

THE PHARMACEUTICAL RACKET

by Ivan Fraser

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In the early half of this century the petrochemical giants organised a coup on the medical research establishments, hospitals and universities. The Rockefellers did this by sponsoring research and donating monetary gifts to US universities and medical schools where research was drug based and further extended this policy to foreign medical establishments via their International Education Board. Those who were not drug based were refused funding and were soon dissolved in favour of the more lucrative pharmaceutical-based projects.

In 1939 the 'Drug Trust' alliance was formed by the Rockefeller Empire and I.G. Farben. After the war, I.G. Farben was dismantled but later emerged in the many guises of the companies with whom they had signed cartel agreements. These companies include: Imperial Chemical Industries (ICI), Borden, Carnation, General Mills, M.W. Kellogg Co., Nestle, Pet Milk, Squibb and Sons, Bristol Meyers, Whitehall laboratories, Procter and Gamble, Roche, Hoechst and Beyer and Co. (two extant pharmaceutical companies who initially employed convicted war criminals Friedrich Jaehne and Fritz ter Meer as board chairmen). The Rockefeller Empire - in tandem with the Chase Manhattan Bank now owns over half of the USA's pharmaceutical interests and is the largest drug manufacturing combine in the world. Since the war the drug industry has steadily netted an ever increasing profit from sales of drugs to become the second largest manufacturing industry in the world next to the arms industry (also owned by the self same Elite agencies).

Today, health care is a multi-billion pound industry world-wide with ever increasing expenditure by taxpayers into the system which funnels the majority of this staggering profit into the hands of the drug manufacturers who are, as we have seen, headed by the major Elite manipulators of this century. These companies now control the vast majority of health care and set the standards for the practice of medicine in all developed countries. Doctors are no longer free to choose the most reliable and safe forms of therapy available but are at the mercy of their financial reliance on sponsoring (frequently bribing) drug companies. Once out of drug-company sponsored medical school, doctors embark on a career of increasing workloads and have ever increasing amounts of new pharmaceutical products to use and understand. The sheer volume of literature which a GP will receive from drug sales reps has resulted in the present situation whereby GPs are poorly educated about the chemicals which they are giving to their patients and are essentially gleaning most of their post-graduate training from the salesmen of private business. The moral implications of this are staggering.

The number of available drug preparations is now well in excess of 200,000. In 1980, the World Health organisation advised that a mere 240 drugs are necessary in order to provide good health care in the Third World (which should be more than adequate for First World needs considering we are a significantly healthier proportion of the population) whilst in 1981 the United Nations Industrial Development Organisation

stated that a mere 26 of these are considered 'indispensables'. Most of the many drugs which are now available are known as 'me-too' drugs, i.e. recombinations and exact reproductions of drugs already available but which are irresistible to other companies who wish to share in their market. For example, the standard analgesics Paracetamol and Aspirin come in a multitude of forms under a variety of different brand names and yet these products can vary in price to a factor of ten or more times for the exact same formula depending on brand type chosen. Often the consumer erroneously presumes that increased price is equivalent to increased quality in this case and are entirely unaware that the drugs they are buying and those which they are rejecting are identical. Doctors are also often guilty of prescribing drugs by trade name and thus netting greater profits for the favoured company whilst cheaper versions are available to the unwary consumer/patient. Usually, before handing in a prescription it pays to consult the attending pharmacist if there is an equivalent and cheaper drug available. This can save some chronic drug users hundreds of pounds per year.

Pharmaceutical companies rely upon ill health in the population to survive and reap their profits. No drug company has a vested interest in curing disease. They do, however, have a massive vested interest in maintaining ill-health, creating disease and manufacturing chemicals which will promote this under the guise of 'therapy' for the symptoms - rarely ever the cause - of disease. Dr John Braithwaite, now a Trade Practices Commissioner, in his expose, *Corporate Crime in the Pharmaceutical Industry*, states:

'International bribery and corruption, fraud in the testing of drugs, criminal negligence in the unsafe manufacturing of drugs - the pharmaceutical industry has a worse record of law-breaking than any other industry.'

In the US in 1978 1.5 million people were hospitalised because of medication side-effects alone. In 1991 in the US, 72,000 people were killed due to iatrogenic - that is doctor-induced - causes whilst 24,073 died of victims of firearms shootings, which makes doctors nearly three times more lethal than guns! This has serious implications for other countries including Britain because the US are the foremost pioneers in the health care field and what occurs in health care in the US is usually implemented in Britain a decade later.

The drugs industry has managed to sell to the majority of the world the idea that disease is largely an inevitable part of life, especially during the later years. Through its front-line representatives - the medical system - it has effectively reduced the range of choices of health care to which the public has access. Through funding and educational control it has seen to it that natural forms of treatment are largely ignored and grossly under-researched. Those organisations which do reveal the true causes of disease and promote effective forms of disease prevention, such as nutritional medicine, healing and naturopathy are regularly attacked in the mass media and publicly labelled as quacks by pharmaceutically-sponsored de-bunking organisations such as the Campaign Against Health Fraud, now called Healthwatch.

They have also sold to us the idea that natural remedies and cures which have been successfully employed for centuries are 'alternatives' and to be treated with great scepticism and caution. Frequently, we are told of how one or two people have been

injured or killed through the misapplication of a herbal remedy by dubious alternative practitioners but are not told at the same time of the thousands who are damaged by the conventional drugs which are handed out like sweets by our doctors.

During their initiation into the Western medical tradition most of our young doctors are repeatedly informed by their superiors that therapies which are alternative to classic western medicine are fraudulent and quackish. They are told that there is no scientific evidence to support any of the claims of psychic healing, crystal therapy, colour therapy and the like and the whole area is dismissed with a superior grin and a wave of the hand. A mountain of study is then hurled at the junior doctors, on top of an already inhumane workload of practical hours, to be spent absorbing the biased views of their forebears. A junior doctor has not even enough time to explore the realms of stress-free relaxation never mind alternative thought and therapies. Much the same methods are used by certain religious organisations to indoctrinate the minds of their followers into a single belief system. The key tactics, to which most doctors will relate, are: maintenance of sleep deprivation so as to minimise resistance to teachings, isolation from the outside world until one is literally eating, breathing and sleeping the set doctrine of the cult, and maintenance of a fear of failure to conform through almost unachievably high level goal setting; often via frequent examinations.

I believe that western medicine is as much a dogmatic cult as popular Christianity or the Moonies. It breeds its young on dogma to the exclusion of free will and reasoned thought in order to perpetuate itself. It is controlled by instilling into its members the fear of failure and it thrives by exploiting the initial motivation of its members, which is love and a desire to help and heal others.

