



September/October 2022

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

## Healing Cancer—Stress: The cancer connection?

Psychological stress has long been linked to cancer. More than 2,000 years ago, Galen, a Greek physician, noted that depressed people were more prone to developing the disease. In 1759, an English surgeon wrote that cancer went along with "disasters in life, as occasion much trouble or grief."

A German physician named Dr Ryke Geerd Hamer further proved the mind-body cancer connection. Shortly after his son Dirk's sudden and untimely death, Dr Hamer was diagnosed with testicular cancer. Since his son was in good health in general and had never been seriously ill, Dr Hamer began to wonder if the shocking loss of his son was somehow related to the development of his own cancer. This hypothesis was just the start of a fascinating scientific journey.

As Dr Hamer, then a head internist at a cancer clinic at the University of Munich, began delving into the history of his cancer patients, he discovered a vital correlation. They had all undergone some form of shocking trauma - which he called "conflict shocks" - prior to diagnosis. He hypothesised that since all bodily processes are controlled by the brain, these acute stressful incidents manifested as disease and malfunction of specific organs. After poring over thousands of patients' medical records and brain scans, Dr Hamer concluded that every single disease - not just cancer--could be linked back to these conflict shocks.

### A Common theme

Dr Hamer's research makes perfect sense. In my clinical experience, I've found that stress from ongoing emotional conflicts - bad marriages, negative parent-child relationships or sibling disagreements - plays a crucial role in the development of *every single one of my patients' illnesses*. You read that correctly: unresolved conflicts from past or present relationships greatly affect our well-being. Repressing these long-held emotions has a tremendous negative impact and allows stress to brew in our bodies.

Resolving conflicts and getting a handle on stress are as vital to your recovery or contin-



**Dr Leigh Erin Connealy**

ued health as eating your vegetables, taking your supplements, undergoing chemotherapy or having surgery. I strongly encourage everyone to have a serious conversation with themselves, God, a health care practitioner, or a trusted friend or family member to find out if there's an emotional conflict in their lives that needs to be addressed.

I feel so strongly about this topic, I devoted an entire chapter of my book, *The Cancer Revolution*, to the importance of stress reduction.

### The link between stress and cancer

It's not hard to understand how chronic stress negatively impacts the body. After all, the fight-or-flight response ingrained in humans was meant to help protect us from predators and other perceived threats - in the short term. The limbic system does its job, sending blood pressure and heart rate skyrocketing and prompting the adrenal glands to churn out adrenaline, cortisol and norepinephrine. Once we have evaded the danger, our hormone levels normalise and the body returns to a state of equilibrium.

But when stress levels remain elevated overtime, all those stress hormones stay in the bloodstream, increasing the risk of several health conditions, including anxiety, depression, gastrointestinal issues, sleep problems, heart issues and memory concerns. And that's just the tip of the iceberg. According to the National Cancer Institute, chronic stress also negatively impacts immune function and tumour growth.

A landmark animal study revealed that when mice injected with human tumours were secluded from other mice - a situation that induced stress - their tumours were more likely to grow and metastasise. Those stress hormones we just discussed - particularly cortisol and norepinephrine - also promote inflammation and cancer growth. And stress itself suppresses the body's production of immune cells, creating the perfect environment for malignant cells to take hold and multiply.

### Ten stress-reduction strategies for every schedule, budget and fitness level

Fortunately, there are several readily available solutions out there for effectively relieving stress. Time and again, we've seen patients at the Center heal faster and live better once they put these treatments and suggestions into action. Better still, they can do most of these stress-relieving therapies at home, without the aid of a qualified health care practitioner. These powerful tools and treatments work, not only on the mind but also on the total body, restoring peace, reducing stress and anxiety, and helping you tremendously on your wellness journey.

I've heard all the excuses from patients: "I'm too busy," "It's too expensive" or "I'm too out of shape!" The following stress-reducing techniques can fit into any schedule, budget or fitness level, and there are certainly a handful here that you can implement starting today.

#### 1. Yoga

The ancient practice of yoga requires phys-  
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# CANCER INFORMATION & SUPPORT SOCIETY NEWSLETTER

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lethal Omicron variant struck, vaccines developed to combat the original Wuhan strain proved inadequate to controlling the spread.

Meanwhile Denmark's government would appear to have been captured by anti-vaxxers. Earlier this month it banned vaccines for anyone under 18 unless prescribed by a doctor based on an individual assessment of high risk. Similarly, people under 50 will no longer get a booster unless recommended by a doctor.

Bowing to the growing body of studies and the weight of accumulating data, on August 11 the globally influential US Centres for Disease Control and Prevention issued new guidance.

It marks a quiet yet major retreat from previous Covid management, based on the triple acknowledgment of "transient" protection from vaccination and boosters against infection and transmission, breakthrough infections among vaccinated, and naturally acquired immunity through infection. It

also quietly dropped the false claim that the mRNA and spike protein "do not last long in the body".

The guidelines have moved sharply away from social distancing, quarantining, track-and-tracing, asymptomatic testing and even vaccine requirements, abolishing the distinction by vaccination status for most settings.

Their net threefold effect is to transfer much of the responsibility for risk reduction from institutions to individuals, to prioritise preventing severe illness over slowing transmission, and to switch from sweeping population-wide precautions to targeted advice for vulnerable populations.

If this looks similar to the much-reviled Great Barrington Declaration of October 2020\* that merely restated the pre-Covid-19 medical-scientific consensus, that's because it is.

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

\*The Great Barrington Declaration of October 2020 included the following:

*"...As immunity builds in the population, the risk of infection to all – including the vulnerable – falls. We know that all populations will eventually reach herd immunity – i.e. the point at which the rate of new infections is stable – and that this can be assisted by (but is not dependent upon) a vaccine. Our goal should therefore be to minimize mortality and social harm until we reach herd immunity.*

*The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection.*

*Adopting measures to protect the vulnerable should be the central aim of public health responses to COVID-19...."(Ed.)*

### What is cancer?

Dialogue With Cancer: What does it want to tell you? What do you want to say to it? ...Cancer gives us an opportunity to discover the extent of our own misunderstandings and false reasoning. ...The point is, cancer is telling you something, even if it's only that your health is in ruins. But it's more subtle than that. ... Healing then is a matter of re-uniting, of regaining oneness, restoring that holism. You cannot be whole in health

while part of your biological creature is attacking the rest of your tissues. It comes down to love. Remember the technique of the late Dr Patrick Kingsley ... Love those cancer cells and they might just come back into the fold, give up the rebellion and start a healing process. ... But once it is understood that we are a part of the greater whole, the cancer too will yield....

