



January/February/March 2025

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

Cancer Detoxification by Dr Daniel Nuzum interviewed by Ty Bollinger

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

Ty: Doc, I wanted to get you to sit down with us today and share a little bit more about detoxification. Because, as you know, being on the *The Quest For The Cures Continues* last year, we sat down and we talked detox. But we had such a huge response to that interview and so many people have come up to me and have emailed me and have contacted us and said, "We got to get more of Doc Nuzum. We want to know some details about this detoxification thing."

So, let's grab a seat here. I want to get some details from you on detoxification, if you could.

Dr Nuzum: Well you know, 80 percent of the problems people would normally deal with involve toxicity in some way, shape, or form. If you can minimize the amount of waste the body is carrying you're going to minimize inflammation, all the irritation that happens via the waste product build-up in the system, you're going to have reduced inflammation, reduced swelling, you're probably going to lose weight because you're reducing swelling. Girth is going to change.

Ty: Let's do this. Let me direct this a little bit more specific. These are the questions that we're getting. We're getting, "Doc convinced us that we need to detox. Doc told us the example of the fact that you've got a stadium full of people and you only got two exits. You got to clear the exits." What they're asking is this, "how do I do it? How do I detox?"



Dr Daniel Nuzum

Let say that somebody is full of toxicity. They are full of toxins. They got 30 days to detox. Give us Doc Nuzum's 30-day detox program. And I know this is kind of spur of the moment thing but give me some products that you would recommend that they can detoxify their colon, their liver, their kidneys, whatever it might be.

Dr Nuzum: Well, the way to do this would be like the stadium. You got a hundred thousand people in the stadium and there's a fire. You got to get them out right now. If you only have one exit open, you are just going to make a mess. So, if we can open up multiple exits and clear them, we can get everybody out safe.

Ty: Right. So how do you do that?

Dr. Nuzum: First off, the garbage chute. We got to take the garbage out. Clean the colon. We got to clean the colon.

Ty: Clean the colon. How do we clean it?

Dr Nuzum: We could use coffee enemas, we can use colon hydrotherapy. My preference is usually with herbal supplements using herbal cleanses.

Ty: Like psyllium.

Dr Nuzum: Psyllium, cascara sagrada, bentonite, slippery elm bark, buckthorn, very, very good. Those are good, good herbs. Humic acid, excellent for the entire digestive tract.

You've got to clear the exits, you've got to clear one exit to clear the next. Your colon would be number one. The next best exit to go to would be the urinary tract, the kidneys, the bladder, clear that urinary tract system.

Ty: How do we do that?

Dr Nuzum: Parsley, asparagus. Your marshmallow root. Those types are very good here.

Ty: Lots of water?

Dr Nuzum: Lots of water, yes.

Ty: Which you would want to go back in your colon if you're taking psyllium husk. You have to be drinking lots of water.

Dr Nuzum: Right. That's going to swell up and take up space so if you don't want to bloat, you have to keep it moist so it moves easy. Once the urinary tract is cleared, your best bet would be to the liver. Follow that with the liver. Clean the liver, clear the liver.

Ty: And coffee enemas as Dr Nick Gonzalez shared with us last time. One of the best ways to clean the liver.

Dr Nuzum: The best ways. Your turmeric, milk thistle. Virtually all of your root vegetables, beets, ginger, bur- (concluded on page 4)

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IN THIS ISSUE

- P. 1 Cancer Detoxification by Dr Daniel Nuzum - interviewed by Ty Bollinger
 P. 2 In this issue; From Members; Supplements for CISS members; Free Psych-K for CISS members; DVDs for sale
 P. 3 Overseas & Local News: US Congress investigates COVID-19; Queensland deregistered doctor exonerated; US prepares for radical changes to their health system
 P. 5 Extracts from the Final Report of Select Subcommittee of the US House of Representatives on the Coronavirus Pandemic titled "After Action Review of the COVID-19 Pandemic: The Lessons Learned and a Path Forward."
 P. 6 Covid dissident doctor William Bay exonerated/suspension overturned; Covering up vaccine-caused deaths, Phillip Altman
 P. 7 Whitewash of Australian Excess Deaths At Senate Inquiry, by Phillip Altman
 P. 8 The Prostate Cancer Scam, by Anthony Horan; What is Gain-of-Function Research and how is it prohibited?
 P. 9 Is Hope for change to the health system in the US realistic? By Don Benjamin; Placebos work - even when you know they're dummy pills; Ban on "anti-vax" Covid posts was wrong, says Zuckerberg; New heads for US Health bodies
 P.10 Group Think – the main obstacle to progress with cancer, by Don Benjamin
 P.11 Masking the truth (Face mask don't block the Covid virus) by Bryan Hubbard
 P.12 Branches of CISS; Cancer Support Groups; What's available at the CISS Office.

Please note: For those who have not yet renewed, all memberships need to be renewed from 1 July. Please note that banks are no longer accepting cheques. So if you haven't yet renewed and usually pay by cheque, you can now renew by making a payment directly into CISS' bank account. BSB No. 802841, A/c No. 100016148.

FROM MEMBERS

Brisbane, 10 January 2025

Dear Don,

I have sent this letter by email, but it could not be delivered, so it comes by Post.

But let me introduce myself:

Eberhard (Eb) Moll, member of CISS for over 20 years. Coordinator of Ruth Cilento's QUALITY OF LIFE CANCER SUPPORT GROUP in Brisbane.

Originally, the group was a member, later I became a personal member and passed the newsletter on to the others. Our group still has 12 members and we meet twice a year. All are either in remission or still at various stages of cancer. I am on Hormone Therapy for the tumour in my prostate with an

injection every 3 months.

In June I reach 90 and am happy to be able to lead a normal life. I can still do long walks with my hiking group. My wife is 83, in remission from Leukaemia since 2001, still mobile but not up to long walks anymore. Having read your newsletter for so many years, I felt for you at the highs and lows of CISS.

When you received the big bequest I was happy for you that your financial worries are over. But it did not last. The hostile take-over attempt stripped you of most of it when you tried to bring CISS back to its former purpose.

Dear Don, I only want to say that I

admire the tenacity of you and your core people. Now you have to sell your premises and work in a rented office. You could have thrown in the towel and this is exactly what your adversaries want. But no, you kept going. I was happy to read that you took this added burden on you of selling and moving to stay financially in the black.

Reading your newsletter, I can see that you must be a thorn in the side of quite a few people or groups.

Thank you for your big effort to save CISS in that struggle and continuing. I read the newsletter from beginning to end and learn from it when it arrives.

One grateful member.

Kind regards,

Eb Moll

(continued from page 12)

you explain what epigenetics means for cancer patients in practical terms?

Epigenetics is simply the study of how lifestyle and environmental factors change the way genes are expressed. While epigenetic changes do not alter the sequence of a person's genetic code, they play a critical role in which

genes are switched on or off and, therefore, have a direct impact on the biological functions of an individual. Examples of epigenetic influences would be nutrition, exercise, sleep, emotional trauma, chronic stress, and environmental toxins, among others. The healthful management of these factors will result in a reduction of mitochondrial dam-

age and, at the same time, maximize the effectiveness of the immune system. Dr Bruce Lipton, a reformed medical school genetics professor, is a pioneer in epigenetic theory and can be seen in this video from HCCF's website

The HCCF's website is
www.holisticcancerfoundation.com

Concluded next issue.