At the apex of the pyramid of medicine lie the controllers; not doctors, but the multinational pharmaceutical companies who exist, not for the benefit of others, but for the desire for money and power. And behind them lies the sinister organisation of global secret societies headed by the Illuminati.

It is through this subtle mind control that the System maintains itself. Veiled in secrecy and fuelled by fear, the monster machine controls every aspect of our lives. The medical system is an integral part, but nevertheless only one aspect, of the overall design which seeks power and neither cares how this power is achieved, nor how many individuals are destroyed in the process.

As an example of the fraud perpetuated by the pharmaceutical companies, the next section will take a close look at the AIDS scandal, which illuminates how these companies have infiltrated every area of the healthcare system are willing to endanger people, allowing them to be killed, for profit via the industry's tool of corruption and front organisation, our own medical system:

What is AIDS?

AIDS is defined as any one of twenty five unrelated diseases plus a positive test for the presence of antibodies to the Human Immuno-deficiency Virus (HIV). It is said to be transferred through intimate sexual contact via the transfer of bodily fluids such as semen and blood. It is also said to be passed on through intravenous means by needle-sharing drug users and infected blood transfusions.

Nearly five hundred scientists world-wide, including eminent doctors such as leading University of California Professor of Molecular Biology, Peter Duesberg, and Australian biophysicist Eleni Papadopoulous-Eleopoulos, Dr Charles Thomas (former Harvard Professor of Biochemistry), Dr Kary Mullis (1993 Nobel Prize-winner for Chemistry), Dr Hank Loman (Professor of Biophysical Chemistry, Free University of Amsterdam), and Dr Steven Lomas (Professor of Preventative Medicine, State University of New York) are now convinced that AIDS is not caused by HIV.

In simple terms, the facts just do not add up. For example, there are many people with AIDS but without HIV and vast numbers of people who are HIV positive are not developing AIDS. The tests for the presence of retrovirus HIV - the Western Blot Test and the ELISA Test - which show up HIV positive status, are so inaccurate that false positive tests can occur due to many diseases such as malnutrition, multiple infections, multiple sclerosis, tuberculosis, leprosy, having once had the 'flu' or measles and the bodies natural response to anal semen.

Once diagnosed as HIV positive, patients are given regular blood tests to monitor their immunological responses, particularly for a drop in T-cell count. T-cells are released in the immune response to disease to attack invading antigens. A significant T-cell drop, in many clinics, is the indicator that active drug therapy should be commenced. However, using T-cell counts as an indicator of disease is entirely useless as the average T-cell count for a healthy person can range from 200 to 2000 over the course of a normal day. Professor Ian Weller, who co-ordinated the British arm of the Concorde AZT trial testing the drug on healthy HIV-positive volunteers, commented:

'The thing we have to remember about CD4 (T-cell) counts is they are very variable. They can vary in an individual over the time of day... lower in the morning and higher in the evening. They can be affected by things that you do such as walking to the clinic, as opposed to riding a bike... the amount of sunshine can affect them. Smoking as well.'

This whole area of inaccurate testing in the area of AIDS and AIDS Related Conditions (ARC) has accounted for many people being incorrectly diagnosed as HIV positive, such as in Africa where there is a supposed epidemic; there is also a massive amount of otherwise unrelated disease there too and it is this factor which is causing the false positives.

Once diagnosed, patients are then initiated onto courses of highly toxic drugs such as AZT, DDI and Septrin, *many of the side effects of which are the self same symptoms as those of AIDS.*

None of these AIDS defining diseases are new. What is new, however, is the HIV test. All research into this syndrome has been based upon the findings of Robert Gallo, the co-founder and **patent holder** of the test, which have since been found to be fraudulent. Gallo's partner and co-founder of the HIV theory, Luc Montagnier, declared in 1989:

'HIV is not capable of causing the destruction to the immune system which is seen in people with AIDS'.

One medical doctor who has practised and lectured on medicine world-wide for over thirty five years, Dr. Robert E. Wilner has even publicly demonstrated that HIV does not cause disease by injecting himself with the blood of an HIV positive patient on Spain's most popular television show; yet this never made it to the press outside of Spain! In his book *'Deadly Deception: The Proof That Sex And HIV Absolutely Do Not Cause AIDS'*, Dr. Wilner cites AZT as one of the major causes of AIDS, he also insists that *'HIV is simply a harmless piece of tissue, not unlike numerous other retroviruses that exist in our body'* and that *'AIDS is not transmitted sexually nor is it contagious by any method!'*

Dr Duesberg, recognised as one of, if not **the** foremost retrovirus expert in the world, points out:

'AZT is A Random Killer Of Infected And Non-Infected Cells. AZT cannot discriminate among them. It kills T-cells, B-cells, red cells, it kills all cells. AZT is a chain terminator of DNA synthesis of all cells - no exceptions. It wipes out everything. In the long run it can only lead to death of the organism - and the cemetery. AZT is a certain killer! Who will be responsible for the death of patients (some 200,000 now being treated with AZT and countless thousands who have already died from it in the past decade) that results from AZT therapy - pharmacological homicide?'

And furthermore, that:

'HIV does not cause AIDS... The point that everyone is missing is that all of those original papers, Gallo wrote on HIV have been found fraudulent... The HIV hypothesis was based on those papers.'

It is my opinion that these scientists are correct and that HIV is not the cause of AIDS. AIDS is not a single viral disease but a collection of, in part, unrelated diseases which are caused by disharmonious energies in the fields of the holistic body, brought about by all sorts of reasons. Undoubtedly one of the major causes of death by AIDS-related diseases is the inability of the body to fight off the manifested disease because *the body has been weakened by the very drugs given to suppress the disease*. Tests have shown that the only effective treatments for AIDS are those which involve the cessation of conventional drugs in favour of unconventional natural therapies such as Essiac, Oxygen/Ozone Therapy and CanCell. However, these natural therapies share a common theme in that they have all been suppressed or withdrawn by governmental agencies and those with vested interests in the pharmaceutical industry.

(To further support the fact that HIV is not transferred sexually, Cathy O'Brien in her book *Trance Formation Of America*, points out that, despite being prostituted to men in areas supposedly rife with AIDS, none of her political abusers ever wore protection during sex with her.)