*From: The Psychology of Cancer – Why we get cancer. How to fight it. What it can teach us. by Keith Scott-Mumby*

### 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

#### The Influence of Big Pharma

A lot of the news coming from overseas relates to the gradual exposure of the Covid-19 scandal that relates to the people at the top of the US health authorities, such as Anthony Fauci, being accused of acting on behalf of pharmaceutical companies in ensuring that the Covid-19 vaccine, that was known to be both unsafe and ineffective, was used wherever possible.

As mentioned in earlier Newsletters the evidence was strong\* that

- (1) the Covid-19 virus accidentally leaked from the Wuhan laboratory;
- (2) the US was funding the development of the virus and the vaccine in a joint US-China project involving banned biological warfare research—prohibited by the US congress;
- (3) this funding was being channelled though Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases (NIAID) and Chief Medical Advisor to the US President.

\* see for example Australian investigative journalist Shari Markson, "What really happened at Wuhan? A Virus Like No Other, Countless Infections, Millions of Deaths". HarperCollins Australia 28 September 2021 (448 pages).

The influence by the pharmaceutical companies was so strong that Australia's medical profession went along with this. See Local News.

### LOCAL NEWS

Australia's medical profession became the local agents for ensuring that

- (1) the Covid-19 vaccine was presented as both safe and effective;
- (2) anyone criticising this unproven claim was accused of being part of a conspiracy and an anti-vaxxer;
- (3) any doctors who dared to question this dogma or suggested that there were other safer and more effective treatments (such as Ivermectin or hydroxychloroquine) were threatened with losing their licence;
- (4) the Australian media were complicit in suppressing any information critical of this false "safe and effective" medical dogma or exposing this



**Don Benjamin, Editor**

scandal.

At the time the vaccines were given emergency approval, on the grounds that there were no other safe or effective treatments, both Ivermectin and hydroxychloroquine were known to fit this requirement, so this information had to be suppressed. This was done by Australia's TGA who made sure that Ivermectin was placed on Australia's prohibited list.

The risk-averse politicians, fearing not doing enough did what they were told and ensured that the Australian Health Practitioner Regulation Authority (AHPRA) - the body entrusted in licensing Australian doctors, had the powers to silence dissident doctors who might speak out.

Australian health professionals numbering over 825,000 were essentially forbidden from publicly questioning the shoddy science underlying the emerging COVID-19 vaccines.

The same process was tried in the UK but a doctor Dr Sam White appealed to the UK High Court that found that the General Medical Council (equivalent to Australia's AHPRA), was denying his freedom of speech so had been in breach of the Human Rights Act of 1998. (See May-June Newsletter). According to the editors of What Doctors Don't Tell You (see page 8), the GMC's Gestapo-like tactics are reserved for outstanding

doctors such as oncologist Karol Sikora, who dared speak out for a fellow cancer specialist who had spent too much time with patients, or Sarah Myhill who has been before the GMC 40 times for healing her patients. Her mistake was not following standard protocols (although on every occasion the patient was cured).

Fortunately there were enough Australian doctors with high ethical principles to risk their future and push for this scandal to be exposed.

#### The role of AMPS in the fight-back

The Australian Medical Professionals' Society (AMPS) is an industrial association of employees whose principal purpose is to protect and promote the interests of members in matters concerning their employment. They are a non-party political alternative to the AMA and the Australian Salaried Medical Officers' Federation (ASMOF). Their mission is to fight for doctors' rights at work and beyond without the politics, or exorbitant fees.

The Victorian Branch of the AMA has also now called for a royal commission to investigate the AHPRA's conduct with this serious restriction of freedom of speech among Australian doctors.

See page 5 for how these and other principled Australian doctors are fighting back against the medical dictators—who are trying to control doctors the same way as in China. AMPS has written an open letter to many organisations and all members of parliament providing actual evidence of the dangers of the COVID-19 vaccines that have been suppressed by the Australian media. The information for this Open Letter was prepared by Dr Phillip Altman.

Dr Altman has a Bachelor of Pharmacy (Hons), a Bachelor and Masters of Science and a Doctor of Philosophy. He works as a clinical trial and regulatory affairs pharmaceutical industry consultant with more than 40 years of experience in designing, managing and reporting clinical trials. He has dealt extensively with the Australian Therapeutic Goods Administration (TGA) throughout his career.

He has also worked for and consulted with, most of the international pharmaceuticals companies represented in Australia. He was fundamental in the establishment of the Australian Regulatory and Clinical Scientists Association (ARCS),

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ical and spiritual focus and discipline. Combining postures, rhythmic breathing and meditation reduces stress and promotes overall well-being. This exercise form aligns mind, body and spirit and forces you to detach from the world, quiet your mind and focus on the divine.

Aside from offering mental health benefits, yoga has also been shown to increase energy, flexibility and strength; boost circulation; stimulate immune function; and promote the production of mood-enhancing chemicals.

Yoga's adjunct cancer therapy benefits have also been scientifically proven. Countless studies support its ability to reduce stress and improve mood and quality of life. And one study out of the University of Texas MD Anderson Cancer Center revealed that cancer patients with lymphoma who practiced Tibetan yoga slept deeper and longer than their non-yoga-practicing counterparts. They also required less medication for sleep. Better sleep is crucial for lowering cortisol levels, putting a damper on inflammation and ultimately reducing stress.

If you don't have the time or budget to join a yoga studio, several low-cost and no-cost options are available. For example, you can purchase yoga DVDs or join online classes on YouTube and other streaming platforms.

## 2. Deep breathing and meditation

Most people don't pay much attention to breathing; we often take it for granted because it's automatic. But being mindful of how we breathe can make a world of difference when it comes to stress reduction.

Typically, people breathe shallowly, from the chest rather than the diaphragm. This practice puts the body into an oxygen-deprived state. Breathing deeply not only oxygenates the body but also promotes relaxation. It may even help you fight off cancer and other health concerns by reducing the number of free radicals that damage cells and by helping lower blood sugar and insulin levels.

You don't have to meditate while practicing deep breathing, but it helps tremendously with controlling your mind and thoughts. It also lowers high blood pressure and can help reduce symptoms associated with cancer, such as pain and fatigue.

It takes a bit of time and determination to incorporate deep breathing and meditation into your daily practice, but the benefits are worth it. Countless smartphone apps, online tutorials and streaming services can help teach you the proper way to meditate, most for a nominal fee.

## 3. Qigong and tai chi

If you want to combine meditation with low-impact exercise, you might try qigong or tai chi. Qigong, which translates to "energy practice" in Mandarin Chinese, helps promote healing and relaxation by rebalancing energy flow through the body. Tai chi was derived from qigong and tends to be a little more physically and mentally challenging. However, both are wonderful for combating stress and balancing energy.

Why is balancing energy important? All the body's biochemical processes rely on energy. Your well-being is affected if energy isn't flowing correctly or is out of balance. Though qigong has been around for thousands of years and tai chi has been practiced since the 1600s, these ancient practices have only recently made headway in Western medicine.