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

US Congress Investigates COVID

There has been a lot of information circulating about the COVID-19 virus and the Vaccine. But it is strange that none of the Australian media reported on one of the year's most important news items: *The Report of the US Congress' Select Committee's 2-year Investigation of the COVID-19 Pandemic* released on 4 December 2024.

During the pandemic years most Australian media backed the Federal Government's propaganda about how effective the vaccine was, how effective the masks, social distancing, lockdowns and school closures were. And the importance of not using "misinformation" by disagreeing with the governments' "health experts".

According to this US Congressional Report of its investigation, most of these Australian governments experts' claims were just repeating the propaganda generated by the corrupt US health system, particularly Dr Anthony Fauci, and endorsed by President Joe Biden. The Chairman of the Select Committee said that their exposure of this high-level corruption fostered a bipartisan consensus on these issues.

The fact that none of Australia's newspapers have mentioned this important Report is itself scandalous. I include in this issue some extracts from the 8-page Summary of the Report. The full 520-page Report goes into a lot of detail such as the exchange of emails between Fauci and other top world scientists pointing out the need to "disprove" the "conspiracy" claim that the virus escaped from the Wuhan Virus Laboratory. (See page 5)

As I learnt in High School, scientists never set out to "disprove" anything; the scientific process involves proposing a theory (*hypothesis*): then developing a *methodology* of how to test the validity of this theory; then providing the *results* of these tests; and finally drawing a *conclusion* as to whether or not the observed facts support the theory.

But Fauci corrupted the science from the start in order to cover up the fact that he had facilitated the gain-of-function research to develop the Covid virus that had been prohibited by the US Congress.



Don Benjamin, Editor

The published paper was then used by the US Government agencies to develop their propaganda to help the drug companies to promote their harmful vaccines. The same pressures were then brought to bear on the vaccine regulator, the FDA, to grant emergency approval of a vaccine that was not safe. All of this was described in Robert Kennedy Jr's November 2021 Book "The Real Anthony Fauci: Bill Gates, Big Pharma, and the Global War on Democracy and Public Health. So the US Congress has validated nearly all of Kennedy's claims 3 years later. But this information is still being withheld from the Australian public. (see page 5)

Queensland deregistered doctor exonerated

Covid dissident doctor William Bay's deregistration by AHPRA has been overturned by Queensland's Supreme Court. Dr Bay had publicly questioning the Covid vaccine's safety and had his right to practise medicine suspended by AHPRA. The Court found that the regulator had been biased and failed to demonstrate that Dr Bay had contravened any relevant medical legislation or guidelines. (see page 6) The court did not look at what federal law AHPRA operates under or where it gets its authority from.

US prepares for radical changes to their health system

On 13 February the US Senate confirmed Robert F Kennedy Jr's appointment as Secretary of the Dept of Health & Human Services where he can restructure the multi-trillion dollar US health system. He describes in his 2021 book "The Real Anthony Fauci: Bill Gates, Big Pharma, and the Global War on Democracy and Public Health" how the whole US health system has been corrupted over the past 40-50 years with the help of Dr Anthony Fauci, recently retired Director of the Institute of Allergy & Infectious Diseases.

Fauci was the person mainly responsible for the recent COVID-19 scandal. As a result most decisions made within the US health system are influenced strongly by the US drug companies, not by evidence of efficacy of treatment. There will therefore be a great deal of opposition to most of Kennedy's proposals for reform and to remove those corrupting influences.

CISS has made a submission about the issue of cancer to the Transition Team preparing for Kennedy's taking on this role. As a result we have been asked to submit policy proposals for their consideration. The results of our past work on the Cox Cancer Paradigm Project will provide plenty of suggestions as to how the National Cancer Institute will need to change its policies for funding to those based on evidence instead of vested interests.

As a result of their past decisions there has been little progress with cancer since President Nixon announce the War on Cancer in 1971 with the passing of the National Cancer Act. This led to 15 National Cancer Institute-designated cancer centres being set up across the U.S. to investigate different aspects of the cancer problem with a view to finding a "cure".

Instead of making progress, the US now spends more on cancer per head of population (\$584) than any other country in the world and produces fewer health benefits than most of the other 21 developed countries. It has the second lowest life expectancy at age 60 (23.6). (Even Australia that spends about half of the US per capita on cancer (\$304) has a life expectancy of 2 years longer than the US.) The US cancer mortality rate of 86.3 per 100,000 population is higher than 6 of these other countries, most of which spend far less, typically half on cancer treatment.

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(continued from page 1)
dock, all of those things are very, very good at cleaning the liver.

Ty: You're recommending that people eat those or do they take extracts?

Dr Nuzum: If you want to clean it quick, extracts. You need the concentration. They need to be concentrated.

Here's the thing, you have two kidneys, one liver, you have a hundred lymph nodes. If you don't clean out those lymph nodes, there's no way to then drain the tissues. So if we clean the colon, clean the kidneys, clean the liver, lymph nodes will be the last thing to focus on.

Ty: And how do you do that?

Dr Nuzum: You need things like cat's claw, pau d'arco, burdock root. The essiac formula [is] excellent for cleaning out lymph nodes and draining those lymph nodes, getting the lymph fluid drained up.

Ty: Would you use that in conjunction with a daily rebounding to stimulate the lymphatic system?

Dr Nuzum: Rebounding would be excellent especially if you're trying to drain it. The lymphatic fluid is what's called a thixotropic fluid. Thixotropic fluid is like butter; the warmer it gets, the softer it gets, the more fluid it gets. The colder it gets, the harder it gets.

Ty: So, as you heat your body up it's going to flow better.

Dr Nuzum: As you heat your body up, you get moving, bounce on a trampoline, do those types of things, you get it moving. You raise your temperature a little bit, it liquefies the lymphatic fluid, it flows easier. If you can do that

while you're doing things to clean the lymph nodes, they'll clean much faster, more efficient, and probably with fewer hiccups. The detox effect, minimize.

Ty: Is that last?

Dr Nuzum: That would be last. Yes.

Ty: You've really basically—just in the last five to ten minutes—you've gone over step-by-step the order by which you would detox.

Dr Nuzum: You've got to open the exits. Things drain south. So they have to drain down so you open up the drains.

Ty: These specifics that you just went over, these herbs, these roots, that's what people are asking for.

Dr Nuzum: That's what they need.

Ty: You just gave some practical advice. You need to develop some supplements. Do you already have them developed, are you developing them?

Dr Nuzum: We have formulas. We need to implement.

Ty: Do you have the formulas that you—I know that you're into the fulvic acid. Are some of these formulas that you have for cleaning out the kidneys, liver, colon, or whatever are they based on fulvic acid as well?

Dr Nuzum: We would definitely incorporate the fulvic acid and humic acid in particular. Humic acid does a lot for detoxifying, de-parasitising, debugging the gut. So in dealing with anything in the gut and the liver in particular, the humic acid would be really important.

Fulvic acid detox is always useful with any type of detoxing. You need that delivery system and you need a good garbage man.