Wellcome to Hell

Wellcome (Wellcome Burroughs in the US) began as a pharmaceutical company set up in 1880 by Henry Wellcome and Silas Burroughs. Its links to the Rockefeller Empire were apparent in Henry Wellcome's appointing of John and Allen Dulles of the Sullivan and Cromwell law firm as those responsible for any legal matters relating to the company and his own will. With Henry Wellcome's death in 1936, the Wellcome Trust was set up in conjunction with the company (now the Wellcome Foundation) and this has now become one of the largest funders of medical research in Europe. The Rockefeller connection was also strengthened in the late 50's when Wellcome took over the running of aspects of the Rockefeller funded London University College Hospital Medical School and their joint interests in tropical illness research via the London School of Hygiene and Tropical Medicine.

Over the following decades, Wellcome pursued several aspects of pharmaceutical healthcare with interests in general over-the-counter remedies, anti-virals, animal healthcare, genetic engineering and biotechnology. It strengthened its connections within the government, the media, medical academia and the various committees, societies and associations that were continuously being set up to review, regulate and control all aspects of scientific medical research and education. It did this by making donations to many of these organisations, such as the British Association for the Advancement of Science, the Parliamentary Science and Technology Foundation, the Parliamentary Office of Science and Technology, and the British Medical Association's Foundation for AIDS (to which it gave £144,000 between 1988 and 1992), and by placing its own trustees, researchers and 'experts' in prominent positions within them. For example: Sir Alastair Pilkington one time vice president of the Foundation for Science and Technology was a research scientist for Wellcome; Professor C. Gordon Smith, Dean of the London School of Hygiene and Tropical Medicine was a Wellcome trustee; Lord Swann, Director of the BBC in the 1980's was a Wellcome trustee; Sir Alfred Shepperd, a member of the Advisory Council on Science and Technology(ACST) was Chairman of Burroughs Wellcome and the Wellcome Foundation until 1985; Professor Roy Anderson, Head of Pure and Applied Biology at London Imperial College of Science, Technology and medicine and a member of ACST was also a Wellcome trustee.

In the 1980's however, the company went through some major rationalisations. In 1986 the decision was made to sell shares in the Wellcome drug company which had previously been owned in its entirety by the Wellcome Trust. In the following six years it also sold off several areas of business including Cooper Animal Healthcare - a joint venture with ICI producing organo-phosphate sheep dip - and its interests in vaccine production. Production of general cough and cold remedies was also reduced to a mere 14% of sales while it began concentrating its funds in the more profitable areas of genetics, biotechnology and anti-virals.

AZT, marketed by Wellcome as Retrovir, had been developed in the 60s as a drug to treat cancer but it had proved to be highly toxic as well as ineffective as it appeared unable to distinguish between cancerous and healthy cells. However, tests *in vitro* appeared to show some anti-viral properties which was why, after being shelved in the 60s, AZT was re-tested for use in the treatment of AIDS in the 1980s.

Human clinical drug trials, following extensive (though useless) animal testing, usually take place in two parts. Phase I tests for toxicity; Phase II concentrates on the

long-term side-effects and efficacy, all of which can take several years. In the case of AZT the Phase II trials in America were halted after 4 months when only 1 of the AZT users as opposed to 19 of the control group had died and the drug was granted a license despite the fact that the patients in the trial were given regular blood transfusions to alleviate the possible side-effects (this should, under usual circumstances, have negated the results of the trial). This licensing of AZT so quickly was unprecedented and made Wellcome's profits **double** to £1132 million in the space of 4 years! As if this wasn't enough, subsequent licenses for other AIDS drugs were issued subject to the condition that they would have to be tested against AZT and then only prescribed in conjunction with it.

Incredibly, AZT was licensed in the UK *without any clinical trials* four weeks before it was licensed in the US. This, perhaps, may have been due to the fact that, of the 25 members of the Medicines Commission who are parliamentary advisers on medicine, 5 had interests in Wellcome; one prominent member being Professor Trevor M. Jones, Director of Research and Development at Wellcome. And of the 21 members of the Committee on the Safety of Medicines who grant the licenses, two had interests in the Wellcome Foundation.

Within a short space of time, AZT was licensed in 35 countries around the world and Wellcome were promoting it with media advertising, press releases and all-expenses-paid conferences to which they regularly invited the world's top scientists and physicians, all the while denying any suggestions that it caused harmful side-effects.

Wellcome's influence on the media and the government continued with its donation of £10,000 to the All Party Parliamentary Group on AIDS (APOGA) as, with the Medical Research Council, Wellcome began the trials of AZT on asymptomatic HIV positive patients - the Concorde trials - in October 1988. From that point onwards most of the doctors presenting information and writing for APOGA were also involved in these trials. Not content with promoting their own research in the area of AIDS they also began to attack any alternative treatments or anyone who challenged the HIV=AIDS hypothesis.

Wellcome had also cornered the British market in AIDS testing kits. With the help of Dr. Robin Weiss and Angus Dalgleish from the Institute of Cancer Research, a second generation kit was marketed based on the research by Campaign Against Health Fraud (now Healthwatch) member, Professor Vincent Marks, head of the Biochemistry Department of Surrey University - a department which has received over half a million pounds from Wellcome since 1985. In order to ensure that anyone found to be HIV positive was immediately directed towards 'help' from AZT-promoting doctors, GP's were given very limited access to the testing kits. They had no choice but to send their patients to Wellcome-infiltrated teaching hospitals and STD clinics in London while the promotion and sale of home testing kits was banned in the UK (in 1992), thereby ensuring Wellcome's complete monopoly in all aspects of AIDS treatment and diagnosis.

Education about HIV and AIDS could also not be overlooked and Wellcome donated substantial funds to pay for a £150,000 package for GPs, produced by the British Medical Association.

The Concorde trials themselves, instead of being independent, were almost totally under Wellcome's influence. The initial reason for the trials was to prove that AZT would be effective in preventing the development of ARC and AIDS in otherwise healthy HIV+ patients. Going against all established regulations for the independence of such trials, which in the past had the drug companies supplying the drug and paying the hospitals to do the trials, the Concorde trial was set up jointly between Wellcome, the Medical Research Council (MRC) and the Department of Health. The MRC paid for the treatment and the Department of Health granted the use of six London hospitals, NHS staff and facilities. Anyone with an HIV positive test was encouraged to join the trial without discussion of any alternative treatments whilst being promised up to 3 years of free healthcare despite the fact that the AZT drug was to be administered at 1000mg per day - *twice the dose recommended by the US Food and Drug Administration* - and the recent reports of serious side-effects such as muscle wasting, anaemia and impotence. Wellcome's crowning glory in this deal, though, was to also insist that the contract gave them complete control over the writing of any reports about the trial. The only report which had to be agreed between all parties was the one for general publication, if indeed any published report was even deemed necessary.