Science supports these exercise modalities as well. In a meta-analysis of 13 controlled trials evaluating 592 study participants, qigong and tai chi improved quality of life, boosted immunity, reduced fatigue and brought down high cortisol levels in subjects who practiced them.

You can learn qigong through instructional videos; however, you may need more guided assistance to learn the movements and techniques of tai chi effectively. Look online for a practitioner or studio near you.

## 4. Massage

Massage is a well-known stress buster. But did you know that getting a massage offers some of the same health benefits as the exercises mentioned above? In addition to reducing stress and alleviating anxiety, massage stimulates circulation and helps move lymph throughout the body. This process helps balance your hormones, stimulates the immune system and may even quell common cancer symptoms such as nausea, pain, depression and fatigue.

One study, published in the *International Journal of Neuroscience*, revealed that women with breast cancer who received three 30-minute massages each week for five weeks had more energy and less pain and were less angry and depressed than study subjects who did not receive regular massages. More impressive, that same study showed an increase in natural killer (NK) cells and lymphocyte counts (crucial for fighting cancer) and a boost in dopamine levels in the participants who received massages.

Though massage was once thought to harm people with cancer due to its circulation-boosting properties, if you avoid the tumor area, in most cases, this therapy can be a safe way to relieve stress and provide total-body benefits. Finding a massage therapist near you is simple; howev-

er, if you have cancer and want to work with a therapist who understands your condition, you can search for an oncology massage practitioner.

## 5. Aromatherapy

Pleasant scents from candles, lotions and other household items can certainly make your home smell good, but these fragrances are far from authentic aromatherapy. True aroma therapy uses pure oils - created from roots, seeds, leaves and blossoms - of healing and therapeutic plants to help you de-stress and improve total-body wellness. These oils, believed to have the highest vibrational energy of any substance, are thought to raise the body's energy, boosting immune function. Though aromatherapy has been used for thousands of years, it has only recently taken hold with integrative and holistic healers in Western medicine.

Like many of the therapies discussed above, aromatherapy positively affects mood and reduces stress, anxiety, pain and fatigue. In addition to breathing them in, you can massage essential oils into the skin (usually with a carrier oil like coconut or jojoba) or dilute them in a diffuser or vaporizer. (I don't typically suggest ingesting them as they can be quite potent.) Some of the most common oils for stress relief are lavender, rose, frankincense, lemon, orange, sandalwood and bergamot.

One caveat: If you have an estrogen-dependent tumor (i.e., breast or ovarian), be careful with essential oils such as sage, fennel and aniseed. They contain estrogen-like compounds that may promote tumor growth. Your best bet is to work with a qualified aromatherapist if you have any concerns.

## 6. Journaling

One tool that's great for stress reduction and emotional healing is journaling. Better still, it's free and can be done from the comfort of your own home. Spending as little as 15 minutes a day putting your thoughts on paper, recalling the events of the day or setting goals can help you process, sort out and unload all the challenges you face - whether or not you have cancer or any other health concerns. It's an excellent emotional outlet that provides clarity and reduces stress. Journaling helps release those pent-up emotions and resolves issues you may not even realise are plaguing you.

I also encourage patients to share the thoughts they journal with a spouse, family member or close friend. This honest and open communication can be even more therapeutic than the journaling itself.

## 7. Humour and daily laughter

"Laughter each day keeps the doctor away" may not be the saying, but it should be.

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# COVID-19: EVIDENCE-BASED INFORMATION

Australian Medical Professionals' Society

August 2022

TO: The Australian Colleges and Associations of Medicine, Health, and Science, and All Australian Federal, State, and Territory Senators and Members of Parliament

Dear Colleagues,

It is with great pleasure that I introduce you and your respective organisations to the Australian Medical Professionals Society. This email deals with several issues which are of concern to our membership and, we hope, yours. At the top of the list is the issue of medical free speech and its ramifications for true dialogue, debate, and informative patient interaction in Australia. Also, this email and the [report of Dr Phillip Altman](#), makes available to you and your members a cutting edge update on the COVID-19 vaccinations and a comprehensive analysis of associated Adverse Events, together with implications for Australian practice. Finally, we draw your attention to our Health Reform Declaration, a statement which is gaining support as it highlights critical issues and potential solutions, within the complex environment of Australian Health Law.

Australian Health Professionals and Scientists have been actively discussing and contemplating the profound health measures undertaken within Australia over the last 2½ years. However, we believe the current range of medical, medicolegal and medicopolitical issues brought about by the pandemic requires a greater breadth of discussion – not less – within and between our respective organisations and memberships.

One of the chief concerns of our membership is that of medical free speech. Contingent to a joint statement received from AHPRA and the National Boards on 9 March 2021<sup>1</sup>, Australian Health Professionals numbering over 825,000 were essentially forbidden from publicly questioning the science underlying the emerging COVID-19 injectables, let alone questioning any government messaging urging Australians to be vaccinated because these products were deemed 'safe and effective'. The effect of this unilateral action was to undermine professional independence and, in so doing, strip away years of training, academic achievements, qualifications, awards and expertise. However well intentioned, this gagging by bureaucratic decree insert-

ed AHPRA and the National Boards between the Clinician and their Patient, in addition to counteracting normal robust interprofessional dialogue, as more data emerged.

Indeed, now 17 months later and after numerous forms of pressure to take up the COVID-19 injectables in various age categories, a tremendous amount of data is available to more fully and accurately inform clinicians about these products. This literature includes over one thousand<sup>2</sup> peer reviewed studies reporting of the harms being seen around the world, up to December 2021. In addition, it has become clear that the risk of serious illness and death attributable to COVID-19 disease is heavily weighted to the elderly and those with known co-morbidities, while in contrast, younger Australians are relatively resistant. Also, since the advent of the Delta and Omicron variants, it is highly questionable whether the vaccines are preventing transmission or illness.

In any event, the implied and intended outcome of the gagging was to see Doctors and Health Professionals effectively mandated to support the government campaign to have the Australian population injected with drugs for which there was no adequate short-, medium-, or long-term safety or efficacy data. Indeed, the rush to market and Provisional Approval occurred despite the ab-

sence of the usual pre-clinical studies, including testing for Carcinogenicity and Genotoxicity. In this regard, it should be of serious interest that a peer-reviewed investigation<sup>3</sup> has demonstrated that mRNA-derived Spike proteins enter the cell nucleus and interfere with DNA. However, many critical facts like these became forbidden subjects for Health Professionals and Doctors to raise with their patients, let alone in public forums. Thus, we contend that the joint statement of 9 March 2021 has compromised proper and informed consent in Australia.