Ty: By the time this airs it is going to be October. You're going to get inundated with people wanting to know how to detox or where they can get these, some of this stuff. So maybe by October this year, you are going to have some of this stuff.

Dr Nuzum: We'll have it. Yes, sir.

Ty: If you're interested, don't contact me.

Dr Nuzum: We'll put something together.

Ty: Contact Dr Nuzum. I really appreciate you spending time with us again because as I mentioned, you were in the last quest. We were inundated with people saying, "Get Doc back on there and get us some specifics." So you shared that with us. I think it's really practical knowledge and it's going to help people to where they know how to detox. They know they *should*. You've just shared the *how*.

Dr Nuzum: How. That's important. If you don't have how, you never get to your destination.

Ty: I'm glad that you shared how because if you didn't share how, I was going to have to do some *muay thai* on you. And actually, I'm just joking about that because he's like eight-black-belt or something.

Dr Nuzum: I'm six. Only six.

Ty: Six black belts. He'd knock me down in two hits. So we would be over and people would say, "What happened to Ty?" I'm glad we didn't have to do that, Doc.

Dr Nuzum: Thank you, sir.

Ty: We had a blast, my friend. Thank you for helping us.

Dr Nuzum: Thank you.

[end of transcript]

Interview of Robert Milligan—who had stage 4 metastatic melanoma

1. Robert, can you please share the story of your personal battle with stage 4 metastatic melanoma and what led you to explore holistic treatment approaches?

In late 2018, I noticed a small lesion on my right shoulder, about 2cm, that would not heal for several months. In May of 2019, I finally decided to get it checked by a dermatologist and subsequently was told the biopsy taken had come back positive for melanoma. It was initially quite a shock, as I had always been very healthy, but, in

retrospect, I understood that excessive and irresponsible sun exposure here in Florida probably led to my predicament.

In June, I had surgery to remove the lesion and had the closest lymph node checked for any cancerous cells, which came back negative. My first visit with an oncologist was in late June, during which he said it appeared the surgeon had successfully removed the melanoma and there was no lymph node involvement, which was good news, but because

melanoma can be tricky, he thought a PET Scan would be advisable just to be sure I was cancer free.

I had the scan in mid-July, with a follow-up appointment the next day at the oncologist's office, during which he solemnly shared the news that I had tumours throughout my body, in most of my major organs, and one particularly troubling tumour that was encroaching on my spine and, if left untreated, would lead to my losing the ability to walk. He shared with me that the ag-

(continued on page 7)

Some of the main findings of the US Congress **Select Sub-Committee on the Coronavirus Pandemic** “**AFTER ACTION REVIEW OF THE COVID-19 PANDEMIC: The Lessons Learned and a Path Forward**”

Introducing the Report the Chairman Brad Wenstrup (R-Ohio) states that after reviewing more than one million pages of documents, “members and staff of the Select Committee have exposed high-level corruption in America’s public health system, confirmed the most likely origin of the pandemic, held COVID-19 bad actors publicly accountable, fostered bipartisan consensus on consequential pandemic-era issues, and more.”

The Select Committee was made up of 9 Republicans and 7 Democrats. The Chairman stated that the investigation and exposure of the corruption had fostered bipartisan consensus.

- On the Origins of the Coronavirus Pandemic the COVID-19 most likely emerged from a laboratory in Wuhan, China. The strongest arguments in favour of the “lab leak” theory include the facts that the virus possesses a biological characteristic that is not found in nature; Wuhan is home to China’s foremost SARS research lab, which has a history of conducting gain-of-function research at inadequate biosafety levels; Wuhan Institute of Virology (WIV) researchers were sick with a COVID-like virus in the fall of 2019, months before COVID-19 was discovered at the wet market; by nearly all measures of science, if there was evidence of a natural origin it would have already surfaced.
- Dr Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases (NIAID) set out to disprove the Lab-leak theory with a publication that was subsequently used to discredit and justify the censorship of claims that the virus had been engineered using gain-of-function procedures prohibited by US Congress. Publication was used repeatedly by public health officials and the media to push the preferred narrative that COVID-19 originated in nature.
- The research was illegally funded through EcoHealth Alliance under the leadership of Dr Peter Daszak using US taxpayer dollars to facilitate this dangerous gain-of-function research in Wuhan, China. This thereby also violated the terms of the National Institutes of Health (NIH) grant.
- The NIH fostered an environment that promoted evading federal record keeping laws.
- Lack of protective measures by federal authorities resulted in at least \$64 billion of taxpayers’ dollars being lost to fraudsters and criminals through employment cheques and another \$191 billion dollars through the fraudulent use of individuals’ personally identifiable information in the unemployment system.
- The WHO’s response to the COVID-19 pandemic was an abject failure because it caved in to pressure from the Chinese Communist Party and placed China’s political interests ahead of its international duties. Further, the WHO’s latest actions via a “Pandemic Treaty” may harm the United States.
- The “6 feet apart” social distancing recommendation, (1.5 metres in Australia) which shut down schools and small business across the country, was arbitrary and not based on science.
- There was no conclusive evidence that masks effectively provided protection from COVID-19.
- Prolonged lockdowns caused immeasurable harm to not only citizens and the economy, but also to the mental and physical health of Americans, with a particularly negative effect on younger citizens. Rather than prioritizing the protection of the most vulnerable populations, federal and state government policies forced millions of Americans to forgo crucial elements of a healthy and financially sound life.
- President Trump’s rapidly implemented travel restrictions in 2020 saved lives in contrast to the public statements issued that claimed that the Trump Administration’s travel restrictions were xenophobic.
- Federal government public health officials often used misinformation campaigns about the COVID virus to unjustly demonise off-label drug use and the lab leak theory.
- The Biden Administration even employed undemocratic and likely unconstitutional methods — including pressuring social media companies to censor certain COVID-19 content — to fight what it deemed misinformation.
- President-elect Trump’s Operation Warp Speed — which encouraged the rapid development and authorisation of the COVID-19 vaccine — was highly successful and helped save millions of lives.
- Contrary to what was promised, the COVID-19 vaccine did not stop the spread or transmission of the virus.
- The FDA rushed approval of the COVID-19 vaccine in order to meet the Biden Administration’s arbitrary mandate timeline. Two leading FDA scientists warned their colleagues about the dangers of rushing the vaccine approval process and the likelihood of adverse events. They were ignored, and days later, the Biden Administration mandated the vaccine.
- Vaccine mandates were not supported by science and caused more harm than good. The Biden Administration coerced healthy Americans into compliance with COVID-19 vaccine mandates that trampled individual freedoms, harmed military readiness, and disregarded medical freedom to force a novel vaccine on millions of Americans without sufficient evidence to support their policy decisions.
- Public health officials engaged in a coordinated effort to ignore natural immunity — which is acquired through previous COVID-19 infection — when developing vaccine guidance and mandates.
- Vaccine injury reporting systems created confusion, failed to properly inform the American public about vaccine injuries, and deteriorated public trust in vaccine safety during the COVID-19 pandemic.
- Federal and state governments imposed mandatory lockdowns that were the primary cause of temporary and permanent business closures. More than 160,000 businesses closed due to the pandemic, with 60% of those closures classified as permanent.
- Unemployment rates surged to levels not seen since the Great Depression and mitigation measures — including the now debunked “6 feet apart” guidance — disproportionately impacted sectors with low wage earners.
- The “science” never justified prolonged school closures. Children were unlikely to contribute to the spread of COVID-19 or suffer severe illness or mortality. Instead, as a result of school closures, children experienced historic learning loss, higher rates of psychological distress, and decreased physical well-being.
- The Biden Administration’s Centers for Disease Control (CDC) broke precedent and allowed a political teachers organisation, the American Federation of Teachers (AFT), to influence the CDC’s scientific school reopening guidance. As a result

(concluded on page 6)

(continued from page 5)

- schools remained closed longer than necessary.
- Standardized test scores show that children lost decades worth of academic progress as a result of COVID-19 school closures. Mental and physical health concerns also skyrocketed -with suicide attempts by 12-17 year-aged girls rising 51%.
- The Biden Administration's Health

and Human Services (HHS) engaged in a prolonged attempt to obstruct the Select Subcommittee's investigation and hide evidence that could incriminate or embarrass senior public health officials.