Just to make absolutely sure of obtaining the desired outcome, Wellcome had the help of several 'friends' in the MRC who had just as many, if not more, commitments to industry and business matters than they did to the medical establishment or the government. Lord Jellicoe, Chairman of the MRC's AIDS committee, was a director of the Rockefeller company Morgan Crucible as well as the sugar company Tate and Lyle and was later chairman of Booker Tate confectionery; Sir Donald Acheson worked for the Department of Health but left in 1991 to work in the Rockefeller funded School of Hygiene and Tropical Medicine; Sir Austin Bide was Chief Executive of Glaxo (now in partnership with Wellcome) and had been a director of J. Lyons & Co confectionery in the 70's. Sir David Crouch, MP for Canterbury until 1987, was director of Pfizer Ltd., a pharmaceutical company which was the only manufacturer of a synthesised ingredient of AZT at that time and also ran several public relations companies one of which, Kingsway Rowland, handled Wellcome's AZT account; Dr J. W. G. Smith, director of the Public Health Laboratory Service since 1985 used to be a Senior Lecturer at the School of Hygiene and Tropical Medicine before going to work for Wellcome as head of Bacteriology in 1969; Professor D. A. Warrell was a director of the Wellcome Tropical Research Unit and has also done malaria research funded by Wellcome and the Rockefeller Foundation; Professor C. N. Hales is a specialist in diabetes whose research is often funded by pharmaceutical companies including Wellcome.

With the above as the only 8 members of the MRC Committee on AIDS and their Chairman Lord Jellicoe, it is not surprising that a drug once deemed to be too toxic, which has never been properly tested and whose side-effects, according to the British National Formulary, bear a striking resemblance to the symptoms of AIDS itself, has been allowed to become the AIDS drug of the 90's and has kept the profits rolling in for Wellcome to the tune of an estimated £400 million a year.

'I will give no deadly medicine to any one if asked.'
(from the Hippocratic Oath)

Walter's position as a staff nurse at Newcastle General Hospital's Infectious Disease Unit (ward 25), which is affiliated with the London School of Tropical Medicine, has given me an insight into the world of AIDS treatment which is rarely seen and it only serves to corroborate the research of the aforementioned enlightened scientists, whose numbers are ever increasing. The world of AIDS care and treatment at the NGH has some very sinister elements and I have no reason to suspect that it is isolated to this regional unit alone. Here is an outline of some of the information which Walter has provided:

- According to the code of conduct provided by the United Kingdom Central Council for nursing and midwifery, the nurse's role is to be the patient's advocate and is, therefore, entrusted to provide care in the best interest of the patient and to decline from doing anything which is detrimental to their well being. One of the major areas covered by this is in the administration of drugs; the nurse is responsible for ensuring the correct dosage of drug is given and is responsible also for being aware of the effects and possible side effects of the medication.

However, in the NGH unit, nurses are expected to give all drugs prescribed by the doctor whether or not any information on the effects of the drug are available. Frequently the prescribing doctor is unaware of the true nature of the drugs and thus unable to inform the nursing staff of the effects and side effects of the drugs they are using. Many and varied substances appear and disappear periodically from the drugs cupboard, often named only as a series of numbers or letters. When challenged as to the reason why they have prescribed such unknown entities, the doctors usually reply that their consultant has ordered it to be given. The consultant is usually unavailable for comment.

- The side effects of the drugs have been seen to be potentially harmful. For example, one commonly used drug, Foscarnet, which is given directly into the heart or eyes of a patient, when dropped on a nurse's tights dissolved them on contact. Common side effects of this drug include epilepsy, blindness and dementia. Many patients have entered the unit with minor symptoms such as weight loss and have, in a short space of time, become blind and epileptic through using it. Walter has frequently said to me, 'I'm poisoning people for a living', but if he refused to give the drugs as prescribed he would lose his job and someone would be found who would administer them. The same is true of the junior doctors who are afraid of the vengeance from above if they were to challenge the status quo. No challenge has yet been made, even after I presented the unit with detailed papers outlining the research which has negated the 'HIV equals AIDS' myth.
- Once diagnosed as HIV positive, many patients are then informed that the only chance they have for extended survival is to use the drugs provided. Obviously the majority of patients, many of whom show very few symptoms,

are too afraid not to co-operate with the regime. They then suffer terribly and die a lingering and undignified death.

As a response to many challenges Walter has made to the medical staff to justify their drugs regime, he has been branded cynical and defeatist; as not wishing to give the patients a chance for survival. In reply to this he has asked on many occasions for the doctors to give him even just one example of anyone whom they have cured of AIDS or significantly improved the quality of life. Not one of them has been able to give such an example.

Even if we were extending people lives, in doing so we also inflict upon them such diseases as makes for little or no quality of life. What is the point of an extra year of life if that year is spent as a living vegetable? If we do have a prognosis of death, then surely it is better to live that remaining life to the full with our eventual demise being as gentle and as dignified as possible.

- On one occasion, the unit exceeded its drugs budget and feared a crisis in care. At this point Wellcome stepped in and offered its services for free on the condition that they would supply the drugs as long as all research notes were given directly to them in return. It appears that the only figures who were aware of anything like the full picture were the consultants in charge and the research nurse appointed by the company, none of whom were willing to reveal anything of the results of these apparently blind drugs trials.

In effect, this means that the patients on this unit are being treated by the pharmaceutical scientists as human guinea pigs, in order to test the various drugs supplied. How are we to know that these drugs are genuinely safe for the purpose of therapy? Might they simply be poisons or ineffectual chemicals thrown onto the research pot in a vain attempt to happen across some element of cure? Are they even actively seeking a cure, knowing what we do of their motivation?

Some of the drugs which have been identified and are in regular use have long since been discontinued in other areas of medicine because they are ineffective and/or dangerous. For example, A.Z.T. was once considered too toxic to be given to terminally ill cancer patients!

Interestingly, the official patient leaflet, 'HIV and AZT, the choices', as supplied to AIDS departments by Wellcome, gives merely three examples of side effects of the drug, i.e. anaemia, which they say effects up to 40% of users; headaches in 1-10% of users; and sickness in 25% of users which: '*almost always disappear after a few weeks of treatment*'. The leaflet also states:

Most people do not suffer side effects when they take AZT early. If they do occur, there are ways of coping with them. They may be reversed, if necessary by stopping treatment.

If you thought that you may be facing death through an incurable disease would you stop taking the drug that has been hyped as giving an extension of lifespan, I wonder?

Septin is a combination of two antibiotics and has been shown to be far less effective and far more liable to dramatic side effects than either of the components when used individually (interestingly, it is also nearly three times more expensive than the more effective and less harmful constituent ingredient Trimethoprim).

Even Thalidomide is now being used on Ward 25 for its anti-emetic properties.