Especially given the lack of available pre-clinical research for each of these products, or clinical studies powered to detect early safety signals at the time of Provisional Approval, the need for ongoing critical appraisal of pharmacovigilance data remains paramount, to instruct responsible day to day practice. To date, none of the makers of the COVID-19 injectables have been able to stringently show their products to be Safe or properly Effective. To date, Adverse Events flowing from these products are at historically unprecedented levels globally and continue to rise. And again, to date, no other drugs in human history have reported more deaths, illnesses, injuries, and disabilities, which number as follows (to 28 June 2022):

Covid-19 Injectables	Adverse Event Reports	Deaths
European Medicines Agency <sup>4</sup>	1,845,179 <sup>5</sup>	45,982
US VAERS <sup>6</sup>	835,062 <sup>7</sup>	13,388
Australia TGA <sup>8</sup>	132,155 <sup>9</sup>	889
UK Yellow Card <sup>10</sup>	458,463 <sup>11</sup>	2,191
<b>Total</b>	<b>3,270,859</b>	<b>62,450</b>

It is widely acknowledged that all Adverse Event reporting systems suffer from under-reporting<sup>12</sup>, an inherent challenge for passive reporting systems and their interpretation. For US VAERS reporting in respect of the COVID-19 injectables, the **Under-Reporting Fac-**

**tor (URF)** has been estimated to be between 40-49x<sup>13</sup>. **If a conservative URF of 10x is applied**, the above figures begin to more realistically represent the likely true effects of the Covid-19 injectables:

To be clear, the TGA has received

	Adverse Event Reports	Deaths
EU, US, AU, UK		
<b>Total</b>	<b>32,708,590</b>	<b>624,500</b>

Continued next page

more Adverse Event reports in 2021 through June 2022 for the COVID-19 vaccines, than they have been seen for all other vaccines in the preceding 50-year period. A similar explosion in Adverse Event reports for the COVID-19 injectables has occurred in all other countries that chose to deploy them<sup>14</sup>

but in Australia, comparing the period from 1971<sup>15</sup> until the start of 2021 in respect of traditional protein-based vaccines, to the period from 1 February 2021 through 8 June 2022 in respect of the COVID-19 injectables, we observe the following:

Number of Adverse Event Reports non-COVID vaccines (50yrs):	19,330
Number of Adverse Event Reports COVID-19 injectables (18mths):	132,668
Number of Reaction Types non-COVID vaccines (50yrs):	1,492
Number of Reaction Types COVID -19 injectables (18mths):	3,660
Number of Adverse Reactions non-COVID vaccines (50yrs):	43,878
Number of Adverse Reactions COVID-19 injectables (18mths):	433,669
# Adverse Reactions per Adverse Event report non-COVID vaccines (50yrs):	2.27
# Adverse Reactions per Adverse Event report COVID-19 injectables (18mths):	3.27

To assist your organisation and membership to understand the causes leading to these concerning signals, we provide to you the comprehensive and up-to-date report of Dr Phillip Altman. By way of background, Dr Altman's report has been used in modified formats to assist judiciaries in Australia and New Zealand to understand the scientific evidence behind the COVID-19 injectables. We believe it is proving to be the long-awaited body of work needed by the Judicial, Medical, and Scientific communities of Australia, to bring clarity by critical scientific appraisal during these controversial times of COVID-19.

Since your organisation is now in possession of the information and resources contained in the linked report, we ask that your members also receive the same for the benefit of their being fully informed as to the state of the science surrounding COVID-19. After considerable consultation, AMPS is of the opinion that Australia is experiencing a highly significant iatrogenic event. Further, we believe that this did not have to occur: it could have been avoided, but for the state of Australia's health law leading into the pandemic. AMPS is strenuously of the view that in order to avoid a repeat of the recent past, Australian health law requires urgent reform. To this end we invite every organisation receiving this email, including every parliamentarian CC'd, to review the Declaration and Urgent Demands for healthcare law reform set forth on the following page:

<https://amps.redunion.com.au/healthreformdeclaration>

On the above Declaration page is also

found Proposed Amendments to the Health Practitioner Regulation National Law, and Proposed Amendments to the Therapeutic Goods Act.

Many organisations receiving this email have members who are directly affected by the overarching powers of AHPRA and the National Boards, who have tended to dictate rather than consult with their registered members. This has caused a dangerous interference with the provision of information, for the purpose of each Australian exercising their right to fully Informed Consent, while it has also unduly and harshly seen Health Professionals sanctioned for seeking to uphold ethics and their Codes of Conduct.

It is not only regarding COVID-19 that AHPRA has been perceived to show over-reaching powers. Dissatisfaction and fear of AHPRA is widespread amongst many health professionals as evidenced by the Victorian branch of the AMA calling for a Royal Commission<sup>16</sup> into AHPRA's conduct.

Equally, we say it is evident that Australians have suffered as a consequence of the Provisional Approval pathway laws. These have facilitated the rapid entry of significantly under-tested products into the Australian market, despite their being recognised to be highly novel and experimental. Nonetheless, the COVID-19 injectables were mandated in many jurisdictions and workplaces, causing large numbers of Australians to feel coerced and simultaneously baffled by the inability of Doctors and other Health Professionals to give them a voice.

This can all be changed.

We implore you as fellows and colleagues to give the information and resource contained in this email your greatest attention, with a view to sharing the same with your members. There will doubtless be many questions arising from our email and we invite further discussion with you. All of your considerations and efforts towards the continued promotion of evidence-based medical science are greatly appreciated.

Yours sincerely,

Associate Professor Christopher Neil  
MBBS, FRACP, PhD  
Incoming President  
Australian Medical Professionals Society

- [1] <https://www.ahpra.gov.au/News/2021-03-09-vaccination-statement.aspx>
- [2] [https://www.covidmedicalnetwork.com/coronavirus-facts/vaccine/4\\_5902465845702954112.pdf](https://www.covidmedicalnetwork.com/coronavirus-facts/vaccine/4_5902465845702954112.pdf)
- [3] <https://www.mdpi.com/1467-3045/44/3/73/htm>
- [4] [https://www.adrreports.eu/en/covid19\\_message.html](https://www.adrreports.eu/en/covid19_message.html) - Pfizer, Moderna, AstraZeneca, Janssen
- [5] Individual reports refer to a single patient, where more than one adverse reaction is often included.
- [6] <https://openvaers.com/covid-data> (only US/Territories) – Pfizer, Moderna, AstraZeneca
- [7] Individual reports refer to a single patient, where more than one adverse reaction is often included.
- [8] <https://www.tga.gov.au/periodic/covid-19-vaccine-weekly-safety-report-23-06-2022> – Pfizer, Moderna, AstraZeneca
- [9] Individual reports refer to a single patient, where more than one adverse reaction is often included.
- [10] <https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting> – Pfizer, Moderna, AstraZeneca
- [11] Individual reports refer to a single patient, where more than one adverse reaction is often included. The 458,463 reports received to 24 June 2022 reported a total of 1,495,273 various forms of adverse reaction.
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## OTHER NEWS

### The Truth about Statins

...Back in the world of medicine, it's pretty much business as usual. A new study has just come out that must be very reassuring to everyone taking a cholesterol-lowering statin: those nasty muscle aches that suddenly came on after you started taking the drug are probably nothing to do with the medication.