- EcoHealth President Dr Peter Daszak obstructed the Select Subcommittee's investigation including by doctoring documents before releasing them to the public and

by providing false statements to Congress.

- Dr Fauci's Senior Advisor, Dr David Morens, deliberately obstructed the Select Subcommittee's investigation, likely lied to Congress on multiple occasions, unlawfully deleted federal COVID-19 records, and shared non-public information about NIH grant processes with EcoHealth President Dr Peter Daszak.

Covid dissident doctor William Bay exonerated, suspension overturned

In a blistering repudiation, the Supreme Court Justice said that the conduct of AHPRA and the Medical Board had been "less than profoundly unsatisfactory"

A Queensland doctor has won back his right to practise medicine after the Supreme Court overturned his suspension for political statements and activities during the Covid pandemic. Dr William Bay was suspended by the medical regulators, AHPRA and the Medical Board, on 17 August 2022, after publicly questioning Covid vaccine safety, often with bombastic, live-streamed theatrics.

However, in a decision on Friday, Justice Thomas Bradley ruled that Dr Bay's suspension was to be set aside, as AHPRA and the Board had acted with bias and did not afford Dr Bay procedural fairness.

"It might be difficult to characterise the conduct of the Board and AHPRA as anything less than profoundly unsatisfactory," said Justice Bradley in a blistering repudiation.

Justice Bradley criticised the regulators' "animus" and "combative approach" towards Dr Bay, along with their failure to demonstrate that Dr Bay had contravened any relevant legislation or guidelines. AHPRA and the Board have been ordered to pay costs.

AHPRA and the Board argued that the pandemic emergency required that they act hastily in suspending Dr Bay lest he continue to encourage "mistrust of vaccinations (in relation to COVID-

19), of public health measures, of the health system generally, and of the regulation of the health care system."

But Justice Bradley took a torch to this line of reasoning, stating that, "None of these [pandemic] measures authorised the Board to abrogate the right of persons, such as Dr Bay, to a hearing before an apparently unbiased tribunal. None authorised the Board to deny him procedural fairness. None extended the Board's regulatory role to include protection of government and regulatory agencies from political criticism."

FROM: Rebekah Barnett, Dystopian Down Under 13 December 2024

Covering up vaccine-caused deaths

by Phillip Altman

After 4 long years, we now know the COVID gene-based experimental so-called "vaccines" are neither safe nor effective.

These gene-based injections have produced more serious adverse events, more deaths and a wider range of adverse events affecting more organ systems than any other drug in history.

Excess deaths (all deaths regardless of cause above historical average) rose sharply following the jab rollouts but not in 2020 when the SARS-CoV-2 virus was most virulent. The Excess Deaths following jab rollouts even rose in jurisdictions which did not have a single COVID-19 case (Queensland and Western Australia). That is fairly compelling evidence that the jabs are to blame for the Excess Deaths.

These deaths, depending on how they are recorded and calculated, probably number somewhere between 30,000 and 100,000 in Australia alone. We all have seen fairly healthy middle age individuals die due to heart attack or stroke or cancer and various neurological diseases (including the dementias) are on the rise and more promi-

nent. So, how can our Australian Government continue to say the jabs are "safe"? The answer is simple.

The same people who lied to you for 4 long years about the origin of the virus, how the "vaccines" protect you from infection, how the "vaccines" prevent transmission of the virus, how natural immunity should not count, why we should accept totalitarian measures of "no jab - no job", lockdowns, vaccine passports and forced masking.....these same people are in charge of assessing more than 140,000 COVID-19 "vaccine" adverse event reports within a government adverse event reporting system (DAEN) .

These same architects of the fear and the misinformation campaign now have the job of determining if a death or serious injury post-vaccination was probably or definitely due to the shots. What a joke!

We don't know who is doing the assessing of reported COVID "vaccine" adverse events, the guidelines for assessment or how data may be edited, amended or redacted or simply ignored to minimise the safety signals.

Incredibly....here is what the TGA say:

"The TGA has identified 14 reports where the cause of death was linked to vaccination from 1,004 reports received and reviewed. There have been no new vaccine-related deaths identified since 2022."

"Beware of vaccine misinformation - It is important when looking for information about COVID-19 vaccines to consider whether the source of the information is credible and trustworthy."

Obviously, the Drug Adverse Event Notification system has failed (or rather the people running the system have failed).

The TGA have even shut down regular reporting of jab adverse events. [Their last COVID-19 vaccine safety report was on 2 Nov. 2023.]

The TGA say: "In line with the official end of the COVID-19 emergency response, this will be the last regular publication of the COVID-19 Vaccine Safety Report. Routine safety monitoring and surveillance of the COVID-19 vaccines will continue along with timely communication of any updated safety advice when needed."

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You also need to know, the Australian Government has now discontinued the vaccine compensation scheme for the jab injured.

Is all this coming together for you?

The Government is turning a blind eye to the adverse consequences. How can we ever trust them again? The diligent, accurate and transparent recording of adverse events following the release of any new drug (especially an experimental gene-based therapeutic with limited toxicological safety data) is the primary way to assess the true safety. If this system is corrupted, inefficient or covert....there is no way to clearly establish the true safety (or lack thereof) on a population wide scale.

There are clear international guidelines and protocols to do this but the fact that the TGA has only admitted to 14 post-jab deaths due to the "vaccines" is testament to the glaring fact that the Drug Adverse Event Notification system has failed.

Here is just another glaring example of the failure of the adverse event reporting system. The TGA say: "Myocarditis is reported in around 1-2 in every 100,000 people who receive Comirnaty (Pfizer), around 2 in every 100,000 of those who receive Spikevax (Moderna)". Really? What are chances that 3 of 5 children in one family develop myocarditis post-jab?

WHITWASH OF AUSTRALIAN EXCESS DEATHS AT SENATE INQUIRY

Hopes dashed for an honest Senate inquiry



PHILLIP.ALTMAN JUN 15, 2024

The Epoch Times has published a short piece (written by Alfred Bui 14 June 2024) on the June 13 Australian Senate inquiry into Excess Deaths in Australia. As expected, it was not a serious inquiry and intended to cover up the tens of thousands of Covid injection linked deaths.