- Many patients diagnosed as terminally ill have drawn up living wills in which they often request a cessation of active treatment in the end stages of disease. These are frequently ignored by the doctors who continue to pump toxins into dying patients and claim to be simply following orders from above. The point of which escapes myself and Walter and quite often the doctors themselves.
- When a patient dies, relatives are officially informed that their loved ones are deemed as dangerous waste and must, therefore, be sealed and cremated for hygiene reasons. No mention is made of autopsy or further experimentation and yet Walter has witnessed conversations amongst doctors regarding autopsy findings on such people who were supposed to have gone to cremation unmolested. Is this further pharmaceutical research?
- One evening, in the absence of an available doctor from the unit, Walter had to call upon a consultant from another area to advise upon a matter. Whilst this covering doctor was attending to the issue Walter made known his concerns about the dangerous amounts of drugs a patient was prescribed. This consultant agreed with Walter that it was excessive and dangerous and complied with his request to discontinue the majority of the drugs. He also admitted to Walter that there was definitely something extraordinary and far reaching going on in this area which was beyond his jurisdiction. Furthermore, if he had his way, the majority of the drugs given on the unit would never have been prescribed in the first place. However, 'see no evil, hear no evil, speak no evil' seemed to be the order of the day and that was the end of the matter.

All of this information is deeply disturbing. As more and more evidence mounts against the HIV theory, it seems that the only way to survive AIDS is to **steer clear** of the medical profession and its terrible drugs. If it is true of this one syndrome then how true is it of other areas of disease? Just how manipulated are we by these companies? And how much wheeling and dealing is going on behind the scenes

between consultants and pharmaceutical companies which directly effects our well-being?

AIDS is a huge money spinner providing millions of pounds of profit **per day** in drugs sales and its offshoot market of condom sales (Wellcome also has links with the London Rubber Company). It has instilled a fear in the heart of our society of free sexual expression and has given rise to much bigotry from the poorly educated who see AIDS as a judgement from God or a punishment for active homosexuality. It has created a huge charity industry, netting millions of pounds from the world population to fund further research to rid the world of this affliction. And how much misery and negativity has it generated? Further research means more experiments on both animals and humans. And the figures for economic growth just rise and rise.

Truth - A Cure For All Disease

As another example of the medical conspiracy; would it shock you to find out that there are, in use today, several medically proven cures for cancer? One such cure is Essiac and has been in use since at least 1922; it has no known adverse side effects. It is made from four common herbs and elevates the immune system. In 1937 it came within three votes of being legalised as a cancer treatment in Canada and was passed on to the British Cancer Campaign by its founder, Rene Caisse, via the Prince of Wales. And yet today, it is still only available through selected, virtually underground, outlets world-wide. I have many dozens of case studies which testify to the efficacy of this treatment (see Appendix IV).

Furthermore, in the 1930s a man named Royal Raymond Rife developed a very high powered microscope, almost seven times more powerful than those in use at the time, which could detect organisms which cause diseases such as infections and cancers. He did this by illuminating these organisms at their own specific frequency of light and could, therefore, examine them and their effects whilst they remained alive as opposed to killing them first using dye stains or high powered electron microscopy as was the norm. He then discovered that, by altering the frequency of their environment microbes could mutate and change their size and shape to resemble viruses and bacteria alike, thereby enabling the same microbe to cause many diverse diseases. For example, the same germs which cause pus - *streptococci* - could also become the germs which cause pneumonia - *pneumococci* - in response to an alteration in their environment. Rife also discovered that by bombarding these organisms with higher frequencies of light, he could destroy them. He demonstrated that it was possible to create and destroy cancers at will and succeeded in curing otherwise terminal patients of this disease, as well as others such as polio and typhus, in almost 100% of cases.

Today, it is conventionally accepted that single specific germs are responsible for single specific forms of infection. This theory was advanced by the French scientist Pasteur but was disputed by his rival Bechamp who was in favour of the mutation theory known as pleomorphism. We are rarely informed in text books that, according to his co-worker, Dr Duclaux, Pasteur himself changed his mind and revoked his 'germ theory' in favour of one closer to that of pleomorphism. However, over 100 years later, Pasteur's original germ theory is still the standard working model for the understanding of the action of microbes in the body.

Many types of bacteria exist in a symbiotic relationship with our bodies all of the time and only become symptomatic once the physical body begins to deteriorate due to an unhealthy lifestyle. Bacteria are then free to scavenge the 'soil' produced in the disease process, i.e. when the tissues degenerate to a similar frequency as the microbes, releasing dead organic matter similar to viruses upon which these microbes feed (remember Wilner's definition of the HIV retrovirus?). They then excrete this dead matter as waste products via the bloodstream, faeces or other exudates such as mucous. The extent to which the bacteria can multiply is limited to the amount of soil upon which they have to feed and could not be capable of invading the body to the extent to which science would have us believe unless there was already an adequate food supply. Furthermore, as has been demonstrated in Rife's vibratory work, it is possible for these microbes to mutate into other forms and even to cancer-causing agents according to their environmental conditions, defined by the degree of concentration of waste products and the vibratory rate. The subsequent systemic and metabolic reaction to these toxic excreted waste products, such as sore throat and high temperature (the body's natural way of eradicating the bacteria), are generally the symptoms of diseases which are given priority in day to day general medical practice, whereupon drugs are usually given to suppress them. In giving antibiotics we often succeed in killing the very microbes which are removing the diseased body's dead matter during the natural healing process. In doing so we also open up our bodies to other forms of disease such as fungal infections which are usually kept at bay by the natural presence of bacteria.

Another effective cure for AIDS and cancer has been successfully employed in clinical practise all over the world for at least fifty years and is a cure for virtually all germ diseases. This is Oxygen/Ozone therapy. The principle behind it is simplicity itself and is the reason why the pharmaceutical companies and drug agencies are so afraid of it that they have conspired to suppress it also. It is conventionally accepted that the majority of germs are anaerobic, which means that they survive without oxygen. Therefore, if one floods the bloodstream with oxygen, these organisms cannot survive. Oxygen is one of the fundamental and most necessary elements to human survival. It exists as air, water and most of our food sources such as carbohydrates. The human race has evolved in levels of oxygen far higher than exist in today's polluted and tree-depleted world and we are all running on less than is desirable for optimum health; especially the city-dwellers. Foods and food supplements which release high levels of oxygen such as in the form of Hydrogen Peroxide are beneficial to our well-being. Indeed, Hydrogen Peroxide itself, when taken in dilute form or applied directly to wounds is one of the most effective antiseptics and healing compounds there is.