The Cholesterol Treatment Trialists Collaboration—a group of researchers based at Oxford University—has taken another look at 23 studies and given the drugs a clean bill of health. Those aches and pains commonly reported by patients are just down to old age. (*Lancet*, 2022; doi: 10.1016/S0140-6736(22)01545-8)

The study has been hailed by the British Heart Foundation as the 'gold standard' of research that has finally debunked the urban myth that statins cause muscle ache, so paving the way for millions of new prescriptions to people who had previously been reticent about experiencing constant pain. Around 8 million Britons take a statin, but 18 million are eligible, and so the manufacturers can look forward to a sudden sales rush.

But before we throw our hats in the air and dance crazily with strangers in the street, there are a few details that haven't been so triumphantly pronounced. For one, the British Heart Foundation is a sponsor of the study, and the charity receives donations from the drug industry.

And there's more. Most members of the Collaboration have enjoyed the

largesse of the statin manufacturers directly or indirectly, including grants and consulting fees, and one of the researchers holds a patent for a statin drug.

But the biggest elephant in the room is that every study the researchers looked at had been sponsored by a statin manufacturer. We know that around 90 per cent of medical research is fraudulent, and its results inevitably favour the sponsor.

So, let's get this right: researchers who have had grants from statin manufacturers have reviewed studies that were paid for by statin manufacturers and concluded that statins are perfectly safe.

So now you know

Lynne McTaggart & Bryan Hubbard  
Editors WDDTY weekly newsletter,  
4th Sept 2022.

(continued from page 4)

Humour and laughter are powerful medicine—especially in times of stress and illness. Laughter has been scientifically proven to boost the immune system, minimize the stress response, and increase our pain tolerance.

Watch a funny show, pick up a humorous book, look up silly memes online or just surround yourself with people who make you smile and laugh. It's one of the best therapies out there.

#### 8. Nightly hot bath

There's nothing better than a long, hot

bath at the end of the day. In addition to relaxing your muscles and improving circulation, this mini time-out offers you a chance to spend a little time alone reading, meditating or just taking a break from the hectic pace of everyday life.

Make your bathroom a sanctuary of relaxation by lighting candles, listening to soft music, adding detoxifying Epsom or Celtic salts to the water, or enhancing your de-stressing ritual with a few drops of pure lavender oil. The following stress-reducing techniques focus

on emotional healing and require the assistance of a trained professional. The first therapy can be done virtually or over the phone.

#### 9. Recall healing

Developed by holistic wellness expert Gilbert Renaud, PhD, recall healing is based on the concept that cancer can be caused by "conflict shocks" or profound emotional conflicts that manifest concurrently in the psyche, brain and corresponding organ in which the cancer is located. "Emotional reflex centers" in the brain are linked to extreme emotions such as anger, grief and sadness, which are connected to specific organs. Recall healing suggests that cancers develop in the particular organs related to the emotional centre in the brain that is disturbed by the type of conflict.

A recall healing practitioner helps uncover and eliminate any underlying conflicts by asking questions about your personal and family history, life events, beliefs and thoughts, and any other information that might help get to the root cause of your illness. Once these issues are recognized and resolved, your healing can begin.

Though anyone can benefit from recall healing, in my clinical experience, patients with cancer obtain incredible, self-proclaimed "life-changing" results from this therapy, sometimes in as little as one to two sessions....[CISS' Counsellor can provide this. Ed]

#### 10. EVOX therapy

When it comes to stress relief, one of the most effective and widely recommended therapies we use at the Center is EVOX. This treatment alleviates stress and anxiety using something called Perception Reframing.

(concluded on page 12)

### Deaths from COVID-19

Some people have asked: What have been the effects of COVID-19 on other deaths in Australia? The following are the figures for Australia in 2022:

Figures are for changes from the baseline average for the year to 31 May:

Cancer deaths (20,686):	6.0% <b>up</b>
Dementia deaths—including Alzheimer's disease (6,763):	20.5% <b>up</b>
Ischaemic heart disease deaths (5,854):	3.5% <b>up</b>
Diabetes deaths:	20.0% <b>up</b>
Cerebrovascular disease deaths (including strokes) (3,713):	1.1% <b>down</b>
Respiratory disease deaths (5,051):	14.4% <b>down</b>
(of which deaths due to pneumonia):	12.0% <b>down</b>

suggesting that many of those dying from Covid-19 would have died from flu.

#### Deaths from COVID compared to deaths from COVID-19 vaccines

Others have asked: What is the difference in deaths from Covid-19 compared with deaths from the Covid-19 vaccines?

Phillip Altman's report Time of Covid provides the following details:

(From the Australian Bureau of Statistics reports:  
The total deaths from COVID Jan 2021 to Oct 2021 were: 773

(From the TGA Statistics for the comparable period):  
The total deaths from the Covid vaccines to October 2021 were: 733

He uses this statistic among many others to claim that the vaccines are neither SAFE nor EFFECTIVE

## COMMENT

## SCOUNDREL TIME

by Lynne McTaggart and Bryan Hubbard

In 1953, the award-winning and much-lauded American playwright and author Lillian Hellman was called to testify before the Committee on House Un-American Activities (HUAC), chaired by Senator Joseph ("Have you now or have you ever been a Communist") McCarthy.

Like many other intellectuals, Hellman was essentially told that she could save her neck by exposing suspected communists among her acquaintances, or go to trial for political subversion.

Hellman refused to hand over any names - famously announcing, "I cannot and will not cut my conscience to fit this year's fashions" - and also managed to avoid standing trial.

But like so many of her friends in the screenwriting and literary community, she was blacklisted from much future work, sustaining enormous financial loss.

Twenty years later, Hellman published *Scoundrel Time*, a detailed memoir of her experiences during the Red Scare, highlighting all the central scoundrels such as McCarthy and his henchman, a young Richard Nixon.

But she reserves her greatest scorn for those in the intellectual and creative fields - all former champions of the right to freedom of speech - who had either implicated their friends or colluded with McCarthyism by simply staying silent.

But recently we have been living through another, even more insidious scoundrel time, in which the government, medical establishment, scientific community and media (including social media) have actively discredited or censored frontline doctors who have developed promising Covid-19 treatments.

This is all detailed in a book called *Overcoming the Covid Darkness: How Two Doctors Successfully Treated 7000 Patients*. The authors are Dr George Fareed, a Harvard Medical School-educated doctor and professor and expert in treating viruses, and Dr Brian Tyson.