Our once trusted Australian Bureau of Statistics (ABS) provided information and numbers to cover up the deaths ("Measuring Australia's excess mortality during the COVID-19 pandemic until August 2023"....) As a reminder....the ABS recently changed the way Excess Deaths are calculated which effectively minimised the Excess Deaths number.

According to ABS data, 96% of all COVID deaths reported over the past four years had pre-existing chronic conditions and/or listed COVID-19 as well. So, it is very convenient to list the vast majority of deaths as "COVID-19" deaths without any proof, autopsy

etc. We all know the PCR tests were not diagnostic for COVID-19 and any positive PCR test is a convenient way of blaming the deaths on the virus and not the injections. The Australian Government only admits to 16 Covid injection caused deaths so far.

We know doctors worldwide were under enormous pressure to ascribe deaths as "COVID" deaths and in the US tens of thousands of dollars were paid for each case/death to hospitals which so reported. In Australia and elsewhere, there were no guidelines or criteria for accurately reporting COVID as a cause of death.

It is simply not believable that during the most virulent phase of the "pandemic" COVID-19 ranked 38th as a cause of death but soon after the rollout of the Covid injections, non-Covid unexplained Excess Deaths skyrocketed to over 10,000.

Go to the AMPS website (<https://amps.redunion.com.au/>) and scroll down the Home page to download a copy of "Too Many Dead" for the real facts. Click on Campaigns, Submissions and Open Letters.

It is looking like it will take decades for the truth of the Excess Deaths to come out. Independent analysis suggests tens of thousands of Covid injection linked deaths have occurred. Many of us know personally the toll this has taken on Australia and the rest of the world.

(continued from page 4)

gressiveness of the tumours and their extensive infiltration throughout my body suggested I did not have much time, a few months at best, and that I should "get my affairs in order."

Along with the terminal diagnosis, I was now experiencing excruciating pain. It's difficult to describe the intensity, but suffice to say that tumours slowly broke two bones in my back, caused severe abdominal pain, and I was indeed losing the ability to walk. My oncologist suggested I start targeted radiation immediately to shrink the tumour on my spine and that I begin immunotherapy, which had shown promise in treating melanoma.

I followed his recommendations and began both in late August. After seven days of daily radiation treatment, the tumour was not responding, so the decision was made to stop. I was weak, in intense pain, not sleeping, incoherent, hallucinating, and bedridden. The only other immediate solution for the tumour on my spine was surgery, which was very risky, but the only way to save my ability to walk.

I had the procedure in mid-September, which was successful in removing the tumour, but the recovery, on top of all the other cancer-related issues, was brutal. In addition, I was having a negative reaction to the two immunotherapy drugs I had started in August, with a fever and flu-like symptoms. My entire health situation continued to decline over the next few weeks. I was in and out of the hospital, and my family members flew in to essentially say "goodbye."

At one point in the hospital, I had a heart-to-heart conversation with God, thanking Him for the life he had given me and letting Him know I was ready if it were His will. I added, however, that if He had anything else for me to accomplish here on earth, I had myriad reasons to live and would be grateful if He chose to spare me.

It was after this divine conversation that I began to investigate everything having to do with cancer, right down to the cellular level. I spent most of my waking moments reading articles and watching videos about patients who were at death's door and miraculously

survived. My resolve to survive was hardened through the healing stories I found in Kelly Turner's book "Radical Remission," Chris Wark's book "Chris Beat Cancer," and Dr. Rudiger's book "Cured-The Life-Changing Science of Spontaneous Healing," and through the anecdotal experiences of patients who had healed through alternative treatments like cannabis, nutrition, supplements, fasting, and the mind/body connection.

It became apparent to me that the path back to health would require a multi-faceted approach, one that dealt with mind, body, spirit, and emotions, and included all treatment protocols, both allopathic and alternative. As a result, in late October and early November, I made adjustments to the immunotherapy to reduce the side effects, began medical cannabis tincture, started juicing, began intermittent fasting, took supplements shown to either kill cancer stem cells or boost the immune system, got more sleep, and consciously reduced stress.

Just a few weeks later, my wife and I
(continued on page 11)

The Prostate Cancer Scam

by Anthony Horan

1. In 1983, prostate cancer treatment shifted from a conservative, systemic approach to aggressive surgical intervention, peaking in 1992 with 2,815 excess deaths from radical prostatectomy. This change wasn't driven by scientific advancement but by financial opportunities.
2. PSA testing fundamentally lacked reliability as a screening tool, with a discovery-to-mortality ratio of 380:1. It correlated more strongly with benign enlargement than cancer, yet became the primary driver of unnecessary treatments.
3. Medicare/Medicaid legislation created a profit-driven medical system where hospitals earned approximately \$16,990 per operation. The total industry revenue exceeded \$1 billion, transforming prostate cancer into a major profit centre.
4. Prostate cancer is characteristically slow-growing, with a doubling time of 475 days and approximately 52 years from first cancer cell to death. Most critically, it becomes metastatic at just 2mm diameter, long before detection is possible.
5. Treatment rates varied dramatically by region and social class. Wealthy, educated areas like Manhattan showed lower rates of radical surgery, while western states demonstrated significantly higher rates, revealing how cultural and social factors influenced medical decisions.
6. Treatment complications were severe and widespread, including 11,260 cases of urinary incontinence, with 8% of these patients experiencing suicidal thoughts. Sexual dysfunction affected both patients and partners, fundamentally altering quality of life.
7. Scientific evidence suffered from systemic publication bias, with negative findings often suppressed while positive results were prominently featured. This created a distorted picture of treatment effectiveness.
8. Research revealed prostate cancer's systemic nature, with 54-90% of patients showing cancer cells in bone marrow before surgery. This evidence fundamentally challenged the logic of localized treatments.
9. Institutional approaches varied significantly. The Veterans Administration showed remarkable restraint, while academic centres aggressively promoted surgery. The British system maintained a more conservative approach than the American system.
10. Patient quality of life considerations were often overlooked in the drive for treatment, despite evidence of significant physical and psychological impacts from aggressive interventions.
11. The 2012 U.S. Preventive Task Force statement marked a turning point, leading to a 26% drop in screening rates and a 35% decline in radical prostatectomies in some regions.
12. Future directions emphasize more selective testing, increased focus on systemic treatments, and a return to conservative management for low-risk disease, reflecting a renewed emphasis on evidence-based medicine over profit-driven care.

FROM: The Rise and Fall of the Prostate Cancer Scam (July 2020) By Dr Anthony Horan – 40 Questions & Answers

This article shows how much of the published literature is ignored or wilfully misrepresented in order to fit into the false belief that cancer surgery “works” and saves lives.

For example, on 12 September 2003 the results were published of the first randomised controlled trial comparing survival after radical prostatectomy with survival after a watchful waiting control group.

Although the number of deaths from prostate cancer in the treated group was almost 50% lower than those in the control group, the difference in overall deaths between the two groups was not significant. This meant that more men who were treated died from the treatment than those in the control group. So there was no saving of lives. Proponents of radical surgery ignored this and only mentioned the deaths from prostate cancer. [Ed.]

What is Gain-of-Function Research and how is it prohibited?

