with a total value at ~\$225,400 was **\$608,692**.

Accountant and Auditor: The Committee wishes to acknowledge the help of Avinash Jhawar in reconciling our annual accounts and his brother Anand Jhawar 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 2022 will be presented at the Annual General Meeting on Saturday 26 November at 2.00pm at the CISS office.

Extracts from the Financial Statement for the Year Ended 30th June 2022

CANCER INFORMATION & SUPPORT SOCIETY INCORPORATED

The surplus for the Society for the financial year was

\$298,283.21

CANCER INFORMATION & SUPPORT SOCIETY INCORPORATED

	2022	2021
CURRENT ASSETS		
Cash	16,407.11	25,736.34
Investments/receivables	395,368.86	63,776.94
Inventories	1,618.64	1,618.64
Unrealised Investment Income/Tax credits	14,198.10	15,503.10
Trade debtors	0.00	0.00
Total Current Assets	<u>427,592.71</u>	<u>106,635.02</u>

Notes to and Forming Part of Accounts for the Year Ended 30 June 2022

2. CASH

	2022	2021
Cash at LCU/Paypal	2,189.34	1,943.84
Cash at Bank Aust	0.00	0.00
Special investments: Northhaven, ING	14,197.52	23,751.04
Cash on Hand (incl petty cash)	27.00	20.25
	<u>16,413.86</u>	<u>25,715.13</u>

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 2022 there were 92 members of the Society.

8. OPERATING SURPLUS/DEFICIT

has been determined after:

	2022	2021
CREDITING REVENUE		
Sales Revenue	0.00	0.00
Donations inc bequest	592,519.60	1,860.00
Membership Subscriptions	4,134.00	3,940.00
Interest earned	36.80	94.18
Income from investments	866.44	6,777.00
Rent Received	0.00	160.00
Gov't grants -JobSeeker/Cash boost	0.00	114,926.00
Sundry Income	50.00	0.00
Inflow of Funds from Operations	<u>597,606.84</u>	<u>127,757.18</u>

CHARGING AS EXPENSE

Auditor's Remuneration		
Accounts assistance (MYOB)*	13,970.00	13,970.00
Plant and Equipment	0.00	797.00

TOTAL ASSETS

655,173.63

CURRENT LIABILITIES

Loan Central Coast	5,620.77	0.00
Superannuation payable	7030.40	7456.69
PAYG Withholding Payable	12,981.39	0.00
Salary sacrifice Rent deduct	0.00	0.00
Refundable deposit - Remote control	110.00	110.00

TOTAL LIABILITIES

25,742.56

NET ASSETS

629,431.07

MEMBERS EQUITY

Retained earnings	214,410	351,322.44
Office premises Revaluation Reserve	96,000	96,000.00
Current year earnings	311,325	-136,912.00
Accumulated Surplus	621,735.00	310,410.44
TOTAL MEMBERS' EQUITY	<u>621,735.00</u>	<u>310,410.44</u>

CANCER INFORMATION & SUPPORT SOCIETY INCORPORATED

CANCER INFORMATION & SUPPORT SOCIETY INCORPORATED

REVENUE ACCOUNT FOR THE YEAR ENDED 30th JUNE 2022

DIVISIONAL TRADING ACCOUNT FOR THE YEAR ENDED 30th JUNE 2022

INCOME	2022	2021	HANDBOOKS	2022	2021
Donations	1,250	0	Sales	0.00	0.00
Bequest	591,270	1,860	DVDs		
Membership Subscriptions	4,134	3,940	Sales	0.00	0.00
Interest Received	62	94	VITAMINS, SUPPLEMENTS AND ACCESSORIES		
Rent received - office/car space	50	160	Sales	0.00	0.00
Investment Income/	1,111	6,777	JUICERS		
Incr M'ket value	13,515	319	Sales	0.00	0.00
COVID Cash Boosts/Jobkeeper Income	<u>114,926</u>				
Total Income	<u>611,436.04</u>	<u>128,076</u>	TRADING ACCOUNT FOR THE YEAR ENDED 30th JUNE	2022	2021

EXPENSES

Depreciation	662	797	SALES	0.00	0.00
Investment costs	2,004	2,923	Purchases, stock adjustment	0.00	0.00
Audit/Bookkeeping Fees	13,970	13,970	GROSS PROFIT ON TRADING*	<u>0.00</u>	<u>0.00</u>
Bank Charges/Interest paid	458	479	Value of Investments		
Subscriptions	2,451	2,749	Cash A/C Bank	14,197.52	23,751.04
Sundry Expenses (incl donation and refunds)	19.00	509.64	Aust Shares	2,541.26	23,355.10
Insurance	0	4,568	Fixed Interest A/C	0.00	0.00
Legal fees	13,419	32,229	Int'l Shares	392,827.60	16,670.80
Electricity	804	646	Prop & Infra A/C	0.00	21,682.51
Newsletter & other printing costs	2,259	2,153	Subtotal	<u>409,566.38</u>	<u>85,459.45</u>
Rent and outgoing	146.31		Listed securities	15,841.10	9,460.00
Postage & Stationery	27	135	Tax credits - Invest Inc	0.00	15,503.10
Repairs & maintenance	0	0		<u>425,407.48</u>	<u>110,422.55</u>
Computer Maintenance & services	4,602	1,806			
Advertising & Promotion	173	0			
Fees and charges	680.00				
Salaries/Wages/Super'n/W Comp'n	254,196	196,505			
Strata Plan levies	1,956	1,912			
Council rates	648	1,260			
Supplies	0.00	679			
Telephone/internet	1,382	1,670			
Water	255	0			
Total Expenses	<u>300,110.84</u>	<u>264,989</u>			
Operating Surplus/(-Deficit)	<u>311,325.20</u>	<u>-136,912</u>			

What's Available from the CISS Office?

DVD: CISS 2007 Seminar: Cancer & Hope \$29.50
Enema Kits: \$16.50

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

Branches of CISS

NSW

CISS CENTRAL COAST

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

CANCER SUPPORT GROUPS

NSW

ACTIVE WOMEN TOUCHED BY CANCER & CELEBRATING LIFE

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.

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/stgcsgr/>

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 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 (b.h.).

FRUITARIAN RAW FOOD NETWORK

Write to PO Box 293 Trinity Beach Qld 4879.

QUALITY OF LIFE CANCER SUPPORT GRP

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

(continued from page 12)

Act 2022 is "National" in name only.

There is no law at the federal level authorising AHPRA to threaten health practitioners with losing their licence if they criticise health policy. It is rather an agreement between health ministers of each state to ensure that state health policies are consistent from state to state. It manages applications for registration for the 16 registered health professions (such as doctors, nurses and most allied health practitioners) on behalf of the 15 different

Registration Boards.

The only authority it has is to implement a decision of a state medical board that has the authority to approve or withdraw a licence to practise of a health practitioner in a particular state.

So the legal situation is fairly complicated from a legislation point of view. Those planning the increase in control over the population by the drug companies, acting via the medical profession probably planned it

this way.

For example, as described by Dr Bruce Dooley on page 6, in the US the main planning was done by the Federation of State Medical Boards that were funded by the large drug companies. So it is not surprising that in Australia the authority calling the shots is the AHPRA, a federation of the Australian state medical boards. As mentioned above the AHPRA works closely with the Health Ministers' Meeting via the Chief Medical Officer and the Secretary of Health.

(continued on page 2)