Fareed has taught at Harvard, patented three biotech products, created AIDS treatments, and served as a medical missionary. He's now a family care physician revered by his California community.

When the pandemic first hit, Fareed teamed up with Tyson, an emergency care specialist with his own first response clinic.



Bryan Hubbard and Lynne McTaggart

They began formulating a treatment based on their knowledge of viruses and emergency care and their observations of the symptoms patients were presenting with. Before long, they had created a short-term cocktail of repurposed FDA-approved antivirals, steroids and anticoagulants, plus supplements like zinc.

They saved the lives of more than 7,000 people - and in their book they detail the work of some 15 other doctors around the world who used cocktails like theirs and saved more than 100,000 others. Most patients got better in days, and of all those thousands, they lost only four who'd come for treatment too late.

Work, you might say, worthy of a Nobel Prize and recognition by the United Nations and the World Health Organization, not to mention governments in the US, UK and elsewhere.

Instead of plaudits, Drs Fareed and Tyson were ignored or repeatedly attacked by attempts to discredit their findings.

One study published in May 2020 in *The Lancet* by a prominent cardiologist concluded that hydroxychloroquine (HCQ) was not only ineffective but also harmful, causing increased cases of cardiac arrhythmias.

The research was subsequently discredited and the study later retracted by *The Lancet*, but only after it had done its damage, convincing the public and the press that HCQ was nothing more than dangerous snake oil.

Over the [northern] summer of 2020, Fareed and Tyson wrote to their state legislature, their congressman, the California Health Department and the US president, then sent an open letter to Dr Anthony Fauci detailing their treatment success, pointing out the scientific evidence for the use of their cocktail, asking pages of pointed questions about the US's response to the pandemic and outlining a national plan to treat Covid-19. They never received a response.

In autumn 2020 Fareed was one of three doctors testifying in Congress about the success of the Covid cocktail. He also provided details of his national plan.<sup>1</sup>

Nothing came of the testimony, but Fareed and Tyson kept up their campaign. They spoke at a Rome summit of worldwide physicians united against government restrictions that prohibited them from prescribing what they knew were safe and effective treatments for Covid.

Perhaps most scandalous of all, their Covid response was politicized; they and other doctors opting for early antiviral treatment were portrayed as right-wing Trumpian crazies.

Dr Tyson was threatened with losing his licence.

Undeterred, they put up videos describing their protocol, which were immediately removed by social media. Other scientists carried out a detailed study of their patients to confirm their own empirical results.

The problem was simple: the government had invested all hope (and money) in several vaccines, and new vaccines can be rushed through emergency regulatory channels only if there are no viable medical alternatives.

There's a special place in hell for Anthony Fauci, who shut down simple treatments that could have saved millions of lives; for all the drug researchers who falsified data about vaccine side effects; for government bodies like the FDA and the CDC, who hid all the data about vaccine casualties; for every person who made this issue a political rather than a medical one.

But the greatest scoundrels of all are those in the media and elsewhere, all the "free speech" advocates who watched this travesty and never asked the right questions, never spoke up, didn't want to believe any medical treatment that might not fit their political persuasion.

They, more than anyone, let the scoundrels get away with it.

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FROM: What Doctors Don't Tell  
You, September 2022



## The crushing power of the pharmaceutical industry – a sorry tale by Malcolm Kendrick

Here is a sorry tale about the power of the pharmaceutical industry to crush all dissent ... dead. The key player is Dr Aseem Malhotra, who some of you may know. He is a consultant cardiologist. Very bright, sparky, willing to take on the establishment when required. I get on well with him, we communicate on many different issues. He has his detractors – I am not one of them.

First, some background, to put this tale into some kind of context. It is part of an e-mail that I was sent, by Aseem. I have modified it slightly. Basically, I changed it from first person and got rid of some typos. I have also checked with other independent witnesses, to ensure the accuracy of events:

*'Dr Aseem Malhotra was invited to deliver a keynote lecture/speech at the International Medical Graduates dinner by its organiser, Consultant Psychiatrist and Chair of the British Association of Physicians of Indian Origin (BAPIO) Dr JS Bamrah CBE. The event took place on Monday 27th June as a fringe event of the British Medical Association (BMA) Annual Representative Meeting (ARM).*

Other chief guests included the Chair of the BMA (Dr Chaand Nagpaul) and the President of the BMA (Professor Nina Modi). The title of his talk was "Advocating for REAL evidence-based medicine".

*The talk was well received with excellent personal feedback including the Chair of BAPIO, Dr JS Bamrah. The event also commemorated Aseem's late father Dr Kailash Chand Malhotra who died suddenly last year. He was honorary vice president of the BMA and on the BMA council.*

*The organiser of BMA education events Beryl De Souza also personally told Aseem it was a brilliant talk, and the next day sent him a text message asking him to present the same talk as an educational webinar to BMA members. Aseem had also given a talk to over one hundred BMA members earlier in the year about heart disease, statins and cholesterol with excellent feedback. The Chairman of the British Egyptian Medical Association who was very complimentary about the talk also met Aseem the following day and asked if he would give the same talk to his members.'*

It all sounded rather splendid, and mainstream, and suchlike. But, gentle reader, beware. For there is a malignant ghost hovering over this feast. The ghost of 'anti-vaxxer present'. Now it doesn't take much to be accused of being an anti-vaxxer. The phrase 'I have

*some concerns about mRNA vaccines'* is usually enough to be mercilessly attacked by the dementors, controlled by Facebook, Twitter and suchlike.

In this case, during his talk, Aseem presented data from a study called '*Serious Adverse Events of Special Interest Following mRNA Vaccination in Randomized Trials.*'

It is a pre-print paper, at this point, and has not yet been peer-reviewed. It is due to be published in the Elsevier journal SSRN. You can see the full paper here <sup>1</sup>.

The authors, from such places as Stanford, UCLA and Maryland, are of high academic standing. What they did was to look at serious adverse events associated with the Pfizer and Moderna vaccines. The Discussion section of the paper states the following:

*'The excess risk of serious adverse events found in our study points to the need for formal harm-benefit analyses, particularly those that are stratified according to risk of serious COVID-19 outcomes such as hospitalization or death.'*

The 'abstract' further states, in the results section:

*'Pfizer and Moderna mRNA COVID-19 vaccines were associated with an increased risk of serious adverse events of special interest, with an absolute risk increase of 10.1 and 15.1 per 10,000 vaccinated over placebo baselines of 17.6 and 42.2 (95% CI -0.4 to 20.6 and -3.6 to 33.8) respectively.*

*Combined, the mRNA vaccines were associated with an absolute risk increase of serious adverse events of special interest of 12.5 per 10,000 (95% CI 2.1 to 22.9). The excess risk of serious adverse events of special interest surpassed the risk reduction for COVID-19 hospitalization relative to the placebo group in both Pfizer and Moderna trials (2.3 and 6.4 per 10,000 participants, respectively).'*

Now, in English. According to this paper, the risk of a serious adverse event (caused by the vaccine) was greater than the reduction in hospitalisation from COVID-19 (prevented by the vaccine). Therefore, on this metric, the vaccine(s) may be doing more harm than good. [Please don't hit me, I said 'may'.]