Gain-of-Function research involves taking a pathogen and mutating it so that it has a new aspect to it, such as making a virus more transmissible or deadly to humans. This raises the possibility of the new more deadly virus being used for biological warfare to render a whole country unable to defend itself against a foreign power that uses it and has developed immunity via a vaccine. So Gain-of-function research requires that research into a vaccine to counter the new virus must be developed at the same time.

The fact that a vaccine against the leaked virus was developed within a very short time—a matter of months, not years - suggests that a vaccine was also being developed at the same time as the coronavirus was being engineered to make it more lethal to humans.

Not all labs are qualified to conduct gain-of-function research and those that are have a certain biosafety level that's intended to put in place layers of safe-

guards to help prevent a lab leak resulting in the mutated pathogen infecting local or even global populations – as occurred with the modified COVID-19 virus at the Wuhan Institute of Virology Laboratory in China.

How is it prohibited?

Most countries have signed the Biological Weapons Convention (BWC) and ratified it. There are currently 182 countries and four other Parties such as Taiwan, that are signatories and have ratified their signatures (including the United States, Russia and China) and 5 others have signed the Convention but not yet ratified their signature (including Egypt and Syria). There are also six States which have neither signed nor acceded to the Convention (including Israel).

Under the terms of the BWC, member states are prohibited from using biological weapons in warfare and from **developing**, testing, producing, stock-

piling, or deploying them. So the Gain-of-Function research being carried out jointly by the US and China in Wuhan was in breach of their ratification of the Convention. In the US it was also in breach of a prohibition by Congress passed in 2022 that banned the Department of Health and Human Services (HHS) from funding such work in China and other “adversary” countries such as Cuba.

The recently released US Congressional Report identified Dr Anthony Fauci, head of the Institute of Allergy and Infectious Diseases (NIAID), as having channelled funds for this research at Wuhan through a company called EcoHealth Alliance headed by Dr Peter Daszak. This funding from the HHS via the NIH was in violation of the terms of the grant to the NIH, that comes under the control of the HHS. The NIAID is one of the 27 health agencies that come under the NIH.

Is Hope for change to the health system in the US realistic? By Don Benjamin

Some people like myself will be wondering how it will be possible for Robert Kennedy Jr to achieve anything significant in reforming the US health system (worth trillions of dollars with:

- tens of thousands of employees, most opposed to any changes; and
- the drug companies (also worth trillions of dollars) still pulling the strings

The answer is that there is a limit to what he will be able to achieve in 4 years.

The reason for this is that, as his appointment to lead and reform the US Health and Human Services (HHS) was approved, it will have required several important compromises to have been already achieved. Perhaps the most important one, from the drug companies' point of view, is that the new team will not question the dogma that the COVID-19 vaccine is "safe and effective". In other words the new team members will have agreed to "accept" that:

- the mRNA vaccines were not responsible for all the increased deaths that

occurred once the vaccine was introduced; the increase in heart attacks predicted in the trial of the Pfizer vaccine were instead a delayed response to the COVID-19 virus itself (i.e. they were "safe"); and

- the mRNA vaccines were responsible for significantly reducing the spread of the virus (i.e. they were "effective").

As very little in medical science can be shown to be 100% proven to be true, there is always room for some doubt about every medical claim, including claims of serious harms caused by medical interventions.

This leaves room for any scientist who wants to achieve something significant to compromise on their beliefs in the hope that their compromise will enable them to receive something that is to them more important, such as to keep their job or some recognition of their achievement among their peers.

How likely is it that the drug companies worth trillions of dollars, such as Pfizer, that have been fined tens of billions of dollars more than once for fraud and misrepresentation of data, are still pulling the strings? And able to force this type of compromise among the new Kennedy team that has been given the job of reforming the HHS. (see New heads for US health institutes below)

Unfortunately it is very likely. So I am not very optimistic. So although CISS has been asked to provide policy input to the Transition Team for Robert Kennedy, I feel a strong need to not hope that much will come from it. But we live in hope.

(The corrupt National Cancer Institute, that has been found in a court and a Congressional Inquiry to have conspired to suppress alternative therapies, is one of the many Institutes making up the HHS. The National Institute of Allergy & Infectious Diseases (NIAID), where the corrupt Anthony Fauci was the Director, is another)

Placebos work—

even when you know they're dummy pills

The power of the mind has been under-lined again in another study that uses placebos, or dummy pills, to get people better. But the new study goes a step further—everyone knew they were taking the placebo.

Even though they knew they were taking a sugar pill with no active ingredient, volunteers reported a "significant" decrease in their stress, anxiety and depression after just two weeks.

Researchers from Michigan State University worked with a group of people who were suffering from long-term stress after the Covid-19 pandemic. Half the group wasn't treated, and the rest were mailed a supply of placebo pills that clearly stated what they were. The participants also watched Zoom webinars on how to take the pills.

Interestingly, researchers who have conducted some previous placebo studies have wondered whether the positive effects were down to the relationship between the patient and doctor, but in the current study, none of the participants had any face-to-face meetings. Instead, they communicated remotely via Zoom.

Appl Psychol Health Well Being, 2024; doi: 10.1111/aphw.12583

FROM: WDDTY November 2024

Ban on "anti-vax" Covid posts was wrong, says Zuckerberg

The ban on so-called anti-vax and fake news posts on social media sites during the Covid-19 epidemic should never have happened, admits Mark Zuckerberg, the chief executive of Meta, which owns Facebook and Instagram.

He said his company should have resisted pressure from the White House to ban any posts that questioned the official line about the epidemic, including concerns about the safety of the Covid vaccines and lockdowns. At one stage, President Joe Biden weighed in by claiming that "anti-vaxxers" were "killing people."

In a written testament to a US House of Representatives judiciary committee investigating the control of online content, Mr Zuckerberg stated, "In 2021, senior officials from the Biden administration, including the White

House, repeatedly pressured our teams for months to censor certain Covid-19 content...

... "I believe the government pressure was wrong, and I regret that we were not more outspoken about it. I also think we made some choices that, with the benefit of hindsight and new information, we wouldn't make today."

Since the censorship was implemented, studies have demonstrated that concerns about the safety of the Covid vaccines – and especially the experimental mRNA jabs – have been justified. "Fake news" that the Covid virus leaked from the Wuhan laboratory is also now seen as the most plausible explanation for the epidemic's origins.

James Titcomb, "Mark Zuckerberg: Covid Censorship Was Wrong and I Wish I'd Fought It," Aug 27, 2024, telegraph.co.uk

FROM: WDDTY November 2024

New heads proposed for US Health Institutes and Agencies

Dr Marty Makary, a surgeon and researcher at Johns Hopkins University, who has long called for "a change in culture" at the FDA, is expected to be confirmed as the new FDA head. The FDA regulates the safety and efficacy of drugs. He contends that medical "groupthink"- which he defines as "the human tendency to follow a crowd and not thinking independently" - many times creates an illusion of consensus.

Dr Jay Bhattacharya who is a health economics researcher, not a doctor, is expected to be confirmed as the new head of the National Institutes of Health. He is more widely known as one of the three lead authors of the "Great Barrington Declaration," a 2020 open letter that called on public health officials to roll back Covid lockdowns.

So we can expect a few shake-ups.