I believe disease is the result of disharmonious energy fields which can be caused by both physical and non-physical disharmony. Thus, dis-ease can be eradicated by oxygen therapy because it boosts the immune system by raising our vibratory rate, thereby making our bodies healthy. It is a simple fact that **disease cannot exist in a healthy body.**

According to the testimonies of international MD's assembled at the May 1983 Sixth World Ozone (a concentrated form of Oxygen Therapy) Conference in Washington, D.C.:

Ozone eliminates... viruses and bacteria from blood, human and stored... Medical ozone is successfully used on AIDS, Herpes, Hepatitis, Mononucleosis, Cirrhosis of the liver, Gangrene, Cardiovascular Disease, Arteriosclerosis, High Cholesterol, Cancerous Tumours, Lymphomas, Leukaemia... Highly effective on Rheumatoid and other Arthritis, Allergies of all types... Improves Multiple Sclerosis, ameliorate Alzheimer's Disease, Senility and Parkinson's... Effective on Proctitis, Colitis, Prostate, Candidiasis, Trichomoniasis, Cystitis; Externally, ozone is effective in treating Acne, burns, leg ulcers, open sores and wounds, Eczema and fungus.

In 1976, the US FDA hindered the progress of this form of therapy by stating: *Ozone is a toxic gas with no known medical uses.*

And yet, one doctor using ozone in his work with colonic cancer patients, Dr Hans Neiper, from Hanover, despite refusing to divulge the names of his cancer patients, stated in 1987:

'President Reagan is a very nice man.' And, 'You wouldn't believe how many FDA officials or relatives or acquaintances of FDA officials come to see me in Hanover. You wouldn't believe this, or directors of the American Medical Association (AMA), or American Cancer Association, or the residents of orthodox cancer institutes. That's the fact.'

Oxygen/Ozone therapy researcher and ambassador, Ed McCabe states:

Let's compare medical ozone therapy with prescription drugs. In 1978 the FDA reported 1.5 million were hospitalised in the USA due to the side-effects of medication. On the other hand, medical ozone has been legally used in clinics world-wide on a daily basis since the forties, and in Germany 644 ozone therapists were surveyed, and they reported 384,775 patients had received 5,579,238 ozone treatments. The side-effect rate was only 0.0007% during 5.5 million dosages! Yet, each year approximately 140,000 people in the US die from prescription drug usage.

To this day researchers maintain that the exact causes of and cures for cancer are unknown whilst many others who claim that they do know are frequently the victims of a conspiracy of suppression by governmental agencies and corporate business interests.

It is vital that we understand the true nature of disease if we are to be effective in its eradication. It is imperative that we use the total sum of our knowledge to combat disease and work together as a multi-disciplinarian society, not in isolated, self-interested units. We must open our eyes to the realities and seek the best of conventional and unconventional medicine. We must concentrate on why we are ill and not simply seek to eradicate symptoms of disorders which we often see as inevitable. Disease is not our natural state, it is not inevitable. It is an outward physical display of disharmony whose cause is far more significant than its

symptoms. The responsibility for health lies with all of us, not only with doctors or governments.

How many millions flock to the doctor and expect some treatment for a symptom, caring not for the cause but seeking only the relief of discomfort? And who is to blame them? They are victims of the pharmaceutical conspiracy too. According to these scientists, and medical practitioners who find employment within the System, there is little evidence to give credence to any form of medicine other than their own. Or so they and we are told.

They seem deaf to the testimonies of the healers and the healed who stand before them as living proof of the power of mind over matter, homeopathy and herbalism etc. It is healthy to be sceptical but there is a danger of sceptic thought becoming septic thought if it fails to reason with an open mind and allow for progress. Any doctor who fails to open their mind to the information such as is presented in this book is missing the opportunity to fulfil their true role as healers of the sick. There is without doubt a conspiracy of wilful ignorance amongst the cult of western medicine, as even scientifically verified proof of the healing power of channelled energy has been ignored by the majority of practitioners.

One smoke-screen which is constantly employed by the major drug companies is the regular promise that they are 'currently working on a new form of treatment which could soon revolutionise the treatment of...'. Such stories are picked up by the press and t.v science programmes with great fervour. They are nearly always described in terms of 'miracle cure' and point out that adequate funding is necessary for the fulfilment of the prophecy in another 2 or 3 years time. However, when 2 or 3 years time finally arrives we have all conveniently forgotten about the promised miracle drug whilst anxiously awaiting the fulfilment of yet further promises of drugs which are 'hoped' will one day prove to be the end of yet another terrible disease.

And this is the industry which denigrates the field of natural health for taking advantage of the sick and for so cruelly promising fake cures and providing false hope! The obvious lesson here is that to disguise your own sins you must accuse your enemies of them and to always do it before your enemy has a chance to formulate their defence. Mud usually sticks to the one it first lands upon. This a political trick which has been used to devastating effect by the key manipulators of this century in all areas and has been used to shift public opinion in favour of some of the greatest atrocities ever committed.

The Elite via chemo-pharmaceutical companies and food and water production services penetrate all areas of health care and use it to promote and execute their policies of population control, mind control and 'divide and rule', whilst making vast sums of money into the bargain.

Vivisection - far more than an animal rights issue!

This section is intended to be read in order that the sinister implications of animal experiments upon the whole of mankind are thoroughly understood. I am aware, from personal experience of street campaigning for animal rights issues, that many people who care passionately about animals find it simply too distressing to see or read any

form of evidence to this effect. Consequently, I have chosen not to give practical details about individual animal experiments in the coming discourse

Instead I will focus upon the scientific fraud perpetrated by vivisectors and how their warped ethos that vivisection is a valuable scientific tool has corrupted the progress of medicine and upset the delicate balance of the minds of millions world-wide. I seek to show how vivisection is an integral part of the manipulation of society (the vivisectors themselves being amongst the most completely manipulated of all) by the very same consciousness and indeed the very same people I have already discussed.

Nothing is worse than vivisection! No other single factor causes more pain, distress and death to humans and animals.

Nor is there any less scientific or ethical method of research currently being employed in industry or educational establishments anywhere in the world.

Unless you have read the books and seen the video footage which I and thousands of other anti-vivisection campaigners have been required to endure, nothing in your imagination can paint for you anything like the true picture of the hell of animal experiments. In fact, if you can conjure up the most heinous spectacle of abuse within your mind, be assured that this is precisely what is being done today, but probably much worse, around the world in schools, universities and research labs owned by private companies - and then some. It is being done with our money, and in order to provide huge mega-wealthy pharmaceutical companies with staggering profit and as an excuse to provide jobs for vivisectors. It is also perpetuated to ensure that mankind never becomes learned about the true nature, cause and cure of disease.