Thus, Aseem committed the greatest sin imaginable today. He dared to

mention a scientific study that asked questions about mRNA vaccines. And, of course, oops, I have now mentioned it too. Which clearly makes me an anti-vaxxer. Yes, quoting scientific papers is now, virtually, a crime. So, I have to strongly advise you ... don't look at the paper. Else you will become contaminated with impure thoughts and may have to be stomped on.

Oh, what a world we now live in.

Anyway. Back to Aseem's story. Here he was, basking in glory. To top it all, he was then presented with an award. To quote ... with some slight edits:

*'The next day Dr JS Bamrah informed Aseem that he was going to receive an award, to be presented by the BMA Chair, Dr Nagpaul. The award was "Champion of Preventative Medicine". He had spoken to Dr Nagpaul on the phone who agreed.*

*The award was given in a break at the BMA conference. Dr Nagpaul was asked where he wants the photo to be taken of him presenting Aseem with the award. He suggested the main podium at the BMA conference hall, but the picture quality is poor, so they go elsewhere, and Dr Nagpaul was more than happy for Aseem to receive the award in front of a board in the main lobby with the BMA logo in the background. This was NOT Aseem's suggestion.*

*Later that afternoon (Tuesday 28th) Aseem received the photo via text and put a tweet out (see below) in the evening with the three photos of Aseem receiving the award including with a larger group of people including the BMA president which read:*

*"Truly honoured to receive the "Champion of Preventive Medicine award from the Chair of the BMA @Cnagpaul. In my talk I said the science alone isn't enough; opposition from vested interests needs to be overcome to save the #NHS. It's time for REAL evidence-based medicine (fist bump emoji).'*

But the all-seeing eye of Sauron had been 'observing' this unfortunate series of events. Grima Wormtongue was dispatched to whisper in the ears of those in power. 'Yes, my precious (to mix my characters, stories, and metaphors, horribly), *nasty hobbitses won't be seen to criticise vaccines will they.'*

Behind the scenes ... all hell broke loose. Someone had dared to mention a study mildly critical of vaccines, and the BMA chairman GAVE HIM AN AWARD. Off with his head. *'Whose head, please?'*

*'Everyone involved in this treachery.'*  
*'Yes boss, sure boss, right away boss'*

The tale continues:

*'The next morning, Aseem noticed a missed call and message from Dr Bamrah. "Please call Aseem. Need your tweet modified. Delete the bit about BMA council. Just say Chaand Nagpaul. Happy to explain."*

*Aseem did as requested and sent another tweet specifically clarifying that it was an IMG forum award and was given to me by Chaand Nagpaul, without mentioning the BMA at all. Aseem also messaged Dr Bamrah in reference to Chaand which he also shared with him "He needs to stand his ground and not capitulate. We've compromised by deleting the tweet. My dad would say always stand up to bullies and cowards – that's what he taught me."*

*Chaand (CN) replies to me "Aseem the issue is who the award originated from. They're questioning my governance – it was not an award "from me". I know it's semantics but real uproar"*  
*AM: "Ok. I will delete the tweet altogether"*

*CN: "Much wider than this individual – within BMA too sadly – everything attributed to me has to be cleared with BMA comms while BMA chair"*  
*AM: "Tweet deleted"*

*CN: "I'm going to get some sleep! It's been incessant"*

*BMA releases a statement from the Chair that is read out at the conference essentially stating that the BMA does not endorse the views of Dr Aseem Malhotra and that Chaand had not actually given me the award but had "handed it over" due to politeness.*

Why such a storm? Why the behind-the-scenes desperate machinations to ensure that the BMA could not, and would not be associated in any way with Aseem? Why the personal humiliations and climbdowns? Why the control over Chaand Nagpaul – who was stepping

down as BMA chairman anyway? The incessant tweeting and criticism.

Was it because Aseem has always been critical of vaccines? I refer you to the fact that in early 2021 Aseem was asked to help promote the COVID-19 vaccine to the, so called, BAME (Black Asian Minority Ethnic) community. Yes, he *promoted* the vaccine to a particular vaccine hesitant community<sup>2</sup>.

However, he has also, like me, been alert to the possibility of potential harm that the vaccines may cause. He is also, like me, well aware of the way that data from clinical studies can be, and is, manipulated and biased.

We both cast a highly sceptical eye over any 'evidence' that emerges from commercial organisations. Neither of us happily chants 'two vaccines good, four vaccines better.' We are both in the 'but that man is wearing no clothes' section of the audience. A rather smaller section, it must be said. Usually containing only two people. Him, and me.

Anyway, I thought it would be interesting to find out who, exactly, started the 'bring me the head of Aseem Malhotra' movement within the BMA. Could it be, I wondered, that they had a commercial conflict of interest? By which I mean, had they worked with a pharmaceutical company that made mRNA COVID19 vaccines.

Well, I have spoken to people within the BMA, at a high level, to find out exactly what went on. They confirm the details of Aseem's story. But wish to remain nameless. It seems that a certain individual, who led the attack on Aseem, has close connections with Moderna. Surprise, surprise. As you can tell, I am treading on potentially libellous ground here, so I am not naming names. I am currently involved in a monstrously long, and complex libel suit, and I don't want another one at present, thank you very much.

This all comes hot on the heels of an article in the British Medical Journal by Maryanne Demasi. A medical journalist whose career was destroyed when she produced and presented programmes in Australia that were critical of the cholesterol hypothesis and the, poten-

tial, over-prescribing of statins. They even tried to get her PhD removed, to further destroy her reputation.

The BMJ article was called *'From FDA to MHRA: are drug regulators for hire? Patients and doctors expect drug regulators to provide an unbiased, rigorous assessment of investigational medicines before they hit the market. But do they have sufficient independence from the companies they are meant to regulate?'*<sup>3</sup>

The short answer is no. Drug regulators have been bought and paid for by the companies that they are supposed to regulate. But the commercial influence spreads far wider than the regulators. Key opinion leaders (KOLs) who carry out the big clinical trials, who speak at conferences, and who appear at the top of influential medical organisations and write the guidelines – are often bought and paid for too.

There is virtually no area of the medical world that has not been lobbied, infiltrated and – in many cases – paid for and controlled by the pharmaceutical industry. We have a major crisis on our hands, that no-one is doing anything about.

Aseem's tale is just one more example of the fact that anyone who dares to stand up to the relentless marketing of more and more drugs, and vaccines, will be attacked and crushed. In this case, under the banner of the British Medical Association. An organisation that I am increasingly unproud to be a member of. If the BMA can no longer support freedom of speech, then no-one can. The future looks bleak.