Group Think – the main obstacle to progress with cancer by Don Benjamin

In looking at the lack of progress with cancer treatments over the past century, it is worth asking “What is the main reason for this?” Over the past 30 years there has been clear opposition by the drug companies to any suggestion that their drugs don’t work, but what is the main reason for this opposition to change before that?

It is worth looking at some of the events observed over the past 180 years that shine some light on this issue.

By 1847 an Austrian physician Dr Ignaz Semmelweis had become concerned that so many women were dying during childbirth of puerperal (or childbed) fever in birthing institutions in Vienna. The “germ theory” had fairly recently been identified. He observed what physicians were doing that might be improved. He noticed that physicians like himself were routinely moving between autopsy rooms, where most physicians get some of their training, and the delivery rooms where women were giving birth. He wondered why some physicians got sick and many women were dying. He speculated that “germs” from the corpses might be transferred by the physicians to the women giving birth. So to test his theory on 15 May 1847 he ordered all physicians to scrub their hands in a strong chlorinated lime solution before moving from the autopsy room to the delivery room. The impact was immediate and dramatic. However “group think” was so strong that Semmelweis was strongly criticised for implying that physicians might be unintentionally responsible for many deaths. The need for reform took a long time to be widely introduced. Semmelweis became very angry and frustrated with his colleagues who widely criticised him to the extent that he finished up in an asylum where he died.

One hundred and forty-seven years later, in 1994 I was researching the benefits of breast cancer screening with mammography and noticed that, although there was a significant reduction of deaths from breast cancer among women screened, there was no overall reduction deaths from all causes. Apparently something must be happening at the same time that was increasing the deaths among these screened women by an amount similar to the reduction.

Before publishing I wrote to the leader of the mammogram trial that had shown a 20% reduction of deaths from breast cancer (but accompanied by an equal increase of deaths from other causes), pointing out that the increase was mainly due to heart failure, possibly due to

the radiotherapy that was more widely used with women whose tumours had been found earlier by the mammograms.

His response reminded me of Semmelweis’ colleagues: “Radiotherapy could not cause harm; Doctors don’t use methods that do harm!” He was quite insulted by my suggestion – the new group think of the 1990s. I published the results in 1996. In the Abstract I stated that “Some correlation was established between reduced mortality and reduced use of radiotherapy... Analysis of deaths from other causes suggests that there are at least two effects involved: immune suppression caused by radiotherapy, and increased classification of breast cancer deaths as deaths from other causes following ischaemic heart damage caused by radiotherapy.”

I later found that a researcher called Cuzick had analysed these mammogram screening trials and found that my speculation about the possible harm from radiotherapy was correct: many women with left-side breasts (that are in front of the heart) had suffered deaths from heart damage caused by radiotherapy damaging the blood vessels supplying the heart. These deaths had wrongly been attributed to, and listed as, heart failure whereas the rules require that deaths caused by treatment must be listed as a death from the cancer being treated – i.e. deaths from breast cancer. When these extra deaths were added to the apparent reduction of breast cancer deaths, there was no saving of lives from mammograms.

It wasn’t until 2002, six years later, that Bill Black and Gil Welch, who were experienced in the new evidence based medicine (EBM), published a definitive paper called “All-cause Mortality in Randomized Trials of Cancer Screening” that the term All-cause Mortality was identified as a basic requirement for all randomised controlled trials (RCTs) in order to demonstrate any overall benefits from medical intervention. This has essentially shown that most medical interventions for cancer, including finding the tumours early, produce no benefits.

Over twenty years later this basic reform to the understanding of efficacy of treatment is still widely ignored. Over 90% of doctors still believe that finding a tumour early increases the chance of cure for cancer, whereas none of the trials show this. “Group Think” still dominates the understand-

ing of cancer treatment.

Fast forward another 20 years to where Robert Kennedy Jr pointed out in his 2021 book “The Real Anthony Fauci ...”, that the COVID-19 vaccine could only have been approved by ignoring the basic rule for interpreting the results of RCTs: “Deaths From All Causes”. However these days there is a conscious campaign to ignore this basic rule of evidence based medicine. The only way to claim that the COVID-19 vaccine was safe and effective was to ignore all the deaths from heart attacks produced by the vaccine (as was done with the mammogram trials 30 years ago). The difference now is that instead of the widespread ignorance 30 years ago about how to prove an intervention is effective, the drug companies, US health authorities and the regulator (the FDA) knowingly mislead the public into believing the opposite of what the evidence shows. So the new Group Think is that the COVID-19 vaccine saves lives.

If you look up Google to see what is said about Robert Kennedy it says (as of 3 March 2025) that “Kennedy is ... an anti-vaccine activist, and conspiracy theorist serving as the 26th United States secretary of health and human services since February 2025... Since 2005, Kennedy has promoted vaccine misinformation¹ and public-health conspiracy theories²...” (For Reference 1 it cites Mnookin 2017, Zadrozny & Adams 2021, CCDH 2020, and BBC 2021. (The CCDH is the Center for Countering Digital Hate). For reference 2 it cites multiple sources, including the CCDH and Kennedy’s wife Cheryl Hines.)

Similar false claims about Robert Kennedy Jr are also on *Wikipedia* that also doesn’t allow any entries that question false claims by health authorities about the efficacy of conventional cancer treatments.

So *Group Think* now extends to the major media, despite the fact that the US Congress, has recently confirmed Kennedy’s claims that the COVID-19 virus probably came from the Wuhan Virus Laboratory in China; that former President Biden was acting on behalf of the drug companies, and pressuring the social media companies to censor factual information about the vaccines, and instead promote false information about the vaccine’s safety and efficacy (see p. 5). New FDA head Marty Makary suggests there’s *groupthink* at the FDA (see p. 9).

Face mask don't block the Covid virus – but the media doesn't want to know

In the murky world of medical research (slogan: The result you want, guaranteed to the highest bidder), the one shining light has been the Cochrane Collaboration.* Its independent research has endeavoured to get as close to the truth as humanly possible without fear or favour, which usually means someone somewhere won't like the conclusions.

Just recently, the Cochrane researchers pronounced that wearing face masks didn't stop the spread of Covid-19 or protect you from viruses. So, there was everyone wearing these masks (and they are still around today), affecting their breathing and the castoffs were polluting the environment, and all for nothing—just as WDDTY suggested along time ago.

The researchers analysed 12 studies that had monitored more than 600,000 people, and two of the studies looked at healthcare workers who were wearing the superior medical or surgical masks. But whatever type of mask was worn, they were just as likely to catch Covid—or any virus, come to that—as someone who wasn't wearing a mask. The masks made “little or no difference,” the Cochrane study concluded.

This isn't so surprising when you look at the science. The SARS-CoV-2 virus responsible for Covid-19 is around 50 nanometres in size—it measures 50 billionths of a metre—so the holes in the masks look like giant, welcoming orifices to it, and it passes through with consummate ease.

As usual, the mainstream media ig-

nored the study, but it got picked up on social media. Still the mainstream media didn't want to know, although one of its acolytes, in the guise of the ironically named Trusted News Initiative (TNI), got in touch with the lead researcher, Dr Tom Jefferson, and asked if he'd like to “correct” the tweets and posts he had made that were suggesting masks don't make a difference.