Two thousand animals per minute die as a result of gruesome experiments; that is 250 million per year; approximately 3.5 million per year in Great Britain alone. Over 75% of these experiments are done without anaesthetics, and when they are, they are often inadequately applied. Most experiments are done with public money. 0.2% of the animals used are for the testing of cosmetics. In Britain there are merely 19 Home Office inspectors to cover 20,000 licensed vivisectors.

The practise of animal experimentation has been the mainstay of medical and biological research since the early 1800s even though it has brought about not one major breakthrough in medical science. And yet, every medical student, in order to pass his or her exam and advance in their chosen career must quote the results of animal experiments.

How can respect for life, compassion and empathy be taught to and nurtured in our doctors through a practise which necessitates the ignorance of pain, suffering, anxiety terror and death, as is the case with the training process of US doctors who regularly dissect live animals as part of their training? The answer is simple: It can't.

The animal experimenters are the cornerstone of the highly corrupt and manipulative pharmaceutical industry. These are a pseudo-scientific fraternity who earn vast amounts of money for their employers by performing unbelievably barbaric experiments which can be used to (falsely) substantiate claims that their drugs are safe

for human use. Dr. James D. Gallagher, Director of Research of Lederle Laboratories in the Journal of the American Medical Association, March 14, 1964 stated:

'Animal studies are done for legal reasons and not for scientific reasons. The predictive value for such studies for man is meaningless - which means our research may be meaningless.'

There is no British or European law which states that new drugs, chemicals or cosmetics must be tested on animals. However, animal testing ensures that vivisectionists get the results they want in order to sell their dangerous chemicals to an unwary public. In numerous legal trials of drug companies who have caused fatalities and injuries, the most effective defence which has been used time and again is that: *'All of the usual and required testing had been done to establish the safety of the drug in question'*. A standpoint which most legal authorities are not qualified to dispute. Indeed, the 'experts' upon whom they call for advice in such matters are invariably members of other drug companies or drug sponsored agencies and therefore the animal testing fraternity.

Animal experiments have been cited in many court battles over drugs damages claims and have been used both to defend the idea that such disasters were unforeseen because adequate testing had been employed, but have also been successfully used, as in the Thalidomide case in December 1970, to admonish the drug company (in this case Chemie Grunenthal) who testified that animal tests could never be conclusive for humans.

The very idea that a test or operation done on an animal will show results which are directly translatable to humans is plainly ridiculous. As has been stated by some of the greatest and most influential physicians in medical history: the anatomy, physiology and psychology of animals is entirely different to our own in many ways, and this difference is further exaggerated in the case of animals bred for and/or housed in laboratories. This can be plainly illustrated in many ways; here are just a few:

- The LD 50 (Lethal Dose 50%) test, which is the standard toxicity technique used to establish how much of a chemical toxin is required to kill half of a number of animals. These animals are specifically bred to be exactly identical in every way, i.e. genetically and physically they are the same size and weight. And yet, an equivalent dose of a toxin, in equal quantity and strength will succeed in killing merely half of the batch whilst leaving half to suffer varying degrees of disablement. These results are then haphazardly translated to give the figure for safe and fatal levels for humans. There are 12 different methods which determine statistically the safety of chemicals for humans from animal experiments. These may disagree by up to a factor of four.
- It is accepted that animal tests are successful in identifying cancer-causing agents in only 37% of cases. This means, in effect, that the results of the tests are more times wrong than right and are significantly statistically worse than tossing a coin.
- As stated by Hans Ruesch in *The Naked Empress or the Great Medical Fraud*:

'Two grams of scopolamine kill a human being, but dogs and cats can stand hundred times higher dosages. A single Aminata

phalloides mushroom can wipe out a whole human family, but is health food for the rabbit, one of the favourite laboratory animals. A porcupine can eat one lump without discomfort as much opium as a human addict smokes in two weeks, and wash it down with as much prussic acid to poison a regiment of soldiers. The sheep can swallow enormous quantities of arsenic, once the murderer's favourite poison. Morphine, which calms and anaesthetises man, causes maniacal excitement in cats and mice. On the other hand our sweet almond can kill foxes, our common parsley is poisonous to parrots, and our revered penicillin strikes another favourite laboratory animal dead - the guinea pig.'

It is fortunate for many that penicillin was never tested on guinea pigs at the outset where it would have immediately been discarded as dangerous. And if you want to prove that vitamin C is useless, withhold it from the diet of dogs - which produce vitamin C in the gut. Moreover, the whole discipline of surgery and post surgical recovery was hindered for hundreds of years after the Greek Galen (Second Century AD) showed through animal experimentation that the principle laid down by Hippocrates (Fifth century BC) was incorrect - that hygiene and a good diet (as well as establishing the simple fact that nature heals) was essential to good health and medicine. Galen maintained this standpoint, which seems bizarre by today's standards, because animals did not readily succumb to infections following childbirth and surgical procedures. Galen's animal experiments caused a rejection of Hippocratic values and a reduction in surgical asepsis. This destructive attitude was supported by the Catholic Church and was only substantially reversed in the 1800s following the discovery of the germ and how cleanliness and sterilisation could prevent bacterial infection.

The following is a list of drugs which were passed as safe for human consumption on the back of animal tests and the damage which they subsequently caused:

- **Eraldin** (for heart disease) - Corneal damage including blindness.
- **Paracetamol** (painkiller) - 1,500 people had to be hospitalised in Great Britain in 1971.
- **Orabilex** - caused kidney damages with fatal outcome.
- **MEL/29** (anti-hypertensive) - caused cataracts.
- **Methaqualone** (hypnotic) - caused severe psychic disturbances leading to at least 366 deaths, mainly through murder or suicide.
- **Thalidomide** (tranquilliser) - caused 10,000 malformed children.
- **Isoproterenol** (asthma) - caused 3,500 deaths in the sixties.
- **Stilboestrol** (prostate cancer) - caused cancer in young women.
- **Trilergan** (anti-allergic) - caused viral hepatitis.
- **Flamamil** (rheumatism) - caused loss of consciousness.
- **Phenformin** (diabetes) - caused 1,000 deaths annually until withdrawn.
- **Atromid S** (cholesterol) - caused deaths from cancer, liver, gallbladder and intestinal disease.
- **Valium** (tranquilliser) - addictive in moderate doses.
- **Preludin & Maxiton** (diet pills) - caused serious damage to the heart and the nervous system.