To quote George Orwell. *'If you want a picture of the future, imagine a boot stamping on a human face, forever.'*

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This entry was posted in Conflicts of Interest on July 18, 2022.

(continued from page 3)

which is a peak educational forum for more than 2000 clinical and regulatory scientists working within the Australian pharmaceutical industry. A copy of Dr Phillip Altman's 107 page Report "Time of Covid" is available at the Office.

## Potato starch and sleep

Eating fibre increases levels of 'good' bacteria such as Bifidobacteria...there is a type of fibre that Bifidobacteria seem to particularly like - potato starch. Potato starch is a form of resistant starch, made by crushing uncooked potatoes and then harvesting the starch grains from the destroyed cells. You

can buy it in health food shops or online. The anecdotal evidence is that a teaspoon taken in the early evening helps sleep and also leads to more vivid dreams. [perhaps in almond milk, Ed]

From: "the clever guts diet" by Dr Michael Mosley, Short Books 2017.

## Scott Morrison's biggest mistake was handing over control of the Covid agenda to bureaucrats

Scott Morrison finds himself in the eye of a growing storm for five additional portfolios he assumed, mostly without the knowledge of the cabinet and minister concerned. Most of these powers were never triggered and only one was possibly abused to overrule the resources minister to cancel a politically unpopular offshore gas drilling project.

The justification for all this was the realisation that the declaration of a biosecurity emergency transforms the health minister into a de facto dictator. The other four portfolios will further cement the former prime minister's reputation for secretiveness and deception (of cabinet colleagues and the nation).

In the health portfolio, however, the problem lies with the law that grants such sweeping power to one person.

Morrison was acting prudently to put in place guardrails against abuse. The secrecy betrayed his penchant for controlling behaviour. Instead, he should have openly explained the dangers and committed to amending the law.

The biggest mistake was to hand over control of the Covid agenda, in the false belief of following the science, to chief health officers who tend to be bureaucrats more than leading scientists engaged in cutting edge medical research. In the blink of an eye, they morphed from obscure officials to all-powerful chief executives.

Australian authorities in effect copied New Zealand Prime Minister Jacinda Ardern's doctrine of the health ministry as the "single source of truth" on coronavirus.

The unavoidable consequence of this was attempts, with legacy and social media help, to marginalise and silence all dissenting voices. The more the latter's warnings come true, the greater is the loss of trust in experts, institutions and ministers.

On August 13 the Australian Medical Professionals' Society published a wide-ranging letter addressed to all Australian colleges and associations of health, medicine and science. Along with the attached report by Dr Phillip Altman, the letter is an extraordinary yet authoritative catalogue of mistakes made in Australia's pandemic management and the many harms resulting from it, the uncertain science behind it, the limitations of vaccines and the ef-



**Ramesh Thakur**

forts of regulators to come between doctors and patients.

The Covid report from NSW Health for the week of July 10-16 says: "The minority of the overall population who have not been vaccinated are significantly over-represented among patients in hospitals and ICUs with Covid-19." Just two pages later the same report gives the number of unvaccinated people admitted to hospital and intensive care units as zero. The sentence is repeated verbatim in the latest weekly report for July 31-August 6, with the number of unvaccinated people admitted to hospital at zero and to ICU just one.

Even by the standards of public health authorities across the world gaslighting the people to nudge them into docile - and often performative - compliance with official edicts, this level of internal contradiction of narrative with data is breathtaking.

Not a single Covid death under 40 was reported in the week to August 6. The total number of boosted people who died with Covid was 71.3 per cent of the 1281 Covid deaths whose vaccination status was known, slightly above the "more than 68 per cent" of eligible people who have been boosted.

Thus the effectiveness of boosters in preventing death lasts only a short time.

People who have received two to four doses made up over 95 per cent of the over-16s and 98.1, 95.8, and 82.6 per cent of Covid hospital admissions, ICU admissions and deaths, respectively.

In the 11 weeks from May 22 to August 6, the unvaccinated comprised 0.2, 1.8 and 13.1 per cent of all NSW Covid-related hospital admissions, ICU admissions and deaths, respectively. The double vaccinated and boosted made

up 98.1, 95.4 and 85 per cent of the same respective totals. Just the boosted added up to 73.3, 73.4 and 69.9 per cent.

We are no longer in the realm of a pandemic of the unvaccinated.

Despite major protective benefits, Covid vaccines are undeniably leaky. Their real-world effectiveness lasts a disappointingly short time.

One explanation could be that with mass infections and the resulting naturally acquired immunity, the vaccinated have lost their "competitive advantage". Mass vaccination campaigns in the middle of a pandemic can possibly give an evolutionary advantage to mutations with greater vaccine escape properties.

Australia's relative success in 2020-21 was helped by fortuitous circumstances. Being an isolated island country, geographically distant from major international traffic hubs and population centres, made border controls easier to police and enforce. The international and domestic restrictions on travel, movement and activities kept Covid-related deaths to around 1000 until September last year: an impressive accomplishment by global standards.

Then they exploded. In 2020-21, the government's response to the harsh international spotlight on the curtailment of many freedoms was to point to results. By now the performance-based international comparison has lost lustre. On August 14, Australia's rate of 378,475 cumulative Covid cases per million people had surpassed the US (275,750), Britain (349,425) and EU (361,870) rates.

To be fair, though, the death toll is still only about one-fifth to one-sixth of the European, British and American figures, and we are in winter, when the virus is at its most virulent. Both case and mortality figures track the rise in the boosted from 1.51 million to 14.16 million period from mid-December to mid-August.

The best pathway to herd immunity was through the combination of natural immunity from prior infection and vaccines. Countries that avoided mass infection through strict isolation measures built up an immunity debt that left their populations more vulnerable to globally circulating pathogens once they reopened. When the highly infectious if less

(continued on page 2)

## 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](mailto: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](http://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 Turramurra. 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](http://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 Kiara 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](mailto: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.

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When a person speaks, the energy in their voice reflects their feelings on specific topics. The EVOX records this voice energy, plotting the feedback on a Perception Index graph. Using this graph, EVOX determines which frequency signatures would most effectively reduce a patient's unique stressors. The signatures are then transported to a hand cradle and transmitted to the patients as they concentrate solely on the troubling topic and listen to relaxing music.

This remarkable tool actually "re-maps the brain" and does an incredible job of relieving stress and anxiety. It works so well that we recommend EVOX to every patient who comes to the Center. To learn more go to [cancercenterforhealing.com](http://cancercenterforhealing.com)

#### To recap

As you can see, several different options exist for reducing stress and reclaiming balance in your life. I encourage you to explore and take advantage of these solutions

so you can live your best life. Your emotional health matters for you and your loved ones.

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.