“Do you think it is a misrepresentation to claim that your study definitively proves that masks don't work in preventing the spread of viruses such as Covid-19 and the flu? *If so, I'd be interested in debunking these claims to set the record straight and would love to speak with you more about the study,*” an email from a trusted TNI veteran pronounced (italics ours).

Of course, Dr Jefferson had no desire to debunk the comments on social media—because they were a fair and accurate reflection of his study.

But why would the TNI—set up by the BBC, the Washington Post, the Associated Press and Reuters in order to stop the spread of “fake news”—wish to suppress the truth, or at least report on a study from an independent group? Isn't the function of the Fourth Estate to hold to account the powerful on the public's behalf? In these strange Covid times, the media has morphed into the mouthpiece of government, a propaganda tool for the rich and powerful to access and employ.

The point hasn't escaped Robert Kennedy Jr, who heads up the Children's Health Defense, which questions the

safety of some vaccines and campaigns for safer healthcare for children. He's suing the TNI for suppressing “wholly accurate and legitimate reporting” and depriving people of vital information about matters of legitimate public concern.

The Children's Health Defense has been barred from every social media outlet, and this ban poses an “existential threat,” says Kennedy, as it isn't able to fundraise.

The legal suit pivots on an interesting point. Usually, the media can't be sued for printing or, in this case, not printing articles as it's a “freepress” that determines what it deems fit to publish. However, argues Kennedy, it isn't a free press as the media has become a government agency, and one that is interfering with the commercial interests of his organisation.

The media has also benefited financially – by shadowing the government line and has been rewarded with big advertising orders from health agencies and Big Pharma.

Aside from Kennedy's organisation, the only loser is you, but you've been put in such a state of terror by Project Fear that you're unlikely to complain. Or are you?

* *Peter Gøtzsche, a Danish researcher who cofounded Cochrane in 1993, doesn't agree. He was unceremoniously kicked out in 2018 after his research findings had ruffled too many Big Pharma feathers. He tells the story in his book, *Death of a Whistleblower and Cochrane's Moral Collapse (Art People, 2019)**

FROM WDDTY April 2023

(continued from page 7)

agreed that the tumours that were visible under my skin were shrinking. Bottom line, this holistic approach led to my being almost cancer free only four months later when a PET Scan in January of 2020 showed most of my tumours had disappeared. I am now just over 5 years from my initial diagnosis with no signs of cancer and feeling better at age 74 than I did in my fifties. My journey is chronicled through a video and interview on the Home Page of the Holistic Cancer Care Foundation's website.

2. What inspired you to establish the Holistic Cancer Care Foundation after your recovery?

My deep dive into cancer was incredi-

bly enlightening and saved my life, but it was also extremely disappointing and discouraging. I had been raised in an allopathic environment in which my mother, father, and uncle, a nurse, internist, and surgeon respectively, were my only family. I was premed in college and revered our healthcare system as the best on the planet.

Unfortunately, during my deep research into cancer, I learned that, with respect to chronic diseases, our entire healthcare system has been hijacked by the pharmaceutical industry's deep pockets. It was a very bitter pill for me to swallow to learn that decades ago, the curriculum of our med schools was manipulated to

drive Big Pharma's agenda and produce glorified pharmacologists ready to prescribe a drug to deal only with symptoms. At the same time, the holistic med schools were shut down and natural medicinal botanicals like cannabis were vilified or dismissed as quackery, despite, in some cases, thousands of years of medicinal efficacy.

After 50 years and trillions of dollars spent on the “war on cancer,” that effort has failed miserably, except for successfully lining the pockets of the entrenched healthcare system. I established the Holistic Cancer Care Foundation to “pay it forward” to other patients diagnosed with cancer, so they would not have to go look under every

(continued on page 12)

What's Available from the CISS Office?

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

Enema Kits: \$16.50

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

Branches of CISS

NSW

CISS CENTRAL COAST

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

CANCER SUPPORT GROUPS

NSW

ACTIVE WOMEN TOUCHED BY CANCER & CELEBRATING LIFE

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

BLUE MOUNTAINS CANCER WELLNESS, SUPPORT—LEURA

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

PARKES CANCER SUPPORT

Cancer Assistance Network CanAssist Pat Bailey 0447 051 946

QUEST FOR LIFE FOUNDATION

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

4883 6599 ; www.questforlife.com.au.

SUTHERLAND SHIRE BREAST CANCER SUPPORT GROUP

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

SYDNEY ADVENTIST HOSPITAL CANCER SUPPORT CENTRE

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

VICTORIA

CANCER NATURAL THERAPY FOUNDAT'N

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

GAWLER FOUNDATION

The Gawler Foundation has leased the

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

QUEENSLAND

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

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

FRUITARIAN RAW FOOD NETWORK

Write to PO Box 293 Trinity Beach Qld 4879.

QUALITY OF LIFE CANCER SUPPORT GRP

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

(continued from page 11)

rock or into every nook and cranny of the Internet, as I did, to learn that there already is a cure for cancer. Tragically, that integrative, holistic cure just does not economically suit the existing allopathic healthcare system.

I created HCCF to provide a forum for patients to learn directly from the expert doctors, researchers, scientists, survivors, authors, and professors about the effectiveness of a holistic, epigenetic approach to cancer prevention and treatment.

3. How has your understanding of cancer treatment evolved since your own diagnosis in 2019?

Based on the extensive research I have done since the cancer diagnosis, my perspective on treatment of the disease has transformed dramatically. Three observations stand out in what created this shift for me. First, our current allopathic approach to cancer does not work because of a misconception that cancer is a genetic dis-

ease. Secondly, the economic incentives to maintain the status quo in treatment are obscenely powerful, and thirdly, only your God-given immune system can actually heal you from cancer.

Cancer is not a genetic disease. Genes may load the gun, but it takes lifestyle and environmental influences (epigenetics) to pull the trigger. As it turns out, the current "standards of care" (surgery, chemotherapy, radiation) in isolation, are actually carcinogenic and typically lead to a more aggressive form of cancer down the road. The reason behind their ineffectiveness is that none of these treatment modalities kill circulating cancer stem cells, which have a lower metabolic rate than tumour cells.

In order to understand why a holistic, epigenetic approach to treatment is more efficacious, you have to accept the "metabolic theory" of cancer, which argues that all cancers begin with some type of damage to the mitochondria of normal, healthy cells. This damage forces the cell to revert to an ancestral way of creating energy for survival, which is

fermentation rather than oxidative phosphorylation. Professor Thomas Seyfried, a cell biologist at Boston College, does a magnificent job of explaining this theory in a video on HCCF's website: Main Cause of Cancer - Holistic Cancer Care Foundation.

Getting cancer in the first place is the manifestation of an imbalance between the rate at which cells' mitochondria are being damaged through epigenetic factors and the attendant effectiveness of a patient's immune system. Bottom line, the current standards of care may have a role in specific tumour management, but they are not a cure for the disease and can even exacerbate the situation. Once you understand cancer as a metabolic disorder, you begin to truly appreciate how a holistic, epigenetic approach both minimizes the potential for mitochondrial damage and maximizes the functioning of the immune system.

4. Your foundation emphasizes epigenetics in cancer treatment. Could

(continued on page 2)