- **Nembutal** (insomnia) - caused insomnia.
- **Pronap & Plaxin** (tranquilliser) - killed many babies.
- **Phenacetin** (painkiller) - caused severe damages to kidneys and red blood corpuscles.
- **Amydopyrine** (painkiller) - caused blood disease.
- **Marzine** (nausea) - damaged children.
- **Reserpine** (anti-hypertensive) - increased risks of cancer of the brain, pancreas, uterus, ovaries, skin and women's breasts.
- **Methotrexate** (leukaemia) - caused intestinal haemorrhage, severe anaemia and tumours.
- **Urethane** (leukaemia) - caused cancer of liver, lungs and bone marrow.
- **Mitotane** (leukaemia) - caused kidney damage.
- **Cyclophosphamide** (cancer) - caused liver and lung damage.
- **Isoniazid** (tuberculosis) - caused liver destruction.
- **Kanamycin** (tuberculosis) - caused deafness and kidney destruction.
- **Chloromycetin** (typhoid) - caused leukaemia, cardiovascular collapse and death.
- **Phenolphthalein** (laxative) - caused kidney damage, delirium and death.
- **Clioquinol** (diarrhoea) - caused blindness, paralysis and death.
- **DES** (prevent miscarriage) - caused birth defects and cancer.
- **Debendox** (nausea) - caused birth defects.
- **Accutane** (acne) - caused deafness and kidney destruction.

(Taken from *Vivisection: Science or Sham* by Dr. Roy Kupsinel, and *Naked Empress* by Hans Ruesch)

Vivisectionists often claim credit for many advances in medicine which have been brought about by non-vivisection methods. Frequently, they will quote animal experiments which show the same results without also disclosing the pioneering previous non-animal discovery. One example of this is the case of vaccinations. Whilst it is certainly true that many diseases which have decimated mankind for centuries, such as polio, smallpox, whooping cough, tuberculosis, diphtheria and tetanus have seen a dramatic decline over the last century or so, it is not because of the introduction of vaccinations. Figures show that such diseases were long in decline before the introduction of vaccinations and that the rate of fall was severely impeded once they were introduced. Advances in hygiene, sanitation, nutrition and wealth status are the obvious reasons for the improvement of the world's health overall. Vaccinations are responsible for causing many of the diseases they are supposed to cure as well as compromising the immune systems of the vulnerable, especially babies who are statistically more likely to suffer Sudden Infant Death Syndrome within weeks of having their initial standard vaccinations.

The vivisectionists are master manipulators. They invest huge amounts of money in massive PR organisations such as the Research Defence Society in the UK. Furthermore, they have infiltrated many areas of the Anti-Vivisection (AV) movement and have created much confusion in the minds of the public as to the truth behind this barbaric trade in misery. An example of this was highlighted in possibly the greatest expose of vivisection industry ever written, *The Slaughter of the Innocent* by Hans Ruesch:

An interesting case was the Animal Protection league of Basel. Its president, Dr Rudolph Schenkel, professor of ethology, criticised the revival of antivivisectionist feeling in Switzerland. Thereafter, the establishment press could write that 'even the animal defenders disapprove of the antivivisectionists' views.' A closer look at Schenkel revealed that:

1. *His league had received a donation of 200,000 Swiss francs (about \$100,000) from Hoffman-La Roche, 'for its animal shelter' - with no questions asked.*
2. ***His own wife was experimenting on animals** in the endocrinology department of Ceiba-Geigy.*

When my CIVIS organisation brought about these facts, Schenkel dropped all pretence of being an animal protectionist: at the next convention of Swiss animal protection groups (SPCAs), he argued that 'since laboratory animals are a product of human enterprise, we can do with them as we please.' (My highlight added.)

(This infiltration tactic is not solely within the realms of the AV movement but is widespread throughout the animal rights movement. This is exemplified at present by the large scale enrolment of blood-sports practitioners [fox and stag hunters etc.] with the RSPCA whereby they are steadily creating a significant policy influencing force by taking advantage of the apathy of many members who do not turn out to vote upon Society matters. The RSPCA also has financial investments in companies that support vivisection.)

The smoke-screen perpetuated by vivisectionists that it is preferable to test drugs on animals than on humans, and the emotive stance that 'it's your child or an animal', is probably the most effective way that they ensure public support for their industry. What they always fail to say is that all drugs *are* tested on humans immediately after the animal trials and often without the patient's knowledge or consent. Those that *are* informed of the trial are usually reassured to know that 'animal studies have shown the drug to be safe'.

AV supporters are simply people who have come to realise the truth about this situation and have committed themselves to being a part of the process of change and reformation to abolish this massive and system of cruel fraud, both for the sake of the animals and humans. However, they are usually portrayed in the media as extremists; an inevitable side-effect of a necessary evil. Ordinary people who are deemed responsible enough to bear and raise children, minister to the sick, save lives, handle the nation's wealth, run for political seats etc., once they have made an AV stance, are immediately demoted to, at best 'irrational' and 'oversensitive', or, at worst, 'people-hating terrorists' with no right to express an opinion about such matters. Once branded as such they are given about as much regard as are the animals in the laboratory cages and are made largely impotent on the political scene because MPs do not consider it a wise career move or vote winner to consort with anyone considered to be extremist.

In the case of vivisection, the public is all too willing to accept that it is a necessary part of modern progress and not really cruel at all. One reason for this is because the

alternative, i.e. the truth, is almost too great a burden to accept. Such a stance is often taken in defence of one's own sanity as a mental survival technique in order that one does not go mad with the anger, sorrow, frustration and terrible empathy which the idea of vivisection evokes in us. Therefore, the vivisectors have yet another advantage over the masses in the battle to keep them convinced of the verity of their cause, whilst the AV organisations have to face a perpetual uphill struggle against the tide of wealth, mind control, tradition and human apathy which is forever on the side of the manipulators.

As George Bernard Shaw once stated, *'Whoever doesn't hesitate to vivisect will hardly hesitate to lie about it'*.

By creating a 'healthcare' (more accurately termed 'ill-healthcare') system which relies upon the misleading results of animal experiments, the manipulators of this century have ensured that, within the system, the true causes and cures for disease will never be revealed. This in turn creates a self-perpetuating industry for the multinationals who, by creating disease via their drugs, can be assured of massive funding in order to discover a) the reason for the drug error, which is guaranteed to involve further animal studies, and b) further drugs to treat the results of the initial drug error. In the, by now, all too familiar pattern: the manipulators perpetuate the problem of a state of global ill health and therefore the need for the solution which is offered in the form of more and more pharmaceutical involvement.

For the sake of your selves, your children and the animals: **WAKE UP PEOPLE!** Take back your power over your own health and stop supporting these barbaric and sick individuals. Only **you** can do this. The time to do this is now.

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